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AYURVEDIC INTERVENTION IN UDAR ROGA; EVIDENCE FROM A SINGLE CASE STUDY

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ABSTRACT

Udar roga is firstly mention in Ayurveda It means ascites. According to Ayurveda are described eight types of udar roga. Jalodar means ascites. Ascites is most commonly caused by liver cirrhosis, accounting for about 85% of cases. In Udar roga means any etiology related generalized abdominal distension or hypertrophy. In Ayurveda udar roga covers conditions such as gaseous distension, hepato - spleenomegaly of various etiologies, intestinal blockage, and intestinal perforation in addition to ascites and fluid build up in the peritoneal cavity (common presentation is abdominal distension throughout). Mandagni is the primary cause of udar roga. "रोगा: सर्वेऽपि मंदेग्नौ सुतारामुदाराणिच"||. It is roga of Rasavaha, udakvaha and swedawaha strotasa. Common symptoms of udar include abdominal swelling, feeling of heaviness or tightness in the abdomen, and shortness of breath due to pressure on the diaphragm, rapid weight gain, bloating, loss of appetite, swelling in the legs and ankles (edema), fatigue, and weakness. It is very crucial disease to manage and treat.

KEYWORDS: Roga sarveapi mandagni sutaram udaranich.

INTRODUCTION

In Ayurveda udar roga means refer to group of abdominal disorders affecting the liver, spleen and intestine. Udar roga is mentioned in Ashtamahagada in Ayurveda. In Ayurveda udar vyadhi due to agni dushti and dosha imbalance. It is tridosha janya vyadhi caused by mutra, purish and mala sanchaya in udar Pradesh. This means very low digestive power indicating

Jatharagni mandhya. Consequently, food cannot be digested normally and also mala mutra purish marga obstructed not excreted throughout the body. Ayurveda describes eight types of Udara Roga, or abdominal distension, including Jalodar (ascites), which is considered a severe and difficult-to-treat condition. In Ayurveda management strategies for udar vyadhi include virechana, deepan pachan, panchakarma, diet and lifestyle and pathya.

AIM AND OBJECTIVE

To assess the efficacy of ayurvedic drug therapy in udar vyadhi.

MATERIAL AND METHOD

Type of Case –A Single observational case study.

CASE PRESENTATION

Single case study for udar vyadhi successfully treated by Ayurvedic treatment.

An 86 yrs women suffered from Jalodar (Ascites). She initially had severe Agnimandhya (loss of appetite), Aruchi, Anaha (Constipation), Vidaha (chest burning and regurgitation of food) bilateral pedal oedema, breathing difficulty with light exertion, abdominal distension due to fluid accumulation (Mala Sanchay in udar), dry cough, udavarta (burping), loss of normal skin folds on abdomen and generalised weakness.

History of Past Illness

Patients do not have any such a history of diabetes, hypertension, and thyroid. She also doesn't have any previous illness of Hepatitis B and C, Non-Alcoholic fatty liver disease or hepato cellular carcinoma (HCC).

Family History

H/O liver Cirrhosis to his father.

General History and Life Style

- Religion: Muslim
- Education: Graduate Retire Teacher
- Desh: Anup (Mumbai)
- Diet: Mix (Veg and Nonveg)
- Type Of Ahara: Guru, Singdha, ushna, lavan,
- Sleeping hour: 6 to7 hrs (At night) & 1hr at day time.

- Addiction: No any addiction

General Examination of Patients

- Pulse –88 /min
- BP – 150/80 mmhg
- Temperature -97.9 F

Ashthavidh Parikshan

- Nadi – 88/m
- Mala – Sam and picchil (Krute Api Akrut sadnyata)
- Mutra – yellowish colour wirth some time burning.
- Shabdha - spashtha
- Sparsha - Sheet
- Jivha - Sam
- Druk –Drushthi mandya (vision loss by Rt. Eye)
- Akruti– Madhyam

Systemic Examination

- Respiratory System: Air entry reduced Lt > Rt side of the lung. With crepitation.
- Cardiovascular system: S1 & S2 normal.
- Central Nervous system: Well Oriented and conscious.
- Per Abdomen.

Inspection: Distended abdomen.

Palpation: Mild tenderness in the Rt. hypochondriac region.

Percussion: Fluid thrill and shifting dullness present.

MATERIAL AND METHOD

Patients came with all above symptoms in my OPD. A general examination done and past medical and surgical history was taken.

After that I advised her to undergo some blood test and screening test such as USG Abd/ Pelvis. Ayurvedic management for Udar Vyadhi was given as outlined below.

Treatment

T. Aroghyavardhini Vati 250mg

0---2---2 (After lunch & dinner)

T. Sootshekhar Rasa 250mg

2 ----2 -----2 (Before breakfast/ lunch/dinner)

T. Cytogen (Charak Pharma)

2---0----2 (After breakfast & dinner)

T. Gomutraharitaki 250mg

0----0-----4 (At bed time)

T. Nirocil

2---0—2 (After food)

Punarnawashtak kawatha (Sitaram Pharma)

4 tsp ----0-----4 tsp with equal quantity of Luke warm water after food.

T. Chaushashtha Pimppli (250mg)

5 tabs in 1 glass of milk. (At morning time)

Above this medicine continue for 3 months.

Side by side one allopathic medicine should be continued.

T. Lacilactone (20/50)

1---0----1/2 (After breakfast and dinner)

With all above treatment patients will also take pachkarma therapy. (After 2 month)

Panchakarma Treatment:- For 8 days.

Sarvang snehan with Murcchit Til Oil

Sarvang swedan with Dashmool Kwath

Yog Basti – Anuwasan Basti –Pippalyadi Tail

Niruha basti – Dashmool kawath.

Pathya -Pathya

In first month, diet was restricted for patient she was kept only on pippali siddha milk. After that only green gram yush (Mudga Yush) should be taken for rest of days. Strictly restrict any cooked food, fruits and any other dietary food. This diet should be followed up to 1 & ½ months.

CRITERIA FOR ASSESSMENT

A) Objective Criteria

CBC

LFT

PT-INR

Urine R/m

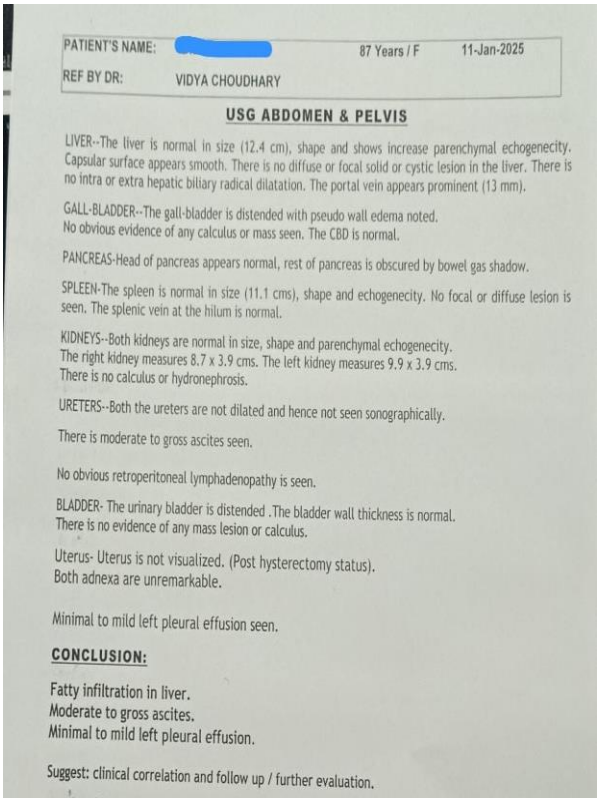
USG Abd / Pelvis

B) Subjective criteria

Signs and symptoms will be graded on 4-point scale.

Sr. No	Sympotms	1st Month	2nd Month	3rd Month	4th Month
1	Loss of appetite	+++	+	----	-------
2	Icterus	+++	++	+	-------
3	Breathlessness	+++	++	+	--------
4	Fullness of Abdomen	++++	**+++**	**++**	**+**
5	Dry cough	**+++**	**++**	**------**	**------**
6	Weakness	+++	++	+	+
7	Palpitation	++	++	+	------
8	Pedal Oedema	++++	++	+	--------

Before Reports



PATIENT'S NAME: [redacted] 87 Years / F 11-Jan-2025

REF BY DR: VIDYA CHOUDHARY

USG ABDOMEN & PELVIS

LIVER--The liver is normal in size (12.4 cm), shape and shows increase parenchymal echogenecity. Capsular surface appears smooth. There is no diffuse or focal solid or cystic lesion in the liver. There is no intra or extra hepatic biliary radical dilatation. The portal vein appears prominent (13 mm).

GALL-BLADDER--The gall-bladder is distended with pseudo wall edema noted. No obvious evidence of any calculus or mass seen. The CBD is normal.

PANCREAS-Head of pancreas appears normal, rest of pancreas is obscured by bowel gas shadow.

SPLEEN-The spleen is normal in size (11.1 cms), shape and echogenecity. No focal or diffuse lesion is seen. The splenic vein at the hilum is normal.

KIDNEYS--Both kidneys are normal in size, shape and parenchymal echogenecity. The right kidney measures 8.7 x 3.9 cms. The left kidney measures 9.9 x 3.9 cms. There is no calculus or hydronephrosis.

URETERS--Both the ureters are not dilated and hence not seen sonographically.

There is moderate to gross ascites seen.

No obvious retroperitoneal lymphadenopathy is seen.

BLADDER- The urinary bladder is distended .The bladder wall thickness is normal. There is no evidence of any mass lesion or calculus.

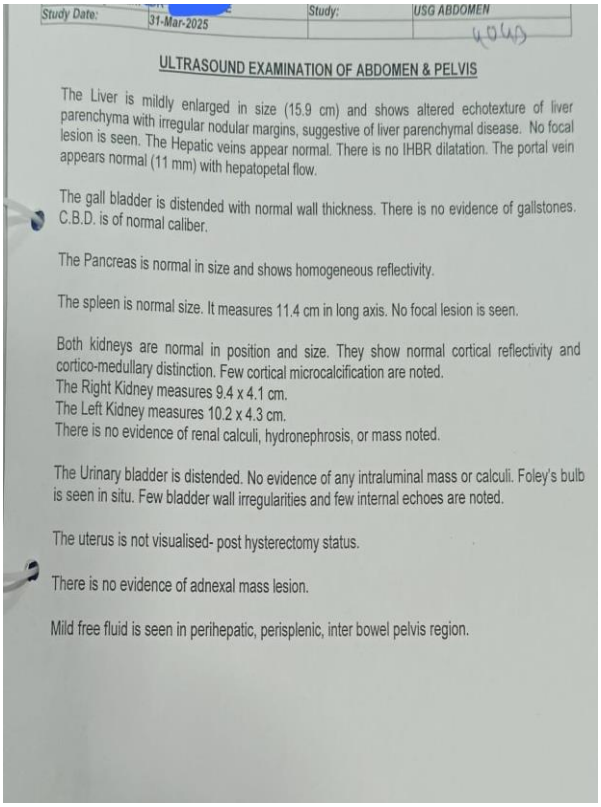
Uterus- Uterus is not visualized. (Post hysterectomy status). Both adnexa are unremarkable.

Minimal to mild left pleural effusion seen.

CONCLUSION:

Fatty infiltration in liver.
Moderate to gross ascites.
Minimal to mild left pleural effusion.

Suggest: clinical correlation and follow up / further evaluation.



Study Date: 31-Mar-2025 Study: USG ABDOMEN

ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

The Liver is mildly enlarged in size (15.9 cm) and shows altered echotexture of liver parenchyma with irregular nodular margins, suggestive of liver parenchymal disease. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal (11 mm) with hepatopetal flow.

The gall bladder is distended with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal caliber.

The Pancreas is normal in size and shows homogeneous reflectivity.

The spleen is normal size. It measures 11.4 cm in long axis. No focal lesion is seen.

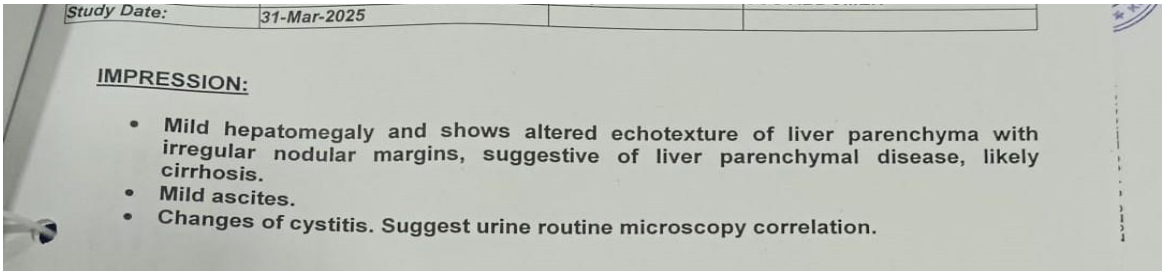
Both kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary distinction. Few cortical microcalcification are noted.
The Right Kidney measures 9.4 x 4.1 cm.
The Left Kidney measures 10.2 x 4.3 cm.
There is no evidence of renal calculi, hydronephrosis, or mass noted.

The Urinary bladder is distended. No evidence of any intraluminal mass or calculi. Foley's bulb is seen in situ. Few bladder wall irregularities and few internal echoes are noted.

The uterus is not visualised- post hysterectomy status.

There is no evidence of adnexal mass lesion.

Mild free fluid is seen in perihepatic, perisplenic, inter bowel pelvis region.

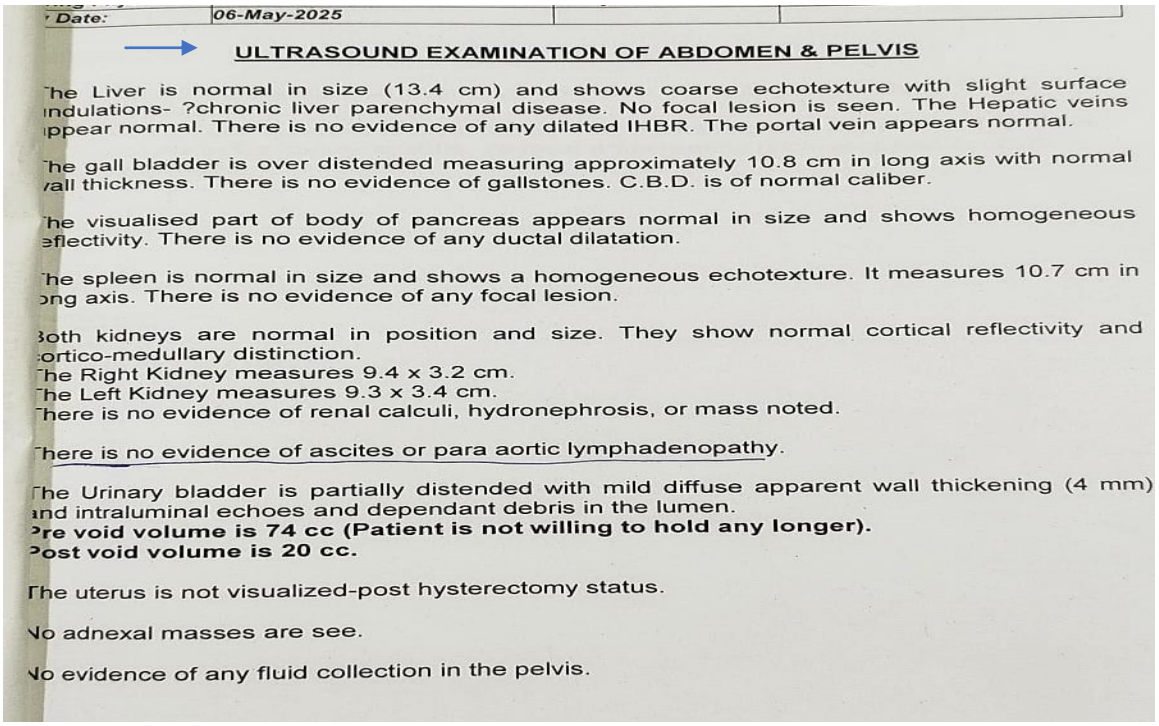


Study Date: 31-Mar-2025

IMPRESSION:

- Mild hepatomegaly and shows altered echotexture of liver parenchyma with irregular nodular margins, suggestive of liver parenchymal disease, likely cirrhosis.
- Mild ascites.
- Changes of cystitis. Suggest urine routine microscopy correlation.

After Report



Date: 06-May-2025

ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

The Liver is normal in size (13.4 cm) and shows coarse echotexture with slight surface undulations- ?chronic liver parenchymal disease. No focal lesion is seen. The Hepatic veins appear normal. There is no evidence of any dilated IHBR. The portal vein appears normal.

The gall bladder is over distended measuring approximately 10.8 cm in long axis with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal caliber.

The visualised part of body of pancreas appears normal in size and shows homogeneous reflectivity. There is no evidence of any ductal dilatation.

The spleen is normal in size and shows a homogeneous echotexture. It measures 10.7 cm in long axis. There is no evidence of any focal lesion.

Both kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary distinction.
The Right Kidney measures 9.4 x 3.2 cm.
The Left Kidney measures 9.3 x 3.4 cm.
There is no evidence of renal calculi, hydronephrosis, or mass noted.

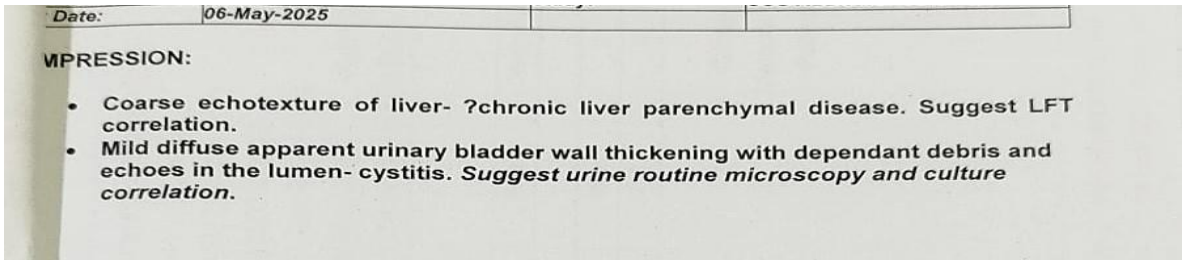
There is no evidence of ascites or para aortic lymphadenopathy.

The Urinary bladder is partially distended with mild diffuse apparent wall thickening (4 mm) and intraluminal echoes and dependant debris in the lumen.
Pre void volume is 74 cc (Patient is not willing to hold any longer).
Post void volume is 20 cc.

The uterus is not visualized-post hysterectomy status.

No adnexal masses are see.

No evidence of any fluid collection in the pelvis.



Date: 06-May-2025

IMPRESSION:

- Coarse echotexture of liver- ?chronic liver parenchymal disease. Suggest LFT correlation.
- Mild diffuse apparent urinary bladder wall thickening with dependant debris and echoes in the lumen- cystitis. ***Suggest urine routine microscopy and culture correlation.***

Blood Reports ---- Before And After

	Date	**11/01/2025**	**10/02/2025**	**03/05/25**
CBC	Hb	11.6 g/dl	12.9 g/dl	12.1g/dl
	WBC	6000 c/ul	7300 c/ul	8000 c/ul
	Platelet count	1,56,000 / mc	1,65,000 /mc	1,76,000 /mc
LFT	T.Bilirubin	3.95 mg/dl	2.71 mg/dl	1.7 mg/dl
	Indirect Bilirubin	2.07 mg/ dl	1.66 mg/dl	1.25 mg/dl
	Direct Bilirubin	1.87 mg/ dl	1.05 mg/dl	0.45 mg/dl
	ALT(SGPT)	51.0 U/L	23.2 U/L	33.2 U/L
	AST(SGOT)	117.1 U/L	52.6 U/L	65.6 U/L
	Albumin	2.8 g/dl	2.93 g/dl	2.92 g/dl

	Globulin	3.87 g/dl	4.55 g/dl	4.2 g/dl
	GGT	37.3 U/L	23.5 U/L	30.4 U/L
PT-INR	Prothrombin Time	17.6 sec	13.8 sec.	11.5 sec.
	INR value	1.53	1.21	0.99
Urine R/M	Specific gravity	1.020	1.025	1.020
	pH value	5.0	6.0	8.0
	colour	Pale Yellow	Pale yellow	Pale yellow
	Protein	Negative	Negative	+
	Leucocyte	+	+	++
	Sugar	NIL	NIL	NIL
	Blood	Negative	Negative	+
	Pus cells	15- 16 c/hpf	10-11 c/hpf	60- 70 c/hpf
	Bilirubin	Negative	Negative	Negative

DISCUSSION

Udara roga is due to vitiation of Tridosha and Jatharagni, caused by Mala Dushti and Mala Sanchaya in the peritoneal cavity. The primary causes of Udara roga are Swedavaha and Ambuvaha Srotodushti Vikar. Swedavaha Ambuvaha Srota's dushti result in the excessive accumulation of fluid, particularly in the peritoneal cavity. Ayurvedic treatments for Udara roga include Agnideepan (to increase appetite), Nitya Virechana (purgation therapy), and Yakrituttejjak (a liver function stimulant). The first medication of choice in Udara Roga is Virechana Aushadha because Nitya Virechana is the line of treatment there. Since Srotorodha occurs in Udara, it is necessary to go for Srotoshodhana in order to remove the obstruction using the Teekshna and Ushna gunas of Virechana dravyas like Aroghyavardhini Vati, Gomutra Haritaki which are verechan dravyas that also work on raktadushti. Yakrut is mulsthan of Raktavaha stotasa. That is why verechan drugs directly stimulate to liver so liver cells are activated and the secretion of bile runs smoothly. Hence, we see t reports of increase bilirubin level and altered LFT in cases of liver cirrhosis causing Jaladhar (Ascites). Punarnava also effectively works on liver as well as kidney and reduced Shoth (pedal oedema). The mode of ayurvedic treatment in udar vyadhi is nittya virechan, Deepan Pachan and Shothagna. This treatment should improve the equilibrium of metabolic fire (Agnimandhya) and remove the obstruction of Ambuvaha and swedavaha strotas. According to Charakacharya Udar is asadya vyadhi means (not curable). But in this case we can provide complete symptomatic relief, decrease fluid accumulation and improve the quality of life.

CONCLUSION

In this case, Ayurvedic treatment is much more effective compared to allopathic treatment. Purgation (Virechana) is a very effective treatment for udar vyadhi (ascites) with no side

effects. Ayurvedic drugs work on Agnidushti as agnideepana, doshasanchaya as doshavirechana, and strotorodh as strotas shodhana. In udar vyadhi, the main organ affected is the liver. The function of the liver is altered, which causes the ascitic condition in patients. Virechana is the main treatment for any liver disorder, purifying the blood and maintaining the balance of blood components. Fibrotic changes in the liver cells are converted into healthy cells. Then, fibrosis should reverse itself.

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