

TO EVALUATE THE COMBINED EFFICACY OF AYURVED AND MODERN MANAGEMENT IN MANAGEMENT UDAR ROGA AND IMPROVE HEPATO RENAL FUNCTION - A CASE STUDY

¹*Vd. Santosh I Swami, ²Vd. Pratik Narendra Runwal

¹Associate Professor HOD Seth Govindji Raoji Ayurved Mahavidyalaya Solapur.

²PG Scholar Kayachikitsa Seth Govindji Raoji Ayurved Mahavidyalaya Solapur.

Article Received on 24 October 2025,
Article Revised on 10 Nov. 2025,
Article Published on 16 Nov. 2025,

<https://doi.org/10.5281/zenodo.17614585>

*Corresponding Author

Vd. Santosh I Swami

Associate Professor HOD Seth
Govindji Raoji Ayurved
Mahavidyalaya Solapur.



How to Cite This Article: 1*Vd. Santosh I Swami, 2Vd. Pratik Narendra Runwal (2025). To Evaluate The Combined Efficacy of Ayurved And Modern Management In Management Udar Roga And Improve Hepato Renal Function - A Case Study. World Journal of Pharmaceutical Research, 14(22), 733-741.

This work is licensed under Creative Commons Attribution 4.0 International license.

INTRODUCTION

Jalodara (Ascites)

Udara Roga denotes the generalized distension or enlargement of abdomen of varied aetiology. It is one among the Ashtamahagada. From the origin of the illness it is difficult to manage. Agni dosha and mala vridhhi causes vitiation of Prana, Agni and Apana and obstruction of the upward and downward channels of circulation.

The vitiated doshas get lodged between skin and muscle tissue and causes extensive distension of the abdomen resulting in Udara roga. The cardinal features are Kukshi adhmaṇa (enlargement of abdomen), Karapada shopha (oedema in the limbs), Mandagni/ Atyanta Nastagni, Krushagatra (emaciation). Extreme impairment of agni (digestion and metabolism) is the basic pathology of udara roga in general, which is regarded as one among the mahagada (major illness). It is classified into

eight types Vatodara (Accumulation of flatus), Pittodara (Hepatic causes), Kaphodara (Renal causes), Sannipatodara (exudative causes), Plihodara (splenomegaly), kshatodara/chhidrodara (abdominal enlargement due to intestinal perforation), baddhagudodara (enlargement of abdomen due to gastrointestinal obstruction) and jalodara/udakodara (ascites). Yakritodara (hepatomegaly) is also a distinct type of udara roga but incorporated in the plihodara since the aetiology and treatment of these two conditions are similar. The disease closely resembles Ascites, which is pathological accumulation of fluid within the peritoneal cavity. The

mortality increases from complications such as spontaneous bacterial peritonitis and hepato-renal syndrome. Mortality ranges from 15% in one year to 44% in 5 years. Treatment in contemporary science for Ascites include trans jugular intra hepatic portosystemic Shunt, Diuretics etc which only provide provisional relief with time dependent recurrence but fluid gets collected in peritoneal cavity repeatedly. In such case, Ayurvedic treatment gives relief without any sideeffect.

AIM AND OBJECTIVE

To Evaluate The Combined Efficacy of Ayurved and Modern Management in Management Udar Roga AND Improve Hepato renal function.

Case Introduction

➤ *Case Report*

- ▶ A male patient 58 yrs old, residing in Kasur Solapur visited Kayachikitsa OPD. Seth Sakharam Nemchand Jain Ayurveda Mahavidyalaya presented with complaints of swelling in foot and abdomen since 2-3 months with difficulty in breathing in supine position, disturbed sleep and reduced appetite.

▶ **Date of Admission**

❑ *Chief Complaints*

- ❑ Abdominal Distention Pain Nausea Difficulty In Breathing Pedal Edema Sense Of Burning In Chest Region.

❑ **Associated Complaints**

- ▶ **Generalised Weakness B/L Knee Joint Pain Giddiness**

➤ **History of Present illness**

- ▶ **Patient was said to be apparently healthy before 3 months .There after he started experiencing Difficulty in breathing abdominal distention Pain Anorexia Generlised weakness Blood in stool Giddiness chest discomfort burning Micturation. Therefore, with the above complaint's patient visited our hospital for further management.**
- **Past History :** Alcohol Consumption 30 years
- **On Medication :** No Past Medication
- **Family History :** No any
- **Surgical History :** No any

➤ **Treatment History :** Non steroidal anti-inflammatory drugs, physiotherapy

On Examination

❑ General Examination

Conscious, Oriented, Afebrile

❑ **Vital Data :** Temperature: : 98°F Pulse : 80/min.

BP : 140/90 mmHg

Respiratory Rate : 18/min.

❑ **Systemic Examination :** RS : AEBE

CVS : S1,S2 normal

CNS : Conscious, Oriented

❑ **Physical Examination :** Weight : 74 kg

Height : 154 cm

- *Prakruti: Vata-Kaphaja*
- *Vikruti: Vyana Vayu, Shleshaka Kapha*
- *Sara: Madhyam*
- *Samhanan: Madhyam*
- *Vaya: Madhyam*
- *Satmya: Vyamishra*
- *Satva: Madhyam*
- *Abhyavaran Shakti: MadhyamDashavidha Pareeksha :*
- *Jarana Shakti: Madhyam*
- *Vyayama Shakti: Avara*
- **STROTAS PARIKSHAN**
- *Pranavaha Srotas: Swasankashtata*
- *Udakavaha Srotas : TALUSHOSHA UDARVRUDDHI*
- *Annavaha Srotas : Agnimandya HRULLAS*
- *Rasavaha Srotas: UBHAY PAD SHOTHA*
- *Raktavaha Srotas: Prakruta*
- *Mamsavaha srotas:Atiruja*
- *Medovaha srotas:Prakruta*
- *Asthivaha Srotas:Asthi Shoola,Kriyakasthata*

- *Majjavaha Srotas: Ruja,Chimchimayan*
- *Mutravaha Srotas: Prakruta*
- *Purisavaha Srotas: Prakruta*
- *Medhavaha srotas:Prakruta*

▪ LOCAL EXAMINATION

▪ Inspection

- · Distended abdomen (Mid Umbilical – 35")
- · Pedal oedema present - Left ankle circumference- 11.1"
- - Right ankle circumference- 10.5"

▪ PALPATION

- Hepatomegaly, tenderness in hypochondriac region

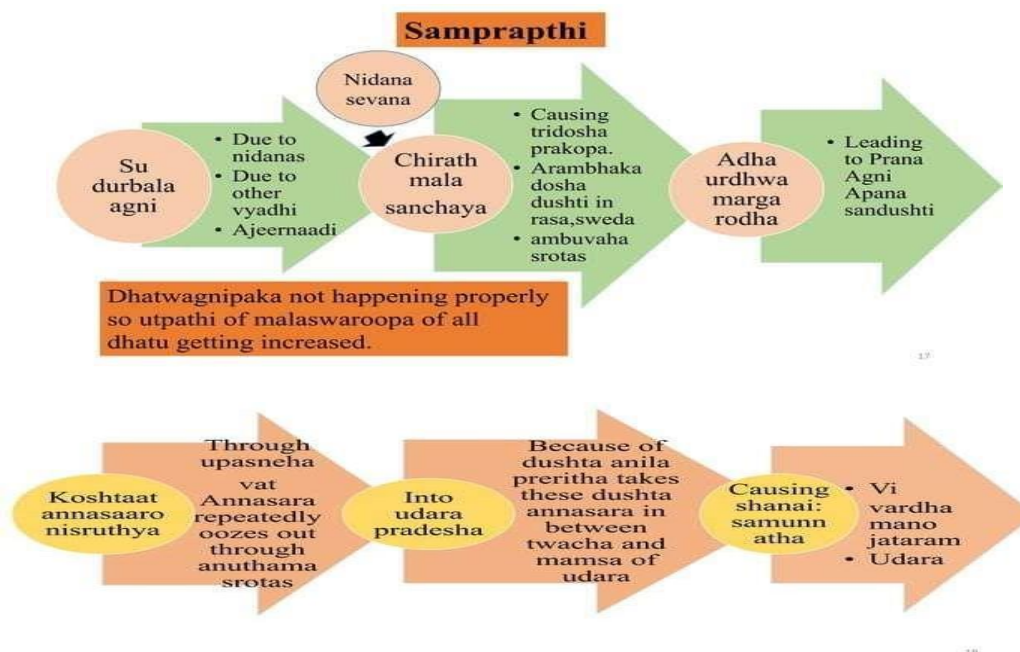
▪ PURCUSSION

- · Fluid thrill test ++
- · Shifting dullness ++

GENERAL EXAMINATION

- Pallor- present
- Icterus-present
- Cyanosis absent
- Clubbing- absent
- Lymph node- not palpable
- Oedema- pedal oedema present
- BP- 120/80mm of Hg
- Pulse-81/min.
- SPO2- 96%





Seth Saktharam Nemchand Jain Ayurved Hospital
118/119, Shukrawar Path, Near Old Faudkar Chowk, Solapur. Ph. (0217) 2723618
M. 9175910227 Email - sethahospital@jagayurved.edu.in

PATIENT NO. : 16471 DATE : 09/09/2021
PATIENT'S NAME : Mr. RAMGONDA BIRAJDAR AGE : 58 Yr SEX : Male
REFERRED BY : Dr. Swami Santosh I. M.D (AYU), Medical Officer S.S.N.J. Ayurved Hospital, Solapur. 0217-2723618

URINE EXAMINATION REPORT

PHYSICAL EXAMINATION	
Quantity	20 ml
Colour	Pale Yellow
Appearance	Turbid
Reaction	Acidic
Sp. Gravity	1.010
CHEMICAL EXAMINATION	
Albumin	Present +
Sugar	Nil
Blood	Nil
Bile Pigment	Nil
Bile Salt	Nil
MICROSCOPIC EXAMINATION (per hpf)	
Pus Cells	Plenty /hpf
Red Blood Cells	Nil
Epithelial Cells	4 - 6 /hpf
Casts	Nil
Crystals	Nil
Amorphous Material	Nil
Bacteria	Nil
Fungus	Nil

- Get Well Soon -

Medical Technologist Incharge Pathology Dept. Dr. Nitant Vora, M.D.[Path]

Test	Before	After
Hb	9.2 g/dL	11 g/dL
WBC	$15.2 \times 10^3/\text{mm}^3$	$6 \times 10^3/\text{mm}^3$
Platelets (PLT)	$1.27 \times 10^5/\text{mm}^3$	$190 \times 10^3/\text{mm}^3$
Bile Salt	+++	++
Bile Pigment	++	+
Total Bilirubin	2.1 mg/dL	0.6 mg/dL
OT (SGOT)	98 U/L	58 U/L
PT (SGPT)	110 U/L	56 U/L
Albumin	2.8 g/dL	3.6 g/dL
Serum Creatinine	2.3 mg/dL	0.9 mg/dL

Chikitsa sutra of jalodara

दोषातिमात्रोपचयात् स्रोतोमार्गनिरोधनात्
सम्भवत्युदरं तस्मान्नित्यमेव विरेचयेत्॥६१॥

(Ch. Chi. 17/61)

अपां दोषहराण्यादौ प्रदद्यादुदकोदरे॥९३॥
मूत्रयुक्तानि तीक्ष्णानि विविधक्षारवन्ति च।
दीपनीयैः कफघ्नैश्च तमाहारैरुपाचरेत्॥९४॥
द्रवैर्भ्यश्चोदकादिभ्यो नियच्छेदनुपूर्वशः।

(Ca.Chi.13/93-94)

||cha.chi 13/93||

Treatment Plan

Ayurvedic Management	Modern Medication
Triphala Daruharidra Haridra Kutaki 500MG Loha Bhasma 250mg With Madhu Paschat Bhakta 2 Times Divided dose	Tab Cardivas 3.175mg Od
Virechan Churna 2gm Nishakali With Dugda	Tab Librium 10 TDS
Trivrutta Avaleha 15gm with Kutaki Triphala kwath 20 ml	Tab Thiamine 100 TDS
Phaltrikadi Kashaya 15ml 2times Kosna Dugda Paschatbhakta	Tab Uribid 100 BD
Triphal Guggul 1gm Suranvatak 1 gm Nagkeshar 1gm Divided dose Paschatbhakta	Tab Feburic 40 BD
Tab Liv 4 One Two Times	Tab Dytor 20mg BD
Arogyavardini Vati 2 Bd Kosna jal paschatbhakta	Syrup Cital 10ml BD

OBSERVATION AND RESULTS**Parameter Observed**

	Before Treatment	After Treatment (30-45 Days)	Remarks / Interpretation
1. Abdominal Girth (at umbilicus)	104 cm	90 cm	Marked reduction in abdominal distension; fluid decreased.
2. Body Weight	74 kg	66 kg	Gradual weight loss indicates reduction of ascitic fluid, not cachexia.
3. Pedal Edema	+++ (Severe)	+ (Mild)	Significant improvement due to <i>Mutrala</i> and <i>Shothahara</i> action.
4. Appetite / Agni	Poor, anorexia	Good appetite restored	<i>Deepana-Pachana</i> effect evident; improved digestion.

5. Urine Output	400–500 mL/day	1500–1800 mL/day	<i>Punarnava, Lasix, Dytor</i> action.
6. Bowel Habit	Irregular, sluggish	Regular, clear evacuation	<i>Virechana and Lekhana</i> effect balanced <i>Pitta–Kapha</i>
7 Serum Creatinine / Uric Acid	Slightly raised	Normalized	<i>Indicates renal-protective action (Feburic, Punarnava).</i>
8 Serum Albumin	2.8 g/dL	3.6 g/dL	<i>Improved hepatic synthetic function.</i>
9 Liver Function Tests (SGPT / SGOT)	Raised (SGPT = 110 U/L, SGOT = 98 U/L)	Improved (SGPT = 56 U/L, SGOT = 48 U/L)	<i>Yakrituttejaka and hepatoprotective response.</i>
10. General Condition	Weakness, insomnia, irritability	Improved strength, better sleep, calm mind	<i>Rasayana + Librium–Thiamine effect</i>

Discussion

1. Deepana – Pachana (Enhancing digestive fire)

Arogyavardhini Vati, Tiladi Modak, Phaltrikadi Kashaya

Stimulates *Jatharagni*, removes *Ama*, improves digestion and metabolism, prevents fluid accumulation (*Kledavridhi*).

2. Yakrituttejaka (Liver stimulation)

Arogyavardhini, Liv-4, Kutaki, Daruharidra, Bhiringraj

Enhances liver functions, promotes bile secretion, corrects *Yakrit Dushti* — the root cause of *Jalodara*. Acts as hepatoprotective and detoxifying agent.

3. Shothahara (Anti-inflammatory & anti-swelling)

Suran Vatak, Punarnava (Liv-4), Phaltrikadi Kashaya, Nagkeshar

Reduces abdominal swelling and fluid through *Kleda shoshana*; relieves *Shopha* and improves microcirculation.

4. Mutrala (Diuretic Action)

Punarnava (Liv-4), Lasix 40, Dytor

Promotes urine output, aids elimination of excess fluid from peritoneal cavity; relieves ascites and edema.

5. Virechana & Lekhana (Detox & Scraping)

Trivrutta Avaleha, Triphala (Arogyavardhini, Phaltrikadi)

Expels *Pitta–Kapha–Kleda* through lower route; reduces fat and toxins; cleanses *Yakrit–Pleeha–Medovaha srotas*.

6. Raktashodhaka & Rasayana (Blood purification & rejuvenation)	Nagkeshar, Loha Bhasma, Amalaki, Guduchi, Thiamine	Purifies <i>Rakta dhatu</i> , supports hematopoiesis, prevents hepatic degeneration; rejuvenates liver cells and strengthens tissues.
7. Cardioprotective / Portal Pressure Regulation	Cardivas (Carvedilol)	Decreases portal hypertension, reduces risk of variceal bleeding in hepatic ascites.
8 Psychological & Metabolic Support	Librium, Thiamine	Prevents hepatic encephalopathy, reduces stress, improves neural and metabolic functions.
9. Uric Acid & Metabolic Balance	Feburic (Febuxostat)	Manages hyperuricemia secondary to diuretics; maintains renal balance.
10. Hepatoprotective Support (Modern-Ayurvedic)	Cital Syrup, Liv-4	Protects hepatocytes, promotes liver regeneration, improves bile secretion and digestion.

Conclusion

Shothahara–Mutrala	Reduces ascitic fluid, swelling, and heaviness of abdomen
Virechana–Lekhana	Removes accumulated <i>Doshas</i> and excess fluid from channels
Raktashodhaka–Rasayana	Improves blood quality and strengthens body tissues
Cardioprotective–Supportive	Maintains portal pressure, prevents complications
Psychological & Metabolic Correction	Improves energy, sleep, and neurological stability
Yakrituttejaka	Restores liver function, bile flow, and detoxification

REFERENCES

1. ****Agnivesha****, Charaka Samhita, Chikitsa Sthana 13/80–88. Revised by Charaka and Dridhabala. Edited by Sharma PV. Varanasi: Chaukhambha Orientalia; reprint edition.
2. ****Sushruta****, Sushruta Samhita, Nidana Sthana 7. Edited by Sharma PV. Varanasi: Chaukhambha Visvabharati; reprint edition.
3. ****Vagbhata****, Ashtanga Hridaya, Nidana Sthana 12. Commentary by Arunadatta &

- Hemadri. Varanasi: Chaukhambha Sanskrit Series; reprint edition.
4. ****Vagbhata****, Ashtanga Samgraha, Chikitsa Sthana – Udara Chikitsa. Edited by Gupta KA. Varanasi: Chaukhambha Krishnadas Academy.
 5. ****Bhavaprakasha****, Madhyama Khanda – Udara Chikitsa. Edited by Mishra B. Varanasi: Chaukhambha Bharati Academy.
 6. ****Yogaratanakara****, Udara Chikitsa Adhyaya. With Vidyotini Hindi Commentary. Varanasi: Chaukhambha Prakashan.
 7. ****Govind Das****, Bhaishajya Ratnavali, Chapter 38 – Udara Rogadhikara. Edited by Shastri A. Varanasi: Chaukhambha Sanskrit Samsthan.
 8. ****Sharngadhara****, Sharngadhara Samhita, Madhyama Khanda – Virechana & Shothahara Kalpas. Varanasi: Chaukhambha Surabharati Prakashan.
 9. ****Kashyapa****, Kashyapa Samhita, Chikitsa Sthana – Udara Roga. Revised by Hemraj Sharma. Varanasi: Chaukhambha Sanskrit Series.
 10. ****Krishna M, Gupta P, et al.**** API Textbook of Medicine. 11th ed. New Delhi: Jaypee Brothers Medical Publishers; Ascites chapter.
 11. ****Crawford JM, Friedman SL.**** Cirrhosis and its complications. In: **Harrison's Principles of Internal Medicine**. 20th ed. New York: McGraw-Hill; Ascites section.
 12. ****Ginès P, Schrier RW.**** Renal failure in cirrhosis. In: **Oxford Textbook of Clinical Hepatology**. Oxford University Press; Ascites management guidelines.
 13. ****European Association for the Study of the Liver (EASL).**** EASL clinical practice guidelines for the management of patients with ascites due to cirrhosis. **J Hepatol**. 2022.
 14. ****Runyon BA.**** Management of adult patients with ascites due to cirrhosis: an update. **Hepatology**. American Association for the Study of Liver Diseases (AASLD); latest guideline.
 15. ****Chaturvedi A, Singh R.**** Ayurvedic management of Jalodara (ascites): a clinical review. **AYU**. 2015; 36(2): 190–195.