



Case Study

## CLINICAL EVALUATION OF UDARA ROGA TREATED WITH AYURVEDIC INTERNAL MEDICINE AND EXTERNAL THERAPIES

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### ABSTRACT

**Background:** *Udara Roga* is a serious abdominal disorder described in Ayurveda and included under *Ashtamahagada*. Impairment of *Agni*, *Doshic* imbalance, and abnormal fluid accumulation are central to its pathogenesis. **Aim:** To assess the effect of an integrated Ayurvedic treatment approach in the management of *Udara Roga*. **Case Summary:** A 59-year-old male with a long history of alcohol consumption presented with abdominal distension, pedal oedema, constipation, reduced appetite, and dyspnoea in the supine position. Based on clinical features and investigations, the condition was diagnosed as *Udara roga*. **Intervention and Outcome:** The treatment included *Nitya Virechana*, supportive *Shamana Aushadhi*, external mud therapy, and strict dietary regulation (excluding milk). Significant improvements were observed in abdominal girth, pedal oedema, liver function parameters, and overall clinical condition. **Conclusion:** The integrated Ayurvedic approach with mud therapy, which is a form of naturopathy, showed encouraging results in this case of *Udara Roga*, indicating its potential role in effective management.

### INTRODUCTION

In Ayurveda, abdominal distension is a peculiar feature of *Udara Roga* resulting from multifactorial causes. It is included among the *Ashtamahagada*, making it especially difficult to treat from the onset<sup>[1]</sup>. Primary events include derangement of digestive fire (*Agni dosha*) and accumulation of metabolic waste<sup>[2]</sup>, resulting in the *Dushti* of *Prana Vayu*, *Apana Vayu*, and *Agni*, and obstructing both upward and downward circulatory pathways<sup>[3]</sup>. The vitiated doshas accumulate between the dermal and muscular layers, leading to prominent abdominal swelling<sup>[4]</sup>. Clinically, patients present with *Kukshi Adhmana* (distended abdomen), *Karapada shopha* (limb oedema), diminished or absent appetite and digestion (*Mandagni/Atyanta Nastagni*), and marked wasting (*Krushagatra*)<sup>[5]</sup>. The central pathological driver across

all eight subtypes is severe impairment of *Agni*, explaining its categorisation as a major Ayurvedic illness<sup>[6]</sup>.

In Ayurveda, abdominal swelling due to fluid build-up-known as *Udara Roga*-is described in eight distinct subtypes<sup>[7,8]</sup>.

**Vatodra** (linked to intestinal obstruction)

**Pittodara** (rooted in liver imbalance)

**Kaphodara** (linked to kidney dysfunction)

**Sannipatodara** (from mixed *Doshic* disturbances and fluid exudation).


**Plihodara** (spleen enlargement)-under which *Yakritodara* (hepatomegaly) is also grouped, given their shared pathogenesis and therapeutic effects.

**Kshatodara** (also *Chhidrodara*) stemming from intestinal perforation and leakage.

**Baddhagudodara** is caused by gut obstruction.

**Jalodara** or **Udakodara**<sup>[9]</sup>, corresponding directly to modern **ascites**, characterised by fluid collection within the peritoneal cavity.

Clinically, ascites manifests with complications such as spontaneous bacterial peritonitis and

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hepatorenal syndrome<sup>[10]</sup>. Mortality is significant-about half of cirrhotic patients develop hepatorenal syndrome within five years, with over 18% risk in the first year. Spontaneous bacterial peritonitis carries a grim prognosis: hospital mortality ranges up to 50%<sup>[11]</sup>,

**Modern management:** such as diuretic therapy, sodium restriction, large-volume paracentesis, and placement of a trans jugular intrahepatic portosystemic shunt (TIPS)-does offer symptomatic relief. However, recurrence of ascites is common over time, and these interventions do not eliminate the underlying causes<sup>[12]</sup>.

The Ayurvedic management of *Udara* (abdominal disorders) involves a combination of purification and palliative therapies aimed at restoring *Doshic* balance and improving digestive health<sup>[13]</sup>. The primary treatment modalities include *Snehana* (internal and external oleation), *Swedana* (sudation), *Virechana Karma* (therapeutic purgation), *Anuvasana Basti* (oil-based enema), and *Siravyadha* (bloodletting)<sup>[14]</sup>. These procedures are part of the *Shodhana Chikitsa* (purificatory therapy), which is often recommended as the foundational approach to addressing the root causes of *Udara*<sup>[15]</sup>.

In terms of dietary management, specific food items are emphasised to support digestion and aid in recovery. These include milk, which is light and easy to digest.

These interventions aim not just to relieve symptoms, but to restore systemic balance and prevent recurrence, while minimising side effects<sup>[16]</sup>.

### Aim and Objectives

- To evaluate the effects of Ayurvedic treatment in *Udara Roga*

### Case Description

A male patient of 59 years old came to OPD No. 6 at Government Ayurved College & Hospital, Nagpur, on 25/01/2025 with complaints of swelling in the foot and abdomen for 2-3 months, along with constipation, difficulty in breathing in the Supine position, disturbed sleep, and reduced appetite.

### History Of Present Illness

A patient with no history of any metabolic disease, but had addiction to alcohol consumption for the past 25 years, developed complaints of swelling in the foot and abdomen for the past 2-3 months. Later, he developed difficulty in breathing when lying in the supine position, disturbed sleep, and reduced appetite. The patient took treatment in an allopathic hospital but did not get significant results. So, he approached our hospital for further management.

### Past History

Not any

### Family History

Nothing significant

### Personal History

- Bowel: irregular bowel
- Bladder: 2-3 times/day
- Sleep- disturbed
- Diet: Veg & non-Veg
- Occupation: Business

### Psychological and Psychosocial History

The patient had a long history of alcohol consumption for nearly 25 years, which was associated with occupational stress and irregular lifestyle practices. He reported anxiety related to his health condition due to progressive abdominal distension, pedal oedema, and difficulty in breathing, leading to reduced work efficiency and sleep.

### General Examination

- Pallor- present
- Icterus-present
- Cyanosis absent
- Clubbing- absent
- Lymph node- not palpable
- Oedema- pedal oedema present
- BP- 140/80 mmHg
- Pulse-81/min.
- SPO2- 96%

### Ayurvedic Examination

*Nadi* – *Vatapittaj*

*Mala* – *Asamyaka*

*Mutra* – Frequent 15times/day

*Jihva* – *Sama*

*Kshuda* – *Mandya*

*Nidra* – *Khandita* (disturbed)

### Local Examination

#### Inspection

- Distended abdomen (Mid Umbilical – Resonant Sound)
- Pedal oedema present - Right ankle circumference- 11.1”

Right ankle circumference- 10.5”

#### Palpation

- Hepatomegaly, tenderness in the hypochondriac region
- On Percussion Dull Sound on the Right and Left Lateral Side of Abdomen

#### Percussion

- Fluid thrill test ++
- Shifting dullness ++

**MATERIAL AND METHOD**

Centre of study- This study was carried out at the Government Ayurveda College Hospital and Research Centre, Nagpur, Maharashtra.

Simple and Single Case Study

Hetu (Causative factor) due to continuous alcohol consumption, the patient developed Ascites (*Jalodara*)

**Samprapti Ghataka**<sup>[17]</sup>

- *Dosha: Tridosha (Pitta- Vata Pradhana)*
- *Dushya: Rasa, Sweda, Udaka vaha Srotas*
- *Adhishtana: Udara Pradesh*

**Investigation:** (18/02/2025)

Parameter: Liver function test Table 1 and Lipid profile test Table 2

**Table 1: Liver Function Test**

SGOT	19.7 U/L
SGPT	16.4 U/L
Bilirubin(total)	1.20 mg/dl
Bilirubin(direct)	0.60 mg/dl
Alk phosphate	-

**Table 2: Lipid Profile Test**

Cholesterol	146 mg/dl
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**External Therapy**

**Table 3: Timeline of Treatment Protocol from 22 Feb 2025 to 25/03/25**

Day	Internal Medicines ( <i>Shamana</i> )	External Therapy	Diet
D1	<i>Aarogyavardhini Vati 2-2-2; Punarnavashtaka Kwatha 15-15-15 ml</i>	-	<i>Laghu</i>
D2	<i>Aarogyavardhini Vati 2-2-2; Punarnavashtaka Kwatha 15-15-15 ml; Tab. Nirocil 2-2-2</i>	Mudpack (BD)	Milk
D3	<i>Aarogyavardhini Vati 2-2-2; Punarnavashtaka Kwatha 15-15-15 ml; Tab. Nirocil 2-2-2</i>	Mudpack (BD)	Milk
D4	<i>Aarogyavardhini Vati 2-2-2; Punarnavashtaka Kwatha 15-15-15 ml; Tab. Nirocil 2-2-2</i>	Mudpack (BD)	Milk
D5	<i>Aarogyavardhini Vati 2-2-2; Punarnavashtaka Kwatha 15-15-15 ml; Tab. Nirocil 2-2-2</i>	Mudpack (BD)	Milk
D6	<i>Aarogyavardhini Vati 2-2-2; Punarnavashtaka Kwatha 15-15-15 ml; Haritaki Curna 5 g + Shankha Bhasma 250mg + Gomutra Syp. Livomyn BD</i>	Mudpack (BD); mild <i>Virecana</i>	Milk + <i>Khajuradi Mantha</i>
D7	<i>Aarogyavardhini Vati 2-2-2; Punarnavashtaka Kwatha 15-15-15 ml; Haritaki Curna 5 g + Shankha Bhasma 250 mg + Gomutra; Syp. Livomyn BD</i>	Mudpack (BD)	Milk + <i>Khajuradi Mantha</i>
D8	<i>Aarogyavardhini Vati 2-2-2; Haritaki Curna 50 g + Shankha Bhasma 250 m g + Gomutra; Syp. Livomyn BD</i>	Mudpack (BD)	<i>Pathya + Khajuradi Mantha</i>
D9	<i>Aarogyavardhini Vati 2-2-2; Haritaki Curna 5 g + Shankha Bhasma 250 m g + Gomutra; Syp. Livomyn BD</i>	Mudpack (BD)	<i>Pathya + Khajuradi Mantha</i>
D10	<i>Aarogyavardhini Vati 2-2-2; Haritaki Curna 5 g + Shankha Bhasma 250m g + Gomutra; Syp. Livomyn BD</i>	Mudpack (BD)	<i>Pathya + Khajuradi</i>

Triglyceride	66.9 mg/dl
HDL	37.2 mg/dl

**Treatment**<sup>[18]</sup>

Initially, when the patient was admitted, he was having symptoms *Aayasen swaskashtata* (dysnoea) and pedal oedema along with irregular bowel movements, so the patient was advised to have *Aarogyavardhini vati 2BD* and *Punarnavastak kwath 2BD* along with tablet *Nirocil 2BD*.

After that, treatment was planned for *Nitya Virechana* with a combination of *Haritki Churna* and *Shankh Bhasma 250mg* (5 gm TDS with 1 tbs *Gomutra* along with 3 tbs water for 7 days. The patient had 2-3 *Vegas* each day.

Treatment started from 22/02/25 to 25/03/25 for 1 month. In between, for hepatoprotective, *Syp Livomyn* was added along with *Dhatrilauha 2 tds* as the patient's HB was low. After *Virechan*, for *Agnideepan shunti churna* was added, and *Shankh vati 2 tds* for *Agni sandukshana*.

**Pathya- Apathya**

The patient's diet was restricted to a milk diet along with *Kharjuradi Mantha*. No other food article was given.

			<i>Mantha</i>
D11	<i>Aarogyavardhini Vati 2-2-2; Haritaki Curna 5 g + Shankha Bhasma 250 mg + Gomutra; Syp. Livomyn BD</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D12	<i>Aarogyavardhini Vati 2-2-2; Haritaki Curna 5 g + Shankha Bhasma 250 mg + Gomutra; Syp. Livomyn BD; Dhatri Lauha 2-2-2 (new); Haridra Khandā 1 TB (new)</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D13	<i>Syp. Livomyn BD; Dhatri Lauha 2-2-2;</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D14	<i>Syp. Livomyn BD; Dhatri Lauha 2-2-2; Shunthi Curna 5-5 g (new)</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D15	<i>Syp. Livomyn BD; Dhatri Lauha 2-2-2; Shunthi Curna 5-5 g (new)</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D16	<i>Syp. Livomyn BD; Dhatri Lauha 2-2-2; Shunthi Curna 5-5 g (new)</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D17	<i>D16 + Shankha Vati 2-2-2 (new)</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D18-D20	<i>D16 + Shankha Vati 2-2-2 (new)</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D21	<i>Haritaki Curna 50 g + Shankha Bhasma 250mg + Gomutra; Syp. Livomyn BD; Dhatri Lauha 2-2-2</i>	Mudpack (BD)	<i>Khajuradi Mantha</i>
D22-D25	<i>As D17+ Dhatri Lauha 2-2-2; Syp. Livomyn BD</i> <b>(These medicines were prescribed after discharge for a month)</b>	Mudpack (BD)	<i>Khajuradi Mantha</i>

\*BD: Twice in A Day

Mud pack in the Abdomen was applied daily.

**OBSERVATION AND RESULT**

**Table 4: Observation of result before and after**

Treatment	Abdominal Girth	Hip Circumference	Waist Circumference	Rt Ankle measurement	Lt Ankle Measurement
Before	105 cm	103 cm	103 cm	31 cm	32 cm
After	101 cm	103 cm	100 cm	30 cm	29.5 cm

**Table 5: Investigation with their respective measures before and after**

Parameters	Before	After
SGOT	96.9U/L	19U/L
SGPT	64.9U/L	17.4 U/L
Bilirubin(total)	1.20 mg/dl	0.61 mg/dl
Bilirubin(direct)	0.60 mg/dl	0.29mg/dl
Cholesterol	146 mg/dl	128 mg/dl
Triglyceride	66.9 mg/dl	66.9 mg/dl
HDL	37.2 mg/dl	33.5 mg/dl

**DISCUSSION**

*Udara Roga* is considered as *Tridoshaja Vyadhi* in which impairment of *Agni* and accumulation of metabolic waste play a central role in disease manifestation<sup>[17]</sup>. In the present case, long-term alcohol

consumption acted as a persistent etiological factor, leading to derangement of digestive and metabolic functions and subsequent imbalance of *Vata* and *Pitta doshas*. This disturbance resulted in abnormal fluid

accumulation within the peritoneal cavity, clinically presenting as *Jalodara*<sup>[18]</sup>, along with pedal oedema, anorexia, and respiratory discomfort in the supine position.

The pathogenesis of *Udara Roga* emphasises *Agnimandya* as the initiating event, which facilitates *Ama* formation and *Srotorodha*. Vitiated *Vata* disrupts the normal movement of bodily fluids, while aggravated *Pitta* contributes to inflammatory and metabolic dysfunctions, together promoting fluid retention in the abdominal cavity. Therefore, therapeutic measures aimed at correcting digestive impairment and regulating *Dosha* imbalance are crucial for effective management.

In the present case, *Nitya Virechana* was selected as the principal therapeutic intervention, as it is advocated in classical texts for the management of *Udara Roga*<sup>[19]</sup>. Regular mild purgation facilitates elimination of vitiated *Pitta* and assists in normalising the direction of *Vata*, thereby supporting physiological fluid movement<sup>[20]</sup>. Additionally, *Virechana* enhances digestive capacity and helps in reducing pathological accumulation by addressing the root of the disease process rather than providing symptomatic relief alone.

*Aarogyavardhini vati* supports liver health by improving digestion and metabolism in fatty liver with *Nirocil*, which serves as a proprietary medicine for upper respiratory tract infections, and *Dhatri lauha* functions as an iron supplement to address anaemia, nourish *Rakta dhatu*.

*Haritaki Churna*, in combination with *Shankha Bhasma*, was administered to achieve controlled daily purgation. *Haritaki* possesses *Tridosha-shamaka*, *Anulomana*, and *Agni-deepana* properties, making it suitable for long-term use in chronic abdominal disorders<sup>[21]</sup>. *Shankha Bhasma* contributes *Bhedana* and *Deepana* actions, supporting digestion and facilitating effective bowel evacuation<sup>[22]</sup>. Together, these formulations aided in maintaining regular elimination without inducing excessive dehydration or weakness.

Adjunctive administration of M-Liv Syrup, containing hepatoprotective and metabolic-stimulating herbs such as *Katuki*, *Bhumyamalaki*, *Kalamegha*, *Punarnava*, and *Haridra*, supported liver function and promoted diuresis. These drugs possess *Rechaka*, *Mutrala*, and *Agni-varadhaka* properties, which further assisted in reducing fluid retention and improving biochemical parameters observed in follow-up investigations<sup>[23]</sup>.

Dietary regulation played a pivotal role in the overall therapeutic outcome. As *Mandagni* is a key contributor to *Jalodara*, intake of heavy, salty, sour,

and fluid-retentive foods was strictly avoided. A restricted diet consisting primarily of milk and *Kharjuradi Mantha* was prescribed to provide nourishment while minimising further fluid accumulation. This dietary approach supported digestive function, preserved strength, and prevented aggravation of *Doshas* during the treatment period.

The combined application of *Shodhana Chikitsa*, *Shamana Aushadhi*, and *Pathya Ahara* resulted in measurable clinical improvement. Reduction in abdominal girth, pedal oedema, and improvement in liver function tests indicate effective reversal of the underlying pathological process. The integrated approach adopted in this case highlights the potential of Ayurveda in managing chronic abdominal disorders like *Udara Roga* through individualised and root-oriented treatment strategies.

### **Pathya**

The main reason for *Udar roga* is *Mandagni*. Intake of spicy, salty, and sour foods leads to the manifestation of *Jalodara*. The *Aahara Krama* in *Jalodara* should be such that it does not lead to the accumulation of fluid and also doesn't increase the *Tridoshas*.

*Pathya* in *Udara Roga* focuses on protecting *Mandagni*, reducing *Aama*, and preventing further accumulation of *Dushta Jala* in the *Udara*. The diet is therefore planned to be *Laghu*, *Deepana*, *Pachana*, and non-*Abhishyandi*, while avoiding *Lavana*, *Amla*, *Katu*, *Ati-Snigdha*, and *Guru Ahara* that aggravate *Tridosha* and worsen *Shotha*. In *Jalodara*, a carefully restricted *Sadugdha*-based regimen with *Ksheera-Peya* prepared using *Agni-deepaka Prakshepaka Dravyas* like *Shunthi* and *Maricha* provides minimal yet adequate nourishment, supports *Agni*, assists *Aama-Pachana*, and helps control pathological fluid load, thus aligning *Pathya* with the fundamental principles of *Udara Roga Chikitsa*<sup>[24]</sup>.

*Khajuradi manth* was also advised to the patient as a rejuvenating formulation for maintaining the *Bala* of the patient, as he has a history of alcohol abuse; therefore, Acharya had instructed the use of *Manth* in the treatment of *Madaty Chikitsa*, for balancing out the overall health of an individual with regular *Virechan* as the first line of treatment in all kinds of *Udar Rogas*<sup>[25]</sup>.

### **CONCLUSION**

The findings of the present case study indicate that an integrated Ayurvedic approach comprising *Shodhana Chikitsa*, *Shamana Aushadhi*, and appropriate *Pathya Ahara* can produce significant clinical improvement in the management of *Udara Roga*. The treatment protocol effectively addressed the underlying pathophysiology by correcting digestive

impairment, regulating *Doshic* imbalance, and reducing pathological fluid accumulation. Observable reductions in abdominal girth, pedal oedema, and improvement in biochemical parameters suggest a favourable therapeutic response.

This case report adds to existing knowledge by demonstrating a clinically effective, non-invasive, and integrative Ayurvedic approach in the management of *Udara Roga (Jalodara)*. The novelty lies in the sustained application of *Nitya Virechana* combined with targeted *Shamana Aushadhi*, strict *Pathya*-based dietary regulation, and adjunctive abdominal mud therapy. Objective improvements in clinical, biochemical, and ultrasonographic parameters highlight the potential of Ayurveda to address the root pathophysiology of fluid accumulation rather than offering symptomatic relief alone. This integrative protocol may serve as a foundation for future clinical studies in chronic abdominal disorders.”

Although the outcomes observed in this single case are encouraging, broader clinical studies involving a larger sample size and extended follow-up periods are necessary to validate the efficacy and sustainability of this integrated treatment approach in *Udara Roga*. Further research may help establish standardised Ayurvedic protocols for long-term management and prevention of recurrence.

#### Unique Protocol Elements

Daily mud pack therapy: Combines Ayurvedic internal treatments with external naturopathic mud application on abdomen (BD for 1 month), absent in reviewed cases using only *Nitya Virechana* and milk diet.

**Novel *Nitya Virechana yoga*:** *Haritaki Churna* (5g) + *Shankha Bhasma* (250mg) + *Gomutra* (1 tbsp), yielding 2-3 controlled *Vegas/day*, differing from common *Abhayadi Modaka* or in other reports.

***Kharjuradi Mantha* addition:** Milk diet enhanced with *Kharjuradi Mantha* for *Madatyā* (alcoholism) recovery and *Bala* maintenance, beyond plain cow milk restrictions in comparable studies.

#### Patient Perspective

The patient shared that before starting Ayurvedic treatment, he had severe swelling of the abdomen and feet, poor appetite, disturbed sleep, and difficulty in breathing while lying down. These problems affected his daily routine and caused discomfort. He also mentioned that the treatment he had taken earlier did not give much relief. After starting the Ayurvedic treatment along with dietary restrictions, he felt a gradual reduction in abdominal swelling and foot oedema. His appetite and sleep improved, and breathing became easier. He stated that he tolerated the treatment well and felt satisfied with

the overall improvement. The patient expressed his willingness to continue Ayurvedic treatment and follow dietary advice to maintain his health.

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