



Case Study

AYURVEDIC MANAGEMENT OF SHOTHA (OEDEMA) USING *GMELINA ASIATICA* L. ROOT KVATHA (DECOCTION)

Bhavna Kapdiya^{1*}, Bhupesh R. Patel²

¹PhD Scholar, ²Professor and Head of Department, Department of Dravyaguna, Institute of Teaching and Research in Ayurveda, Gujarat, India.

Article info

Article History:

Received: 13-05-2026

Accepted: 10-06-2026

Published: 08-07-2026

KEYWORDS:

Gmelina asiatica L.,
Kashmari, Shotha,
Idiopathic oedema.

ABSTRACT

Idiopathic oedema, characterized by recurrent fluid retention without systemic pathology, is frequently seen in middle-aged women. Ayurveda interprets such conditions as *Shotha*, caused by impaired *Agni*, *Ama* formation, and obstruction of *Srotasa*, leading to fluid accumulation. Management emphasizes *Agni Deepana*, *Ama Pachana*, *Srotoshodhana*, and *Dosha* balance. **Aim:** To evaluate the therapeutic effect of *Gmelina asiatica* root decoction in the management of *Shotha* (idiopathic oedema). **Materials and Methods:** A 42-year-old female presented to the Dravyaguna OPD, ITRA, Jamnagar, with bilateral pitting oedema of the lower limbs, swelling of upper limb phalanges, facial puffiness, generalized body ache, and constipation persisting intermittently for one year. Clinical and laboratory investigations excluded cardiac, renal, hepatic, and endocrine causes. Based on Ayurvedic criteria, the condition was diagnosed as *Shotha* due to *Vata-Kapha* imbalance with *Ama*. The patient was treated with *Kvatha* (decoction) prepared from *Gmelina asiatica* root, along with dietary and lifestyle modifications, for 15 days. **Results:** Marked reduction in oedema was observed, with significant improvement in facial swelling, body ache, and bowel regularity. **Conclusion:** This case highlights the effectiveness of *Gmelina asiatica* root decoction, administered according to Ayurvedic principles, in managing idiopathic oedema.

INTRODUCTION

Shotha in Ayurveda refers to swelling or inflammation, often linked to imbalances in the three *doshas* (*Vata*, *Pitta*, *Kapha*). It is considered both a symptom and a disease entity, with causes ranging from diet and lifestyle to trauma and systemic disorders. According to Ayurveda there are two types of *Shotha*; *Nija* which is caused by internal factors like improper diet, lifestyle, or systemic disease, while *Agantuja Shotha* is triggered by external trauma, injury, or infection.^[1] Further *Shotha* is divided in three types *Vataja*, *Pittaja*, *Kaphaja* according to involvement of *Dosha*. Based on affected body parts *Shotha* can be divided in *Sarvanga shotha* (which affect entire body) and *Ekanga shotha* (which affect single part of body).^[2]

Nija shotha can be correlate with oedema. Oedema is excessive accumulation of fluid in interstitial space of body tissue. Based on severity there are two types of oedema; Acute and Chronic. Acute oedema develops suddenly, often within hours or days, and can signal urgent conditions like deep vein thrombosis or pulmonary oedema, trauma, allergic reaction;^[3] while chronic oedema builds gradually over weeks or months, usually linked to systemic diseases such as heart failure, kidney disease, or chronic venous insufficiency.^[4] In contemporary clinical practice, the management of oedema involves dietary sodium restriction, administration of diuretic agents, and therapeutic intervention directed at the underlying aetiology. Adjunctive measures, such as elevation of the lower extremities, are also employed to facilitate reduction of interstitial fluid accumulation.

Idiopathic oedema is a condition marked by unexplained fluid retention and swelling, most often affecting women between ages 30–60, with symptoms like daily weight fluctuations, puffiness in legs or

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i3.2752>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

hands, and worsening around menstrual cycles. [5] It is not life-threatening but can significantly impact quality of life.

In this case, idiopathic oedema is treated with Ayurveda management.

Patient's information

A 42-year-old female patient came to the Dravyaguna OPD, ITRA, Jamnagar, with complaints of bilateral pitting oedema of the lower limbs, swelling of bilateral upper limb phalanges, facial puffiness, generalized body ache, and constipation for the past one year on and off.

General examination

The patient exhibited a pulse rate of 98 beats per minute, blood pressure of 120/90mmHg, and peripheral oxygen saturation (SpO₂) of 98%. Bilateral lower limb pitting edema was observed, associated with pain rated 4/10 on the numerical pain assessment scale. The edema demonstrated diurnal variation, with worsening noted during nighttime hours and also worsen after prolonged standing and sitting position along with swelling of bilateral upper limb phalanges, facial puffiness.

Ayurvedic Examination Findings: *Nadi Pariksha* revealed a predominance of *Vata-Kapha* pulse characteristics. The tongue examination indicated *Saam Jivha* (coated tongue), suggestive of impaired digestion and metabolic imbalance. *Saar* (tissue quality) was assessed as *Madhyam* (moderate). The patient's *Prakriti* (constitutional type) was identified as *Vata-Kapha*. Assessment of *Aahar Shakti* (digestive capacity) was moderate, while *Vyayam Shakti* (physical

endurance) was reduced. The *Desh* (geographical context) was classified as *Sadharan* (neutral), and the *Vaya* (age group) corresponded to *Praudhavastha* (middle age).

Pathogenesis was localized to the *Pakwashaya* (large intestine), with vitiation of *Vata* and *Kapha* doshas. The affected *Dhatu* (tissue) was *Rasa Dhatu*, and the disturbed channel (*Strotas*) was *Rasavaha Strotas*, indicating impaired circulation and fluid metabolism.

Systemic examination

Evaluation of the major organ systems revealed normal functioning of the respiratory system, cardiovascular system, and neurological system. Bowel sounds were present, indicating intact gastrointestinal motility. Neurological assessment demonstrated no abnormalities in either superficial or deep tendon reflexes, suggesting preserved neuromuscular integrity.

Diagnosis

Based on Ayurvedic clinical evaluation, the patient was diagnosed with *Vata-Kapha Shotha* (edematous condition associated with vitiation of *Vata* and *Kapha* doshas). All relevant clinical and laboratory investigations are summarized in Table 1.

Differential Diagnosis

Following systematic exclusion of other potential causes of edema, the condition was classified as Idiopathic Edema. The differential diagnostic considerations and exclusion criteria are presented in Table 2.

Table 1

Investigation name	Before treatment (7/10/2025)	After treatment (21/10/2025)
RBS	92 mg/dl	-
Uric acid	5.55 mg/dl	-
S. creatinine	1.01 mg/dl	0.99 mg/dl
S.G.P.T. (A.L.T.)	39 U/L	25 U/L
Haemoglobin	12.6 gm%	12.1 gm%
Total R.B.C.	4.5 mill/c.mm	4.29 mill/c.mm
Total W. B. C.	7800/cu mm	7080/cu mm
Platelet Count	256000/cu mm	263000/cu mm
Differential Count		
Neutrophils	60.9 %	59.9 %
Lymphocytes	29.7 %	30.4 %
Eosinophils	3.5 %	3.7 %
Monocytes	5.0 %	5.2 %
Basophils	0.9 %	0.8 %

Absolute Eosinophil Count	273/ uL	261.96 / uL
Blood Indices:		
P. C. V	37.1 %	35.4 %
M. C. V.	81.9 fl	82.5 fl
M.C.H	27.8 pg	28.2 pg
M. C. H. C	34.0 %	34.2 %
R.D.W	13.0 %	13.3 %
E.S.R. (Westergren Method)	14 mm	18 mm
Urine routine examination	Normal	Normal
RA qualitative	Non reactive	-

Table 2: Differential diagnosis of oedema

Differential diagnosis of oedema	Rationale
Renal causes of oedema	Normal renal function tests, absence of proteinuria
Hepatic causes of oedema	liver function test within normal limits
Hypothyroidism	No symptoms of hypothyroidism
Venous insufficiency	No venous reflux or varicosities on examination
Medication induced oedema	No relevant drug history
Idiopathic oedema	All systemic, vascular, and medication causes excluded

Therapeutic intervention

The patient was diagnosed with *Shotha* attributable to *Vata-Kapha dosha* imbalance in association with *Ama* (metabolic toxins). Management was initiated with a *Kvatha* (decoction) prepared from the root of *Gmelina asiatica*, administered for a 15-day period. The herbal intervention was complemented by structured dietary regulation aimed at reducing *Kapha* aggravation and minimizing *Ama* formation, including restriction of heavy, oily, and incompatible foods, *Amla* (sour food), *Dadhi* (curd), green leafy vegetables etc. Advised some lifestyle modifications including avoid *Divasvapna* (day sleep), avoid *Ratrijagarana* (night Awakening) and advised for moderate physical exercise to enhance digestive efficiency and improve circulation. The therapeutic approach was designed to restore *Dosha* equilibrium, promote *Rasadhatu* integrity, and alleviate fluid retention. Clinical monitoring was performed throughout the intervention period, with assessment of edema severity, pain intensity, and systemic parameters to evaluate treatment efficacy.

Follow-up and Outcome

The patient was monitored regularly during the 15-day intervention period, with clinical assessments performed at baseline, mid-treatment, and completion. Daily evaluation included measurement of edema severity, pain intensity, and systemic parameters such as pulse rate, blood pressure, and oxygen saturation was done. By the end of the treatment course, a marked reduction in bilateral lower limb pitting edema was observed, with significant improvement in diurnal variation. Pain intensity decreased from 4/10 to 1/10 on the numerical rating scale, indicating substantial symptomatic relief. No adverse effects were reported during the intervention, and systemic functions-including cardiovascular, respiratory, and neurological parameters- remained stable throughout. The patient demonstrated improved physical endurance and reported enhanced overall well-being, consistent with restoration of *Dosha* equilibrium and reduction of *Ama*. These findings suggest that the decoction of *Gmelina asiatica* root, combined with dietary and lifestyle modifications, was effective in alleviating idiopathic edema (*Shotha*) in this case. Measurement of swelling mentioned in Table 3 and Image 1.

Table 3: Measurement of swelling

No. of days		Day 1	Day 7	Day 14
At the centre of knee	Rt	37 cm	36.5 cm	36 cm
	Lf	36.5 cm	36 cm	35 cm
Mid of the calf	Rt	32 cm	32 cm	31.5 cm
	Lf	32 cm	31.5 cm	31.5 cm
At ankle	Rt	31 cm	30.5 cm	29 cm
	Lf	31 cm	30 cm	29.5 cm
5 cm above the ankle	Rt	27 cm	25.5 cm	24 cm
	Lf	26.5 cm	26 cm	25 cm
5 cm below the ankle	Rt	22 cm	21 cm	20.5 cm
	Lf	22 cm	21 cm	20 cm

Image 1**DISCUSSION**

Shotha is a common clinical condition described in Ayurveda and is characterized by abnormal accumulation of fluid in the body tissues resulting from *Dosha* vitiation and impaired tissue metabolism. In the present case, the patient exhibited bilateral pitting oedema of the lower limbs, swelling of upper limb phalanges, facial puffiness, generalized body ache, and constipation without any identifiable systemic pathology. Since investigations ruled out cardiac, renal, hepatic, and endocrine causes, the condition was considered idiopathic oedema. From an Ayurvedic perspective, the clinical presentation indicated *Vata-Kapha* predominant *Shotha* associated with *Ama*.

The pathogenesis of *Shotha* in this case can be understood as *Agnimandya* leading to the formation of *Ama*, which causes *Srotorodha* (obstruction of bodily channels). Obstruction produced by *Kapha* and *Ama* hampers the normal movement of *Vata*, resulting in impaired fluid circulation and accumulation within tissues.^[6] The associated symptoms of heaviness, puffiness, constipation, and generalized body ache further support the involvement of *Kapha*, *Vata*, and *Ama* in the disease process.

Gmelina asiatica (*Kashmari*) root was selected based on its traditional indications in conditions involving *Shotha* and *Vata-Kapha* vitiation.^[7] The drug possesses properties that help alleviate *Vata* and *Kapha*, improve tissue metabolism, and reduce pathological fluid accumulation. Administered in the form of *Kvatha*, it provides rapid systemic action and facilitates correction of the underlying pathological processes. Along with the medicinal intervention, dietary regulation and lifestyle modifications may have contributed to improving *Agni* and preventing further *Ama* formation.

The marked reduction in bilateral limb edema and facial puffiness observed after 15 days of treatment suggests effective alleviation of *Shotha*. Improvement in generalized body ache may be attributed to the *Vata*-pacifying action of the drug, while normalization of bowel habits indicates correction of *Agnimandya* and *Anulomana* of *Vata*. These changes collectively suggest restoration of normal fluid dynamics and improvement in metabolic function.

The therapeutic response observed in this case may also be supported by the reported anti-

inflammatory, antioxidant, and analgesic activities of *Gmelina asiatica*.^[8] These pharmacological actions could contribute to reduction of tissue inflammation, improvement in microcirculation, and resolution of oedematous changes. The clinical improvement noted in the absence of any other pharmacological intervention highlights the potential role of *Gmelina asiatica* root decoction in managing idiopathic oedema.

Although the outcome of this case is encouraging, it represents the observation of a single patient and therefore limits generalization of the findings. Further studies involving larger sample sizes, objective assessment parameters, and longer follow-up periods are required to establish the efficacy and mechanism of action of *Gmelina asiatica* root decoction in *Shotha*. Nevertheless, the present case demonstrates that *Gmelina asiatica* root *Kvatha* (decoction) may be a beneficial Ayurvedic intervention for *Vata-Kapha* dominant *Shotha* associated with *Ama*.

CONCLUSION

The present case study indicates that *Gmelina asiatica* root *Kvatha* (decoction) may be beneficial in the management of *Vata-Kapha* predominant *Shotha* associated with *Ama*. Administration of the decoction for 15 days resulted in marked reduction of oedema, facial puffiness, and generalized body ache, along with improvement in bowel regularity. The observed effects suggest correction of *Agnimandya*, reduction of *Ama*, and alleviation of *Vata-Kapha Dosha* vitiation. These findings support the traditional Ayurvedic use of *Gmelina asiatica* in *Shotha*.

REFERENCES

1. Shashtri K, Chaturvedi G. Charaka Samhita of Charaka, Chikitsasthan, Shwayathu Chikitsa.

Chapter 12, verses 5-7. Varanasi: Chaukhamba Sanskrit Series; 2013. p.354.

2. Shashtri K, Chaturvedi G, Charaka. Charaka Samhita of Charaka, Chikitsasthan, Shwayathu Chikitsa. Chapter 12, verse 7. Varanasi: Chaukhamba Sanskrit Series; 2013. p.354.
3. Merth T, Sachdeva S. Leg swelling: Unilateral and bilateral – diagnosis summary. Emergency Care BC; 2022 Jan 19. Available from: <https://emergencycarebc.ca>
4. Keast DH, Despatis M, Allen JO, Brassard A. Chronic oedema/lymphoedema: under-recognised and under-treated. Int Wound J. 2014; 12(3): 328-33. doi:10.1111/iwj.12224
5. Streeten DH, Dalakos TG, Fellerman H, Dalakos J. Pathophysiologic approach to understanding and successfully treating idiopathic edema: Unappreciated importance of nocturia. Am J Med Sci. 2022; 364(2): 229-36. doi:10.1016/j.amjms.2022.05.004.
6. Shashtri K, Chaturvedi G, Charaka. Charaka Samhita of Charaka, Chikitsasthan, Shwayathu Chikitsa. Chapter 12, verse 8. Varanasi: Chaukhamba Sanskrit Series; 2013. p.354.
7. Kiruba, S., Mahesh, M., & Jeeva, S. (2014). Ethnomedicinal plants used by ethnic communities in the Eastern Ghats of Tamil Nadu, India. Asian Pacific Journal of Tropical Biomedicine, 4(Suppl 1), S325-S332. [Use of *Gmelina asiatica* roots and aerial parts in traditional medicine]
8. Gopalakrishnan S, Hazeena BV. Biochemical modes of action of *Gmelina asiatica* in inflammation. Indian J Pharmacol. 1997; 29(5): 306-9.

Cite this article as:

Bhavna Kapdiya, Bhupesh R. Patel. Ayurvedic Management of Shotha (Oedema) Using *Gmelina Asiatica* L. Root *Kvatha* (Decoction). AYUSHDHARA, 2026;13(3):662-666.

<https://doi.org/10.47070/ayushdhara.v13i3.2752>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Bhavna Kapdiya

PhD Scholar,

Dravyaguna Department,

Institute of Teaching and Research in

Ayurveda, Jamnagar, Gujarat.

Email:

bhavnakapdiya1997@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.