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A CASE STUDY ON APPROACH TO UDARA CHIKITSA

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ABSTRACT

Udara is mentioned in *Ashta mahagada* i.e. 8 major illnesses in Ayurveda classics. *Agni dushti*(vitiation of Agni) by *malina ahara* (faulty food materials & eating habits), *doshasanchay* (accumulation of doshas) due to *apaka* (improper conversion of food) and resultant *Udara*. So it is considered as *kruchrasadhya* (difficult to treat). But once the *samprapti* is visualised considering these 3 factors in mind then it can be treated accordingly. So this paper focusses on approach to *Udara chikitsa* which is based on visualisation of its *samprapti* and application of various *siddhantas* using *shamana* and *shodhana aushadhis*.

KEYWORDS: Udara, Agnidushti, Srotorodha, Ayurvediya chikitsa.

INTRODUCTION

Udara is one of the main disease caused by *Agni dushti*.^[1] Whenever a person having *mandagni* (diminished power of digestion) indulges in *malina ahara* (which means *viruddha ahara* which leads to vitiation of *dosha*), there will be accumulation of *dosha* due to hampered digestion. This causes vitiation of *Prana*, *Agni* & *Apana* and obstructs the upward and downward channels of circulation. So the doshas get lodged between the skin and muscle tissue which leads to extensive distension of abdomen leading to *Udara*.^[2,3]

This is the *samanya samprapti* of *Udara* explained in classics which may differ by some means from person to person. So it is important to visualise the *samprapti* in each patient by analysing the *hetus*, vitiation of *dosha* by *vikalpa samprapti*^[4](which *guna* of the *dosha* is responsible predominantly for its vitiation) and its *sammurchana* with the *dushyas* further leading to manifestation of disease i.e the journey of a *hetu* upto disease manifestation should be well understood.^[5] Once the *samprapti* is visualised it is easy to treat accordingly.

This paper is a case study on approach to *Udara chikitsa* where the *samprapti* was visualised and *chiktsa* was done accordingly by application of various *siddhantas* using *shodhana* and *shamana aushadhis*.

CASE STUDY

Present Complaints

A female patient of age 40 yrs was having complaints of

abdominal distension, heaviness of abdomen, nausea, facial and periorbital oedema, dyspnoea on exertion, loss of appetite and oliguria since last 8 days.

History of Present Illness

Patient was alright before 8 days. After that she had onset of abdominal distension, heaviness of abdomen, nausea, facial and periorbital oedema, dyspnoea on exertion, loss of appetite and oliguria. So for above complaints she got admitted in *Kayachikitsa* In patient female ward.

History of Past Illness

- Patient was known case of Rheumatic heart disease since last 10 years and was taking Tb. Digoxin 0.25 ½ OD (5 days per week) and Tb. Dytor plus 10 1OD since 10 years for it.
- 2. Before one &half year after her mother's death, she was unconscious for 48 hrs & was admitted in ICU for 3 days. Then she suffered from severe vomiting & diarrhoea which was followed by complaints of ascites. It was treated by allopathic treatment for 3 days by diuretic injectables.
- 3. Patient had history of jaundice 3 times before 5 years.
- 4. Patient had history of malaria before 3 months.
- Obstretic history Patient had history of 2 IUD's due to ischemia to foetus before 15 years. Patient also had a history of MTP before 15 years and was having history of 1 FTND before 17 years.
- 6. Menstrual history attained menopause before 4 years.

- 7. Occupational history Housewife
- 8. Family history No evidence of any kind of major illness was reported in family.

Physical Examination

- 1. Facial & periorbital oedema ++
- 2. Mild pallor & icterus +
- 3. Blood pressure 76/50 mmHg
- 4. Pulse rate 80/minute
- 5. Body temperature $-98.6^{\circ}F$
- 6. Respiratory rate -22/ minute 7. spO₂-92%
- 7. Weight -37 kg
- Abdominal girth (taken on inspiration) –4 cm above umbilicus – 69.5cm At umbilicus – 72cm 4 cm below umbilicus – 76cm

Systemic Examination

- 1. Respiratory system Air entry was reduced on right side with crepitations bilaterally.
- Cardiovascular system–Regurgitation sound was present over aortic,pulmonary,tricuspid and mitral areas(grade 3 diastolic murmurs over tricuspid & mitral area and grade 5 systolic murmurs over aortic & pulmonary area)
- 3. Central nervous system Patient was conscious &well oriented.
- 4. Per abdomen

Inspection- Distended abdomen with everted umbilicus. Palpation – Hepatomegaly of 3 fingers was present. Percussion – Shifting dullness & fluid thrill were present.

Investigations

CBC, LFT, KFT, BSL(R), USG (Abdomen & Pelvis), 2D echo was carried out. Images of the necessary reports are attatched below.

Treatment Given

- 1. Diet Patient was adviced to take only *Shunthi* siddha godugdha on kshudhaprachiti for initial 12 days where diet and salt was prohibited. Laghu ahara like laja, krushara, etc was started after 12 days. Lavana varjit mansrasa was adviced after 20 days of therapy.
- 2. *Guduchi, Gokshur &Trifala kwatha* 40 ml twice a day *apan kale* (before drinking milk earlier or before food later on) for upto 12 days.
- Kutaki churna 5gm at night time was given for 20 days. Shunthi kwatha 20 ml & Eranda taila 10 ml at night time was given after 20th day for 5 days.
- Vishan bhasma yoga having Mrigshrunga bhasma 250mg, Pushkarmul churna 2.5gm &Guduchi satva 500mg (Rasasindur was excluded) twice a day after drinking milk or taking food after 5th day upto 25th day.
- 5. Tb. Calcimax forte 1 OD was started after 12 days.
- 6. Udara pattabandhan with Eranda patra was done

throughout the therapy.

- 7. *Shalishasthik pindasweda* over both extremities was done after 12 days.
- 8. Nebulisation with duoline twice a day for 15 days and then with NS was carried out for 8 days &was kept sos thereafter.
- 9. Vasa patra swarasa 20 ml twice a day was given upto 15 days.
- 10. Previous allopathic treatment for RHD was continued as it is.
- 11. All vital parameters like BP, RR, SpO2, temperature, BSL (R), weight, input &urine output, stool colour, abdominal girth were monitored regularly.

Nidanpanchak

HETŪ-

- 1. Ahara- Ushapana(200 ml daily), Mahish dugdha daily 200 ml in diet, Dadhi 100ml 3-4 times per week, bhojanottar jalpana 200-250ml daily,nishapan 200 ml daily, mansahar sayankale daily, odana made from nava tandula daily, sheet anna sevana, ajeerna bhojana.
- 2. Vihar Divaswap daily 1-2 hrs, avyayam
- 3. Manas Atichinta, atikrodha.
- 4. Other *Dhatu kshay* due to chronic disease(RHD), IUD and MTP, previous history of *Udara*, *Khavaigunya* of *Udakavaha* (due to Udara,Atisara &chardi), *Rasavaha* (due to *Jwara itihas*), *Apanavah srotasa* due to early menopause, IUD and MTP.

Purvaroopa- Ayasena Shwasa kashtata, kshudhamandya, aruchi

RUPA- Udara vruddhi, udara gaurava, hrullasa, mukh – akshikuta shotha, ayasena shwaskashtata, kshudhamandya and alpamutrata.

UPASHAY – Dugdhahar, Nitya virechana, Udara pattabandhana

SAMPRAPTI – Doshapradhanya- Kapha and Vata Guna pradhanya- Drava,Guru,Snigdha

Dushya – Rasa, Rakta

Srotasa – Udaka, Rasa, Pranavaha, Apanavaha Avayav vishesh – Udara

Srotasa dushti vishesh – Sanga

Hetusevana (Ahara+Vihara+Manasa+ Dhatukshay +Udaka, Rasa, Apana khavaigunya) Agnidushti Guru,Snigdha, Drava guna causing Kapha prakop Vitiated Kapha gets mixed along with the Udaka Obstucts the Prana and Apana gati in upward and downward direction

These vitiated *Kapha* and *Vata* gets lodged in between *twak* and *mamsa* of *kukshi*

Kukshi Adhman and its purana by ambu

RESULT

1. Objective Parameters

Serial Number	Parameter	Before Treatment	After treatment
1	WEIGHT (taken at morning) in Kg	37	33
2	ABDOMINAL GIRTH(taken on inspiration at supine position with same measuring tape by same person throughout the therapy) – 4 cm ABOVE UMBILICUS	69.5	57
3	ABDOMINAL GIRTH AT LEVEL OF UMBILICUS	72	57.5
4	ABDOMINAL GIRTH 4 cm BELOW UMBILICUS	76	60
5	INPUT(24hrs)	1 litre	1 litr shunthi siddha godugdha+100ml mamsaras+1/2 jawar roti with mudga yusha+krushara sayankale
6	Urine Output (in 24hrs)	600ml	1800ml
7	Blood Pressure(supine position)	76/50 mmHg	110/80mmHg
8	Respiratory Rate(supine position)	24/min	18/min

2. Lab Investigations

Serial number	Investigation	Before treatment	After treatment
1	HAEMOGLOBIN	10.2 gm%	12.3gm%
2	RED BLOOD CELL COUNT	3.49 mil/cmm	3.96mil/cmm
3	TOTAL LEUCOCYTE COUNT	5500/cmm	5900/cmm
4	PLATELET COUNT	1,35,000	1,29,000
5	TOTAL BILURUBIN	2.02mg/dl	1.42mg/dl
6	DIRECT BILURUBIN	1.08mg/dl	0.73mg/dl
7	INDIRECT BILURUBIN	0.94mg/dl	0.69mg/dl
8	SGOT	45.1IU/L	38.41
9	SGPT	38.2IU/L	26.19
10	ALKALINE PHOSPHATASE	142.1U/L	184
11	USG – ABDO PELVIS	Attached below	Attached below

3. Symptomatic Relief

Symptoms which were observed before and during the treatment like abdominal distension, heaviness, nausea, facial & periorbitaloedema, anorexia, oliguria, icterus, pallor, weakness, muscle cramps, giddiness, dyspnoea on exertion were not observed at the end of therapy.

4. Systemic Examination

Air entry was almost equal bilaterally and crepitations were reduced. Grade of murmurs were reduced to grade 3. abdominal distension was not noted and shiting dullness and fluid thrill were absent after treatment.

Images of Investigations

Г	COMPLETE BLOOD COUNT				E BLOOD COUNT	
	RESULT	NORMAL RANGE				Normal Range
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- table	10.2	F : 12 to 15 gms/dl				F. 11.5 - 14.5 gm%
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rythrocyte Count	0.43	F : 3.8 to 4.8 million per cu.mm.	Total WBC Count		5,900/cumm	4000 – 11000/cumm
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to Count	5,500	4,000 to 10,000 per cultimit	RED CELL ABSOLUTE VALUE			
eucocyte Count		the second se	THE SHERING STREET		14.014	
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.C.V.	89.6	83 to 99 femtolitres	M.C.V.	-	87.4	80.0 - 100.0 fl
A.C.V.	29.4	27 to 32 pico-grams.	M.C.H.	1	31.1	27.0 - 34.0 pg
A.C.H.	32.8	31.5 to 34.5 percent.	M.C.H.C.		35.6	32.0 - 36.0 g/dl
A.C.H.C.	55.0	39 to 46 fl.	R.D.W.		14.5	11.0 - 16.0 %
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ymphocytes	0	02 to 10 percent	Neutrophils	8	82 %	40 - 75 %
asophils	2	CN 1325 (1940)42900663 (Lymphocytes	-	15 %	20 - 45 %
lonocytes		1,50,000 to 4,00,000 per cu.mm.	Epsinophils		01%	01 - 06 %
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	CBC Result Correlate Accord	ng to Age	(Method / Fully Automation 3 pr	ieri cell cu	anter (AMARCE-220 JAPAN)	

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rum Bilirubin Total - Direct - Indirect -	2.02 1.08 0.94	Upto 1.2 mg/di Upto 0.4 mg/di	Alkaline Phosphatase	; 184.0	UIL.	

DISCUSSION

Patient previously had history of *Udara* which was treated by allopathic treatment at that time and it was subsided but the *kinchit avashishta dosharupa moola* i.e some amount of *doshas* were residing there. Patient was having *dhatu kshay* due to chronic disease RHD & also

due to early menopause, IUD, MTP and *Jwara itihasa* satatya(history of recurrent febrile illness). So the further *hetusevana* lead to the recurrence of *Udara* by triggering the *kinchit avashishta dosharup moola* because the *vyadhivighatkar bhava* (which prevent occurrence of disease) like *vyayama*,*vidhiyukta ahara vihara* were not there.^[6] Also all these conditions lead to development of

khavaigunya of *Udaka*, *Prana*, *Rasa* and *Apanavaha srotasa* which lead to lodging of vitiated *doshas* there and manifestation of *Udara*.^[7]

As all the *hetus* are *santarpanjanya* & *Nidanparivajana* is the basic *siddhanta*.^[8] pt was restricted from taking any kind of *ahar* and *jalapana*.^[9] As the *doshas* were lodged in whole abdomen leading to *agnimandya*^[10,11] only *Shunthi siddha godugdha*^[12] having *deepana, laghu, mrudu rechana* and *balya*^[13,14,15] properties was given on *kshudhaprachiti* initially for 12 days. *Guduchi*^[16] *Gokshur*^[17] & *Trifala kwatha*^[18] having *deepana, laghu, ruksha* & mrudu anulomana, atirikta drava nirharana (which removes excess water)properties was given.

As there is Srotas avarodha and dosha atimatra upchaya i.e excess accumulation of dosha in Udara, nitya virechana should be given.^[19,20,21] But the patient was durbala so bahusho i.e daily and alpashaha i.e in lesser amount mrudu virechana was given,^[22] with kutaki churna,^[23] which is ruksha and deepana also for 12 days. Udara pattabandhana with Eranda patra was done daily throughout the therapy to prevent further distension by Vata in abdomen.^[24,25,26] Vishana bhasma yoga mentioned in Parshvashoola chikitsa was given considering the Vatakaphaharatwa, deepana, laghu, ushna guna.^[27] Mrishringa bhasma is hridaybalya also. Rasasindura was excluded because the patient was having hepatomegaly and varices might be there.

After 12 days main complaints were subsided but the patient was suffering from *dourbalya*, *bhramaprachiti*, *ubhaya pad pindikodveshtana*, *grathit malapravrutti* depicting the change in *vyadhi avastha* by which *chiktsa* should be changed,^[28] i.e sufficient amount of *Rukshana* & *drava shoshana* is achieved. so, *laghu ahara* initially followed by *lavana varjit mansarasa*, *Shalishastik pinda sweda* over both extremities, Tb calcimax forte and *mrudu Sneha virechana* was started as *bruhana chiktsa* after sr. electrolyte assessment.

The *sara kitta vimochana* is the function of *prakrut agni* which was reestablished with the help of above treatment which resulted in increase in urine output and bowel habbits were normalised. Also the obstruction in circulating channels was also cleared with the help of above treatment so the physiological process of *uttarotar dhatuposhana* was reestablished. So, the increase in RBC and Hb was observed. The previous allopathic treatment for RHD was continued as it is and *Vasa patra swarasa* and nebulisation were given to relive the chest congestion. All vital parameters were monitored regularly.

CONCLUSION

Agnidushti, Doshasanchaya and Srotorodha are the main factors contributing for Udara. Visualisation of samprapti in each patient with the help of Hetu vinishchay, anshansh kalpana of dosha prakopa, dosha leading to further vitiation of dushya should be well understood. Samprapti vighatana based on Nidanparivarjana, Agnideepana, Srotasa shodhana and Nitya virechana if done properly can cure the Udara provided it is done in accordance with the Vyadhi avastha, Rugna bala and Aushadhi matra and Kala.

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