

CRITICAL ANALYSIS OF UDARA ROGA WITH SPECIAL REFERENCE TO
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Article Received on 22/08/2019

Article Revised on 12/09/2019

Article Accepted on 02/10/2019

ABSTRACT

Udara roga denotes generalized distension or enlargement of abdomen of any etiology. *Udara roga* in Ayurveda is not only limited to ascitis, accumulation of fluid in the peritoneal cavity but also includes gaseous distension, hepato-splenomegaly of varied etiology, intestinal obstruction and intestinal perforation. Generalized abdominal distension is the presenting feature in all. The causes of abdominal swelling can be remembered conveniently by the 6Fs: flatus, fat, fluid, foetus, feces or a fatal growth (often a neoplasm). *Samanavata*, *Apanavata*, *Pachak pitta*, *Ranjak pitta* and *Kledaka Kapha* are situated in the abdomen. *Mandagni* is the main presenting feature of medically treatable *Udararogas*. The ultimate outcome of all *Udara roga* is *Jalodara*(Ascites). Long standing *mandagni*, *ajirna* and *malavridhi* are the reasons behind it. This causes vitiation of *Prana*, *agni* & *Apana* and obstruction of the upward and downward channels of circulation. *Dosha prakopa* occurs and get lodged between skin and muscle tissue resulting in generalized distension of abdomen.

KEYWORDS: *Udara*, abdominal distension.

INTRODUCTION

“*Roga Sarvapi Mandagni Suturadarani Tu*”. Functionally weak *agni* that is *mandagni* causes improper digestion of ingested food which leads to *Udara roga*. *Udara roga* denotes the generalized distension or enlargement of abdomen of varied etiology. It is one among the *Ashtamahagada*. From the origin of the illness it is difficult to manage. *Agni dosha* and *mala vridhi* causes vitiation of *Prana*, *agni* & *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*.^[1] The cardinal features are *Kukshi adhmana* (enlargement of abdomen), *Karapada shopha* (oedema in the limbs), *Mandagni/ Atyanta Nastagni*, *Krushagatra*(emaciation).^[2]

According to Ayurveda *agnimandya* is mentioned as basic etiological factor for development of *udara roga*. Intake of excessive hot, saline, sour drinks, improper *Samsarjana krama* after *Panchakarma* therapy, improper *vamana* and *virechana*, *arsha*, *grahani* and *pleehadosha*, presence of *ama*, ulcerations and perforations are the main causes described in our classics. Low and delayed digestion, burning sensation, inability to determine between digestion and indigestion, disappearance of

abdominal folds with prominent network of veins over abdomen occurs initially are some of the prodromal features of *Udara roga*. It has been described of eight types of medical and surgical *udararogas* in Ayurveda.

Vatodara (Accumulation of flatus), *Pittodara* (Hepatic causes), *Kaphodara* (Renal causes), *Sannipatodara* (exudative causes), *Pleehodara/Yakritodara* (enlargement of spleen and liver), *Baddhagudodara* (Intestinal obstruction), *Kshatodara* (Intestinal perforation) and *Jalodara*,^[3] (Ascitis-Fluid in peritoneal cavity). Progressive stages of *Jalodara* are described namely *Ajatodaka*, *Piccha* and *Jatodaka*. Among eight types of *udara roga* *Baddhagudodara* and *Kshatodara/Chidrodara* are the surgical conditions while other types can be treated with difficulty by medicines.

Vatodara (Accumulation Of Flatus): It is characterized by swelling in sides of the abdomen, hands and legs, cracks in the abdomen, swelling increases and decreases in the abdomen without any apparent cause, colicky pain, *udavarta* (upward movement of wind in the abdomen), stool and urine flow is obstructed and appearance of thin and black network of veins over the abdominal wall⁴. Bloating refers to a sense of fullness in the upper abdomen. This can be influenced by gas and/or food accumulation in the stomach. Some patients experience

the symptom with normal amounts of gastric gas. Flatulence refers to the passage of rectal gas. The gas is generally a combination of swallowed air and gas produced by the action of colon bacteria on undigested carbohydrates.

Gas which accumulates in the right upper portion of the colon can lead to pain which could seem like gallbladder pain. Gas which accumulates in the left upper portion of the colon can radiate up to the chest and seem like cardiac pain.

Excessive air swallowing, and certain foods and carbonated beverages are significant contributors to belching and flatulence. Some patients with Irritable Bowel Syndrome (IBS) appear to be uniquely sensitive to normal or only slightly increased volumes of intestinal gas and may develop abdominal cramps as a result. Patients with altered anatomy due to surgery or those with certain rheumatologic diseases may be at an increased risk of bacterial overgrowth in the small intestine which can lead to belching, bloating or flatulence.

Sneha-Swedana and *virechana* is advised and a tight cloth is tied over the abdomen. Medicated *ghrita*, *yusha*, *mamsa rasa*, *ksheera*, *vata shamaka basti* are the lines of treatment. *Aushadha yogas* like *Hinguastak choorna*, *Rasonadi vati*, *Shankha vati* etc can be beneficial.

Pittodara (Hepatic Causes)

This variety of *Udara* clinically presents with fever, burning sensation, thirst, diarrhea, fainting, yellowish discoloration of eyes, face, nails, skin, urine and stool, appearance of network of veins with blue, yellow, green and coppery colour.^[5] If not treated in time it gets easily supplicated. Cirrhosis of the liver is the most common cause of ascites. Ascites is caused by a combination of elevated pressure in the veins running through the liver (portal hypertension) and a decrease in liver function caused by scarring of the liver, i.e., cirrhosis. Liver failure and portal hypertension in cirrhosis cause general sodium and water retention in the body, and localization of fluid in the peritoneum due to the high venous pressure in the mesenteric circulation. Patients with cirrhosis are very susceptible to infection of ascitic fluid as part of their general susceptibility to infection. Spontaneous bacterial peritonitis (SBP) usually presents suddenly with abdominal pain, rebound tenderness, absent bowel sounds and fever in a patient with obvious features of cirrhosis and ascites.

Virechana is advised but in weak patients *anuvasana* and *niruhabasti* with *ksheera* is advised. *Eranda*, *panchatikta*, *nishotha* is given with different combinations for *virechana*.

Kaphodara (Renal Causes)

It is characterized by heaviness in the body, anorexia, indigestion, oedema in the upper and lower extremities,

scrotum and thighs, white discoloration of nails, eyes, face, skin, urine and stool, appearance of network of veins white in color, abdomen becomes heavy, immobile and hard.^[6] When substantial amount of protein are lost in the urine a series of secondary phenomena occurs constitute the nephritic syndrome. Oedema accumulates predominantly in the lower limbs in adults, extending to the genitalia and lower abdomen. Ascitis is common and often an early feature in children or young adults.

After *sneha-swedana* and *virechana*, proper *samsarjana karma* is given. Preparation of *gomutra*, *lohabhasma* is indicated. For the management of *shotha* (oedema) *Punarnava*, *panchatranamoola*, *varuna*, *shigru* can be given for *shamshana*. *Shatavari*, *guduchi*, *saptaparna* and *daruharidra* is useful with diuretic drugs.

Sannipatodara (Abdominal Distension Due To Exudative Causes)

This condition occurs when a person suffering from *mandagni* indulges in unwholesome, mutually contradictory and heavy food. *Dushi visha* (slow poisoning) has also been considered as its cause. There will appearance of signs and symptoms of *tridoshas*. Malignant Ascites can be considered here. It is a sign of peritoneal carcinomatosis, the presence of malignant cells in the peritoneal cavity. Tumors causing carcinomatosis are more commonly secondary peritoneal surface malignancies which include ovarian, colorectal. Pancreatic and uterine; extra abdominal tumors originating from lymphoma, lung and breast; and a small number of unknown primary tumors.

Yakritodara/Pleehodara (Hepato-Splenomegaly)

The etiopathogenesis of *yakritodara* and *plihodara* are similar except the anatomical location. It is classified into five types as *vataja*, *pittaja*, *kaphaja*, *sannipataja* and *raktaja* and again based on the etiopathogenesis it is classified into *chyuta* and *achyuta yakrut vridhhi*. One by *chyuta* (displacement) and other by *achyuta vridhhi* (not displaced). *Chyuti* means displacement from its own place. In *achyuta* type, *dusta rasadi dhatu* is considered in the pathogenesis of *yakrutodara/pleehodara*. *Vardhaman Pliha* (There will be progressive enlargement of the *Yakrit/Pleeha*. Liver/spleen becomes stony hard initially and on palpation feels like a tortoise back and if neglected the enlarging *yakrit* puts pressure and expands over the *kukshi*, remaining part of the abdomen and *agniadhithana*, *dourbalya* (debility), *arochaka* (lack of taste in the mouth), *avipaka* (indigestion), *varchagraha* (Constipation), *mutragraha* (Retention of urine), *tamapravesha* (Darkness in front of the eyes), *pipasa* (excessive thirst), *angamardha* (malaise), *chardi* (vomiting), *moorcha* (Transient loss of consciousness), *angasada* (Tiredness of body parts), *kasa* (cough), *swasa* (dyspnoea), *mridu jwara* (mild fever), *anaha* (flatulence), *agninasha* (loss of appetite), *karshya* (emaciation), *asyavairasa* (abnormal taste in the mouth), *parvabheda* (pain in joint of the digits), *Koshtashoola* (abdominal pain), *Vatashoola* (abdominal

pain due to morbid vata), *Udara arunavarana* (red discoloration of the abdomen) *Udara vivarna*, (discoloration of the abdomen) *udara neelaharitarahidra raji* (appearance of network of veins having blue, green or yellow color).^[8]

Sneha-swedana, *virechana*, *niruha* and *anuvāsana basti* is advised. *Siravyadhana* in left arm is also a part of its treatment. *Pippali*, *guda haritaki*, *kshara* and *arishta* preparations are used. *Pippali Vardhaman rasayana* can be prescribed.

Baddhagudodara: (Intestinal Obstruction)

This variety of *udara* is caused by intake of small hair along with food, *Udavarta*, *arshas*, *antrasamurchana* (intussusceptions). *Vata prakopa* occurs suppresses *agni* and obstructs the movement of faeces, pitta and kapha. The symptoms are *adhmana* (abdominal distension), colicky pain in the regions of the heart, umbilicus and anus, appearance of peristaltic movements in the abdomen, appearance of stable, reddish and blue network of veins.^[9]

Intestinal obstruction is significant mechanical impairment or complete arrest of the passage of contents through the intestine due to pathology that causes blockage of the bowel. Symptoms include cramping pain, vomiting, obstipation, and lack of flatus. Diagnosis is clinical, confirmed by abdominal x-rays. Sometimes it is difficult to pinpoint the cause of obstruction. Overall, the most common causes of mechanical obstruction are adhesions, bands, stricture, obstructed hernias and tumors like carcinoma colon. Other general causes are diverticulitis, foreign bodies (including gall stones), volvulus (twisting of bowel on its mesentery), intussusception (telescoping of one segment of bowel into another) and fecal impaction.^[10]

Virechana is indicated with precautions. In severe obstructions surgery may be required.

Chidrodara/Kshatodara (Intestinal Perforation)

The intestine gets perforated (ruptured bowel) because of intake of sand, grass, pieces of wood, bone or nails along with food, intake of food in large quantity and clinically characterized by abdominal distension below the umbilical region, stools with red, blue, yellow or slimy or *Kunapa Gandhi* (odour of a dead body), *hikka* (hiccup), *swasa* (dyspnoea), *kasa* (cough) and *trishna* (morbid thirst).^[10]

Intestinal perforation occurs when a hole forms all the way through small intestine or large intestine. It can be the result of trauma such as stab injuries or gun shot wound also due to number of different diseases like appendicitis, diverticulitis. The symptoms of perforation are severe abdominal pain, fever, nausea, vomiting, rectal bleeding sometimes heavy A perforated bowel is a surgical emergency and needs immediate treatment to

prevent further complications such as infection or even death. This condition requires surgical intervention.

Jalodara/ Udakodara

Ultimately all *Udara rogas* may ends up in *Jalodara* (Accumulation of excess serous fluid in the peritoneal cavity). If proper treatment measures are not done or *pranjaparadha* is continued, *kalaantarena* by *paripaka* all types *udara* will progress to *jalodara* where the manifestation of *jalodara* as a *paratantra vyadhi*. *Jalodara* is manifested in 3 stages i.e. *Ajatodaka avasta* (stage where water accumulation doesn't take place in abdomen), *Pichottpathi avastha* (accumulation of a sticky fluid) and *Jatodaka avastha* (when the dosha get matured become liquefied and collected). In fact these three are the progressive conditions of *srotorodha/srotovaigunya* in *Jalodara*.^[11]

Liver failure and portal hypertension in cirrhosis cause general sodium and water retention in the body, and localization of fluid in the peritoneum due to high venous pressure in the mesenteric circulation. Ascites causes abdominal distension with fullness in the flanks, shifting dullness on percussion and a fluid thrill when the ascitis is marked. Associated features of ascites include distortion or eversion of the umbilicus, hernia abdominal striae and scrotal edema. Pleural effusions can be found in about 10% of patients.

The patient can be managed by advocating the treatment principles like *agnideepana* (increasing digestive fire), *Nitya virechana* (daily purgation) using *eranda taila* and *gomutra* (cows urine). *Shothahara* (anti inflammatory) using medicines like *punarnavasava*. *Rasayana* using *Pippali vardhaman rasa* can be beneficial. When the patient is kept on only *milk* diet it helps in salt restriction and gives good amount of protein to the patient as well. Chances of electrolyte imbalances are less if we give purgation in place of diuresis. *Panchakol* and *Nagaradighrita* are also given to relieve *agnimandhya*. *Narayana choorna* is used for *virechana*. External therapies like *dhara* over the abdomen using *takra*, *gomutra* etc for a period of one month.

CONCLUSION

Udara is manifested as a result of aggravation of digestive and metabolic waste products because of defective digestive fire. *Vatodara* can be correlated with gaseous distension. *Pittodara* can be correlated with abdominal distension due to hepatic causes while *Kaphodara* can be correlated with abdominal distension due to renal causes. In *Sannipatodara* the abdominal distension is due to exudative causes. The etiology and clinical features of *Baddhagudodara* and *Kshatodara* are similar to intestinal obstruction and intestinal perforation of variable etiology. Ascitis developing as a complication of hepatic cirrhosis is identified as *Jalodara*. In this way abdominal distension due to various causes are named with different types of *udara roga* in *Ayurveda*.

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