

A CASE STUDY ON APPROACH TO UDARA CHIKITSA

*¹Vd. Mayuri Narayanrao Manwatkar, ²Vd. M. W. Nalkande and ³Vd. S. V. Suryavanshi¹PG Scholar, Department of Kayachikitsa, Govt. Ayu. College, Nanded.²Assistant Professor, Department of Kayachikitsa, Govt. Ayu. College, Nanded.³Guide, Professor and Head of Department, Dept. of Kayachikitsa, Govt. Ayu. College, Nanded.

*Corresponding Author: Vd. Mayuri Narayanrao Manwatkar

PG Scholar, Department of Kayachikitsa, Govt. Ayu. College, Nanded.

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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 *samana 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 *hetu*, vitiation of *dosha* by *vikalpa samprapti*^[4] (which *guna* of the *dosha* is responsible predominantly for its vitiation) and its *sammurchana* with the *dushtyas* 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 *chikitsa* 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

1. 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.
5. 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.

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

Physical Examination

- Facial & periorbital oedema ++
- Mild pallor & icterus +
- Blood pressure – 76/50 mmHg
- Pulse rate – 80/minute
- Body temperature – 98.6°F
- Respiratory rate – 22/ minute
- SpO₂ – 92%
- Weight – 37 kg
- Abdominal girth (taken on inspiration) – 4 cm above umbilicus – 69.5cm At umbilicus – 72cm 4 cm below umbilicus – 76cm

Systemic Examination

- 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)
- Central nervous system – Patient was conscious & well oriented.
- 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 attached below.

Treatment Given

- Diet – Patient was advised 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 advised after 20 days of therapy.
- 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 *Mrigshruna 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.
- Tb. Calcimax forte 1 OD was started after 12 days.
- Udara pattabandhan* with *Eranda patra* was done

throughout the therapy.

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

Nidanpanchak

HETU –

- 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*.
- Vihar* – *Divaswap* daily 1-2 hrs, *avyayam*
- Manas* – *Atichinta*, *atikrodha*.
- 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 itihasa*), *Apanavah srotasa* due to early menopause, IUD and MTP.

Purvaroopo- *Ayasena Shwasa kashtata, kshudhamandya, aruchi*

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

UPASHAY – *Dugdhar, 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*

Obstructs 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*

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*



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Kukshi Adhman and its *purana* by *ambu*



Udar

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 litre <i>shunthi siddha godugdha</i> +100ml <i>mamsaras</i> +1/2 jawar roti with <i>mudga yusha</i> + <i>krushara sayankale</i>
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 shifting dullness and fluid thrill were absent after treatment.

Images of Investigations

Date _____

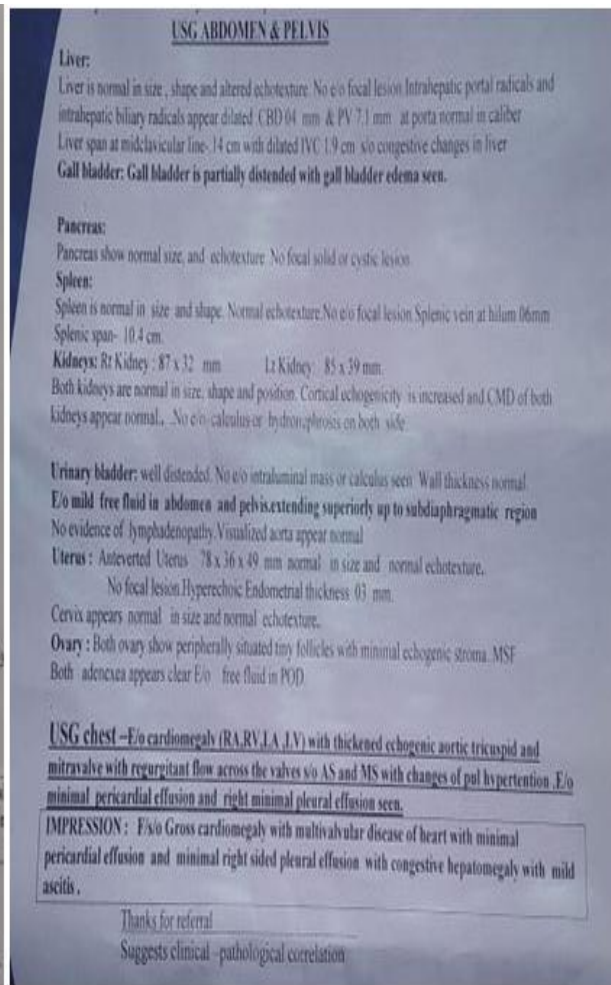
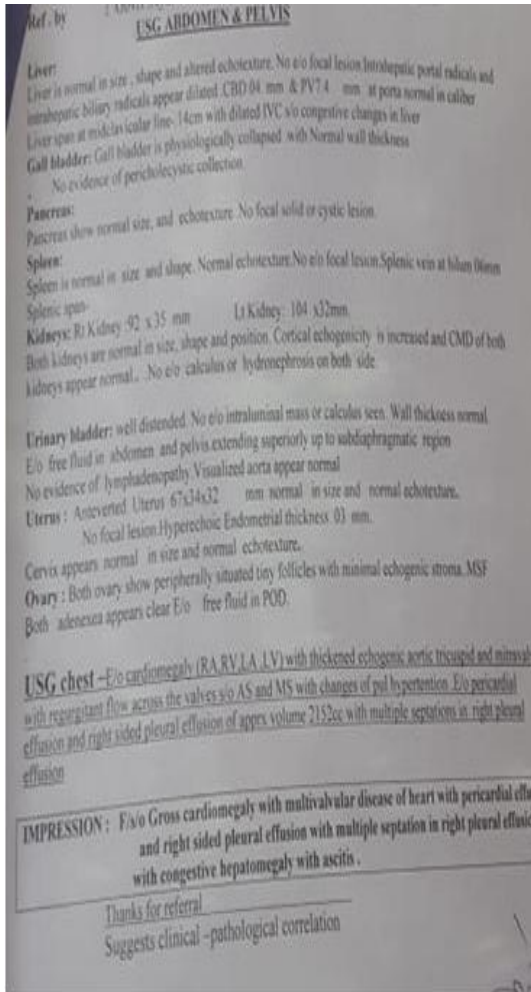
COMPLETE BLOOD COUNT		
TEST DONE	RESULT	NORMAL RANGE
Haemoglobin	10.2	M : 13 to 17 gms/dl F : 12 to 15 gms/dl
Erythrocyte Count	3.49	M : 4.5 to 5.5 million per cu.mm. F : 3.8 to 4.8 million per cu.mm.
Leucocyte Count	5,500	4,000 to 10,000 per cu.mm.
R.B.C. Indices	30.6	M : 40 to 50%, F : 36 to 46%
P.C.V.	89.6	83 to 99 femtolitres
M.C.V.	29.4	27 to 32 pico-grams.
M.C.H.	32.8	31.5 to 34.5 percent.
M.C.H.C.	55.0	39 to 46 fl.
R.D.W-S.D.		
W.B.C. Differential Count	85	40 to 70 percent
Neutrophils	3	00 to 06 percent
Eosinophils	10	20 to 40 percent
Lymphocytes	0	00 to 02 percent
Basophils	2	02 to 10 percent
Monocytes		
Platelet Count	1,35,000	1,50,000 to 4,00,000 per cu.mm.

Method : Fully Auto 3 part cell counter- MEDONIC M-SERIES Haematology Analyzers

CBC Result Correlate According to Age

COMPLETE BLOOD COUNT		
	Result	Normal Range
Haemoglobin%	12.3 gm%	M: 12.5 - 16.5 gm% F: 11.5 - 14.5 gm%
RBCs Count	3.96	3.50 - 5.50x10 ⁶ /ul
Total WBC Count	5,900/cumm	4000 - 11000/cumm
RED CELL ABSOLUTE VALUE		
H.C.T. (PCV)	34.6	37.0 - 54.0 %
M.C.V.	87.4	80.0 - 100.0 fl
M.C.H.	31.1	27.0 - 34.0 pg
M.C.H.C.	35.6	32.0 - 36.0 g/dl
R.D.W.	14.5	11.0 - 16.0 %
Platelet Count	1,29,000/cumm	150 - 450x10 ³ /ul
Differential Count		
Neutrophils	82 %	40 - 75 %
Lymphocytes	15 %	20 - 45 %
Eosinophils	01 %	01 - 06 %
Monocyte	02 %	02 - 10 %
Basophils	00 %	00 - 02 %

Method : Fully Automated 3 part cell counter (BMAPCS-220 JAPAN)



Date _____

LIVER FUNCTION TEST REPORTS

DONE	RESULT	NORMAL RANGE
O.T :-	45.1	00 TO 38 U/L
P.T :-	38.2	00 TO 40 U/L
Alkaline Phosphatase :-	142.1	25 to 147 U/L
um Bilirubin	2.02	Upto 1.2 mg/dl
Total :-	1.08	Upto 0.4 mg/dl
Direct :-	0.94	
Indirect :-		

BIOCHEMISTRY

TESTS	RESULTS	UNITS	REFERENCE RANGE
LIVER FUNCTION TEST			
Bilirubin- Total	1.42	mg%	0-1.2
Bilirubin- Direct	0.73	mg%	0-0.4
Bilirubin- Indirect	0.69	mg%	0.1-1.0
SGPT	26.19	IU/L	5-40
SGOT	38.41	IU/L	10-40
Alkaline Phosphatase	184.0	U/L	64-306

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 satatyatya*(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] It 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 *kshudhprachiti* 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 *chikitsa* 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 chikitsa* 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 habits 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 relieve 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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