Department :- Ayurved Samhita & Siddhant

Topic: Udara Roga And Swedawaha Shrotasa

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Introduction

- Udara roga is one among the astamahagada.
- Because of Utseda Sadharmya it is considered as a type of Shotha.
- उदरोत्सेद साधर्म्याद् उदरम्
- The diseases that are manifested in the abdominal cavity causing the distension of the abdomen –udara roga.
- In this condition Agni plays a major role in the manifestation of disease where the aprakrutha ahara paka mala, and all malaswaroopa is accumulating in the udara leads to this ghora vyadhi where mandagni,malinabhojana and mala sanchaya

- Ayurveda emphasizing on being healthy gives the detailed description about the initiation of the diseases step by step.
- If one pays special attention to the changes happening inside and out side of the body, any one can be healthy and its easy to get healed early stages.

UDARA

"अन्नोदरस्थो रोगोऽप्युदरशब्देनोच्यते ।

(vachaspati)

Diseases which manifests in udara is termed as Udara.

Udara nidana

अत्युष्णलवणक्षारविदाह्यम्लगराशनात् ।
मिथ्यासंसर्जनाद्रूक्षविरुद्धाशुचिभोजनात् ॥ १२
प्लीहार्शोग्रहणीदोषकर्शनात् कर्मविभ्रमात् ।
क्लिष्टानामप्रतीकाराद्रौक्ष्याद्वेगविधारणात् ॥ १३ ॥
स्रोतसां दूषणादामात् संक्षोभादतिपूरणात् ।
अर्शोबालशकृद्रोधादन्त्रस्फुटनभेदनात् ॥ १४ ॥
अतिसंचितदोषाणां पापं कर्म च कुर्वताम् ।

Aharaja-Nidana

- Gara Visha yukta
- Ati ushna
- Ahita ashana
- Atiamla
- Athi kshara
- Rooksha
- Ashuchi/ Malina


Viharaja-Nidana
Mithya samsarjana
Ati sankshobha ahara/vihara
Karma vi bhramaath
Paapa karma
Vega vidharanath
Klishtaa na prathikarath
Athi roukshyath

Pleeha arsho grahani

Dosha karshanath

Baala shakruth rodha antra sphutana bhedanath

Poorvaroopa

क्षुन्नाशः स्वाद्वतिस्निग्धगुर्वन्नं पच्यते चिरात् ।
भुक्तं विदह्यते सर्वं जीर्णाजीर्णं न वेत्ति च ॥ १६ ॥
सहते नातिसौहित्यमीषच्छोफश्च पादयोः ।
शश्वद्बलक्षयोऽल्पेऽपि व्यायामे श्वासमृच्छति१७॥
वृद्धिः पुरीषनिचयो रूक्षोदावर्तहेतुका ।
बस्तिसन्धौ रुगाध्मानं वर्धते पाट्यतेऽपि च॥ १८॥
आतन्यते च जठरमपि लघ्वल्पभोजनात् ।
राजीजन्म वलीनाश इति लिङ्गं भविष्यताम् ॥ १९॥

Shashwat balakshaya Alpe api vyayaame shwasa mruchati

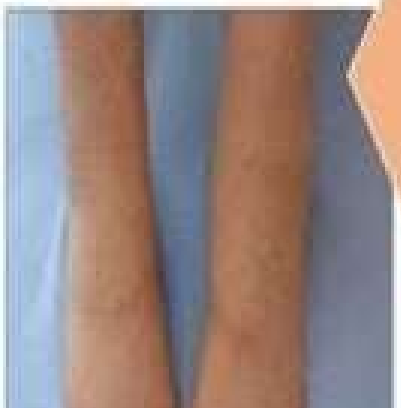
Kshut naasha

Jeerna aparijnana

Shakrut-atipravruthi/ apravruthi

Kinchit paada Gata shopha

Balavarna nasha

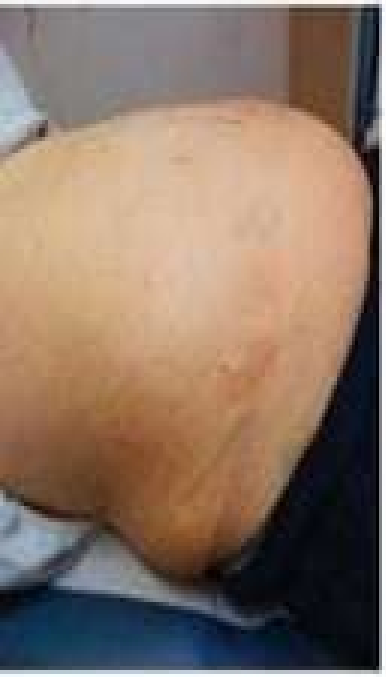


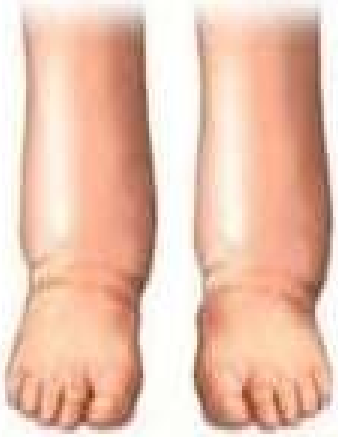
Raajijanamam Valinaasha Ruk Basthisandhi

Samanya roopa

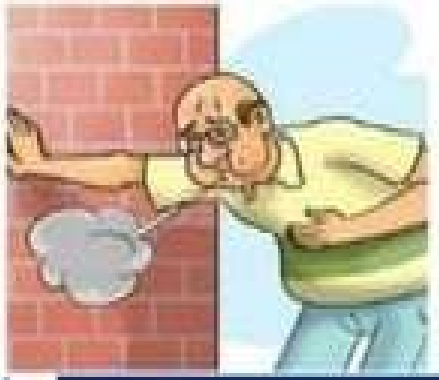
तेनार्ताः शुष्कताल्वोष्ठाः शूनपादकरोदराः ।
नष्टचेष्टाबलाहाराः कृशाः प्रध्मातकुक्षय. ॥ ४ ॥
स्युः प्रेतरूपा. पुरुषाः

||As.hru.ni 12/4||





Edema (swelling) of the ankles and feet



Durbalagni,

Vatapureesha sanga,

Trushna

Gamane ashakthi,

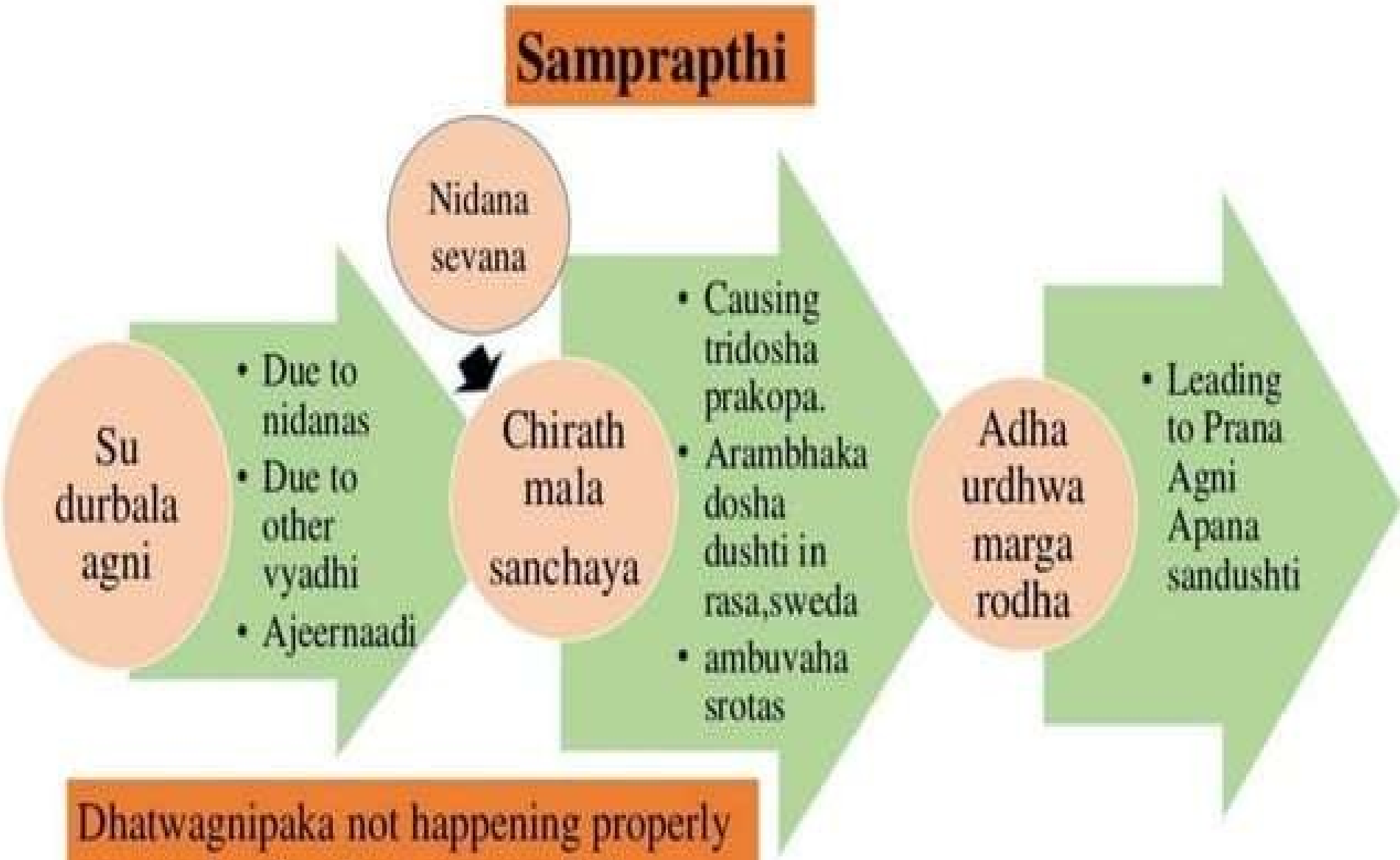
Shopha

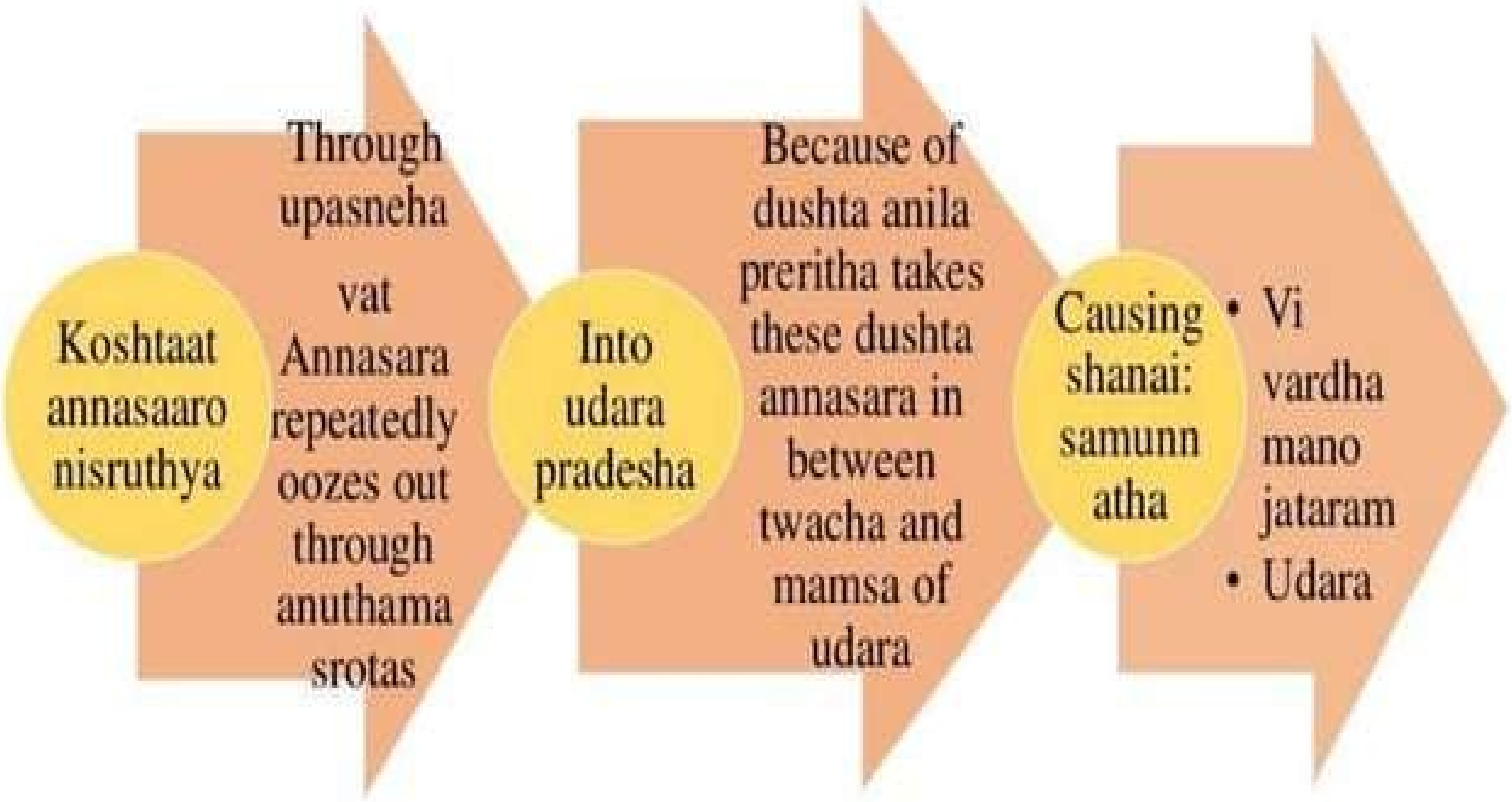
Daha

Adhmanam,

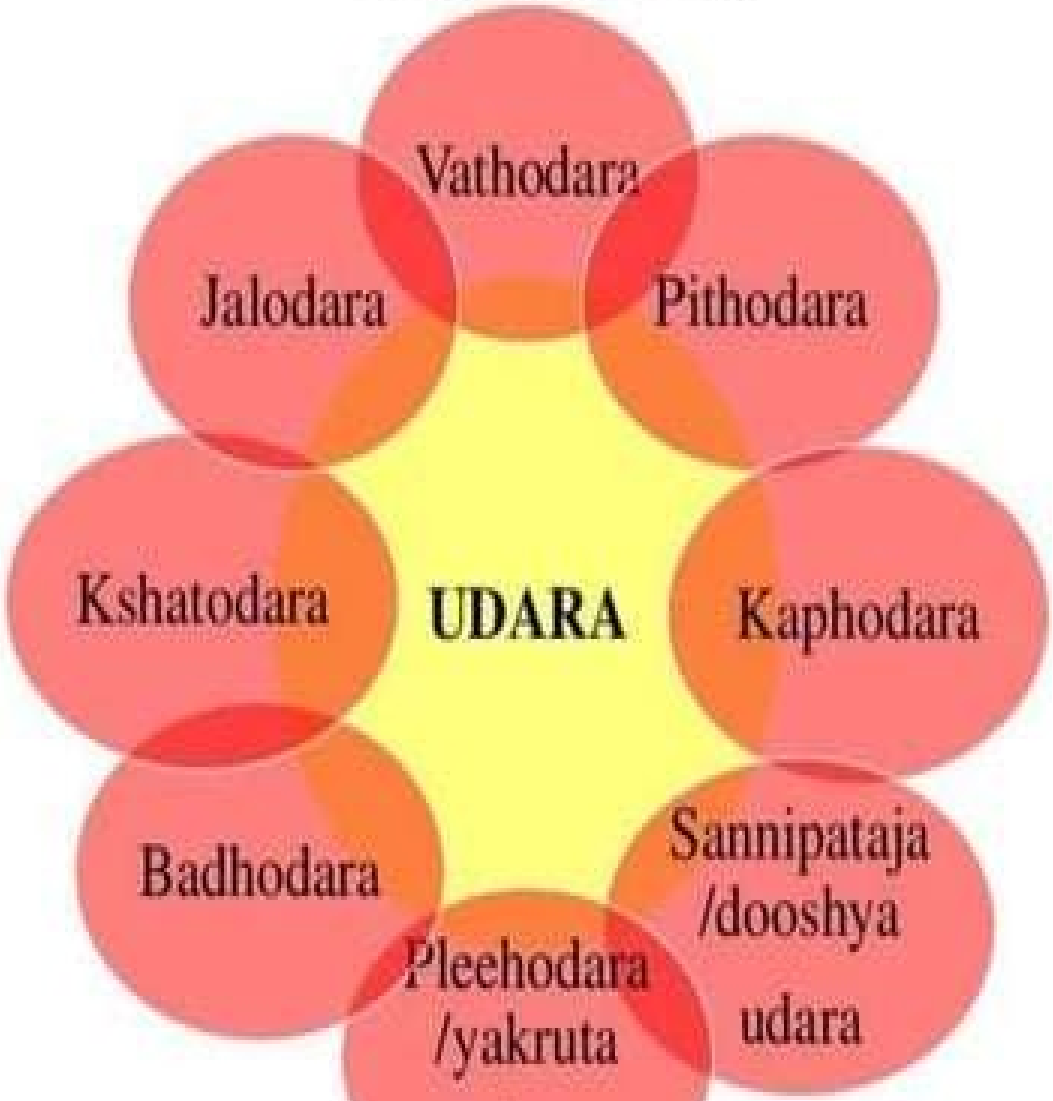
Dourbalya

Samprapthi


Nidana sevana
Su durbala agni
• Due to nidanas
• Due to other vyadhi
• Ajeernaadi
Chirath mala sanchaya
• Causing tridosha prakopa.
• Arambhaka dosha dushti in rasa,sweda
• ambuvaha srotas
Adha urdhwa marga rodha
• Leading to Prana Agni Apana sandushti
Dhatwagnipaka not happening properly so utpathi of malaswaroopa of all


Koshtaat annasaaro nisruthya
Through upasneha vat Annasara repeatedly oozes out through anuthama srotas
Into udara pradesha
Because of dushta anila preritha takes these dushta annasara in between twacha and mamsa of udara
Causing shanai: samunn atha
• Vi vardha mano jataram
• Udara

Udara bheda


Vathodara
Jalodara
Pithodara
Kshatodara
UDARA
Kaphodara
Badhodara
Sannipataja /dooshya udara
Pleehodara /yakruta

Vatodara lakshanas

Aniyato cha vridhi hraasa,

- Kukshi-parshwa shula,
- Udavartha
- Angamarda

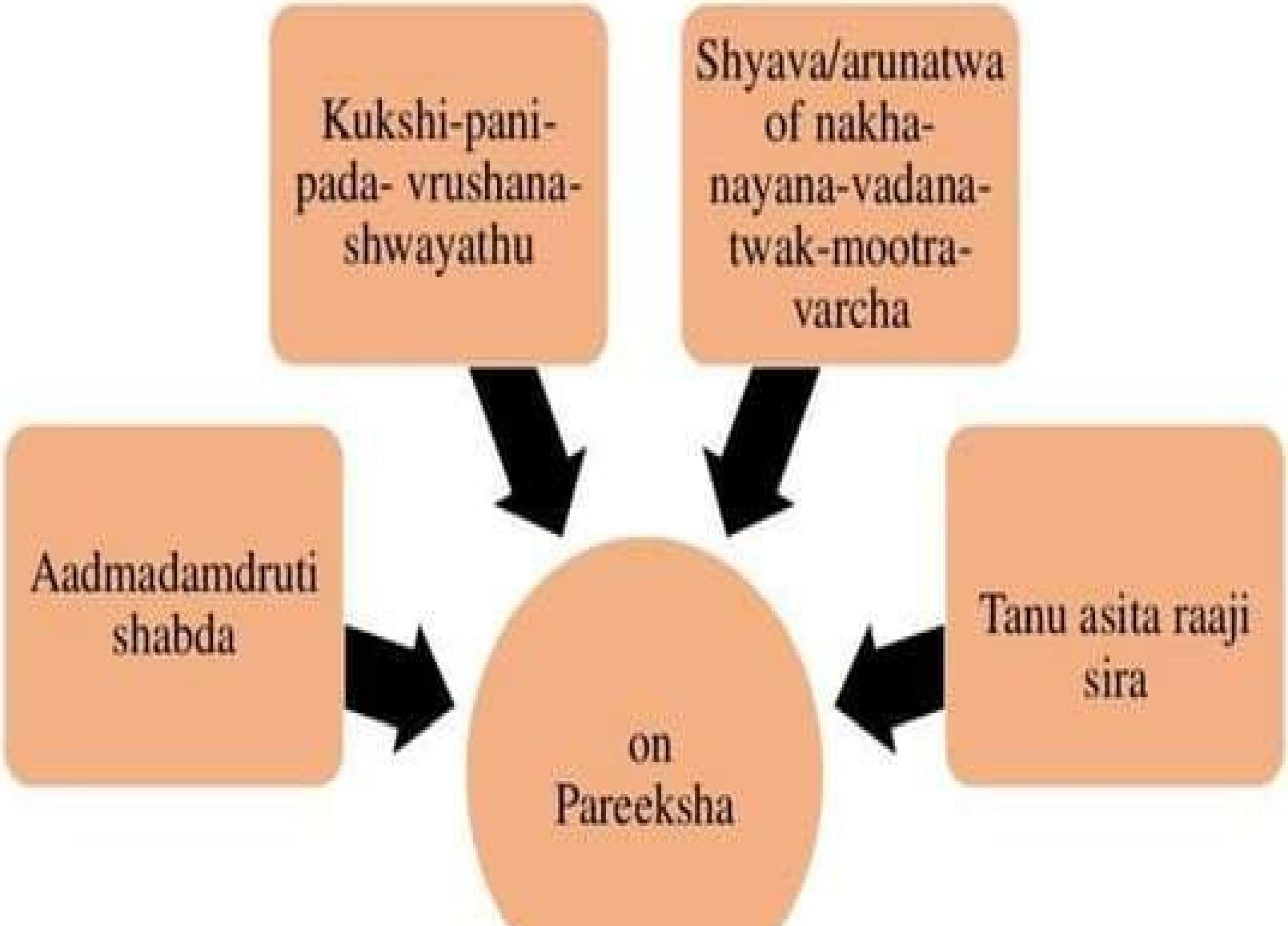
Shushka kasa

Karshya dourbalya

- Arochaka
- Avipaka

Adhoguruthwa,

- Vatavarcha mootra sanga,
- Urdhwadha tiryak sashoola shabda

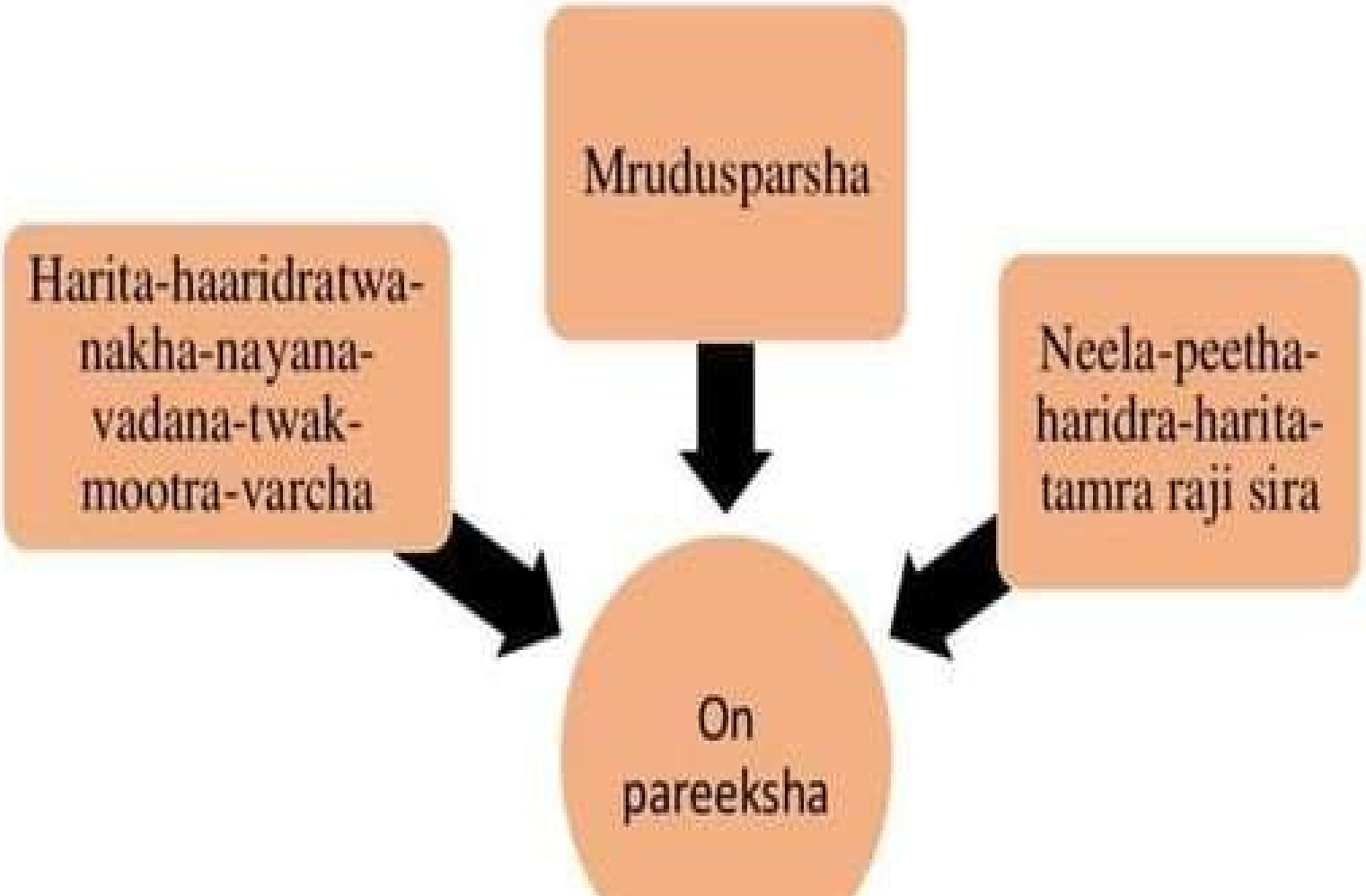

Kukshi-pani-pada- vrushana-shwayathu
Shyava/arunatwa of nakha-nayana-vadana-twak-mootra-varcha
Aadmadamdruti shabda
Tanu asita raaji sira
on Pareeksha

Pithodara lakshanas

Daha
Jwara
Trushna
Katukasyatwam

Moorcha
Atisara
Bhrama
Kshiprapaakam

Dahyate
Dhooyate
Dhoopyadte
Ushmayate
Swidyate
Klidhyate

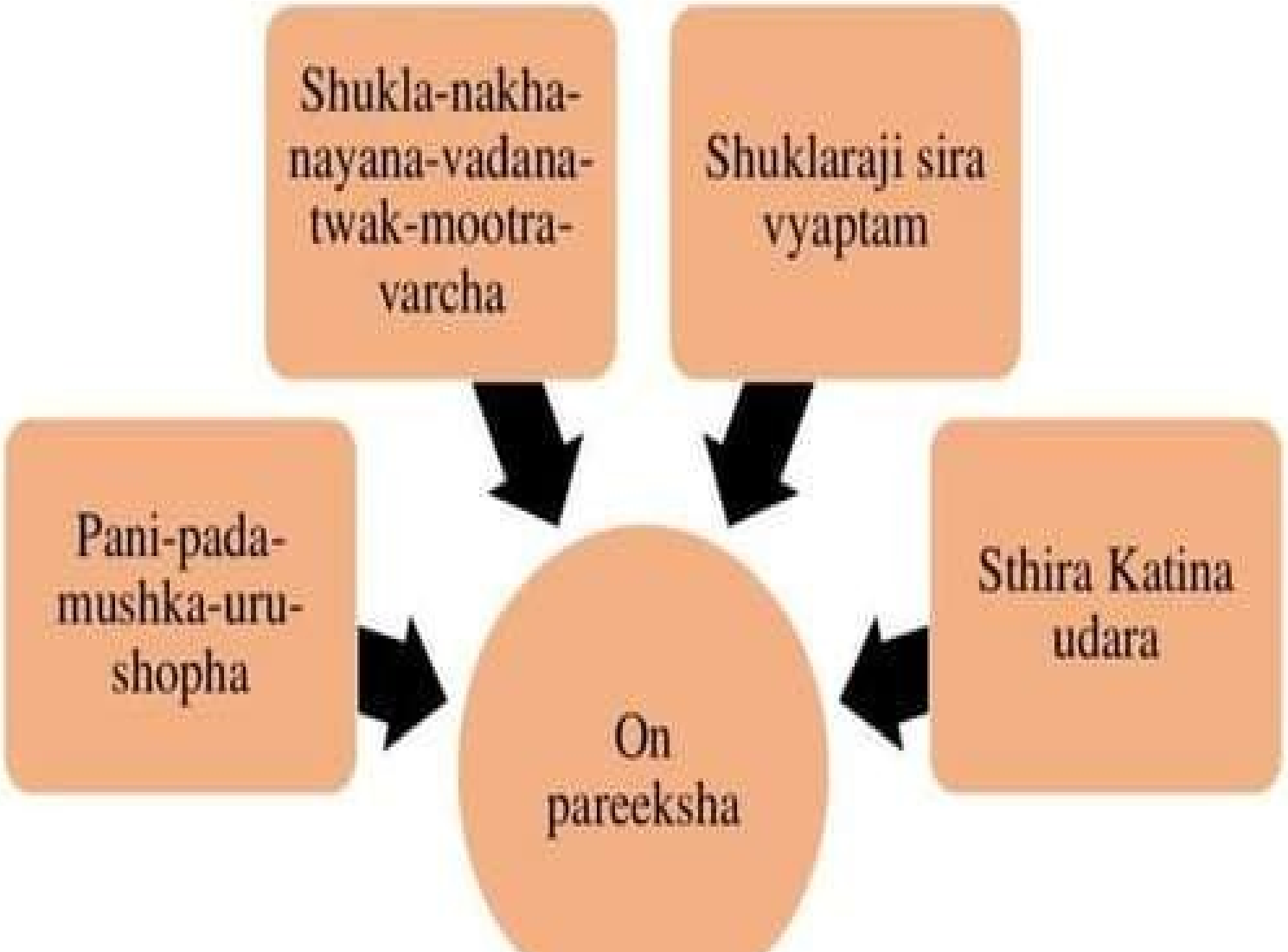

Mrudusparsha
Harita-haaridratwa-nakha-nayana-vadana-twak-mootra-varcha
Neela-peetha-haridra-harita-tamra raji sira
On pareeksha

Kaphodara lakshanas

Gourava
arochaka
avipaka
Angamarda
Supti

Utklesha, nidra-kasa-shwasa

Guru
Sthimita


Shukla-nakha-nayana-vadana-twak-mootra-varcha
Shuklaraji sira vyaptam
Pani-pada-mushka-uru-shopha
On pareeksha
Sthira Katina udara

Sannipathodara/dooshyodara

Durbala agni, apathyanna, virodhibhojana, gurubhojana

All tridosha linga

sheeghrapaakam

Sthreedatha bhojana- raja,roma,vit,mootra,asthi nakhadi

Samprasakta moorcha

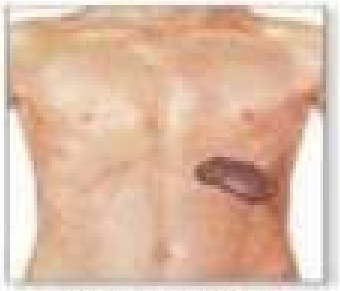
Garadooshivisha, dushtambu,

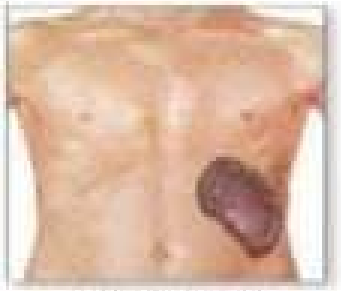
Shosha- kanta,taalu,mukha

On pareeksha-Nanavarna raji sira vyaptam, Sarva varna-nakhadi

Pleehodara/yakrudodara

Athisankshobha ashana, yana, aticheshtitabhara adhwa vamana, vyadhikarshana

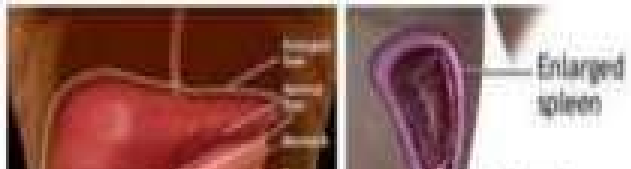




Rasa Rakta dushti and vrudhi due to vata prakopa

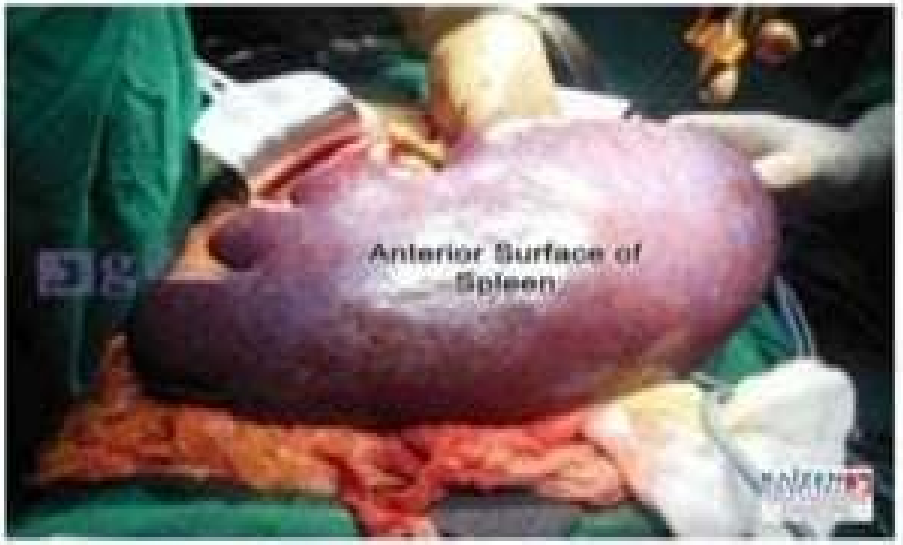
Pleeha chyuti/pleeha vrudhi

Pleeha becomes Katina and ashteelavath



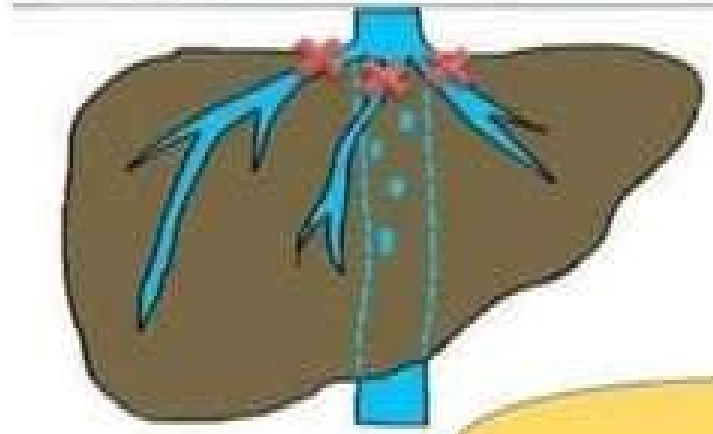
Kachapasamsth anavath udara-

Sa upakshita



Kramena kukshim jataram agnyadhishtanam

Parikshipan udaram abhinivarthayate-vamaparshwa vrudhi-



Yakrudodara-
Dakshina parshwavrudhi
Tulya hetu linga oushada of pleehodara

On pareeksha- pleeha/yakrut will be sparshagamya
kachapasamsthanayath, katina and ashteelayath

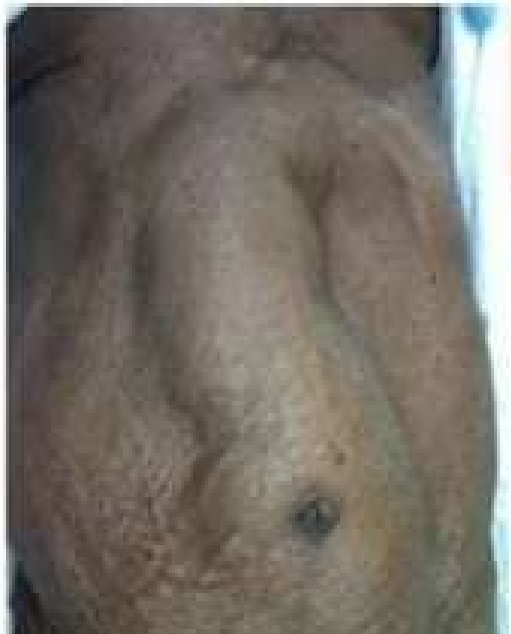
Dourbalya
Arochaka
Avipaka,
Varchamootragraha,
Mrudu jwara
Anaaha,
Agninasha,
Atipandu

Karshya,
Asyavairasya,
Parvabheda,
Koshta vata shoola,
Neela –harita-haridra-raji

Tamapravesha,
Pipaasa,
Angamarda,
Chardi,
Moorcha,
Angasaada
Kasa
Shwasa

Badhodara/badhagudodara

Pakshma- baala- ashma sahanna, udavartha, arsha, other gudanirodhaka hetu



Antra samurchana- Badhayane gude

- Apana marga samrodhatwath

Varcha pitha kapho rudhwa

Agnim kupito anila

Badha

Trushna,
daha,
Jwara
Mukha-taalu-shosha
Kasa-shwasa
dourbalya
Arochaka
avipaka

Varcha-mootra sanga
Adhmana
Chardi –with vitgandhi
Shira-hrudaya-nabhi-guda-shoola
Moodavatam

On pareeksha -
Shwayathu
Sthiram
Aruna-neela raji- over nabhi upari
Gopuchavath

Chidrodara

Sharkara,
Truna,kaashta,asthi,
kantaka anna
samyuthai:

Bhidyet
antram

- During bhukta/jrumbhaya/ atyashanena

Paka of rasa which oozed out from the antra

Poorayan gudam antram

Yathabalam cha doshanam roopani darshayati(udakodara roopam darshayathi)

Varcha with-Ama-salohita-saneela-sapeeta- pichila-kunapagandhi

Hikka

shwasa

Kaasa

Trushna

prameha,

Arochaka

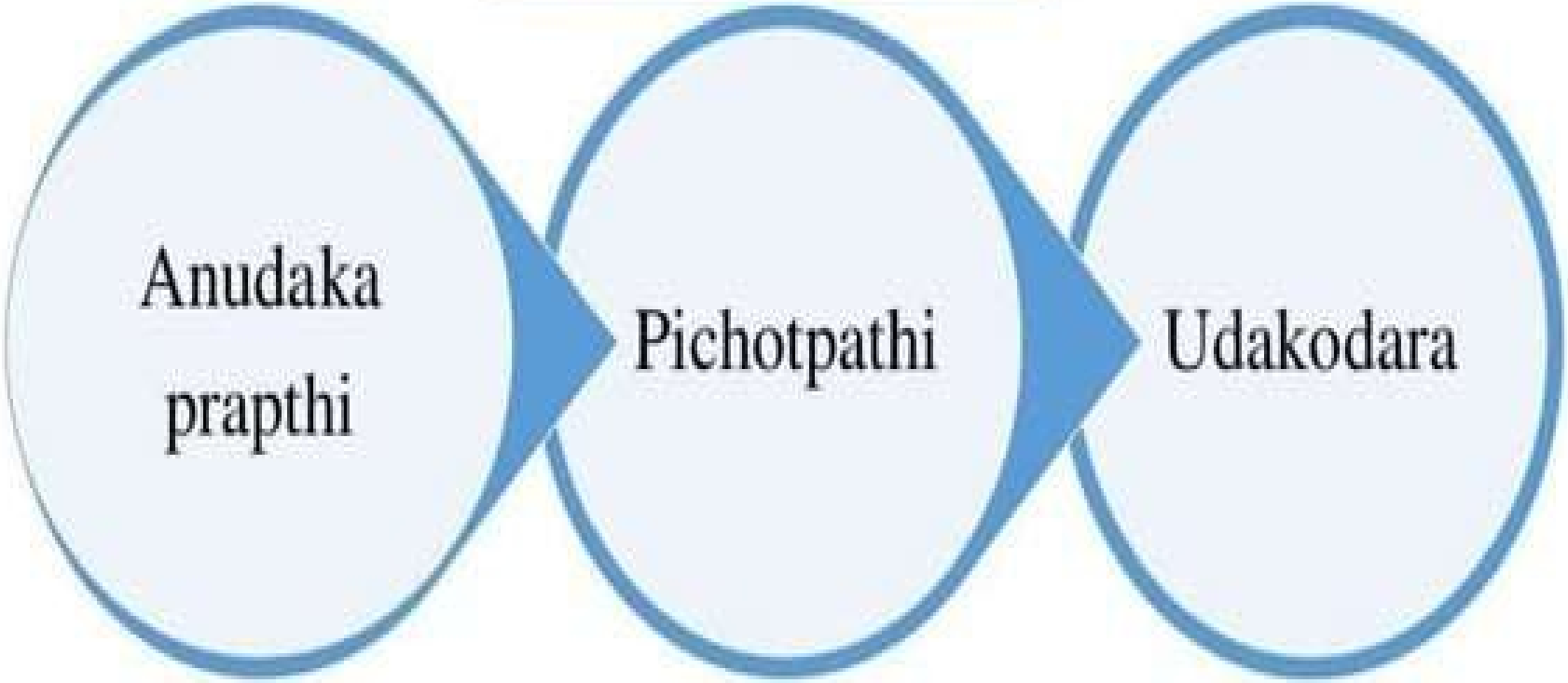
Avipaka

dourbalya

- There are various nidanas and samprapti that will lead to specific udaras. ie, ashtaudara
- Here the question arises how this different types of udara leading to jalodara??
- If proper intervention is not done to each udara, kalantharena by paripaaka, all udara will transform to jalodara where the manifestation of **jalodara** as a **paratantra vyadhi**.

अन्ते सलिलभावं हि भजन्ते जठराणि तु ॥
सर्वाण्येव परीपाकात्तदा तानि विवर्जयेत्॥२५॥

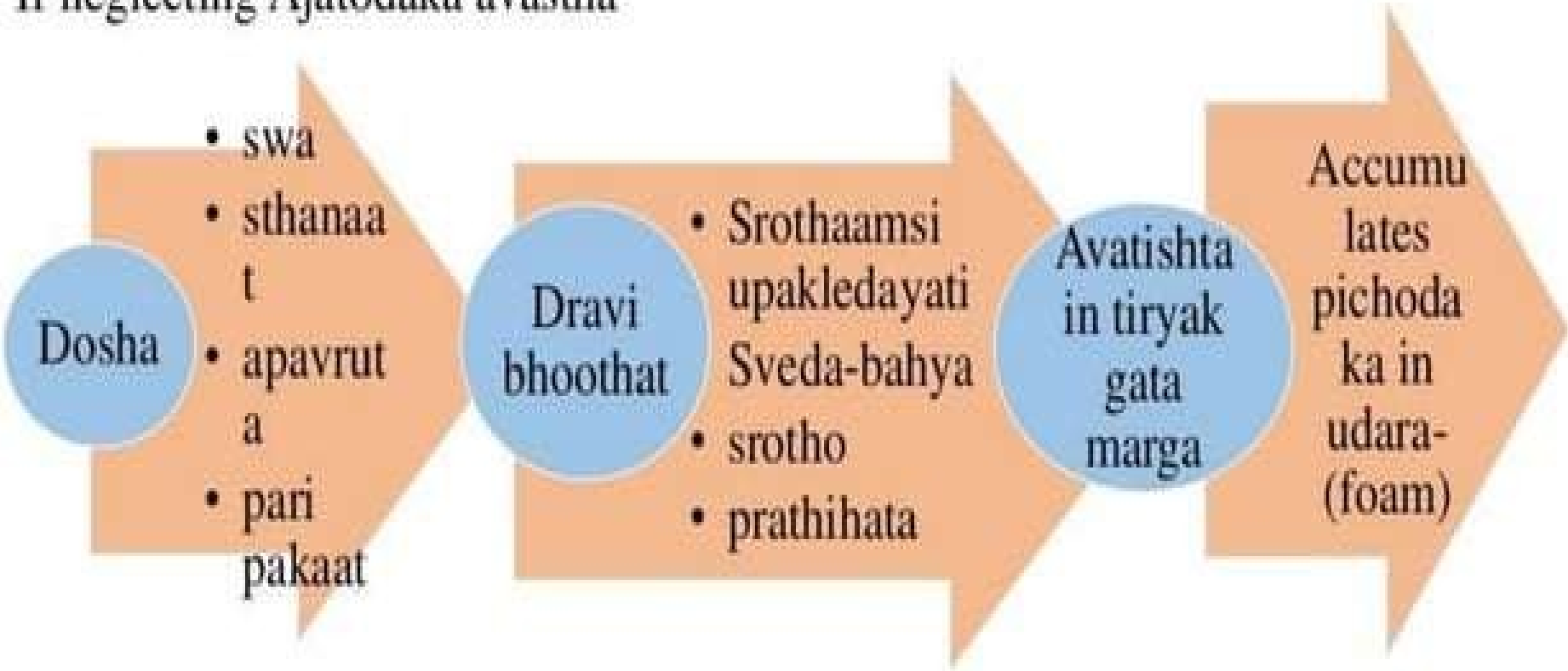
Neglecting this avastha of udara (ajadodaka) leads to.....



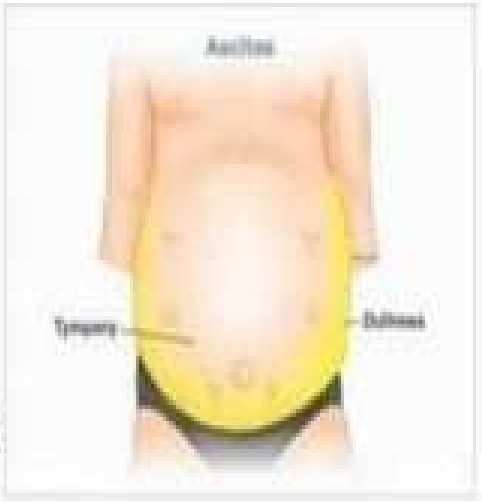
Ajaatodaka avastha

Pichotpathi

If neglecting Ajatodaka avastha



Udara looks like mandalakruthi



Guru,sthimita

Akotitha ashabdam

Mrudusparsha

Neglect this stage leads to jalodara

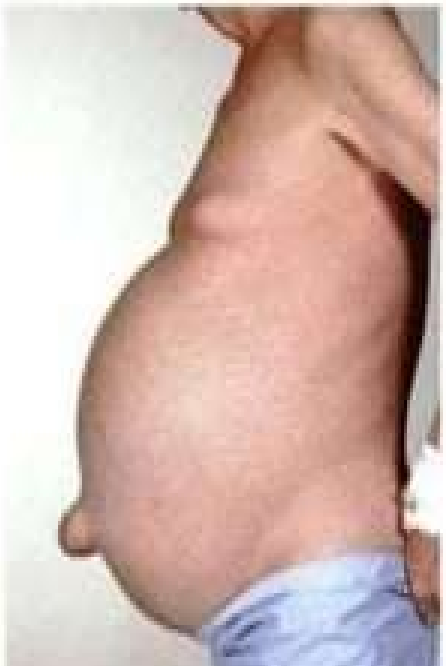
Apagata raajeekam

Jalodaravastha

Triggers vata- acts on klomni-

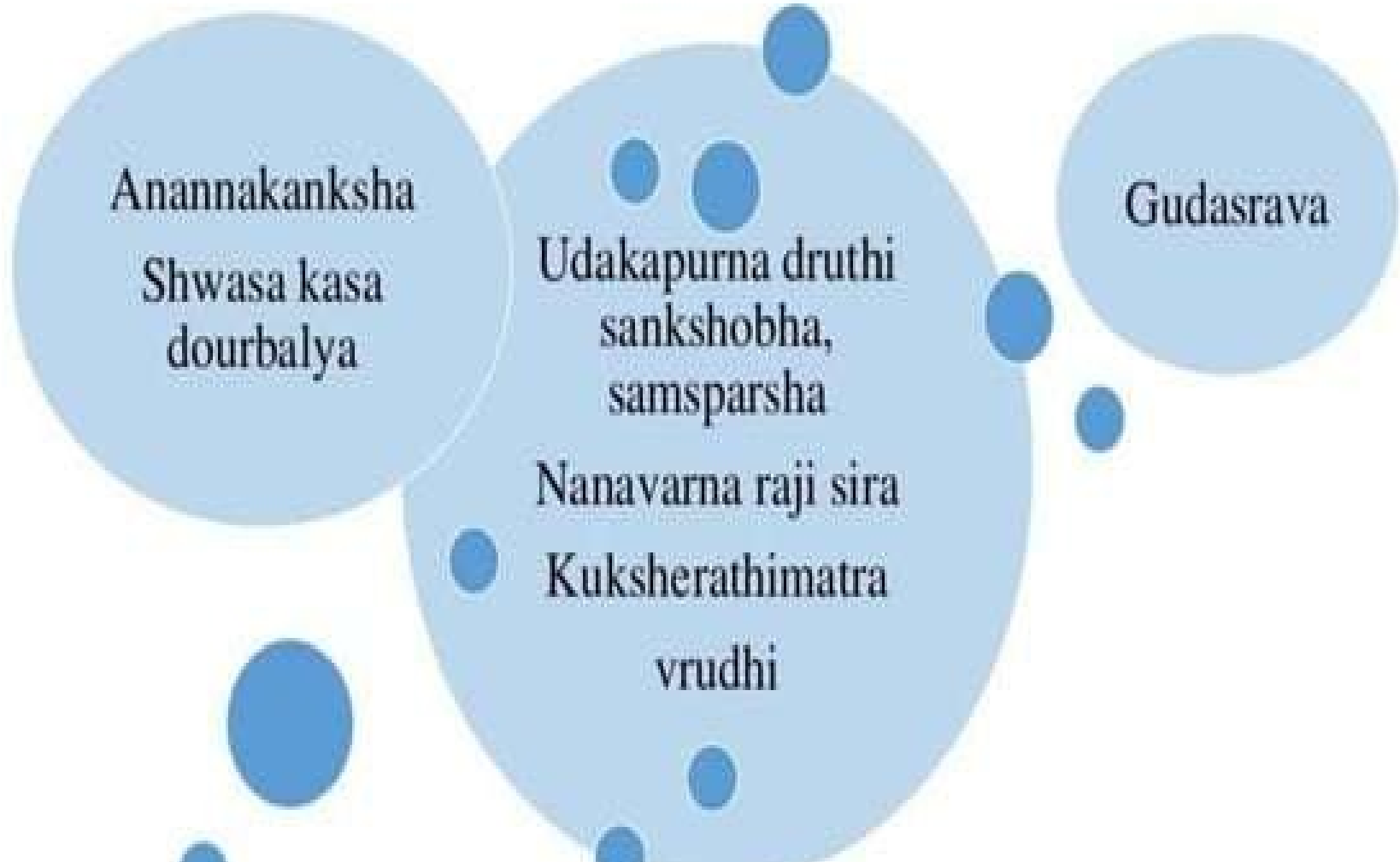
ambuvahasrothoavarodha by

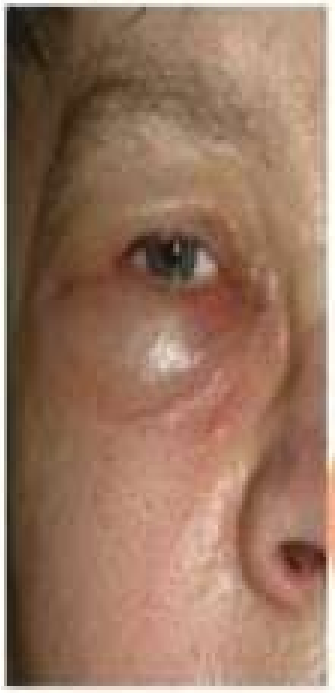
kapha + udaka sammoorchana



Vardhayetham
thadevaambu

Jalodara lakshanas





Later stages if neglected

Shoona aksha

Moorcha-chardi-atisaara

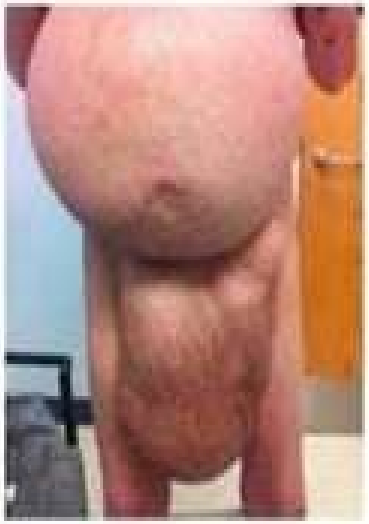
Kutila upastha

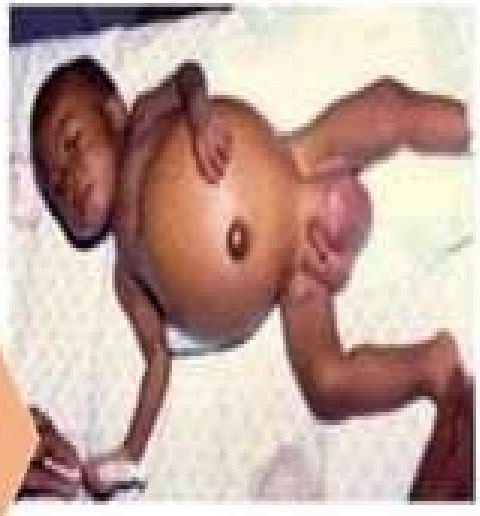
Sarva marmotha shwayathu

Shwasa-hikka-aruchi-trut

Bala-shonita-mamsa-agni-pariksheenam

Upaklinna tanu





Sadhyasadhyata

वातात्पित्तात्कफात् प्लीह्नः सन्निपातात्तथोदकात् ।
परं परं कृच्छ्रतरमुदरं भिषगादिशेत् ॥ ५० ॥
पक्षाद्बद्धगुदं तूर्ध्वं सर्वं जातोदकं तथा ।
प्रायो भवत्यभावाय च्छिद्रान्त्रं चोदरं नृणाम् ॥५१॥


Pleehodara
Kaphodara
Sannipatha udara
Pithodara
Badhodara
Vathodara
JALODARA
Chidrodara

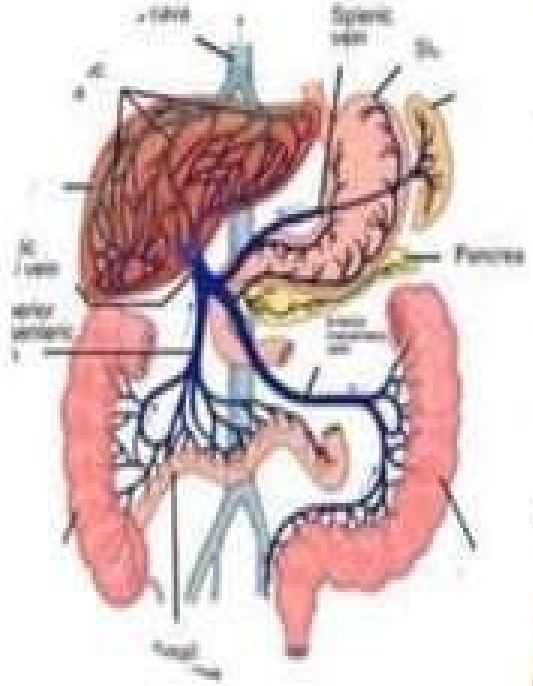
Pathya	Apathya
Raktashaali	Odaka anoopaja mamsa/shaaka
Yava	Pishtakrutha
Mudga	Tilaan
Jangalarasa	Vyayama, adhwa
Paya	Divaswapna
Mootra	Yaana yaana-ashwadi
Arishta Asava	Ushna/amla/lavana/vidahi/guru/abhish yandi- bhojana
Madhu, seedhu ,sura	Toyapaanam
Alpa – amla/sneha/katu+ panchamoola	

Ascites

- Askites→ a Greek word which means 'bag' or 'sac'.

- Accumulation of fluid within the peritoneal cavity.
- Small amounts of fluid will be asymptomatic.
- Increase in amount of fluid cause abdominal distention and discomfort, anorexia, nausea, heartburn, flank pain and respiratory distress.

Etiological factors



Pre hepatic

- Portal vein thrombosis
- splenic vein thrombosis
- Massive spleenomegaly

Hepatic

- Cirrhosis
- Alcoholic hepatitis
- Massive hepatic metastasis
- Hepatic sinusoidal obstruction

Post hepatic

- Budd-chiari syndrome

- **Hypoproteineamias**

Nephrotic syndrome

Malnutrition

Protein losing enteropathy

- **Hepatic venous occlusion**

Buddchiari syndrome

Venous occlusive disease

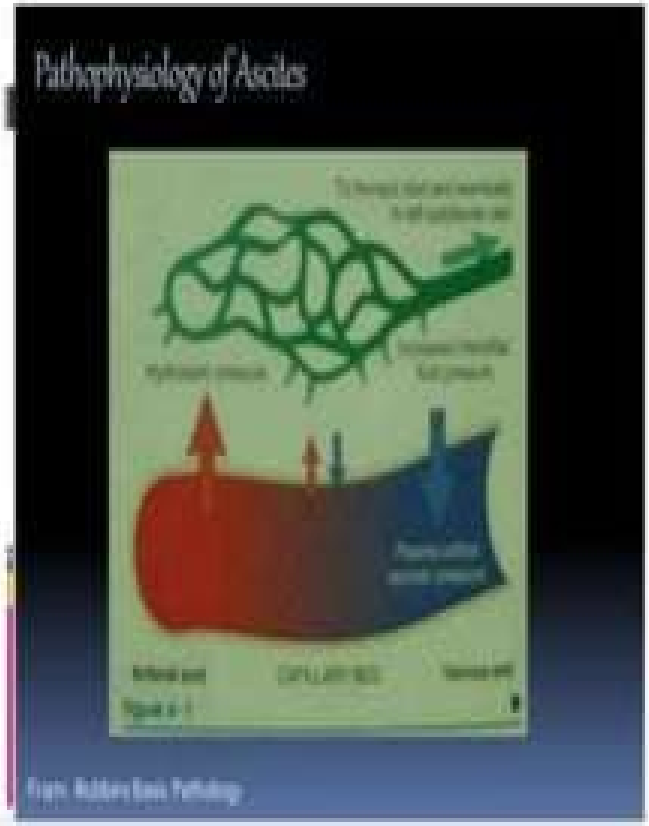
❖ **Perforation**

❖ **Pancreatitis**

❖ **Meig's syndrome**

❖ **Ovarian torsion, rupture**

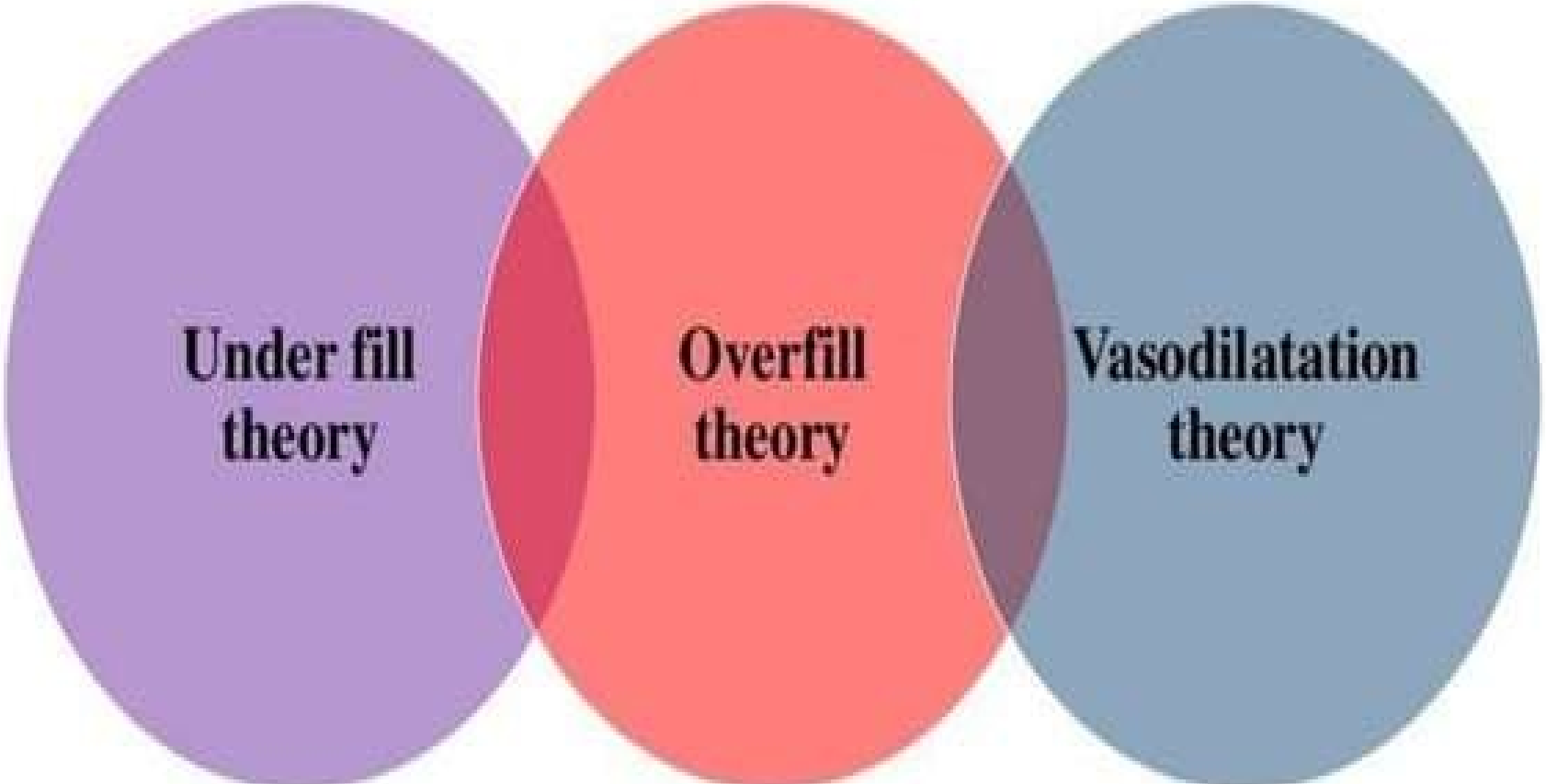
Pathogenesis of ascites



- According to Starling's hypothesis the exchange of fluids between the blood and tissue spaces is controlled by the balance between two factors;
  1. Capillary blood pressure
  2. Osmotic pressure of plasma proteins (plasma colloid osmotic pressure/oncotic pressure)

↑ Capillary blood pressure & ↓ Plasma colloid osmotic pressure → Ascites

Theories behind the pathology



Underfill theory

HYPOVOLAEMIA

Kidney feels → Body is under filled & require more salt and water→
Stimulates JG cell to release RENIN

angiotensinogen → anginsioten-I

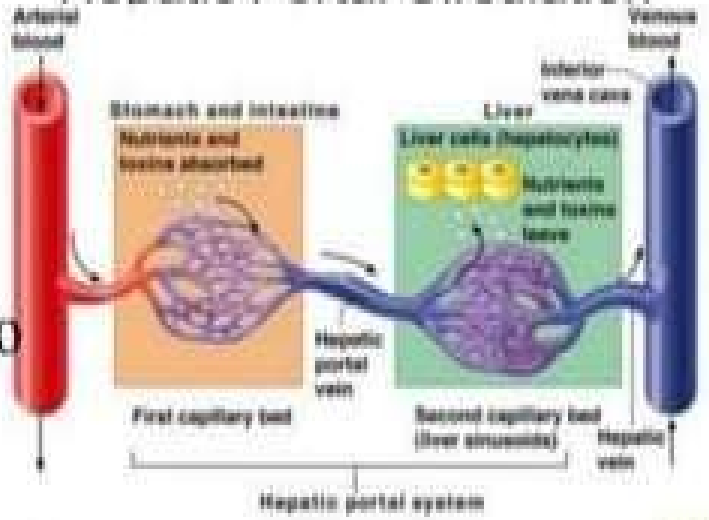
ACE lung capillaries convert

Angiotensin II

Releases aldosterone from the zona glomerulosa

Increase the reabsorption of sodium and water & excretion of potassium

Overfill theory



- The combination of portal hypertension and circulating hypervolemia results in over flow from the congested portal system to the peritoneal cavity, to produce ascites

Peripheral arterial vasodialation theory

- When a portal pressure increases above a critical threshold, nitric oxide levels increase leading to vasodilatation

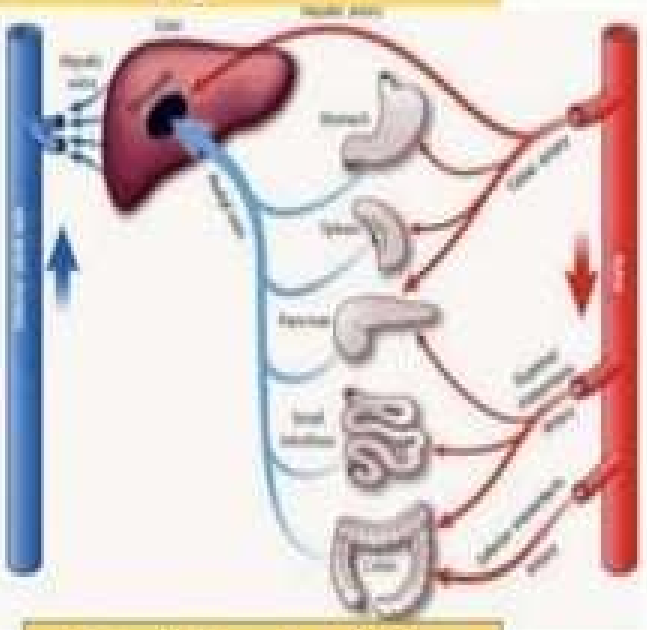
- As the state of vasodilatation worsens → plasma levels of vasoconstrictor, sodium retentive hormones increase and

Pathogenesis of ascites with portal hypertension

Portal hypertension

Splanchic arterial system vasodialation

Increased portal inflow



Increase splanchic pressure

Arterial under filling

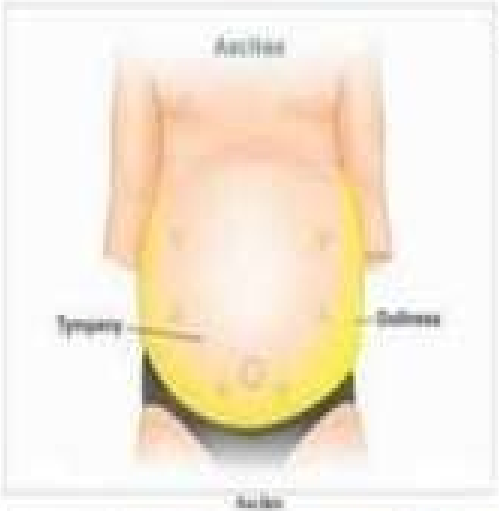
Increase splanchic lymph

Activation of renin-angiotensis-aldosterone

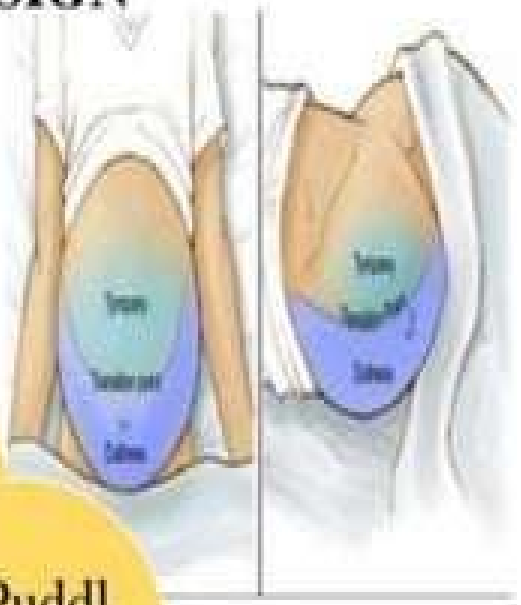
Formation of ascites

Increase in fluid accumulation and extracellularfluid

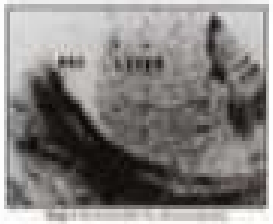
FIVE CLASSICAL PHYSICAL SIGN



1.Bulging flanks



1.Shifting dullness



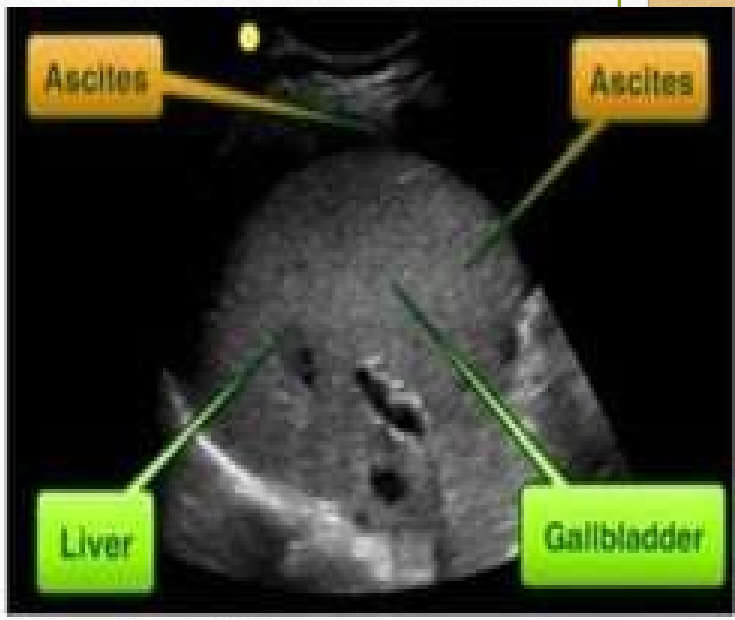
1.Fluid wave / thrill

1.Puddle sign.

1.Flank dullness or horse-shoe

GRADING OF ASCITES

GRADE	SEVERITY	SIGNS
1	Mild	Puddle sign + USG abdomen+
2	Moderate	Shifting dullness+ No fluid thrill
3	Severe	Fluid thrill+ Resp.



- **INVESTIGATION**
- X-Ray
- CT
- USG

After the diagnosis of ascites is made, its cause should be determined by laboratory analysis.

Ascitic fluid study

(diagnostic paracentesis)

Colour / appearance of ascitic fluid

Strawcoloured / Transparent	Bloody fluid	Opaque / milky	Dark -brown	Black colour
• Normal • Cirrhosis • TB	• Malignancies • Trauma • TB peritonitis • Pancreatitis • Perforation	• Chylous ascites	• Billiary ascites	• Pancreatic ascites.

Determination of -

- Total protein
- Albumin content
- Glucose
- Blood cell count with differential
- Gram's and acid fast stains
- Cytology
- Amylase
- LDH
- Triglycerides
- Culture for tuberculosis

Evaluation through SAAG-

SAAG= serum albumin – ascitic fluid albumin

- Value >1.1g/dl- ascites due to portal hypertension
- Value<1.1g/dl- ascites due to infectious or other malignant condition.

Evaluation of ascitic fluid

Transudate – (protein<25g/l)	Exudate(protein>25g/l)
Low plasma protein concentrations • Malnutrition • Nephrotic syndrome • Protein losing enteropathy **High central venous pressure** • Congestive cardiac failure **Portal hypertension** • Portal vein thrombosis • Cirrhosis	• Tuberculous peritonitis • Peritoneal malignancy • Budd Chiari syndrome • Pancreatic ascites • Chylous ascites • Meig's syndrome

Complications of ascites

1. Spontaneous bacterial peritonitis (SBP)-

Characterized by the spontaneous infection of ascitic fluid in the absence of an intra-abdominal source of infection

2. Hepatic renal syndrome

Management of ascites

- GOAL-To achieve ascites-free status

  -To maintain it thereafter

INDICATION FOR HOSPITALIZATION

1. If there is no response to outpatient management for 4-6 weeks.
2. Tense (grade III) ascites with respiratory embarrassment.
3. Spontaneous bacterial peritonitis
4. Refractory ascites

Dietary sodium restriction <2gm/day

- Usually put on spirolactone 100-200mg/day as a single dose

Frusemide may be added at 40-80mg/day- particularly patients with peripheral oedema

In refractive ascites-

- Large volume paracentesis+ albumin infusion
- Dietary sodium restriction+ diuretics
- If ascites re accumulation- go with TIPS, consider liver transplantation, large volume paracentesis with albumin if needed.

Prognosis of ascites

- Despite the recent advances in the treatment of ascites, the prognosis is always grave after ascites.
- The presence of hepatocellular failure, evidenced by jaundice and encephalopathy is a very bad prognostic factor .

Conclusion

- Rightly diagnosed is half cured so thorough examination of the patient is very much essential for the diagnosis and management of udara roga.
- Jalodara which explained in our classics is very much similar to Ascites.
- The pathology of ascites in modern is based on certain hypothesis which is still being debated.
- The samprapthi of jalodara is more specific in our classics which takes place through upasneha nyaaya.
- Among all udaras- badhodara, chidrodara leading to jalodara needs Shastra