



Sanjeevani Darshan

ISSN: 2584-0304

<http://sanjeevanidarshan.com>



National Journal of
AYURVEDA & YOGA



Year - 2026

Volume 4, Issue 1

“AYURVEDIC MANAGEMENT OF UDARA W.S.R ASCITES : CASE STUDY”**Dr. Sawan Chudiwal¹, Dr Archana S. Dachewar²**

1. PG Scholar, Dept. of Kaychikitsa, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra
2. Professor & HOD, Dept. of Kaychikitsa, Shri Ayurved Mahavidyalaya, Nagpur, MH

ABSTRACT:

Ascites, referred to as '*Udara Roga*' in Ayurveda, is a clinical condition characterised by abnormal accumulation of fluid in the peritoneal cavity. It is commonly associated with chronic liver diseases, particularly cirrhosis. Ayurveda describes Udara as a disorder resulting from the imbalance of *Tridosha*, primarily *Vata* and *Kapha*, along with impaired *Agni* and accumulation of *Ama*. The present case study aims to evaluate the efficacy of Ayurvedic management in a patient diagnosed with ascites. A diagnosed case of ascites was managed using classical Ayurvedic principles, including *Shodhana* (purification) and *Shamana* (palliative therapy). The treatment protocol included the use of herbal formulations, *Deepana-Pachana* drugs, mild purgation (*Virechana*), and dietary modifications (*Pathya-Apathya*). Clinical assessment was carried out based on abdominal girth, body weight, pedal oedema, and subjective symptoms such as anorexia and breathlessness. The patient showed significant improvement with reduction in abdominal distension, decreased fluid accumulation, and better overall well-being. No adverse effects were observed during the treatment period. This case study suggests that Ayurvedic management can be an effective and safe approach in the management of ascites, improving quality of life and reducing dependency on conventional interventions.

KEY WORDS:- udara, Shodhan, Shaman, Ascites, Virechana**Corresponding Details:****Dr. Sawan Chudiwal**

Kayachikitsa Department,
Shree Ayurveda mahavidyalay, Nagpur
Mobile No. 9209460566
E-Mail: sawanchudiwal117@gmail.com



How to cite article:

Dr. Sawan Chudiwal, Dr. Archana S. Dachewar

Ayurvedic management of udara w.s.r ascites : case study, Sanjeevani Darshan - National Journal of Ayurveda &

Yoga 2026; 3(4): 37-46 : <http://doi.org/10.55552/SDNJAY.2026.4107>

INTRODUCTION

Ascites is a pathological condition characterised by the accumulation of fluid in the peritoneal cavity, most commonly associated with chronic liver diseases such as cirrhosis, portal hypertension, infections, and malignancies. It represents a significant clinical challenge due to its recurrent nature and impact on the patient's quality of life. Conventional management includes diuretics, paracentesis, and treatment of the underlying cause; however, these approaches may provide only temporary relief and are often associated with complications and recurrence. In Ayurveda, ascites is described under the broad category of *Udara Roga*, specifically as *Jalodara*. It is considered a serious condition arising due to the vitiation of *Tridosha*, predominantly *Vata* and *Kapha*, along with impairment of *Agni* (digestive fire) and the accumulation of *Ama* (toxins). The pathology involves obstruction of channels (*Srotorodha*), leading to fluid accumulation in the abdominal cavity. Classical Ayurvedic texts emphasise a holistic approach in the management of *Udara Roga*, focusing on correcting the underlying doshic imbalance, improving digestion, and eliminating accumulated toxins. The Ayurvedic line of treatment includes *Shodhana Chikitsa* (purificatory therapies) such as *Virechana* and *Nitya Virechana*, along with *Shamana Chikitsa* (conservative management) using herbal formulations, dietary regulations, and lifestyle modifications. These interventions aim not only to reduce fluid accumulation but also to address the root cause of the disease and prevent recurrence. The present case study is undertaken to evaluate the effectiveness of Ayurvedic management in a patient diagnosed with ascites (*Jalodara*), highlighting its potential as a safe and holistic treatment modality.

AIMS AND OBJECTIVE

To evaluate the effect of Shamanbilical *chikitsa* and *Shodhan chikthe management* management of udar.

CASE REPORT

There is only one case study. The patient gave her informed consent in her native language.

PATIENT INFORMATION - 45-year-old female patient appPakwasa Samanvaya Ragnalya, uNagpur,, Nagpur with complaints of complaints: mplaints *udaravincrease* increase in abdominal girth), *udarabdominal* bswelling), elling), *udarg* (heaviness eaviness in abdomen), *ubhay pa* (bilateral ilateral oedema), and oedema), *Dageneralised* deralised weakness).

HISTORY OF CURRENT ILLNESS

According to the patient, she was completely healthy until 15 days ago. Thereafter, she gradually developed *udaravincrease* increase in abdominal girth), *udarabdominal* bswelling), elling), *udarg* (heaviness eavithe abdomen), bdomen), *ubhay*

pa(bilateral)lilateraoedema), andoedema), Dageneralisedeweakness).kness).. She consulted an allopathy doctor at that time, which gave her temporary The allopathy doctor advised hea USGoabdomen.Abdomen. USG Abdomen shrunkenshrunken livcoarseh course echotexture (liver parenchymal dimoderateModerate ascites asplenomegaly. omegaly.Therefore, the patient visited the Department of Kayachikitsa, Shri Ayurved Mahavidyalaya & Pakwasa Samnvaya Rughalaya,OPD,gpur OPD for better Ayurvedic management of her condition.

Past History

HYPOTHYROIDISM –ROIDISM– TAB THYROX 25 mcg OD SINCE 2 YEARS

H- 5ALL – 5 YEARS AGO MINOR INJURY TO HIP JOINT

S/H/O 1: TIME)TIMES) 27 YEAH/O – CHICKENGUNYAKENGUNYA 2AGOEAH/O – go

H/O- PNEUMONIA 6 MONTH/O –GJAUNDICE 3YEARSE 3YEAH/O –GCOVID-19OOVID 19 IH/O – FRACTUREFRACTURE OF LOWER LIMB

PERSONAL HAhara – Mixed - Mixed Diet, *KatRasa,an rasa, Ruksha Ahara, Viruddha Ahara, Adhyasana.*

A– Decreased appetite,appetite but takes food regularly

Vihara – *Diwaprolonged* prolong standing, improper sitting poBowel

Bowel - regular bowel 1 time per day

Mict– Normal- Normal

Sleep - Disturbed

Men 13 years agoars ago

AsthaVidha Parikshana

Na-kaphaja Mala: Samyaka:Mutra Samyaka:Day- Day- 4-5Night – Night- 1 time

Jihva: Sam

Shabda: Spastha

Sparsha: Anushnasheeta

Druka:present. present

Akruti: Sthulya

General Examination 110/70 mmHg/72/minR:RR: 20 times/min

98.2°Fp:Oedema –

EdePallor –

PallIcterus –

Icterus- No

Clubbing-No

Weight - 72.5kg

Systemic Examination

Respiratory On auscultation, LAEBE isoequal; E equal, no sound is detected.

Cardiovascular sound: S1S2 normal

Gastrointestinal system: Non-tender, no organomegaly detected

Central nervous system:

Consciousness-conscious an oriented

Musculo-skeletal system

▪ Gait - normal

▪ Upper – Normal- Normal

▪ Lower limbs - Normal

▪ Redness and warmth / Weakness / Swelling / Deformity – Examination **in the Abdomen**

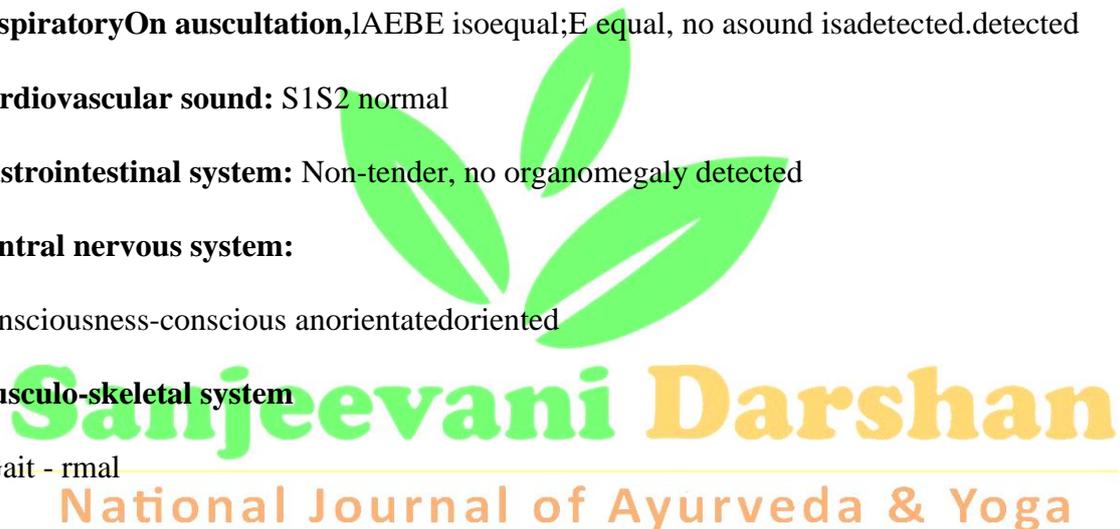
▪ Inspection – uniformly **disflanks** Flanks full

Umbilical everted

No visible dilated veins.

▪ Palpation – abdomen usually soft and non-tender

Fluid thrill present.



Shifting dullness is present.

▪ Auscultation – bowel sounds present

Venous hums not present.

Puddle sign – positive

Measurement – 1) Supraumbilical region (4 cm) - 99 cm

2) At the umbilicus – 104 cm

3) Infraumbilical region (4 cm) – 103 cm

Specific Investigation

USG Abdomen

shows a shrunken liver with coarse echotexture (liver parenchymal disease)

Moderate ascites

mild splenomegaly.

2. MATERIALS AND METHODS

Centre of Study: Pakwasa Samanvaya Rughnalya IPD, Nagpur. Simple random, single case study.

Treatment Advised - SHAMANA CHIKITSA

SR.NO	Name of medicine	Dose	Kal	Anupan
1.	<i>Aarogyavardhini Vati</i>	TDS	<i>Vyano udane</i>	<i>Koshna jal</i>
2.	<i>Triphala churna 3gm</i> <i>Musta churna 2gm</i>	BD	<i>Vyano udane</i>	<i>Koshna jal</i>
3.	<i>Gokshuradi guggul</i>	TDS	<i>Vyano udane</i>	<i>Koshna jal</i>
4.	Syp.Amlycure DS 10ML	BD	<i>Vyano udane</i>	<i>Koshna jal</i>

SHODHAN CHIKITSA

SR.NO	PROCEDURE	Medicine	DOSE	Kal	Anupan
1	<i>Nitya virechan</i>	<i>Yakrutplihari Yoga</i>	2OD	<i>Apankal</i>	<i>Koshna jal</i>
2	<i>Arkapatra Pattabandhan udarpradeshi</i>	<i>Arkapatra and Aranda taila</i>	<i>BD</i>		

DISCUSSION

In Ayurveda, the *Chikitsa Sutra* of *Udar Roga* (ascites) is based on correcting *Mandagni* (impaired digestion), removing accumulated *Doshas*, and reducing excess fluid in the abdomen. The first step is *Nidana Parivarjana*, i.e., avoiding causative factors like heavy, oily, and salty food. This is followed by *Deepana-Pachana* therapy to improve digestion and eliminate *Ama*. The main line of treatment is *Shodhana*, especially *Virechana* (purgation), which helps expel vitiated *doshas*, along with *Nitya Virechana* to maintain regular bowel clearance. *Basti* (medicated enema) is particularly useful in balancing *Vata* and reducing abdominal distension. To remove excess fluid, *natrural* (diuretic) drugs like *Punarnava* are used. Along with this, *Langhana* (light diet/fasting) and intake of easily digestible foods like barley and buttermilk are advised to reduce fluid accumulation and improve *Agni*. Thus, the overall approach focuses on digestion correction, *Dosha* elimination, fluid reduction, and strict dietary regulation.

National Journal of Ayurveda & Yoga

Mode of action of Panchakarma Chikitsa**1) Nitya Virechan:**

Nitya Virechana is a mild, daily purgation therapy primarily aimed at eliminating aggravated *Pitta dosha* through the lower pathway. When combined with *Yakrut-Plihāri yog* (a formulation acting on the liver and spleen), it helps in *deepana-pachana* (improving digestion) and promotes bile flow, thereby correcting hepatic and splenic dysfunction. The gentle *virechana* removes accumulated toxins (*āma*) and excess *Pitta* from the gastrointestinal tract, while the *yoga* specifically supports *yakrut* (liver) and *plihā* (spleen) by reducing congestion and improving metabolism. Together, they aid in reducing symptoms like abdominal distension, hepatosplenomegaly, and ascites (*udar roga*) by restoring normal digestive and excretory functions.

2) *Arkapatra Pattabandhan:*

Arka Pattabandhan in *Udar Roga* is an external Ayurvedic therapy where warm *Calotropis gigantea* leaves are applied and tied over the abdomen. It works by its *ushna* (hot) and *tikshna* (penetrating) properties, helping to reduce *vata* and *kapha*. This promotes *swedana* (sudation), relieves abdominal distension, and improves *agni* (digestion). It also helps in reducing fluid accumulation and discomfort in conditions like ascites.

Mode of action of *Shaman Chikitsa*

1) *Aarogyavardhini Vati* works in the *Udar* by enhancing *Agni* (*Deepana-Pachana*) and reducing *Ama*. It acts on *Yakrut-Pleeha*, improving liver function and reducing fluid accumulation.

Its mild *Virechana* and *Lekhana* actions help expel excess *Dosha* and decrease abdominal distension.

2) *Triphala churna* acts as a mild *nitya virechaka* (gentle laxative) and detoxifier, helping to reduce *ama* and clear bowel obstruction, thereby decreasing abdominal distension. *Musta churna* (*Cyperus rotundus*) has *deepana-pachana* properties, improving digestion and correcting *agnimandya*, which is a key factor in *udar roga*. Together, they help in the *anulomana* of *vata*, reduction of fluid accumulation, and improvement of liver-spleen function. This combination supports gradual reduction of ascitic fluid by enhancing metabolism and excretion.

3) *Gokshuradi guggul* acts as a diuretic (*mutrjala*), helping to reduce fluid accumulation in the abdomen. *Guggulu* has anti-inflammatory and channel-clearing (*srotoshodhaka*) properties, improving metabolism and reducing obstruction. Together, they help in reducing oedema and correcting *dosha* imbalance, especially *Kapha-Vata* in *Udar roga*.

4) It acts as a hepatoprotective & hepatocorrective drug, repairing liver cells (hepatocytes) and normalising liver function, thus reducing the root cause of fluid accumulation in *Udar*.

RESULTS

Condition of patient improved gradually along with the course of treatment.

Assesment of Results:

MEASUREMENT

	Weight	Supra-umbilical (4cm)	At Umbilical	Infra-umbilical (4cm)
04/02/2026	63.6kg	99cm	104cm	103cm
11/02/2026	59kg	96cm	98cm	98.5cm
18/02/2026	57kg	93.5cm	95cm	96cm
25/02/2026	57kg	93cm	94cm	95cm
04/03/2026	57kg	93cm	93cm	94cm

CONCLUSION

The present case study demonstrates that *Udar Roga* (ascites) can be effectively managed through an Ayurvedic approach focusing on *Dosha-shamana*, *Agni deepana*, *Ama pachana*, and *Nitya virechana*. The use of appropriate formulations along with dietary regulation showed significant improvement in symptoms such as abdominal distension, edema, and appetite. This integrative management helped in reducing fluid accumulation and improving liver function. Furthermore, therapies like *Yakrut-Plihari yoga* and *Mridu virechana* played a key role in maintaining bowel regularity and preventing re-accumulation of fluid. The patient also showed improvement in overall strength and quality of life. No adverse effects were observed during the treatment period, indicating the safety of the Ayurvedic regimen. Thus, this case highlights that timely diagnosis, proper Ayurvedic intervention, and strict *pathya-apathya* adherence can successfully manage *Udar Roga* and prevent its complications.

REFERENCES

- 1.PAL CP, SINGH P, CHATURVEDI S, PRUTHI KK, VIJ A. EPIDEMIOLOGY OF KNEE OSTEOARTHRITIS IN INDIA AND RELATED FACTORS. INDIAN J ORTHOP. 2016;50(5):518–522.
- 2.AGNIVESHA, CHARAKA SAMHITA, REVISED BY CHARAKA AND DRIDHABALA, WITH AYURVEDA DIPIKA COMMENTARY OF CHAKRAPANIDATTA, CHIKITSA STHANA, VATAVYADHI CHIKITSA ADHYAYA,

CHAUKHAMBA SURBHARATI PRAKASHAN, VARANASI.

3. HUNTER DJ, BIERMA-ZEINSTRAS. OSTEOARTHRITIS. LANCET. 2019;393(10182):1745–1759

4. SHARMA PV SUTRASTHANA; MAHAROG ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBA ORIENTALIA:139 CHAPTER 20, VERSE 11.

5. SHARMA PV CHIKITSASTHANA; VATAVYADHICHIKITSA ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBA ORIENTALIA:466 CHAPTER 28, VERSE 56.

6. SHARMA PV NIDANASTHANA; VATAVYADHI NIDANA ADHYAYA. SUSHRUTA, SUSHRUTA SAMHITA. CHAPTER 1, VERSE 74. 2005 VARANASI, INDIA CHAUKHAMBHA VISVABHARATI:15

7. SHARMA PV CHIKITSASTHANA; VATAVYADHICHIKITSA ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBA ORIENTALIA:466 CHAPTER 28, VERSE 57

8. SHARMA PV CHIKITSASTHANA; VATAVYADHICHIKITSA ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBA ORIENTALIA:471 CHAPTER 28, VERSE 101

9. TIWARI S, SINGH S, SHARMA P, SHARMA V. MANAGEMENT OF LOW BACKACHE DUE TO PIVD THROUGH PANCHAKARMA: A CASE STUDY INT. J. RES. AYURVEDA PHARM. 2018;9:84–7

10. KURUBAR D, MUNNOLI BT, KUMAR V, ARBAR A, PATIL A. ROLE OF MATRA VASTI (ENEMA) OVER ABHYANGA (MASSAGE) AND SWEDA (SUDATION) IN REDUCING SPASTICITY IN CEREBRAL PALSY WITH SUDDHA BALA TAILA—A RANDOMIZED COMPARATIVE CLINICAL STUDY INT J AYUR PHARM RES. 2014;2:47–52

11. SHARMA PV SUTRASTHANA; YAGYAPURUSHIYADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBA ORIENTALIA:168 CHAPTER 25, VERSE 40

12. SHARMA PV SIDDHISTHANA; BASTIVYAPADASIDDHI ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBA

ORIENTALIA:638 CHAPTER 7, VERSE 64

13.DESHPANDE AP, SUBHASH R TEXTBOOK OF DRAVAYGUNA VIGYAN (ENGLISH), PART-2, A.R. NANDURKAR. 2007 SHANIWAR PETH, INDIA PROFICIENT PUBLISHING HOUSE:271

14.DESHPANDE AP, SUBHASH R TEXTBOOK OF DRAVAYGUNA VIGYAN (ENGLISH), PART-2, A.R. NANDURKAR. 2007 SHANIWAR PETH, INDIA PROFICIENT PUBLISHING HOUSE:551

15.DESHPANDE AP, SUBHASH R TEXTBOOK OF DRAVAYGUNA VIGYAN (ENGLISH), PART-2, A.R. NANDURKAR. 2007 SHANIWAR PETH, INDIA PROFICIENT PUBLISHING HOUSE:509

16.SHARMA PV CHIKITSA STHANA; NETRABASTIPRAMANAPRA VIBHAGA CHIKITSAM ADHYAYA. SUSHRUTA, SUSHRUTA SAMHITA. CHAPTER 35, VERSE 27. 2005 VARANASI, INDIA CHAUKHAMBHA VISVABHARATI:527

17.TRIPATHI B CHIKITSA STHANA; VATAVYADHI CHIKITSA ADHYAYA. VAGBHATA, ASHATANG HRIDAYA. CHAPTER 21, VERSE 67-69. 2015 DELHI, INDIA CHAUKHAMABA SANSKRIT PRATISHTHAN:510

18.MISHRA S GOVINDDAS, BHAIJYARATNAVALI; VATAVYADHI CHIKITSA PRAKARANA: CHAPTER 26, VERSE 98-101. 2007 VARANASI, INDIA CHAUKHAMBHA SURBHARATI PRAKASHAN:148-9

19.MOHARANA PK, PATEL A. SYNERGISTIC EFFECT OF TRAYODASHANG GUGGULU AND YOGA BASTI IN THE MANAGEMENT OF LOW BACK PAIN WITH SPECIAL REFERENCE TO GRIDHRASI INT J HEALTH SCI RES. 2018;8:167-73

20.MISHRA S GOVINDDAS, BHAIJYARATNAVALI; MANDAGANI CHIKITSA PRAKARANA: CHAPTER 10, VERSE 93-94. 2007 VARANASI, INDIA CHAUKHAMBHA SURBHARATI PRAKASHAN:648-9.

Source of Support : None Declared
Conflict of Interest : Nil