

EFFECTIVENESS OF SHODHANA AND SHAMANA THERAPIES IN UDAR VIKAR: INSIGHTS FROM A CASE STUDY

ABSTRACT

In *Ayurveda*, *Udar Vikar* (*Udar Roga*) encompasses generalized abdominal disorders characterized by distension, ranging from gaseous bloating to fluid accumulation (*Jalodara*), with pathogenesis involving impaired digestive fire (*Mandagni*), accumulation of undigested toxins (*Ama*), and vitiation of *Vata*, *Pitta*, and *Kapha* in the abdominal *Srotas*. A 62-year-old female presented to Jeena Sikho Lifecare Limited Hospital, Karol Bagh, India, with abdominal pain, bloating, body pain, constipation, and mild nausea. Clinical evaluation and ultrasound revealed Grade I fatty infiltration of the liver, suspected fundal adenomyomatosis of the gall bladder, and a small polyp (3–4 mm), with other abdominal organs within normal limits. She was treated with a combination of *Ayurvedic* interventions including *Shodhana* therapies, *Shamana* regimens, *Deepana-Pachana* drugs, and supportive diet and lifestyle modifications. Following treatment, the patient exhibited marked improvement in symptoms: abdominal pain and body pain resolved completely (3/10 → 0/10), bloating subsided, bowel movements normalized, and nausea disappeared. Follow-up ultrasound demonstrated resolution of the gall bladder polyp and adenomyomatosis, with only subtle diffuse fatty infiltration of the liver remaining. Incidental findings of right proximal ureteric calculus with mild hydroureteronephrosis and bilateral renal concretions were noted but were unrelated to the primary diagnosis. This case highlights the potential of *Ayurvedic* management in achieving symptomatic relief and improving hepatic and gall bladder health in patients with *Udar Vikar*, suggesting the value of integrative approaches and supporting further studies to validate these outcomes.

KEYWORDS

25 Ayurvedic intervention, Adenomyomatosis, *Deepana-Pachana*, Gall bladderpolyp, Grade I
26 fattyliver, *Udar Vikar*

INTRODUCTION

In Ayurveda, *Udar Vikar* (*Udar Roga*) encompasses generalized abdominal disorders characterized by distension, including eight classical types ranging from gaseous distension to fluid accumulation (*Jalodara*). Classical texts attribute these conditions to weak digestive fire (*Mandagni*), accumulation of *Ama* (undigested toxins), and *Srotas* disturbances, while modern medicine correlates *Jalodara* with ascites from liver, cardiac, renal, or systemic causes^[1,2,3].

UdarVikar is primarily a *Tridoshaja* disorder arising from *Agnimandya* (impaired digestive fire) and *Srotodushti* (channel derangement), with advanced stages manifesting as *Jalodara* due to fluid accumulation. Classical pathology emphasizes *Ama* formation and vitiation of *Vata*, *Pitta*, and *Kapha* in the abdominal *Srotas*. Modern interpretations acknowledge that *Udar Roga* may include intestinal obstruction, perforation, hepatosplenomegaly, or other systemic abdominal pathologies ^[4,5].

41 Classical texts categorize *Udar vikar* into eight types, each correlating to modern clinical
 42 presentations which are shown in **Table 1**:

43
 44 **Table 1 Types of *Udar Vikar***

| Type | Classical Name | Key Features | Modern Correlation |
|------|-----------------------|--|---|
| 1 | <i>Vatodara</i> | <i>Vata</i> predominance with flatus, colic, shifting distension | Functional gas/bloating, IBS-like symptoms ^[3] |
| 2 | <i>Pittodara</i> | <i>Pitta</i> signs: burning, fever, tenderness | Hepatic/inflammatory causes, hepatopathy ^[3,1] |
| 3 | <i>Kaphodara</i> | <i>Kapha</i> signs: heaviness, <i>edema</i> , sluggishness | Fluid retention, renal or hypoalbuminemic states ^[3] |
| 4 | <i>Sannipatodara</i> | Mixed <i>dosha</i> manifestations | Severe multisystem abdominal disease ^[3] |
| 5 | <i>Plihodara</i> | Splenic enlargement (<i>pliha</i>) | Splenomegaly due to hematologic or infective causes ^[3] |
| 6 | <i>Baddhagudodara</i> | Intestinal obstruction | Mechanical/functional intestinal obstruction ^[3] |
| 7 | <i>Chidrodara</i> | Intestinal perforation | Peritonitis with perforation ^[3] |
| 8 | <i>Jalodara</i> | Accumulation of water in the abdomen | Ascites, often linked to liver cirrhosis and portal hypertension ^[3,1] |

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 46 Classical etiologies highlight lifestyle factors, improper diet, suppression of natural urges,
 47 persistent *Agnimandya*, and *Ama* accumulation^[6]. Common symptoms include anorexia, thirst,
 48 abdominal pain, distension, dyspnea on exertion, edema, everted umbilicus, and shifting
 49 dullness^[7]. Ayurvedic pathogenesis involves *Mandagni* and vitiation of *Udakavaha* and
 50 *AmbuvahaSrotas*, while modern causes of ascites include cirrhosis with portal hypertension,
 51 pancreatitis, malignancy, tuberculosis, heart failure, and hepatic venous outflow obstruction^[8].
 52 Classical signs of fluid accumulation correspond closely with physical findings used in modern
 53 assessment of ascites^[9].

54
 55 Ayurvedic diagnosis relies on symptom patterns, abdominal inspection, and percussion signs,
 56 with therapies focusing on restoring *Agni*, clearing *Srotas*, and correcting *Dosha* imbalances.
 57 Classical treatments include *Virechana* (purgation), *Vamana* (emesis), *Basti* (medicated enemas),
 58 *Snehana* (oleation), *Swedana* (fomentation), and supportive dietary regimens, with drug
 59 strategies involving *Deepana-Pachana*, diuretics, and *Tiksna/Ushna-Dravyas*^[10]. Modern
 60 therapies often provide temporary symptomatic relief, prompting interest in integrative
 61 approaches. Preliminary clinical evidence suggests multiherbal Ayurvedic regimens may improve
 62 outcomes in cirrhosis-related ascites, though higher-quality studies are needed^[11].

63
 64 Classical pattern recognition informs the choice of *Shodhana* versus *Shamana* therapies. Patients
 65 with suspected ascites or systemic disease should receive contemporary hepatology evaluation,

66 as prognosis depends on the underlying cause. Integrative care combining *Ayurvedic* and modern
67 strategies may offer symptomatic benefit and support tissue health while addressing the
68 limitations of conventional therapy [2,3,4].

69
70 **OBJECTIVE**
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72 This study aims to assess the impact of *Ayurvedic* treatments for *Udar Vikar* in a 41-year-old
73 female patient.

74
75 **MATERIALS AND METHODS**

76 **a) CASE REPORT**

77 On January 6, 2025, a 62-year-old female presented at Jeena Sikho Lifecare Limited Hospital,
78 Karol Bagh, New Delhi, India. A thorough evaluation was conducted, including her medical
79 history, family background, physical examination, and relevant diagnostic investigations. She
80 had no history of prior surgeries or hereditary illnesses. The patient reported pain in abdomen,
81 gas formation, piles, generalized body pain, constipation and nausea. Based on clinical
82 evaluation and diagnostic reports, she was diagnosed with *Udar Vikar*, interpreted in this case
83 Grade I Fatty Infiltration Liver, Fundal Adenomyomatosis Gall Bladder and Gall Bladder
84 Polyp. The initial assessment during the treatment is detailed in **Table 2**. The *Ashta vidha*
85 *pariksha* during the first visit is noted in **Table 3**.

86 **Table 2 The initial assessment during the visits**

| Date | Blood pressure (mmHg) | Weight |
|------------|-----------------------|--------|
| 12-05-2025 | 120/70 mmHg | 65 Kg |
| 02-06-2025 | 120/80 mmHg | 65 Kg |
| 23-08-2025 | 130/80 mmHg | 64 Kg |

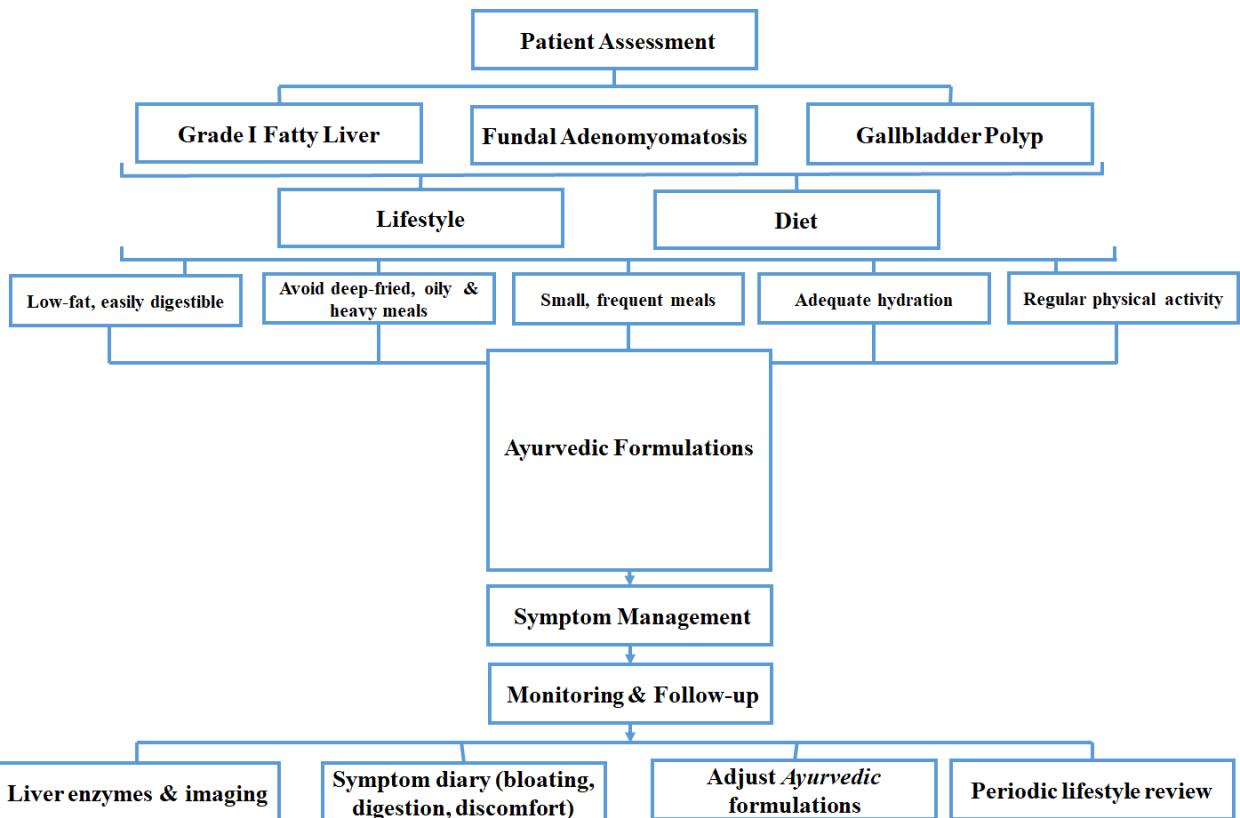
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88 **Table 3 The *Ashta vidha pariksha* on May 12, 2025**

| Parameter | Findings |
|--------------------------|-------------------------------|
| <i>Nadi</i> (Pulse) | <i>Vataj pittaj</i> |
| <i>Mala</i> (Stool) | <i>Avikrit</i> (Normal) |
| <i>Mutra</i> (Urine) | <i>Safena</i> (Frothy) |
| <i>Jiwha</i> (Tongue) | <i>Saam</i> (Coated) |
| <i>Sparsha</i> (Touch) | <i>Anushna sheet</i> (Normal) |
| <i>Shabda</i> (Voice) | <i>Spashta</i> (Clear) |
| <i>Drik</i> (Eye) | <i>Avikrit</i> (Clear) |
| <i>Akriti</i> (Physique) | <i>Madhyam</i> |

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90 **b) TREATMENT PLAN [Fig 1]**



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93 **a. Diet Plan:**

94 A customized Disciplined and Intelligent Person's (DIP) and Ayurvedic Diet was provided to
 95 the patient to complement the Ayurvedic treatments administered for *Udar Vikar* [12]:

96 ♦ **Dietary Guidelines from Jeena Sikho Lifecare Limited Hospital[Fig 2]:**

Pathya Ahar

- Barley (*Yava*) ^[13]
- Green gram (*Mudga*) ^[14]
- Pomegranate (*Dadima*)
- Moong dal khichdi
- Herbal tea
- Boiled bottle gourd, ridge gourd
- Coconut water
- Coriander and fennel decoction
- Barley water (*Yavambu*)

Apathya Ahar

- Black gram (*Māsa*) ^[15]
- Cold/refrigerated food & drinks
- Sour fruits like citrus
- Pickles & Vinegar ^[16]
- Red chili, mustard
- Curd (*Dahi*), Paneer ^[17]
- Fried/processed food ^[18]
- Tea, coffee, alcohol

Pathya Vihar

- *Ushna jalapana* (Drinking warm water frequently)
- *Vyayama* (Mild exercise) like walking, *yoga*, and *pranayama* ^[19]
- *Dinacharya* (Daily routine) – timely waking, bathing, and meals ^[20]
- Midday rest if exhausted (especially in cystitis)

Apathya Vihar

- *Atiyayama* (Overexertion)
- Prolonged sitting or inactivity
- *Mutravega dharana* (Suppressing urge to urinate) ^[21]
- Exposure to cold and damp environments
- Sleeping right after meals
- Unregulated sexual habits or suppression

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❖ Meal Timing and Structure:

Early Morning (5:45 AM)

- 4 Crushed tulsi leaves + 1 gm ginger + 2 spoons of honey + hot water = on empty stomach / Herbal Tea

Breakfast

(09:00 - 10:00 AM)

- **Plate 1:** Seasonal fruits (4-5 types) + *Mugdayusha*
- **Plate 2:** Millet Khichdi / Millet Poha / Millet Upma

Morning Snacks

(11:00 AM)

- Red Juice (Beetroot, Carrot, Tomato & Pomegranate) – 150 ml
- Soaked Almonds (4-5)

Lunch

(12:30 -02:00 PM)

- **Plate 1:** Steamed Salad (Cucumber, Onion, Carrots, Beetroot, Tomato, Radish, Lettuce leaves, Capsicum, etc.)
- **Plate 2:** Fermented Millet Meal

Evening Snacks

(04:00 - 04:20 PM)

- Green Juice (Spinach, Fenugreek, Bathua, Amaranth, Mint, Coriander, Curry leaves & betel leaves) – 100 – 150 ml
- Soaked Almonds (4-5)

Dinner

(06:15 - 07:30 PM)

- **Plate 1:** Steamed Salad
- **Plate 2:** Green Vegetable Soup

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102 **b. Medicinal Interventions**

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 104 The Ayurvedic treatment employed in this case included Relivon Powder, Amal Pitt Har Powder,
 105 Maha Granthi Har Vati, Lipi Capsule, Arogya Vati, Mutra Vardhak Vati, Chandraprabha vati,
 106 Pilo-Lok Capsule, Rakta Prasadan Tonic, Dr. Nasya, Renal Support Syrup and Varunadi Vati.
 107 The dosage with *anupana* is mentioned in **Table 4** and details of the medicines are in **Table 5**.

108 **Table 4 The medicine advised during the treatment**

| Date | Medicines | Dosage with <i>Anupana</i> |
|------------|-----------------------|--|
| 12-05-2025 | Relivon Powder | Half a Teaspoon HS (<i>Nishikala with koshna jala</i> - Before bed with lukewarm water) |
| | Amal Pitt Har Powder | Half a Teaspoon BD (<i>Adhobhakta with koshna jala</i> - After meal with lukewarm water) |
| | Maha Granthi Har Vati | 1 TAB BD (<i>Adhobhakta with koshna jala</i>) |
| | Lipi Capsule | 1 CAP BD (<i>Adhobhakta with koshna jala</i>) |
| | Arogya Vati | 1 TAB BD (<i>Adhobhakta with koshna jala</i>) |
| | Detox Gall Syrup | 15 ml BD (<i>Adhobhakta with sama matra koshna jala</i> - After meal with equal amount of lukewarm water) |
| 02-06-2025 | Relivon Powder | Half a Teaspoon HS (<i>Nishikala with koshna jala</i>) |
| | Amal Pitt Har Powder | Half a Teaspoon BD (<i>Adhobhakta with koshna jala</i>) |
| | Mutra Vardhak Vati | 1 TAB BD (<i>Adhobhakta with koshna jala</i>) |
| | Chandraprabha Vati | 1 TAB BD (<i>Adhobhakta with koshna jala</i>) |
| | Pilo-Lok Capsule | 1 CAP BD (<i>Adhobhakta with koshna jala</i>) |
| | Rakta Prasadan Tonic | 10 ml BD (<i>Adhobhakta with sama matra koshna jala</i>) |
| | Dr. Nasya Oil | 4 drops BD |
| | Renal Support Syrup | 10 ml BD (<i>Adhobhakta with sama matra koshna jala</i>) |
| 23-08-2025 | Mutra Vardhak Vati | 1 TAB BD (<i>Adhobhakta with koshna jala</i>) |
| | Chandraprabha Vati | 1 TAB BD (<i>Adhobhakta with koshna jala</i>) |
| | Pilo-Lok Capsule | 1 CAP BD (<i>Adhobhakta with koshna jala</i>) |
| | Varunadi Vati | 1 TAB BD (<i>Adhobhakta with koshna jala</i>) |
| | Renal Support Syrup | 10 ml BD (<i>Adhobhakta with sama matra koshna jala</i>) |
| | Detox Gall Syrup | 10 ml BD (<i>Adhobhakta with sama matra koshna jala</i> - After meal with equal amount of lukewarm water) |

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110 **Table 5 The details of the Ayurvedic medications**

| Medicine | Ingredients | Therapeutic Effects |
|-----------------------|---|--|
| Relivon Powder | Sawarna Patri (<i>Luffa aegyptiaca</i>), Misreya , Sendha Namak , Sonth (<i>Zingiber officinale</i>), Jang Harar (<i>Chebulic Myrobalan</i>) and Erand Oil (<i>Ricinus communis</i>) | Deepan (Appetizer), Pachan (Digestant), Anulomana (Laxative/Regulator), Shodhana (Detoxification), Rasayana (Rejuvenator), Balya (Strenghtener) |
| Amal Pitt Har Powder | Shunti (<i>Zingiber officinale</i>), Maricha (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Amalki (<i>Phyllanthus emblica</i>), Bibhitaki (<i>Terminalia belerica</i>), Haritaki (<i>Terminalia chebula</i>), Musta (<i>Cyperus rotundus</i>), Sulshmaila (<i>Sida cordifolia</i>), Tvak patra (<i>Cinnamomum verum</i>), Vidanga (<i>Embelia ribes</i>), Bid lavana (<i>Sodium chloride</i>), Lavang (<i>Syzygium aromaticum</i>), Trivitt (<i>Tribulus terrestris</i>), Sharkara (<i>Saccharum officinarum</i>). | Deepan (Appetizer), Pachan (Digestant), Shoth har (Anti-inflammatory), Vata-kapha shamaka (Dosha-balancer), Rasayana (Rejuvenator), Ojovardhaka (Immunity enhancer) |
| Maha Granthi Har Vati | Parad Bhasam (Mercury), Gandhak (Sulfur), Vang Bhasam (Zinc), Taabir Bhasam (Copper), Kash Bhasam (Potassium), Hartal Bhasam (Realgar), Nilla Thotha (Copper sulfate), Shankh Bhasam (Conch shell powder), Kodi Bhasam (Cuttlefish bone), Loh Bhasam (Iron), Sonth (<i>Zingiber officinale</i>), Kalimirch (<i>Piper nigrum</i>), Pippal (<i>Piper longum</i>), Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia bellirica</i>), Amla (<i>Phyllanthus emblica</i>), Chavya (<i>Piper chaba</i>), Kachur (<i>Curcuma zedoaria</i>), Vayavdanga (<i>Tribulus terrestris</i>), Pippal Mool (<i>Piper longum</i> root), Patha (<i>Cyclea peltata</i>), Hau Ber (<i>Ziziphus mauritiana</i>), Vacha (<i>Acorus calamus</i>), Choti Ilaychi (<i>Elettaria cardamomum</i>), Devdaru (<i>Cedrus deodara</i>), Samundar Namak (Rock salt), Senda Namak (Sendha salt), Sambar Namak (Sambhar salt), Vid Namak (Black salt), Kala Namak (Black salt), Vidari (<i>Pueraria tuberosa</i>). | Granthi/Arbud (Cyst/Tumor), Lekhana (Scraping/Reducing excess tissue), Shoth har (Anti-inflammatory), Raktashodhak (Blood purifier), Vedanasthapana (Pain reliever) |
| Lipi Capsule | Arjun (<i>Terminalia arjuna</i>), Guggul (<i>Commiphora wightii</i>), Resine Ext. (Resin Extract – source-specific), Haridra (<i>Curcuma longa</i>), Bhumiamla (<i>Phyllanthus niruri</i>), Guduchi (<i>Tinospora cordifolia</i>), Amla (<i>Emblica officinalis</i>), Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellirica</i>), Sunthi (<i>Zingiber officinale</i>), Kali Mirch (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Mulethi (<i>Glycyrrhiza glabra</i>), Punarnava (<i>Boerhavia diffusa</i>), Jatamansi (<i>Nardostachys jatamansi</i>), Lasuna (<i>Allium sativum</i>), Bulb Ext. (Bulb Extract – source-specific), Akika (<i>Pishti</i> (Agate Calx), Mukta Pishti (Pearl Calx), Abhrak Bhasma (Mica Calx), Shankha Bhasma (Conch Shell Calx). | Medohara (Fat reducer), Amapachan (Toxin digestant), Tridosha Shaman (Pacifier of all three doshas), Raktashodhana (Blood purifier), Deepan (Appetizer) |
| Arogya Vati | Kajan (<i>Carthamus tinctorius</i>), Loh Bhasm (<i>Ferrum</i>), Abhrak Bhasm (Mica), Tamra Bhasm (Copper), Amalaki (<i>Emblica officinalis</i>), Vibhitak (<i>Terminalia bellirica</i>), Haritaki (<i>Terminalia chebula</i>), Chitrak (<i>Plumbago zeylanica</i>), Katuka (<i>Picrorhiza kurroa</i>), Nimb Patra (<i>Azadirachta indica</i>) | Rasayana (Rejuvenator), Vata-Pitta Shaman (Pacifier of Vata and Pitta doshas), Deepan (Digestive stimulant), Pachan (Digestive/metabolism enhancer), Balya (Strenghtener) |
| Mutra Vardhak Vati | Gokshur (<i>Tribulus terrestris</i>), Guggul (<i>Commiphora wightii</i>), Sonth (<i>Zingiber officinale</i>), Kalimirch (<i>Piper nigrum</i>), Pippal (<i>Piper longum</i>), Bahera (<i>Terminalia bellerica</i>), Harad (<i>Terminalia chebula</i>), Amla (<i>Phyllanthus emblica</i>), Motha (<i>Cyperus rotundus</i>). | Mutravardhaka (Diuretic), Srotoshadhaka (Channel cleanser), Deepan (Appetizer), Lekhana (Fats and tissues remover), Anulomana (Pacifier of Vata and promoting elimination) |
| Chandraprabha vati | Camphor (<i>Cinnamomum camphora</i>), Vacha (<i>Acorus calamus</i>), Nagarmotha (<i>Cyperus rotundus</i>), Bhumi Amla (<i>Phyllanthus niruri</i>), Giloy (<i>Tinospora cordifolia</i>), Turmeric (<i>Curcuma longa</i>), Daruharidra (<i>Berberis aristata</i>), Dhania (<i>Coriandrum sativum</i>), Haritaki (<i>Terminalia chebula</i>), Baheda (<i>Terminalia bellerica</i>), Amla (<i>Phyllanthus emblica</i>), Vidanga (<i>Embelia ribes</i>), Ginger (<i>Zingiber officinale</i>), Kalimirch (<i>Piper nigrum</i>), Himalayan Salt , Nisoth (<i>Operculina turpethum</i>), Tejpatta (<i>Cinnamomum tamala</i>), Cinnamon (<i>Cinnamomum cassia</i>), Cardamom (<i>Elettaria cardamomum</i>), Shilajeet | Raktashodhak (Blood purifier), Vata-pitta Shaman (Dosha-balancer), Agnideepan (Digestive stimulant), Vrishya (Aphrodisiac), Rasayana (Rejuvenator) |

| | | |
|----------------------|---|--|
| Pilo-Lok Capsule | <p><i>Sounth</i> (<i>Zingiber officinale</i>), <i>Triphala</i> – A combination of: <i>Amla</i> (<i>Phyllanthus emblica</i>), <i>Haritaki</i> (<i>Terminalia chebula</i>), <i>Bibhitaki</i> (<i>Terminalia bellirica</i>), <i>Reetha</i> (<i>Sapindus mukorossi</i>), <i>Neem chal</i> (<i>Azadirachta indica</i>), <i>Fitkari shudh</i> (Potassium Alum), <i>Rasout</i> (Mercurial compound), <i>Bhilawa shudh</i> (<i>Aegle marmelos</i>), <i>Muli beej</i> (<i>Raphanus sativus</i> seeds), <i>Bakayan</i> (<i>Citrullus colocynthis</i> seeds), <i>Amaltas</i> (<i>Cassia fistula</i>), <i>Sona patha</i> (<i>Tridax procumbens</i>), <i>Jeera</i> (<i>Cuminum cyminum</i>), <i>Sugandha shudh Bhringraj</i> (<i>Eclipta alba</i>), <i>Nirgundi</i> (<i>Vitex negundo</i>), <i>Chaturjaat lahsun</i> (<i>Allium sativum</i>), <i>Makoy</i> (<i>Podophyllum hexandrum</i>), <i>Pushkarmool</i> (<i>Boerhavia diffusa</i>), <i>Nishoth</i> (<i>Saussurea lappa</i>), <i>Keharva Pishti</i> (Potassium carbonate), <i>Shankh Bhasm</i> (Calcium carbonate) and <i>Abhrak Bhasma</i> (Purified Biotite Mica)</p> | <p>Tridosa Balance, Deepana-Pachana (Digestive Stimulant & Digestive Enhancer), Shothahara (Anti-inflammatory), Vranaropana (Wound Healing), Kleda Shoshana (Absorption of Excess Moisture), Mala Virechana (Laxative), Rasayana (Rejuvenation) and Agnisthapana (Normalization of Digestive Fire)</p> |
| Rakta Prasadan Tonic | <p><i>Khair Chaal</i> (<i>Acacia catechu</i>), <i>Babchi</i> (<i>Psoralea corylifolia</i>), <i>Devdaru</i> (<i>Cedrus deodara</i>), <i>Daru Haldi</i> (<i>Berberis aristata</i>), <i>Harad</i> (<i>Terminalia chebula</i>), <i>Bahera</i> (<i>Terminalia bellirica</i>), <i>Amla</i> (<i>Emblica officinalis</i>), <i>Manjishta</i> (<i>Rubia cordifolia</i>), <i>Dhamasa</i> (<i>Fagonia arabica</i>), <i>Sariva</i> (<i>Hemidesmus indicus</i>), <i>Amba Haldi</i> (<i>Curcuma amada</i>), <i>Kutki</i> (<i>Picrorhiza kurroa</i>), <i>Chiraita</i> (<i>Swertia chirata</i>), <i>Rasant</i> (Extractum <i>Berberis</i>), <i>Satyanashi</i> (<i>Argemone mexicana</i>), <i>Madhu</i> (Honey) and <i>Shaker</i></p> | <p>Raktavardhak (Blood Enrichment), Raktashodhak (Blood Purification), Twak Swasthya (Skin Health), Raktapitta & Raktaja Disorders</p> |
| Dr. Nasya | <p><i>Saunf</i> (<i>Foeniculum vulgare</i>), <i>Dalchini</i> (<i>Cinnamomum verum</i>), <i>Giloy</i> (<i>Tinospora cordifolia</i>), <i>Mulethi</i> (<i>Glycyrrhiza glabra</i>), <i>Saunth</i> (<i>Zingiber officinale</i>), <i>Manjistha</i> (<i>Rubia cordifolia</i>)</p> | <p>Dosha Shamana (Balancing Doshas), Srotoshodhana (Channel Purification), Medha & Smruti Vridhhi (Cognitive & Memory Enhancement), Rasa, Rakta, & Ojas Vardhana (Rejuvenation & Immunity), Twak & Shiro Rasayana (Skin & Head Rejuvenation), Shirovyadhi Nivarana</p> |
| Renal Support Syrup | <p><i>Nimba</i> (<i>Azadirachta indica</i>), <i>Arjun</i> (<i>Terminalia arjuna</i>), <i>Gokshur</i> (<i>Tribulus terrestris</i>), <i>Hareetaki</i> (<i>Terminalia chebula</i>), <i>Ashwagandha</i> (<i>Withania somnifera</i>), <i>Karanja</i> (<i>Pongamia pinnata</i>), <i>Chiraita</i> (<i>Swertia chirayita</i>).</p> | <p>Mutravirajaniya (Urine purifier), Shoth har (Anti-inflammatory), Raktashodhak (Blood purifier), Deepan (Appetizer), Pachan (Digestant), Rasayana (Rejuvenator)</p> |
| Varunadi Vati | <p><i>Punarnava</i> (<i>Boerhavia diffusa</i>), <i>Varuna</i> (<i>Crataeva nurvala</i>), <i>Gokshur</i> (<i>Tribulus terrestris</i>), <i>Guggul</i> (<i>Commiphora wightii</i>)</p> | <p>Ashmarighna (Anti-urolithic), Shothahara (Anti-inflammatory), Raktashodhak (Blood purifier), Mutravardhak (Diuretic), Vata-Pitta Shamaka (Pacifies Vata and Pitta doshas), Rasayana (Rejuvenative), Balya (Strength-promoting)</p> |

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113 RESULT

114 After undergoing 3 months of Ayurvedic treatment, the patient showed significant improvement
 115 in symptoms, indicating the effectiveness of the interventions used in managing *Udar Vikar*. The
 116 patient remained well-oriented and experienced relief from the pain in abdomen, gas formation,
 117 piles, generalized body pain, constipation and nausea, further demonstrating the positive impact
 118 of the Ayurvedic therapies applied in this case. The conditions before and after treatment is
 119 mentioned in **Table 6**. The Whole Abdomen Ultrasound during treatment is mentioned in **Table**
 120 **7**.

121 **Table 6 The conditions before and after treatment**

122

| Conditions | Before treatment | After treatment |
|---------------------------------|------------------|-----------------|
| Pain in abdomen ^[22] | 3/10 | 0/10 |
| Bloating ^[23] | Moderate | None |
| Body Pain ^[24] | 3/10 | 0/10 |
| Bowel | Constipated | Normal |

123

| | | |
|------------------------|-------------|------|
| Nausea ^[25] | 2/10 (mild) | 0/10 |
|------------------------|-------------|------|

124

Table 7. The Whole Abdomen Ultrasound during treatment (Fig 3)

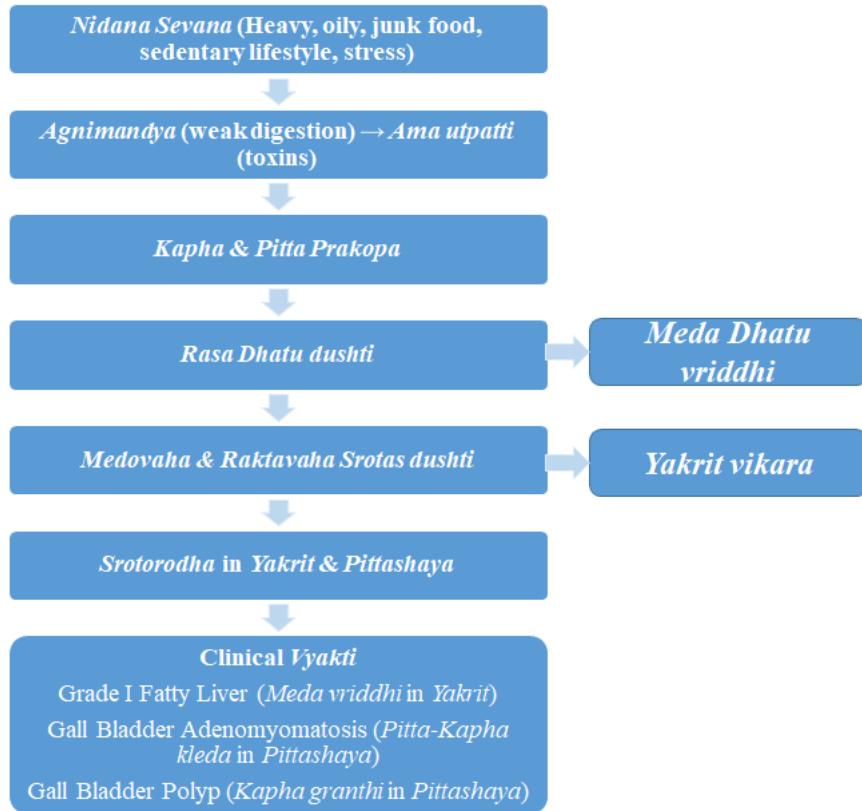
| Date | 10-05-2025 | 01-07-2025 |
|-------------------|--|---|
| Findings | Liver: Normal size (13.6 cm), Grade I fatty infiltration, no focal lesion, IHBR not dilated, Gall bladder: Adequately distended, walls slightly thickened, comet-tail echogenic foci (cholesterol crystals in Rokitansky-Aschoff sinuses),, Echogenic mass (3–4 mm) on anterior wall (polyp), non-mobile, no shadowing., No sludge/calculi., Portal vein & CBD: Normal., Pancreas: Normal., Spleen: 9.4 cm, normal., Kidneys: Normal size/echopattern, CMD maintained, no calculus/hydronephrosis. Right: 9.3 × 4.2 cm (CT 11.8 mm), Left: 10.2 × 4.6 cm (CT 17.5 mm),, No retroperitoneal lymphadenopathy, ascites, or POD fluid., UB: Normal., Uterus: Retroverted, normal size (68 × 52 × 51 mm), endometrial thickness 5.5 mm., Ovaries: Normal. Gall bladder: Adequately distended, walls slightly thickened, comet-tail echogenic foci (cholesterol crystals in Rokitansky-Aschoff sinuses). | Liver: Normal size (12.41 cm), subtle diffuse fatty infiltration, no focal lesion., IHBR, portal vein, bile duct, pancreas: Normal., Kidneys: Normal size/echotexture, no focal lesion. Right: 9.97 cm; Left: 10.05 cm. Renal parenchyma normal., Right proximal ureter: Echogenic focus (5.6 mm) with distal shadow → ureteric calculus, mild hydroureteronephrosis (Grade I)., Both kidneys: Concretions (Right: 4.1 mm & 3.7 mm; Left: 3.0 mm),, Spleen: 9.6 cm, normal., No ascites or lymphadenopathy., UB: Normal., Uterus: Normal size (8.42 × 5.83 × 5.95 cm), endometrial thickness 15 mm, nabothian follicles present., Ovaries: Normal. Right ovary: 4.32 × 1.23 cm; Left ovary: 3.36 × 2.12 cm., Adnexae: Clear, no fluid in POD. |
| Impression | Grade I fatty infiltration liver., Fundal adenomyomatosis of gall bladder (suspected), Gall bladder polyp. | Right proximal ureteric calculus with Grade I hydroureteronephrosis., Bilateral renal concretions., Subtle diffuse fatty infiltration of liver., No other significant abnormality. |

125

126 DISCUSSION

127 The use of *Ayurvedic* treatment in this case presents a promising alternative approach for
 128 managing *Udar vikar*. This case study details the application of *Ayurvedic* therapies in a 41-year-old
 129 female patient diagnosed with *Udar vikar*, who showed marked improvement in
 130 symptoms. The *Samprapti*^[1,3] for this case study is depicted in **Fig 4**.

131 **Fig. 4 The Samprapti for this case study**



132

1. Samprapti

133 In this case, *Udar Vikar* can be understood as a *Kapha-Pitta*-dominant pathology with secondary *Vata* involvement. Due to indulgence in *Nidanassu* such as *Guru*, *Snigdha*, *Madhura Ahara*, *Viruddha Ahara*, *Ajirna*, *Alpa Vyayama*, and *Divaswapna*, there is *Agnimandya* leading to *Ama Utpatti*. This causes vitiation of *Kapha* and *Pitta*, which further affects *Rasa* and *Meda Dhatu*, along with *Rasavaha*, *Medovaha*, and *Raktavaha Srotas*. The resulting *Srotorodha* and *Kleda Vriddhi* in *Yakrit* and *Pittashaya* manifests as *Meda Dhatu Vriddhi* (Grade I fatty infiltration in the liver), *Kapha-Pitta Dushti* in gall bladder wall (adenomyomatosis), and *Granthi*-like *Vriddhi* (gall bladder polyp). Thus, the *Samprapti* reflects *Ama-Meda-Rakta Dushti* with *Yakrit* and *Pittashaya Vikara*^[1,3].

143 2. Nidana Parivarjanā

144 The primary *Chikitsa Sutra* in such *Udar Vikar* is *Nidana Parivarjanā*, which includes avoidance of *Guru*, *Snigdha*, *Ati-Madhura Ahara*, fried and fatty foods, alcohol, and *Viruddha Ahara* that aggravate *Kapha-Pitta*. Proper regulation of *Ahara* (diet), *Vihara* (lifestyle), and *Vichara* (mental discipline) is emphasized to prevent further *Meda Dhatu* accumulation and progression of *Yakrit* and *Pittashaya Vikara*. Encouraging *Laghu*, *Ruksha*, *Deepana-Pachana Ahara*, along with *Vyayama* (regular physical activity), and avoiding day sleep help restore *Agni* and clear *Ama*. Thus, *Nidana Parivarjanā* along with *Shodhana* and *Shamanameasures* forms the foundational approach to management^[26,27,28,29].

152 **3. Effects of Ayurvedic medications**

153 The formulations collectively show dominance of *Trikatu* (*Shunthi, Maricha, Pippali*), *Triphala*
154 (*Amalaki, Haritaki, Bibhitaki*), and *Rasayanadravyas* like *Guduchi*, and *Manjishta*^[30,31,32,33].
155 Among them, *Shunthi* is *Katu* (*Rasa*), *Ushna* (*Virya*), *Madhura* (*Vipaka*), with *Vata-Kapha*
156 *Shamaka* action, serving as *Deepana-Pachana* and *Anulomana*. *Maricha* shares similar *Katu*
157 *Rasa* and *Ushna Virya*, acting as *Srotoshodhaka* and *Kapha-Vata Hara*^[34]. *Pippali* is *Katu Rasa*,
158 *Madhura Vipaka*, *Ushna Virya*, making it a *Rasayana* specifically for *Pranavaha Srotas*,
159 enhancing *Agni* and *Ojas*^[35]. *Haritaki* is *Pancharasa Yukta* (excluding *Lavana*), *Ushna Virya*,
160 *Madhura Vipaka*, and is well known for *Anulomana*, *Lekhan*, and *Rasayana Karma*^[36]. *Amalaki*
161 has *Amla Rasa*, *Sheeta Virya*, *Madhura Vipaka*, and is *Tridoshaghna*, particularly *Pittashamaka*,
162 contributing to *Rasayana* and *Rakta-Prasadana*^[37]. Supporting *Dravyas* like *Guduchi* (*Tikta-*
163 *Kashaya Rasa*, *Madhura Vipaka*, *Ushna Virya*) provide *Rasayana*, *Jvarahara*, and *Agni-*
164 *Deepana* effects; *Manjishta* (*Tikta-Kashaya Rasa*, *Ushna Virya*, *Katu Vipaka*) acts as *Rakta-*
165 *Shodhaka* and *Varnya*; while *Guggulu* (*Tikta-Katu-Kashaya Rasa*, *Katu Vipaka*, *Ushna Virya*) is
166 *Lekhan*, *Shothahara*, and *Medohara*. These *Ras Panchaka* attributes harmonize with the
167 therapeutic intentions of the formulations: *Deepana-Pachana* for *Agni-Vriddhi*, *Anulomana* for
168 *Vata* regulation, *Shothahara* and *Raktashodhaka* for inflammation and blood purification,
169 *Rasayana* for rejuvenation, and *Medohara*—*Lekhana* for fatty/metabolic disorders. Collectively,
170 the synergy of these formulations restores *Doshabalance*, clears *Srotorodha*, supports *Yakrit* and
171 *Mutra Vaha Srotas*, and provides systemic *Rasayana* effects.

172 **4. Effects of Ahar-Vihar**

173 In the context of *Ayurveda*, the *Samprapti* (pathogenesis) of *UdarVikar* this case—manifesting
174 as Grade I fatty infiltration of the liver, fundal adenomyomatosis of the gallbladder, and
175 gallbladder polyp—arises from long-standing indulgence in *Nidana* such as *Guru, Snigdha*
176 *Ahara, Ajirna*, sedentary lifestyle, and psychological factors leading to *Agnimandya*. This
177 impaired digestive fire causes *Ama* formation, which obstructs the *Rasavaha, Raktavaha*, and
178 *Annavaha Srotas*, resulting in *Kapha-Meda Vriddhi* and subsequent *Yakrit-Medo Dushti*.
179 Stagnation of *Kapha-Pitta* in the gallbladder region further manifests as *Granthi*-like changes
180 including adenomyomatosis and polyps. Thus, the vitiated *Dosha-Dushya*
181 *Sammurchana* primarily involves *Kapha* and *Pitta* along with *Meda* and *Rasa Dhatus*, culminating
182 in *Udar Vikar*. *Nidan Parivarjan* (elimination of causative factors) forms the foremost line of
183 management, focusing on avoidance of heavy, oily, and incompatible foods, regulation of meal
184 timings, promotion of physical activity, and correction of stress-related behaviors. By removing
185 *Nidana* and supporting *Agni* restoration through *Pathya-Apathya* and appropriate *Chikitsa*, the
186 progression of the disease process can be halted, thereby improving both liver and gallbladder
187 health^[28,29].

188 **Future Research Aspect**

189 This case study focused on a single patient with *Udar Vikar* and demonstrated positive outcomes
190 with *Ayurvedic* management. Nevertheless, the findings are limited by the nature of a single-case
191 report, highlighting the need for larger and more rigorous studies. Future research should
192 emphasize randomized controlled trials with broader participant groups to confirm the safety,

193 efficacy, and reliability of this integrated *Ayurvedic* approach. Such studies will be crucial in
194 developing standardized treatment protocols and evidence-based clinical guidelines.

195 CONCLUSION

196 This case study evaluating the treatment of *Udar Vikar*, Grade I Fatty Infiltration Liver, Fundal
197 Adenomyomatosis Gall Bladder and Gall Bladder Polyp through *Ayurvedic* interventions yields
198 the following findings:

199 **Symptoms:** The patient exhibited marked clinical improvement following *Ayurvedic*
200 intervention. Pain in the abdomen, initially rated 3/10, was completely resolved (0/10) after
201 treatment. Bloating, which was moderate before therapy, was entirely alleviated. Body pain, also
202 rated 3/10 at baseline, reduced to 0/10 post-treatment. Bowel habits improved from a constipated
203 state to normal functioning. Similarly, nausea, which was mild at 2/10 before treatment, subsided
204 completely (0/10). These outcomes indicate significant symptomatic relief and overall
205 restoration of gastrointestinal health.

206 **Investigations:** Ultrasound of the whole abdomen on 10/05/2025 revealed Grade I fatty
207 infiltration of the liver, with a suspected fundal adenomyomatosis of the gall bladder and a small
208 polyp (3–4 mm). The gall bladder showed wall thickening with comet-tail artifacts due to
209 cholesterol crystal deposition, but no sludge or calculi were noted. Other abdominal organs,
210 including pancreas, spleen, kidneys, and uterus, were within normal limits. A repeat ultrasound
211 performed on 01/07/2025 demonstrated a significant improvement in gall bladder findings, with
212 no evidence of adenomyomatosis or polyp. The liver continued to show only subtle diffuse fatty
213 infiltration, without focal lesions, suggesting stabilization of the condition. While incidental new
214 findings of right proximal ureteric calculus with mild hydronephrosis and bilateral small
215 renal concretions were noted, these were unrelated to the primary *Udar Vikar* under study.
216 Importantly, the gall bladder pathology that was initially present showed resolution, indicating
217 favorable response to *Ayurvedic* intervention.

218 In summary, the patient experienced significant relief in symptoms along with improvement in
219 clinical parameters after *Ayurvedic* management of *Udar Vikar*. This case highlights the
220 promising role of *Ayurvedic* interventions in supporting kidney health and enhancing overall
221 well-being in patients with renal concerns.

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325 PMCID: PMC9141879.

326

327 **Fig 3 The USG reports during the treatment**

Dr Lal PathLabs

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| | | | |
|---------|----------------------|---------|--------------|
| Name | <input type="text"/> | S. No. | : 1038 |
| Age/Sex | : 41 Y/F | Lab. No | : 483897262 |
| Ref. By | : Dr. Rajesh Jagga | Date | : 10/05/2025 |

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size (app. 13.6 cm) and **shows grade I fatty infiltration**.
No focal lesion seen in liver. IHBR are not dilated.

Gall bladder is adequately distended. The walls are slightly thickened. Comet-tail echogenic foci seen arising from the fundus of gall bladder with strong distal acoustic shadowing. These represent deposition of cholesterol crystals in the Rakitsky-Aschoff sinuses.

An echogenic mass app. 3-4 mm is seen arising from the anterior wall of gall bladder. The mass does not shift in position with change in posture nor does it exhibit any distal acoustic shadowing. No sludge or calculi seen in the gall bladder lumen.

Portal vein & CBD are normal in calibre.

Pancreas shows normal echotexture and contour.

Spleen is normal in size (app. 9.4 cm). No focal lesion seen in spleen.

Bilateral kidneys are normal in size and normal in echopattern.
Cortico medullary differentiation are maintained.
No hydronephrosis or calculus seen on either side.

Right kidney measures : 9.3 x 4.2 cm ; CT is app. 11.8 mm.
Left kidney measures : 10.2 x 4.6 cm ; CT is app. 17.5 mm.

No retroperitoneal lymphadenopathy is seen. No ascites is seen.

Urinary bladder is full and shows echofree contents. UB wall is not thickened.

Uterus is retroverted, normal in size (app. 68 x 52 x 51 mm). No focal lesion is seen.
Endometrial thickness is app. 5.5 mm.
Both ovaries appear normal.
No adnexal mass seen.
No free fluid seen in POD.

IMPRESSION : Grade I Fatty Infiltration Liver.
? Fundal Adenomyomatosis Gall Bladder.
? Gall Bladder Polyp.

SUGGESTED : Follow-Up Scans For Gall Bladder.

BEFORE
Dr. DINESH GUPTA
MBBS, MD.
Reg. No. MCI/3212, DMC/8274

Note: This is only a professional opinion. Please correlate the report clinically and with other findings.

328

| | |
|----------------------------|------------------|
| Name: <input type="text"/> | Age: 40Y/F |
| Referred By: Self | Date: 01.07.2025 |

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size (span: 12.41 cm) and shows subtle diffuse increase in the parenchymal echogenicity suggestive of fatty infiltration of liver. There is no evidence of any focal defect or mass lesion. The intra hepatic vascular and biliary channels are normal. The portal vein is normal in course and calibre.

The gall bladder, bile duct and pancreas are normal in appearance.

Both kidneys are normal in shape, size and echotexture without evidence of any focal defect or mass lesion. The renal parenchymal thickness and echogenicity is normal on both sides.

The right kidney measures 9.97 cm in length.

The left kidney measures 10.05 cm in length. No hydronephrosis noted in left kidney.

An echogenic focus with distal shadow noted in the right proximal ureter, measuring 5.6 mm approx. suggestive of a ureteric calculus, with consequent mild right hydroureronephrosis (grade I).

Few concretions noted in the both kidneys, measuring 4.1 mm & 3.7 mm in right kidney and 3.0 mm in left kidney.

The spleen is normal in size (span: 9.60 cm) and echotexture.

There is no ascites or obvious lymph nodal enlargement. Bilateral iliac fossae are unremarkable.

The urinary bladder is normal in appearance.

The uterus is normal in size, shape and echotexture without evidence of any mass lesion. It measures 8.42 x 5.83 x 5.95 cm. The endometrial thickness measures 15.0 mm.

Few small nabothian follicles noted in the cervix.

Both the ovaries are normal in size and appearance. The right ovary measures 4.32 x 1.23 cm. The left ovary measures 3.36 x 2.12 cm.

Both the adnexae are clear without evidence of any adnexal mass. No free fluid is seen in the pouch of Douglas.

AFTER

IMPRESSION:

- Right proximal ureteric calculus with Grade I right hydroureronephrosis.
- Bilateral renal concretions.
- Subtle diffuse fatty infiltration of liver.
- No other significant abnormality is noted in this study.

Clinical correlation would be necessary.