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RESEARCH ARTICLE

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

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Udar Vikar

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 hydronephrosis 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.

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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].

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

Table 1 Types of Udar Vikar

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

Classical etiologies highlight lifestyle factors, improper diet, suppression of natural urges, persistent Agnimandya, and Ama accumulation^[6]. Common symptoms include anorexia, thirst, abdominal pain, distension, dyspnea on exertion, edema, everted umbilicus, and shifting dullness^[7]. Ayurvedic pathogenesis involves Mandagni and vitiation of Udakavaha and Ambuvaha Srotas, while modern causes of ascites include cirrhosis with portal hypertension, pancreatitis, malignancy, tuberculosis, heart failure, and hepatic venous outflow obstruction^[8]. Classical signs of fluid accumulation correspond closely with physical findings used in modern assessment of ascites^[9]. Ayurvedic diagnosis relies on symptom patterns, abdominal inspection, and percussion signs, with therapies focusing on restoring Agni, clearing Srotas, and correcting Dosha imbalances. Classical treatments include Virechana (purgation), Vamana (emesis), Basti (medicated enemas), Snehana (oleation), Swedana (fomentation), and supportive dietary regimens, with drug strategies involving Deepana-Pachana, diuretics, and Tikсна/Ushna-Dravyas^[10]. Modern therapies often provide temporary symptomatic relief, prompting interest in integrative approaches. Preliminary clinical evidence suggests multiherbal Ayurvedic regimens may improve outcomes in cirrhosis-related ascites, though higher-quality studies are needed^[11]. Classical pattern recognition informs the choice of Shodhana versus Shamana therapies. Patients with suspected ascites or systemic disease should receive contemporary hepatology evaluation, as prognosis depends on the underlying cause. Integrative care combining

Ayurvedic and modern strategies may offer symptomatic benefit and support tissue health while addressing the limitations of conventional therapy ^[2,3,4].

Objective:-

This study aims to assess the impact of Ayurvedic treatments for Udar Vikar in a 41-year-old female patient.

Materials and Methods:-

Case Report:-

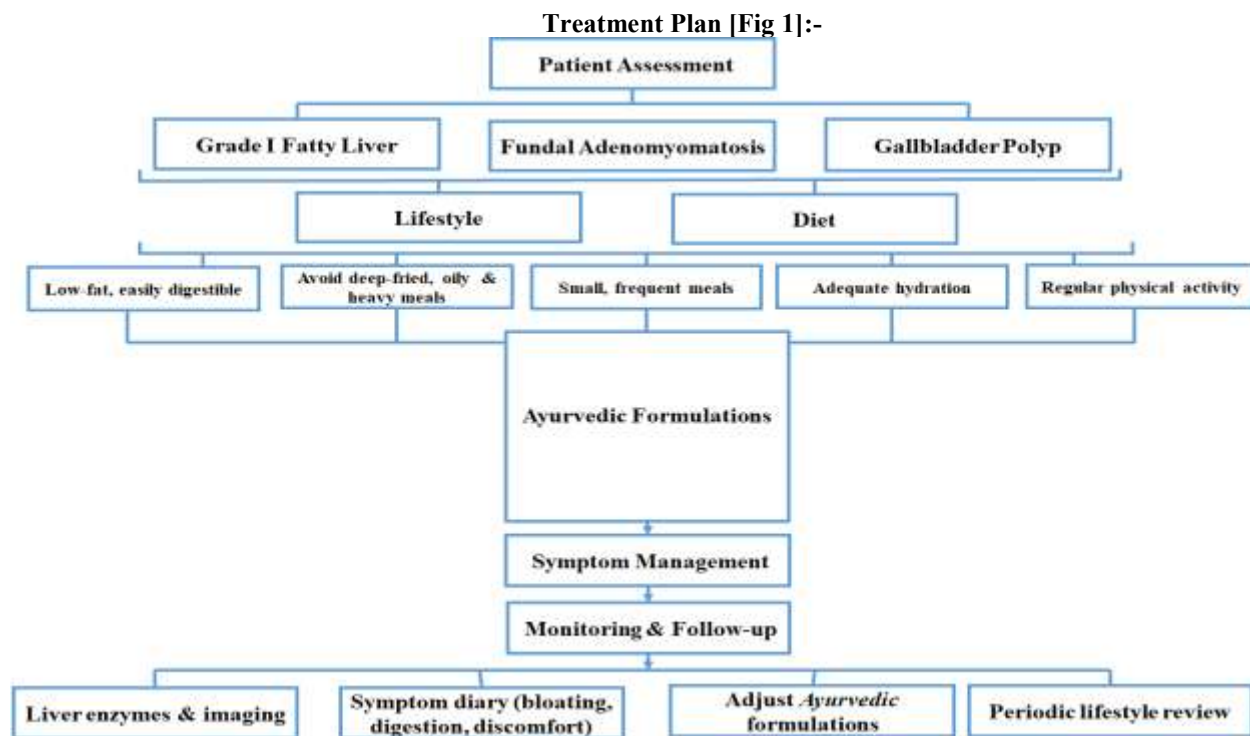
On January 6, 2025, a 62-year-old female presented at Jeena Sikho Lifecare Limited Hospital, Karol Bagh, New Delhi, India. A thorough evaluation was conducted, including her medical history, family background, physical examination, and relevant diagnostic investigations. She had no history of prior surgeries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

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

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>



Diet Plan:

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

❖ Dietary Guidelines from Jeena Sikho Lifecare Limited Hospital [Fig 2]:



❖ Meal Timing and Structure:

Early Morning (5:45 AM) <ul style="list-style-type: none"> 4 Crushed tulsi leaves + 1 gm ginger + 2 spoons of honey + hot water = on empty stomach / Herbal Tea 	Breakfast (09:00 - 10:00 AM) <ul style="list-style-type: none"> Plate 1: Seasonal fruits (4-5 types) + <i>Mugdayusha</i> Plate 2: Millet <i>Khichdi</i> / Millet <i>Poha</i> / Millet <i>Upma</i> 	Morning Snacks (11:00 AM) <ul style="list-style-type: none"> Red Juice (Beetroot, Carrot, Tomato & Pomegranate) – 150 ml Soaked Almonds (4-5)
Lunch (12:30 -02:00 PM) <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Plate 1: Steamed Salad Plate 2: Green Vegetable Soup

Medicinal Interventions:-

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

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
23-08-2025	Renal Support Syrup	10 ml BD (<i>Adhobhakta with sama matra 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>)
	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)

Table 5 The details of the Ayurvedic medications

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

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

Result

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

Table 6 The conditions before and after treatment

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

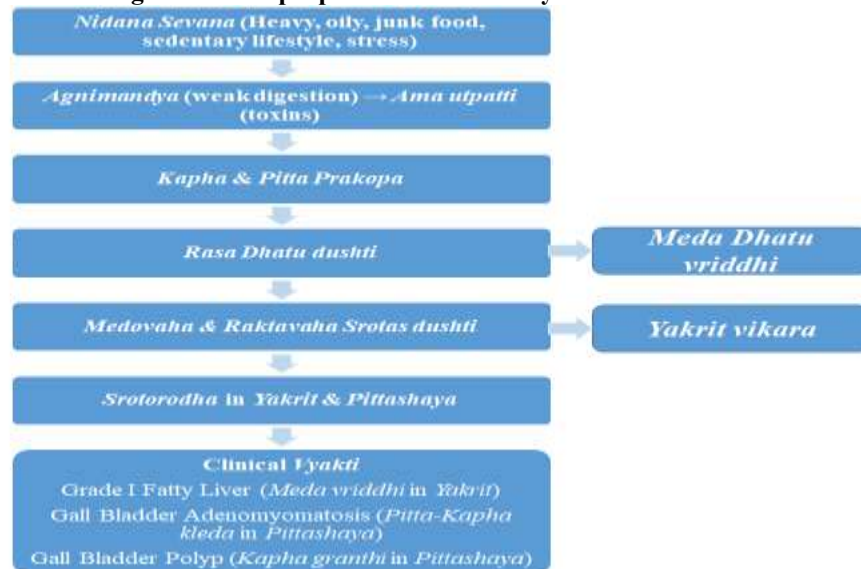
Table 7. The Whole Abdomen Ultrasound during treatment (Fig 3)

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.

Discussion:-

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

Fig. 4 The Samprapti for this case study



Samprapti:-

In this case, Udar Vikar can be understood as a Kapha-Pittadominant pathology with secondary Vatainvolvement. Due to indulgence in Nidanassuch as Guru, Snigdha, Madhura Ahara, ViruddhaAhara, 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].

Nidan Parivarjana:-

The primary Chikitsa Sutra in such Udar Vikar is Nidan Parivarjan, 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 Parivarjan along with Shodhana and Shamana measures forms the foundational approach to management^[26,27,28,29].

Effects of Ayurvedic medications:-

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

Effects of Ahar-Vihar:-

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

Future Research Aspect:-

This case study focused on a single patient with Udar Vikar and demonstrated positive outcomes with Ayurvedic management. Nevertheless, the findings are limited by the nature of a single-case report, highlighting the need for larger and more rigorous studies. Future research should emphasize randomized controlled trials with broader participant groups to confirm the safety, efficacy, and reliability of this integrated Ayurvedic approach. Such studies will be crucial in developing standardized treatment protocols and evidence-based clinical guidelines.

Fig 3 The USG reports during the treatment

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Name : 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 co-relate the report clinically and with other findings.

Name: [REDACTED]	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 hydroureteronephrosis (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.

IMPRESSION:**AFTER**

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

Clinical correlation would be necessary.

Conclusion:-

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

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

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

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

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