

## Bridging Ayurveda and Modern Medicine: A Review on Comparative Analysis of Udara Roga and Abdominal Disorders

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### Abstract

*Udara Roga*, one of the eight major diseases (*Astamahagada*) described in *Ayurveda*, manifests as abdominal distension caused by various pathological factors. This article explores its etiology, pathogenesis, classification, and management as per classical Ayurvedic texts. The eight types of *Udara Roga* are discussed in detail, with an emphasis on their correlation with contemporary medical conditions. The study highlights the importance of early diagnosis and a holistic treatment approach, incorporating dietary, lifestyle, and therapeutic interventions.

**Keywords:** *Udara Roga*, *Ayurveda*, Abdominal Distension, *Astamahagada*, *Doshas*, *Panchakarma*, Ascites

### Introduction

*Udara Roga*, categorized among the *Astamahagada* <sup>[1]</sup> in *Ayurveda*, encompasses disorders causing abdominal distension and discomfort. Classical Ayurvedic texts attribute the pathogenesis of *Udara Roga* primarily to impaired digestive fire (*Agni*) and the accumulation of improperly digested food and waste products (*Ama*) <sup>[2]</sup>. As per the Ayurvedic principle, *Agni* plays an important role during the disease process "*Rogah Sarve - Api Mande - Agnau Sutaramudarani Tu*" <sup>[3]</sup>. These factors lead to vitiation of the doshas—*Vata*, *Pitta*, and *Kapha*—and obstruction of vital channels (*Srotas*), resulting in abdominal distension and associated complications.

Modern medical science recognizes similar manifestations in conditions such as ascites, cirrhosis, hepatosplenomegaly, and intestinal obstruction. Ascites, for instance, is characterized by the pathological accumulation of fluid in the peritoneal cavity, often linked to liver cirrhosis or heart failure. Hepatosplenomegaly, commonly associated with systemic diseases, results from the enlargement of the liver and spleen, causing significant abdominal discomfort. Gastrointestinal obstructions present another spectrum of disorders with clinical overlap. These parallels underscore the need to bridge classical Ayurvedic approaches with modern diagnostics and management strategies.

### Methods :

A comprehensive review of classical Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, was performed. Verses describing the *Nidana* (etiology), *Samprapti* (pathogenesis), *Bheda* (classification), *Lakshana* (clinical features), and *Chikitsa* (treatment) of *Udara Roga* were systematically analyzed. Additionally, contemporary scientific literature on gastrointestinal and abdominal disorders was reviewed to establish correlations and identify complementary insights.

Modern evidence-based resources like textbooks and journals were utilized to explore the pathophysiology of abdominal disorders including ascites, hepatosplenomegaly, and intestinal perforations. Emphasis was placed on identifying shared pathophysiological mechanisms such as fluid dynamics, inflammatory mediators, and systemic consequences of organ dysfunction. The integration of Ayurvedic principles with modern therapeutic frameworks aimed to offer a holistic perspective on *Udara Roga* management.

### **Etiology (*Nidana*)** <sup>[4]</sup>

The primary causes of *Udara Roga* include improper dietary habits (*Aharaja Nidana*) such as excessive intake of spicy, salty, and incompatible foods, and lifestyle factors (*Viharaja Nidana*) like suppression of natural urges and excessive physical strain. Pathological factors include *Mandagni* (weak digestive fire) and accumulation of *Ama*.

### **Pathogenesis (*Samprapti*)** <sup>[5]</sup>

*Udara Roga* develops through the vitiation of *doshas* and obstruction of channels, leading to fluid retention, tissue derangement, and distension of the abdomen. Chronic accumulation exacerbates the condition, resulting in complications.

### **Classification (*Bheda*)** <sup>[5]</sup>

Eight types of *Udara Roga* are described:

1. ***Vatodara***: Caused by *Vata* dosha, characterized by gaseous distension, pain, and constipation.
2. ***Pittodara***: *Pitta* dominance leading to burning sensations, diarrhea, and yellow discoloration.
3. ***Kaphodara***: *Kapha* dominance, manifesting as heaviness, lethargy, and fluid accumulation.
4. ***Sannipatodara***: A *tridoshic* condition with severe symptoms and poor prognosis.
5. ***Pleehodara/Yakrutodara***: Enlargement of the spleen or liver, correlated with hepatosplenomegaly.
6. ***Baddhodara***: Intestinal obstruction causing severe abdominal pain and distension.
7. ***Kshatodara***: Resulting from intestinal perforation, often presenting with peritonitis.
8. ***Jalodara***: Ascites, characterized by fluid accumulation in the peritoneal cavity.

### **Clinical Features (*Lakshana*)** <sup>[6]</sup>

Common symptoms include abdominal swelling, loss of appetite, weakness, and specific signs based on the *doshic* involvement. For instance, *Vatodara* presents with severe pain and emaciation, while *Jalodara* involves visible fluid shifts and dull abdominal resonance.

### **Management (*Chikitsa*)** <sup>[7]</sup>

Treatment involves a combination of dietary regulation, therapeutic interventions, and surgical procedures:

- **Dietary and Lifestyle Interventions**: Avoidance of causative factors, light and digestible foods, and regular detoxification.
- **Medical Therapies**:
  - *Snehana* (oleation) and *Swedana* (sudation) to alleviate *dosha* aggravation.
  - *Panchakarma* procedures like *Virechana* (purgation) and *Basti* (medicated enemas).
  - Specific formulations, e.g., *Pippalyadi Churna* <sup>[8]</sup> and *Kshara Vati* <sup>[9]</sup>, tailored to *dosha* involvement.
- **Surgical Management**: For advanced cases like *Baddhodara* and *Chidrodara*, procedures such as **paracentesis and surgical repair** are indicated <sup>[10]</sup>

### **Results and Discussion :**

#### • **Contemporary Correlation**

Modern parallels to *Udara Roga* include gastrointestinal diseases like Ascites, Cirrhosis, Splenomegaly, Inflammatory Bowel Disease, and Intestinal Obstruction. The detail analysis of Etiology, Pathogenesis, Clinical Presentation and Management principles are discussed under the following headings :

#### • **Comparative Etiology (*Nidana*)**

In Ayurveda, the etiology of *Udara Roga* includes improper dietary habits (*Aharaja Nidana*) and lifestyle factors (*Viharaja Nidana*), leading to digestive fire impairment (*Mandagni*) and accumulation of *Ama*. Modern science similarly attributes abdominal disorders like ascites and gastrointestinal obstruction to dietary imbalances, systemic illnesses, and metabolic derangements. Both perspectives recognize the importance of addressing underlying causes to prevent progression.

#### • **Comparative Pathogenesis (*Samprapti*)**

*Ayurveda's* description of *Udara Roga* pathogenesis involves *dosha* vitiation and obstruction of vital channels (*Srotas*), resulting in abdominal fluid retention and tissue dysfunction. Contemporary science explains ascites as a consequence of portal hypertension and hypoalbuminemia, while intestinal obstructions result from mechanical blockages or functional dysmotility. The *Ayurvedic* concept of *Srotas* aligns with the modern understanding of disrupted vascular and lymphatic pathways.

#### • **Comparative Clinical Presentation (*Lakshana*)**

Ayurvedic texts detail symptoms like abdominal swelling, loss of appetite, weakness, and *dosha*-specific signs such as burning sensations in *Pittodara* and gaseous distension in *Vatodara*. Modern medical descriptions of conditions like ascites and hepatosplenomegaly include parallel features such as abdominal distension, visible vein prominence, and systemic manifestations. Both traditions emphasize the importance of early symptom recognition.

- **Comparative Management Principles (*Chikitsa*)**

Management strategies in *Ayurveda* and modern medicine share a focus on addressing root causes and providing symptomatic relief:

- **Ayurveda:** Treatment incorporates dietary modifications, *Panchakarma* therapies like *Virechana* and *Basti*, and dosha-specific herbal formulations such as *Pippalyadi Churna*. In context of *Baddagudodara* and *Chidrodhara*, management has been told as purely surgical which highlight of the Sushruta's surgical expertise in conducting open abdominal surgeries during his era.

- **Modern Medicine:** Management includes diuretics for fluid control in ascites, surgical interventions for obstructions, and nutritional support.

Both approaches highlight the role of holistic care, including lifestyle modifications, to improve outcomes and prevent recurrence. The integration of *Ayurveda*'s detoxification therapies with modern interventions offers a promising avenue for enhancing treatment efficacy.

## Conclusion

*Udara Roga* represents a spectrum of abdominal disorders with significant clinical implications. The Ayurvedic approach, encompassing preventive, therapeutic, and surgical strategies, remains relevant for managing these conditions where the *Yukti / Rationale* of the Acharyas adopted were far beyond imagination. Without much advanced medical tools and imaging techniques, still they were able to pull out treatment and diagnosed accurately with sub-classification. Hence, Further research integrating classical Ayurvedic insights with modern medical science can enhance understanding and treatment outcomes.

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