11.17. Udavarta

Udāvarta (उदावर्त)

"When obstructed Vāta reverses its normal downward course and drives contents - and symptoms - upward."

(Ā. Hṛ. Nidāna 12, CŚ Sūtra 26, CŚ Cikitsā 26)

This note gives a clinically usable blueprint:

- Samprāpti-vighatana where to cut the chain.
- Chikitsā-sūtra rule-set distilled from the classics.
- 30-day Chikitsā-yojanā day-wise outline with Rasāyana & Pathyā/apathyā.

1 ► Etiology & Classical Samprāpti

Link	Classical detail	Everyday picture
Nidāna	Dry, heavy, untimely food; suppression of <i>vāta utsarga</i> (flatus, feces, urine), prolonged sitting	Habitual ignoring of urge, chronic constipation, tight girdles, high-stress
Doșa	Apāna-Vāyu obstructed in pakvāśaya + Kapha/Āma plug	Colon loaded with hard stool; spasm
Kinetic mis- fire	Upward push of Vāta → enters Samāna, Udāna	Bloating, reverse peristalsis, belch, hiccup, nausea
Vyakti	Constipation, abdominal distension, upward colic, painful micturition, even menstrual/ seminal retention in variants	IBS-C, chronic functional constipation, "bloating-reflux" combo

2 ► Samprāpti-Vighaţana (break-points)

Mnemonic → "P V S B R"

Pācana → Virecana → Sneha → Basti → Rasāyana

3 ► Chikitsā-sūtra (condensed from CŚ 26 & ĀH 24)

Step	Classical phrase (paraphrased)	Operational meaning
1	"Āma-kapha-varge rūkṣa-svedaiḥ pācayet"	Start with dry/hot foment + strong carminatives
2	"Apāna-nayanārtham anu-lomanaḥ"	Gentle purgation / strong laxative to pull Vāta down

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WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

Step	Classical phrase (paraphrased)	Operational meaning
3	"Sneha-pānaḥ tato doṣa-mārga-śodhanāya"	Internal oleation once plug is gone
4	"Bastiḥ apāna-mūla sthāpako"	Both Nirūha & Anuvasana are must; they reset Apāna
5	"Sthirī-karaņe rasāyanāni"	After bowels regular, use Rasāyana to heal gut-nerves

4 ► 30-Day Chikitsā-yojanā (prototype for chronic Vātaja Udāvarta)

Day	Dawn	Midday	Dusk / Night	Target
1-3	2 g Hiṅgvāṣṭaka cūrṇa + warm water	Warm barley-gruel	Valuka-Sweda 15 min abdomen	Āma melt
4 (bed-time) —	_	30 ml Eranda-taila with ginger-decoction	Mrdu Virecana (4-6 greasy motions)
5-10	10 ml Kṣīrabala taila b.i.d.	Light rice + mugda + ghee	Abhyanga belly-flank	Sneha-saṁskāra
11-18	Yoga-basti 8-cycle ← alt. Dashamūla-Eranda Nirūha 500 ml / Anuvasana 60 ml	Same diet	Gentle Pawan-muktāsana set	Apāna reboot
19-30	1 tsp Triphala-Ghṛita h.s.	500 mg Gudūcī- satva b.i.d.	10 g Aśvagandhā-lehya h.s.	Rasāyana & tone

Clinical mile-stones

- Day 5: bloating ↓, first effortless stool.
- Day 12: daily bowel without strain; belch/hiccup frequency ↓.
- Day 30: abdomen soft, normal urge-response cycle restored.

5 ► Recommended medicines

Purpose	Formulation	Typical dose*
Deepana	Hiṅgvāṣṭaka, Trikatu	2 g t.i.d.
Virecana	Eranda-taila, Avipattikara cūrņa	25-30 ml / 10 g
Sneha-pāna	Mahāsneha or Kṣīrabala taila	8-15 ml bid
Nirūha Bast	i Dashamūla-Eranda kvātha + madhu + saindhava + taila	a 500 ml
Anuvasana	Kṣīrabala / Bala-taila	60 ml
Rasāyana	Triphala-Ghṛita, Aśvagandhā-lehya, Gudūcī-satva	as above

^{*}Titrate to strength & digestion.

6 ► Pathyā / Apathyā

🛘 Pathyā (support)	🛘 Apathyā (harm)
Warm, mildly unctuous meals on schedule	Skipping meals, late-night eating
Plenty of ghee, sesame oil, cooked veg	Dry snacks, cold salads, popcorn
Sip hot water, cumin-ginger tea	Carbonated drinks, fridge water
Respond to natural urges promptly	Habitual suppression
Daily 30-min walk, gentle yoga twists	Prolonged desk-sitting without breaks
Early bed, adequate sleep	Night-vigils, screen binge

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5 KEY TAKE-AWAYS

- 1. **Udāvarta = reverse Vāta due to outlet block** first *unblock*, then Sneha.
- 2. Mṛdu Virecana + Basti are pivot; laxatives alone give partial relief.
- 3. Sneha before plug-clearance worsens distension never jump sequence.
- 4. Rasāyana (Triphala-Ghṛita, Aśvagandhā) tones gut nerves; keeps habit.
- 5. Pathyā: regular meals, no urge suppression, daily movement prevents relapse better than any drug.

Apply the ladder $P\ V\ S\ B\ R$ and Udavarta usually resolves within a month, leaving a patient with light abdomen and predictable bowel rhythm.

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