

Cha. Chi.13. Udara Chikitsitam

Cha. Chi. 13 — Udara Chikitsitam (Management of Abdominal Enlargement Disorders)

Goal: Master the **samanya hetu-pūrvarūpa-samprāpti-lakṣaṇa-sādhyāsādhyatā** of **Udara roga**, the **Aṣṭodara** (eight types) with their distinguishing features, and write **samanya & avasthika/doṣa-prādhānya** cikitsā, including classical śamana yogas such as **Takra-prayoga, Kṣīra-prayoga, Nārāyaṇa Cūrṇa** (and allied formulations).

1) Udara Roga — Samanya Hetu, Pūrvarūpa, Samprāpti, Lakṣaṇa & Sādhyāsādhyatā

1.1 Samanya Hetu (common etiologies)

- **Agnimāndya** (weak digestive/metabolic fire) owing to **guru-snigdha-apācita āhāra**, incompatible food habits, errors of routine.
- **Doṣa & mala sañcaya** with **srotorodha** in **kukṣi (abdomen)**.
- Persistent **vyāyāma/vega-dharaṇa/ūdāvarta** and depletion states worsen **vāta**.

Śloka (samprāpti mūla):

“अग्निदोषान् मनुष्याणां रोगसङ्घाः पृथग्विधाः ।

मलवृद्ध्या प्रवर्तन्ते विशेषेणोदराणि तु” (Cha. Chi. 13/9) — *Udara arises especially from agni-defect with mala build-up.*

1.2 Pūrvarūpa (premonitory signs)

- **Kṣudh-nāśa** (loss of appetite), **cirapāka** (slow digestion of even madhura-snigdha), **vidāha** post-prandially, **pāda-śoṭha, kṣaya, śvāsa** on slight exertion, **vāta-udāvarta, ādhmāna/ṭhanṭhanaṭhan** (gurgling), **valī-rāji** over abdomen.
(Cha. Chi. 13/16-19 describe these precisely.)

1.3 Samānya Samprāpti (general pathogenesis)

- **Agnimāndya** → **Doṣa (especially vāta) vitiation** → **Srotas obstruction** → **transudation of fluids** into the abdominal planes between **kala** and viscera → **kukṣi-ādhmāna (distension)** and progressive **dhātu-kṣaya**. (9-11).

1.4 Samānya Lakṣaṇa (common features)

- **Kukṣi-ādhmāna, āṭopa (borborygmi), śoṭha (oedema) of hands/feet, mando'gni, ślakṣṇa-gaṇḍatva (shiny cheeks), kārśya (emaciation).**

Śloka: “कुक्षेराध्मानमाटोपः... काश्यं चोदरलक्षणम् ॥२१॥”

1.5 Sādhyāsādhyatā (prognosis)

- **Graduated gravity:** later types are **progressively more difficult** —
“वातात्... ओदकात् परं परं कृच्छ्रतरम् उदरं” (Cha. Chi. 13/50). Udara with **intestinal perforation (chhidrodara)** or **general fluid stage** is near-incurable.
- **Sādhyā:** strong patient, **nava** onset, **ajātāmbu (no fluid yet)** —
“बलिनस्तदजाताम्बु यत्नसाध्यं नवोत्थितम् ॥५४॥”

2) Aṣṭodara — Types with Hetu-Samprāpti-Lakṣaṇa (exam map)

Śloka (classification):

“पृथग्दोषैः समस्तैश्च प्लीहबद्धक्षतोदकैः ।

सम्भवन्त्युदराण्यष्टौ... ॥२२॥” — Four doṣaja (vāta, pitta, kapha, sannipāta) + plīhodara, baddha-gudodara, kṣatodara/chhidrodara, udakodara (jalodara).

Note: Yakṛtodara is discussed along with plīhodara due to similar hetu-cikitsā.

2.1 Doṣaja Udara (Vāta, Pitta, Kapha, Sannipāta)

- **Vātodara**
 - **Hetu:** rūkṣa-alpa-āhāra, āyāsa, vega-dharana, ūdāvarta etc. (23).
 - **Samprāpti:** **vāyuh prakupitaḥ** deranges agni, uplifts kapha, obstructs channels in **kukṣi-hṛd-basti-guda**, accumulates between **tvak-māṃsa** layers (23–24).
 - **Lakṣaṇa:** variable distension, pain in kukṣi/pārśva, dry cough, constipation/retention, tympanitic percussion sound, blackish streaks/veins (**vāyunā śabda-sūla**— 25).
- **Pittodara**
 - **Hetu/Samprāpti:** pitta prakopa with agni derangement; rapid progression to fluidity.
 - **Lakṣaṇa:** **dāha-jvara-tṛṣṇā-mūrccā-atisāra-bhrama**, bitter/pungent mouth, **harita-hāridra varṇa** of nails/urine/feces; **nīla-pīta-tāmra rāji-sirā** over abdomen; **mṛdu-sparśa** (soft) and quick to **pichcha/jalodara** (28).
- **Kaphodara**
 - **Lakṣaṇa:** heaviness, steadier swelling, **tandrā-aruci-manda-agni**, pale; responds to **kaṭu-kṣāra** dietary measures post-śodhana (72).
- **Sannipātodara**
 - **Lakṣaṇa:** **sarva-doṣa liṅga** present; multi-coloured rāji-sirā over abdomen (34). **Grave.**

2.2 Dūṣya-pradhāna Udara

- **Plīhodara / Yakṛtodara (spleno/hepatomegaly)**
 - **Features:** **udāvarta-rujā-ānāha** denote vāta; **dāha-tṛṣṇā-jvara** denote pitta; **gaurava-āruci-kāṭhinya** denote kapha predominance; treat **yathā-doṣa, yathā-bala** (75–76).
- **Baddha-gudodara (Gastrointestinal obstruction)**
 - **Lakṣaṇa (41):** **tṛṣṇā-dāha-jvara**, dryness of mouth, **kāsa-śvāsa, varcha-mūtra-saṅga**, severe distension (**mūḍha-vāta**) with distended veins, **gopuccha-vat** suprapubic bulge.
- **Kṣatodara / Chhidrodara (intestinal perforation)**
 - **Etiology:** penetrating/eroding injury; **prognosis poor**; tends to **udakodara** if untreated.
- **Udakodara / Jalodara (ascites)**
 - **Samprāpti:** transudation and accumulation of fluid in abdominal planes; terminal common pathway. Management begins with **apāṃ doṣa-hara** (93–95).

2.3 Avasthika stages (clinically useful)

- **Ajātodaka** (no free fluid): **aruna, sounding, not very heavy** swelling, **gudaguḍā** sounds; pitting absent (55–58). **Sādhya if early.**
- **Piccha** (liquefying doṣa stage) → **Jātodaka** (established fluid). Ultimately most types **end in jalodara** if neglected.

3) Udara Cikitsā — Samanya & Avasthika / Doṣa-Prādhānya

Key maxim: “सर्वमेवोदरं प्रायो दोषसङ्घातजं... तस्मात् त्रिदोष-शमनं क्रियां सर्वत्र” (95) — treat with **tri-doṣa śamana** strategy, tailored to seat, doṣa and strength.



3.1 Samanya steps (flow)

1. **Śodhana priority** (where fit): Because **udara** arises from **doṣa-sañcaya & srotorodha**, **virecana** is repeatedly stressed:
“... नित्यमेव विरेचयेत्” (61). Post-purgation, **kṣīra-saṁsarjana** to rebuild bala (62).
2. **Basti** for **vāta-āvaraṇa** and pain: **āsthāpana + anuvasana** after snehana/svedana; **kṣīra-basti** in pitta-sensitive, debilitated patients (63, 68).
3. **Śamana** when **avirēcyā** (elderly, child, sukumāra, alpa-doṣa, ūrdhva-vāta):
“...शमनैः सर्पिर्-यūṣ-māmsa-rasa-odana, basti-abhyanga-anuvāsa, kṣīra...” (66-67).

3.2 Doṣa-prādhānya (specifics you must write)

- **Vātodara:** Begin with **snehana-svedana** → **snehavirecana**; keep abdomen bandaged after doṣa-hara to prevent re-distension:
“वातोदरं... पूर्वं स्नेहैरुपाचरेत्... स्नेहविरेचनम्... वेष्टयेद् वाससा” (59-60).
Adjuncts: kṣīra-yoga, basti, pain-soothing avalehas.
- **Pittodara:** If **balin**, **virecana** first; if **durbala**, start with **kṣīra-basti**, then **snigdha-virecana** (68). Use **tiktaka-ghṛta/kṣīra** and **śītala dravyas**.
- **Kaphodara:** After cleansing, institute **kaṭu-kṣāra-yukta anna** and kapha-paha regimens (72). **Takra-prayoga** works well (below).
- **Sannipātodara:** staged śodhana with careful monitoring; **tri-doṣa śamana**; consider **venum/śāstra** only in expert hands for severe cases (as indicated).
- **Plīhodara/Yakṛtodara:** **Sneha-sveda-virecana-basti-raktamokṣa** (left arm vein) per doṣa signs (75-77).
- **Baddha-gudodara:** Correct **mūla-hetu** (obstruction); soften stools, relieve vāta-udāvarta; indicated **kṣāra-arista-gomūtra-kṣīra** measures; proceed cautiously with basti. (41; 157-168 give stool-softening and kṣāra steps).
- **Jalodara (Udakodara):**
“अपां दोषहरणयादौ... मूत्रयुक्तानि तीक्ष्णानि विविधक्षारवन्ति... द्रवेभ्यश्च नियच्छेद्” (93-95) — give **ap-doṣa-hara**, **kṣāra** with **gomūtra**, **kapha-ghna dīpaniya āhāra**, and **gradually restrict fluids**.

4) Śamana Yogas (as per Charaka)—Takra, Kṣīra, Nārāyaṇa Cūrṇa & allied

4.1 Takra-prayoga (buttermilk therapy)

Doṣa-wise guidance (101-106):

- **Vātodara:** **Takra + Pippalī + Lavaṇa** —
“वातोदरी पिबेत्तक्रं पिप्पलीलवणान्वितम् ॥१०२ ॥”
- **Pittodara:** **Takra** made **svādu** with **śarkarā + madhuka** (103).
- **Kaphodara:** **Takra** with **Yavānī + Saindhava + Ajājī + Vyōṣa** (103).
- **Plīhodarī:** **Takra** with **Madhu, Taila, Vacā, Śuṅṭhī, Śatāhvā, Kuṣṭha, Saindhava** (104) — *kapha-vāta & srotorodha relief*.
- **Udakodara:** **Takra** with **Vyōṣa**; **Baddhodarī:** **Takra** with **Hapuṣā, Yavānī, Ajājī, Saindhava** (105).
- **Chhidrodarī:** **Takra + Pippalī + Kṣaudra** (129 mentions takra use with Nārāyaṇa cūrṇa too).

Rationale: Takra **dīpana-pācana**, **grahī**, **kaphaghna**, and vehicle for **kṣāra-trikatu** in udararoga.

4.2 Kṣīra-prayoga (milk therapy)

- **After all procedures, keep kṣīra as companion to protect from doṣa-anubandha and rebuild strength:**
“प्रयोगाणां च सर्वेषामनु क्षीरं प्रयोजयेत्... उदरिणां पयः... अमृतं यथा” (193-194) — *Milk after therapies is like nectar for dhātu-kṣaya states*.
- **Kṣīra-basti** in **pittodara/debilitated** (68). Kṣīra also acts as **anupāna** with selected dravyas (151-154).



4.3 Nārāyaṇa Cūrṇa (125-129)

Ingredients (gist; equal parts unless specified):

Yavānī, Hapuṣā, Dhānyaka, Triphalā, Upakuñcikā, Kāravī, Pippalī-mūla, Aja-gandhā, Śaṭī, Vacā, Śatāhvā, Jīraka, Vyōṣa, Svarṇa-kṣīrī, Citraka; two kṣāras; Pauṣkara-mūla; Kuṣṭha; Lavaṇa-pañcaka; Viḍaṅga; Dantī (3 parts); Trivṛt & Viśālā (double), Sātalā (quadruple).

Śloka: “एतन् नारायणं नाम चूर्णं रोगगणापहम्... तत्रेणोदरिभिः पेयं” (125-129) — powerful virecaka/āmāpācaka; take with **takra** in Udara, with **badara-ambu** in Gulma.

Dose & vehicle (exam-safe): 2-3 g **BD/TID** with **takra** after food; titrate to **agnibala** and stool frequency.

4.4 Allied useful śamana sets (Charaka, Cha.Chi.13)

- **Pippalyādi-Lavaṇa (157-161):** Kapha-āvaraṇa, srotorodha, hṛd-roga/śoṭha/gulma/plihā/jaṭhara; prepared with **dadhi-sarpi-vasa-taila** and followed by controlled **kṣāra/āriṣṭa** vehicles.
- **Kṣāra-vaṭikā (162-164):** two **kṣāra**, five **lavaṇa**, **pippalī-mūla**, **triphala**, **trivṛt**, **vacā**, **citraka** etc.; **sauvīra-anupāna**. For **śoṭha**, **avipāka**, **pravṛddha jalodara**—with caution.
- **After-virecana śamana block (146-156, 150-154):** **Citraka-Amaradāru kalka** with **kṣīra**, **Hasti-pippalī**, **Śīlājatu/Guggulu**, **Śṛṅgavera ardraka-rasa** as **anupāna**; **medicated taila** for **śūla-ānāha-vibandha**; **ariṣṭa & kṣāra** in **kaphasthāna** types.

5) Quick Tables for Viva

5.1 Aṣṭodara at a glance

Type	Essence (one-liner)	Avasthā shift
Vātodara	Variable tympanitic distension, pain, constipation; blackish rāji-sirā; vāyu-śabda .	Tends to ajātodaka → piccha if unchecked.
Pittodara	Hot, tender, yellow-green discolorations; rapid pichcha/jalodara .	Early virecana .
Kaphodara	Heavy, steady, dull; mandāgni , pallor.	Kaṭu-kṣāra diet post-śodhana.
Sannipātodara	Mixed signs of all doṣa; multicoloured rāji-sirā.	Grave .
Plihodara / Yakṛt	Doṣa-specific signs with splenic/hepatic enlargement; may need raktamokṣa .	Treat yathā-doṣa .
Baddha-gudodara	Obstruction: retention, severe distension, gopucchā bulge.	Soften-kṣāra-basti .
Kṣatodara / Chhidrodara	Perforative; peritonitis picture.	Daurbalya—bad prognosis.
Udakodara (Jalodara)	Overt fluid; oozing concept.	Ap-doṣa-hara , kṣāra + gomūtra , fluid restriction .

5.2 Avasthika markers (Ajātodaka symptoms)

“अजातशोधमरुणं सशब्दं... गुडगुडायच्च” (55) — reddish, sounding, not very heavy swelling, with vascular mesh; pain around **hṛd-nābhi-vañkṣaṇa-kaṭi-guda**; scanty urine, hard flatus. **Manage early!**

6) Practical Prescribing Pearls

- **Start with Agni:** gentle **dīpana-pācana**, then **śodhana** if fit; otherwise **śamana** with **ghṛta + kṣīra** scaffolding. (61-67).
- **Bandage abdomen post-śodhana** in **vāta** to limit re-distension (60).
- **Takra** is a modular vehicle for Udara across doṣas (101-106).
- **Milk is nectar after procedures** (193-194); in **pitta/vāta-kṣaya**, **kṣīra-basti / kṣīra-anupāna** is protective



(68, 151-154).

- **Jalodara:** prioritize **kṣāra-gomūtra** combinations, **kapha-ghna diet**, and **fluid restriction** per text (93-95).

Assessment (Exam-ready)

A. Long Essays (10 marks each)

1. **Explain Udara roga—samanya hetu-pūrvarūpa-samprāpti-lakṣaṇa-sādhyāsādhyatā**—with one Sanskrit line each for pathogenesis (13/9), lakṣaṇa (13/21) and prognosis (13/50, 54). Add a neat algorithm for management.
2. **Write Aṣṭodara**—enumerate and differentiate **doṣaja** vs **dūṣya-pradhāna** types; mention **ajātodaka-piccha-jātodaka** stages and why all neglected cases end in **jalodara**; conclude with **tri-doṣa śamana** principle (13/95).
3. **Cikitsā of Udara** by **avasthā** and **doṣa-prādhānya**—detail protocols for **vāta/pitta/kapha, plīhodara, baddha-guda, jalodara** (quote 13/59-60; 68; 72; 93-95).

B. Short Notes (5 marks each)

- a) **Ajātodaka**—definition, two signs, why sādhyā (13/55-58).
- b) **Takra-prayoga** in Udara—doṣa-wise recipes (13/101-106).
- c) **Nārāyaṇa Cūrṇa**—key drugs, dose, indications, anupāna (13/125-129).
- d) **Kṣīra-prayoga**—post-procedure role; why “amṛta” (13/193-194).
- e) **Sādhyāsādhyatā** cues in Udara (13/50, 54).

C. MCQs (1 mark each)

1. **Common lakṣaṇa** of Udara include all **except**:
a) Kuṣi-ādhmāna b) Śoṭha of hands/feet c) **Udarāvarodha only without āṭopa** d) Ślakṣṇa-gaṇḍatva → **c**.
2. In **Pittodara**, first line in **balin** patient:
a) Vamana b) **Virecana** c) Basti d) Raktamokṣa → **b**.
3. In **Jalodara**, Charaka instructs initially:
a) Sneha-pāna b) **Ap-doṣa-hara with kṣāra + gomūtra** c) Nirjala upavāsa d) Sandhi-bandhana → **b**.
4. **Nārāyaṇa Cūrṇa** is to be taken with:
a) Jala b) **Takra** c) Ghṛta d) Madya → **b**.
5. **Ajātodaka** swelling is:
a) Very heavy with free fluid b) **Aruna, sounding, not very heavy** c) Rock-hard & cold d) Local only → **b**.

D. SAQs (3-4 lines each)

1. Write the **classification śloka** of Aṣṭodara and list the eight types.
2. Outline **samanya cikitsā** including **nitya-virecana** emphasis and **post-virecana** regimen (13/61-62).
3. Give the **doṣa-wise takra recipes** in one line each (13/101-105).
4. Add two formulations for **kapha-āvaraṇa-dominant Udara** (e.g., **Pippalyādi-Lavaṇa, Kṣāra-vaṭikā**) with indications.
5. Why is **Pittodara** prone to quick **jalodara**? Quote one sign (13/28).

Five-line Revision

- **Root:** Agnimāndya → doṣa/mala sañcaya → srotorodha → transudation (13/9-11).
- **Common signs:** ādhmāna, āṭopa, śoṭha, mando'gni, ślakṣṇa-gaṇḍa, kārśya (13/21).
- **Aṣṭodara:** Vāta, Pitta, Kapha, Sannipāta, Plīha(/Yakṛt), Baddha-guda, Kṣata/Chhidra, Udaka/Jala (13/22).
- **Principle:** Tri-doṣa śamana universally; nitya-virecana emphasis; basti & kṣīra/takra as pillars (61-68, 95).



- **Write one śamana set: Takra-prayoga, Kṣīra-prayoga, Nārāyaṇa Cūrṇa** with doṣa-wise pairing (101-106; 193-194; 125-129).

All Sanskrit quotations and indications are from *Caraka Samhitā, Cikitsāsthāna 13 — Udara Cikitsitam*, with verse references as cited. For detailed lists (e.g., Pippalyādi-Lavaṇa, Kṣāra-vaṭikā), see the corresponding śloka within the same adhyāya.

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