



CASE REPORT

AN UNDERSTANDING OF UDAVARTA – A CASE STUDY

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ABSTRACT

Udavarta (reverse movement of *vata*) is one among the most common and surprisingly most neglected and misinterpreted clinical condition. The concept of *Udavarta* takes various stances – sometimes as a *Nidana* (etiology), sometimes as an event of *samprapti* (pathogenesis) and also as a *vyadhi* (disease). But all the three are somehow interrelated. An attempt has been made to show the illustration of *Udavarta vyadhi* through a case study wherein a symptom complex of *udavarta* was well managed with *basti karma* (medicated enema).

Keywords: *Udavarta, Samprapti, Symptom complex, Basti karma*

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INTRODUCTION

Udavarta is made up of two words *uth* and *avartha*. “*Uth*” refers to the *Urdhwa gati* (upward movement) and “*avarta*” indicates *bhramana* ^[1](movement/turning round). Thus it is the condition in which there will be *viloma gati* (reverse movement) and obstruction of *vata* which keeps revolving throughout the body and obstructs the *pureesha- mutra pravritti* ^[2].

Udavarta is itself a complex of various symptoms and this in turn leads to different *vyadhi* complexes too. This concept highlights the beauty of *Ayurveda*; that the *shareera* is interconnected and it is impossible to segregate a component of *shareera* and so is the *pancha vata*. In *Udavarta* it is *Apana vata* that undergoes *dushti* (both *gunataha* and *karmataha*), this makes *apana vata* take a *pratiloma gati* (reverse direction) in turn leads to *sanga* (obstruction) of the other sub types of *vata* ^[3]. Thus a symptom complex is seen in *Udavarta* as each *vata* that undergoes *dushti* can lead to various manifestations. Of course it is not just *vata* alone that becomes the culprit, involvement of *kapha* and *pitta* can also be seen in *Udavarta* impelled by *vata*. *Acharya Charaka* has mentioned *Udavarta* in the context of *trimarmiyachikitsa adhyaya* ^[4] denoting the significance of *udavarta* being a potential cause in hampering the *trimarmas* (3 vital parts). In *vyadhi* like *kasa*(cough), *shwasa*

(breathing disorder) etc *udavartaja samprapti*^[5] is very much evident. *Acharya Sushruta* explains a total of 14 types^[6] of *udavarta* based on each *vega dharana* (suppression of natural urges) making a total of 13 and *annaja udavarta*^[7] separately. Thus the orientation of *udavarta* as a potential cause (*nidana*) pathogenesis (*samprapti*) and as a *vyadhi* should be taken into consideration . Here is a case study that shows the importance of *anuloma gati*(downward movement) of *vata* in reducing multiple symptoms of the *vyadhi*.

CASE STUDY

A female patient aged 28 years who is a housewife was admitted in Govt Ayurveda Medical College and Hospital, Mysuru. The patient’s history was as follows- Patient had a chronic H/O *malabaddhata* (passing hard stools once in 2 days) since one and a half year. After 6 months she developed with *udara shoola* and *udara daha* (pain and burning sensation of abdomen) along with *amlodgara* (sour belching) and *aadhmana*(abdominal distension), her appetite was reduced. She also had *shoola* (pain) in *prushta* (back) and *kati pradesha* (waist) along with *nashtartava* (secondary amenorrhea) since 4 months. Since 2 months she c/o *shushka kasa* (dry cough) along with *shwasa krichrata* (shortness of breath), *shirashoola*(headache) and *hrillasa* (nausea). *Kasa* increases after

intake of food at night. The patient was on cough suppressants and antacids but found no relief. She also feels *shushkata of mukha* (dry mouth) and excessive thirst at night. C/O streaks of blood along with pain after defecation, K/C/O chronic fissure since 1 year. The patient is not a known case of any systemic or endocrinological disorder both clinically and on laboratory findings.

Clinical findings, diagnostic focus and assessments

The general condition of the patient was good and without any alteration in vital signs. She had a reduced appetite and regular sleeping pattern. Her *Prakriti* (biological constitution) was *kapha-pitta* dominant and *satva* (mental strength) was assessed as *avara* (poor). Previously done USG of abdomen revealed

Gastric erosion . History revealed long term consumption of spicy (*katu rasa pradhana*) and untimely food habits (*vishamashana*) that acted as the aetiology.

Differential Diagnosis – *Vataja kasa*, *Amlapitta* (Acid peptic disorder), *Amashayagata vata*

Treatment given-

Sarvanga abhyanga and *bashpa sweda* for 7days

Internally *Agnitundi vati* 1 TID before food

Triphala choorna 5gm at night after food

Ksheera basti in *Yoga basti prakara*: for next 8 days

Anuvasana basti (oil enema) with *Sukumara ghritha* 80 ml- on 1st, 3rd, 5th, 7th and 8th day.

Niruha basti (decoction enema) with the following *dravya* - on 2nd, 4th and 6th day.

Table 1. Ingredients of Yashtyadi Ksheera Basti

| <i>Basti dravya</i> | Quantity |
|--------------------------------|----------|
| <i>Madhu</i> | 30 ml |
| <i>Saindhava lavana</i> | 5gm |
| <i>Sukumara ghritha</i> | 80 ml |
| <i>Shatapushpa choorna</i> | 30 gm |
| <i>Yashtimadhu ksheerapaka</i> | 400ml |
| Total quantity | 540 ml |

Outcomes and follow up: The total duration of treatment was for 15 days. All symptoms including *Kasa* and *Shwasa krichrata* was reduced. She had regular *malapravritti*. The *abhyavaharana shakti* (hunger) and *jarana*

shakti (digestion) improved. *Udara daha*, *shoola* and *amlodgara* reduced. There was absence of pain in *prushta* and *kati pradesha*. The oral medicines were continued on follow up.

DISCUSSION

The *nidanas* are primarily *vata-pittakara*. *Katu rasa* aggravates both *vata* and *pitta*.

Vishamashana directly leads to *agni vaishamyata*. *Katu ahara sevana* is also mentioned in the *nidana* of *udavarta vyadhi*^[8].

Table no. 2 Clinical features found in the case

| LAKSHANAS MENTIONED IN UDAVARTA | LAKSHANAS SEEN IN THE PATIENT |
|---|---------------------------------|
| <i>Abhikshna</i> (Repeated) pain in <i>basti, hrit, udara pradesha</i> | <i>Shoola</i> in <i>udara</i> + |
| <i>Teevra vedana</i> in <i>prushta</i> and <i>parshwa</i> | + |
| <i>Aadhmana</i> | + |
| <i>Hrillasa</i> | + |
| <i>Vikartika</i> | + |
| <i>Toda</i> | + |
| <i>Avipaka</i> | + |
| <i>Basti shotha</i> | - |
| <i>Varcha apravarti</i> | + |
| <i>Urdhwa vata</i> | + |
| <i>Krichra, shushka, chira mala pravritti</i> | + |
| Appearance of <i>mala- Tanu, ruksha, khara , sheeta</i> | The mala was not assessed |

This case was diagnosed as *udavarta roga* based on the *Nidana panchaka*. The symptoms seen in this case have been analysed with that of *Charaka samhitha* and it can be very well correlated with *Charaka's* version of *Udavarta* and *Sushruta's* version of *Annaja udavarta*. Differential diagnosis of *vataja kasa*^[9] was considered in this case as the symptoms like *shushka kasa* (dry cough), increased *vega* of *kasa* after digestion of food, *parshwa – shirashoola* (pain in flanks and headache),

shushka vaktra (dry mouth), *dourbalya* (weakness) ;the reason to exclude it is that though *kasa* has occurred due to *udavarta* , the other symptoms like *udara shoola, daaha, aadhmana* were more pronounced in the patient which are not the symptoms of *vataja kasa* and the patient was not having any relief from *amla* (sour), *ushna* (hot) and *lavana* (salty) *ahara* as mentioned in *vataja kasa* instead the condition aggravated due to these. Though few symptoms of *amlapitta roga*^[10]

like *avipaka* (indigestion), *amlodgara* (sour belching), *hrillasa* (nausea), *agnisaada* (decreased digestive capacity) was evident most of the other symptoms seen in the case are not related to *amlapitta*. The *lakshanas* of *Amaashaya gata vata*^[11] though includes *udgara* (belch), *trishna* (thirst), *kasa*, *kanta - aasya shosha* (dryness of throat and mouth) *parshwa ruk* (pain in the flanks) was ruled out as in the present case the condition began and persisted with *malabaddhatha* unlike *visuchika* (gastroenteritis) which is a feature of *amashaya gata vata*. Initially due to the *nidana sevana* the patient developed *apana vata dushti* which was evident in the form of *vibandha* the continuous *nidana sevana* has lead to further vitiation of *apana* leading to *nashtartava*(amenorrhoea) too. In *Udavarta* it is not just the *Apana vata* that undergoes *dushti*, rather it also does the *dooshana* of other *doshas* and leads to these varied symptoms. In this case the *apana dushti* has hampered the *agni* and *pitta dosha* causing *mandagni*, *udara shoola* and *amlodgara*. Besides *pitta*, the *prana vata* has also undergone *dooshana* in the process leading to *kasa* and *shirashoola*^[12] *Kasa* is also mentioned as the *vyadhi* caused due to *udavarta*^[13]. There are other *vyadhis* too that can occur due to *udavarta*. It is to be noted that *udavartaja samprapti* is commonly found in all these *vyadhis*.

The main treatment to be followed in *udavarta* is to bring back the *gati* of *vata*^[14]. Once the *gati* of *vata* is restored the *udavartaja samprapti* is tackled, *vayu* starts carrying out its *prakruta karma* and the proper *chikitsa* will be achieved. The patient had *agnimandya* (decreased digestive capacity) and for improving it *agnitundi vati* was administered. *Triphala choorna* was given as *anulomanartha*. *Sarvanga abhyanga* with *Mahanarayana taila* and *bashpa sweda* was carried out for 7 days, Both are *vata upakrama* (modalities for tackling *vata*) and are also mentioned in the *chikitsa* of *udavarta* for the purpose of *dosha pravileenata*^[15](liquefaction). After proper *dosha pravileenata* was achieved, *basti* was the chosen modality of treatment as it is most suitable for *vata vikara* and also for *udavarta*. Though *guda varti* and *pradhamana choorna* is also mentioned to be the *chikitsa* in *udavarta*, *Acharya charaka* has stated that in severe conditions of *udavarta* the use of *guda varti* and *pradhamana choorna* wont be sufficient and *basti* should be chosen for *chikitsa*^[16], in this case *basti* was chosen as the condition was quite chronic and the extent of *vata dushti* was extreme and for tackling it, *basti* was most suitable. As there was *pitta anubhanda* it is clearly stated that *ksheera basti*^[17] should be chosen for *udavarta chikitsa*. Keeping this in mind *ksheera basti*

was administered. *Yashtimadhu* was used for the *ksheerapaka* in *niruha basti* as it is both *vata* and *pittahara*, along with that since the patient had gastric erosion, *yashtimadhu ksheera* was selected rather than any *teekshna dravya* for *basti*. The reason for selecting *sukumara ghritha* as the *sneha dravya* was for its indication in *vit vibandha* (constipation) also as it acts as both *vata* and *pittahara*^[18].

CONCLUSION

Udavarta many a times occur as a subclinical feature but it is also evidently seen in *vyadhi roopa*. This condition is encountered very commonly in clinical practice and it is necessary to tackle it initially because if neglected it can cause major disturbances of the *trimarmas*. It is a unique concept of ayurveda which do not have a parallel in the contemporary science. Treating *udavarta* is not a major issue but diagnosing it correctly matters. It is also important to give a special attention to the *vyadhis* having *udavartaja samprapti* where in bringing back *vata* to its *prakruta gati* (primordial direction) is the main line of treatment.

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