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# Ayurveda and Integrated Medical Sciences

CASE REPORT

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# An understanding of *Udavarta* as an underlying cause for Multi Systemic Medical Conditions - A Case Study

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## ABSTRACT

Udavarta is one of the most common and surprisingly most neglected and misinterpreted clinical condition. The concept of Udavarta takes various stances-sometimes as a Nidana, sometimes as an event of Samprapti and sometimes a Vyadhi. But all the three are somehow interrelated. Vegadharana, Adhyasana, Viruddhasana has become a routine, leading to disturbed Agni either in the form of Mandagni or Vishamagni and Prakupita Apana Vata leads to disease Udavarta. There is no permanent solution has yet in the modern science for such problem. Udavarta itself becomes Nidana of various diseased condition with the time. An attempt has been made to show the illustration of how Udavarta Vyadhi act as a Nidana of various diseased conditions.

Key words: Udavarta, Vegsandharana, Trimarmas, Anulomana

### **INTRODUCTION**

Ayurveda is an established system of medicine that aims at preventing and promoting health along with managing of diseased conditions. Tridosha alignment being the state of health and their derangement being the state of disease, are the fundamentals pertaining to Ayurveda medical science. The vitiation in the state of doshas their evolution or progression leads to the process of disease manifestation.

Udavarta as a unique concept of disease manifestation and disease condition itself has been mentioned only in the Ayurveda classical text. Trimarmas (Vital points) of our Shareera (body) are Shiras, Hridaya and Basthi as they are the Asraya (abode) of Prana (life). When

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these will get affected by the different Nidanas (Reasons), Vatadi Dosha Prakopa (Vitiation of Vata etc. Doshas) will occur and will finally lead to Prana Nasha (Destruction of the life). Among different diseases related to these vital points, Udavarta is one of the important disease. Normally due to the obstruction in the normal path of Vata Dosha will result in the reverse movement of the Vata Dosha.

### **METHODOLOGY**

Ayurveda Samhitas (Charaka Samhita and Ashtanga Hridya Samhita primarily), reference books, peer reviewed research articles and journals on Ayurveda were referred for carrying out this work.

### **REVIEW OF LITERATURE**

कषायतिक्तोष्णरूक्षभोज्यै: संधारणाभोजनमैथुनश्च । पक्वाशये कृप्यति चेदपानः स्रोतांस्यधोगानि बली स रुदध्वा॥ करोति विण्मारुतमूत्रसङ्गं क्रमाद्दावर्तमतः सुघोरम्। (C.Chi.26.5)

Charaka Samhita mentioned a separate concept of Udavartam in the Trimarmeeyachikitsa Adhyaya 26 as a Vyadhi due to vitiation of Apana Vayu that afflicts Adhovaha Srotas of body hence creation a Sughoram condition or Vyadhi Vishesha paving way for other ISSN: 2456-3110 CASE REPORT

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systemic *Vyadhies* like *Shwasa, Kasa, Jwara, Mutrakricchra, Grahani* etc.

Ashtanga Hridayam in *Arshonidanam* 7 mentioned the *Udavarta* as the major factor for *Arsha Vyadhi* Also mentioned it as causative factor for *Adhmana*, *Arsha*, *Hridroga*, *Gulma*, *Mutrasanga*, *Peenasa*, *Manovikaras* etc.

### **CASE STUDY**

Name of the Patient: xyz

Age / Sex: 69 years Male

Janma Kala Sthana: 1952, Delhi, India

- Vyadhi Vyadhi Udhbahva: Kala Sthana Baddhavitakta, 1992, Rampur, Himachal Pradesh
- Updrava Vyadhi Updrava Kala: Amlodgara Adhmana 1994, Kasa 1996, Sushka Arshas 2005, Ashmari 2009, Shwasaroga 2014, Hypertension 2017.
- Ahara: Mixed (Veg and Non-Veg), 3 times/day, 3-4
  L water intake
- Nidra: 5 6 hours/night, 30 min 1 hr / Nidra bhanga
- Mala: 1 time/day constipated Mutra 5 6 times/day 400 500 ml/day
- Vyasana: Smoking since1964, Alcohol since 1974;
  Regular consumption
- Occupation: Bus Conductor

### Analysis of the case

According to patient he was apparently asymptomatic before 1992. When he first complained of Adhamana, Vitvata Sanga and Amlodgara. On enquiry patient revealed the Nidanas as Vega Sandharana (Mala, Mutra and Adhovata predominantly), Rooksha and Vishma Aahara, Vishama Asana and Ratri Jagarana, being a bus conductor by profession. The mentioned Nidanas lead to Doshakopa causing Apana Vayu vitiation in the Pakwashaya (Swasthana of Vata). Taking into account the Srotas involvement, due to Margavarodha of Vayu Adhahsrotas of body are

involved due to which Kupita Vayu take Sthan in the Koshtha Samshraya (predominantly Pakwashaya). The vitiated Apana caused Adhamana and Vitavata Sanga. Involving Samana Vayu it also caused the Amlodgara condition. Taking lead forward the Vayu Kopa lead to development of Vataja Kasa that aggravated immediately after food and in the night in 1996. Vyadhi progressed and taking Sthana in Guda Sthana, caused Shushka Arshas (non-bleeding with itching) of Vata-Kaphaja nature. Moreover, the same Kupita Vayu after involving the Mutravaha Srotas caused Ashmari on 2009, measuring 06 mm in size. Also taking place in the Pranavaha Srotas it caused Shwasaroga, a known case of chronic pulmonary obstructive disease, involving Vata and Kapha majorly. Also affecting the Rasa and Raktavaha Srotas there was Lakshanas of hypertension, atrial dystrophy and ECG abnormalities seen in 2017. Moreover, being in old age there is very fast depletion of the *Dhatu* indicating Sarva Dhatu Kshaya, understanding as its Updrava Swaroop. The Udavarta, as a Swatantra Vyadhi has reached Chirkari, Daruna and Jeerna Awastha. The disease and the pathologies along side have become Kricchrasadhya or Yapya in nature. Since, the Nidana Sevana like smoking, alcohol and non-veg diet are being consumed by the patient regularly, the Vyadhis and condition of Udavarta again aggravate the condition further continuing the cycle of Vayu Vaigunya.

### **DISCUSSION**

Udavarta (reverse movement of Apana Vata) is one among the most common and surprisingly most neglected and mis-interpreted 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. It a unique concept of disease manifestation majorly involves the vitiation of Apana Vayu, further involving the other Vayus, Pancha Pitta and Pancha Kapha afflicting the Prana Agni Apana Axis on the front, hence paving the way for multi systemic Vyadhis or disease conditions.

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### **CONCLUSION**

Vatanulomanam and Vatashamanam along with Amapachanam Agnideepanam are the therapeutic measures of choice in such conditions. Internal and External Sneha usage and Basti Prayoga could also be utilised to the fullest. As Acharya Sharangdhara said, Vayu is the chief component responsible for maintaining the entire Karma of Tridoshas in optimal level, hence keeping Vayu in its Samyavastha is the only measure for prevention and treatment of Udavarta and Udavarta spectrum disorders.

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