



## An Ayurvedic approach in the management of Paad Shoth w.s.r. to Foot Edema - A Case Study

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**Introduction:** Paad Shoth (foot swelling) accompanied by elevated SGPT and SGOT levels is often indicative of liver dysfunction (Yakrit Vikara) and Kapha-Pitta doshic imbalance. Impaired Agni and accumulation of Ama (toxins) obstruct Srotas, leading to fluid retention and peripheral edema.

**Materials and Methods:** A 26-year-old male patient with elevated liver enzymes came to OPD of kayachikitsa dept. The patient complaint both lower leg swelling with pitting edema since 4-year, constipation and low appetite, fatigue, and general discomfort. Based on Ayurvedic principles, the condition was diagnosed as an imbalance in Pitta and Kapha doshas, where Pitta aggravation was linked to liver dysfunction, while Kapha contributed to fluid retention and edema. The treatment plan focused on balancing Pitta and Kapha through dietary changes, lifestyle adjustments, herbal remedies, and detoxification therapies. Punarnava, Aarogyavardhni Vati and Kutki were prescribed to reduce swelling and support liver function.

**Result:** After 4 weeks of treatment, the patient's swelling significantly reduced, SGPT and SGOT levels normalized, and overall vitality improved.

**Conclusion:** This case highlights the role of Ayurvedic principles Agni Deepana, Ama Pachana, Srotoshodhana, and Doshic balance in effectively treating Paad Shoth secondary to liver dysfunction through holistic and individualized therapy.

**Keywords:** elevated SGPT, elevated SGOT, liver dysfunction, Pitta imbalance, Kapha imbalance

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Pushpa Choudhary, Post Graduate Scholar, Dept of Kayachikitsa, Madan Mohan Malviya Government Ayurvedic College and Hospital, Udaipur, Rajasthan, India. Email: <a href="mailto:pushpachoudhary0325@gmail.com">pushpachoudhary0325@gmail.com</a>	Choudhary P, Rajoria S, Zahir R, <a href="#">An Ayurvedic approach in the management of Paad Shoth w.s.r. to Foot Edema - A Case Study</a> . J Ayu Int Med Sci. 2025;10(9):272-277. Available From <a href="https://jaims.in/jaims/article/view/4704/">https://jaims.in/jaims/article/view/4704/</a>	

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## Introduction

*Paad Shoth* or swelling of the feet, is a clinical manifestation that can range from mild puffiness to severe pitting edema. It is not a disease in itself but a symptom of an underlying pathology, commonly linked to systemic disorders involving the liver, kidneys, heart, or lymphatic system. In clinical practice, elevated liver enzymes SGPT (ALT) and SGOT (AST) are significant indicators of hepatocellular injury, pointing toward conditions such as viral hepatitis, alcoholic liver disease, non-alcoholic fatty liver disease (NAFLD), or drug-induced hepatotoxicity.[10,13]

Hepatic dysfunction compromises the synthesis of plasma proteins like albumin, leading to a reduction in plasma oncotic pressure and subsequent fluid extravasation into interstitial spaces[1], particularly in the lower extremities due to gravity. Additionally, liver dysfunction can impair portal circulation, causing portal hypertension, which further contributes to fluid accumulation in the form of ascites and peripheral edema. Renal sodium retention due to secondary hyperaldosteronism in chronic liver disease also exacerbates the problem. [2]

*Ayurvedic* perspective, *Paad Shoth* is mainly caused by an imbalance in the *Kapha dosha*, which is responsible for maintaining the body's structure and regulating fluid balance.[3,4,5] When the liver is involved, *Pitta dosha* also plays a significant role, as it governs metabolic functions and is primarily located in the liver. The disease process typically begins with *Agnimandya* (weakened digestive fire), which leads to the accumulation of *Ama* (toxic, undigested substances).

This *Ama* obstructs the *Srotas* (bodily channels), especially the *Udakavaha Srotas* (involved in water transport) and *Rasavaha Srotas* (responsible for circulating plasma). As a result, fluid distribution becomes impaired. When *Rasa Dhatu* (plasma tissue) is affected due to poor digestion or an unhealthy lifestyle, it can give rise to *Shotha*[6] (inflammation or swelling)

### Clinical findings and diagnosis

The patient presented with the chief complaint of bilateral lower limb swelling, which he described as gradual in onset and progressive over the past four years.

The swelling was more pronounced in the evening hours and showed characteristics of pitting edema. The patient also reported associated symptoms including chronic constipation, with bowel movements occurring once every 2-3 days, reduced appetite, and a feeling of heaviness after meals. Additionally, he experienced persistent fatigue, general body weakness, and a sense of discomfort and lethargy, which had worsened over time and interfered with his daily activities.

The patient gave a known history of hypertension for the past 2 years, for which he was on irregular allopathic treatment. He did not report any episodes of chest pain, palpitations, dyspnea, or syncope.

He denied any history of jaundice, ascites, or known systemic illnesses such as diabetes. There was no history of prolonged medication use, alcohol intake, or exposure to hepatotoxic substances.

**Laboratory investigations** - The patient's underlying pathology could not be identified for the past 4 years. Later, it was diagnosed after conducting liver enzyme tests. Elevated liver enzymes SGPT and SGOT suggesting underlying hepatic dysfunction.

On *Ayurvedic* evaluation, the condition was assessed as a manifestation of *Pitta* and *Kapha Dosha* imbalance, wherein *Pitta* aggravation was linked to impaired liver function, and *Kapha* vitiation led to abnormal fluid retention and development of *Shotha* (edema) in the lower limbs.

### Personal history

Name - xyz  
Age - 26years  
Marital status - unmarried  
Occupation - student  
Diet - mixed  
Bowel - constipated  
Appetite - Reduced  
Height - 180cm  
Weight - 88kg  
Sleep - normal

### Clinical examination

General condition: Moderate  
Pulse rate: 92/minute, regular and of full volume  
Heart rate: 92/minute  
Blood pressure: 140/90 mmHg (Right arm, sitting)  
Respiration rate: 20/minute

### Ashtavidha Pariksha[7]

**Naadi** (Pulse): *Vata Pradhana Nadi*, regular

**Mutra** (Urine): Quantity: 900-1100 ml/day, Frequency: Normal, Color: Normal, Odor: Normal

**Mala** (Stool): Consistency: Hard, Color: Yellow, Frequency: Irregular (needing medication)

**Jihva** (Tongue): coated, Color: Normal

**Shabda** (Speech): Normal

**Sparsha** (Touch): Dry skin

**Drik** (Vision): Normal vision

**Akriti** (Body Built): Normal

### Dashavidha Pariksha[3]

#### Prakriti (Constitution)

**Sharirika** (Physical): *Pittakaphaja*

**Manasika** (Mental): *Rajasika*

#### Vikriti (Disease State)

**Dosha**: *Kapha, Pitta*

**Dushya** (Tissue elements affected): *Rasa* (Plasma), *Rakta* (Blood), *Sira* (Vessels)

**Adhithana** (Seat of the disease): *Pad* (lower leg)

**Srotodushti** (Channel impairment): *Vimargagamana* (detour)

**Saara** (Essence): *Madhyama* (Average)

**Samhanana** (Physique): *Madhyama* (Average)

**Pramana** (Metabolism): *Madhyama* (Average)

**Satmya** (Dietary preferences): *Sarva Rasa* (Can tolerate all tastes)

**Satva** (Mental state): *Prabal* (strong mental strength)

**Ahara Shakti** (Digestive power): *Madhyama* (Average)

**Vyayama Shakti** (Physical strength): *Prabal* (strong physical strength)

**Vaya** (Age): *Vivardhamana* (17-30years)

### Interventions[8,9]

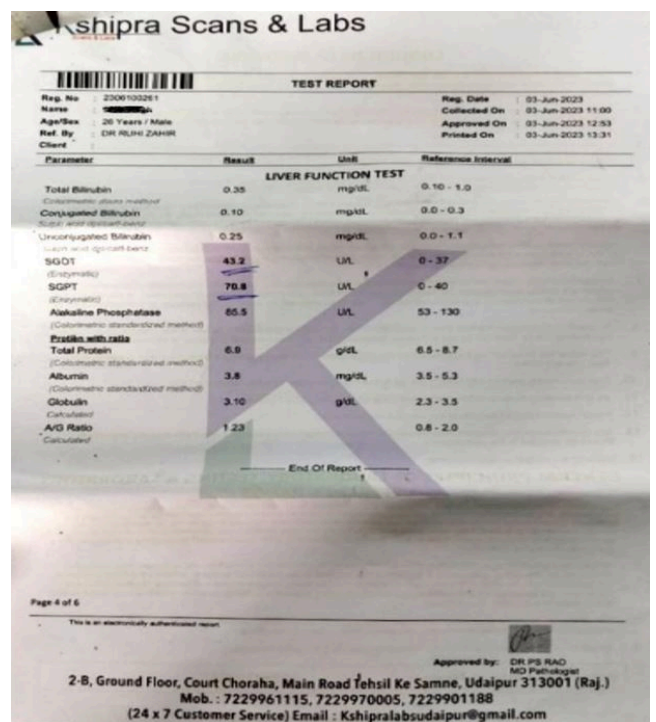
The treatment plan focused on balancing *Pitta*, *Kapha* and *Yakrit Vikara*.

SN	Drug	Content	Dose	Anupan
1.	Punarnavastak Kwath	Punarnava, Nimba, Patola, Shunthi, Kutki, Guduchi, Devdaru, Haritaki	10gmBd (before food)	-
2.	Kutki Churna	Kutki	2gmBd (before food)	Madhu
3.	Aarogyavardhani Vati	Shuddha Parad, Shuddha Gandhak, Loh Bhasma, Abhrak Bhasma, Tamra Bhasma, Haritaki, Bahera, Amla	2 tab Bd (After food)	Sukashan Jala
4.	Liv. 52 DS	Kasani, Himsra	2 tab Bd (before food)	Ushna Jala

### Outcome

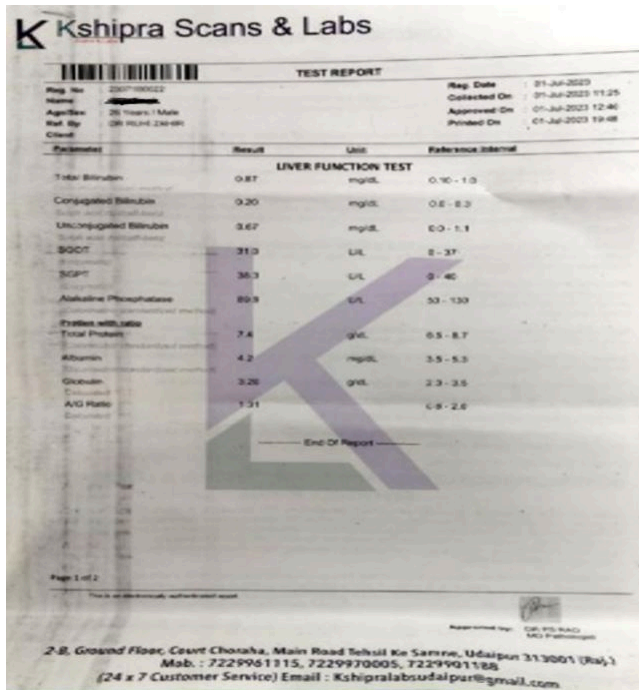
After 4 weeks of consistent treatment, patient demonstrated notable clinical improvement. The bilateral lower limb swelling showed marked reduction, with pitting edema almost completely resolved. Follow-up laboratory investigations revealed that previously elevated liver enzymes SGPT & SGOT had returned to within normal refer. ranges, indicating positive hepatic response to intervention. Additionally, patient reported significant improvement in appetite, regular bowel movements, & substantial increase in energy levels & overall sense of well-being, suggesting restoration of Agni (digestive/metabolic function) & reduction of Ama (toxins). No adverse effects were observed during treatment period.

Test	Before treatment	After treatment	Normal value
SGOT	43.2 U/L	31 U/L	0-37 U/L
SGPT	70.8 U/L	38.3 U/L	0-40 U/L



### Before Treatment





After Treatment



Before Treatment



After Treatment

## Pitting edema grading[10,11,12]

Grade	Indentation Depth	Rebound Time	Description
Grade 1+	2mm or less	Rapid (immediate)	Slight pitting, no visible distortion
Grade 2+	4mm	Rebounds in 10-15 seconds	Deeper pit, rebounds quickly
Grade 3+	6mm	Rebounds in 30+ seconds	Noticeably deep pit, visible swelling
Grade 4+	8mm or more	Rebounds in >60 seconds	Very deep pit, gross swelling, skin shiny or deformed

Before - Grade 3

After - Grade 0

## Discussion

The clinical management of *Paad Shoth* (foot edema) associated with raised hepatic enzymes reflects complex pathophysiological interaction between liver dysfunction, fluid retention, and impaired metabolism. In *Ayurveda*, *Paad Shoth* is often correlated with *Shotha Roga*, which may be *Dushta Udaka Dhatu* or *Kapha-Vata* predominant, with underlying derangement of *Agni* and *Rakta-Vaha Srotas*. When associated with hepatic derangement, it signifies *Yakrit Dushti* (liver dysfunction) leading to *Ama* formation, fluid imbalance, and *Rakta-Pitta Dushti*. In this context, chosen formulation aims at correcting liver function, enhancing *Agni*, reducing *edema*, and detoxifying *Ama*. [3] *Punarnavastak Kwath* is classical polyherbal decoction known for its potent *Shothahara* (anti-inflammatory) and *Mutrala* (diuretic) properties. [5,8] It reduces localized swelling and supports renal clearance of fluid accumulation without significant electrolyte loss. Its ingredients such as *Punarnava*, *Daruharidra*, and *Erandamoola* help reduce peripheral edema & improve microcirculation. *Kutki Churna* (*Picrorhiza kurroa*) plays crucial role as hepatoprotective agent. It acts as *Yakrituttejaka* (liver stimulant) and *Pittavirechaka* (purgative), helping reduce liver enzyme levels (SGOT and SGPT). Modern research has demonstrated *Kutki's* anti-inflammatory, antioxidant, and hepatoregenerative actions. [9,13] *Aarogyavardhini Vati* is broad-spectrum *Rasayana* & Hepatoprotective formulation. Its components, including *Tamra Bhasma*, *Triphala*, *Katuki*, and *Shuddha Shilajit*, help detoxify liver, regulate *Pitta dosha*, and restore liver enzyme balance. It also supports metabolism of fats and proteins, reducing hepatic load. [8,9]

Liv 52 DS, a proprietary herbal formulation, is widely researched for its efficacy in improving liver function. It stabilizes hepatic cell membranes, enhances antioxidant defence, and promotes hepatocyte regeneration.[14] In the observed clinical response, a notable reduction in pedal edema and a gradual normalization of liver enzymes indicate the efficacy of this integrative herbal regimen. No adverse effects were noted, supporting the safety profile of the selected drugs when used under supervision. Thus, this multidrug *Ayurvedic* approach shows promising results in managing *Paad Shoth* secondary to liver dysfunction, validating the ancient principle of *Samprapti Vighatana* (breaking the pathogenesis) through multi-targeted therapy. [8,14]

## Conclusion

This case highlights the efficacy of Ayurvedic therapeutic approaches in the management of *Paad Shoth* (pedal edema) associated with underlying liver dysfunction. The integration of detoxification therapies (*Shodhana*) and herbal formulations (*Shamana*) provided symptomatic relief and addressed the root cause of the condition in accordance with Ayurvedic principles. Central to the treatment was the correction of *Doshic* imbalance, particularly of *Kapha* and *Pitta*, enhancement of *Agni* (digestive/metabolic fire), and elimination of *Ama* (toxic waste). The use of *Shothahara* and *Yakrituttejaka* herbs such as *Punarnava*, *Kutki* and *Aarogyavardhni Vati* played a pivotal role in reducing inflammation, supporting liver function, and promoting fluid drainage. Additionally, dietary modifications, lifestyle regulation, and individualized herbal interventions contributed to the overall improvement. This holistic approach reinforces the significance of *Ayurveda* in managing complex systemic conditions and emphasizes the need for treating not just the symptoms, but the underlying imbalances for long-term health restoration.

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