

## Review Article

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**“A COMPARATIVE REVIEW ON UDARA ROGA (LIVER AND ABDOMINAL DISORDERS): AYURVEDIC AND MODERN PERSPECTIVES”**Ms. Shital Gaikwad<sup>1</sup>**AFFILIATIONS:**

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**ABSTRACT**

**Introduction:** *Udara Roga*, described extensively in Ayurvedic texts, encompasses a wide range of abdominal and hepatic disorders, including ascites, hepatomegaly, splenomegaly, and metabolic disturbances. Modern medicine classifies similar conditions as liver cirrhosis, hepatitis, fatty liver disease, and portal hypertension. Both traditions recognize their chronic, progressive, and debilitating nature. **Methods:** A comprehensive literature review was performed using Ayurvedic classics (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya) and modern databases (PubMed, Scopus, Web of Science). Articles from 2000–2024 were screened. Inclusion criteria involved clinical studies, pharmacological research, and reviews related to Ayurvedic interventions and modern management of hepatic and abdominal disorders. **Results:** Ayurvedic management emphasizes *Nidana Parivarjana* (removal of causative factors), *Shodhana* (purification therapies like *Virechana*, *Niruha Basti*, and *Jalaukavacharana*), and *Shamana* (palliative herbal remedies). Herbs such as *Punarnava* (*Boerhavia diffusa*), *Katuki* (*Picrorhiza kurroa*), and *Triphala* are widely studied for hepatoprotective and diuretic effects. Modern interventions include diuretics, antivirals, antifibrotic agents, and liver transplantation. Evidence suggests integrative protocols combining Ayurveda and biomedicine improve outcomes in cirrhosis and non-alcoholic fatty liver disease (NAFLD). **Discussion:** Ayurveda conceptualizes *Udara* as a systemic disorder rooted in *Agni* (digestive fire) dysfunction and *Dosha* imbalance, aligning with modern notions of metabolic syndrome and inflammatory pathways. However, gaps remain in high-quality clinical validation. Future directions include rigorous randomized controlled trials and integrative treatment frameworks. **Conclusion:** A comparative analysis reveals that Ayurveda provides a holistic, preventive, and detoxification-based approach to *Udara Roga*, while modern medicine offers targeted pharmacological and surgical interventions. Integration of both systems may enhance therapeutic efficacy and patient outcomes.

**KEYWORDS:** *Agni*, Ayurveda, Hepatic disorders, *Udara Roga*, Yoga

## INTRODUCTION

*Udara Roga*, described vividly in Ayurvedic texts, refers to a group of diseases characterized by abnormal accumulation within the abdominal cavity.<sup>[1-2]</sup> Classical references classify eight major types of *Udara*, including *Jalodara* (ascites), *Yakritodara* (liver enlargement), *Plihodara* (spleen enlargement), and *Chidrodara* (perforated abdominal disease). These conditions are not only localized pathologies but represent systemic imbalances of *Doshas*, *Agni*, and *Srotas*.<sup>[3-4]</sup>

Modern medicine describes related entities such as liver cirrhosis, hepatitis, splenomegaly, fatty liver disease, and ascites, which present significant global health burdens.<sup>[5-6]</sup> Non-alcoholic fatty liver disease (NAFLD) alone affects nearly 25% of the global population, while cirrhosis and liver cancer remain among the leading causes of mortality worldwide.<sup>[7-8]</sup>

The present review aims to analyze *Udara Roga* through both Ayurvedic and modern lenses, highlighting similarities, differences, and integrative possibilities. The objective is to synthesize knowledge from classical texts and modern scientific evidence to explore comprehensive management approaches.<sup>[9-10]</sup>

## MATERIALS AND METHODS

A structured review was conducted from January to June 2025.

- **Sources:** Ayurvedic classics (Charaka, Sushruta, Vagbhata), commentaries, and modern peer-reviewed articles. Databases included PubMed, Scopus, and Web of Science.
- **Search terms:** “Udara Roga,” “Ayurveda and ascites,” “Ayurvedic hepatoprotective drugs,” “liver cirrhosis Ayurveda,” “hepatic disorders integrative management.”
- **Inclusion criteria:** Clinical trials, pharmacological studies, and review articles (2000–2024) addressing Ayurvedic and biomedical perspectives.
- **Exclusion criteria:** Non-English papers without translation, animal studies without clinical correlation, duplicate studies.
- **Study type:** Classical textual review, clinical evidence review, and comparative thematic synthesis.

## OBSERVATION AND RESULTS

### 1. Classification in Ayurveda vs Modern Medicine

- Ayurveda classifies *Udara* into 8 main subtypes, based on predominant *Dosha* and organ involvement. *Jalodara* correlates with ascites in modern terms; *Yakritodara* with hepatomegaly and cirrhosis; *Plihodara* with splenomegaly; and *Baddhodara* with intestinal obstruction.
- Modern hepatology classifies diseases into infectious (hepatitis B/C), metabolic (NAFLD, alcoholic liver disease), autoimmune, and structural (cirrhosis, ascites).

### 2. Etiopathogenesis

- **Ayurveda:** Rooted in *Mandagni* (impaired digestion), leading to *Ama* formation and *Srotorodha* (obstruction of channels). Vitiation of all three *Doshas* is observed, but *Kapha* and *Vata* predominance are emphasized in advanced stages.
- **Modern:** Chronic liver injury (alcohol, viral, metabolic) leads to fibrosis, portal hypertension, and ascites. Inflammation and oxidative stress play crucial roles.

### 3. Symptomatology and Clinical Features

- **Ayurveda:** Gradual abdominal distension, pain, thirst, anorexia, weakness, edema, dyspnea.
- **Modern:** Abdominal swelling, jaundice, fatigue, gastrointestinal bleeding, peripheral edema.

### 4. Diagnostic Tools

- **Ayurveda:** *Rogi Pariksha* (*Dashavidha Pariksha*, *Ashtavidha Pariksha*), with emphasis on *Nadi*, *Jihwa*, and *Udara Pariksha*.
- **Modern:** Ultrasound, CT scan, liver biopsy, LFTs, coagulation profile.

### 5. Therapeutic Interventions in Ayurveda

- **Nidana Parivarjana:** Avoidance of causative factors like alcohol, heavy oily food, sedentary lifestyle.
- **Shodhana Therapy:** *Virechana* (purgation), *Niruha Basti* (medicated enema), and therapeutic bloodletting (*Jalaukavacharana*) are mentioned.

- **Shamana Therapy:** Herbal formulations like *Punarnavadi Kwatha*, *Triphala*, *Katuki*, *Guggulu*, and formulations like *Abhayarishta* and *Aragwadharishta*.
- **Diet & Lifestyle:** *Pathya* (barley, horse gram, buttermilk, light food), regular physical activity, yoga, and pranayama.

## 6. Modern Therapeutics

- **Pharmacological:** Diuretics (spironolactone, furosemide), antivirals for hepatitis, immunosuppressants for autoimmune hepatitis, antifibrotic drugs (emerging).
- **Surgical/Advanced:** Paracentesis, TIPS (transjugular intrahepatic portosystemic shunt), and liver transplantation.
- **Lifestyle Modifications:** Alcohol abstinence, weight management, and antiviral prophylaxis.

## 7. Evidence of Integrative Approach

- Clinical studies have shown *Punarnava* to be effective in reducing ascites and improving urine output. *Katuki* has hepatoprotective activity by modulating liver enzymes.
- Integrative care, where patients received both diuretics and Ayurvedic supportive drugs, demonstrated improved quality of life and reduced recurrence of ascites compared to allopathy alone.

## DISCUSSION

The comparative review highlights that Ayurveda's conceptualization of *Udara Roga* aligns significantly with modern hepatology in terms of chronicity, systemic involvement, and progressive pathology. The Ayurvedic focus on *Agni* dysfunction and *Srotorodha* parallels modern concepts of metabolic dysfunction and fibrotic changes.<sup>[16]</sup>

Strengths of Ayurveda lie in its holistic approach, addressing root causes through lifestyle correction, detoxification, and herbal support. In contrast, modern medicine offers rapid symptomatic relief, targeted pharmacotherapy, and advanced surgical interventions. However, neither system alone is fully satisfactory—Ayurveda often lacks rapid acute management evidence, while modern medicine struggles with recurrence, side effects, and long-term holistic care.<sup>[17]</sup>

Integrative management presents the greatest potential. For instance, *Punarnava*-based therapies

can complement diuretics, reducing dosage and adverse effects. Similarly, dietary principles such as light, easily digestible food resonate with modern liver-friendly diets. Still, gaps exist in terms of clinical standardization, quality trials, and pharmacovigilance for Ayurvedic interventions.<sup>[18-19]</sup> Future research should focus on multi-centric randomized controlled trials combining Ayurvedic and biomedical care, mechanistic studies on Ayurvedic herbs, and biomarker-based outcome measures. Ayurveda's preventive strategies, if validated, could play a role in reducing the burden of NAFLD and cirrhosis globally.<sup>[20]</sup>

## CONCLUSION

*Udara Roga* represents a significant overlap between Ayurvedic and modern medical paradigms, encompassing a spectrum of abdominal and hepatic disorders. Ayurveda emphasizes a preventive, causative factor-oriented, and detoxification-based approach, whereas modern medicine prioritizes pharmacological control, viral eradication, and advanced surgical management.

The review underscores the complementarity of both systems. Ayurvedic interventions such as *Punarnava*, *Katuki*, and Panchakarma provide sustainable benefits and improved quality of life, while modern medicine ensures immediate relief and management of complications. An integrative approach combining these strengths is likely to yield superior outcomes in both prevention and treatment.

In conclusion, bridging traditional wisdom and modern scientific validation is essential for developing cost-effective, safe, and holistic protocols. Collaborative research and interdisciplinary clinical trials will pave the way for integrative hepatology, ultimately reducing the global burden of liver and abdominal disorders.

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