CASE REPORT
AN UNDERSTANDING OF UDAVARTA – A CASE STUDY
SURYA RAJ\(^1\) SHREEVATHSA\(^2\)

ABSTRACT
Udavarta (reverse movement of 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. 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

\(^1\)MD Scholar, Department of Samhitha and Siddhanta, Govt. Ayurveda Medical College, Mysuru (INDIA)

\(^2\)Professor and HOD, Department of Samhitha and Siddhanta, Govt. Ayurveda Medical College, Mysuru (INDIA)

Corresponding Email id: srpinkfeet@gmail.com  Access this article online: www.jahm.in

Published by Atreya Ayurveda Publications under the license CC-by-NC-SA.
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) 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 Sushrutha 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 (samparapti) 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), shirashoolal (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 7 days
* 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**

<table>
<thead>
<tr>
<th>Basti dravya</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madhu</td>
<td>30 ml</td>
</tr>
<tr>
<td>Saindhava lavana</td>
<td>5gm</td>
</tr>
<tr>
<td>Sukumara ghritha</td>
<td>80 ml</td>
</tr>
<tr>
<td>Shatapushpa choorna</td>
<td>30 gm</td>
</tr>
<tr>
<td>Yashtimadhu ksheerapaka</td>
<td>400 ml</td>
</tr>
<tr>
<td>Total quantity</td>
<td>540 ml</td>
</tr>
</tbody>
</table>

**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 malapavratti. 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-pittaka. Katu rasa aggravates both vata and pitta. Katu vaishamyata. Katu ahara sevana is also mentioned in the nidana of udavarta vyadh[8]. Vishamashana directly leads to agni vaishamyata. Katu arsha sevana is also mentioned in the nidana of udavarta vyadh[8].

Table no. 2 Clinical features found in the case

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

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 Sushrutha’s version of Annaaja 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 shoolaa, 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), hrillosa (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 malabaddatha 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 continous nidana sevana has lead to further vitiation of apana leading to nashtartava(amennorrhoea) 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 shirasshoola\(^{[12]}\) 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 choosen for chikitsa\(^{[16]}\), in this case basti was choosen 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 choosen 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 sampraapti* where in bringing back *vata* to its *prakruta gati* (primordial direction) is the main line of treatment.

**REFERENCES**

2. Yadavaji Trikamaji (editor). Charaka Samhita of Charaka, Chikitsa sthana, chapter 27, verse no. 5-

10. 10th edition, Varanasi; Chowkambha Sanskrit Series;2016:597
7. Yadavaji Trikamaji (editor). Sushrutha Samhita of Sushrutha, Uttaratantra, chapter 55, verse no.37, 10th edition, Varanasi;Chowkambha Sanskrit Series;2017: