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A Clinical Case study of Ayurvedic Management of *Udar Vyadhi* with Special Reference to Ascites

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Abstract: *Udara Roga* refers to a group of disorders characterized by generalized abdominal distension or enlargement resulting from various etiological factors. Ascites is the most common clinical manifestation of liver dysfunction. Despite advances in modern medical technology, no definitive cure for ascites has been established. Current treatment modalities primarily provide symptomatic and temporary relief, with frequent recurrence due to the continued accumulation of fluid within the peritoneal cavity. In *Ayurveda*, *Jalodara* is described as one of the eight types of *Udara Roga*. Its etiology, pathogenesis, clinical features, and management are comprehensively documented in all three classical *Ayurvedic* texts – *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya.*

In *Ayurveda*, *Udara Roga* encompasses a broad spectrum of disorders characterized by abdominal enlargement, including gaseous distension, hepatosplenomegaly of different etiologies, intestinal obstruction, intestinal perforation, and ascites associated with fluid accumulation in the peritoneal cavity. The fundamental pathogenic factor underlying these conditions is considered to be *Mandagni* (diminished digestive and metabolic fire), which initiates disease progression. The involvement of *Udakavaha Srotas* and *Ambuvaha Srotas* is consistently described in the pathogenesis of *Jalodara* across the classical *Ayurvedic* texts. The *Talu* and *Kloma* are identified as the *Moola* (root) of the *Udakavaha Srotas*. However, the anatomical identity of *Kloma* remains a subject of debate among *Ayurvedic* scholars, with some authors correlating it with the pancreas. According to *Ayurvedic* principles, vitiation *(Dushti)* of the *Udakavaha Srotas*, particularly involving the *Kloma*, plays a key role in the development of *Jalodara*. *Ayurveda* provides a holistic approach to the management of *Udara Roga*, including ascites, with an emphasis on correcting the underlying pathological processes rather than merely alleviating symptoms. Therapeutic measures such as *Deepana* (enhancing digestive fire), *Nitya Virechana* (daily therapeutic purgation), medications that support hepatic function, and a regulated milk-based diet are recommended according to the patient's condition. These interventions aim to restore *Agni*, eliminate vitiated *Doshas*, and interrupt the progression of disease, thereby improving clinical outcomes while minimizing adverse effects.

Keywords: Ascites, *Udara*, *Virechana*, *Agni*, *Ayurveda*

INTRODUCTION

One of the main illnesses brought on by *Agni dushti* is *Udara*.[1] According to *Ayurvedic* principles, individuals with *Mandagni* (diminished digestive and metabolic capacity) who habitually consume *Malina Ahara* (contaminated or impure food) or *Viruddha Ahara* (incompatible dietary combinations), and who engage in *Papa Karma* (unwholesome actions), are predisposed to *Dosha* vitiation. Impaired digestive function hinders the proper digestion and metabolism of food, resulting in the accumulation of *Ama* and the progressive aggravation of the *Doshas*. This disturbed physiological state contributes to the initiation and progression of various disease processes, including *Udarroga*.[2] Consequently, the ascending and descending channels of circulation (*Urdhva* and *Adho Srotas*) become obstructed, leading to the vitiation of *Prana*, *Agni*, and *Apana*. The aggravated *Doshas* subsequently become lodged between the *Twak* (skin) and *Mamsa* (muscle), resulting in progressive abdominal distension, the characteristic manifestation of *Udararoga*.[3,4] *Talu* and *kloma* make up the *moola* of *Udakavaha srotas*. In *Ayurveda*, *Kloma* is a contentious subject. This is the *Samanya Samprapti* of *Udara* as described in the classical literature, which may vary in various ways from person to person. It is crucial to interpret the *samprapti* in each patient by analyzing the *hetus*, vitiation of the *dosha* by *Vikalpa samprapti* [5](which *guna* of the *dosha* is primarily responsible for its vitiation), and its *sammurchana* with the *dushyas* further leading to the manifestation of disease, that is, the journey of a *hetu* up to disease manifestation should be well understood).[6] Once the *Samprapti* is understood, appropriate treatment can be planned accordingly.

The present case study demonstrates an approach to the management of *Udararoga* in which the *Samprapti* was systematically analyzed and the treatment was individualized based on this assessment using various *Ayurvedic Siddhantas* along with *Shodhana* and *Shamana* therapies. As described in *Charaka Samhita*, the principal pathological events in *Udararoga* involve the vitiation of *Prana*, *Apana*, and *Agni*, which form the basis for the therapeutic approach adopted in this case.[7] According to *Ayurveda*, the *Udarroga* is one of the eight major ailments (*Ashta maha gada*). The most important part to perform in its development is *Mandagni*.

There are eight different sorts of abdominal diseases known as *udar roga* that are listed in texts: *Vatodara, Pittodara, Kaphodara, Sannipatodara, Pleehodara, Baddhodara, Kshatodara*, and *Udakodara* or *Jalodara*.[8] In general, *Jalodara* is a condition characterized by the accumulation of *Jaliya Ansha* (*Jala* or body fluid) within the *Udara* (abdomen). It is considered one of the most challenging disorders to manage in *Ayurveda*. In modern medicine, it closely correlates with ascites, defined as the pathological accumulation of free fluid within the peritoneal cavity, most commonly associated with chronic liver disease.

CASE STUDY

A male patient of age 40 years was having complaints of abdominal distension, heaviness of the abdomen, breathlessness, nausea, facial and periorbital edema, dyspnoea on exertion, loss of appetite, and oliguria for the past 8 days. Earlier patient was taking treatment for liver cirrhosis with gradual onset of ascites; he got hospitalized and also did abdominal paracentesis twice within a month. As he was suffering from severe breathlessness at that span of time 1.5L of fluid was drained through paracentesis, he was relived from symptoms but after some time, relapsed with all symptoms. After 5 months of all treatment patterns adopted, he came to our institute for further treatment.

1. Main Complaint

- *Udara Vridhi* (increased abdominal girth), from 6 months
- *Kshudhamandhya* (decreased appetite), from 7–8 months
- *Dourbalya* (general weakness), from 7–8 months
- *Ubhayapadashotha* from 7–8 months and
- *Krishnavarna* (bilateral pedal edema and discoloration) from 6 months.

2. Case Report

2.1 Medical History

No history of HTN, DM, Malaria, Typhoid, Koch's, etc.

2.2 Surgical History

No any major surgical illness

2.3 Family History

No evidence of this type of disease in the family.

2.4 Addiction

Alcohol consumption for 10 years

2.5 Physical Examination

BP – 110/70 mmHg
P – 84/min
SPO2 – 97% on Room Air
Respiratory rate – 28/min

O/E –
Pallor: +++,
Icterus: ++,
Bilateral pedal oedema: ++++
Facial and periorbital oedema: ++
Mild pallor and icterus +

2.6 Systemic Examination

- ❖ Respiratory system - Air entry was reduced on both sides with crepitations bilaterally.
- ❖ Cardiovascular system – S1 S2 normal
- ❖ Central nervous system - Patient was conscious and well oriented.
- ❖ Per abdomen

- Inspection- Distended abdomen with the everted umbilicus.
- Palpation – Hepatomegaly of three fingers palpable.
- Percussion – Shifting dullness and fluid thrill were present.

2.7 Investigations

USG [A+P]- Coarse echotexture of the liver with surface nodularity, cirrhotic changes. Few small periportal and peri splenic collaterals and peri splenic collaterals. Prominent portal vein (12 mm). Gross ascites Bilateral grade 1 renal parenchymal changes. Mild splenomegaly.

3. Material And Methods

3.1 Treatment

1. Diet – Patient was advised to take only *Shunthi, Trikatu siddha Godugdha* on *kshudhaprachiti* for an initial 3 months where diet and salt were prohibited to which later on after 3 months soft diet along with *Godugdha* was advised.

2. *Aarogyavardhini Vati 500mg* 2 tablets thrice a day.

3. *Phalatrikaadi Kashaya* 4tsp twice a day.

4. *Trivrutta Avaleha* 2tsp at 4am in the morning.

5. *Udara pradeshi Arka Patra Pattabandhan*, *Udara pradeshi Hingu-sunthi Lepa, Ubhaya Paad pradeshi Punarnava Lepa.*
   Above Management protocol was carried throughout the therapy with necessary intermittent abstinence as well.

6. All vital parameters such as BP, RR, SpO2, temperature, BSL (R), weight, input and urine output, stool colour, and abdominal girth were monitored regularly.

7. Symptomatic relief: Symptoms which were observed before and during the treatment such as abdominal distension, heaviness, nausea, facial and periorbital edema, anorexia, oliguria, icterus, pallor, weakness, muscle cramps, giddiness, dyspnoea on exertion were not observed at the end of therapy.

8. Systemic examination: Air entry was almost equal bilaterally and crepitations were reduced. Grade of murmurs was reduced to Grade 3. Abdominal distension was not noted and shifting dullness and fluid thrill were absent after treatment.
   - First follow-up was taken after 10 days of discharge from the hospital. Same treatment was continued for 15 days
   - Second follow-up was taken after 15 days
   - Third and last follow-up was taken after 2 months.

   Furthermore, the patient was then shifted on soft diet along with *Dugdha Ahara* along with above medications.

3.2 *Pathya-Apathya*

Diet was restricted to the patient for initial 3 months.
He was kept on only cow milk (*Trikatu Siddha Godugdha*).
No food items and water were given to the patient for 3 months.

4. Results

Significant results were found in all symptoms such as abdominal girth, icterus, pallor, bipedal edema, and general weakness.

DISCUSSION

In *Charaka Samhita*, Acharya Charaka describes several etiological factors responsible for *Udararoga*. In the present case, the patient had a history of excessive consumption of spicy and salty foods along with *Mandagni* (diminished digestive fire). From an *Ayurvedic* perspective, the pathogenesis of *Jalodara* primarily involves the *Udakavaha Srotas* and *Kloma*. *Udakavaha Srotas Dusti* occurs due to *Kapha*-induced obstruction, resulting in dysfunction of the *Kloma* and its associated structures. Although the anatomical identity of *Kloma* remains controversial, both *Charaka* and *Sushruta* have described it as the *Moola* (root) of the *Udakavaha Srotas*. Consequently, hepatic lymph drains into the peritoneal cavity, leading to the development of ascites. This process is further aggravated by factors such as hypoalbuminemia and hyperaldosteronism. From an *Ayurvedic* perspective, the fundamental pathology of *Udararoga* involves alterations in *Agni* caused by the vitiation of the *Tridosha*. Therefore, the principle of *Agni Samrakshana* (preservation of digestive and metabolic function) forms the cornerstone of management. Restoration of *Agni*

should be individualized according to the patient's physiological state, disease condition, and clinical assessment. Maintaining a balanced lifestyle and appropriate dietary practices is essential, and clinicians should evaluate and address the patient's *Agni* status throughout the course of treatment.

The patient previously had a history of *Udara*, which was treated at the time with allopathic medicine and eventually went away, but some *doshas* were still there, or *kinchit avashishta dosharupa moola*. Because the *vyadhi ghatka bhava* (which prevents the occurrence of disease) such as *vyayama* and *vidhiyukta ahara vihara* was absent, further *hetusevana* caused the *kinchit avashishta dosharup moola*, which in turn caused *Udara* to reoccur. Furthermore, these factors contribute to *Khavaigunya* of the *Udakavaha*, *Pranavaha*, and *Rasavaha Srotas*, facilitating the localization of vitiated *Doshas* and the manifestation of *Udararoga*. As *Nidana Parivarjana* is the primary *Siddhanta* for *Samprapti Vighatana*, elimination of the causative factors forms the cornerstone of management. In the present case, the *Hetus* were predominantly *Santarpanajanya* in nature, leading to the development of the observed clinical manifestations.[9] The patient was forbidden to consume any *Aahar* or *jalapana*.[10] Because the doshas are *sanghatita* in *koshta*, causing *agnimandya*.[11,12] Only *Shunthi* and *trikatu siddha godugdha* with *deepana, laghu*, *mrudu virechana*, will give *bala* to *rogi's jhatragni*.[13] Qualities were provided on *kshudhaprachiti* for the first two weeks.[14] *Phaltrikadi Kashay*, which has the properties to remove extra water, was given.[15] It also has *deepana, laghu, ruksha*, and *mrudu anulomana*. *Nitya virechana* should be administered because *Srotas avarodha* and *dosha atimatra upchaya*, or an excessive buildup of dosha in *Udara*, exist. [16,17,18] However, because the patient had *durbala, mrudu virechana* was given daily [19,20] and in smaller amounts (*alpasha*), along with *kutaki churna* [21] (*ruksha* and *deepana*), for a period of 1 month. Throughout the course of the therapy, *Udara* Arka*Patra Pattabandhana* was performed every day to stop the *Vata* from further expanding the abdomen.[22,23] However, the patient was experiencing *dourbalya, bhramaprachiti, ubhaya pad pindikodveshtanam*, and *grathit mala pravrutti*, which show a change in *vyadhi avastha*, which is how chikitsa should be changed, that is, when enough *Rukshana* and *drava shoshana* are attained.[25]

The above treatment restored *Sara–Kitta Vibhajana*, a physiological function of *Prakrita Agni*, resulting in increased urine output and normalization of bowel habits. It also relieved obstruction within the *Srotas*, thereby facilitating *Uttarottara Dhatu Poshana*. Clinically, a gradual improvement in haemoglobin and red blood cell count was observed. Throughout the treatment, all relevant clinical and laboratory parameters were monitored regularly. An integrative *Ayurvedic* treatment approach was adopted, comprising *Pattabandhana* (abdominal binder), *Nitya Virechana*, *Agnideepana*, *Balaprapti*, and *Yakrituttejaka* therapies. The patient demonstrated significant clinical improvement, evidenced by a reduction in pedal edema and abdominal girth, along with improved appetite and enhanced physical strength.

The *Chikitsa Siddhanta* for *Udaravyadhi*, as described in the classical texts, is expressed in the *shloka*:*"Nityameva virechayet, udaravyadhinashanam"*. In patients with ascites, who commonly present with persistent constipation, *Virechana* facilitates bowel evacuation, promotes the elimination of accumulated morbid factors, and supports the management of the disease.[26,27] *Arogyavardhini Vati* possesses *Yakrituttejaka* (hepatostimulant) and hepatoprotective properties. Its mild laxative and diuretic a ctions facilitate the elimination of excess fluid, making it beneficial in the management of generalized edema and ascites. These properties contribute to its therapeutic role in *Udararoga*.[28] Using *mridu swedan*, *patrapatta bandhan* avoids *vata prakop* and supports diuretic activity.[29] The patient gains strength from cow milk without the body's fluid level rising. According to *Ayurveda*, *Udar* is *asadhya vyadhi* (incurable), yet we can provide the patient symptomatic relief, a decrease in fluid, and an improvement in quality of life. *Nitya Virechana* – The *Chikitsa Sutra* of *Jalodara* is called "*Nitya Virechana*." *Virechana* is required to disperse the *Sanga* of all *Dosha* and retained fluid and separate them. The *Mula Sthana* (central location) of *Rakta* is the liver (*Yakrita*). Because of the reciprocal reliance between *Rakta* and *Pitta* (*Ashraya* and *Ashrayi Sambandha*), purgation is the greatest cure for a vitiated *Pitta Dosha*. By reducing fluid in the abdominal cavity, *virechana* also reduces belly girth and edema.[30] Further clinical improvement was observed in all symptoms following the initiation of daily therapeutic purgation. *Arogyavardhini Vati* is well recognized for its hepatoprotective properties, particularly in supporting liver function. It promotes physiological equilibrium, enhances digestive function, and helps maintain hepatic integrity. Ascites may arise secondary to pathology of the liver, heart, or kidneys; however, ascites of hepatic origin is comparatively more difficult to manage, necessitating treatment directed toward the underlying cause. In the present case, these formulations were administered in view of associated hepatomegaly, with the aim of improving overall hepatic function.

CONCLUSION

In conclusion, significant improvement in the clinical features of *Jalodara* was observed following daily therapeutic purgation, dietary regulation, and *Ayurvedic* medications. A marked reduction in abdominal girth, pedal edema, and other associated symptoms was achieved without any adverse effects. Although the patient was maintained on a restricted milk diet, no adverse reactions were reported during or after the treatment period. *Arogyavardhini Vati* was administered continuously for 45 days without any adverse effects; however, such findings should be interpreted in the context of appropriate dosage and clinical supervision.

These observations suggest that appropriately administered *Ayurvedic* formulations, along with *Nitya Virechana*, may offer beneficial outcomes in the management of ascites with minimal side effects. The pathogenesis of *Udararoga* is primarily associated

with *Agnidushti*, *Dosha Sanchaya*, and *Srotorodha*. A clear understanding of *Samprapti* through *Hetu Viniśchaya*, *Aṃśāṃśa Kalpanā* of *Dosha Prakopa*, and the progression of *Dosha* into *Dushya* is essential for accurate clinical interpretation.

Effective *Samprapti Vighatana* can be achieved through a structured approach involving *Nidana Parivarjana*, *Agnideepana*, *Srotoshodhana*, and *Nitya Virechana*, when appropriately tailored to *Vyadhi Avastha*, *Rogibala*, *Aushadhi Matra*, and *Kala*.

COMPLIANCE WITH ETHICAL STANDARDS

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Disclosure of conflict of interest:

The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of Informed Consent:

Informed consent was taken from the patient.

REFERENCES

REFERENCES

1. Acharya YT. *Charak Samhita* of *Charaka*, *Chikitsa Sthan*. 2017th ed., Ch. 13., Verse no 9. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 491.
2. Ganesh G. Sartha *Vagbhat* Rajesh Prakashan *Chikitsa Sthan*. Ch. 15. *Shlok* no.2. Varanasi: Choukhamba Surbharati Prakashan; 2018. p. 300.
3. Acharya YT. *Charak Samhita* of *Charaka*, *Chikitsa Sthan*. 2017th ed., Ch. 13., Verse no 11. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 491.
4. Garde GK. *Sartha Vagbhat*, *Nidana Sthan*. Reprint 2012 ed., Ch. 12., Verse no 2. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 197.
5. Acharya YT. *Chakrapani Teeka*, *Charak Samhita* of *Charaka*, *Nidan Sthan*. 2017th ed., Ch. 1. Verse no 11(5). Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 197.
6. Acharya YT. *Chakrapani Teeka*, *Charak Samhita* of *Charaka*, *Nidan Sthan*. 2017th ed., Ch. 1. Verse no 11. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 196.
7. Acharya YT. *Charak Samhita* of *Charaka*, *Chikitsa Sthan*. 2017th ed., Ch. 30. Verse no 327. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 649.
8. Acharya YT, editor. *Sushruta Samhita* of *Sushruta*, *Sutra Sthan*. 1992 Reprint edition., Ch. 24. Verse no 10. Varanasi: Choukhamba Publications; 1992. p. 10.
9. Acharya YT. *Sushruta Samhita* of *Sushruta*, *Uttara Tantra*. 1992 Reprint edition., Ch. 1. Verse no 25. Varanasi: Choukhamba Publications; 1992. p. 597.64 Mishra and Chandurkar: Management of *Udar Vyadhi* with *Ayurveda* 2023; 6(10):60-70
10. Acharya YT. *Charak Samhita* of *Charaka*, *Chikitsa Sthan*. 2017th ed., Ch. 13. Verse no 100. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 496.
11. Acharya YT. *Charak Samhita* of *Charaka*, *Chikitsa Sthan*. 2017th ed., Ch. 13. Verse no 96. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 496.
12. Garde GK. *Sartha Vagbhat*, *Chikitsa Sthan*. Reprint 2012 ed., Ch. 15. Verse no 121. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 306.
13. Shastri AD. *Sushruta Samhita* of *Sushruta*, *Chikitsa Sthan*. 2014 Reprint edition., Ch. 14. Verse no 9. Varanasi: Choukhamba Publications; 2014. p. 87.
14. Acharya YT. *Charak Samhita* of *Charaka*. *Chikitsa Sthan*. 2017th ed., Ch. 13. Verse no 194. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 500.
15. Shastri AD. *Sushruta Samhita* of *Sushruta*, *Chikitsa Sthan*. 2014 Reprint edition., Ch. 14. Verse no 19. Varanasi: Choukhamba Publications; 2014. p. 90.

16. Garde GK. *Sartha Vagbhat, Chikitsa Sthan*. Reprint 2012 ed., Ch. 15. Verse no 131. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 307.
17. Tripathi B. Bhavamishra, *Bhavprakash Nighantu, Haritakyadi Varga.* Reprint 2010. Verse no 42-43. Varanasi: Choukhamba Bharati Academy; 2010. p. 12.
18. Shastri AD. *Charak Samhita* of *Charaka, Chikitsa Sthan*. 2017th ed., Ch. 13. Verse no 61. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 495.
19. Garde GK. *Sartha Vagbhat, Chikitsa Sthan*. Reprint 2012 ed., Ch. 15. Verse no 1. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 300.
20. Acharya YT. *Charak Samhita* of *Charaka, Kalpa Sthan*. 2017th ed., Ch. 12. Verse no 69. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 674.
21. Tripathi B. Bhavamishra, *Bhavprakash Nighantu, Haritakyadi Varga*. Reprint 2010. Verse no 151-152. Varanasi: Choukhamba Bharati Academy; 2010. p. 67.
22. Acharya YT. *Charak Samhita* of *Charaka, Chikitsa Sthan*. 2017th ed., Ch. 13. Verse no 60. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 495.
23. Shastri AD. *Sushruta Samhita* of *Sushruta, Chikitsa Sthan*. 2014 Reprint edition., Ch. 14. Verse no 18. Varanasi: Choukhamba Publications; 2014. p. 90.
24. Garde GK. *Sartha Vagbhat, Chikitsa Sthan*. Reprint 2012 edition., Ch. 15. Verse no 51. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 303.
25. Acharya YT. *Charak Samhita* of *Charaka, Nidan Sthan*. 2017th ed., Ch. 8. Verse no 37. Varanasi: Choukhamba Surbharati Prakashan; 2017. p. 229.
26. Tripathi R, editor. *Charaka Samhita*. *Siddhi Sthana* 1/17,879. Varanasi: Chaukhamba Prakashana; 2007.
27. Kajaria D, Tripathi JS, Tiwari SK. Utilization of *panchakarma* in health care: Preventive, nutritive and curative treatment of disease. J Pharm Sci Innov 2013; 2:1-5.
28. Antarkar DS, Vaidya AB, Joshi JC. A double-blind clinical trial of *Arogya-vardhini*--an *ayurvedic* drug--in acute viral Hepatitis. Indian J Med Res 1980; 72:588-93.
29. Pandey GS, editor. *Bhavprakash Nighantu* of *Shri Bhavamisra, Mutra Varga*. Ch. 18. Ver. 1 6. Varanasi: Chaukhambha Bharati Academy; 2010. p. 761.
30. Jadhav DK. An *ayurvedic* approach in the management of *Jalodara* (Ascites): A case study. Int J Ayurveda Res 2016; 1:90-1.