CRITICAL ANALYSIS OF ETIOPATHOGENESIS OF YAKRUTO DARA

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ABSTRACT

Udara is a disease presenting with the features of enlargement of abdomen. Yakrutodara is one of such manifestation in udara, if neglected may lead to many complications such as jalodara. Dusta rasa, rakta is the substrate of the illness, clinically presenting with features related to ambuvahasrotas i.e abnormal accumulation of jaleeya dhatu in shareera.

Keywords: Yakrutodara, Udara, rakta ambuvahasrota, jaleeya dhatu.

INTRODUCTION

Udara is one among the ashtamahagada\(^1\). From the origin of the illness it is difficult for management. Udara is a disease presenting with the features ofkukshi adhmama (enlargement of abdomen) Karapada shopa (oedema in the limbs) and Mandagni (gross impairment in appetite and digestion)\(^2\). Yaktrodara is one among ashtodara\(^3\).

The cardinal feature of yarkutodara is yakrut vriddhi (hepatomegaly). Progressive yakrut vriddhi is usually seen. On palpation it is hard to touch just like the shell of the tortoise. The size of the yakrut may vary at times it may even cover most part of the abdomen. Apart from this, the samanya laksana of udara is equally important such as udara utsedina (distension of abdomen), krushagatra (emaciation) etc. Yakrut vridhdi may be seen in other types of raktavaha srotodusti vikara such as kamala, raktapitta etc. Hence the cardinal features of udara and the cardinal features of yakrutodara are essential for the diagnosis. Yakrutodara is a disease involving many srotas/multi system. Hence multi systemic manifestations are produced. In the samprapti it is stated that annarasa along with abnormally retained bodily fluid will enter the udara. In the diseased person annarasa continuously pours into the udara. Hence rasa kshaya takes place and because of rasakshaya, preenana of dhatu will not take place properly resulting in all dhatu kshaya later in the course of illness. There are many etiological factors responsible for the manifestation of Yaktrodara. An effort has been made to understand each factor in relation to disease manifestation for better clinical practice.

NIDANAS OF YAKRUTO DARA

Yakrutodara/pleehodara is a type of Ashthodara. Hence it is essential to understand the nidanaof udara and they are categorized mainly into two groups – Dosha hetu and vyadihetu.

Dosha hetu are those they vitiate the dosha

in specific and are not able to produce a specific vyadhi. The nidana like atiushna, ati rooksha ahara, ati tavana, ati kshara, ati amlarasaayukta ahara, ati vidahi ahara, viruddha ahara sevana, asuci ahara sevana, klishtaanna sevana, amakara ahara etc vega vidharana, pancakarma vibhrama andmithya aacaara like,poorvajanma kruta paapakarma results in dosha kopa. Vyadhi hetu are the etiological factors which are either pradhanika hetu or nidanarthakara roga by nature. Nidana like the garavisha, srotodusti (dhatupradoshaka) hetu, aantrasputana bhedana hetu like sankshobha, ati sanchita dosha, sakrut rodhakara hetu such as arsha, baala etc are pradhanika hetu or pleeha, arsha, grahanee roga arenidanartakara hetu.

- Atiushna ashana: Usha guna is predominant of Agni mahaabhoota. It has Teja guna and is Teekshana in nature. It is Pittavardhaka. If taken in excess quantity for longer duration it aggravates the Pitta and it causes the Dhaatu paka in the yakrut and leads to the diseases such as kamala and further indulging nidana may lead to yakrutodara.

- Atilavana ashana: Lavana rasa has the qualities like deepana, kledana, bhedana, teekshna, sara, vikasi, snigdha, ushna, avakaashakara, kapha vishyandana, pitta prakopaka, rak tavardhaka etc. Thus it can be said, that atilavana rasa sevana has adverse effect on the shareera by vitiating the sweda, ambuvaha and pranavaha srotodusti and leading to the shotha.

- Ati kshara ashana: Ksharas generally produce teekshna, ushna, laghu, rooksha, kledi, pakta, vidharana, dahanana, deepana and pitta vardhana. It aggravates the Pitta and it causes the Dhaatu paka in the yakrut and leads to the diseases such as kamala and further indulging nidana may lead to yakrutodara.

- Vidahi ashana: It aggravates pitta dosha and causes dushti of raktavaha srotomula and leading to the shhitlata of the dhatus in yakrut further indulging nidana may lead to yakrutodara.

- Amla ashana: Amlarasa is told as laghu, ushna, snigdha, pittakara, raktadooshaka etc. The mahabhoota combination of amlarasa there is difference of opinion among Acharyas. Charaka and Vagbhatta opine it as having Jala and Agni mahaabhoota and Sushruta opines it as having Prithvi and Agni mahabhoota. Sushruta classified Amla rasa in Agneya varga having Ushna guna. When taken in excess quantity for longer period it causes pitta vriddhi, vitiates rakt, makes decomposition of the Mamsa dhatu and brings about Shithilata and Krushata in the yakrut.

- Gara ashana: It causes tridosha vardhana and raktadooshana later leading to the mala sanchaya in the yakrut. After a prolonged period it leads to yakrutodara.

- Mithya samsarjanaat: It leads to the jataragni dushti later leading to the mala sanchaya in the yakrut.

- Rooksha ashana: It aggravates vata and causes rookshana in the dhatus of yakrut.

- Viruddha ashana: It results in tridosha prakopa resulting in different disease. It is one of the important viprakrisha nidana for all the disease including udara.

- Asuchi ashana: It results in agnidushti and leading to ama formation and re-
sults in srotorodha in sweda, ambu and pranavaha srotas precipitating udara.

- **Pleeha roga, Arsho roga, Grahani roga**: In all these diseases, agnimandya is a common feature. So if they are left untreated for long duration they can result into udara as agnimandya is a major triggering factor for the manifestation of udara.

- **Karma vibhramaat**: Here it refers to panchakarma apachaarat, where atiyoga or ayoga of the karma had to be considered. As a result of that vata kopa and later agnimandya get manifested. This also leads to the accumulation of prakupita doshas and mala which is supposed to be removed.

- **Malamootra vega dharana**: Veggadharana results in apanavata dushti which can produce agnimandya leading to udara.

- **Ksobha janaka aahara**: These aharas are having the nature of aggravating vata and causes dushti in yakrut.

- **Adhika drava padarta sevana**: It cause the vitiation of ambuvaha srotas and agni.

- **Aantra sputana, Bheda**: These in future leads to Chidrodara.

From the above description, it is very clear that dosha prakopaka hetu are likely to vitiate tridosha in the body and it is not specific of any particular illness even udara. Among the vyadhi hetus, some of them are very specific of Baddagudodara, Chidrodara, Pleehodara. The diseases such as Yakrut roga/Pleeha roga ultimately results in Pleehodara / Yakrutodara.

Yakrut and Pleeha are the raktvaha srotomoola and hence raktavaha srotovikara like kamala and the variants of kamala should also be considered in this context.

### YAKRUTODARA VISHISTA HETU

Owing to the samprapti of Yakrutodara, the disease may manifest in two ways clinically i.e chyuta and achyutha Yakrutodara. To support this, the nidana can be categorized into two. One which is responsible for stanan-chyuthi of Yakrut and the other causes Yakrut vruddhi there by Yakrutodara.

### YAKRUTODARA BY STANA-CHYUTHI (SRAMSANA)

A person who has taken excess quantity of food if he indulges in excessive and violent physical activities will result in vata prakopa. Here ati-ashtasaya is the vyabhicharihetu for the stanatchyuti in Yakrutodara. Atisankshobhana-excessive violent physical activity, atiyana-excessive travelling, atichesta-excessive physical activity, ativayvaya-excessive sexual intercourse, atikarma (atikayati viruddha chesta) dangerous physical maneuvers. Ati bharahara- Carrying heavy weights, adhva gamana-excessive walking, ativamana (prachhardana)-bouts of emesis/vomiting all these acts as Pradhanika hetu. A susceptible individual, by doing excessive physical activities may develop sthanat-chyuti of any avayava even Yakrut/Pleeha. But the violent physical activities will definitely result in vata prakopa.

### YAKRUTODARA BY VYADHI-KARSHANA

Yakrutodara may be a sequel of any of the vyadhi a person suffering from. This particular view is supported by going through the samprapti. In the samprapti of the achyuta yakrutodara it is stated that sonitha vruddhi is likely to result in Yakrut vruddhi. This sonitha vruddhi may be because of rasa vaha or raktavahasrotovikara. Chakrapani said even mamsadi dhatu can also bring about sonitha vruddhi and there by vruddhi
of Yakrut. Srotasam dooshanat is one of the pradhanika hetu mentioned in the samanya nidana of udara, i.e rasa, rakta, mamsa, meda srotodushtijanya vikara may bring about Yakrutodara.

Manifestation of vyadhi may be in any of the trividha roga marga. When we look into rasa and rakta pradoshaja vikaras some of the diseases are pertaining to bahya roga marga, some in madhyama roga marga and some in ahyantaragata vikara like hridroga, kamala, pandu which are likely to produce Yakrutodara.

Rasa pradoshaja vikara like hridroga, pandu roga, jwara are likely to produce Yakrutodara. The raktapradoshaja vikara such as kamala and variants of kamala such as kumbha kamala, haleemaka, alasara, lodara, panaki are likely to result in Yakrutodara. Mamsa and medo pradoshajavikara like granti, arbuda may result in Yakrutodara.

Yakrutodara in the form of kamala may be seen in vishamajwara, sannipatatjwara. Kaphaja pandu and asadhya pandu is characterized by sarvadaihika shotha. Shotha in the madya kaya with krusangata is the lakshana of asadya pandu. Sarvadaihika shotha withswasa, kasa, panduta are the lakshananas of kaphaja pandu.

Kamala particularly koshtasrita kamala when not treated likely to progress to kumbakamala. The kumbakamala is characterized by sarvadaihika shotha and with udarotseda. The kumba kamala is a avasthabheda of kostasritakamala, also characterized by bleeding from different orifices such as mouth, nose, eyes, anus and with blood vomiting.

In the present day practice, Yakrutodara is commonly seen with chronic alcoholism. Alcoholism is likely to produce three manifestations in relation with liver. They are hepatic steatosis (fatty liver), alcoholic hepatitis and alcoholic cirrhosis. The descriptions of yakrut simulates with that of liver undoubtedly. Yakrut is raktavahasrotomula. Madya sevana is one of the raktadushti nidana explained by Charaka.

**YAKRUTODARA SAMPRAPTI:**
Chakrapani clarified the mode of manifestation of Yakrutodara. It manifests in two ways. Sthanat chyutijanya Yakrutodara and Vyadhi karshanajanya Yakrutodara. He has given the names chyuta and achyuta yakrutodara. Accordingly, the causative factors have been mentioned.

**YAKRUTODARA BY STAHA-NAITCHYUTI:**
Atisankshobha etc etiological factors suggest the baahya nidana are related with vihara and agantu nidana. Atisankshobhadi results in abhighata to shareera and if it happens to udara pradesha, there is a possibility of sthanat chyuti of yakrut / pleeha. Because of the agantu hetu, vyadhi develops all of a sudden and simultaneously dosha kopa develops. Abhighata, atisankshobha etc results in vata prakopa. Sramsana is one of the vata prakopa lakshana. Sramsana refers to sthanat cyuti (prolapse/dislocation). Here sthaanat chyuti is both samprapti and lakshana of the illness. By now the yakrut/pleeha will be palpable and that condition is called as yakrutodara/pleehodara – sthaanat chyuta.

**YAKRUTODARA-VYADHIKARSHANAJANYA (STHAA-NAAT ACHYUTHA)**
Yakrut vruddhi/udara may also take place by sonitha vruddhi. Yakrut –pleeha are the abord of raktavahasrotas. When vikruta sonitha vruddhi takes place it is likely to vitiate the moola-yakrut/pleeha. The dusta
Sonitha vruddhi takes place because of rak-tadustikara hetu and dusti of other srotas. In the samprapti of achyuta yakrut vruddhi it is clearly mentioned rasa and rak-tavaha sroto dusti results in rakta vruddhi there by yakrutodara. Chakrapani has added mamsvaha srotodusti responsible for rakta vruddhi.

Rasa pradoshajaa diseases like jwara, pandu, hridroga are likely to produce shotha, kama-la and yakrut roga. Going through the descriptions of pittaja, kaphaja, sannipataja, vishama and dhatugata jwara, very frequently we get lakshana of kamala, pandu, shotha, raktapitta etc. Susrutha while explaining the nidana of kamala says, this disease may manifest after pandu or anyaroga\textsuperscript{13}. That means a patient suffering from pittapradhana rasapradoshaja vikara likely to develop pittapradhana raktapradoshaja vikara. Chakrapani, while explaining the reasons for dhatvantarata of vyadhi opines that same dosha is responsible for dhatva ntarata of the vyadhi. Hence the pittapradhana jwara may act as nidana for pittapradhanavikara-kamala.

In this way, rasapradoshaja vikara acts as nidana for raktapradoshaja vikara and in the due course it may result in rakta vruddha sroto mula vikruti there by yakrutodara. Kamala particularly kostasrita kamala when not treated likely to progress to kumbhaka-mala. Koshtasakhasrita kamala is bahupitta kamala predominantly affecting the rak-tavahasrotomula and raktavahasrotas. The kumbhakamala is characterized by sar-vadaihika shotha, raktasrava from different orifices such as nasa, akshi, guda and with ratakachardi. Udara is the variant form of shotha. The adhistana of pitta pradhana shotha is madyakaya i.e. between ura and pakvashaya. Hence kamala - a bahupitta vikara may progress to kumbha kamala and may lead to yakrutodara.

Arbuda and grantiare primarily a disease of mamsavaha srotas\textsuperscript{14}. Arbuda is characterized by abnormal growth. The abnormal growth is mostly circular, firm/fixed to the underlying tissue, deep seated with or without pain, continuously growing but usually do not get necrosed. Apart from this, it is likely to manifest in any place in the body, any srotas in the sareera and likely to produce secondaries. The dushta dosha is likely to vitiate mamsa and rakta in the pathogenesis. From this description it is evident that arbuda, a mamsavaha srotodusti vikara is a tumor pathology and being fixed to the tissue continuously growing in size and produce secondaries in any part of the body. If secondaries are seen the condition is usually asadhya. If arbuda manifest in yakrut or secondaries, then yakrut vruddhi takes place and results in yakrutodara.

Madyapana is considered as a nidana for raktavahasrotodushhi. The qualities of madya like ushna, teekshna, amla, vyavaayi, vikasi, vishada and aashu are known to bring about pitta prakopa. Pitta and rakta are having asryaasrayi bhava. When pitta gets vitiated rakta is likely to be vitiated and there by raktavahasrotas gets vitiated. In this way the qualities of madya is likely to vitiate raktavahasrotas and its moola i.e. yakrut.

Till now the process of raktavahasrotodusti and yakrut vrudthi has been explained. This stage of the disease is called as ajatodaka avastha of udara. The process of collection of jaleeya dhatu in the udara is as follows.

A person suffering from pranavahasrotovikara, agni adishistana, apanav-akruti by indulging in aahara vihaara sambandhi nidana, further dusti of the dosha
and related dhatu and avayava takes place. This results in sanga of swedavaha srotas, ambuvaha srotas and even mootravaha srotas. Whenever there is obstruction in the sweda, mootra and ambu vahasrotas, the fluid either sara or kita roopi will be converted into jaleeya dhatuitself. This jaleeya dhatu a mixture of sara and kita will be brought primarily to koshta. Aahara rasa along with the abnormally collected jaleeya dhatu in the koshta will be percolated into the udara by the influence of dushta vata, just like the water percolates in a new pot. Now the fluid starts to collect in the udara.

This fluid is called as pichha and this stage is called as pichhotpatti avastha of udara. The pichha collected in the udara will be like baktamanda i.e. rice gruel, probably refers to higher consistency and specific gravity when compared to water. In this way udara utseda takes place and flanks will be filled with fluid, abdomen looks round-mandala udara. Gradually fluid tends to accumulate further and this stage is called as jatodaka avastha. Now the abdomen looks like a pot-udakapoorna druti.
CONCLUSION

Abnormal accumulation of jaleeya dhatu in udara pradesha is considered as udara. Yakrutodara is one among the ashta udara, clinically suspected when there is palpable yakrut along with the cardinal features of udara. Sthanat chyuta and achyuta are the two variants having their own specific etiological factors. Excessive physical activity resulting in injury and dislodgement of yakrut is the etiopathological processes of sthanat chyuta- yakrautodara. Rasa pradoshaja vikara, raktapradoshaja vikara and mamsadi dhatu pradoshaja vikara may lead to sthanat achyuta- vyadhikarshanajanya yakrutodara.

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