



# Study Of Association Of Srotodushti: Decoding Swedavaha And Ambuvaha Srotas In Udara Samprapti

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## ABSTRACT:

### Introduction:

Udara Roga, enumerated among the Ashtamahagada, is characterized by progressive abdominal distension primarily arising from Agnimandya and Tridosha vitiation. Classical Ayurvedic texts specifically highlight the obstruction of Swedavaha and Ambuvaha Srotas in the Samprapti of Udara. Despite the presence of multiple Srotas in the body, the selective emphasis on these fluid-regulating channels suggests a distinct pathophysiological mechanism centered on systemic fluid imbalance. The present study aims to analyze the association of Srotodushti, particularly Swedavaha and Ambuvaha Srotas, in the pathogenesis of Udara Roga.

### Methods:

A conceptual review was conducted using references from the Brihatrayee along with their classical commentaries. Relevant published research articles were also analyzed to correlate Ayurvedic principles with contemporary understanding of fluid dynamics in ascites. The sequential Samprapti was critically examined to understand the selective involvement of these Srotas.

### Results:

The analysis revealed that Agnimandya initiates Ama formation and production of defective Sama Rasa, leading to Rasadushti and Kleda Vriddhi. Since Rasa Dhatu is predominantly aqueous, its vitiation predisposes to fluid accumulation. Obstruction of Swedavaha and Ambuvaha Srotas impairs fluid transport, regulation, and excretion, resulting in progressive abdominal distension. The involvement of Prana, Samana, and Apana Vayu further perpetuates Srotorodha and fluid stagnation.

### Discussion and Conclusion:

Udara Roga can be understood as a Srotodushti-dominant disorder of systemic fluid dysregulation initiated by Agnimandya and mediated through Rasadushti. The classical emphasis on Swedavaha and Ambuvaha Srotas reflects their central role in maintaining fluid balance. Therapeutic approaches should therefore focus on Agni Deepana, Ama Pachana, and Srotoshodhana to restore normal fluid dynamics.

This interpretation highlights the scientific depth of Ayurvedic Samprapti Siddhanta and offers a rational framework for clinical management.

**Keywords:** Udara Roga, Swedavaha Srotas, Ambuvaha Srotas, Srotorodha, Ascites

## INTRODUCTION:

Udara Roga, enumerated among the Ashtamahagada, represents a severe and progressively debilitating abdominal disorder characterized by pathological distension.

Classical Ayurvedic texts describe its origin through the vitiation of Vata localized between Twak (skin) and Mamsa (muscle), leading to Shotha (swelling) in the abdominal region. It is categorized under Abhyantara Vyadhimarga and is fundamentally rooted in Agnimandya, which initiates a cascade of pathological events including Ama formation, Rasadushti, and Srotorodha. The obstruction of Swedavaha and Ambuvaha Srotas play a pivotal event in Udara Samprapti. While multiple Srotas exist within the body, the specific mention of these fluid-regulating channels indicates a highly targeted pathological mechanism centered on systemic fluid imbalance rather than mere structural enlargement.

The pathogenesis of Udara thus unfolds as a disorder of deranged fluid dynamics governed by the interplay of Prana, Samana (Agni), and Apana Vayu. Impairment of digestive fire results in improperly processed, fluid-dominant Sama Rasa, which, through progressive Srotorodha, leads to Kleda Vriddhi and abnormal fluid accumulation. Since Swedavaha and Ambuvaha Srotas are intrinsically responsible for fluid transport, regulation, and excretion, their dysfunction explains the manifestation of abdominal distension. Therefore, analyzing the selective involvement of these Srotas clarifies the classical Samprapti of Udara.

## MATERIALS AND METHODS

A review of Udar was conducted using classical Ayurvedic texts of the Brihatrayee and their commentaries. Information on Udar was collected from published research articles. Relevant data from both sources were analysed to establish understanding of Udar samprapti.

## DEFINITION:

यस्य वातः प्रकुपितस्त्वङ्गं सान्तरमाश्रितः।

शोथं सञ्जनयेत् कुक्षावुदरं तस्य जायते ॥

च. सू 18/31

When aggravated Vata takes shelter between the skin (Twak) and muscle tissue (Mamsa) in a person's body and produces swelling in the abdominal region (Kukshi), the condition is known as **Udara Roga**<sup>[1]</sup>.

## HETU:

The classical statement “*Roga Sarve Api Mandagni*<sup>[2]</sup>” emphasizes that impairment of digestive fire is the fundamental cause of many diseases, including Udara Roga. When the ingested food is not properly digested due to Mandagni, it leads to pathological processes that culminate in abdominal enlargement. Udara Roga refers to generalized abdominal distension arising from diverse etiological factors and is counted among the Ashtamahagada because of its severity and progressive nature.

Derangement of Agni along with accumulation of Mala results in vitiation of Prana, Samana (Agni), and Apana Vayu. This disturbs both upward and downward channels of circulation, leading to obstruction within the Srotas. The aggravated Doshas then localize in the region between Twak (skin) and Mamsa

(muscle), producing progressive swelling and marked abdominal distension, which clinically manifests as Udara Roga.

Excessive intake of foods possessing Ati-Ushna (very hot), Lavana (salty), Amla (sour), Kshara (alkaline), and Vidahi (irritant or burning) properties can significantly disturb Jatharagni. Regular consumption of Ruksha (dry), Viruddha Ahara (incompatible food combinations), impure or unhealthy food, and substances acting like Garavisha (toxins formed by improper combinations) further aggravates Doshas and weakens digestive capacity. Improper dietary regimen following Shodhana therapies, faulty administration of Panchakarma, and excessive or untimely eating also contribute to impairment of Agni<sup>[3]</sup>.

Certain disease conditions such as Plihodara (splenic disorders), Arsha (hemorrhoids), and Grahani Roga may cause emaciation and chronic digestive disturbance, predisposing to Mandagni. Suppression of natural urges, persistent dryness of the body, untreated chronic illnesses, accumulation of Ama, and psychological stress or emotional disturbances further disrupt normal metabolism. Mechanical factors like obstruction of the anorectal passage, fecal impaction, presence of foreign material within the intestines, or intestinal injury can also hamper digestive and eliminatory functions. Collectively, these dietary, behavioral, pathological, and obstructive factors lead to progressive deterioration of Jatharagni, ultimately contributing to the development of Udara Roga<sup>[4]</sup>.

Classical references state:

अग्निदोषान्मनुष्याणां रोगसङ्घाः पृथग्विधाः।

मलवृद्ध्या प्रवर्तन्ते विशेषेणोदराणि च॥

मन्देऽग्नौ मलिनैर्भुक्तैरपाकाद्दोषसञ्चयः।

च. चि 13/09

When Jatharagni becomes weak, Vata and other Doshas, as well as bodily wastes such as Mutra (urine) and Purisha (feces), begin to increase abnormally. As a result, various types of diseases develop, among which Udara Roga is particularly prominent. When Agni is already diminished, Dosha-aggravating food is consumed, proper digestion does not occur, leading to accumulation of Doshas within the body.

This accumulated Dosha, Prana Vayu, Samana Vayu (Jatharagni), and Apana Vayu, causing obstruction of both the upward and downward channels of circulation. The aggravated Doshas then localize between the skin (Twak) and muscle tissue (Mamsa), producing distension and gaseous enlargement of the abdomen (Adhmana), ultimately resulting in Udara Roga<sup>[5]</sup>.

Udar is primarily caused by Agnimandya which leads to tridosh vitiation. Thus, impaired Agni leads to Dosha accumulation and particularly results in Udara due to Mala Vriddhi.

Mala includes Vata and other Doshas, as well as fecal matter and related wastes. The term *Malin* refers to factors that vitiate the Doshas, such as incompatible diet and similar causes<sup>[6]</sup>.

**SAMPRAPTI:**

रुद्ध्वा स्वेदाम्बुवाहीनि दोषाः स्रोतांसि सञ्चिताः।  
प्राणायामपानान् सन्दूष्य जनयन्त्युदरं नृणाम् ॥

च. चि 13/20

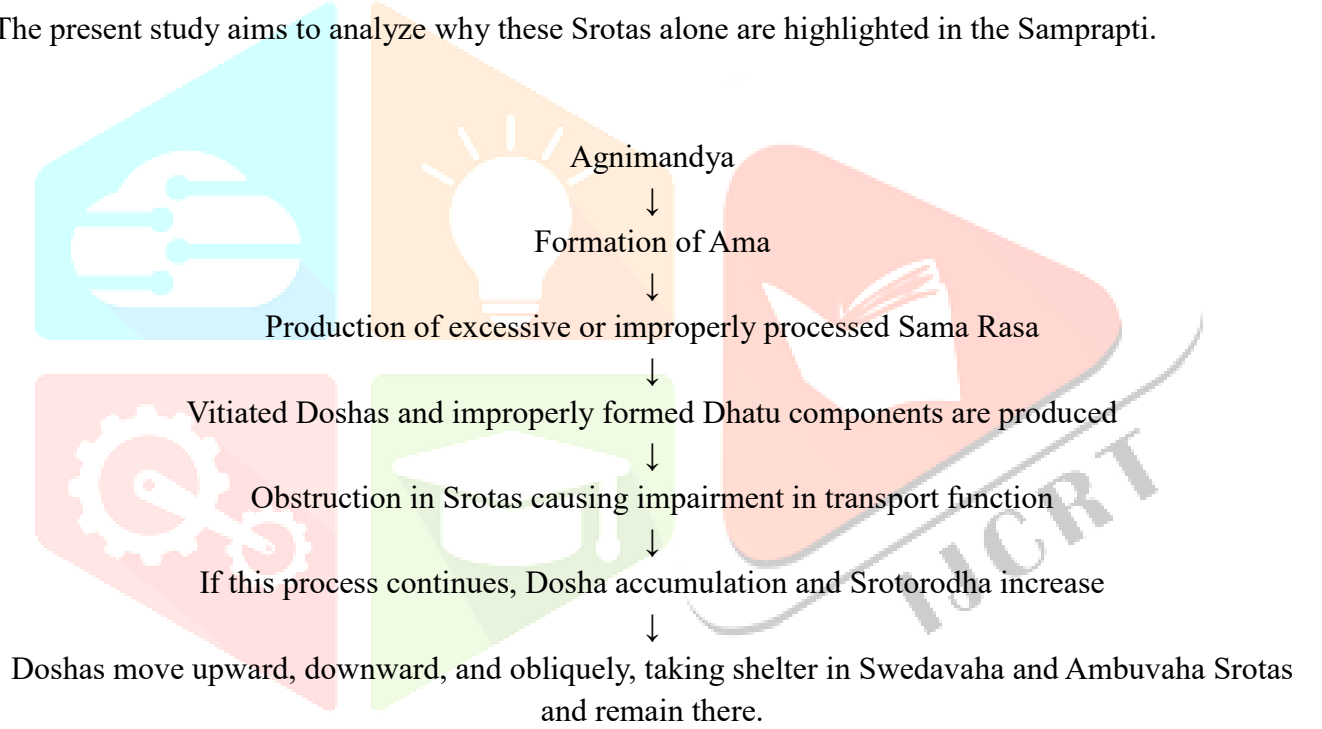
This specifically mentions obstruction of Swedavaha and Ambuvaha Srotas in the development of Udara.

Here, predominantly there is vitiation of **Prana, Agni, and Apana**.

Disturbance is observed in the functions of:

- **Prana** – its function of filling and regulation<sup>[7]</sup>,
- **Samana (Agni)** – its function of digestion and metabolic regulation<sup>[8]</sup>, and
- **Apana** – its function of retention and elimination<sup>[9]</sup>.

The present study aims to analyze why these Srotas alone are highlighted in the Samprapti.



सर्वनुगा शोफाः सर्व देहनुगा रसाः ।

Without vitiation of Rasa, swelling does not occur. Similarly, while considering vitiation of Ambuvaha Srotas or Udaka, the water component residing in bodily elements should be understood as Udaka Dhatu, and Rasa Dhatu predominantly contains water. Therefore, vitiation of Rasa is essential here.

**Swedavaha and Ambuvaha Srotas are involved because**

स्वेददोषाम्बुवाहीनि स्रोतांसि समधिष्ठितः।  
अन्तरग्रेश्च पार्श्वस्थः समानोऽग्निबलप्रदः॥

च. चि 28/08

Samana Vayu is located in the Swedavaha and Jalavaha (Ambuvaha) Srotas and resides near the Jatharagni in the Pachyamanashaya (region of digestion). Its primary function is to support and strengthen Agni, keeping it kindled and continuously active<sup>[10]</sup>.

The principal site of Samana Vayu is the digestive system, and its main function is to regulate and maintain proper digestion. Acharya Sushruta has described it as moving within the Amashaya (stomach) and Pakvashaya (intestines)<sup>[11]</sup>. Its functions include digestion of food, transformation into Rasa, and separation of waste materials. Acharya Vagbhata has explained that Samana Vayu is responsible for intake of food, digestion, division into nutritive essence (Rasa) and waste (Mala), and facilitation of excretion<sup>[12]</sup>. Disturbance of Samana Vayu leads to disorders such as Gulma (abdominal masses), Mandagni (weak digestive fire), and Atisara (diarrhea).

Since Samana resides in these Srotas, it first vitiates its site of residence (ashray).

Due to vitiation of Rasa Dhatu and Agni/Samana, excessive improperly processed Rasa Dhatu is formed which is incapable of performing its natural functions such as lubrication, retention, and nourishment. On the other hand, proper formation and nourishment of Rakta do not occur, leading to impairment of its vital function.

### **DISCUSSION:**

The conceptual study highlights that Udara Roga is fundamentally a disorder originating from Agnimandya and progressing through Rasadushti and Srotorodha. There is obstruction of Swedavaha and Ambuvaha Srotas as the decisive event in Udara Samprapti. Agnimandya results in Ama formation and production of Sama Rasa, which is qualitatively impure and quantitatively excessive. Since Rasa Dhatu is predominantly aqueous in nature, its vitiation inevitably leads to Kleda Vriddhi and predisposition to fluid stagnation.

In Udara Vyadhi, although Prana, Agni, and Apana are vitiated, Swedavaha and Ambuvaha Srotas are specifically highlighted because they are the principal seats of Samana Vayu. Samana Vayu resides near Jatharagni in the Pachyamanasaya and is responsible for kindling, regulating, and sustaining Agni. As described in Charaka Chikitsasthana 28, its localization in these Srotas makes them directly involved in digestion and fluid regulation.

### **CONCLUSION:**

Udara Roga can thus be interpreted as a systemic disorder of deranged fluid homeostasis initiated by Agnimandya and mediated through Rasadushti and obstruction of Swedavaha and Ambuvaha Srotas. The classical emphasis on these specific Srotas is not incidental, as Samana Vayu is situated in the Swedavaha and Jalavaha (Ambuvaha) Srotas and resides near Jatharagni in the Pachyamanasaya, the principal site of digestion. It plays a vital role in regulating and sustaining the digestive process. Its primary function is to support and strengthen Agni, keeping it properly kindled and continuously active. Their dysfunction leads to Kleda accumulation, progressive abdominal distension, and manifestation of Udara.

Therefore, the pathogenesis of Udara should be understood primarily as a Srotodushti-dominant condition with strong involvement of Rasa Dhatu and Prana, samana and apana vayu imbalance. Therapeutic approaches must aim at Agni Deepana, Ama Pachana, Srotoshodhana, and restoration of normal fluid dynamics. This interpretation reinforces the scientific precision of Ayurvedic Samprapti Siddhanta and provides a rational framework for both theoretical understanding and clinical management.

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