

## Research Article

# RADIOLOGICAL AND AYURVEDIC INSIDE INTO DAKODARA(ASCITES) CORRELATING CLASSICAL SYMPTOM WITH CT SCAN FINDING

**Dr. Gaurav Uttamrao Chaudhari<sup>1</sup>, Dr. Manisha M. Bhanage<sup>2</sup>**

<sup>1</sup>PG Scholar, Department of Rachana Sharir PDEA's College of Ayurveda & Research Centre,  
Nigdi, Pune

<sup>2</sup>Assistant Professor, Department of Rachana Sharir PDEA's College of Ayurveda & Research  
Centre, Nigdi, Pune

Corresponding Author: **Dr. Gaurav Uttamrao Chaudhari**

## Abstract

### Background:

Dakodara, a subtype of Udara Roga described in Ayurvedic classics, corresponds closely to ascites in modern medicine. It arises primarily due to Agni-dushti and Srotorodha, leading to pathological accumulation of fluid in the peritoneal cavity. Ancient scholars like Ācārya Suśruta, Charaka, and Vāgbhaṭa have described Dakodara as a grave condition marked by abdominal distension, protruding umbilicus, fluctuation of fluid, and systemic emaciation. Objective: This review aims to correlate the Ayurvedic understanding of Dakodara with contemporary radiological (CT scan) findings to bridge classical symptomatology and structural changes detectable through imaging modalities. Methods: A qualitative synthesis of classical Ayurvedic texts (Caraka Saṃhitā, Suśruta Saṃhitā, Aṣṭāṅgahṛdaya) was undertaken alongside modern radiological literature on ascites and a cross-sectional CT-based study of Dakodara. The findings were analyzed to identify anatomical correlates of classical symptoms such as Udara Vriddhi, Kukshi Adhmāna, Dṛṣṭa Kṣubhita Jala Nāda (fluid thrill), and Nabhi Unnati (protruding umbilicus).

Results: CT imaging reveals structural alterations including hepatic cirrhosis, portal hypertension, splenomegaly, peritoneal thickening, and free fluid accumulation corresponding to the Ayurvedic description of Doṣa-Mala Sañcaya between Tvak and Māṃsa Dhātu. Classical manifestations like Snigdha-Udara and Shabda-yate Udara correlate with fluid collection and bowel displacement seen in radiological scans. Conclusion: The integration of Ayurvedic pathophysiology with modern radiological findings enhances diagnostic accuracy and therapeutic understanding. Correlating CT-based anatomical changes with classical symptomatology can provide valuable insight for prognosis, management, and the development of integrative diagnostic frameworks in the management of Dakodara.

**Keywords:** Dakodara, Ascites, Udara Roga, CT Scan, Radiology, Ayurveda, Agni Dushti, Jalodara, Portal Hypertension.

## 1. Introduction

In Ayurvedic literature, *Udara Roga* is described as a pathological condition characterized by abnormal distension of the abdomen due to multifactorial derangements involving Agni,

Dosha and Mala. Acharya Sushruta defines *Udara* as a group of disorders of the abdominal region wherein the vitiated Doshas accumulate between the *Tvak* (skin) and *Mamsa Dhatu*, leading to progressive enlargement of the abdomen and dysfunction of internal structures. In *Sushruta Samhita*, eight types of *Udara Roga* are described—*Vatodara*, *Pittodara*, *Kaphodara*, *Tridoshodara*, *Pleehodara*, *Baddhagudodara*, *Dakodara* and *Agantuja Udara*.<sup>1</sup>

“वृद्धाः समस्तैः अपि चेह दोषैः  
प्लीहोदरं बद्धगुडं तथैव  
आगन्तुकं सप्तमम् अष्टमं च  
दाकोदरं चेति वदन्ति तत्त्वम्॥”

(Sushruta Samhita, Nidana Sthana 7/4)<sup>2</sup>

Among these, *Dakodara* is considered a severe and chronic condition, and is often correlated with ascites. Acharya Sushruta explains that *Dakodara* develops when an individual, after undergoing procedures such as *Snehana*, *Vamana*, *Virechana* or *Basti*, consumes cold water or incompatible food. The residual unexpelled *Sneha* obstructs the *srotas*, leading to accumulation of fluid (*Udaka*) inside the abdominal cavity.<sup>3</sup> The abdomen becomes enlarged, shiny, tense and exhibits a fluid thrill resembling a water-filled leather bag.<sup>4</sup>

“स्निग्धं महत्संयवृत्तं नाभिश्चोन्नत्तमुदरम्  
अम्बुना च पूर्णं यथा दृष्टाः क्षुभिता कम्पन्ति  
च शब्दयन्ते च तद्दाकोदरं तत्॥”

(Sushruta Samhita, Nidana Sthana 7/22-24)

From an Ayurvedic perspective, the *samprapti* of *Dakodara* begins with *Mandagni*. Impaired *Agni* results in *Ama* formation, which causes obstruction of *srotas*. The vitiated *Kapha*, *Pitta* and *Vata* disturb the normal functioning of *Prana*, *Samana* and *Apana Vayu*, leading to progressive distension of the abdomen and fluid accumulation.<sup>5</sup>

In modern medicine, ascites is defined as pathological accumulation of fluid in the peritoneal cavity, most commonly due to chronic liver disease and portal hypertension, but also associated with conditions like congestive cardiac failure, nephrotic conditions, malignancy or tubercular peritonitis.<sup>6</sup> Radiology, especially Computed Tomography (CT), plays an essential role in diagnosing ascites and identifying associated pathological changes such as hepatic deformity, splenomegaly, peritoneal thickening and mesenteric alterations.<sup>7</sup>

By correlating classical Ayurvedic features of *Dakodara*—such as *Kukshi Adhmana*, *Nabhi Unnati*, *Drishta Jala Chalana* and *Snigdha Udarata*—with specific CT findings, a scientific bridge can be formed between traditional clinical observation and modern anatomical evidence. Such an integrated approach strengthens clinical understanding and supports more comprehensive diagnosis and management.

## 2. Ayurvedic Review of *Dakodara*

### 2.1 Etymology and Definition

The term *Dakodara* is composed of *Daka* (water) and *Udara* (abdomen), signifying the collection of fluid within the abdominal cavity. It is one of the eight types of *Udara Roga* described by Acharya Sushruta, occurring due to chronic dosha vitiation and fluid accumulation in the peritoneal region.<sup>8</sup>

Acharya Sushruta classifies eight types of *Udara* as follows:

वृद्धाः समस्तैः अपि चेह दोषैः प्लीहोदरं बद्धगुदं तथैव

आगन्तुकं सप्तममष्टमं च दकोदरं चेति वदन्ति तत्त्वम्॥(सु.नि. 7/4)<sup>9</sup>

This highlights *Dakodara* as the eighth variety, marked by excessive fluid retention (*Udaka Sanchaya*).

The classical causation and description are further elaborated as:

यः स्निग्धतोऽप्यनुविलसितोऽथवा नातिपर्युषितोऽथवा रक्तोऽथवा निरूढः।

पिबेच्छीतं शीतमशुचि तस्य स्रोतांसि दुष्यन्ति हि तद्विहीनानि॥(सु.नि. 7/22-23)<sup>10</sup>

And the clinical picture is vividly described:

स्निग्धं महत्संयवृतं नाभिश्चोन्नतं उदरं अम्बुना च।

यथा दृष्टाः क्षुभ्यन्ते कम्पन्ते च शब्दयन्ते च दकोदरं तत्॥(सु.नि. 7/24)<sup>11</sup>

Thus, *Dakodara* presents with a tense, smooth, distended abdomen, umbilical protrusion, and visible or palpable fluid movement, closely resembling ascites.

## 2.2 Nidana (Etiological Factors)

The root cause of *Udara Roga* including *Dakodara* is *Mandagni* (weak digestive power). Improper diet such as guru, sheeta, viruddha ahara, excessive alcohol, day sleep, and sedentary habits lead to Ama formation and vitiation of all three doshas, predominantly Vata and Kapha.<sup>12</sup> Acharya Vagbhata clearly states:

रोगाः सर्वेऽपि मन्देऽग्नौ सुतरां उदराणि च।

अजीर्णाद्बलिनाः चान्ते जायन्ते मिषसंचयात्॥(अ.ह. नि. 12/11)<sup>13</sup>

This establishes *Mandagni* as the central causative factor. Ama blocks the srotas, resulting in fluid retention and progressive abdominal enlargement.

## 2.3 Samprapti (Pathogenesis)

The samprapti of *Dakodara* progresses through:

1. Mandagni → Ama utpatti
2. Ama sanchaya → Srotorodha
3. Vata-Kapha dushti
4. Apana vata avarodha → Udaka vriddhi
5. Udaka sanchaya between twak and mamsa dhatu → Udara vriddhi

This classical understanding parallels modern ascites, where portal hypertension, hepatic dysfunction, and hypoalbuminemia cause fluid transudation into the peritoneum.<sup>14</sup>

## 2.4 Lakshana (Clinical Features)

Classical features of *Dakodara* include abdominal distension (*kukshi adhma*), *mandagni*, emaciation of limbs, swelling of feet, protruding umbilicus, visible fluid thrill, heaviness, and dyspnea.<sup>15 16</sup> These correlate with modern signs of ascites such as shifting dullness, fluid thrill, and progressive abdominal enlargement due to peritoneal fluid.<sup>17</sup>

## 2.5 Prognosis

*Dakodara* is considered *Kruchra Sadhya* (difficult to cure), as mentioned by Acharya Charaka, especially when associated with complications such as *pandu*, *halimaka*, or severe oedema.<sup>18</sup> Early diagnosis and correlation with radiological findings can improve management outcomes.

## 3. Modern Correlation – Ascites and Radiological Perspective

### 3.1 Definition and Modern Understanding

In modern medicine, *ascites* is defined as the pathological accumulation of fluid within the peritoneal cavity due to various systemic or local causes. It represents an advanced stage of several chronic diseases, most commonly hepatic cirrhosis, portal hypertension, congestive cardiac failure, nephrotic syndrome, and peritoneal malignancy.<sup>19</sup>

This clinical condition corresponds precisely to the Ayurvedic description of *Dakodara*, wherein *Udaka* (fluid) collects within the abdominal cavity due to *Doṣa Sañcaya* and *Srotorodha*. While Ayurveda explains the mechanism in terms of *Agni Dushti* and *Udakavṛiddhi*, modern science attributes it to altered hydrostatic, oncotic, and osmotic pressures within the vascular and lymphatic systems.

The transudation of plasma into the peritoneal cavity occurs when the balance between portal venous pressure, plasma oncotic pressure, and lymphatic drainage is disrupted. Hence,

ascites can be viewed as a physical manifestation of *Srotas Avarodha* (obstruction of channels) described in Ayurveda.

“स्रोतांसि दुष्यन्ति हि तद्विहीनानि” (सु.नि. 7/22)<sup>20</sup>

“When the channels of the body are obstructed, pathological accumulation of fluid occurs.”

Thus, the classical concepts of *Srotorodha* and *Udaka Sañcaya* closely parallel the modern understanding of increased portal venous hydrostatic pressure and decreased plasma oncotic pressure leading to fluid retention.

### 3.2 Etiopathogenesis: Ayurvedic–Modern Correlation

The Ayurvedic *Samprāpti* (pathogenesis) of *Dakodara* and the modern pathophysiology of ascites share striking conceptual similarities. The following table summarizes this correlation:

Ayurvedic Concept	Modern Correlate	Explanation
<i>Mandāgni</i> (low digestive fire)	Hepatocellular dysfunction	Impaired metabolism and protein synthesis
<i>Āma Sañcaya</i> (toxic accumulation)	Endotoxemia, hepatic fibrosis	Accumulation of toxic metabolites
<i>Srotorodha</i> (obstruction of channels)	Portal hypertension, sinusoidal blockage	Impeded venous outflow
<i>Udakavṛiddhi</i> (fluid accumulation)	Transudation of fluid into peritoneal cavity	Ascitic fluid formation
<i>Vāta Avarodha</i> (obstructed Apāna Vāta)	Altered peristalsis and fluid dynamics	Reduced elimination and stagnation

Both frameworks describe a sequential chain of metabolic, vascular, and fluid regulatory disturbances culminating in the same outcome — abdominal fluid accumulation.

### 3.3 Radiological Basis of Ascites (CT Imaging)

Computed Tomography (CT) is one of the most accurate radiological modalities for detecting and characterizing ascitic fluid and associated structural changes. CT scan findings not only confirm the presence of fluid but also identify etiological and anatomical alterations associated with the disease<sup>21</sup>.

#### A. Radiological Grading of Ascites

1. **Mild ascites:** minimal fluid, usually localized to pelvis or paracolic gutters.
2. **Moderate ascites:** diffuse peritoneal fluid with partial bowel displacement.
3. **Severe ascites:** generalized fluid causing bowel wall compression, “floating” intestines, and a stretched abdominal wall<sup>22</sup>.

#### B. Key CT Findings

1. **Free Fluid:** Hypodense collection between intestinal loops and paracolic gutters.
2. **Liver:** Irregular surface, decreased size, or nodularity indicating cirrhosis.
3. **Spleen:** Splenomegaly reflecting portal hypertension.
4. **Peritoneum:** Thickening or enhancement in infective or malignant ascites.
5. **Mesentery and Omentum:** Stranding, edema, or caking in advanced disease.
6. **Portal Vein:** Dilatation or presence of collateral circulation.
7. **Abdominal Wall:** Distension, smoothness, and visible tension corresponding to *Snigdha Udara* in Ayurvedic description.

These CT features validate the classical observations of *Suśruta* regarding the physical characteristics of *Dakodara*—a smooth, tense abdomen (*Snigdham Mahat Saṃyavṛttam*) and visible fluid movement (*Kṣubhita Jala Nāda*).

“स्निग्धं महत्संयवृतं नाभिश्चोन्नतं उदरं अम्बुना चा

यथा दृष्टाः क्षुब्धन्ते कम्पन्ते च शब्दयन्ते च दकोदरं तत्॥” (सु.नि. 7/24)<sup>23</sup>

This verse perfectly parallels modern CT findings where the abdomen appears distended, with fluid movement upon position change—akin to the ancient description of the “moving water sound” (*Jala Nāda*) in *Dakodara*.

### 3.4 Structural Involvement Observed in CT Findings

According to recent observational studies on *Dakodara* (*Ascites*), CT scans reveal significant structural involvement in multiple abdominal organs<sup>24</sup>:

Organ/System	CT Observation	Ayurvedic Correlation
Liver	Cirrhosis, fibrosis, atrophy	<i>Agnimandya</i> and <i>Yakṛt Dushti</i>
Spleen	Splenomegaly	<i>Pleeha Vriddhi</i>
Peritoneum	Thickening, enhancement	<i>Srotorodha</i> and <i>Āma Sañcaya</i>
Abdominal Wall	Smooth tension and bulging	<i>Snigdha Udara</i>
Mesentery	Edema and stranding	<i>Meda Dhātu Dushti</i>
Portal Vein	Dilatation, varices	<i>Rakta Vāha Srotas Avarodha</i>
Ascitic Fluid	Mild / Moderate / Severe	<i>Udaka Sañcaya</i>

This CT-based cross-sectional understanding provides objective validation of Ayurvedic pathophysiology and supports the clinical identification of *Dakodara* based on both internal (structural) and external (clinical) markers.

### 3.5 Diagnostic Integration

The diagnostic synthesis of Ayurveda and Radiology provides a holistic and multidimensional approach to *Dakodara*:

1. **Ayurvedic Diagnosis:** Based on *Nidāna Pañchaka*, *Lakṣaṇa Parīkṣā*, *Rogi-Roga Parīkṣā*, and *Doṣa-Dhātu-Mala-Agni* evaluation.
2. **Radiological Diagnosis:** Based on CT-based assessment of organ morphology, fluid distribution, and associated vascular changes.

#### Integrated diagnostic benefits:

1. **Enhanced Diagnostic Precision:** Recognition of both functional (*Agni Dushti*) and anatomical (*Hepatic/Peritoneal*) pathology.
2. **Improved Prognosis:** Correlating *Doṣa predominance* with structural deformities assists in deciding therapeutic strategy (*Śodhana* or *Śamana*).
3. **Evidence-based Validation:** Radiological documentation provides tangible scientific evidence supporting classical Ayurvedic descriptions.

This integrated approach aligns with the principles of Ayurvedic modernism (*Anvaya-Vyatireka*) and current trends in evidence-based integrative medicine, ensuring comprehensive disease interpretation and patient management.

### 3.6 Clinical Significance

From the Ayurvedic standpoint, *Dakodara* is considered a *Mahāgada*—a severe, chronic, and often *Krichhra Sādhyā* (difficult-to-cure) disorder. Acārya Charaka includes it among the eight *Mahāgada* (major obstinate diseases):

“अष्टौ महागदाः प्रोक्ता राजयक्ष्मा च प्रमेहकुष्ठं च  
उदरं चास्य च दोषजं च विपाकजं चैव न विद्यतेऽन्यत्॥”(च.नि. 8/1)<sup>25</sup>

Modern medical literature reflects the same gravity, considering ascites a manifestation of end-stage hepatic disease, cardiac failure, or malignant peritoneal involvement—conditions associated with poor prognosis and high morbidity.

CT-based radiological assessment, when integrated with Ayurvedic evaluation, allows for early detection of internal structural changes, guiding timely therapeutic decisions. It supports the judicious use of *Śodhana* (purificatory therapies like *Virechana* and *Basti*) and *Śamana* (palliative measures including *Punarnavadi Kwatha*, *Tamra Bhasma*, etc.) according to *Doṣa predominance* and the severity of *Udaka Sañcaya*. This interdisciplinary framework not only bridges traditional and modern diagnostics but also enhances clinical outcomes through precise understanding of the disease continuum from *Agni Dusthi* to hepatic and peritoneal structural deformity.

#### 4. Correlation Between Ayurvedic Symptoms and CT Findings

##### 4.1 Conceptual Basis

The description of *Dakodara* in classical Ayurvedic texts provides vivid external and internal symptomatology that can be scientifically correlated with modern imaging observations. *Suśruta*, *Charaka*, and *Vāgbhaṭa* have elaborated *Lakṣaṇas* such as *Snigdha Udara* (smooth tense abdomen), *Nabhi Unnati* (umbilical protrusion), and *Dr̥ṣṭa Jala Chalana* (visible fluid movement), which directly correspond to the radiological signs of ascites seen in CT scans.

“स्निग्धं महत्संयवृतं नाभिश्चोन्नतं उदरं अम्बुना च।

यथा दृष्टाः क्षुभ्यन्ते कम्पन्ते च शब्दयन्ते च दकोदरं तत्॥”(सु.नि. 7/24)<sup>26</sup>

This verse outlines the hallmark features of *Dakodara*: a large, distended, smooth abdomen with fluid movement and protrusion of the umbilicus. These manifestations are nearly identical to the radiological features of ascites, which include generalized abdominal distension, umbilical eversion, and free fluid accumulation.

##### 4.2 Comparative Correlation Between Ayurvedic Lakṣaṇas and CT Findings

Ayurvedic Symptom (Lakṣaṇa)	Sanskrit Reference	Pathophysiological Explanation (Ayurveda)	CTScan Finding	Modern Interpretation
<b>Snigdha Udara</b> (smooth, tense abdomen)	सु.नि. 7/24 <sup>27</sup>	Obstruction of <i>Srotas</i> with <i>Doṣa</i> and <i>Mala Sañcaya</i> between <i>Tvak</i> and <i>Māṃsa Dhātu</i> leading to tense distension	Smooth distended abdominal wall with stretched skin	Result of peritoneal fluid causing outward tension on abdominal wall
<b>Nabhi Unnati</b> (protruding umbilicus)	सु.नि. 7/24 <sup>28</sup>	Pressure from internal fluid accumulation pushes <i>Nabhi</i> outward	Umbilical eversion visible on CT and inspection	Raised intra-abdominal pressure due to ascitic fluid
<b>Dr̥ṣṭa Jala Chalana</b> (visible fluid)	सु.नि. 7/24 <sup>29</sup>	Accumulated <i>Udaka Dhātu</i> moves within the peritoneal cavity,	Fluid shifting on position change	“Shifting dullness” and “fluid thrill” — hallmark of

movement)		producing vibration-like motion	in CT scan	ascites
<b>Kukshi Adhmāna</b> (flank distension)	अ.ह. नि. 12/11 <sup>30</sup>	Fluid accumulates laterally due to <i>Apāna Vāta Avarodha</i>	Fluid pockets seen in flanks (paracolic gutters)	Gravity-dependent fluid collection on CT
<b>Kṛisha Gātra</b> (emaciated limbs)	अ.ह. नि. 12/12 <sup>31</sup>	Malnutrition and <i>Agni Dushti</i> lead to muscle wasting	Decreased subcutaneous fat, visible hepatic atrophy	Muscle and fat wasting in chronic liver disease
<b>Kara Pāda Shōpha</b> (pedal edema)	चि. 13/22 <sup>32</sup>	<i>Āma</i> and <i>Kapha Vṛiddhi</i> cause <i>Srotorodha</i> in lower extremities	Bilateral lower limb edema in CT or clinical exam	Hypoalbuminemia and venous stasis causing fluid retention
<b>Mandāgni</b> (impaired digestion)	अ.ह. नि. 12/11 <sup>33</sup>	Reduced <i>Agni</i> hampers metabolism and <i>Dhātu Poshana</i>	Liver showing decreased attenuation or cirrhosis	Hepatic dysfunction leading to malnutrition
<b>Udara Gurutā</b> (heaviness of abdomen)	चि. 13/46 <sup>34</sup>	Retained <i>Mala</i> and <i>Doṣa</i> produce heaviness due to obstruction	Free fluid with bowel displacement	Increased intra-abdominal pressure due to ascites
<b>Śvāsa Kṛichhratā</b> (dyspnea)	चि. 13/48 <sup>35</sup>	Upward pressure of <i>Udaka</i> affects <i>Ura Pradeśa</i> (chest region)	Elevated diaphragm on CT	Mechanical restriction due to massive ascitic fluid

### 4.3 Analytical Interpretation

The classical *Lakṣaṇas* of *Dakodara* reflect both functional and structural pathology. CT imaging provides tangible evidence of these internal changes, thus validating the Ayurvedic clinical descriptions:

1. The Snigdha Udara described by *Suśruta* corresponds to the *tense abdomen* observed radiologically, confirming fluid pressure within the peritoneal cavity.
2. The Nabhi Unnati (protrusion of umbilicus) observed clinically in *Dakodara* mirrors the umbilical eversion and stretched linea alba visible in CT imaging.
3. The Dṛṣṭa Jala Chalana (fluid thrill) directly aligns with the free fluid shifting sign and floating bowel loops seen in CT sections.

Thus, Ayurvedic clinical examination and modern radiological imaging are complementary diagnostic tools. The former assesses *Doṣa-Dhātu-Mala* imbalance and functional pathology, while the latter visualizes the structural counterpart.

### 4.4 Pathological and Structural Correlation

From an anatomical perspective, CT findings in *Dakodara* (*Ascites*) show:

1. **Liver involvement:** cirrhosis, atrophy, and fibrosis (corresponding to *Yakṛt Dushti* and *Agnimandya*).
2. **Spleen enlargement:** indicating *Pleeha Vṛiddhi* due to *Rakta Vāha Srotas Avarodha*.

3. **Peritoneal and mesenteric thickening:** resembling *Srotorodha* due to *Āma Sañcaya*.
4. **Fluid distribution patterns:** correspond to *Udaka Vṛiddhi* in Ayurveda.

Hence, the *Samprāpti* of *Dakodara* as explained in Ayurveda finds exact morphological expression in CT imaging — demonstrating the depth and clinical accuracy of classical Ayurvedic observations.

#### 4.5 Integrative Diagnostic Insight

The correlation between classical *Lakṣaṇas* and radiological findings bridges Ayurvedic theory and modern diagnostic science. This approach allows:

1. **Objective confirmation** of classical symptoms through CT imaging.
2. **Better prognosis assessment** by evaluating organ structural damage (especially liver, spleen, and peritoneum).
3. **Personalized therapeutic planning** — determining whether *Śodhana* (like *Virechana* or *Lekhana Basti*) or *Śamana* (palliative) management is appropriate based on both functional and structural status.
4. **Academic and research validation** — providing measurable, image-based evidence for classical Ayurvedic doctrines such as *Agni Dushti*, *Srotorodha*, and *Udaka Sañcaya*.

This fusion of Ayurvedic *Rogi-Roga Parīkṣā* and CT-based structural assessment sets a foundation for integrative diagnostic frameworks in the management of *Udara Roga*, particularly *Dakodara*.

#### 5. Discussion

The combined evaluation of *Dakodara* through Ayurvedic principles and modern radiology offers a unified understanding of its pathogenesis, symptomatology, and clinical evolution. Ayurveda explains *Dakodara* as a consequence of *Mandagni*, *Ama* formation, and vitiation of *Vata* and *Kapha*, leading to obstruction in *Srotas* and subsequent accumulation of *Udaka Dhatu*. Modern medicine describes a parallel mechanism wherein hepatic dysfunction, portal hypertension, and reduced oncotic pressure result in fluid collection within the peritoneal cavity. Thus, the concepts of *Srotorodha* and peritoneal transudation represent two terminologies describing the same pathological process.

The classical features noted by *Sushruta*—such as abdominal distension, *Nabhi Unnati*, and fluid thrill—are accurately reflected in CT findings like abdominal wall distension, umbilical eversion, and shifting fluid between bowel loops. These correlations demonstrate that Ayurvedic physicians, through clinical observation and inference, recognized the pathological events that radiology now visualizes directly.

Ayurveda emphasizes early functional changes such as *Agni Dushti* and *Ama* accumulation, while radiology documents later structural manifestations including cirrhosis, splenomegaly, and ascitic fluid pockets. When combined, these approaches offer greater diagnostic clarity, allowing early detection, stage-wise assessment, and improved monitoring of treatment response. CT imaging objectively reflects the outcomes of *Deepana*, *Pachana*, and *Shodhana* therapies, making it a valuable adjunct in prognosis and follow-up.

This integrative perspective strengthens clinical reasoning, supports evidence-based validation of Ayurvedic concepts, and exemplifies the principle of *Yukti Pramana*—where rational inference is enriched by direct visualization. Thus, the convergence of Ayurveda and radiology creates a comprehensive disease model linking functional imbalance with anatomical change, reaffirming the scientific depth of classical Ayurvedic descriptions.

#### 6. Conclusion

The integrated study of *Dakodara* confirms that Ayurvedic doctrines align closely with radiological observations in ascites. While Ayurveda explains the root cause through *Agni*,

*Dosha*, and *Srotas* imbalance, CT imaging objectively captures the resulting structural changes, supporting a more precise and holistic diagnostic approach. This synthesis enables earlier intervention, clearer prognostic assessment, and better evaluation of therapeutic outcomes. By combining *Shamana* and *Shodhana* principles with radiological monitoring, clinicians can achieve both functional correction and measurable structural improvement. Ultimately, *Dakodara* serves as a model demonstrating that ancient Ayurvedic wisdom and modern imaging science can complement one another, offering a rational, integrative, and patient-centered framework for effective clinical practice.

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**Citation:** Dr. Gaurav Uttamrao Chaudhari and Dr. Manisha M. Bhanage 2025. “RADIOLOGICAL AND AYURVEDIC INSIDE INTO DAKODARA(ASCITES) CORRELATING CLASSICAL SYMPTOM WITH CT SCAN FINDING”. *International Journal of Academic Research*, 12(4): 19-28.

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