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Ayurvedic Management of Ubhay Pada Shotha (Bilateral Pedal Edema) In A Known Case of Hypertension – A Case Report

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ABSTRACT:

Pedal edema is a common clinical feature often associated with cardiovascular, renal, and hepatic disorders. In hypertension, chronic fluid retention and vascular changes may lead to bilateral pedal edema. In Ayurveda, such a condition can be correlated with *Sarvanga/Ekanga Shotha* depending on its presentation. To evaluate the efficacy of Ayurvedic management in bilateral pedal edema in a hypertensive patient. A known case of hypertension with bilateral pedal edema was treated with Ayurvedic *Shamana Chikitsa* (oral medications) along with *Pathya-Apathya* regimen for 30 days. Pre- and post-clinical findings were documented. Significant reduction in pedal edema, heaviness, and improvement in ambulation were noted. Ayurvedic management provided effective relief in bilateral pedal edema, suggesting its role as a supportive therapy in chronic hypertension.

KEYWORDS: Bilateral pedal edema, Hypertension, *Shotha, Ayurveda*, Case Report.

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INTRODUCTION:

Edema is defined as an abnormal accumulation of fluid in the interstitial spaces. Bilateral pedal edema is commonly seen in systemic conditions like heart failure, chronic kidney disease, liver cirrhosis, and uncontrolled hypertension. Modern management includes diuretics and control of underlying disease. In *Ayurveda*, such swelling is described under the term *Shotha*, these are swellings which may have foreign (*agantuja*) or endogenous (*nija*) etiological causes. Three *doshas* are involved in all swelling forms, but the *dosha's* dominance determines the nomenclature, which may be generalized (*Sarvanga Shotha*) or localized (*Ekanga Shotha*)[1]. According to *Sushruta Acharaya*, in *Kaphaja shotha* to determine its *Pakva-Apakva Avastha* (ripe-unripe stage), diseases caused by *Kapha dosha* or sometimes due to inflammation caused by trauma, being settled in deep dhatus, when complete symptoms of inflammation are not visible, the *vaidya* makes the mistake of considering the ripe inflammation to be unripe. Where there is colour of the skin, cold edema, stability, less pain and hardness like stone in the inflammation, it should be considered as *Pakva Avastha*[2]. Generally causes include vitiation of *Tridosha*, obstruction of *Srotas*, and impaired circulation of *Rasa* and *Rakta Dhatu*. In hypertensive patients, *Vyana Vayu dushti* with *Raktavaha* and *Udakavaha Srotas dushti* plays a role. This paper presents a case study of a hypertensive patient with bilateral pedal edema, managed with Ayurvedic interventions.

Treatment Protocol

Shamana Chikitsa (Internal Medicines):

Case Report

Patient Information

Age/Gender: 61-year-old male Occupation: Salesmen Presenting Complaints: *Ubhay Pada Shotha* (Swelling in both legs) (non-pitting type), *Pada Gauravta* (heaviness), *Pada Kriya kashtata* (difficulty in prolonged standing and walking) – since 1 year. History: Known case of hypertension for 10 years, on regular allopathic medication (Tab Amlodipine 5 mg + Telmisartan 40mg OD). No history of: Diabetes, renal disease, or liver disease.

Clinical Examination

General: Normal physique, pulse 84/min, BP 150/92 mmHg.Local:

- Bilateral pedal edema (Grade II, Non-pitting).
- Mild tenderness, heaviness reported.

Systemic Examination: Normal cardiac and respiratory findings.

Examination (Ayurvedic Assessment)

Nidana: Aharaja (excess salt, heavy diet), *Viharaja* (sedentary lifestyle)

Lakshana: *Shotha* (non-pitting edema), *Gaurava* (heaviness)

Dosha: Predominantly *Kapha–Vata*

Dushya: Rasa, Rakta, Meda Srotas involved: *Rasavaha, Raktavaha, Medovaha Srotorodha hetu*: Hypertension-related vascular changes

Diagnosis

Modern: Bilateral pedal edema in a hypertensive patient.

Ayurvedic: *Vata-Kaphaja Shotha (Sarvanga Shotha* of lower limb predominance).

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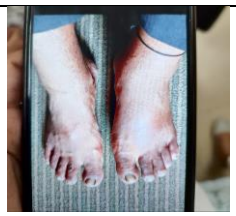
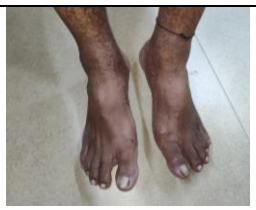
Drug	Dose	*Anupana* (Vehicle)	*Kala* (Time of Administration)	Indication
Arogyavardhini Vati[3]	250 mg BD	Lukewarm water	After meals	*Rakta shuddhi, Agni deepana,* metabolic correction
Punarnava Mandur[4]	2 tabs (250 mg each) BD	Lukewarm water	After meals	*Shothahara, Mutrala, Pandu, Jalodara*
Punarnavadi Kashaya[5]	20 ml BD	Equal qty lukewarm water	Before meals	*Shothahara, Mutrala, Kapha-Pitta Shamaka*
Gokshuradi Guggul [6]	500 mg BD	Lukewarm water	After meals	*Mutravikara, Shotha, Kledahara*
Gandharva Haritaki Churna[7]	5 g HS	Lukewarm water	At bedtime	*Anulomana, Vatanulomaka, Apana Vata shamana*
Dashang Lepa[8] (external)	Q.S. (paste)	Lukewarm water (for mixing)	Applied once daily, kept for 30 min	*Shothahara, Vedanasthapana, Kapha-Vata shamana*

Pathya-Apathya (Diet & Lifestyle):

- Pathya: Light diet, Yusha, Mudga, barley, green vegetables, avoidance of excess salt.
- Apathya: Day sleep, excessive water intake, curd, heavy and oily foods.

Duration: 30 days.

Results / Observations

Parameter	Pre-treatment (Day 0)	Post-treatment (Day 30)
		
Pedal edema (Non-pitting grade)	Grade II	Absent

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Heaviness of legs (VAS score 0–10)	7	2
Ambulation	Restricted, discomfort	Normal walking, relief
Blood Pressure	150/92 mmHg	138/84 mmHg

DISCUSSION:

Bilateral pedal edema in hypertensive patients is primarily a consequence of vascular congestion, increased hydrostatic pressure, and chronic fluid retention, which often complicates the management of long-standing hypertension. In Ayurvedic terms, this condition is interpreted as a manifestation of Vata-Kapha Dosha imbalance, resulting in Shotha (edema). Vata governs movement and fluid circulation, while Kapha contributes to fluid accumulation and tissue stagnation, explaining the pathophysiology of edema in this framework.

The treatment regimen focused on Dosha balancing, Dhatu correction, and metabolic normalization using classical Ayurvedic herbs and formulations:

- Punarnava (Boerhavia diffusa): Exhibits Mutrala (diuretic), Shothahara (anti-edema), and Lekhana (scraping/clearing) properties, which facilitate removal of excess extracellular fluid. Its efficacy in reducing edema has been supported by previous pharmacological studies demonstrating enhanced renal excretion and anti-inflammatory effects.
- Gokshura (Tribulus terrestris): With Mutrala and Balya properties, it supports the urinary system, promoting diuresis, which is crucial for mobilizing and eliminating retained fluids in hypertensive edema.
- Arogyavardhini Vati: Acts as Agni Deepaka (digestive/metabolic stimulant), Rakta Shuddhi (blood purifier), and metabolic corrector, addressing underlying Rasa and Rakta Dhatu imbalances, which may contribute to fluid retention.
- Gandharva Haritaki: Provides mild Anulomana, regulating bowel function and ensuring proper excretion and metabolism, further supporting fluid homeostasis.

The combination therapy resulted in a marked reduction in pedal edema, alleviation of heaviness, and improved quality of life. The integrative approach aligns with Ayurvedic principles of holistic care, targeting the root causes of edema rather than only symptomatic relief. Moreover, previous studies validate the diuretic and Shothahara activity of Punarnava, reinforcing its role in managing edema.

CONCLUSION:

The present case demonstrates that Ayurvedic management, employing a combination of Punarnava Mandur, Punarnavadi Kashaya, Gokshuradi Guggulu, Arogyavardhini Vati, and Gandharva Haritaki Churna, can provide effective symptomatic relief in bilateral pedal edema associated with hypertension. Each of these interventions contributes through complementary mechanisms: diuresis, Shothahara (anti-edema) action, metabolic correction, and Dosha balance, addressing both the underlying pathophysiology and the

symptoms of edema. The patient experienced a marked reduction in swelling, alleviation of heaviness, and improved ambulation, reflecting not only symptomatic improvement but also enhancement in quality of life.

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