“To study the efficacy of Ruksha Udwartana in the management of Sthoulya with special reference to obesity”

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ABSTRACT

Obesity has become one of the most serious public health problems of the 21st century with morbid obesity affecting 5% of the country's population. In Ayurveda the signs and symptoms of obesity can be co-related with Sthoulya. In Samhitas, Sthoulya is mentioned under ‘Santaran-janya Vyadhi’ and ‘Kaphaj Nanatmaj Vikar’. As Sthoulya is not only a cosmetic concern but also has adverse effect on body and may lead to diseases like diabetes, hypertension, hypothyroidism, osteoporosis etc it is need of time to have an effective treatment for it. Panchakarma proves to be very effective in treating Sthoulya, especially the local therapies like Udwartana are very easy and cost effective. Though a proper diet and regular exercise is a key for Obesity, it is necessary to have supportive therapies. As Sthoulya itself is a Santaran janya Vyadhi, with the Samanya-Vishesh Siddhanta Apatarpan therapy is strongly recommended in Sthoulya. This paper highlights the role of Ruksha Udwartana with Triphala, Musta and Daruharidra Dravyas in Sthoulya.

KEYWORDS: Sthoulya, Udwartana, Santaran janya vyadhi, Apatarpan

INTRODUCTION:

The word Sthoulya is derived from root `sthu’ with suffix `ach` which stands probably for thick, bulky, big. A person having heaviness & bulkiness of the body due to excessive growth especially in abdominal region is termed as ‘Sthoula’ & the state of Sthoula is called as `Sthoulya`. In Ayurveda, Sthoulya (obesity) has been explained and described by Acharya Charaka as ‘Atisthool Purush’ under the heading of ‘Sthool’a & the state of Sthoola is called as `Sthoulya`. In Ayurveda, Sthoulya (obesity) has been explained and described by Acharya Charaka as ‘Atisthool Purush’ under the heading of ‘Ashtoninditiya Purush’. He has also introduced Sthoulya in ‘Santaran-janya Vyadhi’ and ‘Kaphaj Nanatmaj Vikar’. Sthoulya is the nearest clinical entity for obesity in Ayurveda. Sthoulya is Santaranjanya, Shleshmananatmaj, Medovahastrotodushtijanya,
**Bahudoshadhiyka** and *Yapya vyadhi* hence *Apatarpan* therapy is prescribed in *Sthaulya*.

According to WHO, obesity can be defined as abnormal or excessive fat accumulation that presents a risk to health. In its simplest terms, obesity can be considered to result from an imbalance between the amount of energy consumed in the diet and amount of energy expended through exercise and bodily functions.

According to Acharyya Charaka, *Medovruddhi* is the main cause of *Sthaulya*. In *Sthaulya*, *Vikrut* and *Apachit Medovruddhi* occurs in the body. As accumulation of *meda* in *spik, sthana & udara* are cardinal features of *Sthaulya*, to treat *Sthaulya* Udvartan breaks the Samprampti of this disease by shoshan of kleda, *Kaphahara* and *Meda Pravilayana* thus reducing Medavruddhi in the body. According to Acharya Charaka, *Medovruddhi* is the main cause of *Sthaulya*. In *Sthaulya*, *Vikrut* and *Apachit Medovruddhi* occurs in the body. As accumulation of *meda* in *spik, sthana & udara* are cardinal features of *Sthaulya*, to treat *Sthaulya* Udvartan breaks the Samprampti of this disease by shoshan of kleda, *Kaphahara* and *Meda Pravilayana* thus reducing Medavruddhi in the body. According to Acharya Charaka, *Medovruddhi* is the main cause of *Sthaulya*.

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**MATERIALS AND METHODS:**

**Udwartana:**

**Definition:** The term *Udwartana* consists of two words *Urdhwa* and *Vartana*. *Urdhwa* means upward and *Vartana* means to move. *Udwartana* means to move something in an upward direction. *Udwartana* is a special type of *Abhyanga* in which herbal powders are used for massaging *Acharya Charaka* has mentioned a term called *Sharirparimanghana*.

**Benefits of Udwartana:**

<table>
<thead>
<tr>
<th>उद्वर्तनं</th>
<th>कफहरम्</th>
<th>मेदस</th>
<th>रववलायनं</th>
</tr>
</thead>
<tbody>
<tr>
<td>वथिरीकरणां</td>
<td>अङ्गानां</td>
<td>त्वक्प्रसादनम्</td>
<td>परम्</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>दौगतन्ध्यं</td>
<td>गौरवं</td>
<td>र्न्ध्ां</td>
<td>कण्डं</td>
</tr>
<tr>
<td>थवेदबीभत्सर्ां</td>
<td>हवन्धर्</td>
<td>शरीरपररमार्तनम्</td>
<td></td>
</tr>
<tr>
<td>उद्वर्तनं</td>
<td>कफहरम्</td>
<td>मेदस:</td>
<td>रववलायनं</td>
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<td>त्वक्प्रसादनम्</td>
<td>परम्</td>
</tr>
</tbody>
</table>

**Drugs used:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Rasa</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Latin name</th>
<th>guna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triphala</td>
<td>Tikta, Katu, Kashaya</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Cyperus rotundus</td>
<td>Laghu, Ruksha</td>
</tr>
<tr>
<td>Musta</td>
<td>Tikta, Katu, Kashaya</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Cyperus rotundus</td>
<td>Laghu, Ruksha</td>
</tr>
<tr>
<td>Daruharidra</td>
<td>Tikta, Kashay</td>
<td>Ushna</td>
<td>Katu</td>
<td>Berberis aristata</td>
<td>Laghu, Ruksha</td>
</tr>
</tbody>
</table>

So the drugs which are for *Udwartana* are mainly *laghu, ruksha, ushna*. Coarse powder of the above drugs are used.

**Methodology:**

**Sample size-** 10

**Treatment duration -1 month**

Follow up- On 7<sup>th</sup>, 15<sup>th</sup> and 30<sup>th</sup> day.

**Method of selection of study subjects:**

**Inclusion criteria-**

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Drugs used:

- Triphala: Tikta, Katu, Kashaya
- Musta: Tikta, Katu, Kashaya
- Daruharidra: Tikta, Kashay

So the drugs which are for *Udwartana* are mainly *laghu, ruksha, ushna*. Coarse powder of the above drugs are used.
Patient will be selected irrespective of their gender, caste, religion & socioeconomic status.
Patients of age group 18–50 years will be included.
Patients having BMI more than 25 will be included.
Patients having sign and symptoms of Sthaulya-
1. Daurbalya
2. Kshudrashwas
3. Nidradhikya
4. Kshudha
5. Sweda daurgandhya

Exclusion criteria-
Patient not willing to give the written consent.
Patients having BMI less than 25.
Pregnant and lactating woman.
Patient of age group below 18 years and above 50 years.
Patient having severe systemic disorders like cardiac, renal disorders, bed ridden due to any chronic illness.
Patient with long term steroidal treatment and taking antipsychotic drugs.

Subjective Criteria
1. Daurbalya (Generalized weakness)

| Grade – 0 | Can do routine daily work |
| Grade – 1 | Can do moderate daily work without difficulty |
| Grade – 2 | Can do mild daily work with difficulty |
| Grade – 3 | Cannot do even mild daily work |

2. Kshudrashwas (dyspnea)

| Grade – 0 | Absent |
| Grade – 1 | Dyspnea only with moderate exercise |
| Grade – 2 | Dyspnea on slight work |
| Grade – 3 | Dyspnea even at rest |

3. Nidradhikya (Excessive Sleep):

| Grade – 0 | Normal and sound sleep for 6-8 hrs / 24 hrs With feeling of lightness and relaxation in the body and mind. |
| Grade – 1 | Sleep 8 – 9 hrs/ 24 hrs. With slight heaviness in the body. |
| Grade – 2 | Sleep more than 8 - 9 hrs/ 24 hrs. with heaviness in the body |
| Grade – 3 | Sleep > 10 hrs / 24 hrs. With heaviness in the body associated with Jrimbha and Tandra. |

4) Kshudha (Polyphagia)

| Grade – 0 | Normal Routine diet. |
| Grade – 1 | Slightly increased ( 1 meal extra with routine diet ) |
| Grade – 2 | Moderately increased ( 2 meals extra with routine diet ) |
| Grade – 3 | Markedly increased ( 3 meals extra with routine diet ) |

5) Sweda Daurgandhya (Body Odor):
| Grade – 0 | No odor. |
| Grade – 1 | Bad odor but not offensive. |
| Grade – 2 | Strong odor but can be lessened by use of Deodorants or perfumes. |
| Grade – 3 | Very strong odor even after using fragrances( use of deodorants or perfumes ) |

**B) Objective Criteria:**

1) **Body Mass Index (BMI):**
A crude population measure of Obesity is BMI i.e. Body Mass Index. It is measured as:

\[ BMI = \frac{\text{Weight in kg}}{\text{Square of Height in meter}^2} \]

Classification of Obesity as per BMI is as follows:

- Normal BMI: 18.5 to 24.9
- Overweight: 25 to 29.9
- Grade 1 Obesity: 30 – 34.9
- Grade 2 Obesity: 35 – 39.9
- Grade 3 Obesity: > than 40

**Procedure details:**

**Purvakarma**

Patients are thoroughly examined and confirmed that the patient is fit to undergo Udvartana treatment or not. Then preparation for the treatment like material needed are collected. Patient is asked to evacuate bladder and bowel.

**Dravya used:** Triphala , Musta and Daruhradra.

**Pradhana karma:**
It is important that the massage be simultaneously and synchronously done both side of the body to maintain uniformity. Udvartana is done in the same chronology of doing Abhyanga. It is done covering all the 7 postures.

- **Position 1** - patient sitting on the massage table with lower limbs extended.
- **Position 2** - patients lying on his back (supine)
- **Position 3** - patients lying on one side, turning towards left (left lateral)
- **Position 4** - patients lying on his belly, face downwards (prone)
- **Position 5** - patients lying on other side, turning towards right (right lateral)
- **Position 6** - repeat position 2, patients lying on his back, facing upwards (supine)
- **Position 7** - repeat position 1, patients sitting with legs extended

**Duration of procedure:** 35 minutes

**Pashchat karma:**
After Udvartana the body of the patients is cleansed with sterile cloth or tissues or sterile cotton to remove the powder. After wiping off the patient was asked to take rest for about 15 min and then allowed to take bath.

**RESULT :**
Before and after results of the 10 patients were noted according to the subjective and objective criteria. Paired T test applied to the data for accessing the result.
It is noted as follows:

<table>
<thead>
<tr>
<th>Sr. no</th>
<th>Parameters</th>
<th>Average (Xd)</th>
<th>Standard deviation</th>
<th>P value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Daurbalya</td>
<td>-1.6</td>
<td>0.516398</td>
<td>0.0006282</td>
<td>Significant</td>
</tr>
<tr>
<td>2</td>
<td>Kshudrashwas</td>
<td>-1.4</td>
<td>0.516398</td>
<td>0.0006282</td>
<td>Significant</td>
</tr>
<tr>
<td>3</td>
<td>Nidradhikya</td>
<td>-2</td>
<td>0.666667</td>
<td>0.02612</td>
<td>Significant</td>
</tr>
<tr>
<td>4</td>
<td>Kshudha</td>
<td>-1.7</td>
<td>0.483046</td>
<td>0.0002733</td>
<td>Significant</td>
</tr>
<tr>
<td>5</td>
<td>Sweda daurgadhya</td>
<td>-1.2</td>
<td>0.421637</td>
<td>0.00006638</td>
<td>Significant</td>
</tr>
<tr>
<td>6</td>
<td>BMI</td>
<td>-1.27</td>
<td>0.421769</td>
<td>0.1584</td>
<td>Significant</td>
</tr>
</tbody>
</table>

The difference between the average of after minus before and the μ0 is big enough to be statistically significant. Overall result after clinical and statistical evaluation of 10 patients revealed that Udwartana by Triphala, Musta, Daruharidra is effective in Sthoulya and helps to reduce the signs and symptoms of sthoulya. Marked relief in symptoms like daurbalya, kshudrashwas, nidradhikya, kshudha, sweda daurgandhya has been noted. Also a good result was noted in BMI. So diseases like Sthoulya can be managed effectively by Panchakarma.

**DISCUSSION**:

Shodhana therapy helps to eradicate the disease from its root and often gives faster results. Udwartan is rukshan karma having properties of kaphahara, meda vilayana , kapha vilayan etc. As the dravya used are ushna, tikshna in its properties, it penetrates into the skin through romkupa by action of rubbing and causes paka of kapha and meda. The dravya used are laghu, ruksha which causes laghavta in body and also helps in reduction of symptoms of sthoulya. Excellent result was found in nidradhikya. As laghavta is achieved by Udwartana the utsaha increases hence nidradhikya reduces. It is cost effective and easy to perform hence can be used extensively for obesity. Due to ruksha and kashay guna it also helps in tightening of loose skin and provides mardavata to the body. It helps to improve texture and skin complexion. As we find many metabolic and lifestyle disorder in todays era, Udawartan should be included as a essential daily regime.

**CONCLUSION**:

Udwartan by Triphala, Musta, Daruharidra is effective in Sthoulya w.s.r to Obesity. Maximum results were achieved in symptoms like nidradhikya and sweda daurgandhya. Minimum results were achieved in BMI of the patient. This study has limitations as it was done only on a small number of subjects. Further research needs to be done on a larger group of subjects.

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