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"To study the efficacy of Ruksha Udwartana in the management of Sthoulva 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. KEYWORDS: In Ayurveda the signs and symptoms of obesity can be co-related with Sthaulya. In Samhitas, Sthaulya is mentioned under 'Santarpan-janya Vyadhi' 'Kaphaj Nanatmaj Vikar'. As Sthaulya 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 Sthaulya, especially the local therapies 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 Sthaulya itself is a Santarpan janya Vyadhi, with the Samanya-Vishesh Siddhanta Apatarpan therapy is strongly

recommended in Sthaulya. This paper highlights the role of Ruksha Udwartana with Triphala, Musta and Daruharidra Dravyas in Sthaulya.

Sthaulya, Udwartana, Santarpan janya vyadhi, Apatarpan

INTRODUCTION:

The word Sthaulya is derived from root `sthu` with suffix `ach` which stands probably for thick, bulky, big¹. A person having heaviness & bulkiness of the body due to excessive growth especially in abdominal region is termed as `Sthoola` & the state of Sthoola is called as `Sthaulya`2. In Ayurveda, Sthaulya (obesity) has been explained and described by Acharya Charaka as 'Atisthool Purush' under the heading of 'Ashtoninditiya Purush'³. He has also introduced Sthaulya in 'Santarpan-janya Vyadhi⁴ and 'Kaphaj Nanatmaj Vikar'. Sthaulya is the nearest clinical entity for Ayurveda. Sthaulya in Santarpanjanya, Shleshmananatmaj, Medovahastrotodushtijanya,

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Bahudoshadhikya and Yapya vyadhi hence Apatarpan therapy is prescribed in Sthaulva.

According to WHO, obesity can be defined as abnormal or excessive fat accumulation that presents a risk to health.⁵ In its simplest terms, obesity can be considered to result from imbalance between the amount of energy consumed in the diet and amount of energy expended through exercise and bodily functions.

According to Achahrya Charaka, Medovruddhi is the main cause of Sthaulya⁶. 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. As per Vagbhata, Udvartan normalizes vikrut kapha & liquefies apachit meda. It provides firmness to body, smoothness to skin & improves complexion of skin⁷. Hence, it seems most promising treatment of Sthaulya in अहरतेनं कफहरम् मेदसः प्रविलायनं । Ayurveda

The contents of Udvartan are Musta, Daruharidra and Triphala. These are of Laghu, Ushna and Ruksha Guna. Drugs used:

Therefore, it will lead to removal of excess Meda present on the body.

MATERIALS AND METHODS:

Udwartana:

Definition: The term *Udvartana* consists of two words Urdhwa and Vartana. Urdhwa means upward Vartana means to move. Udvartana means to move something in an upward direction. Udvartana is a special type of Abhyanga in which herbal powders are used for massaging⁸ Acharya Charaka mentioned called term ShariraParimarjana 9

Benefits of Udwartana:

उद्घर्तनं वातहरं कफमेदोविलापनम् ॥५१॥ रिशरीकरणमङ्गानां त्ववप्रसादकरं परम् |५२| (su.chi.24/51)

दौर्गन्ध्यं गौरवं तन्द्रां कण्डूं मलमरोचकम् स्वेदबीभत्सतां हन्ति शरीरपरिमार्जनम्॥९३॥ (cha.su.5/93)

रिशरिकराणांअङ्गानां त्ववप्रसादनम् परम् ॥ (अ.ह. 2/14)

Drug	Rasa	Virya	Vipaka	Latin name	guna
Triphala	Tikta, Katu, Kashaya	Sheeta	Katu	Cyperus rotundus	Laghu, Ruksha
Musta	Tikta, Katu, Kashaya	Sheeta	Katu	Cyperus rotundus	Laghu , Ruksha
Daruharidra	Tikta, Kashay	Ushna	Katu	Berberis aristata	Laghu , Ruksha

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 7th, 15th and 30th day.

Method of selection of study subjects: **Inclusion criteria-** 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. Daurbaluya
- 2. Kshudrashwas
- 3. Nidradhikya
- 4. Kshudha
- 5. Sweda daurgandhya

Subjective Criteria

1. Daurbalya (Generalized weakness)

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.

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
	COPYING HOUSE

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 = Weight in kg / Square of Height in meter¹⁰

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 *Daruharidra*.

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

resessitting with legs extended

Durataion 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.

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

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 Triphala, Udwartana by 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 Sthaulya can be managed effectively by Panchakarma.

DISCUSSION: Shodhana therapy helps to eradicate the disease from its root and often gives faster results. Udawartan 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 sthaulya. 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:

ns Daruharidra is effective in Sthaulya 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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