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A comparative clinical study on Udvartana with Shaileyadi Churna and Yoga Asanas in Sthaulya

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ABSTRACT

Obesity has reached epidemic proportions in India in the 21st century. Sedentary life style and unhealthy food habits being a major causative factors, resulting in many serious systemic complications like Diabetes, Heart disease etc. Udvartana is commonly practiced and this therapy explained to be Kaphahara and Meda Pravilayana property. Asana is the first step of Hatayoga. One should practice Asanas to obtain Sthairya, Arogya and Laghuthva. Sthoulya is one such disease where Asanas are useful in reducing the weight and their complications. A Comparative clinical Study of 40 patients suffering from Sthaulya were selected after thorough history taking, clinical assessment and laboratory investigations. Patients were subjected to Udvartana using in Shaileyadi Churna, Group A and Udvartana with Shaileyadi churna and Asanas in Group B for a period of 14 days where in the procedure was carried out daily for 45 min.

Key words: Asanas, Obesity, Sthaulya, Shaileyadi Churna, Udvartana.

INTRODUCTION

Obesity has reached epidemic proportions in India in the 21st century. Sedentary life style and unhealthy food habits being a major causative factors, resulting in many serious systemic complications like Diabetes, Heart disease etc.^[1] However, it has been estimated to affect 20 to 40% of the adults and 10 to 20% of children and adolescents in developed countries.^[3] WHO began sounding the alarm in the 1990s, guiding a series of expert and technical consultation. Public awareness campaigns were also initiated to sensitize

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policy makers, private sector partners, medical professionals and the public at large to aware that obesity is predominantly a "social and environmental disease.^[2]

In Ayurveda it is explained as Sthaulya and Medoroga in all Samhitas. It is a Rasa Nimittaja and more so a Santarpanajanya Vyadhi. Its Nidana, Samprapti, mentioned in detail.^[3] Lakshana, Upadravas are Elaborative description of *Chikitsa* is also done by the Acharyas. Mainly it includes Shodhana and Shamana type of treatments. Among them Udvartana Karma which is having Kaphahara and Medohara property, is used frequently with Rookshana Dravyas. In this Karma powder of drugs is massaged against the hair follicles.^[4]

In this study Shaileyadi Churna having Rookshana, Laghu and Tridoshahara property is selected for Udvartana.^[5]

Ayurveda explained about Vyayama in the context of Dinacharya. Vyayama is defined as Visheshaayama of body that is attaining specific posture where in toughness and mobility of body parts are attained. Asana is the first step of Hatayoga. One should

practice Asana's to obtain Sthairya, Arogya and Laghuthva.^[6]

Many *Asanas* have been explained in various books with successful practise all around the globe. They are effective and easily practised in most of the life style disorders. *Sthoulya* is one such disease where *Asanas* are useful in reducing the weight and their complications.^[7] Hence a study is planned to evaluate the effect of *Udvarthana* with *Shaileyadi Churna* and *Asana* in *Sthoulya*.

MATERIALS AND METHODS

Source of Data

40 Patients suffering of Sthoulya were selected from Department of Panchakarma OPD and IPD of Muniyal Institute of Ayurveda Medical Sciences by preset inclusion and exclusion criteria.

Method of collection of the data

A special proforma was prepared incorporating all points of history taking, physical signs and symptoms of *Sthaulya* and lab investigations. Accordingly, the patients were selected and were subjected to a detailed clinical history and complete examination. Two group with 20 patients each will be randomly selected from above date.

Study Design: This was a comparative clinical study.

Diagnostic criteria

- Pratyatma Lakshana of Sthaulya presenting with symptoms like Chalasphik, Udara and Stana, lack of Utsaha, Svasa, Atinidra, Svedabadha, Daurgandhya, Atipipasa, Atiksudha, Alpavyavaya, Gatrasada.
- Value of BMI.

Inclusion Criteria

- Patient aged of above 18 and below 60.
- Having BMI in between 27 to 33.
- Patient presenting with "Pratyatmaka Lakshana" of Sthaulya as explained in classics.

Exclusion Criteria

Patient having age of above 60 and below 18.

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- Patient having Eczema, Psoriasis, Cuts, Burns, wounds, Pregnant women.
- Having BMI value above 33.

Assessment Criteria

- 1. Chala Sphik Udara
- 2. Kshudra Svasa
- 3. Nidradhikya
- 4. Ati-Kshudha
- 5. Daurgandhya

Intervention

The simple procedure of massaging the whole body below neck with dry powder of *Shaileyadi Churna* in Group A with it mixing of *Dhatura Patra Swarasa* and *Lepa* will be done on whole body. The *Lepa* is left to dry for few minutes . Massaging will be done opposite to the orientation of hair in the 7 postures of body. The duration of the procedure is 45 minutes and carried out for 14 days. Soon after the procedure patient is asked to take rest for about 15 minutes and then allowed to take bath.

- 1. Sitting 5 min
- 2. Supine 10 min
- 3. Left lateral 5 min
- 4. Dorsal 5 min
- 5. Right lateral 5 min
- 6. Supine 10 min
- 7. Sitting 5 min

In group B Just after *Udwartana Karma* patient allow to take rest for 15 minutes then advised to do these *Asanas*.

Asanas

Session of nine *Asanas Yogic* postures in sitting, standing, lying down, lying down on abdomen, forward bending will be conducted and all the *Asanas* will be done for five minutes for a total duration of 45 minutes. These are the *Asanas*.

1. Trikonasna

- 2. Parsvakonasana
- 3. Paripoorna Navasana
- 4. Virabhadrasana
- 5. Padahastasana
- 6. Dhanurasana
- 7. Jathara Parivartasana
- 8. Urdhva Prasarita Padasana
- 9. Janu Sirsana

RESULT

Table 1: Objective parameters overall effect of GroupA on 20 patients of *Sthoulya*.

Total Effect	Percentage	No of Pts	%
Cured	100%	0	0
Markedly Improved	76-99%	0	0%
Moderately Improved	51-75%	7	35%
Improved	26-50%	9	45%
Unchanged	<25%	4	20%

Table 2: Objective parameters overall effect of GroupB on 20 patients of *Sthaulya*.

Total Effect	Percentage	No of Pts	%
Cured	100%	0	0
Markedly Improved	76-99%	1	5%
Moderately Improved	51-75%	6	30%
Improved	26-50%	9	45%
Unchanged	<25%	4	20%

DISCUSSION

Sthaulya is considered as a burning problem of todays era caused due to sedentary life style, unwholesome food habits, lack of physical exercise, mental stress etc. factors. Its importance lies in the fact that it is the doorway to other major health complications. The *Sthaulya* was discussed with great importance since Vedic period itself, the references of *Sthaulya* could be seen in Ayurvedic classics like *Bruhatrayees* and *Laghutrayees*. It was considered as one among the *Astamahagadas*.

The management of this condition also seeks great importance. As an aid to this, the present study had been selected.

Obesity

Sthaulya was referred to as Obesity in this context as the symptomatology, complications etc. of Obesity is very similar to *Sthaulya*.

The final result was drawn based on assessment of individual patients on various parameters and then finally inferences were drawn considering relevant statistical methods are presented here.

Discussion on effect of Treatment

The assessments of results were made by adopting the standard methods of scoring and the signs and symptoms of *Sthaulya*.

Effect of treatment on Chala SphikUdara , Kshudra Svasa, Nidradhikya, Ati-Kshudha, Ksudrasvasa and Daurgandhya

Absolutely no much improvement was found in both the groups. As the total duration of the treatment is only 14 days. This treatment modality with longer duration with internal medicines may give much better results.

Probable mode of action

Udvartana is having the Gunas of Kapha-Meda Vilayana property. Due to Ushna and Teekshna Guna of Dravya and forceful massage effect on Romakupa, the Veerya of drug enters into body through, there after it opens the Mukha of Siras, thereby making Paka of Kapha and Medas. Due to this, there will be Dravata Vriddhi of Kapha and Medas occurs, which is present in Abaddha form so it helps to proper formation of Medas. It also helps to remove the Avarodha which is an important factor to get rid of Sthaulya.

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Twak Prasadakara: By performing *Udvartana*, the amount of blood circulation beneath the skin increases due to friction. Due to this change the cells of the skin are supplied with more oxygen, there by changing the colour at least to some extent. In all 40 patients the investigator had observed no changes with respect to their skin colour, but if this procedure is conducted as a routine practices or in the form of *Utsadana* there are chances to prove above hypothesis.

Anga Sthirikarana: By performing *Udvarthana* fat cells get lipolysed then the cells get shrunken causing compactness. Thus one can appreciate the above benefit.

Gauravahara: Gaurava is feature due to increase in *Kapha* and *Medas*. *Udvartana* is having the *Gunas* of *Kapha* – *Meda Vilayana* property for *Gauravahara*.

Tandrahara: Tandra is due to *Tamo Guna,* which is increased by *Vikruta Kapha. Udvarthana* will reduce *Kapha,* hence relieves *Tandra.* All the patients who received *Udvarthana* got this benefit.

Kanduhara: One of the reasons for *Kandu* is obstruction in the *Swedavaha Srotas*. As *Udvarthana* clears the orifices of *Swedavaha Srotas* by its *Sira Mukha Vishodhana Guna*, it reduces itching.

Vatahara: In *Sthaulya, Medas* and *Kapha* obstruct *Vata. Udvarthana* reduces *Kapha* and *Medas* and thereby normalizing the movement of *Vata*.

Rubbing

Rubbing helps in the absorption of effusions, relief of blood stasis and carrying away the morbid products in the system. Deep pressure massage helps the interchange of tissue fluids by increasing the circulation in the superficial veins and lymphatics. The pressure helps the contents of the vessels move towards the heart, if applied strongly and quickly, it has a stimulating effect. It increases nutrition in all tissues. It removes fatigue, carrying away the increased products of combustion. Also it assists the re-absorption of serous fluid. The rubbing may be said to act both by pressure and by suction. Massage diminishes the blood pressure without increasing the activity of the heart. But the blood vessels are relaxed, distended and stretched by this. After a course of this treatment blood has been found to contain more red blood corpuscles and haemoglobin. These are not manufactured by rubbing, but bring them into circulation instead of them remaining dormant in the system. It influences the general metabolism when applied on large areas.

The rubbing helps to breakdown thickening and adhesions in sub acute and chronic conditions. Also helps in the re-absorption of inflammatory products and absorption of fat in fatty tissues.

Effects of Asanas in Group B

These *Asanas* is an isotonic type of exercise it does not increase the tension but increases the metabolic rate. Dynamic stretches in forword and backword direction and rhythmic positive and negative pressure changes in viscera stimulate various viceroceptors. That is why all the systems work at optimum level. This increases the stamina and cardiovascular endurance. It mobilizes the stored or accumulated fat by increasing the blood circulation. So the weight loss and other objective, subjective parameter had seen good result in Group B compare to Group A.

CONCLUSION

The conclusion drawn from the scientific discussion on present study are as follows; *Sthoulya* is a *Santarpana Janya Vikara* having unique *Samprapti*. *Madhura Rasa Bhojana* and *Avayama* are the prime causative factors along with *Beeja Dosha*. *Guru* and *Apatarpana* is the line of treatment to conquer *Teekshnagani* and *Medovruddi* respectively. *Vataghna* and *Shleshma Medohara Ahara Aushadhi*, *Rukshoshna Udvaratana* are the modalities of *Sthoulya*. Among those *Shailayadi Churna* having rukshana and medohara effect is the best remedy for *Sthoulya*. The present study establishes that 14 days regular practice of these Nine *Asanas* with *Udvartana* helped obese person to reduce their weight. Treatment response of all objective parameters were highly significant in

both the groups but compared to group A, group B has shown better results. Hence further continuation of the treatment is justified or else this study will pave way for more clinical trials in this regard with more prolonged course.

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