

**ROLE OF TIL PINYAK UDVARTAN THERAPY IN THE
MANAGEMENT OF STHAULYA W.S.R. TO OBESITY- A CASE
REPORT**

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ABSTRACT

In Ayurveda Obesity is regarded as *Medoroga* –A disorder of *Meda Dhatu*- Adipose tissue and fat metabolism and one of the undesirable Constitutions. *Sthaulya* is considered as a *santarpan janya vikar*. (An excess nutritional disorder). Aacharya charaka was the first to present a detailed account of *Sthaulya*. *Atisthula* is one among the *Ashtaunindita Purusha* described by him. He has described its causative factors mainly to be exogenous and hereditary type (fat) potentiating diet and regimens, whereas *dosha*, *dhatu*, *Mala*, *Srotas* etc. come under the endogenous factors. In the pathogenesis of *sthaulya*, all the three doshas are vitiated, especially *Kledaka Kapha*, *Pacaka Pitta*, *Samana* and *Vyana Vayu* are the *Doshika* factors responsible for the *samprapti* of *sthaulya*. *Aama annarasa* traveling in the body channels gets

obstructed in the *Medovaha Srotas* owing to the *khavaigunya* due to *bijasvabhava* or *sharir shaithilya* and combines with *kapha* and *meda*, decreasing the *medodhatvagni* which in turn gives rise to augmentation of *meda*. Vitiated *Vyana Vayu* propels this augmented *meda dhatu* to its sites viz. *udara*(abdomen), *sphika*(hip region), *stana*(breast) etc. resulting in *sthaulya* or *ati Sthula*. Obesity and the metabolic syndrome are linked together. When an individual gets severely obese, insulin resistance, hypertension and increased abdominal circumference follow as a natural cause due to the excess fat in the body. Obesity and the metabolic

syndrome has been extensively researched and today clinical evidence implicates intra-abdominal adiposity as a powerful driving force for elevated cardio metabolic risk. This association appears to arise directly, via secretion of adipokines, and indirectly, through promotion of insulin resistance.

KEYWORDS: Sthaulya, Medovaha, Srotas, Medoroga, Obesity, Udvartan, Powder Massage.

INTRODUCTION

According to the W.H.O., Overweight and obesity are the fifth leading risk for global deaths.^[1] Obesity is not only medical risk factor but also a serious social, psychological and economic problem. Average 2.3 million people die every year as a result of being obese and it became a threatening global crisis than hunger. Though modern system of medicine has its own therapeutic modalities in tackling obesity but is associated with certain adverse effects. In such scenario; suffering global population is enthusiastically looking towards effective natural remedies.

Obesity and its related complication is one of the global wide problems leading to cause more diseases and in India around 30 million people are suffering with obesity. Obesity has become epidemic today and it is essential to understand the consequences of obesity. Obesity has become life style disorder or non-communicable disease. These individuals can easily develop diabetes or cardiovascular problems early in life, this excess weight can rob them of nearly two decades of healthy life.

Chala sphika, chala udar, chala Stana and *ati meda-mamsa vrddhi* are very obvious in all the patients of *sthaulya*.^[2] Manifestations of these *Rupas* are associated with either excessive accumulation of *meda dhatu* or diminished nourishment of other *dhatu*s or obstruction in various *Srotas*(channels) by *medojanya margavarodha* or the *aama* or vitiation of *vata* and *slesma Dosa*, so excessive accumulation of *Medo Dhatu* produces various signs and symptoms in *Sthaulya* patient.^[2]

Patient information

A twenty three year old male with complaint of Weight gain (102 kg) with gradual onset since 6 years, exertional dyspnea and excessive perspiration. He was not suffering from any

other underlying systemic pathology visited in O.P.D. of Department of Panchakarma, Rajasthan Ayurved University, Jodhpur.

Past history

- N/H/O DM/HTN/PTB/Jaundice or any other major medical illness.
- N/H/O Trauma / fall / Accident.
- No relevant hereditary, congenital and surgical illness were found.

Astvidha pariksha

NADI - Kapha -pitaj (74/MIN)

JIHVA - Aipta

MALA - Niram (1 time /day)

MUTRA – Pale yellow

SHABDA – Prakrta

SPARSHA- Samshitoshana

DRIK - Samanya

AKRTI - Sthula

GENENRAL EXAMINATION

B.P -120/80 mmHg	PR -74/min
R.R -18/ min	Built – Normal
Weight - 102 kg	Pallor – Absent
Skin – Wrinkles	Icterus -Absent
Cyanosis –Absent	Nails – Pinkish
Clubbing – Absent	

TREATMENT

Treatment for sthul rogi is- Karshan

And for krish rogi is-Brihan

Ruksha (dry) Udwartan

In the texts, *Udvartana* is alsosnamed as ‘*churnodvartana*’. According to *Charaka*, *Udvartana* is of two types.

a) *Snigdha Udvartana*^[3]: indicated for lean and thin (*krisha*). in which oil is used in the procedure.

b) *Ruksha Udvartana*^[4]: indicated for obese (*sthoola*). in which dry powder of herbs with no addition of oil is used during the procedure.

This *Udvartana* is prepared using the *Til* seeds. This is the reference from *Charaka samhita*. This powder is known the synonyms as *tilkitta*, *pinyak* and *tilkhali*. *Til pinyak* have *lekhana* and *rukshana* property that's useful in *sthaulya*.

Udvartana is a treatment based on powders composed of minerals, herbs and medicinal species. Then, Udvartana massage stimulates the metabolic process. So, the use of powders, either dry or applied after oil massage, has a mild dermis-abrasive effect.

It is ideal for removing impurities, treating stains, eruptions.

So, its active components contribute to purify and activate the metabolism of the skin, suitable for circulatory disorders, cellulite, fluid retention, obesity etc.

RESULT OBSERVED

OBJECTIVE CRITERIA

	BT	AT
Height (cm)	175	175
Weight (kg)	102	90
B.M.I.	33.3	29.4
Waist/Hip ratio	1.2	1.1

The girth measurement of certain region using measuring tape

	BT	AT
Chest (cm)	124	121
Abdomen (cm)	126	119
Mid-arm (cm)	34	32
Mid-thigh (cm)	66	60

Lipid profile

Sr. Lipid profile	Normal value	BT	AT
Cholesterol	120-250 mg %	175	169
Triglyesrides	<170 mg%	164.9	99
HDL Cholesterol	40-70 mg%	44.7	50
LDL Cholesterol	70-110 mg%	97.4	80.2
VLDL Cholesterol	<50 mg%	32.9	25.7

Fat analysis with fat caliber

	BT (mm)	AT (mm)
Back: At subscapular region	36	30
Abdomen: At the level of umbilicus	44	39
Mid arm: – Mid of the arm at triceps	26	22
Mid thigh:-Mid of the thigh at biceps femoris	52	41

DISCUSSION

The patient showed very encouraging results just in 28 days. He lost about 12 kg. of weight in 28 days and according to fat analyzer it is not water contain which helps in reduced weight but because of the treatment patient saw actually losing weight by reducing fat mass. Relief in the clinical features of the disease was caused by reduction in *Kapha* and *Ama*. 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 vein and lymphatic. 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 absorption of serous fluid. *Udvardana* process possesses *kapha-meda vilayana* property. *Ruksha* drug is used as *udvardana dravya*, the effect of *medavilayana* occurs. To enhance this *medavilayana* property, *katutikta rasatmak*, *ushnaviryatmaklaghu ruksha*, *tikshna gunatmak udvardana dravya* should be selected.

CONCLUSION

It is concluded that this treatment regimen completely or partially relieve the symptoms in *sthaulya* (obesity). These medicines can be utilized in treating patients who are suffering from *sthaulya* to reduced both signs & symptoms successfully & with greater effectiveness. It is proposed that the therapy may be accepted as a treatment method of *sthaulya* (obesity) so we can give symptomatic relief.

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