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Role of Khadira Asana Sara Bhavita Triphala Churna in Atisthaulya

Aswathy. P¹, Pawan Kumar Godatwar², Aravind S³

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- 1- PG Scholar, Department of Roga Evam Vikriti Vigyan, National Institute of Ayurveda, Jaipur, Rajasthan
- 2- Professor and Head, Department of RogaEvam Vikriti Vigyan, National Institute of Ayurveda, Jaipur, Rajasthan,
- 3- Medical Officer, Indian Systems of Medicine, Kerala

Corresponding Author :- Aswathy P, PG Scholar, Department of Roga Evam Vikriti Vigyan, National Institute of Ayurveda, Jaipur, Rajasthan, Email, Id- draswathy1990@gmail.com

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ABSTRACT: -

Objective: *Athisthaulya* (Obesity) has been mentioned among *Ashtaninditha Purusha*, one among the most hatred persons in the world. An obese man is feeling ashamed of his body size in the public, and thus Obesity turns to be a serious health concern. In the present-day life style, due to the advanced technology and busy work schedule, life has become more sedentary and variety of junk foods are ingested resulting in *Atishtaulya*. The potential of Ayurveda in tackling non-communicable diseases such as obesity wants to be explored as it contains an array of formulations. This article is an attempt to explore the causative factors, pathogenesis, symptomatology, and treatment modalities of *Atisthaulya* and to explain the role of *Khadira Asana Sara Bhavitha Triphala Churna (Triphala Churna (Triphala Churna* prepared by triturated with *Kwatha* of *Khadira* and *Asana*) in the management of *Athisthaulya*.

Data source and Review methods: Data was collected through literature review of Classical Ayurvedic Literatures such as Charaka Samhita, Susruta Samhita, Astanga Hridaya and journal articles related to the subject,

Conclusion: *Atisthaulya* is a disease in which mainly *Kapha Dosha* and *Medas Dushya* are involved which causes *Medo-dhatvagnimandya* (decreased fat digestion) and *Srotas* obstruction, ultimately causing abnormal *Medo Dhatu Upacaya* and then *Staulya*. In *Khadira Asana Sara Bhavitha Triphala Churna* and *Medhoharaguggulu*, most of the ingredients have *Katu* and *Tikta Rasa, Ruksha, Laghu* and *Tikshna guna*, Ushna *Virya* and *Katu Vipaka*, and *Vata-Kaphasamaka* property which may be effective to control *Atisthaulya*.

Keywords: Atistaulya, Obesity, Staulya, Triphala Churna



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INTRODUCTION

*Athisthaulya*is defined as a disease condition in which there is increased deposition of adipose tissue (*Medo Dhatu*) in the body especially in the regions of buttocks, abdomen and chest with tiredness and fatigue ^[1].

The human life is rapidly changing in terms of standard of living, food. environment. profession, fashion etc. In the present-day life style, due to the advanced technology and busy work schedule, life has become more sedentary and variety of junk foods are ingested resulting in the accumulation of extra calories. Changing life style of an individual by neglecting the suitability of Ahara, Vihara and Vichara according to ones *Prakriti* may lead to Medodushi and gives rise to Santarpanottha Vikara like Sthaulya, Prameha, Srotosamlepa and *Dhamnipratichaya* as explained in Kaphaja Nanatmaja Vikara^[2]

Although being a serious health issue, the modern medical management currently available is not effective in the management of obesity and the possible ray of hope is only surgical intervention. The potential of Ayurveda – the traditional Indian health system in tackling non-communicable diseases such as obesity wants to be explored as it contains an array of formulations and medicaments multi-dimensional addressing systematic disease approach. This article is an attempt to explain the role of Khadira Asana Sara bhavitha Triphala Churna (Triphala Churna prepared by triturated with Kwatha of Khadira

and *Asana*) and in the management of *Athisthaulya*.

Concept Of *Medodhatu*

The human body is made up of seven body elements called *Dhatu* (tissues) and out of these, *Medodhatu* (Fatty tissue) is the fourth in the sequence. It is called *Medas* because it gives smoothness to the body. It is also Snigdha ^[3](unctuous) and *Mrudu* (soft) in nature. Thesymptomatology of increased *medodhatu* (lipid tissue) includes disease affecting neck region like Galaganda - goitre, Gandamala cervical lymphadenitis, Arbudha (large tumors, including malignant ones), Granti (benign lumps), increased fat deposits upon cheeks, thighs, abdomen and Adhimamsa (extra muscular bulk) at and around the neck.^[4] is Medodhatu of two types. Poshaka *Medodhatu/Abaddha*(Mobile) Medas (Immobile) andPoshyaMedodhatu/Baddha Medodhatu/Abaddha Medas. **Poshaka** (Movable) Medas ^[5] is the type of Medo Dhatu which is *Gatiyukta* (mobile) and is circulated in the Medovaha Srotas. This is also called as Poshaka MedoDhatu because it circulates with the Rasa-Rakta Dhatu to give nutrition to Poshva Medo Dhatu. Medo Poshva Dhatu/Baddha (Immobile) Medas is the type of *Medo Dhatu* which is *Gativivarjita*(immobile) and is stored at various sites of the body. This is also called as Poshya Medo Dhatu/ Sthavi,Medodhatu

Pramana of Medodhatu: [6]

The total quantity of Medodhathu is 2 Anjali.

Pancabhautika composition: ^[7]

The *Panchabhautika* composition of *Medodhatu* has the dominance of *Pruthvi* (earth) and *Jala* (water). The presence of *Jala* (water) reveals the nourishing nature of fatty tissue and the presence of *Pruthvi* (earth) reveals its role in stabilizing the functions of the body and mind.

Karma of Medodhathu:

Snigdha and Guru Guna are predominant in Medodhatu. It is responsible for Bala and causes Brimhanatva (nourishment) and Sthulata (bulky appearance)of the body. It produces Sneha and Snigdha which helps in producing Dridhata (strength) of the Shareera. This Medadhatu nourishes Asthi dhatu. Snigdhataof body is attained due to presence of Medodhatu.

MedodhatuVridhi Lak<mark>shana:</mark>

Medodhatu vridhi (increase) causes Snigdhata (unctuousness) of Shareera (body) and Udara (abdomen). Parshvavridhi (bulky appearance of the flanks), Kasa (Cough), Shwasa (Breathlessness), Hikka (Hiccup), Daurgandhata (foul smell)of Shareera (body) are caused due to the increased Medodhathu.

Medovaha Srotas

Medovaha Srotas is the channel which carry nutritive material to the site of *Medodhatu* and provide nutrition to *Medodhatu*. The *Medovaha Srota Mula* described by various *Acharyas*

- 1. According to Charaka ^[8]– *Vrikka* and *Vapavahana*
- 2. According to Sushruta ^[9]– *Vrikka* and *Kati*
- 3. According to Vagbhata ^[10] *Vrikka* and *Mamsa*

Injury to this *Srotas* results in *Viddha lakshana* and they include *Atisweda* (excessive sweating), *Snigdhangata* (unctuousness of the body), *Talushosha* (dryness of throat), *Sthula* (obesity), *Sopha* (swelling) *andPipasa* (thirst).

Description Of Sthaulya

According to Acarya Caraka ^[11], a person having pendulous movement of buttocks, abdomen and breasts due to the excess deposition of fatty tissue and muscular tissue and having unequal and abnormal distribution of fat with reduced vital capacity is Known as Atisthula purusha.Atisthaulya is also mentioned as the Nanatmaja Vikara of Kapha in Caraka samhitha Sutrasthana. Sthaulya has Madhavakara been renamed by as Medoroga. He has used Medasvina, Sthula and Atisthula as the synonynms of Medoroga.

Sthaulyais a disease in which Kapha Dosha and Meda Dushya are mainly involved in the etiopathogenesis of the disease. Vitiated Kapha causes Medo-dhatvagnimandya (decreased digestive fire which severely affects fat digestion) and obstruction to Srotas, ultimately causing abnormal Meda Dhatu Upacaya and Medoroga finally resulting in Staulya.

Nidāna (Etiological factors)

According to *Madhavanidāna*, ^[12] the etiological factors of *Sthaulya* include *Avyayama* (Lack of exercise), *Divasvapna* (Day time sleep), *Slesma Ahara Sevana* (Food items which causes increase of Kapha doṣa), *Madhura Annarasa* (Sweet foods) and *Sneha* (unctuous substances).

According to *Caraka*, ^[13] the etiological factors include Atigurvadi Sevana (Excess intake of heavy food), Atimadhuradi Sevana (Excess intake of sweet food), Atisita Ahara Sevana (Excess intake of cold food), Atisnigdhadi Sevana (Excess intake of fatty diet), Avyayama (lack physical exercise), Avyavaya of (abstinence from sexual intercourse), Divā Svapnam (sleeping during the day), Acinta (Lack of mental stress), Harşa (Always cheerfulness) and Bijasvabhavadoşa (Genetic factors). Susruta ^[20] has added Adhyasanasila of food before digestion (intake of previousmeal) as a causative factor for Sthaulya.

The *Nidana* of *Sthaulya* can be understood in two ways as *Bahya karanas*(*Medas* potentiating diet) and *Abhyantara karanas* (*Dosha, Dhatu, Mala, Srotas* etc.). Only Charaka has defined *Beejadosha* as one of the *nidana* besides other causes.

All the *Nidanas* described by various *Acharyas* for *Sthaulya* can be classified into

- 1. Aharaja Nidana
- 2. Viharaja Nidana
- 3. ManasikaNidana
- 4. Anya Nidana

These Ahara Dravya, have properties like Madhura Rasa, Snigdha, Guru, Slakshana and Tamoguna, Madhura Vipaka, Sheeta Virya, Brihmana and Santarpana Karma and predominance of Pruthvi & Jala Mahabhuta, which are similar to qualities of Kapha and Meda.

Manasika nidanas cause aggrevation of Kapha and Tamoguna and in turn influence indirectly by the association with Shariraka Dosha's in the materialization of the disease Sthaulya. Beejadosha is considered has the Utpadaka Hetu in the manifestation of Medoroga. Hence individual who is having Beejadushti and indulge in Ahara which increase the Kapha and Meda, may predispose Sthaulya

Purvarupa (Prodromal Symptoms):

There is no direct description of *Purvarupa* of *Sthaulya*in classical texts. *Acharya Caraka* has mentioned *Prameha purvaroopa* can be considered as *Purvarupa* of *Sthaulya*^[14]. *Bahudrava slesma&Abaddha Medus* are the two main components in *samprapti ghataka* of *Prameha* and *Medoroga*^[15]. So, symptoms of *sleshma samcaya* and *Medodusti* related *Purvarupa* of *Prameha* and *symptoms* of *Medovaha Srotodushti* can be considered as *Purvarupa* of *Sthaulya*.

Symptoms

The symptoms of *Sthaulya* include *Atinidra* (Excessive sleep), *Tandra* (Incomplete sleep),

Alasya(Laziness), Visra Sarira gandha (Bad bodyodor), Amgagaurava (Heaviness) and (Flabbiness). According saithilya to Madhavakara ^[16]Kshudrasvasa (Dyspnoea), Triishnā (Thirst), Moha (Drowsiness), Svapna(Sleepiness), Krathana (Sudden obstructive respiration) Flabbiness of body parts, Kshuth (Voracious appetite), Sveda (Excessive sweating), Daurgandhya (Bad odor from body), Alpa prāna (Decreased vital capacity), Alpamaithūna (Decreased sexual potency), Accumulation of fat in abdomen and small bones and Udare Vruddhi (Abdominal expansion) are seen as the symptoms of Sthaulya.

Ashtadosha of Atisthaulya (Eight Peculiar features of Obesity)^[17]

The peculiar features of *Sthaulya* mentioned by Charaka are Ayusohrāsa (Deficient inLongevity), *Javoparodha* (Slow in movement), Kricchravyavayata (Difficulty to indulge in sexual intercourse, *Daurbalya*(Weakness), *Daurgandhya* (Foul smell), Sveda abādha (Excessive Sweating), **Atikshut** (Voracious Appetite) and Pipasa(Increased Thirst)

Samprapti (Pathogenesis)

Acarya Caraka and Acarya Susruta have different opinion about the Samprapti of Sthaulya. Acarya Caraka has considered Ahara as most common Samprapti ghataka whereas Acarya Suruta has accepted Ama is the main factor.

According to *Caraka* ^{[18],[19]}, the obstruction of body channels by fatty tissue causes the *avarana* of *Vata Dosha* that results in its aggravation. The aggravated *Vata* moves mainly into stomach, and increases the *Jatharagni*. The increased digestive fire results in increased appetite, quicker digestion and absorption of the food. The next hunger reflex occurs quickly and person craves for more food. This excessive eating produces more production of *Ahara Rasa* which causes over growth of fatty tissue leading to *Sthaulya*.

According to *Susruta* ^[20], the etiological factors like *Kapha Dosha* aggravating food items, excessive eating, lack of exercise and day sleep causes the improper digestion of food and results in the production of *Ama Rasa*. The sweet part of *Ama Rasa* moves with in the body and *Snigdhamsa* (unctuous part) of the *Anna Rasa* causes *Medoroga* which produces *Atisthaulya*.

Upadrava [21]

The Upadrava (complications) of Sthaulya includesPramehapidika (Diabetic carbuncle), Jvara(Fever), Bhagandara(Fistula-in-ano), Vidradhi(Abscess), Swasa (Dyspnoea), Udara roga (Ascites) and Urusthamba (Stiffness of thigh). Kushta, Visarpa, Kamala, Jvara, Atisara, Prameha, Arsa, Apachi and Slipada may develop in Sthaulya person. Due to bad smell of sweat minute worms may develop in the skin (B.P.M.39/9-10)

Sādhya- Asādhyatā (Prognosis)-

Sthaulya (Obesity) is Kricchasadhya (difficult to treat)and Sahaja Sthaulya (Hereditary obesity) is Asādhya (incurable).According to Acārya Caraka, Sthaulya if not duly managed, a Sthula person is prone to death due to complications as a result of excessive hunger and thirst. Diseases of Medas like Sthaulya (Obesity) and Prameha (Diabetes) are curable in patients having good strength and only if onset of the disease is recent.

Cikitsa (Treatment) [22],[23],[24]

The main aim of *Sthaulya Cikitsa* is to restore the *Medodhatvagni* to its normal state and the correction of unbalanced *Doşa*, vitiated *Srotas*, *Dhatu* and *Mala* which are the main factors involved in the *Samprapti of Sthaulya*.

The equilibrium of *Vata Dosa*, *Kapha Doşa*, *Meda dhatu* and restoration of *Jatharagni* and *Medodhatvagni* is essential. In this regard *Vata*, *Kapha* and *Medohara* drugs are indicated for the treatment of *Sthaulya*. The *Dravya* which possess *Katu, Tikta, Kashaya Rasa, Tikshna, Ushna Guna, Dipana, Pacana, Lekhana,* and *Chedana* properties which reduce *Kapha, Meda, Ama* and increases power of *Agni* are choice of drugs for treatment of *Sthaulya.*(Table no I)

Emaciation is better than obesity, since the later is difficult to cure. Neither *Brimhana* (nutritive therapy) nor *Langhana* (attenuation therapy) is capable of pacifying the increased *Medas* (adiposity), *Agni* (digestion) and *Vata in Sthaulya*.

Obesity – Modern Review

Unwanted weight gain leading to overweight & obesity has become a main concern for the global rise in the incidence of noncommunicable diseases. Because of the psychological and social stigmata that accompany being overweight & obese, those affected by these conditions are also vulnerable to discrimination in their personal and work lives, low self-esteem, and depression. These medical and psychological sequel of obesity contribute to a major share of current healthcare expenditures and generate additional economic costs through loss of worker productivity, increased disability, and premature loss of life.^[25]

Obesity is generally caused by eating excess & Lack of physical activity ^[26].If a person consumes high amounts of energy, particularly fat &sugars, but do not burn off the energy through exercise& physical activity, much of the surplus energy will be stored in the body as fat and leads to obesity.(**Table no. II**)

Role Of Khadira Asana Sara Triphala Churna In Staulya

Sthaulyais a disease in which Kapha Dosha and Meda Dushya are mainly involved in the etiopathogenesis of the disease. Vitiated Kapha causes Medo-dhatvagnimandya (decreased digestive fire which severely affects fat digestion) and obstruction to Srotas, ultimately causing abnormal Meda Dhatu Upacaya and Medoroga finally resulting in Staulya. In Khadira Asana Sara Bhavitha Triphala Churna most of the ingredients have katu-thikta rasa, ruksha, laghu guna and teekshna guna, usha virya, katu and madhura vipaka and vata-kapha samaka property which is effective in controlling Sthaulya.

Ingredients of Khadira Asana Sara Bhavitha Triphala Churna ^{[27][28]}

(**Drug Latin name Part used Quantity**) *Pathya* - Terminalia chebula Retz. Fruit 1 part

Vibhitaki - Terminalia bellerica (gaertn) Roxb Fruit 1 part

dhatri - Emblica officinalis Gaertn. Fruit 1 part

Khadira -Acacia catechu (Linn.f.)Willd. Heart wood 1.5 part

Asana -Pterocarpus marsupium RoxbHeart wood 1.5 part

Preparation of *Khadira Asana Sara Bhavitha* Triphala Churna

Triphala Churna was prepared by mixing equal quantity of *Harithaki, Vibhithak*i and *Amalaki. Khadira-Asana Kwatha* was prepared by boiling one part of *Asana* and *Khadira* in eight times of water and reduced to one by eight part [29]

Triphala [30]

In Ashtanga Hridaya Sutrasthana, the "Triphala" comes under explanation of Aushada varga in Annasvarupavijnaniya chapter. These three fruits constitute the bestknown rejuvenative drugs and hence the name "Triphala". Triphala was used in the management of eye diseases, promote wound skin healing. diseases. Kleda (discharges/exudates), Medas (adiposity), Prameha (diabetes), Kaphaja and Raktaja vikaras (diseases predominant of Kapha and *Rakta*)(Table No.III.)

Most of the drugs in both *Khadira asana sara bhavitha Triphala churna* have following properties.

- **4 Rasa:** Katu, Kashaya
- **4 Guṇa:** Ruksha, Laghu
- **4 Virya:** Ushna
- **4** Vipaka:Katu
- **4** Doshakarma: Kaphavatasamaka

Katu Rasa has the action of, Meda soshana, Kleda soshana, Sneha soshana, Srotovivarana, Dipana Pacana Ruksha Guna has the action of soshanaLanghana (Apatarpaṇa) action is achieved by virtue of LaghuGuna. Usha Virya is Kaphavata samaaka and helps in Pāka (metabolism). Katu Vipaka has action similar to katurasa. In case of Sthaulya, treatment (Samprapti Vighatana) is aimed at the following levels and it is attained in the sequence explained below.

- 1. Ama Pacana- Katu Rasa, Ushna Virya and KatuVipaka
- 2. Agni Dipana (Dhatvagni)- Katu Rasa, Usha Virya
- 3. Medahara- Katu -Tikta Rasa, Ruksha Laghu Guna, UshnaVirya
- 4. Srotosodhana(Srotovivaraṇa)- Katu Rasa, TikshaGuna
- 5. Vata samana (Specially Samsna Vata)-UşnaVirya
- 6. Kapha Hara- Katu -Tikta Rasa, Laghu- Ruksha Guna And Ushna Virya

CONCLUSION

Sthaulya is a disease in which mainly Kapha Dosa and Medas Dushya are involved.Vitiated Kapha causes Medodhatvagnimandya (decreased fat digestion)and Srotas obstruction. ultimately causing abnormal Medo Dhatu Upacaya and then Medoroga. InKhadira Asana Sara Bhavitha Triphala Churna and *Medhoharaguggulu*", maximum ingredient havekatu rasa and tikta rasa,ruksha guna ,laghu guna and tikshna guna, Virya is Ushṇa, katu Vipakaand madhura Vipaka,and Vata-Kaphasamaka property which may be effective tocontrolSthaulya.

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| Name of Samhita | Treatment principle adopted for Staulya | | |
|---------------------------------|--|--|--|
| Caraka Samhita ^[22] | Guru Aptarpana, [Food substances , which are Guru (heavy) and Atarpana (emaciating)] Sthula Karshana, Vata, sleshmahara and Medohara Aushadha, Ruksha ushna Basti Tikshna, Ruksha Udvartana | | |
| Susruta Samhita ^[23] | Nidana Parivarjana Virukshana | | |
| | Chedana and Lekhana Basti | | |
| Ashtanga Hrdaya ^[24] | Meda Anila and slesmahara Ausadha sodhana | | |

Table no I.Principle of treatment of *sthaulya* in Classical texts

 Table no. II. BMI values and its interpretation according to ICMR Hyderabad, AIIMS Delhi, Diabetic Foundation of India and NIN²⁷

| Sl.no. | BMI Value | Interpretation | |
|--------|--------------------------------|----------------|--|
| 1 | < 18.5 kg/m ² | Underweight | |
| 2 | 18.5-22.9kg/m ² | Normal | |
| 3 | > 23kg/m ² | Overweight | |
| 4 | > 25kg/m ² | Obese I | |
| 5 | > 30kg/m ² Obese II | | |
| 6 | > 35kg/m ² | Obese III | |

| Rasa | Madhura | 2 | 13.3% |
|------------|---|---|--------|
| | Amla | 2 | 13.3% |
| | Lavana | 0 | 0 |
| | Katu | 2 | 13.3% |
| | Tikta | 4 | 26.6% |
| | Kashaya | 5 | 33.33% |
| Guna | Guru | 1 | 9% |
| | Snigdha | 0 | 0 |
| | Ruksha | 5 | 45% |
| | Laghu | 4 | 36.3% |
| | sita | 1 | 9% |
| Virya | Ushna | 2 | 40% |
| | sitha a | 3 | 60% |
| - 1 | Anushna sita | 0 | 0 |
| Vipaka | Madhura | 2 | 30% |
| | Katu | 3 | 60% |
| | Amla and a second se | 0 | 0 |
| Doshakarma | Kapha Pitta Śāmaka | 2 | 30% |
| | Tridosha samaka | 3 | 60% |

Table No.III. Approximate Rasa Pañcaka of Khadira Asana Sara Bhavitha Triphala Churna