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Effect of *Tila Taila Pana* and *Udvarthana* in the management of *Sthoulya* - A Clinical study

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ABSTRACT

Sthoulya is the most common disorder in the society, which is defined as an excessive amount of *Meda* in *Sthana*, *Udara* and *Sphik Pradesha*. *Sthoulya* itself is a *Santarpanotta Vyadhi*, So, *Apatarpana* therapy is indicated in the management of *Sthoulya*. It is achieved by *Tila Taila Pana* and *Udvarthana* with *Triphala Choorna*, which comes under *Rukshana* therapy. So, this study has been taken to evaluate the effect of *Tila Taila Pana* as well as *Udvarthana* in the treatment of *Sthoulya*. The present study intends to know the effect of *Tila Taila Pana* and *Udvarthana* in the management of *Sthoulya*. **Methods:** 60 patients diagnosed as *Sthoulya* are selected and randomly allocated in to two groups i.e Group-A (*Tila Taila Pana*) and Group-B (*Tila Taila Pana* and *Udvarthana*). Assessment was made on subjective and objective parameters. Observation was made before, after treatment and follow-up. **Results:** Both the clinical studies and both groups showed highly significant in all criteria but statistically on comparison Group B showed better results than Group A. **Interpretation:** Both the studies have highly significant effect in *Sthoulya*. The *Tila Taila Pana* and *Udvarthana* with *Triphala Choorna* showed better results compared to *Tila Taila Pana* alone. So, *Tila Taila Pana* and *Udvarthana* both can be applied in the management of *Sthoulya*. **Conclusion:** Overall study revealed *Tila Taila Pana* and *Udvarthana* with *Triphala Choorna* have shown better result compared to *Tila Taila Pana* alone.

Key words: *Sthoulya*, *Apatarpana*, *Rukshana*, *Tila Taila*, *Udvarthana*, *Triphala Choorna*.

INTRODUCTION

In this advancement of industrialization and communication is contributing towards sedentary life styles, in turn causing chronic non-communicable diseases like diabetes mellitus, hypertension, cancer, ischemic heart disease, cerebro-vascular accidents,

atherosclerosis, varicose veins etc. among these Obesity being risk factor for these diseases and hence prevention of obesity will decrease the chances of such diseases.

Prevalence of overweight and obesity is increasing worldwide at an alarming rate. There are more than one billion overweight adults and of them at least 300 million are obese.^[1] According to the WHO, World Health Statistics Report in 2016, globally more than 1.9 billion adults aged 18 years and older were overweight. If an attempt is not made to prevent obesity, it leads to diabetes, hypertension, joints disorders, respiratory problems, cardiac diseases etc.

Now in present generation everyone wants to be slim & fit. Various treatment modalities are available but are not satisfactory, especially due to the side effects of drugs and the risk factors involved in surgical procedures such as bariatric surgery, gastro

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jejunostomy etc. The *Sthoulya* can be clinically correlated with Obesity.

Excess of fat is a disadvantage rather than an asset; it may “lengthen the waist line” but “shorten the life line” of the individual by imposing an extra burden on all the systems of body.

Sthoulya can be defined as excessive accumulation of *Meda* and *Mamsa Dhatu* in *Sphik*, *Udara* and *Stana* which makes it pendulous, associated with lack of proper nourishment to *Uttarottara Dhatus* and decreases enthusiasm.^[2]

Ayurveda is the science of life, Acharya's explained *Dwividhopakram* i.e., *Santarpana* and *Apatarpana*. The *Sthoulya* itself is a *Santarpanotta Vyadhi*, so *Apatarpana* therapy is prescribed in *Sthoulya*. *Apatarpana* itself contains *Langhana*, *Rukshana* and *Swedana Upakrama*.

In Ayurveda, obese persons are included under *Asta Nindita Purusha*. The reason for difficult nature being the involvement of *Tridosha Meda Mamsaadi Dhatu*.

Sthoulya is the nearest clinical entity for obesity in Ayurveda. Due to excessive intake of calories with a decreased expenditure is the main reason. With a view of preventing excessive consumption, only two *Annakala* are specified with intermediate period of 8-10 hours.

Sthoulya is considered as one among the *Santarpanajanya Vyadhi*. It is presented with features like, *Pipasa*, *Kshudhadhikya*, *Swedagatra*, *Dourgandhya*, *Gatrasada*, etc.^[3]

The explanation of *Sthoulya* and *Medoroga* present in Ayurvedic Samhitas. Both are *Rasa Nimitaja Vyadhi*. The detailed explanation of *Nidana*, *Samprapti*, *Lakshana*, *Upadravas* of *Sthoulya* and *Medoroga* were mentioned in *Samhitas*.^[4-7]

Detailed description of *Chikitsa* is also mentioned in *Samhitas*^[8,9] the *Chikitsa* of *Sthoulya* include *Shodhana* and *Shamana*. *Tila Taila* is best among the group of oils and due to *Tikshna*, *Lekhana*, *Ushna* and *Vyavayi Gunas*, it penetrates into minute channels. It is *Ushna Virya* and not increases *Kapha*.^[10]

Taila is the choice of *Sneha* for the *Sthoulya* person to administer.^[11] Because *Sneha* is *Santarpana*, still *Ushna Teekshna*, *Vyavayi*, *Sukshma*, *Vikasi* properties of *Tila Taila* in *Shaman* dosage acts as *Srotoshodhana* as explained in classics.

The first line of treatment should be “*Sroto Shodhana*”^[12] which is ‘*Samprapti Vighatana Chikitsa*’ and this can be achieved through oral administration of *Tila Taila (Moorchita)* considering its *Sroto Shodaka*, *Sthoulya Hara*, *Meda Hara*^[13] properties.

The *Udvartana Karma* comes under the *Shamana Chikitsa*, which is having *Kapha* and *Medohara Karmukata*,^[14] This *Udvartana* is used with different *Rookshana Dravyas* as better effect. The *Pratiloma Gati* is main *Karma* with *Choorna Dravya*.

The treatment options available in Ayurveda as explained by *Acharyas* are many. In this study *Triphala Choorna* having *Rookshana*, *Laghu* and *Tridosahara* property is selected for *Udvartana*.^[15]

OBJECTIVE OF THE STUDY

1. To evaluate the effect of *Tila Taila Pana* in *Sthoulya*.
2. To Study and evaluate the effect of *Tila Tail Pana* with *Udvartana* in *Sthoulya*
3. Comparative study of *Tila Tail Pana* and *Tila Taila Pana* with *Udvartana* in *Sthoulya*.

Inclusion Criteria

- Patient having age of above 18 and below 60 years irrespective of their caste, race and sex etc.
- Having BMI in between 25 to 39.
- Patient presenting with *Pratyatma Lakshana* of *Sthoulya* as explained in classics.
- No discrimination of gender, chronicity or socio-economic status.

Exclusion Criteria

- Patients with endocrinal disorders and other systemic diseases.
- Patients having *Sthoulya* with hereditary and secondary in origin.

- Having BMI > 40 will also be excluded.
- Patient with long term steroid treatment.

Parameters

Subjective Parameters

1. Sweda Gatrata
2. Pipasa
3. Gatra Sada
4. Kshudha

Objective Parameters

1. Weight
2. BMI
3. Chest Circumference
4. Abdomen Circumference
5. Sphik Circumference

Intervention

Group A

Method – For 30 patients of *Sthoulya* have been advised to take *Tila Taila Pana*

Sample size	30
Drug	<i>Tila Taila</i>
Dose	<i>Madyama Matra, Trikarshika(36ml).</i>
<i>Anupana</i>	<i>Yusha</i>
Duration	15 days

Group B

Method – For 30 patients of *Sthoulya* have been advised to take *Tila Taila Pana*

With *Triphala Choorna Udvartana* for 35 minutes for 15 days.

Sample size	30 patients
Drug	<i>Tila Taila + Triphala Choorna</i>

Dose	around 400gm (sufficient quantity)
Duration	15 days

Posology

Trikarshika i.e., 36 ml^[16] *Tila Taila* for *Panartha*.

For *Udvartana* around 400gm (sufficient quantity)

Follow up - Advised the patients to attend OPD after 15 days of treatment i.e., 30th day for follow up

OBSERVATIONS AND RESULTS

Overall Result After Treatment

Subjective and Objective Parameters	Group A		Group B	
	Mean	SD	Mean	SD
<i>Sweda Gatrata</i>	1.83	0.58	1.83	0.53
<i>Pipasa</i>	1.63	0.49	1.83	0.592
<i>Gatrasada</i>	1.67	0.48	1.67	0.55
<i>Kshudha</i>	1.63	0.556	1.7	0.596
Weight	100.540	7.64	100.17	7.55
BMI	36.55	1.88	36.52	1.79
Chest circumference	90.13	2.0	88.87	2.93
Abdomen circumference	92.167	1.97	91.97	2.34
Sphik circumference	87.8	3.48	90.77	2.37

Overall Result After follow up

Subjective and Objective Parameters	Group A		Group B	
	Mean	SD	Mean	SD
<i>Sweda Gatrata</i>	0.733	0.68	0.633	0.67
<i>Pipasa</i>	0.43	0.50	0.63	0.76
<i>Gatrasada</i>	0.43	0.504	0.3	0.47
<i>Kshudha</i>	0.56	0.508	0.3	0.54

Weight	98.43	7.61	98.27	7.67
BMI	35.85	1.86	35.78	1.87
Chest circumference	89.43	2.18	88.87	2.93
Abdomen circumference	87.33	2.71	91.97	2.34
Sphik circumference	86.57	3.55	88.9	2.883

DISCUSSION

Ayurveda is the science of life, had given much importance to primary and secondary prevention of diseases. Many Acharya's have explained about *Sthoulya*.

Sthoulya can be defined as excessive accumulation of *Meda* and *Mamsa Dhatu* in *Sphik*, *Udara* and *Stana* which makes it pendulous, associated with lack of proper nourishment to *Uttarottara Dhatus* and decreases enthusiasm.

The first line of treatment should be "*Sroto Shodhana*" which is '*Samprapti Vighatana Chikitsa*' and this can be achieved through oral administration of *Tila Taila* (*Moorchita*) considering its *Sroto Shodaka*, *Sthoulya Hara*, *Meda Hara* properties.

Unless *Sroto Shodhana* is done, the proper action of *Meda Hara* drugs cannot be achieved. So *Tila Taila* which is *Vyavayi*, *Sukshma*, *Vishada* and *Lekhana*^[18] and acts as *Srotoshodaka*, *Medohara* and *Sthoulyahara* was given for 15 days.

Tila is the choice of *Sneha* for the *Sthoulya* person to administer. because *Sneha* is *Santarpana*, still *Ushna*, *Teekshna*, *Sukshma*, *Vyavayi*, *Vikasi*, properties of *Tila Taila* in shaman dosage acts as *Srotoshodhana* as explained in classics.

The main action of *Tila Taila* is *Srotoshodhana*. After *Srotoshodhana*, if we administer *brumhana* line of treatment, it nourishes the body and if we administer *Karshana* line of treatment, it depletes the body. so *Tila Taila* can be used as both *Brumhana* and *Karshana Dravya*.

Hence *Tila Taila* (*Moorchita Tila Taila*) is used here for the oral administration. In shaman dosage *Sneha Pana* is advised to be given at *Anna Prakankshita Kala*. i.e when the person starts feeling hungry. So it is advised to be taken at 7.30 to 8 am followed by *Usha*. And later *Ushna Laghu Ahara* is advised. It was followed for 15 days. Through the symptoms like *Laghuta* of body, significant weight loss and proper appetite, *Srotomarga Shodhana* action was understood.

Tila Taila acted as *Srotoshodaka*, so before starting any *Apatarpana Oushadis* for *Sthoulya* patient, *sroto Shodhana* should be done for the faster action.

In this present study, it was observed that after follow-up 15 (50%) patients in group A and 18 (60%) patients in group B showed good response.

Therefore, group B is better than group A parameter wise overall response showed highly significant difference between the groups in *Sthoulya*.

Apatarpana contributes a major documentation as a part of *Dwividhopakrama*. so in detailed study on *Apatarpana* has been highlighted as a basic principle of *Dwividhopakram* along with three folds i.e., *Langhana*, *Rukshana* and *Swedana*.

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(Moorchita) considering its *Sroto Shodaka*, *Sthoulya Hara*, *Meda Hara* properties.

CONCLUSION

Sthoulya can be successfully managed with *Apatarpana Chikitsa*. In this present study, *Tila Taila* having *Vata-Kaphahara* property along with *Tikshna*, *Lekhana*, *Ushna* and *Vyavayi Gunas*, it penetrates into minute channels. The *Udvartana* act as *Kapha* and *Medohara*. And *Triphala Choorna* having *Rookshana*, *Laghu* and *Tridosahara*, *Mruduvirechak*. So, *Tila Taila Pana* followed by *Udvarthana* with *Triphala Choorna* has given significant result in *Sthoulya*.

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