

***“Literature Review on Guru-Apatarpan Chikitsa Sidhhant in Staulya with special reference to Triphaladi Taila Pan.”*****Pooja Bidade*¹, Dipika Chakole², V. E. Gogate³**

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ABSTRACT:- Increased consumption of high calorific diet, saturated fats combined with low physical activity, leads to excessive storage of fat in the body making the individual Overweight further lands into obesity. In *Ayurveda*, the concept of *Sthaulya* resembles to Overweight and Obese states of body. In case of Obesity, A very logical line of treatment is given by *Ayurveda* for Obesity i.e., use of *Guru-Apatarpana* drugs and procedures. Chakradatta explained use of *triphaladi tail* as *guru Apatarpana dravya*. This article is explained about the literature explanation about it

KEY WORDS:

Sthaulya, obesity, guru Apatarpana, triphaladi taila

INTRODUCTION:-

According to *Ayurveda*, a healthy person is defined as the one who has-

समदोषाः समानिश्च समधातुमलक्रियः ।

प्रसन्नात्मेन्द्रियमनः स्वस्थ इति अभिधीयते ॥

-सु.सू. १५/१०

This is very wisely reflected in the definition of health by WHO-

“Health is a state of complete physical, mental, social wellbeing, and not merely the absence of any disease or infirmity.”¹

Any deviation from this normal state leads to diseased state in the body. Increased consumption of high calorific diet, saturated fats combined with low physical activity, leads to excessive storage of fat in the body making the individual Overweight further lands into obesity. Obesity should not be defined by body weight alone as muscular individuals may be overweight on arbitrary standards without having increased adiposity.²

According to the National Family Health Survey (2016), in past 10 years, the

number of obese people has doubled in India.

In *Ayurveda*, the concept of *Sthaulya* resembles to Overweight and Obese states of body. *Charaka Samhita*, a well-established and scientific book of Ayurvedic medicine, states that *Sthaulya* is a *Santarpanjanya vyadhi* (disease due to over nutrition) and is included in eight varieties of impediments which are designated as *Ashta-nindita purusha*.³

BODY:-

The pathological factors of *Sthaulya* are *kledaka kapha*, *samana vayu*, *vyana vayu*, *vikruta jatharagni*, *vikruta medo-dhatwagni*, *vikruta medovridhhi*, etc. All these factors are to be taken into consideration while treating *Sthaulya*. One of the basic principles of *Ayurveda* is-

चय एव जयेत् दोषम् ।- अ.ह.सू. १३/१५

i.e., any disease should be treated before its full manifestations. In case of Obesity, A very logical line of treatment is given by *Ayurveda* for Obesity i.e., use of *Guru-Apatarpana* drugs and procedures.⁴ This not only lowers the symptoms of Obesity but also helps to withhold or reverse the pathology of the disease smartly.

The treatment of *Sthaulya* includes use of *Panchakarma* procedures like *Vamana*, *Virechana*, *Raktamokshana*, etc. The drugs to be used should be creating *Rukshana*, *Lekhana*, *Langhana* properties in the body. On the other hand, these drugs should not vitiate the already disturbed *jatharagni* and *medo-dhatwagni*.

Eight important disabilities of *Sthaulya* described by *Charaka* are:

अतिस्थूलस्य तावदायुषोहासः

जवोपरोधः कृच्छ्रव्यायता दौर्बल्यं दौर्गन्ध्यं
स्वेदाबाधः

क्षुदतिमात्रं पिपासातियोगश्चेति भवन्त्यष्टौ दोषः ॥

च.सू. २१/३

तमतिस्थूलं क्षुद्रश्वासपिपासाक्षुत् स्वप्नस्वेदगात्र
दौर्गन्ध्यं क्रथनं गात्रसादगदगदत्वाति क्षिप्रमेव
आविशन्ति; सौकुमार्यान्मेदसः सर्वक्रियासु च
असमर्थः भवति । सु.सू. १५/३८

Samprapti of Sthaulya:

मेदसाऽऽवृत्तमार्गत्वाद्वायुः कोष्ठे विशेषतः ।

चरन् संधुक्षयत्यग्निमाहारं शोषमत्यपि ॥

तस्मात् स शीघ्रं जरयत्याहारं चातिकाङ्क्षति ।

विकारान्वाश्नुते घोरान् कश्चित्कालव्यतिक्रमात् ॥

एतौपद्रवकरौ विशेषादग्निमारुतौ ।

एतौ हि दहतः स्थूलं वनदावो वनं यथा ॥

- च.सू. २१/५-७

Nidana sevana of *Sthaulya* leads to *vikruta kapha vridhhi*. This vitiated *kapha* causes *Jatharagni mandyata* which in turn leads to *ama utpatti*. This *Ama* in combination with *Meda*, obstructs the normal pathway of *Vata dosha*. So this *Vata* is now compressed in *jathara*, potentiating the *Samana Vayu* and also stimulating the *Pachaka Pitta*, which ultimately cause *jatharagni vridhhi*. This induces pseudo appetite in the patient which is satiated by over eating. Over eating produces *upadana rasa* which increases *vikruta medodhatu* leading to *Sthaulya*. Also, this *vikruta Samana Vayu* is residing the *Swedavaha*



and *Ambuvaha srotasa*. Vitiating of these *srotasa* produces symptoms like *atisweda*, *atipipasa*, etc. On the other hand, due to obstruction of one *srotasa*, production of *uttarottara dhatu* does not take place properly. This causes *kshaya* of *uttarottara dhatu* i.e., *Asthikshaya*, *Majjakshaya* and *Shukrakshaya*. Because of this, symptoms like *Sandhishoola*, *angasada*, *ayushohrasa*, *avyavaya*, *alpa shukrata* are seen in *Sthula purusha*.

• **Chikitsa Siddhanta:**

The general line of the treatment of any disorder is accordingly to the 'Sanshodhanadi Trividha Upakrama' mentioned in *Charaka Samhita Vimanasthana*.

Accordingly, *Sthaulya* can be managed in 3 ways as follows-

- 1) *Shamana Chikitsa*
- 2) *Shodhana Chikitsa*
- 3) *Nidana Parivarjan*

Chakradatta :

Triphaladi Taila for *pan*, *abhyanjana*, *nasya*, *basti*, etc.

According to Charaka:

गुरु चापतर्पणं चेष्टं स्थूलानां कर्शनं प्रति ।

– च. सू. २१/२०

i.e., administration of *Guru dravyas* which are *apatarpaka* in nature and functions as *Vataghna*, *Kaphahara* and *Medonashaka* is advisable in *Sthaulya*. *Chakrapani* explained this in his commentary very wisely. *Guru guna* has the property of

satisfying the vitiated *Jatharagni* and *apatarpaka dravya* reduces excess of *Medodhatu*. The best example of such *dravya*, fulfilling both the criteria, is *Madhu* (honey).⁴

While following the above principle, one should always remember that both the *Guru* and *Apatarpaka* properties must be present simultaneously in a drug. Because consumption of only *Guru dravyas* like *ghruta*, *taila*, *vasa*, etc by *Sthoola purusha* will further lead to increase in the *Meda* and thus, deteriorating the condition. Similarly if *Laghu-Apatarpana* therapy (*upavasa*, *langhana* etc.) is used continuously then it will increase the already increased *Jatharagni* and *Vata dosha* as well leading to serious consequences.



वातघ्नान्यन्नपानानि श्लेष्ममेदोहराणि तु ।

रुक्षोष्णा बस्तयस्तीक्ष्णा रुक्षाण्युद्वर्तनानि च ॥

– च.सू. २१/२१

Vataghna Annapana is advised because according to *Samprapti* of *Sthaulya*, vitiated *Vatadosha* has prime importance. So while treating excessive *Meda*.

• **Selection of Drugs :**

precaution's so that *Vata* is not vitiated again.⁵

While considering *Sthaulya*, *Kapha-Meda dushti*, *Jatharagni teekshnata* and *Medodhatvagni mandyata* are the main concepts to be thought of. So while selecting a drug for managing *Sthaulya*, it should fulfill all the above considerations efficiently.

Though many research works on *Sthaulya* have been carried out in various institutes till date, a promising drug is yet to be found out. And hence, in that effort, *Triphaladi Taila* is taken into consideration.

Contents of *Triphaladi Taila* can be studied briefly as follows:

त्रिफलादि तैल -

त्रिफला-अतिविषा-मूर्वा-त्रिवृत्-चित्रक-वासकैः।

निंब-आरग्वध-षडग्रन्था-सप्तपर्ण-निशाद्वयः॥

गुडुची-इन्द्रसुरा-कृष्णा-कुष्ठ-सर्षप-नागरैः॥

तैलमेभिः समं पक्वं सुरसाऽऽदि रसाप्लुतम् ॥

पान-अभ्यञ्जन-गण्डूष-नस्य-बस्तिषु योजितम् ।

स्थूलथा आलस्य कण्डवादिन् जयेत कफकृताऽ
गदान् ॥

-चकदत्त-भावार्थसंदिपनी

टिका-

स्थौल्यचिकित्सा

Properties of Drugs of *Triphaladi Taila*:

Most of the drugs in *Triphaladi taila* are having following properties:

- *Katu, Tikta, Kashaya rasa*
- *Laghu, Ruksha, Ushna guna*
- *Katu vipaka*
- *Deepana, Pachana, Lekhana properties*

Katu, Tikta, Kashaya Rasa reduces vitiated *Meda* and *Kleda*. It also reduces *Kapha-*

Meda-Sweda Dushti by maintaining a normal *Jatharagni*. It produces *Laghutva* in *Dhatu* and *Srotasa* causing *Medakshaya* and *Kledkshaya*. *Katu vipaka* due to its *Laghu-Ruksha Guna* causes reduction in excessive *Meda Dhatu*. Moreover it pacifies increased *Kapha dosha*. As described above, excessive *Laghu guna* vitiates *Vata dosha* which again vitiates the *Jatharagni* and hence, enforcing patient to enter the vicious cycle of *Sthaulya*. To avoid this, excessive *Laghu guna* is nullified by the *Guru Guna* of *Taila* and this unique concept helps in breaking the pathophysiology of *Sthaulya*.

Triphala is *Kapha-pitta nashaka* and *kledoshoshaka* and *Vatanulomaka*. *Triphala* improves *Jatharagni mandyata*, *Dhatvagni mandyata* and hence, useful in treatment of *Sthaulya*.

Ativisha, Murva, Trivrutta, Chitraka, Vacha, Pippali, Pushkaramula, Sarshapa and Shunthi are the drugs having *Tikta, Katu rasa, Laghu, Ushna guna* and *Kapha-Vatahara* properties. These drugs act as *Lekhaniya, Medohara, Malashodhaka, Deepana* and *Pachana dravya* and hence, useful in *Sthaulya*.

Nimba, Vasa are also *Tikta, Katu rasatmaka* and *Laghu, Ruksha* but *Sheeta gunatmaka* with *Lekhana* and *Kaphaghna* properties. Due to *Sheeta virya* and *Tikta-Katu rasa*, they pacify vitiated *Pitta dosha*, make *Jatharagni* normal and regulate the normal cycle of *Dhatuposhana*.

Aragvadha is also *Sheeta viryatmaka* with *madhura vipaka*. *Mrudu anulomaka* property helps to normalise the vitiated *koshtagata Vata* and thus, improves *Medasaavrutta Vata avastha in Sthaulya*.

All the drugs of *Triphaladi taila* are fortified with the drugs of *Surasadi gana*. *Surasadi gana* is well known for its *Kaphanashaka* and *Medohara* properties and hence, useful in *Sthaulya*.⁶

All the above dravya are fortified basically in *Tila Taila*.

DISCUSSION AND CONCLUSION:

Probable action of *Triphaladi Taila* on *Dosha*:

Vitiated *Kapha* and *Vata Dosha* are the main factors in pathogenesis of *Sthaulya*. The drugs in *Triphaladi taila* mainly act on *Kapha– Vata dosha* by virtue of *Ushana, Katu, Ruksha* properties.

Probable action of *Triphaladi Taila* on *Dushya*:

Prior to vitiation of *Meda*, there's always a vitiation of *Mansa, Rakta* and *Rasa dhatu* in some proportion. This *Dushti* of *Dhatu* is mainly done by *Guru, Snigdha, Shita, pichhila gunatmaka Aam ahara*. The contents of *Triphaladi Taila* are mostly are *ruksha, laghu, ushna, tikshna, srotogami*. This not only helps in reducing *Vitiated kapha-vata* but also removes *Srotosanga*. So the active principles in the drug can reach up to cellular levels. This leads to depletion of

excess of stored fats and hence reducing *Sthaulya*.

Probable action of *Triphaladi Taila* on *Agni*:

Triphaladi Taila acts on *Vikruta Jatharagni* by its *Guru guna* derived from the *Tila taila* and keeps patient satiated for a longer duration. On the other hand, *Tila taila* is *Sukshma* and *Srotogami*. *Laghu, Ruksha, Tikshna guna* of other drugs of *Triphaladi Taila* are brought to each and every *Srotasa* (cells) by the vehicle of *Taila*, clearing the obstruction (*srotosanga*) of *Meda* and here, it works on the *vikruta Dhatvagni*. By virtue of *Pachana* and *Deepana* properties, it mainly corrects the *Medodhatu Agnimandya* and checks the further progression of *Meda Sanchaya* by preventing the formation of vitiated *Meda*.

Probable action of *Triphaladi Taila* on *Srotasa*:

Main action of *Triphaladi Taila* is on *Annavaha* and *Medovaha srotasa* due to *Laghu, Tikshna, Ruksha guna* of the drugs which are opposite to *snigdha, Guru, Pichhila guna* of *Kapha and Meda*. Use of *Tila taila* as a vehicle proves very beneficial in removing *Srotosanga*. *Laghu, Ruksha, Tikshna guna* are to be reached upto cellular level to destroy vitiated *Meda*. But these *Guna* have to pass *Jatharagni* before reaching the other body cells. This is the main problem in treating *Sthaulya*. So use of *Taila* solves this problem. *Guru guna* of *taila* keeps the *Jatharagni* busy in digesting it only and at the same time, other expected *guna* reach the *Sukshma mansa-medovaha Srotasa*



and starts their action. So, the vitiated *medodhatu* is decreased, *uttarottara dhatu* are nourished properly and thus, the vitious pathology of *Sthaulya* is broken.

Probable Action of Triphaladi Taila on Lipid levels:

While describing *Prameha*, *Acharya Charaka* has stated the Status of main vitiated *Dosha* as “*Bahu Drava Shleshma*” and the main vitiated *Dushya* as “*Bahu Abaddha Medasa*”. This means *Medasa* which is greater in quantity is unbound or free in circulation. This *Abaddha Medas* or *Asthayi Medo Dhatu* can be compared to the lipoproteins which are seen to be increased in Diabetes mellitus. Also, there is an equivocal relationship present between *Sthaulya* and *Prameha*. So, *Bahu* and *Abaddha Medo dhatu* in *Sthaulya* can be compared with the increased lipoproteins in the body.

These Lipoproteins are *Parthiva* and *Jaliya Mahabhutatmaka* in physical nature but are *Agneya gunatmaka* according to their functions in the Body. *Jatharagni* digests the ingested food material. Exogenous pathway of Lipid metabolism is greatly Similar to the actions of *Jatharagni* on food we consume. Any deviation in *Jatharagni* and *Bhutagni* from normal leads to hampered metabolism of lipids and thus, leading to Dyslipidemia. Though major content of *Triphaladi Taila* is *Tila Taila*, it is an Unsaturated fatty acid i.e. containing good cholesterol. More to this, other drugs of *Triphaladi Taila* are *Katu*, *Ushna*, *Teekshna* with *Lekhana* and *Kaphaghna* properties. This leads to depletion of *Bahu-Abaddha Medasa* circulating in the body and also checks the functions of *Jatharagni* and *Dhatvagni*. Thus, by direct action i.e, by decreasing

the excessive circulating lipid molecules and by indirect action i.e, by improving *Jatharagni* and *Dhatvagni* functions, *Triphaladi Taila* is efficient to reduce the excessive lipids from the body.

So, in this way, *Triphaladi Taila* proves effective in treating the *Sthaulya*.

REFERENCES

1. Constitution Of WHO-Basic documents, 45th edition, Supplement, October 2006, available from: ([www.who.int>about>mission](http://www.who.int/about/mission))
2. Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo. Harrison's Principles of internal Medicine, 19th ed. Mc Graw Hill companies, Volume I. Obesity, pg no. 901.
3. *Acharya Charaka; Charak Samhita* with the *Ayurved Dipika* commentary of *Chakrapanidatta*; edited by Vaidya Yadvaji Trikamji Acharya, 2014, Chaukhambha Surbharati Prakashan, Varanasi; Sutrasthana, Ashtaninditiya Adhyaya; 21/3, 4; pg no.116.
4. *Acharya Charaka; Charak Samhita* with the *Ayurved Dipika* commentary of *Chakrapanidatta*; edited by Vaidya Yadvaji Trikamji Acharya, 2014, Chaukhambha Surbharati Prakashan, Varanasi;



- Ashtauninditiya Adhyaya; 21/20; pg no.117.
5. *Acharya Charaka, Charak Samhita* with the *Ayurved Dipika* commentary of *Chakrapanidatta*, edited by Vaidya Yadvaji Trikamji Acharya, 2014, Chaukhambha Surbharati Prakashan, Varanasi; *Sutrasthana, Ashtauninditiya Adhyaya*, 21/21, pg no.117.
6. Shrimad Vagbhatacharya, *Ashtanga Hridayam* edited with *Nirmala Commentary* by Dr. Bramhanand Tripathi, Choukhamba Sanskrit Pratishthan, 2014; *Sutrasthana*, *Shodhanadi Gana Sangraha Adhyaya, Surasadi gana*, 15/ 30, 31, pg no.201.

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