



Review Article

APPLICATION OF RUKSHANA CHIKITSA SIDDHANT WITH GUDUCHYADI YOGA IN STHAULYAJANIT SANDHIGATAVATA W.S.R. TO OBESITY INDUCED OSTEOARTHRITIS

G.S. Yadav^{1*}, S.V. Chawre²

*1PG Scholar, ²PhD Scholar, Assistant Professor, Department of Kayachikitsa, Government Ayurved College and Hospital, Nagpur, Maharashtra, India.

Article info

Article History:

Received: 07-08-2025

Accepted: 29-08-2025

Published: 30-09-2025

KEYWORDS:

Sthaulya, Obesity, Osteoarthritis, *Sandhigatavata*, *Rukshana*, *Guduchyadi Yoga*.

ABSTRACT

Obesity is rapidly increasing lifestyle disorder. It associated with increased risk of multiple health problems, dyslipidaemia, hypertension, type 2 diabetes, degenerative joint diseases and even some malignancies. Incidence and advancement of osteoarthritis is associated with obesity. In a patient with obesity induced osteoarthritis *Sthaulyajanit Sandhigatavata*, only pain-relieving treatment acts as a temporary solution. Because the excess adipose tissue mass in obesity continues to add trauma to the joints leading to further degeneration. This study focuses on the Ayurvedic *Rukshana Chikitsa Sidhhanta*, that may hold satisfactory solutions for the patients with *Sthaulyajanit Sandhigatavata*, for symptomatic pain relief as well as the *Samprapti Vighatana*, stopping degeneration and bring about *Asthiposhana*. It improves quality of Meda and *Asthi Dhātu* formation, leading to normal functioning of both *Dhatus*. Obesity induced osteoarthritis can be well managed with the *Guduchyadi Yoga*.

INTRODUCTION

"Overweight and obesity are defined as abnormal or excessive fat deposition that presents a risk to health".^[1] Diagnosis is done by Body Mass Index (BMI). BMI: Weight in Kg/Height in Metres². Over past 2-3 decades, the prevalence of obesity has increases rapidly. Since 1990 worldwide obesity in adults has increased more than twice and that of adolescent to four times. Prevalence of obesity in India according to the National Family Health Survey (NFHS-5) 2019-2021, is 40% of women and 12% of men.^[2]

In India prevalence rate of *Sthaulya* is 10.95%.^[3] *Sthaulya* is a condition where there's excessive *Vikrut Meda Dhātu*. This can be of two types, *Badhha* and *Abadhha*.^[4]

Badhha (immobile) *Meda* can be correlated to the fat which gets deposited at different body parts, while *Abadhha* can be considered as circulating fat in the form of lipids. Obesity is directly linked with increased risk of osteoarthritis.^[5] Prevalence of osteoarthritis is about 22% to 39% in India.^[6] With increasing obesity, cases of obesity induced osteoarthritis are also increasing. *Guduchyadi Yoga* (Combination of *Guduchi*, *Musta*, *Triphala*) mentioned in *Sthaulya* can effectively improve these conditions by virtue of its properties.^[7]

METHODS

The *Sthaulya* in Ayurveda is analogous to the concept of overweight and obesity in modern science due to resemblance in causative factor and signs, symptoms. There's excessive and abnormal fat deposition in obesity. Osteoarthritis is a degenerative condition of bone with painful movement of joint, reduced flexibility and range of motion.

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v12i4.2201>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

Relation between Meda and Asthi

- In the *Grahani Adhyaya*, process of *Dhatu* formation is mentioned in detail.^[8] By the action of *Meda Dhatwagni* along with *Pruthvi*, *Agni* and *Vayu Mahabhuta*, *Meda Dhatu* undergoes certain changes and by addition of *Khara Guna*, *Asthi Dhatu* is formed. This suggests that for *Prakrit Asthi Dhatu* formation and nutrition, *Prakrit Meda dhatu* is very important.
- *Meda* is described as one of the *Moola Sthana* of *Asthivaha Strotas*.^[9] *Moola Sthana* of *Dhatu* is a location where origination and maintenance of that particular *Dhatu* takes place.^[10] It is the regulating centre for normal functioning of that *Strotas*. Hence for normal formation and functioning of *Asthi dhatu*, its *Moola Sthana* i.e., *Meda* must be in normal proportion and function.
- Every (*Sthula*) *Poshya Dhatu* (excellent *Dhatu*) is formed along with its *Upadhatu* and *Mala* by the action of that *Dhatwagni* on its respective (*Sukshma*) *Poshak* factors (nutrient factors). This process of *Dhatu* formation takes place in its *Moolasthan*. In the *Medovaha Strotas*, by the action of *Meda Dhatwagni* on the *Meda Poshak* factors the *Poshya Meda Dhatu*, *Asthi Poshak* factors and *Mala-Sweda* are formed. In similar way *Asthi Dhatu* is formed. ^[11] When there's *Vikrut Meda* production in body, it affects the process of *Prakrit Asthi Dhatu* formation. It may cause osteoporosis and further progression may lead to the osteoarthritis.
- Normal functions of *Meda* are *Sneha* (lubrication), *Sweda*, *Drudhatva* (firmness) and *Asthiposhana* (bone nourishment) and *Lepana karma* in body (protection to organs and tissue). *Meda Dhatu* contributes towards the *Asthiposhana*, which is important to maintain bone health. ^[12,13]
- Sushruta has described *Kala Sharir*. *Medodhara Kala* is the third one out of seven *Kalas* (membranes of our body). In major proportion, *Meda Dhatu* is said to be present around abdomen and within the small bones of human body. In small bones there is *Sarakta Meda*. ^[14]

Relation between Fat and Bone according to Modern Science

- Almost every person undergoes some physical changes in their weight bearing joints by the age of forty. It is associated with degenerative joint disease.^[15] Increased weight in obesity adds the trauma to the weight bearing joint. This can

activate the inflammatory pathway which can lead to synovial pathology. Obesity is linked with the Incidence and progression of osteoarthritis. According to modern science weight loss can regress the symptoms of osteoarthritis effectively.^[16]

Relation between Sthaulya and Sandhigatavata

Acharya Sushrut has mentioned about the *Sthaulya* in detail. According to him *Sthaulya* is responsible for many diseases like *Prameha*, *Pidaka*, *Jwar*, *Bhagandar*, *Vidradhi*, *Vatavyadhi*, or even can lead to death.^[17] *Sandhigatavata* is one of the *Vatavyadhis*, occurring due to vitiation of *Vatadosha*. Symptoms such as *Vata Purna Druti Sparsh*, *Shoola*, which aggravates by movement, *Shotha* with complete restriction of movements at later stages are associated with *Sandhigatavata*.^[18] It can be correlated with Osteoarthritis in modern science due to similarity in etiology, pathology and features.

- *Meda Dhatu* is *Pruthvi* (Earth element) and *Aapa* (Water element) *Mahabhuta Pradhana*, *Guru* (heavy), *Pichhila* (slimy) in quality.^[19] Hence in excess quantity it increases the body weight. This can directly affect weight bearing joints leading to osteoarthritis.
- This suggests that both Ayurveda and modern science accept the fact that obesity (*Sthaulya*) can lead to osteoarthritis (*Sandhigatavata*).

Pathophysiology of Sandhigatavata due to Sthaulya

- In *Sthaulya Medo Vridhhi* is of *Badhha* type. This *Meda Dhatu* have following *Gunas* like *Pichhila* (slimy), *Snigdha*, *Guru* (heavy), *Mridu* (soft) and *Sthula*. Due to these *Gunas* obstruction is created to subsequent *Dhatu*s that is *Asthi Dhatu* and other six *Dhatu*s also remains malnourished, which leads to the *Asthiikshay*. Due to *Asthiikshay*, vitiation of *Vata Dosha* occurs, ^[20] which is responsible factor for the centrally.
- *Sandhigatavata*, hence *Sthaulyajanit Sandhigatavata* (*Sandhigatavata* due to obesity) can be categorized into *Upastambhita Sandhigatavata*.
- There is vitiation of *Vata* in *Koshtha* due to the obstruction created by increased *Meda Dhatu*. This intensifies the *Jathargni*, digesting food quickly, with further craving of food. This creates the vicious cycle of excessive *Vikrut Meda Dhatu* production with vitiation of *Vata* due to obstruction by *Asthiikshay*.^[21]

Treatment modalities described in Modern science

Lifestyle modification^[22]

- Diet therapy- calorie restriction, physical activity therapy-exercise, behavioural therapy to reinforce new dietary and physical activity behaviours.

Pharmacotherapy^[23]

- Appetite suppressants (anorexiant), gastro-intestinal fat blockers. Many of these have action centrally, and few of them have action peripherally. Centrally acting drugs may cause adverse effects like headache, insomnia, dizziness, nausea, vomiting, dry mouth, constipation, diarrhoea.

Surgery^[24]

- Bariatric surgery, intraluminal gastric balloons.
- In modern medicine, there is no safe and satisfactory treatment options.

Treatment modalities described in Ayurveda

- To improve a quality of life in such patients, it is important to first work on the root cause i.e., *Sthaulya* instead of just focusing on the pain-

relieving treatment for osteoarthritis. *Meda Dhatwagnimandya* should be considered as a causative factor for the *Asthikshay*, in obese patients.

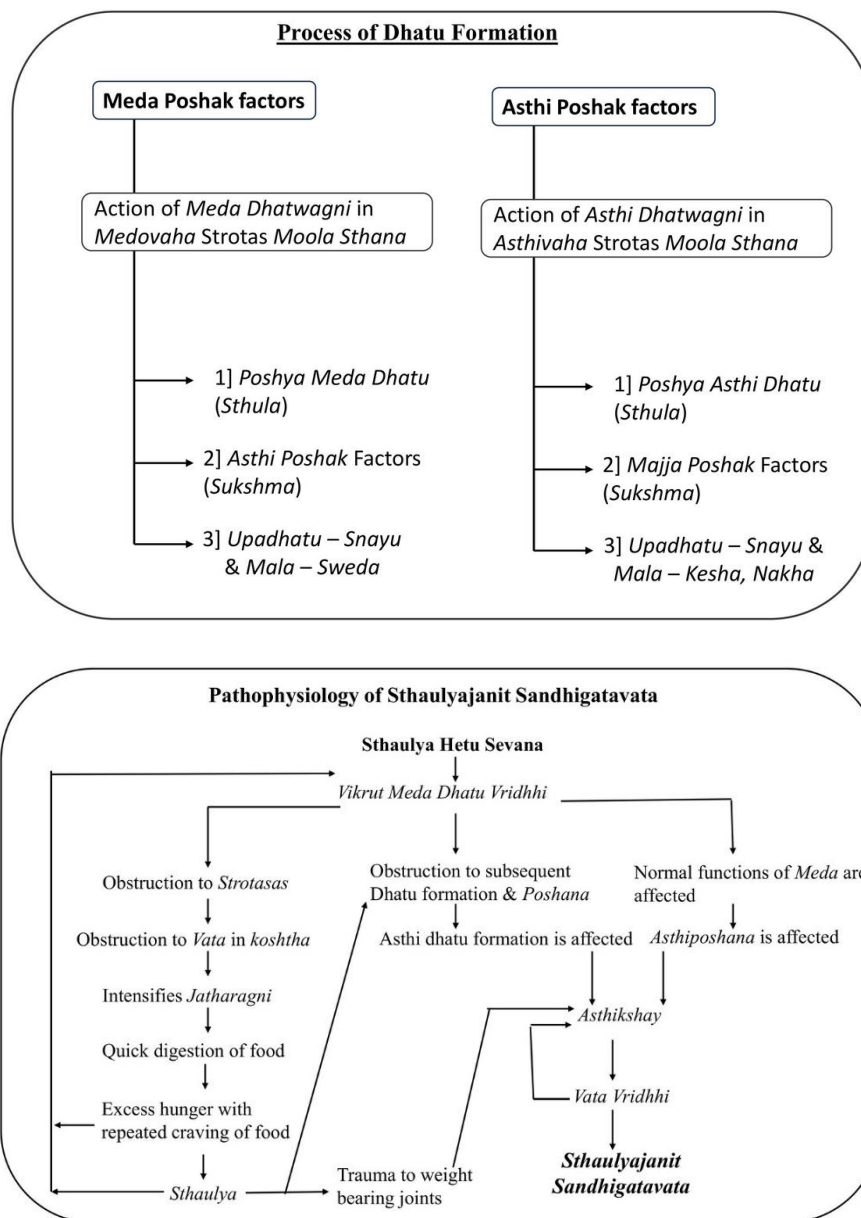
- According to *Charaka Sthaulya* is a *Santarpanjanya Vyadhi*. (disease that occur due to excessive nourishment). He has explained variety of treatment options for this in detail, involving Panchkarma like *Vaman*, *Virechana*, *Raktmokshana*; *Vyayama* (exercise), *Langhana*, *Ruksha Ahara Sewana* (intake of dry substances).^[25]
- The drug used in treatment should be *Ushna* (hot), *Tikshna* (sharp), *Ruksha* (dry), *Vataghna* (Pacifying *Vata*) and *Kaphaghna* (pacifying *Kapha*), *Medohara* (reducing *Meda*) and *Rasayana* (rejuvenating) in properties.^[26]
- Charakameda Described *Guduchyadi Yoga* for the *Sthaulya* management in *Sutrasthana*. The contents of *Guduchyadi Yoga* are *Triphala* (*Amalaki*, *Haritaki* and *Bibhitaki*), *Musta* and *Guduchi*.^[7]

Table 1: Properties of Guduchyadi Yoga Contents

Sr.no	Drug and Latin name	Ras	Vipak	Virya	Guna	Properties
1	<i>Guduchi</i> <i>Tinospora Cardifolia</i>	<i>Tikta, Kashay</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Snigdha Mrudu</i>	<i>Rasayan</i> , anti-inflammatory, anti-arthritis, anti-osteoporotic, ^[27] osteoprotective ^[28]
2	<i>Musta</i> <i>Cyperus rotundus</i>	<i>Tikta, Katu, Kashay</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Laghu, Ruksha</i>	<i>Lekhaneeya</i> , <i>Medohara</i> , antiobesity, ^[29] anti-hyperlipidemic activity ^[30]
3	<i>Triphala</i> ^[31]	<i>Madhur, Amla, Katu, Tikta, Kashay</i>	<i>Madhur</i>	Neutral		Reduces inflammatory markers and degradation of bone and cartilage. ^[32,33]

Table 2: Predominant Rasa of Guduchyadi Yoga Contents

S.No.	Ras	Percentage
1	<i>Madhura</i>	10%
2	<i>Amla</i>	10%
3	<i>Lavana</i>	0
4	<i>Katu</i>	20%
5	<i>Tikta</i>	30%
6	<i>Kashaya</i>	30%



DISCUSSION

Action of Guduchyadi Yoga can be explained as follows

It is mainly *Katu*, *Tikta*, *Kashaya* in Rasa which are all *Ruksha* in nature. [34] These qualities of these drugs have action on the *Meda Dhātu*. *Rukshana* quality of the *Dravyas* help to decrease the *Snigdha*, *Pichhila Meda Vridhhi*. By the action of *Madhura Vipaka* (conversion in taste after complete digestion), it enhances the *Prakrit Kapha*, pacifies *Vata*. [35] *Shleshaka Kapha* is one of the five subtypes of *Kapha*, which is present at joint providing lubrication and protection. [36,37] Function of *Shleshaka Kapha* gets improved, hence beneficial to stop further degeneration of bone.

Action on Meda Dhatwagni in Sthaulya

- All the drugs in this combination are mainly *Katu*, *Tikta*, and *Ushna*, in quality; improving the *Meda Dhatwagni* by *Agnideepana*. [38] Due to correction in *Meda Dhatwagnimandya*, *Meda Dhātu* produced will be of good quality.
- Hence normal functions of *Meda* like *Sneha*, *Asthiposhana*, *Lepana* can be performed.
- By the action of *Ruksha*, *Laghu*, *Vatakaphaghna*, *Medohar* property, there is scrapping action on *Meda*, which helps to remove the obstruction due to *Meda*.

Action in Asthiposhana

- For *Asthiposhana*, quality of *Asthi Poshak* factor is important factor. This *Asthi Poshak* factor is produced by *Meda*. *Asthi Dhatwagni* acts on the *Asthi Poshak* factor (nutrients factor of *Asthi Dhatu*). In this way formation of *Poshya Asthi* (excellent *Asthi Dhatu*) takes place. Due to improved *Meda Dhatwagni* as mentioned above, *Asthi Poshak Bhav* formed is excellent in quality. Hence *Asthi Dhatu* formed is also excellent in quality.
- Due to relieved obstruction by *Meda*, affected subsequent *Dhatuposhana* i.e., *Asthiposhan* also gets corrected. Due to improved *Asthi Poshana* in obese people, further progression of osteoporosis can be stopped.

Action on Ahara Rasa and Sandhi

- *Guduchyadi Yoga* brings about *Rukshana* in body. Mode of action of *Rukshana Dravya* can be explained in two ways. By the virtue of *Tikshna*, *Ushna Guna*, it enhances the *Jathargani*. By *Laghu Guna* it brings about *Laghavata* (lightness of body) and acts on the *Samana Vayu*, producing excellent *Ahara Rasa*. Charak described that *Prakrit Ahara Rasa* is responsible for the *Pushti* (strengthening) of seven *Dhatus*, five *Indriya Dravyas*, *Sandhi*, *Snayu*, *Kandara* and *Kala* of body. [39] Also due *Prakrit Rasa Dhatu*, Further comorbidities like *Sthaulya* can also be avoided. Because *Sthaulya* is described as a Disease occurring due to defective *Rasa Dhatu*. [40]

Action in Sandhigatavata

- *Sandhi* is the *Upadhatu* of *Meda*. [41] It is formed by the action of *Meda Dhatwagni* on *Meda Poshak* Factors. At the same time *Asthi Poshak* Factors are also formed. Hence by acting on *Meda Pachana* and *Meda Dhatwagnideepana*, *Guduchyadi Yoga* acts on the *Prakrit Sandhi* formation also.
- *Rukshana Chikitsa* is mentioned for the diseases produced at *Marma Sthana*. [42] *Sandhi* is also a one of the type *Marma*. There are twenty *Sandhi Marma* in our body. [43] Out of these twenty, any one or multiple *Sandhi* can be involved in *Sandhigatavata*. Considering these points, *Rukshana Chikitsa* by *Guduchyadi Yoga* may be helpful in the *Sthaulyajanita Sandhigatavata*.
- Drugs like *Guduchi*, *Triphala* has anti-inflammatory action. They inhibit the inflammatory pathway which is involved in synovial pathology of osteoarthritis.

CONCLUSION

Rukshana Chikitsa Sidhhanta will be helpful in obesity induced osteoarthritis by *Guduchyadi Yoga*. Symptoms of *Sthaulyajanit Sandhigatavata* can be reduced effectively along with the *Samprapti Vighatana* and *Asthiposhana*. Also, the treatment of *Sthaulya* acts as a prophylaxis treatment for multiple health and reduce the risk of developing future comorbidities associated with it which are mentioned earlier.

Acknowledgements: Sincere gratitude to all those who contributed to the successful completion of this work

REFERENCES

1. Panuganti KK, Nguyen M, Kshirsagar RK. Obesity. 2023 Aug 8. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan–PMID: 29083734.
2. [https://www.thelancet.com/journals/lansea/article/PIIS2772-3682\(23\)00068-9/fulltext](https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(23)00068-9/fulltext) answers/item/obesity-health-consequences-of-being-overweight]
3. <http://www.icjmph.com>– Community based study on prevalence of obesity among urban population of Shivamogga, Karnataka, India. Kanchana Nagendra, Nandini C. Mangala Belur, International Journal of Community Medicine and Public Health
4. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Nidanasthan Adhyay no.4/7 page. No. 502
5. Harrison's Principles of Internal Medicine, Jameson, Fauci, Kasper, Hauser, Longo, Loscalzo, 20th Edition, Volume-2, Chapter 394, Page No. 2843
6. Pal, C. P., Singh, P., Chaturvedi, S., Pruthi, K. K., & Vij, A. (2016). Epidemiology of knee osteoarthritis in India and related factors. Indian journal of orthopaedics, 50(5), 518–522. <https://doi.org/10.4103/0019-5413.189608>
7. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Sutrashtan Adhyay no.21/21 page. No. 310
8. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Chikitsasthan Adhyay no.15/30-31 page. No. 361
9. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Vimanasthan Adhyay no.5/4 page. No.588
10. Charak Samhita, Ayurvedadipika Chakrapani Tika, Chaukhamba Sanskrit Pratishthan, 2016,

- Vimanasthan Adhyay no.5/8 e-Samhita - National Institute of Indian Medical Heritage
11. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Chikitsasthan Adhyay no.8/39 page. No. 208
12. Kushavaha H.S., Ashtang Hriday, Vol-1, Chaukhambha Prakashak, Varanasi, Sutrasthana, Adhyay No.11/4, Page No.508
13. Sushrut 15 Sharma A.R., Sushrut Samhita, Varanasi Chaukhamba Surabhibharti Pratishthan, 2020, Sutrasthan, Adhyay 15/7 Page No.115
14. Sharma A.R., Sushrut Samhita, Varanasi Chaukhamba Surabhibharti Pratishthan, 2020, Sharirasthan, Adhyay 4/12-Page No 49
15. Harrison's Principles of Internal Medicine, Jameson, Fauci, Kasper, Hauser, Longo, Loscalzo, 20th Edition, Volume-2, Chapter 395, Page No. 2843
16. Davidsons, Principles and Practice of Medicine, 2018 page no.10127] ymons D, Mathers C, Pflieger B. Global Burden of Osteoarthritis in year 2000: Global burden of disease 2000 study, World health report 2002 (5); Version
17. Sharma A.R., Sushrut Samhita, Varanasi Chaukhamba Surabhibharti Pratishthan, 2020, Sutrasthan, Adhyay 15/36-page no. 127
18. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Chikitsasthan Adhyay no. 28/37 page. No. 681
19. R Vidyanath. Charaka Samhita, Vol-2, 1st edition, Chaukhambha Prakashak, Varanasi, Sha-7/16
20. Kushavaha H.S., Ashtang Hriday, Vol-1, Chaukhambha Prakashak, Varanasi, Sutrasthana, Adhyay No.11/28, Page No. 521
21. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Sutrasthan Adhyay no.21/ 5-8 page. No. 308
22. Harrison's Principles of Internal Medicine, Jameson, Fauci, Kasper, Hauser, Longo, Loscalzo, 20th Edition, Volume-2, Chapter 395, Page No. 2845
23. Harrison's Principles of Internal Medicine, Jameson, Fauci, Kasper, Hauser, Longo, Loscalzo, 20th Edition, Volume-2, Chapter 395, Page No. 2847
24. Harrison's Principles of Internal Medicine, Jameson, Fauci, Kasper, Hauser, Longo, Loscalzo, 20th Edition, Volume-2, Chapter 395, Page No. 2849
25. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Sutrasthan Adhyay no.23/6 page. No. 324
26. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Sutrasthan Adhyay no.21/21 page. No. 310
27. Upadhyay AK, Kumar K, Kumar A, Mishra HS. *Tinospora cordifolia* (Willd.) Hook. f. and Thoms. (Guduchi)- validation of the Ayurvedic pharmacology through experimental and clinical studies. *Int J Ayurveda Res.* 2010 Apr; 1(2): 112-21. doi: 10.4103/0974-7788.64405. PMID: 20814526; PMCID: PMC2924974.
28. G.Abiramasundari, C.M.Mohan Gowda, G.Pampapathi, Sheela Praveen, S. Shivamurugan, M.Vijaykumar, A.Devi, M.Sreepriya, Ethnomedicine based evaluation of osteoprotective properties of *Tinospora cordifolia* on in vitro and in vivo model systems, *Biomedicine & Pharmacotherapy*, Volume 87, 2017, Pages 342-354, <https://doi.org/10.1016/j.biopha.2016.12.094>.
29. Nagarajan M, Kuruvilla GR, Kumar KS, Venkatasubramanian P. Pharmacology of *Ativisha*, *Musta* and their substitutes. *J Ayurveda Integr Med.* 2015 Apr-Jun; 6(2): 121-33. doi: 10.4103/0975-9476.146551. PMID: 26167002; PMCID: PMC4484047.
30. Lemaure B, Touché A, Zbinden I, Moulin J, Courtois D, Macé K, Darimont C. Administration of *Cyperus rotundus* tubers extract prevents weight gain in obese Zucker rats. *Phytother Res.* 2007 Aug; 21(8): 724-30. doi: 10.1002/ptr.2147. PMID: 17444573
31. Peterson CT, Denniston K, Chopra D. Therapeutic Uses of *Triphala* in Ayurvedic Medicine. *J Altern Complement Med.* 2017 Aug; 23(8): 607-614. doi: 10.1089/acm.2017.0083. Epub 2017 Jul 11. PMID: 28696777; PMCID: PMC5567597.
32. Kalaiselvan S, Rasool MK. The anti-inflammatory effect of *triphala* in arthritic-induced rats. *Pharm Biol.* 2015 Jan; 53(1): 51-60. doi: 10.3109/13880209.2014.910237. Epub 2014 Oct 7. PMID: 25289531.
33. Rana S, Palatty PL, Benson R, Kochikuzhyil BM, Baliga MS. Evaluation of the anti-hyperlipidemic effects of *Triphala* in high fat diet fed rats: Studies with two combinations. *Ayu.* 2022 Jul-Sep; 43(3): 98-104. doi: 10.4103/ayu. AYU_74_19. Epub 2023 Oct 9. PMID: 38075184; PMCID: PMC10710234

34. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Sutrasthan Adhyay no.26/53 page. No.376
35. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Sutrasthan Adhyay no.26/78 page. No.378
36. Kushavaha H.S., Ashtang Hriday, Vol-1, Chaukhambha Prakashak, Varanasi, Sutrasthana, Adhyay No.12/18, Page No.544
37. Sharma A.R., Sushrut Samhita, Varanasi Chaukhamba Surabhibharti Pratishthan,2020, Sutrasthan, Adhyay 21/ 14 Page No. 182
38. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Sutrasthan Adhyay no.26/42-(3)(4) page. No.374
39. Kale V.S. Charak chikitsa Chaukhamba Sanskrit Pratishthan, 2016, Chikitsasthan Adhyay no.28/4 page. No 430
40. Sharma A.R., Sushrut Samhita, Varanasi Chaukhamba Surabhibharti Pratishthan, 2020, Sutrasthan, Adhyay 15/37 Page No. 126
41. Kale V.S. Charak chikitsa Chaukhamba Sanskrit Pratishthan,2016, Chikitsasthan Adhyay no.15/17 Page. No 356
42. Kale V.S. Charak Samhita, Chaukhamba Sanskrit Pratishthan, 2016, Sutrasthan Adhyay no.22/30 page. No. 320
43. Sharma A.R., Sushrut Samhita, Varanasi Chaukhamba Surabhibharti Pratishthan,2020, Sutrasthan, Adhyay 15/36-page no.127

Cite this article as:

G.S. Yadav, S.V. Chawre. Application of Rukshana Chikitsa Siddhant with Guduchyadi Yoga in Sthaulyajani Sandhigatavata w.s.r. to Obesity Induced Osteoarthritis. AYUSHDHARA, 2025;12(4):274-280.

<https://doi.org/10.47070/ayushdhara.v12i4.2201>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. G.S. Yadav

PG Scholar,
Department of Kayachikitsa,
Government Ayurved College and
Hospital, Nagpur, Maharashtra,
India.

Email: gauri.syadav5@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.

