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Research Article

A RANDOMIZED COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF *HARITAKI CHURNA* AND *YAVA AMALAKA CHURNA* ALONG WITH *UDVARTANA* IN *STHAULYA* W.S.R. OBESITY

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ABSTRACT

One of the *Santarpanajanya vyadhi* is *Sthaulya. Atisthaulya* is one of the eight varieties of *Nindita purusha* described in classical Ayurvedic scriptures. *Ayusha hrasa, Javoparodha, Kruccha Vyavaya, Dourbalya, Dourgandha, Swedabadha, Kshudha atimatra* and *Trushna atiyoga* are characteristics of *Sthaulya* patients. In Ayurveda, obesity is comparable to *"Sthaulya".* Obesity is the accumulation of excessive fat in the body. It is a growing problem and the root cause of numerous illnesses like diabetes mellitus, hypertension, cancer, IHD etc. These illnesses are known to be the most common causes of death in the modern period. Drug use, nutrition and a healthy lifestyle are all part of Ayurvedic disease therapy. Medicinal preparations are made from plant, animal and mineral sources and can be simple or complicated mixtures. So here 2 groups of 30 patients in each group were made- *Haritaki Churna* and *Yavamalaka Churna* were tried. **Aim:** To evaluate and to compare the efficacy of *Haritaki Churna* and *Yava Amalaka Churna* with *Udvartana* in *Sthaulya.* **Materials and Methods:** Total of 60 patients were selected from OPD and IPD of Department of *Kayachikitsa,* Karnataka Ayurveda Medical College Hospital, Mangalore, after fulfilling inclusion criteria. They were randomly divided into 2 groups of 30 each, Group A *(Haritaki Churna* along with *Udvartana)* and Group B *(Yava amalaka churna* along with *Udvartana*. The baseline data for subjective and objective parameters– before and after treatment were taken into account while evaluating the outcomes. **Results:** Overall result of Group A was 33.58% and Group B was 33.32%. Both groups showed statistically significant results individually; however, there was no statistically significant difference when the two groups were compared, indicating that they had a similar effect in the management of *Sthaulya*.

INTRODUCTION

Today's lifestyle has fundamentally altered our eating habits, daily routines, and behavioral patterns, making man the victim of several diseases. *Sthaulya* (obesity) is one of them. It is a disease commonly affecting the young and middle-aged population. Ayurveda, the indigenous system of medicine, considers this disease which is caused by over nutrition i.e., *Atisantarpana*[1].

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Intake of *Kapha vardhaka aharas* like sweet, sour, salty, oily, heavy food etc., indulging in day sleep, lack of worries, lack of exercise etc. are considered as the causative factors of *Sthaulya roga*[2]. Body is made up of seven *Dhathus* but in *Sthaulya* there will be excess nourishment of *Medo dhatu* and remaining *Dathus* get malnourished. *Acharya Charaka* states that, comparatively it is easier to treat *Karshya* person than *Sthaulya* person.[3] *Atisthaulya* is one among the *Astha nindita purusha* [4], classified under *Kaphaja nanatmaja vikaras* [5].

Overweight and obesity can be corelated to *Sthaulya*. The National Ayurveda Morbidity Code (NAMC) given for *Ati Sthaulya* is ACB-1 and for *Medoroga* is EF-3 which can be corelated to obesity. According to the International Classification of Disease

(ICD)-10 E66[6], obesity is a state of excess adipose tissue mass. It is the precursor of many diseases, which include heart disease, diabetes, high blood pressure, high cholesterol, liver disease, sleep apnea and certain cancers. WHO global estimates that, the worldwide prevalence of obesity nearly tripled between 1975 to 2016. In 2016, 39% of adults aged 18 years and over were overweight. Overall, about 13% of the world's adult population were obese in 2016.[7] The World Obesity Atlas 2022, published by the World Obesity Federation, predicts that one billion people globally, including 1 in 5 women and 1 in 7 men, will be living with obesity by 2030[8]. In India, according to NFHS-4 data, 20.6% of women and 18.9% of men were obese in 2015-16. By NFHS-5 or from 2019-21 it increased to 24% of women and 22.9% of men. It demonstrates that the prevalence rate rises annually. [9]

Ayurvedic treatment for *Sthaulya* focuses on restoring the balance of the *Doshas*, improving metabolism, and reducing excess fat accumulation. This is achieved through specific dietary recommendations, herbal formulations, and therapeutic procedures. The drugs which are being used in this study are helpful in management of *Sthaulya* by their properties. *Madhu* (*Ruksha*, *Lekhaneeya*), *Haritaki* (*Laghu*, *Ruksha*, *Lekhaneeya*), *Yava* (*Ruksha*, *Lekhana*, *Medaghna*), *Amalaki* (*Ruksha*, *Kashaya rasa*) and *Musta* (*Laghu*, *Ruksha*) *Triphala* (*Medaghna*, *Kaphaghna*), *Haridra* (*Katu tikta rasa*, *Ruksha ushna guna*), *Kulattha* (*Ushna*, *Kapha* and *Vatahara*). *Shodhana* measures like *Vamana*, *Virechana*, *Basti* etc. are mentioned for management of *Sthaulya*, but external procedures like *Udvartana* is taken for the study as it has *Kaphahara* and *Medovilayana* properties [10].

Given the rising prevalence of obesity and the limitations of conventional treatments in terms of durability and side effects, there is a need for scientifically validated Ayurvedic interventions. Hence, the present study has been undertaken to evaluate and compare the efficacy of *Haritaki Churna*[11] and *Yavamalaka Churna*[12] along with *Udvartana*[13,14] in the management of *Sthaulya.*

AIM

To evaluate and to compare the efficacy of *Haritaki Churna* and *Yava Amalaka Churna* with *Udvartana* in *Sthaulya.*

OBJECTIVES

- To study the efficacy of *Haritaki Churna* with *Madhu* and *Udvartana*.
- To study the efficacy of *Yava Amalaka Churna* with *Madhu* and *Udvartana.*
- To compare the efficacy of *Haritaki Churna* and *Yava Amalaka Churna* with *Udvartana* in *Sthaulya.*

MATERIALS AND METHOD

Source of Data

A. Sample Source– Minimum 60 patients presenting sign and symptoms of *Sthaulya* (obesity) coming under the inclusion criteria are randomly selected from OPD and IPD of KAMC, Mangalore.

B. Literary Source– Literary source of *Sthaulya* was collected from all available Ayurvedic texts, Contemporary text, medical journals, Articles, Researches and also from electronic media.

C. Collection of the drug– the trial drugs were identified properly with the help of experts of *Dravya Guna* department and collected from the local market.

Preparation of medicine- The drugs were pounded and made into powder in Pharmacy attached to the Dept of *Rasashastra* and *Bhaishajya Kalpana,* Karnataka Ayurveda Medical College.

Composition of trial drug

Table 1: Composition of *Udvartana Churna*

Udvartana Churna		
S.No.	**Name of the Drug**	**Latin Name**
1.	*Musta*	*Cyprus rotundus*
2.	*Haridra*	*Curcuma longa*
3.	*Kulattha*	*Dolichos biflorus*
4.	*Haritaki*	*Terminalia chebula*
5.	*Bibitaki*	*Terminalia bellarica*
6.	*Amalaki*	*Emblica officinalis*

Table 2: Composition of *Haritaki Churna*

S.No.	Name of the Drug	Latin Name
1	*Haritaki (Shivaa)*	*Terminalia chebula*

Table 3: Composition of *Yavamalaka Churna*

S.No	Name of the Drug	Latin Name
1	*Yava*	*Hordeum vulgare*
2	*Amalaki*	*Emblica officinalis*

Clinical Source: Patients of either sex attending OPD & IPD and camp conducted at Karnataka Ayurveda Medical College Hospital Mangalore, Karnataka, who were diagnosed as *Sthaulya* have been selected for the study.

Method of Collection of Data

A. Study Design– Single blind randomized comparative clinical study.

B. Sample Size– Minimum of 60 patient were taken for study, made into two groups each having 30 patients.

Group A– 30 patients were administered *Haritaki Churna* with *Madhu* and *Udvartana.*

Group B– 30 patients were administered *Yava amalaka Churna* with *Madhu* and *Udvartana.*

C. Diagnostic Criteria

- Diagnosis is mainly based on the *Lakshana*s of *Sthaulya* explained in the classical Ayurvedic texts.
- Patients with clinical feature of obesity.
- BMI ≥ 25kg/m^2 to 35kg/m^2

D. Inclusion Criteria

- Patients presenting with *Kakshanas* of *Sthaulya.*
- Patients age between 18–60 years.
- Irrespective of either gender.
- Patients diagnosed as obesity with BMI ≥ 25 (kg/m^2) to 35(kg/m^2).

E. Exclusion Criteria

- Patients with any systemic diseases and other metabolic disorders like DM, hypertension, thyroid disorders etc that interfere with course of intervention.
- Patients below the age of 18 years and above 60 years.
- Pregnant women and lactating mother.

F. Intervention

For the first 7 days, either group received *Udvartana* with *Churna* composed of *Triphala, Musta, Haridra* and *Kulattha.*

Patya-Apatya Ahara and *Vihara* and specific exercises were advised to all the patients to follow during the course of the treatment and during follow up.

Group A

Table 4: Intervention of Drug in Group A

S.No	***Haritaki Churna***	
1	*Kalpana*	*Churna*
2	*Maatra*	6gm
3	*Anupana*	*Madhu*
4	*Sevana Kaala*	Twice a day before food

Group B

Table 5: Intervention of Drug in Group B

S.No	***Yava Amalaka Churna***	
1	*Kalpana*	*Churna*
2	*Maatra*	6 gm
3	*Anupana*	*Madhu*
4	*Sevana Kaala*	Twice a day Before food

G. Study Duration

1. Treatment – The medicine was given for 30 days.
   Udwartana was given for first 7 days.
2. Follow up period – 3 follow ups (on 7th day, 31st day and 60th day)
3. Total duration of study – 60 days

Subjective Parameter

Table 6: Gradings of Subjective parameters

S.No	Subjective parameter	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
1.	*Chala sphik, Udara, Stana*	Absence of *Chalatva*	Little visible movements of *Udara, Stana, Sphik* after rapid movement.	Little visible movements of *Udara, Stana, Sphik* after moderate movement.	Movement of *Udara, Sphik, Stana* after mild movement.	Movement of *Udara, Sphik, Stana* even after changing posture.
2.	*Kshudrashwasa* (Exertional Dyspnoea)	No dyspnea even after heavy work.	Dyspnoea after moderate work but relieved later and tolerable; dyspnoea by climbing upstairs of 10 steps & time taken will be more than 15 sec.	Dyspnoea after little work but relieved later and tolerable; dyspnoea by climbing upstairs of 10 steps & time taken will be more than 25 sec.	Dyspnoea after little work but relieved later and not tolerable; dyspnoea by climbing upstairs of 10 steps & time taken will be more than 35 sec.	Dyspnoea in resting condition.
3.	*Atipipasa* (Increased Thirst)	Feeling of thirst (7 – 9 times/24 hours) & relieved by drinking water	Feeling of moderate thirst (>9 - 11 times/24 hours) and relieved by drinking water.	Feeling of excess thirst (>11 – 13 times/24 hours) not relieved by drinking water.	Feeling of sever thirst (>13 times) not relieved by drinking water.	
4.	*Atikshuda* (Increased Appetite)	As usual / routine	Slightly increased (1 meal extra with routine diet).	Moderately increased (2 meals extra with routine diet).	Markedly increased (3 meals extra with routine diet).	
5.	*Gatra dourgandya* (Bad Odour)	No odour	Bad odour but not offensive.	Strong odour but can be lessened by use of deodorants or perfumes 2.	Very strong odour even after using fragrances (use of deodorants or perfumes).	
6.	*Swedadhikya* (Perspiration)	Sweating after heavy work and fast movement or in hot weather.	Profuse sweating after moderate work and movement	Sweating after little work and movement (stepping-ladder etc.).	Profuse sweating after little work and movement.	Sweating even at rest or in cold weather.

Objective Parameter

1. Body mass index (kg/m^2)
2. Mid arm circumference
3. Mid-thigh circumference
4. Abdominal girth
5. Skinfold thickness

Statistical Analysis

- For the statistical analysis, the data obtained in both the groups were recorded, presented in tabulations and drawings.
- To infer the clinical study and to draw conclusion paired 't' test was applied for objective parameters within the group, Wilcoxon sign rank test was

applied for subjective parameters within the group, unpaired 't' test was applied for objective parameters between the group and Wilcoxon rank sum test was applied for subjective parameters between the group analysis.

OBSERVATION

The patients who have fulfilled the inclusion criteria have been assessed by several parameters. The registered patients (out of 60) were allocated into 2 groups. In Group A *Haritaki Churna* with *Udvartana* was given and in Group B *Yavamalaka Churna* with *Udvartana* was given. Maximum number of patients were in the age group of 41-50 years (35%), female (56.67%), Hindu (86.67%), married (76.67), middle class (46.67%), graduate (66.67%), Businessman (18.33%), having sedentary lifestyle (63.33%), mixed diet (60%), *Kapha Vata prakriti* (41.67%), having *Teekshnagni* (30%), having *Madhyama koshta* (48.33%), indulgence in *Diwaswapna* (58.33%).

Results

Assessment of effect of Therapy

The effect of treatment was assessed based on the subjective and objective parameters. After recording the before treatment and after treatment of the factors *Chala Sphik, Udara, Sthana, Kshudra shwasa, Atipipasa, Abhyavarana Shakti, Jarana Shakti, Gatra Dourgandhya*, *Swedadhikya* in gradings as the subjective parameters and factors such as weight, BMI, MAC, MTC, abdominal girth and skinfold thickness as the objective criteria, the assessment was done. Then the data was statistically analyzed by using Wilcoxon signed rank test and paired t test for subjective and objective parameters respectively within the groups. For comparison of 2 groups Mann Whitney U test for subjective parameter and unpaired t test for objective parameter.

Table 7: Between the Groups Comparison of Subjective Parameters of Group A & Group B by Mann-Whitney U test

S.No	Parameter	Group	Mean difference	U value	|z| Value	p value	Significance
1	*Chala sphik, Udara, Sthana*	A	1.1	393	0.842	> 0.05	NS
		B	1.37				
2	*Kshudra shwasa*	A	1.27	384	0.975	> 0.05	NS
		B	1.227				
3	*Atipipasa*	A	1.03	399.5	0.746	> 0.05	NS
		B	1.13				
4	*Abhyavarana Shakti*	A	1.23	390.5	0.879	> 0.05	NS
		B	1.23				
5	*Jarana Shakti*	A	1.17	413.5	0.539	> 0.05	NS
		B	1.13				
6	*Gatra Dourgandhya*	A	1.23	426	0.354	> 0.05	NS
		B	1.24				
7	*Swedadhikya*	A	1.23	413	0.547	> 0.05	NS
		B	1.2				

Table 8: Between the Groups Comparison of Objective Parameters of Group A & Group B by Unpaired t test

Parameter	Group A	Group B	SE	t value	p value
Weight	73	74.3	2.15	-0.604	> 0.05 (NS)
BMI	27	27.66	0.644	-0.336	> 0.05 (NS)
MAC	31.83	31.7	0.936	0.071	> 0.05 (NS)
MTC	52.25	49.31	1.002	2.925	< 0.05 (S)
Abdominal girth	87.25	91.08	1.92	-1.996	> 0.05 (NS)
Skinfold thickness	31.56	29.9	1.43	1.165	> 0.05 (NS)

Table 9: Comparative results of Group-A and Group-B

Group A	Group B	Mean difference	SE	t value	p value
33.57	33.32	0.25	1.15	0.023	>0.05 (NS)

Fig 1: Comparison of treatment results in subjective parameters between the groups

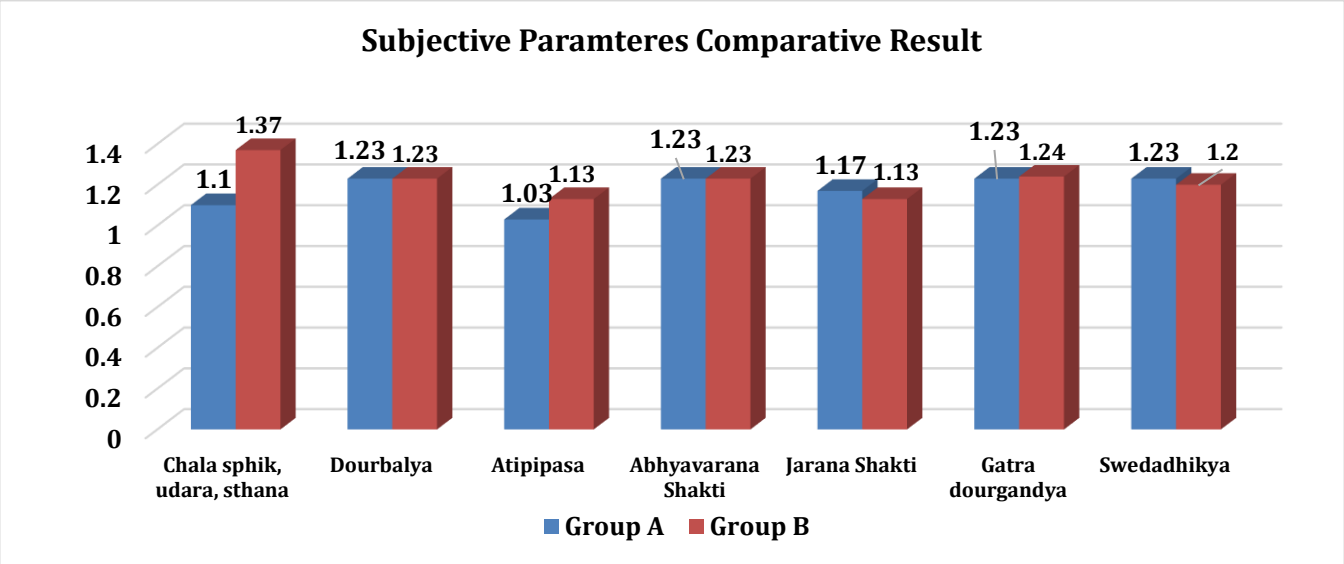
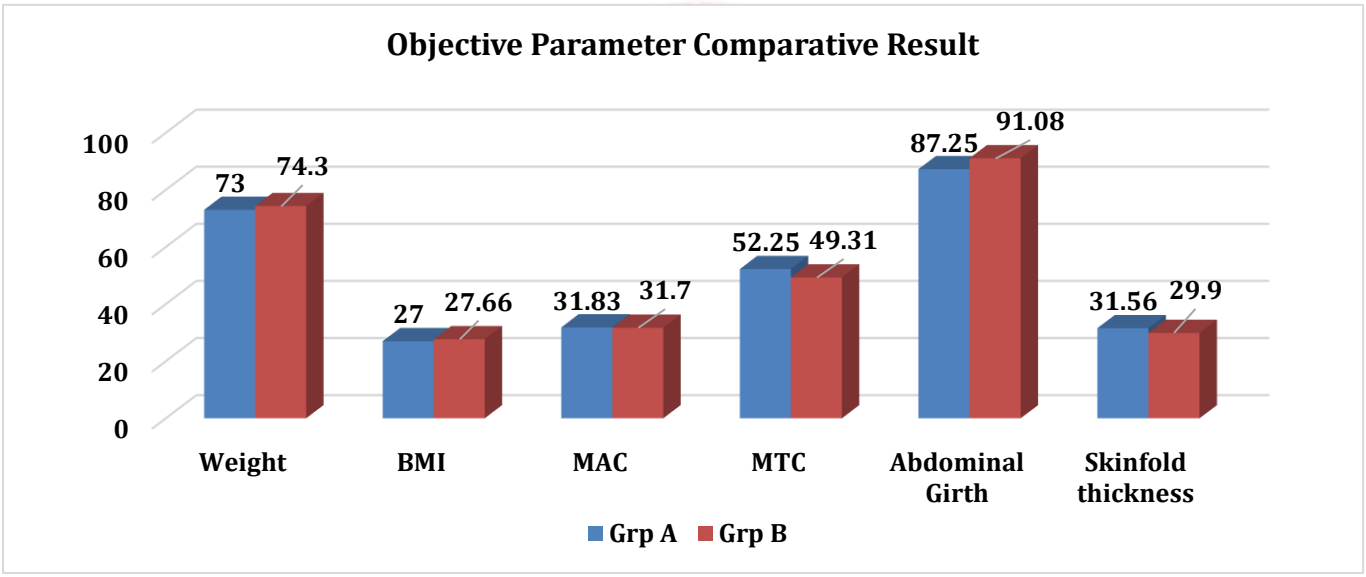


Fig 2: Comparison of treatment results in objective parameters between the groups



DISCUSSION

Chala Sphik, Udara, Sthana: Statistical analysis showed that Group A had 45.64% improvement, while Group B had 54.15%.

Chala sphik, Udara, Sthana occurs in *Sthaulya* due to accumulation of excess *Meda* and *Mamsa* in these places. As these are in *Ashraya ashrayee bhava* with *Kapha* these have similar *Gunas* like that of *Kapha* i.e., *Guru, Snigdha* and *Sheeta*.

Laghu, Ruksha, Ushna gunas counter acts *Guru, Snigdha* and *Sheeta gunas. Rasas* present in *Haritaki* are *Lavana varjita Kashaya pradhana pancha rasa* these helps in *Kapha* and *Meda* reduction.

Yavamalaka churna has *Lekhana, Medohara, Kaphahara* and *Rasayana* effect so it does *Lekhana* of *Meda*. Its *Ruksha guna* counter acts *Snigdha guna* of *Meda* and *Mamsa*. *Rasas* like *Kashaya, Katu* helps in *Kapha shamana.*

Kshudra Shwasa: Statistical analysis showed a 59.62% improvement in Group A and a 54.29% improvement in Group B after treatment.

In *Sthaulya, Meda vriddhi* will be there which causes *Margavarodha* of *Vata (Prana* and *Udana),* due to which the *Gati* of *Vata* gets disturbed and causes *Kshudra shwasa*.

These drugs help in reducing *Margavarodha* by alleviating *Kapha* and *Meda* which aids in normal *Gati* of *Vata.*

Atipipasa: Statistical analysis showed a 62.05% improvement in Group A and a 69.32% improvement in Group B after treatment.

Abhyavarana Shakti: Statistical analysis showed a 56.95% improvement in Group A and a 52.79% improvement in Group B after treatment.

Jarana Shakti: Statistical analysis showed a 53.18% improvement in Group A and a 50% improvement in Group B after treatment.

Atipipasa and *Atikshudha* in *sthaulya* is because of impaired *Agni* and *Vayu*. The increased *Meda dhatu* does *Margavarana* due to which *Vayu* does *Bramana* in *Koshta* which increases *Agni* inturn dries up the food quickly but doesn't nourish other *Dhatus* than *Meda.*

These drugs help to remove the *Avarana* by reducing the abnormally increased *Medas*, which in turn allows the *Vata* to move out of *Koshta*, thereby normalizing *Agni.*

Yavamalaka Churna which contains *Yava,* possesses *Guru Guna* that induces a feeling of satiety after food intake, thereby reducing the quantity of food consumed by the *Sthula* person.

Gatra Dourgandya: Statistical analysis showed a 67.21% improvement in Group A and a 65.26% improvement in Group B after treatment.

The reasons for *Gatra Dourgandhya* are *Medo Dushti* and *Swedadhikya. Medo Dushti* by nature possesses the property of *Durgandha* and this is aggravated by *Swedhadhikyata.*

These drugs and *Udvartana* procedure aid in reduce *Gatra Dourgandya* by controlling excessive sweating and rectify *Meda Dhatu Dushti.*

Swedadhikya: Statistical analysis showed a 59.71% improvement in Group A and a 56.39% improvement in Group B after treatment.

The body of an obese person tends to sweat excessively due to the association of *Kapha* and *Meda,* which possess *Vishyandata,* and contain *Meda dhatu* than other *Dhatus*, being *Guru* and intolerant to physical exertion.

These drugs possess *Medohara* and *Kaphahara* properties, which reduce *Meda dhatu* and *Kapha dosha*. This, in turn, reduces *Guruta* and improves the person's tolerance for exercise.

Weight: Statistical analysis showed a 5.47% improvement in Group A and a 4.49% improvement in Group B after treatment.

BMI: Statistical analysis showed a 7.02% improvement in Group A and a 4.55% improvement in Group B after treatment.

MAC: Statistical analysis showed a 6.02% improvement in Group A and a 6.49% improvement in Group B after treatment.

MTC: Statistical analysis showed a 4.01% improvement in Group A and a 4.58% improvement in Group B after treatment.

Abdominal girth: Statistical analysis showed a 3.12% improvement in Group A and a 4.37% improvement in Group B after treatment.

Skinfold Thickness: Statistical analysis showed a 6.62% improvement in Group A and a 6.56% improvement in Group B after treatment.

Probable mode of action of *Haritaki*

Haritaki possesses *Kashaya pradhana lavana varjita pancha rasa*, it does *Upaposhana* of *Kleda* and *Meda*. Due to *Teekshna, Laghu Gunas* and *Ushna Veerya*, helps in clearing the *Srotas* and also acts on *Kapha* and *Vayu* to break the *Samprapti* of *Sthaulya. Katu* and *Tikta Rasa* helps to improve *Jatharagni* by *Ama Pachana* and *Agni Deepana.*

The chemical constituents like saponins, phytosterols, chebulinic acid, corilagin present in *Haritaki* helps in obesity.

Saponins aid in managing obesity by its properties like fat absorption inhibition, lipolytic action, appetite suppression by influencing hormones like leptin and ghrelin.

Phytosterols exert cholesterol lowering effect, anti adipogenic action by inhibiting the differentiation of preadipocytes into adipocytes.

Chebulinic acid helps by its potent antioxidant property and it enhances glucose metabolism by improving insulin sensitivity and also it acts as hepatoprotective which is essential for lipid metabolism.

Corilagin by its anti-adipogenic, anti-oxidant, and improves insulin sensitivity and regulating lipid metabolism.

Probable mode of action of *Yavamalaka Churna*

It contains *Yava* and *Amalaki.*

Yava

It possesses *Guru, Ruksha, Sara Guna, Kashaya Madhura Rasa, Sheeta Veerya, Katu Vipaka*, and *Medohara Prabhava.*

It is described as *Medohara, Lekhana, Kaphagna* and *Balya. Ruksha Guna* and *Lekhana* properties help in scarping excess *Meda Dhatu* and reduces *Srotorodha*.

As its being rich in dietary fibres, it induces *Kshudha Nigrahana* and provide early satiety.

Amalaki

It possesses *Amla Pradhana Lavana Varjita Pancha Rasa; Laghu, Ruksha Guna; Sheeta Veerya; Madhura Vipaka. Tridoshahara.*

Laghu and *Ruksha Guna* counteracts the *Guru* and *Snigdha Gunas* of *Meda* and *Kapha*. It is *Rasayana* and *Tridoshaghna*, enhances *Agni Deepana* (mainly *Dhavtagni Deepana*) and facilitates proper conversion of *Ahara Rasa* and prevent formation of *Ama* and *Meda*.

Combined Effect of *Yavamalaka Churna*

When administered together, both complement each other. *Yava* acts as *Lekhana* and *Medohara* and provide satiety, directly reducing *Meda*, while *Amalaki* acts as *Rasayana* and *Agnideepana*.

Yava contains β-glucans, phytosterols and tocotrienols that reduce intestinal fat absorption and improve hepatic lipid metabolism. *Amalaki* complements this by polyphenols like gallic acid and ellagic acid, which activate AMPK (AMP activated protein kinase), suppressing lipogenesis and enhancing lipid utilization.

Flavonoids and phytosterols in *Yava* inhibit adipocyte differentiation, which reduces formation of new fat cells. Gallic acid, quercetin and emblicanin in *Amalaki* enhance lipolysis.

Both *Yava* and *Amalaki* are rich in antioxidants such as tocotrienols, phenolic acids, gallic acid and vitamin C, these helps in reducing pro-inflammatory cytokines that contribute to obesity related chronic inflammation.

Probable mode of action of *Udvartana churna*

The synergy of these drugs in *Udvartana* enhance *Kapha Meda Vilayana*, while vigorous massage boosts local circulation, enabling deeper penetration of herbal constituents into the skin and subcutaneous layers. It opens up channels *(Srotoshuddhi)*, facilitates metabolic activity and creates *Laghuta* contrasting *Guruta* of *Sthaulya*.

It improves firmness and complexion of the skin, imparts smoothness and support overall weight reduction when combined with dietary and therapeutic interventions.

CONCLUSION

Sthaulya is one of the major lifestyle disorders, resulting from altered food habits, daily routines and behavioral pattern. The present randomized comparative clinical study was conducted to evaluate and compare the efficacy of *Haritaki Churna* and *Yavamalaka Churna* combined with external therapy *Udvartana* in the management of *Sthaulya.* Both treatment protocols showed statistically significant improvement in subjective and objective parameters such as weight, BMI, circumference measurements etc. and related symptoms include *Kshudra shwasa, Atipipasa, Atikshuda* etc. When the results of the two groups were compared, it was observed that both *Haritaki Churna* with *Udvartana* and *Yavamalaka Churna* with *Udvartana* showed comparable efficacy, with no statistically significant difference between them. The findings of the present study suggest that both formulations exhibit comparable efficacy in the management of *Sthaulya.*

The findings of this study highlight the potential of Ayurvedic interventions, particularly *Antah Parimarjana* (internal) and *Bahir Parimarjana* (external) approaches combined, in addressing the multifactorial nature of obesity. Thus, both *Haritaki Churna* and *Yavamalaka Churna* along with *Udvartana* can be effectively and safely employed for the management of *Sthaulya.*

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