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Research Article

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF *AMRITADI GUGGULU* AND *RUKSHA UDVARTANA* IN THE MANAGEMENT OF *STHAULYA* W.S.R. OBESITY IN CHILDREN

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ABSTRACT

Childhood *Sthaulya* (obesity) is an increasing health concern associated with excessive *Meda Dhatu*, improper diet and sedentary lifestyle. In *Ayurveda*, *Sthaulya* is described as a *Santarpanajanya Vikara*. The present study was conducted to evaluate *Amritadi Guggulu* with *Ruksha Udvartana* in comparison with *Amritadi Guggulu* alone in childhood *Sthaulya*. **Materials and Methods:** An open-label comparative clinical study was conducted on 60 children aged 8–16 years randomly divided into two groups of 30 each. Group A received *Amritadi Guggulu* with *Ruksha Udvartana*, while Group B received *Amritadi Guggulu* alone for 8 weeks. Assessments were done at 2-week intervals using subjective and anthropometric parameters. **Results:** Group A showed greater improvement in subjective parameters of *Nidraadhikya*, *Ati Pipasa*, *Ati Kshudha* and *Daurgandhya*. Subjective relief was 69.60% in Group A compared with 56.70% in Group B. Group A also showed better improvement in weight, BMI, MUAC, waist and hip circumference. Overall, both groups showed improvement, with comparatively better response in Group A. **Conclusion:** Both *Amritadi Guggulu* along with *Ruksha Udvartana* and *Amritadi Guggulu* alone were effective in childhood *Sthaulya*. However, *Amritadi Guggulu* along with *Ruksha Udvartana* showed comparatively better improvement in subjective symptoms and anthropometric parameters.

INTRODUCTION

Childhood obesity is a major global public health concern, especially in urban areas. In India, it is mainly associated with unhealthy eating habits, junk food, reduced physical activity and a sedentary lifestyle. Obesity may increase the risk of metabolic and cardiovascular complications such as type 2 diabetes, hypertension, dyslipidaemia, sleep apnoea and cardiovascular disease[1,2]. Obesity is a multifactorial disorder influenced by genetic, environmental, social and individual factors. It is mainly associated with excessive intake of calorie-dense foods and inadequate physical activity[3].

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Childhood obesity is characterized by excessive body fat and abnormally high body weight for age and height. It is an important public health concern associated with metabolic and cardiovascular complications. BMI is the commonly used screening tool and is calculated as weight (kg) divided by height (m^2). Since BMI varies with age and sex, BMI percentiles are used in children. A BMI ≥95th percentile indicates obesity, while 85th–95th percentile indicates overweight.

According to Ayurveda, a person with excessive accumulation of *Meda* (fat/adipose tissue) and *Mamsa* (muscle tissue), resulting in looseness of the hips, abdomen and breasts, is described as *Atisthula*[4]. *Meda Dhatu* is predominantly associated with *Prithvi* and *Apa Mahabhuta* and shares similarities with *Kapha Dosha*[5]. Acharya Vagbhata described *Sthaulya* under *Dwividopakramaniya Adhyaya* of *Ashtanga Hridaya*[6]. In *Kashyapa Samhita Sutrasthana*, the terms *Sthula* and *Atisthula* are used while describing body constitution and

anthropometry., while *Madhava Nidana* explains its pathophysiology[7]. *Sthaulya* involves excessive accumulation of *Meda* and *Mamsa Dhatu* and may also occur due to *Beejadosha*. Its pathogenesis involves vitiation of all three *Dosha*, particularly *Kledaka Kapha, Pachaka Pitta, Samana Vayu* and *Vyana Vayu*[8].

***Samprapti* of *Sthaulya* (Obesity)**

Nidana Sevana
(*Madhura, Guru, Snigdha Ahara + Atibhojana + Divaswapa)*
↓
Kapha Dosha Vriddhi
↓
Meda Dhatu Vriddhi
↓
Medovaha Srotas Avarodha
↓
Vata Dosha Prakopa & Dushti
↓
Avarana of *Vata/Kapha* by increased *Meda*
↓
Jatharagni Vriddhi
↓
Atikshudha & Atipipasa
↓
Atibhojana
↓
Further *Meda Vriddhi*
↓
Sthaulya (obesity)

AIM

To evaluate and compare the efficacy of *Amritadi Guggulu* with *Ruksha Udvartana* and *Amritadi Guggulu* alone in the management of *Sthaulya* w.s.r to obesity in children.

OBJECTIVES

- To evaluate and compare the efficacy of *Amritadi Guggulu* with *Ruksha Udvartana* and *Amritadi Guggulu* alone in the management of *Sthaulya* w.s.r. to obesity in children as per subjective parameters.
- To evaluate and compare the efficacy of the *Amritadi Guggulu* with *Ruksha Udvartana* and *Amritadi Guggulu* alone as per objective parameters (body weight, height, BMI, hip circumference, MUAC, skin fold thickness).

MATERIAL AND METHODS

Research design

The present prospective, open-label, randomized, comparative clinical study was conducted in the P.G. Department of *Kaumarbhritya*, Madan Mohan Malaviya Government Ayurvedic College, Udaipur, Rajasthan.

Participants

A total of 60 children aged 8–16 years fulfilling the inclusion criteria were enrolled after obtaining informed consent and randomly allocated into two groups using computer-generated randomization. Group A (n=30) received *Amritadi Guggulu* along with *Ruksha Udvartana*, while Group B (n=30) received *Amritadi Guggulu* alone for 56 days. Follow-up assessments were conducted on day 14th, 28th, 42nd and 56th. No participant was lost to follow-up or withdrawn, and all 60 participants completed the study and were analysed for subjective and objective outcomes and comparative efficacy.

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Table 1: Grouping and Posology

Group	**A**	**B**
Name of drug	*Amritadi Guggulu* and *Ruksha Udvartana*	*Amritadi Guggulu*
No. of patients	30	30
Duration of drug trial	8 weeks	8 weeks
Dose	14mg/kg/day	14mg/kg/day
Duration	*Amritadi Guggulu vati* - BD *Ruksha Udvartana* - OD	*Amritadi Guggulu vati*- BD
Anupan	Honey	Honey
Route	Oral + local application	Oral
Udvartana	*Ruksha Udvartana* (dry powder) 20min. daily, for initial 2 weeks	---
Follow Up	2 weeks	2weeks

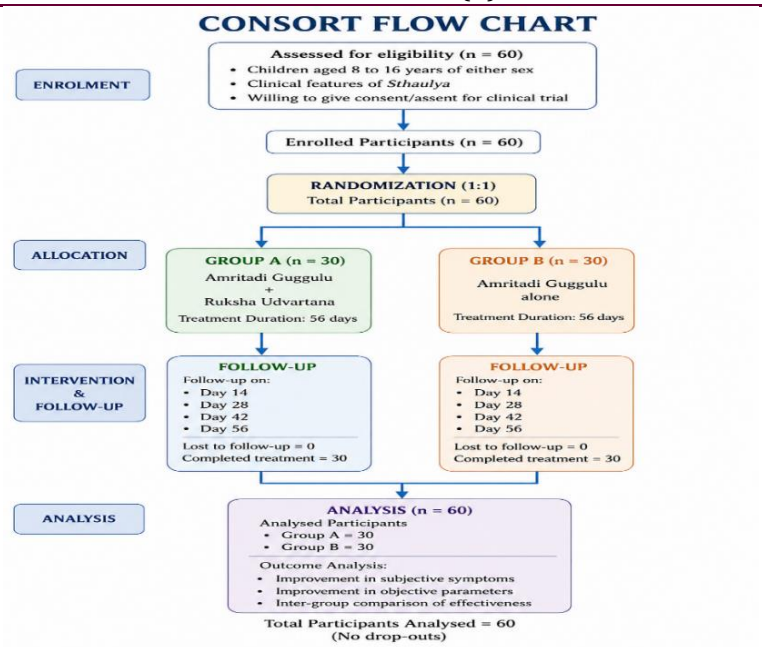


Table 2: Selection Criteria

S.No.	Inclusion Criteria	Exclusion Criteria	Withdrawal Criteria
1	Children aged 8–16 years with parental/guardian consent.	Children aged <7 or >16 years.	Significant adverse drug reaction.
2	Children of either sex with clinical features of childhood obesity	Children receiving steroids or anti-depressants.	Parent/child unwilling to continue treatment.
3	Children with BMI ≥86th percentile, including >95th percentile.	Children with BMI <85th percentile.	Development of an acute illness requiring reassessment.
4		Obesity due to endocrine disorders such as Cushing's syndrome or hypothyroidism.	

Assessment Criteria- Subjective Criteria

***Chala sphika udara stana* (Visible movement in hip-abdomen-chest)**

Absence of visible movements (at the areas) with fast movement	0
Visible movement during rapid movement like running and skipping	1
Visible movement during brisk walking	2
Visible movement even during slow walking and changing of posture	3

***Aalasya/ Utsah haani* (Laziness/Lack of enthusiasm)**

No *Aalasya* or lack of enthusiasm (doing work satisfactorily with proper vigor in time)	0
Doing work satisfactorily with late initiation	1
Doing work unsatisfactorily under mental pressure and takes time	2
Does not take any initiation and does not want to work even after pressure	3

***Kshudra Shwasa/ Aayasenshwasa* (Dyspnea on exertion)**

No dyspnea even after heavy work	0
Dyspnea after moderate work but relieved later and tolerable; dyspnea by climbing upstairs for 20 steps and time taken to settle down.	1
Dyspnea after little work but relieved later and tolerable; dyspnea by climbing upstairs for 10 steps and time taken to settle down.	2

Dyspnea after little work but relieved later and not tolerable; dyspnea by climbing upstairs for 5 steps and time taken to settle down is increased.	3

***Nidraadhikya* (Excess sleep)**

Normal and sound sleep for 6 – 8 hrs. /24 hrs. with feeling of lightness and relaxation in the body and mind	0
Sleep >8 -9 hrs. /24 hrs. with slight heaviness in the body.	1
Sleep >8 -9 hrs. /24 hrs. with moderate heaviness in the body.	2
Sleep >10 hrs. /24 hrs. with heaviness in the body associated with *Jrimbha* and *Tandra*.	3

***Swedaadhikya* (Excess sweating)**

Sweating after heavy work and fast movement or in very hot weather.	0
Profuse sweating after moderate physical work / play activities.	1
Sweating after brisk walking.	2
Profuse sweating after slow walking or even at rest	3

***Ati Pipasa* (Excess thirst)**

Feeling of thirst (7 – 9 times/24 hours) and relieved by drinking water.	0
Feeling of moderate thirst (>9-11times/24hours) and relieved by drinking water.	1
Feeling of excess thirst (>11 – 13 times/24 hours) mildly relieved by drinking Water.	2
Feeling of severe thirst (>13 times/24 hours) not relieved by drinking water.	3

***Ati Kshudha* (Excess hunger)**

As usual / routine diet (breakfast, lunch, evening snack, dinner)	0
Slightly increased (1 meal extra with routine diet).	1
Moderately increased (2 meals extra with routine diet).	2
Markedly increased (3 or more meals extra with routine diet).	3

***Daurgandhya* (Body Odour)**

No odour	0
Bad odour but not offensive	1
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).	3

OBSERVATIONS AND RESULTS

Table 3: Inter-Group Comparisons of Subjective Parameters Between Group-A & Group-B (Mann–Whitney U test)

Subjective Parameters	Group	Mean Difference	SD	SE	U Value	P Value	S
Chala sphika udara stana	A	1.73	0.4342	0.079	390	0.2043	NS
	B	1.87	0.1234	0.548			
Aalasya/ Utsah haani	A	1.97	0.245	0.654	450	1	NS
	B	1.97	0.4807	0.087			
Kshudra Shwasa/ Aayasenshwasa	A	1.87	0.4342	0.079	390	0.2043	NS
	B	1.73	0.4302	0.078			
Nidraadhikya	A	1.9	0.504	0.092	255	<0.001	HS
	B	1.47	0.6548	0.236			
Swedaadhikya	A	1.77	0.504	0.092	385	0.2058	NS

	B	1.67	0.564	0.234			
Ati Pipasa	A	2	0.1242	0.2643	59	<0.001	HS
	B	0.67	0.5432	0.8749			
Ati Kshudha	A	1.8	0.2674	0.4673	321	0.0213	S
	B	1.43	0.4807	0.0878			
Daurgandhya	A	1.53	0.4342	0.0793	281	0.006	S

Table 4: Inter-Group Comparisons of Objective Parameters Between Group-A & Group-B (Unpaired t Test)

Objective Parameters	Group	Mean Diff.	SD	SE	T value	P value	S
Height (cm)	A	0	0	0	0	1	NS
	B	0	0	0			
Weight (kg)	A	3.222	0.633	0.116	9.46	<0.001	HS
	B	1.887	0.443	0.081			
BMI (kg/m^2)	A	1.416	0.299	0.055	1.2	0.236	NS
	B	1.18	1.039	0.19			
RT. MUAC (cm)	A	1.77	0.405	0.074	8.94	<0.001	HS
	B	0.817	0.42	0.077			
LT. MUAC (cm)	A	1.77	0.405	0.074	8.94	<0.001	HS
	B	0.817	0.42	0.077			
WC (cm)	A	2.723	0.766	0.14	8.98	<0.001	HS
	B	1.21	0.517	0.094			
RT. Biceps (cm)	A	1.903	0.378	0.069	6.83	<0.001	HS
	B	1.199	0.42	0.077			
LT. Biceps (cm)	A	1.903	0.378	0.069	6.83	<0.001	HS
	B	1.199	0.42	0.077			
LT. Triceps (cm)	A	1.947	0.431	0.079	10.62	<0.001	HS
	B	0.954	0.276	0.05			
RT. Triceps (cm)	A	1.947	0.431	0.079	10.62	<0.001	HS
	B	0.954	0.276	0.05			
HIP (cm)	A	4.12	1.916	0.35	6.28	<0.001	HS
	B	1.533	1.191	0.217			
Suprailiac (mm)	A	2.147	0.765	0.14	7.16	<0.001	HS
	B	1.133	0.127	0.023			
Scapular (mm)	A	2.15	0.774	0.141	1.21	0.23	NS
	B	1.95	0.466	0.085			

Table 5: Inter-Group Comparisons of Laboratory Investigation Between Group-A & Group-B (Unpaired t Test)

Parameter	Group	Mean Diff.	SD	SE	t-value	p-value	S
S. Cholesterol (mg/dL)	A	6.977	12.785	2.335	1.7	0.095	NS
	B	2.06	9.403	1.717			
S. Triglycerides (mg/dL)	A	3.397	30.489	5.567	-0.06	0.954	NS
	B	3.737	10.394	1.898			

S. LDL (mg/dL)	A	10.525	17.574	3.209	1.86	0.068	NS
	B	2.898	14.026	2.561			
S. VLDL (mg/dL)	A	4.406	20.334	3.713	0.76	0.451	NS
	B	1.546	3.583	0.654			
S. HDL (mg/dL)	A	-4.903	7.804	1.425	-0.15	0.878	NS
	B	-4.573	8.749	1.597			

Table 6: The Percentage Improvement of Therapy in Subjective & Objective Parameters in Group A & B

Subjective Parameters	Result in Percentage		
	Group-A (n=30)	Group-B (n=30)	Total (n=60)
Chala sphika udara stana	65.12	63.41	64.265
Aalasya/ Utsah haani	66.29	66.29	66.29
Kshudra Shwasa/ Aayasenshwasa	67.47	63.41	65.44
Nidraadhikya	68.67	59.46	64.065
Swedaadhikya	69.74	62.5	66.12
Ati Pipasa	77.92	28.99	53.455
Ati Kshudha	64.29	58.9	61.595
Daurgandhya	77.97	50.82	64.395
Average % of relief	69.6	56.7	63.26
Objective parameters			
Height (cm)	0	0	0
Weight (kg)	5.32	3.17	4.245
BMI (kg/m^2)	5.26	4.2	4.73
RT. MUAC (cm)	6.2	2.84	4.52
LT. MUAC (cm)	6.2	2.84	4.52
WC (cm)	3.02	1.35	2.185
RT. Biceps (cm)	8.19	5	6.595
LT. Biceps (cm)	8.19	5	6.595
LT. Triceps (cm)	8.1	3.87	5.985
RT. Triceps (cm)	8.1	3.87	5.985
HIP (cm)	4.17	1.62	2.895
Suprailiac (mm)	7.8	3.89	5.845
Scapular (mm)	7.35	6.21	6.78
S. Cholesterol (mg/dL)	4.57	1.45	3.01
S. Triglycerides (mg/dL)	3.08	3.2	3.14
S. LDL (mg/dL)	11.11	3.35	7.23
S. VLDL (mg/dL)	3.4	6.58	4.99
S. HDL (mg/dL)	11.29	12.21	11.75
Average % of relief	6.186	3.92	5.06

Table 7: Overall Effect of Therapy on Subjective Parameters in Group-A and Group-B

Subjective Parameters						
Overall Effect	Group A		Group B		Total	%
	No.	%	No.	%		
Complete Remission (100%)	1	3.33	0	0	1	1.67
Marked Improvement (76-99%)	11	36.67	10	33.33	21	35
Moderate Improvement (50-75%)	18	60	19	63.34	37	61.67
Mild Improvement (25-49%)	0	0	1	3.33	1	1.67
No Change (<25%)	0	0	0	0	0	0
Total	30	100	30	100	60	100

DISCUSSION

Both *Amritadi Guggulu* with *Ruksha Udvartana* and *Amritadi Guggulu* showed improvement in subjective parameters; however, the average percentage relief was higher with *Amritadi Guggulu* with *Ruksha Udvartana* (69.60%) than with *Amritadi Guggulu* (56.70%). Significant inter-group differences were observed in *Nidraadhikya* (p<0.001), *Ati Pipasa* (p<0.001), *Ati Kshudha* (p<0.0213) and *Daurgandhya* (p<0.006). Other parameters also showed greater numerical improvement with *Amritadi Guggulu* with *Ruksha Udvartana*, although the differences were statistically non-significant.

Among objective parameters, *Amritadi Guggulu* with *Ruksha Udvartana* showed greater reduction in body weight (5.32% vs. 3.17%), BMI (5.26% vs. 4.20%), MUAC (6.20% vs. 2.84%), waist circumference (3.02% vs. 1.35%) and hip circumference (4.17% vs. 1.62%) compared with *Amritadi Guggulu*. The inter-group differences for weight, MUAC, waist circumference, hip circumference, biceps, triceps and suprailiac skinfold thickness were highly significant (p<0.001). The overall improvement in objective parameters was 6.186% with *Amritadi Guggulu* with *Ruksha Udvartana* compared with 3.92% with *Amritadi Guggulu*. Height showed no appreciable change during the study period.

Lipid profile parameters showed greater numerical improvement with *Amritadi Guggulu* with *Ruksha Udvartana*, particularly in serum cholesterol and LDL; however, the inter-group differences were statistically non-significant. The limited treatment duration and sample size may have influenced these findings.

The probable therapeutic effect of *Amritadi Guggulu* may be attributed to its *Deepana, Pachana, Lekhana* and *Medohara* properties, which may help improve *Agni* and reduce excessive *Kapha-Meda*. *Ruksha Udvartana*, through its *Ruksha* and *Lekhana* actions and mechanical friction, may provide an additional local effect on subcutaneous adiposity. This may explain the greater reduction in body weight, MUAC, waist circumference, hip circumference and skinfold thickness observed with the combined therapy.

Overall, *Amritadi Guggulu* with *Ruksha Udvartana* showed better clinical improvement than *Amritadi Guggulu* alone. Complete remission was observed in 3.33% patients receiving *Amritadi Guggulu* with *Ruksha Udvartana*, while 36.67% showed marked improvement and 60% showed moderate improvement. With *Amritadi Guggulu* alone, 33.33% showed marked improvement, 63.34% moderate improvement and 3.33% mild improvement. The combined approach with *Amritadi Guggulu* and *Ruksha Udvartana* may therefore be a useful Ayurvedic adjunct in the management of childhood obesity.

Further studies with larger sample sizes and longer follow-up are recommended.

Mode of Action of *Amritadi Guggulu*

The ingredients of *Amritadi Guggulu* possess significant Ayurvedic and modern pharmacological properties. *Amrita* exhibits *Medovishoshi Karma*[9] and has anti-inflammatory and hypolipidemic properties[10]. *Ela* is *Kaphahara* and *Vatahara*[11] and possesses antihyperlipidemic activity[12]. *Bilva* performs *Lekhana Karma*[13] and shows anti-hyperlipidemic[14] and antidiabetic effects. *Kutaja* has *Deepana* and *Amanashaka*[15] properties with hypolipidemic activity[16]. *Kalinga* is *Tridoshahara* and *Kaphahara*[17] and exhibits antihyperlipidemic and antidiabetic effects[18]. *Haritaki* possesses *Lekhaniya Gunakarma*[19] and has anti-obesity activity[20]. *Amalaki* has *Medohara Gunakarma*[21] along with hypolipidemic, antioxidant and immunomodulatory properties[22]. *Shuddha Guggulu* possesses *Medohara Karma*[23] and is known for its antihyperlipidemic activity[24]. Collectively, these properties may contribute to the reduction of excessive *Meda*, improvement of lipid metabolism, and management of *Sthaulya*. It acts against the *Samprapti* of *Sthaulya* through its

Rasapanchaka and *Doshaghnata*. The predominance of *Tikta, Katu,* and *Kashaya Rasa* promotes *Deepana-Pachana, Ama Pachana, Lekhana* and *Kapha-Meda Shamana*, thereby helping to reduce excessive *Meda* and *Kleda*. Its *Laghu, Ruksha* and *Tikshna Guna* counteract the *Guru* and *Snigdha* properties of *Kapha-Meda*, promote *Srotoshodhana,* and support *Lekhana Karma*. The predominantly *Ushna Virya* drugs enhance *Jatharagni* and *Dhatvagni*, promote *Pachana,* and help reduce aggravated *Kapha*, while the presence of *Sheeta Virya* drugs helps maintain physiological balance. *Katu Vipaka* supports *Kapha-Meda Shoshana* and *Lekhana*, whereas *Madhura Vipaka* contributes to *Rasayana* and tissue-supportive effects. Regarding *Doshaghnata*, its predominant *Kapha-Vata Shamaka* action helps reduce *Kapha* and *Meda*, remove *Srotorodha*, and restore normal *Agni* and *Vata Gati*. Thus, *Amritadi Guggulu* acts at different stages of the *Samprapti* of *Sthaulya* by improving *Agni*, promoting the digestion of *Ama*, reducing excessive *Kapha-Meda*, and correcting disturbed metabolic processes. These actions may ultimately contribute to a reduction in body weight and improvement in anthropometric parameters.

Mode of Action of *Ruksha Udvartana* (*Triphala Churna*)

The benefits of *Udvartana* include *Medasah Pravilayana, Sthirikaran Anganam, Tvaka Prasadakara, Gauravahara, Daurgandhya Hara, Shiramukha Viviktavyam, Vatahara, Tandra Hara, Kandu Hara, Shukrada, Twak Mriduta* and *Kaphahara*[25,26]. *Ruksha Udvartana* is an important *Bahirparimarjana Chikitsa* described for *Kapha-Meda* disorders. *Triphala Churna* was selected in the present study due to its *Rukshana, Lekhana, Kapha-Medohara,* and *Srotoshodhana* properties. Its *Laghu, Ruksha, Kashaya, Katu,* and *Tikta* attributes counteract the *Guru, Snigdha* and *Kleda* associated with *Sthaulya*, thereby promoting *Shoshana, Lekhana* and *Kapha-Meda Shamana*. The friction produced during *Udvartana* may further support local circulation and mobilization of subcutaneous fat. Thus, *Ruksha Udvartana* provides an additional *Rukshana-Lekhana* effect and may act synergistically with *Amritadi Guggulu* in the management of childhood *Sthaulya*.

CONCLUSION

In the present study the combination of *Amritadi Guggulu* with *Ruksha Udvartana* provides a comprehensive synergistic approach to manage *Sthaulya*. This dual action directly targets the root pathophysiology (*Samprapti*) of *Sthaulya* by rectifying impaired fat metabolism and clearing tissue obstruction and stimulates local circulation. The combined therapy *Amritadi Guggulu* along with *Ruksha Udvartana* showed comparatively greater improvement in clinical symptoms, body weight, BMI, MUAC, waist and hip circumference and other anthropometric parameters than *Amritadi Guggulu* alone. Hence, *Amritadi Guggulu* along with *Ruksha Udvartana* may be considered a safe, effective, and clinically useful Ayurvedic approach for the management of childhood *Sthaulya*.

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