

**A COMPARATIVE CLINICAL STUDY OF THE EFFICACY OF *UDVARTAN* AND
TRAYUSHANDI LAUHAAS MEDICINE IN THE MANAGEMENT OF *STHAULYA***¹*Dr. Mandeep Verma, ²Dr. Satyadeo Pandey, M.D.,PhD¹PG Scholar, P.G. Department of *Kayachikitsa* Deshbhagat Ayurvedic College & Hospital, Mandigobindgarh, Punjab
²Prof and HOD, P.G. Department of *Kayachikitsa* Deshbhagat Ayurvedic College & Hospital, Mandigobindgarh, Punjab***Corresponding Author: Dr. Mandeep Verma**PG Scholar, P.G. Department of *Kayachikitsa* Deshbhagat Ayurvedic College and Hospital, Mandigobindgarh, Punjab.DOI: <https://doi.org/10.5281/zenodo.20456947>**How to cite this Article:** ¹*Dr. Mandeep Verma, ²Dr. Satyadeo Pandey, M.D.,PhD. (2026). A Comparative Clinical Study of The Efficacy of *Udvartan* and *Trayushandi Lauhaas* Medicine In The Management of *Sthaulya*. World Journal of Pharmaceutical and Medical Research, 12(6), 329–333.

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ABSTRACT

Ayurveda offers a comprehensive and harmonious philosophy of living that promotes health, happiness, and equilibrium. Health is defined as a state of optimal functional, metabolic, and psychological efficiency. The WHO describes health as “a state of complete physical, mental, and social well-being and not merely the absence of disease.” Despite rapid progress in biomedical sciences, modern lifestyles, marked by sedentary behavior, calorie-dense diets, and heightened psychosocial stress have contributed to a global surge in obesity. Ayurvedic management focuses on correcting metabolic imbalance, improving *Dhatvagni*, mobilizing excess *Meda*, and promoting detoxification. *Udvartana* and *Trayushanadi Lauha* are traditionally recommended for *Medoroga*. Their properties ranging from *Ruksha*, *Ushna*, *Tikshna*, and *Kapha–Medohara* actions indicate potential efficacy in metabolic correction and fat mobilization. However, scientific comparative evaluations of these two interventions remain limited. Therefore, the present study titled: “**A Comparative Clinical Study of the Efficacy of *Udvartana* and *Trayushanadi Lauha* as *Medohara* in the Management of *Sthaulya* (Obesity)**” has been undertaken to generate clinically relevant evidence, validate classical claims, and contribute to the integration of Ayurveda into contemporary obesity management. To evaluate and compare the clinical efficacy of *Udvartana* and *Trayushanadi Lauha* as *Medohara* interventions in the management of *Sthaulya* (obesity).

KEYWORDS: Ayurveda, Obesity, WHO, *Sthaulya*, Clinical Study, *Udvartana*, *Lauha*.**According to the World Health Organization (WHO), BMI is classified as follows:**

- (a) **Normal weight** :BMI 18.5–24.9
- (b) **Sthoulya (Overweight)** : BMI 25.0–29.9
- (c) **Ati-Sthoulya(Obesity)**: BMI 30.0–39.9

Ati-Sthoulya (Extreme obesity): BMI 40.0 and above
Ayurvedic classics *Charaka Samhita*, *Sushruta Samhita*, *Madhava Nidana* describe *Sthaulya* as one of the *Ashta Nindita Purusha* (eight undesirable constitutions), characterizing it as a *Santarpanjanya Vyadhi* (disease due to over-nutrition). The key pathological factors implicated include *Kledaka Kapha*, *Samana Vayu*, *Vyana Vayu*, *Meda Dhatu*, and *Medo-Dhatvagnimandya*.^[1]

Ayurvedic Management and Need for Research

Ayurvedic management focuses on correcting metabolic imbalance, improving *Dhatvagni*, mobilizing excess *Meda*, and promoting detoxification. Classical guidelines recommend:

- **Apatarpana(depletingtherapy)**
- **Vyayama (exercise)**
- **Ruksha,Ushna,andTikshna therapies**
- **Medoharaformulations**
- **Kapha–Vatapacifyinginterventions**
- **Pathy apathy (diet and life style regulations)^[2]**

Chikitsa, contains herbs predominantly possessing *Katu Rasa*, *Laghu*, *Ruksha*, *Ushna Virya*, *Katu Vipaka*, and *Vata–Kapha Shamana* properties attributes favorable for reducing *Meda* and managing *Sthaulya*.

Given the widespread prevalence of obesity, limitations of modern therapy, and increasing public trust in Ayurveda, there is a strong rationale to scientifically evaluate these classical formulations.^[3]

Rationale of the Present Study

Udvardana and *Trayushanadi Lauha* are traditionally recommended for Medoroga. Their properties ranging from *Ruksha*, *Ushna*, *Tikshna*, and *Kapha-Medohara* actions indicate potential efficacy in metabolic correction and fat mobilization. However, scientific comparative evaluations of these two interventions remain limited.

It is a Kricchasadhya Vyadhi. Acharya Charaka has explained the prognosis of Sthaulya is bad (Cha.Su21/8). If a sthauilya purush is not duly managed, he is prone to death. Heen Sthauilya with duration of 1 to 5 years, without any complications or secondary disease, can be considered as Sukhasadhya. Madhyama Sthauilya with duration of 5 to 10 years with least complications but without secondary diseases can be considered as Kriccha Sadhya.^[4]

Selection of Patients

Patients diagnosed with Sthauilya (obesity) and found fit for external therapy were selected for the procedure. Prior to Udvardana, a detailed clinical examination was carried out, and the procedure was explained to the patient to ensure cooperation and comfort.^[5]

Poorva Karma (Pre-procedural Measures)

The patient was advised to evacuate natural urges before the procedure. The therapy was conducted in a well-ventilated and warm treatment room. The patient was made to lie comfortably in supine position on the Droni (massage table). After ensuring physical and mental readiness, sufficient quantity of Kolakulathadi Churna was taken for application.

Pradhana Karma (Main Procedure)

Udvardana was performed by applying Kolakulathadi Churna uniformly over the entire body. The procedure was carried out in Pratiloma Gati (upward direction), opposite to the direction of hair follicles, starting from the lower limbs and gradually proceeding towards the trunk and upper limbs.

The therapy was continued for the prescribed duration, maintaining consistency of pressure and ensuring patient comfort throughout the session.

Paschat Karma (Post-procedural Measures)

After completion of Udvardana, the patient was advised to take short rest. Excess powder adhered to the body was gently removed. The patient was then instructed to take a luke warm water bath, which helps in further Kapha, Meda alleviation and provides freshness.

Duration and Course of Treatment

- Duration persitting :20minutes

- Frequency : Once daily
- Total duration: 4weeks

Precautions During Udvardana Procedure

To ensure safety and efficacy, the following precautions should be observed:

1. Proper patient selection after thorough examination
2. Procedure should be done in a warm, draught-free environment
3. Firm but tolerable pressure should be applied
4. Avoid excessive friction to prevent skin abrasion
5. Sensitive areas should be handled gently

Care During Procedure

- Maintain Pratiloma Gati consistently
- Special attention to Meda-rich areas like abdomen, hips, thighs
- Avoid excessive pressure over bony prominences
- Adjust pressure according to patient tolerance

Probable Mode of Action in Sthauilya^[6]

Udvardana with Kolakulathadi Churna exerts its therapeutic effect through Rukshana, Lekhana, and Srotoshodhana actions. The friction generated during the procedure, combined with the Uṣṇa and Ruksha properties of the drugs, helps in:

- Breaking down subcutaneous fat
- Reducing Kapha dominance
- Improving peripheral circulation
- Enhancing metabolic activity

Thus, Udvardana acts as an effective Bahya Chikitsa in the management of Sthauilya.

SOURCE OF DATA

The patients attending the OPD & IPD of Post graduate department of Kayachikitsa, Desh Bhagat Ayurvedic College & Hospital, Mandi Gobindgarh were selected for research study.

METHOD OF COLLECTION OF DATA

- A clinical study of patients attending the OPD was made and patients fulfilling the criteria of diagnosis as per the patient case format were selected for the study.
- A clinical evaluation of patients was done by collection of data through information obtained by history, physical examination and laboratory tests.
- Review of literature was conducted from books, Authentic Research Journals, Websites and Digital Publications etc.
- The data which were obtained by the clinical trial was summarized and analyzed through statistical measures.

INCLUSION CRITERIA

- Patients diagnosed on the basis of proforma prepared with sign and symptoms of Sthauilya.^[7]
- Patients of any socio-economic status, both sexes and all ethni corigins.
- The patients who are having age of >15 and

<60 will be selected for the study.

- Uncomplicated Patients with BMI > 25 will be selected.
- For diagnosis of obesity, standard height-weight chart will be considered as per LIC/WHO standard.
- Measurement of hip-waist ratio, skin fold thickness of specific muscular region with Vernier calliper will be carried out.^[8]
- Both fresh cases & treated cases were selected for the study.

EXCLUSION CRITERIA

- Below the age of 15 years and above the age of 60 years.
- Patients having serious cardiac, pulmonary, renal and hepatic diseases.
- Patients with uncontrolled metabolic and other systemic disorders like diabetes mellitus, hypertension, hypothyroidism, tuberculosis, malignancy, senile osteoporosis, hyperparathyroidism, Cushing's Syndrome.
- Psychiatric illness, pregnant women and lactating women.
- Obesity due to drugs e.g. anticonvulsant, beta-blockers, corticosteroids.
- Patients having BMI > 45 were excluded.^[9]
- Abnormal baseline hematology and blood chemistry.
- Patients taking long term steroid treatment.

DISCONTINUATION CRITERIA

- **Voluntary withdrawal of consent**- If patient is not willing to continue his participation in the study and expressed their desire to withdraw consent at any time in the study period.
- **Moved out of study area**- If the Patient expressed his/her desire to discontinue the Study and is not willing to follow up because he shifted from his current residing place and moved out of the study area. **Lost to follow up**- Any patient who does not turn up at the study center on schedule visit and cannot be traced on home visit / cell phone contact is considered as lost to follow up.
- Patient who developed hypersensitivity for any constituent of selected formulation.

Serious adverse events: If any Serious Adverse Events happens then, it was recorded and immediately reported to the Ethics Committee.

An elaborate patient case format incorporating the points of history, physical examination and investigations was prepared. It mainly emphasized on signs and symptoms of Sthaulya (Obesity).

LOCAL EXAMINATION

Body weight, height, BMI, circumference of different body parts—chest, abdomen, waist, hip, mid thigh and mid arm.

INVESTIGATION

- **Laboratory Investigations** – Blood sugar, Serum

cholesterol, serum triglycerides, serum protein, Hb%, TLC, DLC, ESR examinations were done to rule out other pathological conditions.

RESEARCH DESIGN

It is an open, labelled, comparative, observational clinical study. Total 60 patients were registered and selected for the study after getting voluntary consent. The patients were assigned in two groups consisting of 30 patients each excluding drop-outs with pre, mid and post test study design.

INTERVENTION

Group A – 30 registered patients of Sthaulya were treated with Udvartana and Trayushanadi Lauha tablet orally, two tablet (500 mg each) twice a day after meals with Anupana of 5 ml Madhuodaka for four weeks. Udvartana was performed as per classical method.

Group B – 30 registered patients of Sthaulya were advised to take Trayushanadi Lauha tablet orally, two tablet (500 mg each) twice a day after meals with Anupana of 5 ml Madhuodaka for four weeks.

DURATION OF STUDY : 30 days

SCHEDULED VISIT

- 0 day - Enrolment Day
 - 15th day - 1st visit
 - 30th day - 2nd visit
 - 60th day - Follow up (1 month after completion of treatment)
- ASSESSMENT & FOLLOW UP:** The assessment of the patients was done at the interval of 15 days and the follow up was done one month after completion of treatment.

Udvartana Procedure with Kolakulathadi Churna^[10]

Udvartana with Kolakulathadi Churna was performed as a therapeutic measure in patients of Sthaulya (obesity). Prior to the procedure, the patient was examined and advised to lie comfortably in a well-ventilated treatment room on the Droni. After confirming fitness for the procedure, an adequate quantity of Kolakulathadi Churna was taken.

After completion of Udvartana, the patient was advised to take rest for a short period. Excess powder was removed, and the patient was instructed to take a lukewarm water bath. The procedure was repeated daily as per the treatment protocol.^[11] **Duration:** Udvartana with Kolakulathadi Churna was performed daily for 20 minutes for a total duration of 4 weeks.

Probable Mode of Action

Kolakulathadi Churna possesses Ushna, Ruksha and Lekhana properties, which help in pacifying Kapha and reducing Meda. Udvartana with this churna improves circulation, enhances metabolic activity, reduces subcutaneous fat, and relieves symptoms such as Anga

Gaurava, Alasya, and Swedadhikya, thereby contributing to the management of Sthaulya.^[12]

Trayushanadi Loha Vati- Contents of Trayushanadi Lauha Vati (Yogaratanakar Sthaulya Chikitsa, 1-3)^[13]

No.	Name	BotanicalName	Parts used	Ratio
1	Shunti	<i>Zingiber officinale</i>	DriedRoot	1 part
2	Pippali	<i>Piper longum</i>	Dried Fruit	1 part
3	Marich	<i>Pipernigrum</i>	Dried Fruit	1 part
4	Haritaki	<i>Terminaliachebula</i>	Dried Fruit	1 part
5	Vibhitaki	<i>Terminaliabellirica</i>	Dried Fruit	1 part
6	Amalaki	<i>Emblicoefficialis</i>	Dried Fruit	1 part
7	Chavya	<i>Piper retrofractum</i>	DriedRoot	1 part
8	Chitraka	<i>Plumbago zeylanica</i>	DriedRoot	1 part
9	VidaLavana	<i>Ammoniumchloride</i>	Salt	1 part
10	AudbhidaLavana	<i>Sodiumcarbonate</i>	Salt	1 part
11	Bakuchi	<i>Psoraleacorylifolia</i>	DriedSeed	1 part
12	SaindhavaLavana	<i>RockSalt</i>	Salt	1 part
13	SauvarchalLavana	<i>BlackSalt</i>	Salt	1 part
14	Lauha	<i>Iron Calx</i>	Calx	14 parts

Trayushanadi Loha Vati is a classical Ayurvedic formulation indicated in the management of Medoroga (obesity), Prameha (diabetes), Twak Roga (skin disorders), and Ajirna (indigestion). In the present study, the formulation was administered in tablet form for oral use, ensuring ease of administration, accurate dosage, and better patient compliance. All the constituent drugs are well documented in Ayurvedic literature for their safety and therapeutic efficacy, particularly in disorders related to Agnimandya and Kapha–Meda predominance.^[14]

Summary - The dissertation entitled ‘A comparative clinical study of the efficacy of *Udvardana* and *Trayushanadi Lauha* as *Medohara* in the management of *Sthaulya*’ was carried out in 60 patients having classical features of *Sthaulya*.

The next chapter, entitled Clinical study presents the detail methodology of Research work, which focuses on a series of topic – Source of data, Method of data collection, Inclusive criteria, Exclusive criteria, Criteria for selection of drugs, Diagnostic criteria, Research design, Intervention, Subjective & Objective criteria of Assessment and assessment of total effect. Observations present the assessment criteria used, the results obtained, and briefly describe the statistical analytical results. The next chapter includes the obtained outcomes and related Discussions. At the end of discussions drawn a series of Conclusions, concerning the clinical evaluation performed and the results obtained. The series of conclusions are summarized and the Summary presents the details of work done. The research work ends with case sheet format and bibliography that aim precisely on Medoroga.^[15]

In this way aim of Ayurveda to make human life healthier physically and morally the present study fulfilled the purpose in my opinion.

OBSERVATIONS AND RESULTS

Relief percentage in sign & symptoms of Medoroga - Comparative analysis of symptom relief in Sthaulya revealed that Group A demonstrated greater improvement and superior therapeutic efficacy compared to Group B.

❖ **Comparative assessment of Overall Effects of Medicines** – In Group A, the majority of patients (96.67%) demonstrated a moderate therapeutic response, while 3.33% achieved marked improvement upon completion of treatment. In contrast, in Group B, 46.67% of patients exhibited a moderate response, whereas 53.33% showed only mild improvement.

The concluding phase of any research represents the essence of the entire study, as the value of scientific work remains incomplete without a logical and meaningful conclusion. The findings of the present study on Medoroga (Sthaulya/Obesity) can be summarized as follows:^[16]

In conclusion, *Trayushanadi Lauha Vati* is effective in the management of Sthaulya, and its therapeutic efficacy is significantly enhanced when combined with *Udvardana using Kolakulathadi Churna*.^[17] This integrated approach offers a safe, economical, and holistic management strategy for Sthaulya in accordance with Ayurvedic principles. Future studies with larger sample sizes, longer treatment duration, repeated treatment cycles, objective assessment parameters, and strict lifestyle modifications are recommended to further substantiate and expand upon the findings of the present research.^[18]

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