

ROLE OF ASHWAGANDHA TAIL ABHYANGA IN THE MANAGEMENT OF KARSHYA

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ABSTRACT

Abhyanga is mentioned as a part of daily regimen in classics. Bhavaprakasha has mentioned *Ashwagandha Tail Abhyanga* in the management of *Karshya*¹. *Ashwagandha* possesses immunomodulatory, antioxidant, Antistress properties which helps to normalize body functions. In *Krishna* person, due to vitiation of *Vata Dosha Strotasa* get constricted which affect the *Rasavahana* so it interferes the nourishment of *Dhatu*. By the process of *Abhyanga* medicated oil is applied all over the body which gets absorbed through skin. Tail possesses property of *Sukshma* and *Vyavayi Guna* which helps to reach in constricted *Strotasa* and provide nourishment to them. Hence this topic is undertaken. **Result:** The study shows mild improvement in 66.66% of patients, 16.66% were benefited by the procedure. Results in weight gain, BMI (Body mass index), SFC (Skin fold thickness, MUAC (mid upper arm circumference) were highly significant. **Conclusion:** *Ashwagandha Tail Abhyanga* is proved to be effective therapy in the management of *Karshya*.

Keywords: *Abhyanga, Ashwagandha Tail, Karshya.*

INTRODUCTION

Karshya means a lean and thin body or emaciated one. Both *Charaka* and *Sushruta* classify it under *Rasapradoshaja Vyadhi*, A symptom of *Vataprakopa*. According to *Acharya Sharangdhara* it comes under eighty *Vataj Nanatmaj Vyadhi*. *Karshya* is very common in our society in all age group. If remains untreated it may lead to low social, mental or educational achievements. In mod-

ern science, we can correlate *Karshya* with under nutrition. In adolescent population who contribute near about 20 % of global population and approximately 22% of Indian population under nutrition remains a major problem². The National Family Health Survey (NFHS-4) which was carried out recently in year 2016³, shows that 37% children under the age of five are stunted. It took decade to fall only 5 % in

stunting; however, success has been achieved in the area of Wasting, which declines from 48% to 22%. The main reason of undernourished children lies in the under nourished parents because undernourished mother gives birth to low weight babies and it becomes difficult to treat malnutrition in premature or low birth babies. Due to oral intolerance found in malnourished children response to treatment is limited. So, present study is about to find a new simple way that can be easily introduce in a adolescent and younger generation to treat their *Karshya* so that in future they can produce healthy siblings to break the cycle of malnutrition. In *Karshya* predominant *Dosha* is *Vata Dosha* and for treatment of *Vata Dosha Tail* is best. *Ashwagandha Tail* adds extra benefit as it is a growth promoting drug. Studies on *Ashvagantha* indicate that it possesses anti inflammatory, anti tumor, Antistress, antioxidant, immunomodulatory properties⁴.

AIM AND OBJECTIVES:

AIM - Study the efficacy of *Ashwagandha Tail Abhyanga* in the management of *Karshya*.

OBJECTIVES:

1. To study concept of *Karshya* in *Ayurvedic* literature.
2. To study the malnutrition as per modern medicine.
3. To study the role of *Abhyanga in Karshya*.
4. To study the importance of diet modification in the management

Of *Karshya*.

Materials and method:

Selection of Sample: 71 Patients diagnosed with *Karshya* were registered from O.P.D of *Kayachikitsa, Balaroga* and *Swasthvritta* Department of Shri Gopal Nanaji Tank Ayurved Hospital of Vidharbha Ayurved Mahavidyalaya Amravati. Out of 71 patients 60 patients completed the study. 6 from trial group and 5 from control group discontinued the treatment.

Source of raw Drug: *Ashwagandha* oil is prepared in the pharmacy of Vidharbha Ayurveda College Amravati.

Grouping of patient: The patients registered were selected randomly irrespective of sex, religion and locality and divided into two groups. Selected patients were thoroughly examined with detail clinical history and complete physical examination.

Group A: 30 patients of this group have been treated with trial drug.

Ashvagantha Tail Abhyanga (Patients were asked to do *Abhyanga* at home and to maintain uniformity *Abhyanga* manual is given and counseling is done prior to treatment) + routine diet according to requirement with the advice of *Pathya Apathya*.

Group B: 30 patients of this group have been treated with routine diet according to requirement with the advice of *Pathya Apathya*.

Duration of study: 2 month

DOSE: 15-20 ml (as per requirement) oil massage for 30-40 minutes early in morning once in a day.

Mode of administration: *Abhyanga* as external application.

Table1: Pathyapathya

DO (PATHYA)	DONTS (APATHYA)
Milk	Bakery products like Bread, Biscuit
Curd	Dry food product like Chiwada, Farasan
Ghee	Tea
Green leafy vegetables	Coffee
Seasonal fruits	Tobacco, Alcohol
Drink lukewarm Water	Cold or refrigerated water
Avoid to take meal without urge of hunger	Excessive exercise
Soyabean products.	Exertion
Eggs, meat, fish.	Sleeping late at Night.

Diagnostic Criteria:

Inclusion Criteria:

- 1) Age group 5 to 30 years irrespective of sex, religion, socio-economic status and food habits.
- 2) Classical signs and symptoms of *Karshya* like *Dorbalya*, *Kshudhamandya*, *Pipasasahatva*, *Nidrakshaya*,
- 3) BMI below 18.5kg/ meter square.

Exclusion criteria

- 1) Patients with infectious diseases like Tuberculosis, congenital and hereditary problems, malignancies, Malabsorption syndromes and metabolic disorders.
- 2) Any other systemic illness.
- 3) Pregnant and lactating mother.

Discontinuation criteria:

Patients having any reaction from trial drug were discontinued from the study.

Assessment criteria:

Assessment was done on the basis of improvement in signs & symptoms. Patient were assessed with subjective & objective parameters before & after the treatment and percentage relief obtained along with statistical evaluation.

Subjective Criteria:

- 1) *Dorbalya*

- 2) *Pipasasahatva*.

- 3) *Kshudhamandya*.

- 4) *Nidrakshaya*.

5) **Objective parameters**

1. BMI
2. Height
3. Weight
4. Mid arm circumference
5. Skin fold thickness
6. Waist circumference and hip west ratio

Observations and result:

Table 2. Daurbalya.

	Gr. A	Gr. B
Mean	1.0	0.53
Median	1	1
SD	0.71	0.50
SE	0.13	0.09
Sum	31	16
P	***	

Result: Mean difference in a symptom *Daurbalya* in Group A is mean \pm SE which is 1.0 ± 0.13 . Mean difference in a symptom *Daurbalya* in Group B is mean \pm SE 0.53 ± 0.09 . This mean difference in *Daurbalya* is statistically highly significant between Group A and Group B (p value < 0.0001).

Table 3: Nidrakshaya

	Gr. A	Gr. B
Mean	0.63	0.20
Median	1	0
SD	0.55	0.40
SE	0.10	0.07
Sum	19	06
p	**	

Mean difference in a symptom of *Nidrakshaya* in Group A is mean \pm SE which is 0.63 ± 0.10 . Mean difference in a symptom of *Nidrakshaya* in Group B is mean \pm SE 0.20 ± 0.07 . This mean difference in *Nidrakshaya* is statistically more significant between Group A and Group B (p value = 0.05).

Table 4: WEIGHT

	Gr. A	Gr. B
Mean	0.76	0.25
Median	0.75	0
SD	0.58	0.36
SE	0.10	0.06
Sum	23	7.5
p	***	

Result: Mean difference in weight in Group A is mean \pm SE which is 0.76 ± 0.10 . Mean difference in a weight in Group B is mean \pm SE 0.25 ± 0.06 . This mean difference in weight is statistically highly significant between Group A and Group B (p value <0.0001).

Table 5: BMI (Body Mass Index)

	Gr. A	Gr. B
Mean	0.41	0.10
Median	0.35	0
SD	0.44	0.23
SE	0.81	0.04
Sum	12.5	3.09
p	**	

Result: Mean difference in BMI (Body Mass Index) in Group A is mean \pm SE which is 0.41 ± 0.81 . Mean difference in a height in Group B is mean \pm SE 0.10 ± 0.04 . This mean difference in BMI is statistically more significant between Group A and Group B (p value <0.001).

Table 6: SFT (Skin fold thickness)

	Gr. A	Gr. B
Mean	1.0	0.43
Median	1	0
SD	0.74	0.72
SE	0.13	0.13
Sum	30	13
p	**	

Result: Mean difference in Skin fold thickness in Group A is mean \pm SE which is 1.0 ± 0.13 . Mean difference in a height in Group B is mean \pm SE 0.43 ± 0.13 . This mean difference in SFT is statistically more significant between Group A and Group B (p value <0.001).

Table 7: Total effect of therapy: Complete remission: No patient in Group A and Group B show complete remission.

EFFECT OF THERAPY		GR A	GR B	%	
				GR A	GR B
Complete remission	100%	00	00	0	0
Marked Improvement	76-99%	00	00	0	0
Moderate Improvement	51-75%	00	00	0	0
Mild Improvement	26-50%	20	07	66.66	23.33
Benefited	1-25%	05	14	16.66	46.66
Unchanged	0 %	05	09	16.66	30

Markedly improvement: No patient in Group A and Group B shows markedly improvement.

Moderate Improvement: No patient in Group A and Group B shows moderate improvement.

Mild Improvement: 66.66% patients in group A shows mild improvement while in group 23.33% patients shows mild improvement.

Benefited: 16.66% patients in group A were benefited by the treatment while in group B 46.66 % were benefited.

Unchanged: 16.66% patient in group A were remain unchanged after treatment while in group B 30 % remain unchanged after treatment.

DISCUSSION

Discussion on Disease review

Karshya a word generally used to describe an individual with lean and thin personality or appearance. Person becomes *Krishna* generally on losing weight. Right from the birth it always remains sign of concern to become a lean. As thin and lean individuals are more prone to susceptible and infectious diseases it is a prime concern to treat them and make them healthy. *Karshya* is an *Apatarpanjanya Vyadhi*. Most of the time inadequate

diet intake and false habit of taking food are the main factors.

Karshya is *Vataprakopajanya Vyadhi* for pacifying *Vata Dosha Tail* is best as it has *Prithvi* and *Aapya Bhavas* dominance which are essential for the *Brihana*.

EFFECT OF THERAPY ON OBJECTIVE PARAMETER

In the present study objective parameter like Height, Weight, BMI, mid upper arm circumference, Skin fold thickness, Hip circumference, Waist circumference and Waist hip ratio were used and the data collected was statistically analyzed. Wilcoxon –Matched-pair signed-Ranks test was used for these objective parameters.

EFFECT ON HEIGHT:

Effect of *Ashwagandha Tail Abhyanga* on increase in height was 0.03% and in group B it was 0.01%. As most of the patient participating in study are of age group 10- 20 years and study duration was also only of two month increase in height is statistically non-significant in both groups.

EFFECT ON WEIGHT: Effect of *Ashwagandha Tail Abhyanga* on increase in weight was 2.08% and in group B it was 0.64%. In group A improvement in weight is statistically highly significant while in group B more significant result was recorded. Research on massage therapy indicates that weight gain due to oil massage therapy is probably due to growth hormone stimulation, lipid absorption in blood stream, improved circulation etc. Ashwagandha possesses natural steroid and alkaloid which are responsible for increasing body mass. Effect due to seasonal variation should also take into consideration.

EFFECT ON BMI: In group A increase in BMI ratio was 2.47% while in group B 0.44%. Results were statistically highly significant in group A while in group B it was found to be more significant. From which it is clear that Group A treatment shows better result than group B.

EFFECT ON MUAC: In group A increase in Mid arm upper circumference was 1.56% while in group B 0.07%. Result were statistically highly significant in group A while in group B result were statistically insignificant. Increase in MUAC shows that group A treatments gives better result.

EFFECT ON SFC: In group A increase in Skin fold thickness was 6.16% while in group B 2.55%. Results in group A was highly significant where in group B also result were more significant. The data shows that *Abhyanga* and diet modification both plays important role in the management of *Karshya*. From the changes in body fat we can monitor the effect of therapy on muscle tissue and body fat. Above data shows that *Abhyanga* therapy is better to increase body fat in *Krishna* person.

EFFECT ON BODY CIRCUMFERANCES

In group A, increase in Hip circumference was 0.19% and in waist 0.23%, While in group B it was 0.04 % and 0.07%. In group A all circumference was statistically significant than group B. Data shows that *Abhyanga* group shows better improvement in body circumference than group B.

EFFECT ON HIP/WAIST RATIO

Data recorded from study shows that W/H ratio increases in group A by 0.25% while in group by 0.12%. Above result in both groups were statistically non-significant. Less duration of study may be the probable reason.

TOTAL EFFECT OF THERAPY

No patient in Group A and Group B shows complete remission, markedly improvement and moderate improvement. This is due to the short duration of study. 66.66% patients in group A shows mild improvement while in group B 23.33% patients shows mild improvement.

16.66% patients in group A were benefited by the treatment while in group B 46.66 % was benefited. 16.66% patients in group A were remaining unchanged after treatment while in group B 30 % remains unchanged after treatment.

PROBABLE ACTION OF ASHWAGANDHA

Ashwagandha is having property of *Rasayana*. *Rasayana* helps to boost immunity. It is of *Madhura Rasa*, *Madhura Vipaka* and *Snigdha Guna*. All these properties help to pacify *Vata Dosha* and promote *Brihana*. It comes under *Balya* and *Bruhaniya Gana* which states that it is weight promoting drug. Studies on *Ashwagandha* indicates that it possesses, Anti inflammatory, Antistress, Antiox-

idant, Immunomodulatory, Antibacterial, Antiviral, Sedative properties⁵.

Ashwagandha has positive influence on endocrine, cardiopulmonary and CNS. Amino acids present in *Ashwagandha* include proline, valine, tyrosine, alanine, glycine, hydroxyproline, aspartic acid, glutamic acid, cystine and cysteine (berries) and fatty acid (seed oil). Somniferine present in it is sleep producing⁵.

Ashwagandha had natural alkaloids and steroids which are beneficial to improve body mass.

From all above-mentioned data, it can be concluded that *Ashwagandha* has a potential to cure illness which are the underlying cause of *Karshya*. It helps to normalize sleep. It helps your body to fulfill essential amino acid demand.

CONCLUSION

1. Etiological factor found during the study are *Alpashan*, *Pramitashana*, *Kriyaatiyoga* (overexertion), *Rukshaannapana* (Bakery products, Chivada, Farasana), *Shoka* (Stress), *Vegaavarodh*, disturbed sleep in the pathogenesis of *Karshya*.
2. According to Modern science inadequate energy intake, protein intake, Vitamin deficiency, micronutrient deficiencies, are the etiological factors.
3. In *Daurbalya*, *Pipasasahatva*, *Kshudhamandya*, *Pipasasahatva*, *Nidrakshaya*, *Weight*, *BMI*, *MUAC*, *SFC* significant result were observed.
4. Modification of Diet plays important role in the management of *Karshya*.
5. *Ashwagandha Tail Abhyanga* as a supportive therapy under the age of five for the management of malnutrition can be sug-

gested as it has no side effect and can be easily done at home.

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