“A Conceptual, clinical and comparative Study of Vidangadi churna and Medohara lepa along with Vidangadi churna on Sthaulya in the purview of - "संतर्पणोत्साहनामपत्तर्पणमौषधम्"

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ABSTRACT

Background: Sthaulya is abnormal and excess accumulation of Medo Dhatu. Meda is the main Dushya and Kapha is the main Dosha of Sthaulya but Sthaulya is a Dushya dominant Vyadhi. Sthaulya is a Santarpanjanya vyadhi so if we treat the Santarpanjanya vyadhi by Apatarpana dravyas, Vyadhi will automatically get treated. To prove this hypothesis a conceptual and clinical and comparative study was performed in the patients of Sthaulya. Aims and Objectives: The study was undertaken to prove the principle “Santarpanotthanam-Apatarpanam-Aushadham” clinically in Sthaulya. Materials and Methods: In this clinical study we had randomly allocated 30 patients in to two groups. Group A Vidangadi churna with Purana Madhu Anupana and Group B Medoharalepa (For external use) along with Vidangadi churna were selected for the comparative study in management of Sthaulya. All the patients were reviewed after 15 days for a period of 2 months. Result: In both the group results were significantly improved but in Group B (Where we used Vidangadi churna along with Medohara Lepa) better Improvement was shown than Group A. Discussion & Conclusion: Apatarpana dravyas can be used in Santarpanjanya vyadhi.

Keywords: Sthaulya, Apatarpana, Vidangadi churna, Medohara Lepa.
experimental studies of several years. These principles are the outcome of those studies. Several Acharya have tested these principles for many years and then these principles have got a place in Ayurvediya Samhita\([1]\). Out of these principles “Santarpanotthanam-Apatarpanam-Aushadham” is one of the most important fundamental principle\([2]\).

Sthaulya is abnormal and excess accumulation of Meda Dhatu. Medo is the main Dushya and Kapha is the main Dosha of Sthaulya, Sthaulya is a Dushya dominant Vyadhi. The living body can function normally, only when its Doshas, Dhatus and Malas are in a state of equilibrium. Meda is one of the seven components of the ‘Sapta Dhatu’ is of immense importance hence it is selected for the present clinical study. Any derangement in the normal pathophysiological of the Medo dhatu may lead to several lifestyle disorders like Obesity, CAD, Atherosclerosis etc. Acharya Charaka considered Atishthaulya Purusha as one out of the Asthanindtiya Purusha.

The study was under taken to prove the principle “Santarpanotthanam-Apatarpanam-Aushadham” clinically. Sthaulya is a Santarpanjanya vyadhi\([3]\), The hypothesis decided for the study was if we treat the santarpanjanya vyadhi by Apatarpana dravyas Vyadhi will automatically get treated. To prove this hypothesis a conceptual and clinical and comparative study was performed in the patients of sthauthya.

So here we made an endeavor to evolve a safe & complete solution for this disease with the help of Ayurvedic medicines especially Vidangadi churna\([4]\) and Medohara Lepa\([5]\).

Concept of Apatarpana:

In Ashtanga Hridaya: Sutrasthana chapter no.14: Dwividhopa kramaniyaa dhyaya\([6]\) has been mentioned. In which there are two folds of therapies have been mentioned as 1) Santarpana and 2) Apatarpana, The synonyms mentioned for Santarpana and Apatarpana are Brimhana and Langhana respectively. Brimhana is meant is make to make body stout while Langhana is for making the body light i.e.thin.

According to Charakasutrasthana 22\(^{nd}\) chapter, Six fold therapies are being mentioned namely Laghana, Brimhana, Rukshana, Snehana, Swedana, Shthambhana. Considering the opinions from above mentioned classical literatures, it can be inferred that Apatarpana and Langhana are considered as synonymous under some contexts.\([7]\) Accordingly different modalities of Langhana are included under Apatarpana. Similarly in some of the contexts Apatarpana is considered to be either among Rukshana or Swedana. So Apatarpana is an umbrella term which includes Langhana, Rukshana and Swedana\([8]\) Modality of treatment needed among these three is decided depending on Vyadhi and Aturaavastha.

Whatever is capable to reduce the body mass is known as Langhana\([9]\), Whatever causes dryness, roughness and non-sliminess is Rukshana\([10]\), whatever cures stiffness heaviness and coldness is Swedana.\([11]\) Langhana dravya contains\([12]\) Laghu, Ushna, Tikshna, Vishada, Ruksha, Sukshma, Khara, Sara and Kathina Guna, Rukshana dravya contains\([13]\) Ruksha, Laghu, Khara, Tikshna, Ushna, Thrta, Apichehhilam and Kathinaguna, Swedana dravya contains\([14]\) Ushna, Tikshna, Sara, Snigdha, Ruksha, Sukshma, Drava, Thrta, and Guru Guna.

Aims and Objective

1. To study the etiopathogenesis of Sthaulya.

2. To compare the effect of Vidangadi churna and Medohara Lepa along with Vidangadi churna on Sthaulya.

3. To evaluate the effect of Vidangadi churna and Medohara Lepa along with Vidangadi churna on the Medodhatu in relation to lipid Profile.

Methods

Material and Methodology

Ethical Clearance – This research study was cleared for ethical issues by Institutional Ethics Committee of National Institute of Ayurveda Jaipur vide its IEC
Latter No. F 10 (5)/ EC/ 2014/ 7225; Dated: 07.11.2014.

1. Literary Materials:

Here we have mentioned critical review of relevant literature of sthautyag in Ayurvedic text books, previous research paper, different medical text books and journals.

2. Clinical Materials:

Selection of Patients

For the clinical trial 30 Patients has been selected in the group of 15-15 patient each from the OPD and IPD ArogyaShala of National Institute of Ayurveda and Seth Surajmal Bombaiwala Hospital and Satellite Hospital, Jawahar Nagar, patients were dropped out.

Inclusion Criteria:

1. Patients were selected age group of 16-60 year.
2. Sex Either were considered
3. Patient having clinical sign and symptoms of Sthautyag as per classical Ayurvedic literature.
4. B.M.I. criteria were also followed for selection of patient.

Exclusion Criteria:

1. Patient suffering from obesity due to hereditary indisposition.
2. Pregnant and Lactating women.

Withdrawal Criteria:

1. Patients developing any threatening complication during this trial.
2. Patient not willing to continue treatment.
3. Any other acute illness.

3. Trial Drug:

Group A:

The “Vidangadi churna” was prepared in the Pharmacy of National Institute of Ayurveda, Jaipur.

- Drug Doses:

Vidangadi churna: dose 3 gms BD Pratihkalala(before meal) and Sandhya-Kala(before meal) for internal use.

- Anupana:Puranamadhu.

Group B:

- Vidangadi churna: dose 3gms BD Pratikahal(before meal) and Sandhya-Kala(before meal) for internal use.

- Anupana:Puranamadhu.

- Medohara Lepa: for external application B.D.

4. Time Period of Clinical Trial: Duration of medication completed at least for 60 days and according to condition of patient.

5. Follow Up: Total four (every 15 day) follow ups were recorded during 60 days of treatment period.

6. Pathyapathya: Patient has been made to follow Pathyapathya While taking medication.

Results

Effect of therapy on Subjective Parameters in Group A & B

- In group A Vidangadi churna is highly significant in Kshudhaadhikyata, Daurabalya and very significant in Javoparodha while Significant in Chalasphika-udara-stana, Pipasaatiyoga, Swedatiyoga, Nidratiyoga, Gaurava, Kshudraswasa, Angasada. While Not Significant in Krichhavyayavata, Dauragandhata, Krathana and Snigdhangata.

- In group B Medohara Lepa along with Vidangadi-churna is highly significant in Kshudhaadhikyata, Daurabalya, and very significant in Javoparodha, Chala-sphika-udara–stana, Swedatiyoga, Gaurava, Angasada.

- Significant in Dauragandhata, Pipasaadhiyakta, Nidraadhikyata, kshudraswasa, Snighdhangata, While Not Significant in Krichhavyayavata, Dauragandhata, Krathana.
Effect of therapy on Objective Parameters (Physical parameters) in Group A & B

- In **group A** Vidangadi churna is highly significant in decrease symptoms of Body Weight, B.M.I, Waist Circumference, and very significant in decrease symptoms of Chest Circumference while significant in decrease symptoms of Hip circumference.

- In **group B** Medohara Lepa along with Vidangadi churna is highly significant in decrease symptoms of Body weight, BMI, Waist Circumference, Chest Circumference while very significant in decreased symptoms of Hip circumference.

Effect of therapy on Biochemical Investigation in Group A & B

- In **group A** vidangadi churna is not significant in decrease symptoms of Serum cholesterol, Serum Triglyceride, HDL, LDL and VLDL.

- In **group B** Medohara Lepa along with Vidangadi churna is highly significant in decrease symptoms of Serum cholesterol, HDL, LDL and not Significant in Serum Triglyceride and VLDL.

Overall Effect of Therapy

In **Group A** Moderate relief was found in 46.67% of patients, while Mild relief in 53.33% of patients, while in **group B** Moderate relief was found in 66.67% of patients, while Mild relief in 33.33% of patients.

Discussion

Discussion on Observation & Results:

Maximum patients were in age group of 31-45 years (60%) (18 patients), because the reason behind these observations might be that in present era consumption of fast food, soft drink, lack of physical activity, sitting work, overeating in this age is more at their work place. In the study Male (50%) and Female (50%) were equal, It is not related with Sthaulya, may be it is depending on person’s life style. maximum number of patients i.e. 90% were married (27). It may be due to their sedentary life style, overeating, and day sleep. maximum number of patients i.e. 86.67% were from Hindu community (26), In education status 36.66% of the patients had graduate and High Secondary, 26.66% were Post Graduate, maximum number of patients i.e. 36.66% were house wife (11), This is showing highest prevalence of obesity in Housewives. The reason behind this might be sedentary life style; Divaswapa is also a major cause in housewives, 50 % of patients (15) were belongs to middle class income group, maximum i.e. 26 patients (86.66%) were registered with addiction of Tea, Intake of tea with sugar may be a cause of obesity. majority of 53.33% patients (16) were having vegetarians, koshtha was assessed in maximum patients were 63.33 % of krurakoshtha,The reason behind these observations might be that Krura Koshtha onset is due to Samana Vayu Prakopa in these diseased individuals and Madhyama Kostha found in Kapha predominance Prakriti, which increases prevalence of Sthaulya, majority of patients i.e. 20 patients (66.67%) were having tikshnagni, The reason behind these observations might be that Agni sandukshananas due to Samana Vayu Prakopa increased Jatharagni (Tikshnagni), 83.33% of patients (25) were belongs to Jangala Desha, maximum patients i.e. 13 patients (43.33%) were having kapha-vata Prakriti, 14 patients (46.66%) were having Tamasika Prakriti, maximum patients i.e. 25 patients (83.33%) were having Madhyam Samhanana, 19 patients (63.33%) were having Madhyama Satva, which indicates moderate mental strength of the subjects, 19 patients (63.33%) were having Madhyama Satmya which indicates they were having moderate tolerance towards change in food habits, place and season, maximum patient i.e. 20 patients (66.67%) were having Pravara Abhyavaharana Shakti, In the patients of Sthaulya due to Avarana by Meda & Kapha there is SamanaVayu Prakopa leading to Agnisandhukshana, so, there is increased tendency for intake of diet, 20 patients (66.67%) were having Pravara Jarana shakti.In the patients of Sthaulya due to Avarana by Meda & Kapha there is SamanaVayu Prakopa leading to Agnisandhukshana, so, there is increased digestion power, maximum i.e. 19 patients (63.33%) were having Madhyama Vyayamashakti, It explains the role of etiological factors i.e. Avyayam in the prevalence of
Jadav K, late Pareek G, Panja AK. A Conceptual, clinical and comparative Study of Vidangadi churna and Medohara lepa along with Vidangadi churna on Sthaulya in the purview of "स्ताल्यंपीयस्ताल्यंपीयस्ताल्यंपीयस्ताल्यं" JOA XIII-2, 2019; 28 - 35

Sthaulya. Lack of physical exercise is the major cause of obesity.

Table No.I Showing The % Relief In Both The Groups In Subjective Parameters

<table>
<thead>
<tr>
<th>Subjective parameters</th>
<th>% Relief in Group A</th>
<th>% Relief in Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chala-sphika-udara-stana</td>
<td>22.25</td>
<td>31.93</td>
</tr>
<tr>
<td>Javoparodha</td>
<td>31.92</td>
<td>38.15</td>
</tr>
<tr>
<td>Krichhavyavayata</td>
<td>13.00</td>
<td>26.00</td>
</tr>
<tr>
<td>Daurbalya</td>
<td>61.94</td>
<td>51.50</td>
</tr>
<tr>
<td>Dauragandhya</td>
<td>16.99</td>
<td>24.73</td>
</tr>
<tr>
<td>Kshudhaadhikya</td>
<td>48.49</td>
<td>42.91</td>
</tr>
<tr>
<td>Pipasatiyoga</td>
<td>20.72</td>
<td>24.73</td>
</tr>
<tr>
<td>Swedatiyoga</td>
<td>27.46</td>
<td>38.15</td>
</tr>
<tr>
<td>Nidratiyoga</td>
<td>27.39</td>
<td>30.63</td>
</tr>
<tr>
<td>Gaurava</td>
<td>25.55</td>
<td>27.27</td>
</tr>
<tr>
<td>Krathana</td>
<td>13.69</td>
<td>20.63</td>
</tr>
<tr>
<td>Kshudraswasa</td>
<td>25.55</td>
<td>24.09</td>
</tr>
<tr>
<td>Snigdhagnata</td>
<td>18.57</td>
<td>21.59</td>
</tr>
<tr>
<td>Angasada</td>
<td>23.83</td>
<td>31.08</td>
</tr>
</tbody>
</table>

Table No.II Relief % In Both The Groups In Objective Parameters

<table>
<thead>
<tr>
<th>Objective parameters</th>
<th>% Relief in Group A</th>
<th>% Relief in Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>2.06</td>
<td>3.05</td>
</tr>
<tr>
<td>BMI</td>
<td>2.09</td>
<td>3.08</td>
</tr>
<tr>
<td>Hip circumference</td>
<td>0.95</td>
<td>1.19</td>
</tr>
<tr>
<td>Waist circumference</td>
<td>2.18</td>
<td>2.70</td>
</tr>
<tr>
<td>Chest circumference</td>
<td>1.02</td>
<td>1.47</td>
</tr>
</tbody>
</table>

Table No.III Relief % In Both The Groups In Biochemical Investigation

<table>
<thead>
<tr>
<th>Parameters</th>
<th>% Relief in Group A</th>
<th>% Relief in Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum cholesterol</td>
<td>0.90</td>
<td>13.44</td>
</tr>
<tr>
<td>Serum Triglyceride</td>
<td>12.17</td>
<td>1.54</td>
</tr>
<tr>
<td>HDL</td>
<td>2.57</td>
<td>4.27</td>
</tr>
<tr>
<td>LDL</td>
<td>-3.85</td>
<td>21.91</td>
</tr>
<tr>
<td>VLDL</td>
<td>13.39</td>
<td>0.87</td>
</tr>
</tbody>
</table>
**Table No. IV Overall Effect Of Therapy**

<table>
<thead>
<tr>
<th>Effects</th>
<th>Group A</th>
<th></th>
<th>Group B</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No relief (Unchanged)</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Mild relief</td>
<td>08</td>
<td>53.33</td>
<td>05</td>
<td>33.33</td>
</tr>
<tr>
<td>Moderate relief</td>
<td>07</td>
<td>46.67</td>
<td>10</td>
<td>66.67</td>
</tr>
<tr>
<td>Significant relief</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Excellent relief</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

**Conclusion**

The present research work was aimed to establish the fundamental principle of Ayurveda in management of Sthaulya, conclusion on literature Sthaulya from the detailed compilation clinical observations and discussion the following conclusions are evolved:-

- **Apatarpana** itself contributes a major documentation in Samhitas and also proves most important basic principle in Nidan as well as in Chikitsa aspect.
- As Sthaulya itself is a Santarpanoth vyadhi and also Kashtasadhya so Apatarpana Chikista is prescribed for Sthaulya.
- The channels, which give nutrition to the Medo Dhatu or the Srotas carrying the nutritive material up to the site of Medo Dhatu can be considered as Medovaha Srotas.
- The etiological factors lead to Kapha & Meda vraddhi which block the microchannels causing Samana Vayu vitation in the Koshtha and causes Jatharagni Sandhukshana there by increasing the person’s appetite and increased intake of food ultimately leading to Sthaulya Roga (Medodhatuvriddhi).
- Due to obstruction by Meda, VyanaVayu could not transport nutrient to other Dhatu so Medadhatu is increased and Uttara Dhatu are decreased.
- Moreover, as enumerated earlier, Meda as Dushya, Kapha and Avrita Vata as Dosha and Medo dhatvagnimandya are main responsible factors in pathogenesis of Sthaulya.
- Restoration of Agni to normal physiological states, removal of Medaavarana and accumulated Sama Meda from the body are the main principle of treatment of this disease.
- Pharmecodynamic study of trial drugs have dominance of Kashaya, Katu, Tikta Rasa, Ruksha, Laghu, TikshnaGuna,UshnaVirya, KatuVipaka and Kaphavatashamaka Karma are present in Maximum Dravyas.
- The trial drug is effective in the disease due to their Deepana, Pachana, Lekhana, Rukshana, Medohara, Srotoshodhana, Aamapachana, Vatanulomna, Kaphaghna etc. properties.
- These drugs have Medoghna Prabhava.Katu, Tikta, Kashaya Rasa isopposite of Kapha, Ama, and medodhatu. So Katu, Tikta and kashaya rasa reduces the Kapha, Ama, Medodhatu.
- An appropriate Anupana can enhance the property of drug. Hence Puranamadhu is used to enhance the action of the drug. Puranamadhu has kashaya rasa, Due to their Rukshana Lekhana properties they results in reduction of excesive Medo Dhatu from
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body by having *Medokshaya* and *kapha Kshaya* properties reduces the *meda* and *kapha*.

✓ The trial drug had found *Ama Pachaka* properties so the drug can be established as potent *AmaPachana* drug.

✓ Thus it can be concluded that *Vidangadi churna* in the dose 3gms. B.D twice in a day before meals with the *Anupana Puranamadhu* and *Medohara lepa* for external Application can be used as safe and main ‘Therapeutic Agent’ in the management of *Sthaulya*.

References

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शारांश:

स्थायल्य में धातु की असामान्य और अतिरिक्त संचयजनित व्याधि है। स्थायल्य का एक प्रमुख दूषण मेद और कफ प्रमुख दोष है लेकिन स्थायल्य दूषण प्राधान्य व्याधि है। स्थायल्य एक संतर्पण जन्य व्याधि है, परिकल्पना के अनुसार अगर हम अपत्तर्पण द्रव्यों द्वारा संतर्पणजन्य व्याधि की चिकित्सा करते हैं, तो व्याधि की स्वतः ही चिकित्सा हो जाएगी। उदंत परिकल्पना को सिद्ध करने के निमित्त ही स्थायल्य के रोगियों पर यह वैचारिक, चिकित्सकीय और तुलनात्मक अध्ययन किया गया था। लक्ष्य और उद्देश्य: अध्ययन के अन्तर्गत चिकित्सकीय सिद्धांत "संतर्पणोद्योगमपत्तर्पणोपधाम" सिद्ध करने के लिए स्थायल्य व्याधि को लिया गया था। सामग्री और तरीके: इस चिकित्सकीय अध्ययन में हम ने दो समूहों में 30 रोगियों का समावेश किया था। ग्रुप ए में विदंगद्वी चूर्ण का पुराण मदु अनुपान के साथ और ग्रुप बी में मेदोहर लेप (बाह्री उपयोग के लिए) का विदंगद्वी चूर्ण के साथ श्वायल्य के प्रबंधन में तुलनात्मक अध्ययन के लिए चयन किया। सभी रोगियों को दो महीने की अवधि तक औषधि दी गई तथा प्रत्येक 12 दिनों के बाद परीक्षा की समीक्षा की गई। परिणाम: दोनों समूह के परीक्षण में महत्वपूर्ण सुधारात्मक परिणाम मिले, लेकिन ग्रुप बी में (जहां हम ने मेदोहर लेप के साथ विदंगद्वी चूर्ण का प्रयोग किया था) ग्रुप ए की तुलना में बेहतर परिणाम मिले। निष्कर्ष: अपत्तर्पण द्रव्यों का संतर्पणजन्य व्याधियों में प्रयोग किया जा सकता है।