

**Efficacy of Vidangadi Yoga and Navak Guggul in management of Stholya (Obesity)**

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**Abstract**

Obesity is global epidemic and a prominent health problem. It is world's oldest metabolic disorder. In ayurvedic text it is described as Stholya disease. It is santparnajanya vyadhi. Hetus of stholya have been explained in ayurveda. shaman and shodhan chikitsa are described in ayurveda for stholya. While considering day-to-day life and available time factor of patient, 'Shaman Chikitsa' is preferable. In present study total 60 patients were selected. These are divided into group A and group B (30 patients each). These two groups are treated with vidangadi yog and navak guggul respectively. Observations are recorded for different subjective parameters of stholya. Obtained data were analysed by using statistical test. Efficacy of both groups is compared.

**Keywords:** Stholya, Vidangadi yog, Navak guugul,

**Introduction**

Stholya is the commonest nutritional disorder in affluent societies and mostly prevalent in developed countries. Stholya vyadhi is explained in Santarpanajanya Vyadhi in Ayurveda. Aacharya Charak has mentioned it under "Asthaunindit Purusha". (Ch. Su. 21/3) In Stholya there is obstructive pathology. The excessive increase of meda cause obstruction of strotas and nutrition of further Dhatus is hampered. Stholya is a condition wherein there will be Ayatopachaya of shareera associated with abnormal increase in Medo dhatu.

As per the latest statistics of WHO (March 2011) there are 1.6 Billion adults who are overweight (BMI>25) and more than 1/10th of world population was obese. Without action this figure will surpass 1.5 Billion and 700 million respectively by 2015, At least 2.6 Million people die each year as a result of overweight & obesity & its consequences. Sixty Five per cent of world's populations live in a country where overweight & obesity kills more people than underweight.

Obesity is global epidemic resulting from sedentary lifestyles, improved socioeconomic conditions, and availability of processed, high calorie food and soft drinks in industrialized societies. Obesity is major risk factor for number of chronic diseases such as coronary heart disease (CHD), High Blood Pressure, Stroke, Diabetes, Cancers, and Osteoarthritis etc. Considering the fast and vast prevalence of Stholya the present investigation has been undertaken to study the comparative effect of 'Navak Guggul and Vidangadi yog' in the management of Stholya.

**Objectives**

1. To assess the efficacy of "Navak Guggula" in the management of Stholya
2. To assess the efficacy of Vidangadi yog in the management of Stholya.
3. To study the comparative efficacy of 'Navak guggula and Vidangadi yog in the management of Stholya with the help of subjective criteria.

**Methodology**

**Selection of Patient**

The patients of stholya attending OPD and IPD of Nalinitai Raut Rughnlaya, patur were selected.

**Inclusive Criteria**

- 1) Age : >18 to <70 years
- 2) Sex : No barrier
- 3) Race & Religion : No barrier
- 4) Economic status : No barrier
- 5) Patients presenting classical features of Sthulya(obesity)/Medoroga described in shastra.
- 6) BMI- Between 25.0 to 35.0.
- 7) WHR (waist & hip ratio)- WHR >0.95 in males & WHR >0.8 in female.

**Exclusive Criteria**

1. Age below 18 and above 70 years.
2. Patient having major cardiac disorder, diabetes mellitus.
3. Patients suffering from infectious diseases, pregnant women or taking steroids
4. Patient undergoing treatment for any other serious illness

**Grouping:**

**Group A**

Number of Patients: 30 well diagnosed patients of Stholya (obesity) presenting with classical symptoms of Stholya (obesity) .

Treatment: Navak Guggula for 6 weeks (2 tabs twice before meals)

Follow up was taken at every end of the week upto 6 weeks.

**Group B**

Number of Patients: 30 well diagnosed patients of Stholya (obesity) presenting with classical symptoms of Stholya (obesity) .

Treatment: Vidangadi yog 5gm in two divided doses before meal

Follow up was taken at every end of the week upto 6weeks.

Patients of both groups have been advised to adhere to pathya aahara ,vihara prepared according to ayurvedic principles.

**Gradation And Criteria For Clinical Assesment**

Sr. No	Symptoms	Grad e	Lakshana
1	Javoparodha	0	Normal enthusiasm in starting work
		1	Less enthusiasm in starting work at specific time of day
		2	Less enthusiasm in every work at all time of day
		3	No enthusiasm towards any work
2	Daurbalya	0	Can do routine work
		1	Can do moderate exercise without difficulties
		2	Can do exercise with very difficulties
		3	Cannot do even mild exercise
3	Daurgandhya	0	Absence of bad smell
		1	Occasional bad smell in body
		2	Persistent bad smell felt from long distance is not suppressed with deodorant
		3	Persistent bad smell felt from long distance even intolerance to patient himself.

4	Angagaurav	0	No fatigue
		1	Little fatigue in doing routine work
		2	Excessive fatigue in doing routine work
		3	Excessive fatigue in doing little work
5	Swedadhikya (At normal temp. and normal condition)	0	Sweating after heavy work and fast movement or in hot season
		1	Sweating after moderate work and movement
		2	Sweating after little work and movement
		3	Sweating even at rest and in cold season
6	Kshudhadhikya	0	Patient can fast
		1	Diet with Lunch and Dinner
		2	Diet with Breakfast, lunch and Dinner
		3	Supplementary food required even with Breakfast, Lunch and Dinner
7	Nidradhikya	0	6 – 7 hours per day
		1	8 hours per day with Jrimbha
		2	10 hours per day with Tandra
		3	More than 10 hours with tandra and klam
8	Trishnadhikya	0	1 – 2 Liters per day
		1	2 – 3 Liters per day
		2	3 – 4 Liters per day
		3	More than 4 Liters per day
9	Kshudrashwas	0	No dyspnoea even after heavy work
		1	Dyspnoea after little work but upto tolerance
		2	Dyspnoea after little work but beyond tolerance
		3	Dyspnoea in resting also

**Table no. 1 Effect on symptoms of 30 patients of Group-A :**

Symptoms	MEAN		S.D.		S.E.		MEDIAN		'z' VALUE	'r' VALUE	RESULT
	BT	AT	BT	AT	BT	AT	BT	AT			
Javo-parodh	1.96	0.9	0.718	0.711	0.1311	0.129	2	1	1.76	0.73486	N.S.
Daur-balya	1.9	0.866	0.661	0.681	0.1208	0.124	2	1	2.07	0.73407	V.S.
Daur-gondhya	1.03	0.433	0.556	0.504	0.1015	0.092	1	0	0.204	0.56188	N.S..
Angagaurav	1.83	0.733	0.746	0.583	0.1363	0.106	2	1	6.47	0.84456	V.S.
Swedadhikya	1.46	0.666	0.507	0.546	0.0926	0.099	1	1	0.186	0.58011	N.S.
Kshudhadhikya	2.1	1.166	0.661	0.592	0.1208	0.108	2	1	5.94	0.39602	V.S.
Nidradhikya	1.86	0.9	0.628	0.711	0.1148	0.129	2	1	6.00	0.81644	V.S.
Trishnadhikya	1.6	0.833	0.606	0.592	0.1107	0.108	2	1	5.13	0.60817	V.S.
Kshudrashwas	1.5	0.666	0.776	0.660	0.1418	0.120	1	1	4.66	0.73882	V.S.

**Z > 1.96    Significant at 0.05**

**Z > 2.56    Significant at 0.01**

**N.S.- Not Significant**

**V.S.- Very Significant**

**Table no. 2 Effect on symptoms of 30 patients of Group-A :**

Symptoms	MEAN		S.D.		S.E.		MEDIAN		'Z' VALUE	't' VALUE	RESULT
	BT	AT	BT	AT	BT	AT	BT	AT			
Javo-parodh	1.9	0.9	0.556	0.607	0.1015	0.110	2	1	7.14	0.90862	V.S.
Daur-balya	1.63	0.76	0.614	0.568	0.1122	0.103	2	1	6.21	0.83208	V.S.
Daur-gondhya	1.03	0.7	0.490	0.466	0.0894	0.085	1	1	0.08	0.49811	N.S.
Angagaurav	1.5	0.6	0.629	0.621	0.1149	0.113	1	1	6.00	0.88113	V.S.
Swedadhikya	1.36	0.76	0.490	0.504	0.0894	0.092	1	1	.205	0.49786	N.S.
Kshudhadhikya	1.96	1.26	0.668	0.449	0.1220	0.082	2	1	.275	0.7185	N.S.
Nidradhikya	1.3	0.7	0.595	0.595	0.1088	0.108	1	1	2.67	0.65048	V.S.
Trishnadhikya	1.5	0.86	0.572	0.507	0.1044	0.092	1	1	0.22	0.59367	N.S.
Kshudrashwas	1.3	0.7	0.595	0.651	0.1088	0.118	1	1	4.28	0.6841	V.S.

**Z >1.96    Significant at 0.05**

**Z >2.56    Significant at 0.01**

**N.S.- Not Significant**

**V.S.- Very Significant**

**Table No. 3 Patient wise difference between subjective parameters of group A and group B**

SR. NO.	Difference of Group A	Difference of group B
1	11	7
2	7	5
3	9	8
4	15	6
5	11	8
6	11	6
7	8	7
8	10	7
9	9	7
10	6	3
11	10	7
12	12	7
13	9	4
14	9	7
15	9	7
16	9	9
17	8	7
18	9	4
19	9	7

20	9	3
21	8	8
22	9	5
23	3	7
24	2	7
25	5	6
26	3	5
27	8	7
28	4	7
29	5	7
30	5	
Mean	8.066667	6.3
S.D.	2.899861	1.512021
S.E.	0.52944	0.276056
Median	9	7
Zvalue	2.97 Significant at 0.01 level	

**Result-** As  $z > 2.56$  Null hypothesis is rejected and alternative hypothesis is accepted. i.e. result of group B is better than group A in subjective parameters.

**TABLE NO. 4 Comparison of percentage wise result in Group A and Group B:**

Symptoms	Group A	Group B
Javoparodh	54.23	54.23
Daurbalya	54.38	53.06
Daurgondhya	58.06	32.25
Angagaurav	60.00	60.00
Swedadhikya	54.54	43.90
Kshudhadhikya	44.44	35.59
Nidradhikya	51.78	46.15
Trishnadhikya	50.0	42.22
Kshudrashwas	55.55	46.15
Average % relief (subjective)	53.66	45.94

### Discussion

Although there is involvement of three doshas stholya is a dushya dominant vyadhi. Vitiation of kapha vata and meda is prime important factor in samprapti of stholya. Vitiated meda obstruct the path of vata and causes its avarna which results in provocation of vata. The cycle continues which increases gravity of disease and make stholya kricchsadhya.

Navak Guggula has lekhana properties which acts on meda (adipose tissue) which is another factor in producing the condition rasraktagata sneha vridhhi. The main factor in the pathogenesis of stholya is agnimandya or impaired agni. This agnimangya caused by pachaka pitta, kledaka kapha, & samanavata. Due to deepan pachan and lekhan karma of navak guggul it acts on these dushyas. It improves metabolism.

The majority components of vidangadi yog are laghu and ruksha and basically kaphvatshamak. Shunthi and aamalki are are deepan i.e. they improve the digestive power. In combination these drugs reduce the formulation of meda which is key ingredient in stholya . The combination act to

break margavarodhjanya samprapti and stimulates the production of good quality of meda dhatu. Efficacy of both the drugs is compared with the help of subjective parameters. It is observed that Vidangadi yog is more effective than Navak guggul in subjective parameters of stholya.

### **Conclusion**

Obesity is global epidemic resulting from sedentary lifestyles, improved socioeconomic conditions, and availability of processed, high calorie food and soft drinks in industrialized societies. It is major risk factor for number of chronic diseases such as coronary heart disease (CHD), High Blood Pressure, Stroke, Diabetes, Cancers, and Osteoarthritis etc.

In present study Vidangadi Yog shows better result than Navak Guggul in subjective parameters of stholya. So Vidangadi Yog is more effective than Navak Guggul in subjective parameters. But in overall effect vidangadi yog is slightly less effective than Navak guggul. It is concluded that Vidangadi Yog is effective in stholya but not upto the level of stastical significance.

### **References**

1. Charak Samhita; with Vaidyamanorama Hindi comm. of Agnivesha by Acharya Vidyadhara Shukla Pub. By Chaukhambha Sanskrit Pratishthana reprinted in 2011, pg. no. 301.
2. Charak Samhita; with Vaidyamanorama Hindi comm. of Agnivesha by Acharya Vidyadhara Shukla Pub. By Chaukhambha Sanskrit Pratishthana reprinted in 2011, pg. no. 300.
3. Charak Samhita; with Vaidyamanorama Hindi comm. of Agnivesha by Acharya Vidyadhara Shukla Pub. By Chaukhambha Sanskrit Pratishthana reprinted in 2011, pg. no. 303.
4. Google search, [http://www. WHO Obesity and overweight.html](http://www.WHO.Obesity and overweight.html).

