

**Role Of Guduchyadi Yoga And Udvartan With Vachadichurna In Sthaulya
A Clinical Study.****Dr. Pritam J. Rathi**Assistant Professor,
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C.S.M.S.S. Ayurved Mahavidyalaya, Aurangabad**Abstract –**

Homosapiens, the most intelligent creature on earth, is facing newer health challenges in modern civilization. In modern life patterns, industrial development; environmental and Professional hazards etc. have made man the victim of many numbers of diseases including Sthaulya. Sthaulya is one of the diseases which affect ones social, physical and mental features. As per new researches, it is a precursor to coronary heart disease, high blood pressure, and diabetes mellitus etc.; which have been recognized as the leading killer diseases of the millennium. The present study includes 30 patients attending the O.P.D. of the Dr. B.R.K.R. Govt. Ayurvedic Hospital, Hyderabad. Vachadichurna Udvartan in two spells of 8 days and Guduchyadi Yoga internally with honey as Anupan for 60 days was administered and observed statistically significant results.

Introduction – Acharya Charaka included Atisthula in Ashta Nindita Purusha. Here the term Nindita has three meanings such as,

1. Ugly looking
2. Criticized by the public
3. Not easily treatable

Sage Charaka mentioned that Sthaulya is a Bahudoshaja Vyadhi. It is the root cause of many diseases like diabetes, hypertension and heart disease. Acharya Charaka has given special emphasis on treatments relating to Sthaulya and Karshya among the Ashta Nindita Purusha. Sthaulya is one of the Kapha predominant diseases (Shleshma Nimittaj) involving Kapha and Meda as main Dosha and Dushya in the pathogenesis. Alleviation of Vata and Kapha Dosha along with depletion of Medodhatu is the main aim of Sthaulya Chikista¹.

Hence the topic **Role of Guduchyadi yoga and Udvartan with Vachadichurna in Sthaulya** is selected for the present study with the following aim and objective.

Aim and Objective:

To evaluate the role of Guduchyadi Yoga (given internally) and Vachadi Churna Udvartana on Sthaulya.

Materials and Methods:

It is an open clinical trial conducted on 30 patients of O.P.D. of Dr. B.R.K.R. Government Ayurveda Hospital, Erragadda, Hyderabad. Internal administration of Guduchyadi yoga² (Guduchi, Musta, Triphalachurna in equal quantity) in a dose of 3- 5 gm per day (in two divided doses) before half hour of taking food with honey for a period of 60 days. Udvartan was also carried out with Vachadi churna³ (Vacha, Shunti, Musta, Haritaki, Ativisha and Devdaru in equal quantity) in two spells of 8 days each. After the completion of first spell, by giving gap of 21 days second spell was started.

Inclusion criteria:

- Classical signs and symptom of sthaulya.
- Age group between 16 yrs to 55 yrs.
- Patients having BMI >25 Kg / M²

Exclusion criteria:

- Patients suffering from severe hypertension, evidence of Renal, Hepatic and Cardiac diseases.
- Persons having obesity from childhood

Criteria for assessment:

It was assessed on the basis of Weight, BMI, Girth measurement of Chest, Abdomen, hip mid- arm and mid-thigh.

Observation -

Family history: out of registered 30 patients, 26.66% patients have positive family history of sthaulya which indicates that thegenetical predisposition is an important etiological factor for the manifestation of sthaulya. In Charak Samhita Beejswabhav⁴ is given as one of the cause of sthaulya.

Occupation:In this study 43.33% are employees, followed by 26.66% are businessman. Sthalya is seen more in the people associated with sedentary style occupation.

Dietetic nature: during the study 63.33% of the patients are on mixed diet. This indicates that peoples who are habituated in taking mixed diet are more prone to sthaulya. This is clear on the basis of samanyavishesh siddhant⁵, as non – veg diet contains more fat and flesh and leads to increase of similar dravyas in the body and leads to develop sthaulya.

Agni : out of 30 patients , 83.33% have tikshagni and 16.66%have vishamagni. In the initial stage of sthaulya, Agni Dipan occurs due to avrutavata in koshta but when vayu gets more vitiated it createsvishmagni⁶

Adhyashan: during this study, it is observed that 70 % of the patients used to take adhyashanfollowed by 16.67% patients take vishamashan. It is clearly mentioned in the Ayurvedic literature that adhyashan⁷ is one of the cause for obesity. Hence the present study also supports the views of our ancient acharyas.

Addiction: out of 30 patients registered 33.33% are alcoholic. Frequent use of alcohol will cause deposition of adipose as one gram alcohol give 7 kcal of energy⁸. In the Ayurveda also it is mentioned that Varuni (type of Madya) is one of the factors responsible for medovahsrtotodushti⁹. This clearly shows the risk of sthaulya in alcoholics.

Nidra (sleep): majority of the patients (90%) sleeping time is more than 8 hrs. per day this is evident to prove the recordings of acharyaCharak that excessive sleep leads to sthaulya¹⁰.

TABLE NO. 1- EFFECT ON CIRCUMFERENCE

Circumference in CM	MEAN SCORE		RELIEF%	MEAN	S.D.	S.E.	T	P
	BT	AT						
CHEST	100.57	99.53	1.02	1.03	0.96	0.17	5.86	<0.001
ABDOMEN	106.23	103.83	2.25	2.4	1.61	0.29	8.16	<0.001
HIP	109.07	107.3	1.61	1.76	1.40	0.25	6.87	<0.001
MID-ARM	31.73	30.86	2.73	0.86	0.68	0.12	6.96	<0.001
MID-THIGH	57.86	56.9	1.67	0.96	2.07	0.37	2.55	<0.01

EFFECT ON CIRCUMFERENCE

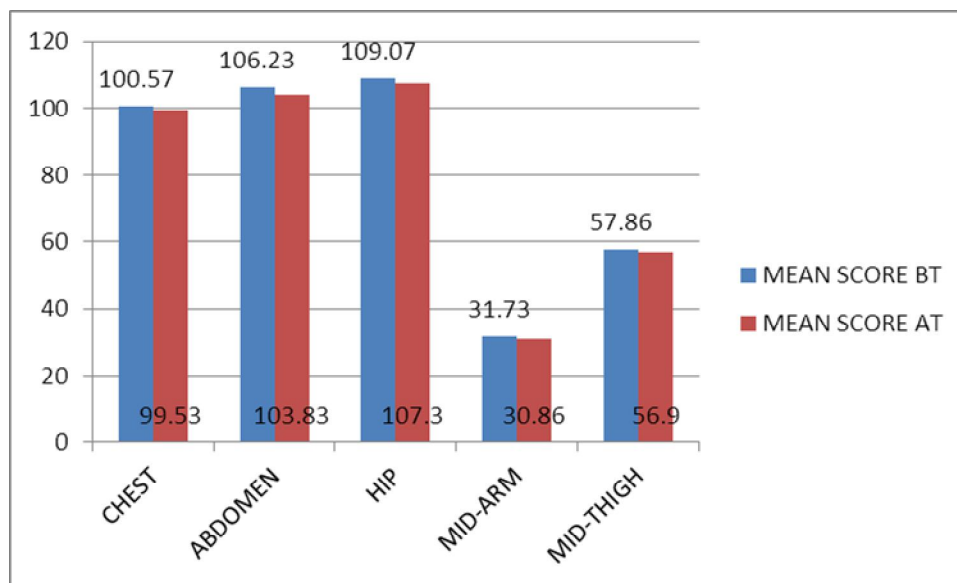


Table no. 1 is about effect of therapy on the circumference measurement of chest, abdomen, hip, mid-arm and mid-thigh. Average relief in circumference measurement of chest is 1.03(1.02%), abdomen is 2.4(2.25%), hip is 1.76(1.61%), Mid-arm is 0.86(2.73%),and that of Mid-thigh is 0.96(1.67%) and P value less than 0.001 which is highly significant except for mid- thigh (P value less than 0.01) which is statistically significant.

TABLE NO. 2 - EFFECT ON WEIGHT AND B.M.I.

Objective parameters	MEAN SCORE		RELIEF%	MEAN	S.D.	S.E.	T	P
	BT	AT						
Weight (Kg)	84.93	81.9	3.57	3.03	1.54	0.28	10.77	<0.001
B.M.I.(Kg/M ²)	32.49	31.31	3.64	1.18	0.60	0.11	10.64	<0.001

EFFECT ON WEIGHT AND B.M.I.

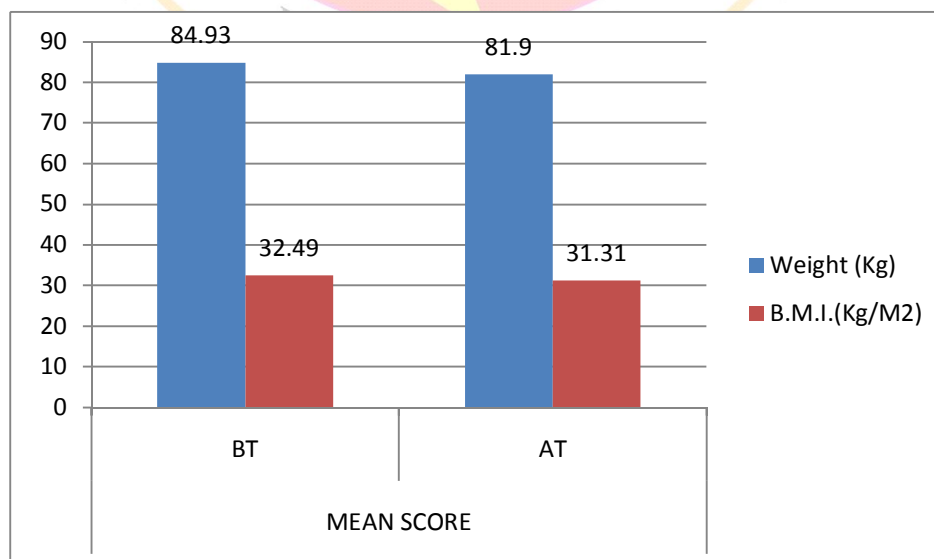


Table no. 2 is about effect of therapy on weight and B.M.I. Average reduction in weight is by 3.57%, in B.M.I. by 3.64% and P value for both is less than 0.001 which is highly significant.
(BT – Before treatment, AT – After treatment)

Discussion:

on keen observation it is identified that the formulation Guduchyadi yoga may be the best sthauhyahar compound as it contains Katu, tikta and kashayaraspredominantly and also possessing tridoshar, medohar and lekhan properties.(byconsidering properties of individual drugs in combination).

In Charak Samhita it is clearly stated that substances possessing Guru Guna along with Atparana properties should be administered for the management of sthaulya¹¹. Hence honey is selected as Anupan in this study.

Though direct references regarding the use of Vachadichurna for Udvartan are not available in the ayurvedic literature the same compound is selected for the study because the herbs of Vachadichurnaposseses Ruksha, Tikshna and Kapha-Medohar properties.

Mode of action of Udvartan can be explained as under. Due to Ushna, Tikshnagunas of the drugs as well as the effect of forceful massage in the opposite direction of hair follicles the drug enter into the body by means of its potency and dilate the channels. Also as a result of Udvartanliquefaction of Kapha and Meda also take place and reaches koshta and flushed out, which results in lightness of the body.

Conclusion:

The therapy with Guduchyadi yoga internally and, Vachadi Churna Udvartan used in sthaulyapaitients gives statistically significant changes in measurement of circumferences as well as in weight and BMI. However there is need of further study with large sample size to come to a final conclusion regarding the efficacy of present trial drug in the management of sthaulya.

Acknowledgements

The author is thankful to Dr. R. Vidyant (HOD, Samhita Siddhant Vibhag, Dr. BRKR Govt. Ayurvedic College, Hyderabad) for guiding this work.

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