



A CLINICAL STUDY ON VIDANGADI CHURNA AND LEKHAN BASTI (KALPIT YOGA) IN THE MANAGEMENT OF MEDOROGA (OBESITY)

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ABSTRACT

The present study aims to evaluate the effect of Vidangadi Churna and Lekhan basti (kalpit yoga) in the management of Medoroga (obesity) on the basis of various objective parameters. All the patients were diagnosed on the basis of objective parameters such as Body mass index (BMI), Waist circumference and Hip circumference. Duration of trial was one month. All the selected 30 patients of medoroga were randomly divided into three groups of 10 patients each; Group 1 was put on diet restriction and placebo; Group 2 was put on diet restriction and vidangadi churna; Group 3 was put on diet restriction, vidangadi churna and lekhan basti. There was insignificant improvement in objective parameters by diet restriction. Vidangadi churna along with diet restriction produces significant results and the rate of improvement was highly significant in all objective parameters when diet restriction is combined with vidangadi churna and lekhan basti.

KEYWORDS : Vidangadi Churna, Lekhan Basti, Medoroga

INTRODUCTION

Ayurvedic classics are the result of observations, research and vision of great sages. Through their assertive knowledge they gave treatise of ayurvedic medicine. The fundamental facts established by them are still applicable. Understanding of ancient Ayurvedic concepts through investigative measures becomes an essential academic exercise because contemporary methods and understanding are also used in clinical practice of Ayurvedic medicine.

In the modern age, man has become a slave of materialism and has forgotten the Ayurvedic principles of healthy living such as dincharya, ritucharya and achara rasayana. This has led to the emergence of many lifestyle diseases. One of such disease, most commonly frequented is medoroga or sthaulya. The sign and symptoms of medoroga described in various ayurvedic texts can be correlated with those of obesity. Hence it can be concluded that obesity and medoroga (sthaulya) are the same condition and have been affecting humans since time immemorial but now the incidence is rising at an alarming rate. In both developed and undeveloped countries the prevalence of obesity is on rise.

The disease medoroga or sthaulya has been identified as a serious health problem in ayurveda. A sthula purusha has been described as "atinidita" or worst despicable personality. Acharya Charak has mentioned eight types of mindita purusha[1]. Out of these eight despicable persons atsthula (obese) person is stated to be the worst.

Obesity may be defined as abnormal growth of adipose tissue due to an enlargement of fat cell size or an increase in fat cell number or a combination of both². In quantitative terms obesity is defined in terms of an increase in the amount of adipose tissue, which normally accounts for 20% of the total body weight³. It is often expressed in terms of Body Mass Index (BMI). A BMI of 30 or more indicates obesity. Its prevalence is rising at worrisome rate along with increasing incidence of medically significant obesity and emerging as an important health problem.

SELECTION OF DRUG

The basic principles of treatment of medoroga as described in Ayurvedic texts is nidana parivarjanam and aptarpana. Diet restriction is a form of aptarpana chikitsa. Vidangadi churna is described in medoroga chikitsa of Bhaishajya Ratnavali⁴. It contains Vidang(Embelia ribes), Sunthi (Zingiber officinale), Yavakshara, Lauh

bhasm, Yava (Hordeum vulgare) and Amalaki(Emblia officinalis)⁵.

Basti is the most important procedure among the samshodhana chikitsa. Lekhan Basti (kalpit yoga) consist of triphala kwatha, gomutra, honey, yavakshara and saindhava salt.

MATERIAL AND METHODS

The material and methods adopted in present research work are summarized below:-

A. Selection of cases:-

The study was conducted on 30 clinically diagnosed patients of medoroga during 2007-08, selected from OPD & IPD of SBMN Ayurvedic College, Rohtak, Haryana.

B. Diagnostic criteria:-

All the patients were diagnosed on the basis of the following criteria

1. Body weight (in Kg)
2. Body mass index (BMI)- The BMI is calculated using the formula-

$$BMI = \frac{\text{Weight in Kg.}}{\text{Height in m}^2}$$

As per WHO guidelines, a BMI of 25-29 Kg/m² is classified as overweight. BMI of 30 or more is classified as obese in both sexes. In Asian subcontinent morbidity and mortality occurs at a lower BMI; hence cut off points for overweight (BMI≥23 Kg/m²) & obesity (BMI≥25 Kg/m²) are lower amongst Indians.

1. Waist circumference
2. Hip circumference

C. Exclusion criteria :- Following patients were excluded in the present trial-

1. Having drug induced obesity
2. Having cardiac disease
3. Having malignant hypertension
4. Having hormonal disorders
5. Pregnant women

D. Duration of trial: Duration of trial was one month.

E. Method of study :- selected 30 patients of medoroga were randomly divided into three groups of 10 patients each-

- Group 1 was put on diet restriction and placebo.
- Group 2 was put on diet restriction and vidangadi churna (1 gm BD)
- Group 3 was put on diet restriction, vidangadi churna (1 gm BD) and lekhan basti (8 lekhan basti given to each patient on every third day)

F. Observations and result

Table1: Showing the pattern of objective improvement in patients of group 1

S. No.	Objective parameters	B.T. mean	A.T. mean	Diff. mean	% improve	S.D	S.E	t value	P value
1	Body weight	75.20	74.60	0.60	0.79	1.30	0.41	1.46	>0.05
2	B.M.I	30.86	30.62	0.24	0.77	0.37	0.12	2.04	>0.05
3	Waist circumference	33.05	32.70	0.35	1.06	0.82	0.26	1.35	>0.05
4	Hip circumference	39.70	39.50	0.20	0.50	0.89	0.28	0.71	>0.05

Table 2: Showing the pattern of objective improvement in patients of group 2

S. No.	Objective parameters	B.T. mean	A.T. mean	Diff. mean	% improve	S.D	S.E	t value	P value
1	Body weight	78.20	77.00	1.20	1.53	0.85	0.26	4.61	<0.01
2	B.M.I	30.40	29.90	0.50	1.60	0.35	0.11	4.54	<0.01
3	Waist circumference	30.60	29.20	1.40	4.57	0.69	0.22	6.33	<0.001
4	Hip circumference	40.90	39.95	0.95	2.32	0.76	0.24	3.94	<0.01

Table no 3: Showing the pattern of objective improvement in patients of group 3

S. No.	Objective parameters	B.T. mean	A.T. mean	Diff. Mean	% improve	S.D	S.E	t value	P value
1	Body weight	77.60	75.50	2.10	2.70	0.81	0.26	8.07	<0.001
2	B.M.I	30.16	29.42	0.74	2.45	0.41	0.13	5.69	<0.001
3	Waist circumference	31.95	30.70	1.25	3.91	0.42	0.13	9.30	<0.001
4	Hip circumference	40.95	39.75	1.20	2.93	0.67	0.21	5.62	<0.001

Discussion

The patients of group 1 showed insignificant decrease in body weight while group 2 patients showed significant decrease in body weight and group 3 patients showed highly significant result in body weight reduction.

The percentage decrease in BMI for group 3 patients is 2.45% while it is 1.6% and 0.77% for group 2 and group 1 respectively.

The objective parameters including body weight, BMI, waist circumference, hip circumference showed improvement in group 2 patients , insignificant improvement in group 1 patients and highly significant improvement in group 3 patients.

Conclusion

It can be concluded that there was insignificant improvement in objective parameters by diet restriction. Vidangadi churna along with diet restriction produces significant results and the rate of improvement was highly significant in all objective parameters when diet restriction is combined with vidangadi churna and lekhan basti. Hence it can be concluded that diet restriction along with vidangadi churna and lekhan basti is very effective in the management of medoroga.

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