



ORIGINAL RESEARCH PAPER

Ayurveda

A COMPREHENSIVE LITERARY REVIEW AND CLINICAL ASSESSMENT OF LANGHANA THERAPY IN AYURVEDA: APPLICATION IN SANTARPANAJANYA VYADHI

KEY WORDS: *Langhana*, *Ayurveda*, *Santarpana*, *Santarpanajanya Vyadhi*, *Ama*, *Kapha*, *Clinical Study*, *Lifestyle Disorders*.

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ABSTRACT

Langhana (lightening therapy) is a fundamental Ayurvedic therapeutic principle indicated in diseases caused by excess nourishment (*Santarpanajanya Vyadhi*). This study provides a systematic compilation of classical literature on *Langhana* and evaluates its clinical application through a structured observational study. A total of 100 patients with *Santarpana*-related disorders were assessed using a detailed case sheet capturing demographic, dietary, lifestyle, and clinical parameters. The findings reveal that *Langhana* therapy, administered through modalities such as *Deepana*, *Pachana*, *Upavasa*, and *Rukshana*, resulted in significant clinical improvement in 42% of patients. The study highlights the role of *Langhana* in restoring *Agni*, clearing *Ama*, and alleviating heaviness associated with *Kapha* and *Pitta* disorders.

INTRODUCTION

Ayurveda defines health as a state of equilibrium among *Dosha* (functional constituents), *Dhatu* (structural components), and *Mala* (waste products). Disease arises from imbalances, often due to excessive nourishment (*Santarpana*) or undernourishment (*Apatarpana*). *Langhana*, one of the six therapeutic principles (*Shadvidhopkrama*), is employed to counteract conditions of excess, characterized by heaviness, sluggish digestion, and channel blockage (*Srotorodha*). Though described across classical texts, information on *Langhana* remains scattered. This study aims to compile literary references systematically and assess its clinical efficacy in managing *Santarpanajanya Vyadhi*.

OBJECTIVES

1. To conduct a comprehensive literary review of *Langhana* therapy.
2. To assess the clinical application of *Langhana* in *Santarpanajanya Vyadhi*.

Literary Review

Etymology And Definition

The term *Langhana* derives from the root "*langha*" (to move or dry). It refers to therapeutic measures that induce lightness (*Laghavata*) in the body by reducing heaviness (*Gurutva*).

The Ten Measures Of Langhana

Langhana encompasses ten modalities:

1. *Vamana* (emesis)
2. *Virechana* (purgation)
3. *Niruha* (decocative enema)
4. *Nasya* (nasal therapy)
5. *Pipasa* (thirst control)
6. *Maruta* (wind exposure)
7. *Atapa* (sun exposure)
8. *Pachana* (digestive stimulation)
9. *Upavasa* (fasting)
10. *Vyayama* (exercise)

These are categorized as:

- *Dravyabhuta* (with substances): *Vamana*, *Virechana*, *Niruha*, *Nasya*, *Pachana*
- *Adravyabhuta* (without substances): *Pipasa*, *Maruta*, *Atapa*, *Upavasa*, *Vyayama*

Pharmaco-Therapeutic Properties

Substances used in *Langhana* possess qualities (*Guna*) that promote lightness and clarity:

- *Laghu* (light): e.g., *Mudga*, *Jeeraka*
- *Teekshna* (sharp): e.g., *Maricha*, *Rasona*
- *Vishada* (non-slimy): e.g., *Guggulu*
- *Ushana* (hot): e.g., *Sunthi*

- *Ruksha* (dry): e.g., *Haridra*, *Trijata*

Indications And Contraindications

- Indications:

Sthaulya (obesity), *Kushtha* (skin diseases), *Prameha* (diabetes), *Jwara* (fever), *Ama* conditions, *Kapha-Pitta* disorders.

- Contraindications:

Apatarpanajanya Vyadhi, *Karshya* (emaciation), *Trushna* (excessive thirst), *Garbhini* (pregnancy), *Durbala* (debilitated patients).

METHODOLOGY

Study Design

Observational clinical study with 100 patients diagnosed with *Santarpanajanya Vyadhi*.

Inclusion Criteria

Patients with *Santarpana*-related disorders: *Sthaulya*, *Kushtha*, *Prameha*, *Jwara*, *Krumi*, *Jeerna Pratishyaya*, *Shophya*, *Vandhyatva*, etc.

Exclusion Criteria

Apatarpanajanya conditions, pregnancy, children, emaciated individuals.

Data Collection

A structured case sheet captured:

- Demographics (*Prakruti*, age, occupation)
- Lifestyle (sleep, exercise)
- Dietary habits (meal timing, food types, fasting frequency)
- Clinical parameters (symptoms, treatment modalities)

Assessment Criteria

Improvement was graded (0–3) based on:

- *Shool* (pain)
- *Kandu* (itching)
- *Vaivarnya* (discoloration)
- *Nidra* (sleep)
- *Malapravrutti* (bowel movement)
- *Bala* (strength)
- *Utsaha* (enthusiasm)

RESULTS

Demographic Profile

- **Gender:** Female (55%), Male (45%)
- **Age:** 21–40 years (36%), 41–60 years (32%)
- **Occupation:** Housewives (29.59%), Students (17.35%)
- **Prakruti:** *Vata*kapha (35%), *Pitta*kapha (24%)

Lifestyle And Dietary Patterns

- **Sleep:** 62.89% reported sound sleep

- **Exercise:** 40% did not exercise regularly
- **Diet:** 64% vegetarian, 80% consumed breakfast daily (Poha being most common)
- **Water intake:** 51% consumed up to 2 liters daily
- **Fasting:** 47% did not practice Upavasa
- **Viruddha Ahar:** 30% consumed incompatible foods

Treatment Modalities Administered

Most Frequently Prescribed:

- Deepan (86%)
- Pachana (98%)
- Rukshana (79%)
- Upavasa (46%)
- Vyayama (35%)

Clinical Outcomes

- Significant improvement: 42%
- Moderate improvement: 33%
- Slight improvement: 20%
- No improvement: 5%

Notable improvements were observed in *Kushtha*, *Sthaulya*, and *Jeerna Pratishyaya*.

DISCUSSION

Langhana therapy effectively addresses *Ama* accumulation, channel blockage, and metabolic sluggishness. The study cohort predominantly exhibited *Vatakapha* and *Pittakapha Prakruti*, with sedentary lifestyles and irregular dietary habits-key contributors to *Santarpana*. The integration of *Deepana*, *Pachana*, *Upavasa*, and *Rukshana* facilitated *Agni* restoration, *Ama* digestion, and *Srotoshodhana*.

The high prevalence of *Viruddha Ahar* and infrequent fasting underscores the role of dietary counselling alongside *Langhana*. Clinical improvements align with classical descriptions of *Samyaka Langhana Lakshana*: lightness, improved digestion, hunger, and clarity.

CONCLUSION

Langhana is a versatile and foundational therapy in Ayurveda, effective in managing *Santarpanajanya Vyadhi*. It restores *Agni*, eliminates *Ama*, and alleviates heaviness through both *Shodhana* and *Shamana* approaches. The study validates classical principles while highlighting the need for personalized application based on *Prakruti*, *Dosha*, and lifestyle.

Limitations

- Short follow-up duration.
- Chronic diseases require longer intervention periods.
- Concurrent multiple diseases complicated assessment.

Suggestions For Future Research

- Disease-specific *Langhana* studies: *Sthaulya*, *Kushtha*, *Prameha*, *Amavata*, *Grahani*.
- Comparative studies with modern therapeutic protocols.
- Long-term follow-up to assess sustained efficacy.

REFERENCES

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4. Previous studies on *Langhana* therapy (listed in monograph).