

Study of Clinical Efficacy of Vekhanda In Sthaulya W.S.R. To Hyperlipidemia

Dr. Nayana Prabhakar Patil¹

¹Professor and HOD, Dravyaguna Department,
Shantabai Shivshankar Arali Ayurvedic Hospital & College, Jath. Dist. Sangli.

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Abstract

In order to encourage and promote double steps that will help people reach and maintain a healthy weight and reverse the worldwide obesity issue, World Obesity Day was created in 2015 as an annual campaign. On March 4th, it was observed globally. The topic for 2024 is " Let's talk about obesity and", which is an appeal to authorities and the political class to take the lead in busting myths and misconceptions surrounding obesity. Industrialization, occupational stress, eating habits, inactivity, and a variety of daily food choices—such as fast food, frozen fruits, more soft drinks and beverages, canned goods—all contributes to Agni or metabolism disruption, which in turn causes Sthaulya, a clinical condition. It is a newly recognized health issue in the contemporary period. According to Acharya Charaka, Sthaulya is one of the eight types of obstacles that are categorized as Astha Nindit Purushas, and Ati Sthaulya is one of them. Increased Meda, Agni, and Vayu in Sthaulya results in complications like Bhagandara, Prameha-Pidika, and so on. Sthaulya people have increased rates of diabetes mellitus, hypertension, angina pectoris, myocardial infarction, and other conditions. Given the numerous side effects of contemporary anti-hyperlipidaemic medications like statins, it is imperative to locate a substitute medication in another medical system. It has been stated Vekhanda in Lekhaniya Mahakashaya. Thus, the goal of the current study is to determine the therapeutic effectiveness of Vekhanda Churna in the treatment of Sthaulya.

Keywords: Hyperlipidemia, Sthaulya, Lekhaniya, Vekhanda.

Introduction:

In actuality, Dravyaguna Vigyan is a natural science that works with Dravyas, which are essential to the preservation of human health and the prevention of sickness. Bsheshaja, or the therapeutic agent, supports the doctor in the therapeutic management of diseases out of tetrads

of disease management. This is the fast-paced, modern era we live in today. Everyone leads a hectic and demanding life. The consumption of high-calorie fast food is also rising. Our bodies are becoming more and more fat and cholesterol due to our luxurious lifestyle and lack of physical activity. This can lead to conditions such as hypertension, heart disease, and hyperlipidemia. One of the oldest systems of health, wellness, and medicine is Ayurveda. This body of knowledge has been updated over the millennia in an uninterrupted tradition that has allowed it to

Author Correspondence

Dr. Nayana Prabhakar Patil

Shantabai Shivshankar Arali Ayurvedic Hospital
& College, Jath. Dist. Sangli

Email : drnayanapatilv@gmail.com

flourish for over 5000 years. Sthaulya is a global public health issue that is becoming worse. From middle age onward, a significant section of the population is susceptible to developing hyperlipidemia at some point in their lives.

Obesity is becoming a more common problem in everyday life as its frequency rises. By 2025, 270 crore adults globally will be overweight or obese due to this tendency, which calls for a drastic change in the current scenario. The obesity epidemic in India was documented by the National Family Health Survey of India – 3 (NFHS – 3) and National Family Health Survey of India – 4 (NFHS – 4). According to NFHS-3, it was shown that in 2005, 13% of women and 9% of men in the 15–49 age range were obese or overweight. NFHS - 4.¹ states that in the 15–49 age range in 2015–16, 21% of women and 19% of men were obese or overweight. Vekhanda Churna possess the qualities of Karshana, Lekhaniya, aampachana, Dhatushoshana, Pramathi, Laghu, Ruksha, and Tikshana guna, Ushna Veerya, and katu Vipaka. It returns Agni's status to normal. It functions against Kapha, Kleda, and Meda and performs Srotovibandhanashan. It is also powerful against all manifestations of Sthaulya. In this method, it performs Lekhaniya activity.

Aims :

To observe the efficacy of Vekhanda Churna in Sthaulya.

Objectives

- To study the Ayurvedic Literature of Sthaulya according to Ayurvedic Samhitas.
- To study Hyperlipidemia as per Standard Modern Texts.
- To study the effect of Vekhanda Churna in Sthaulya.

Review of Literature:

A person whose buttocks, belly, and breasts appear pendulous and whose increased bulk is not accompanied by an equal rise in energy is said to have an excessive and abnormal increase in Medodhatu along with Mamsadhatu. Medodhatvagni vikriti is the ailment known as sthaulya.² If Agni is strong and excellent, it will generate Dhatvagnimandya; if Agni is weak, it will create Medodhatuvridhi by rising from the level of Rasagni, Raktagni, and Mamsagni. Because of their individual Dhatvagnimandya, Rasagata, Raktagata, Mamsagata, and Medogata Snehamasa will therefore rise.³ Vasa is described here as upadhatu of Mamsa, which is another term for muscle fat. Only fat accumulated in adipocytes should be recognized as Medadhatu; circulating triglycerides, cholesterol, and lipids should be addressed as Rasa Raktagata Sneha. Therefore, overload on Dhatvagni begins to accumulate anytime Rasa, Rakta Mamsagata Sneha begins to increase as a result of overeating and decreased calorie consumption. Patients exhibit signs of Kaphavridhi and Rasavridhi, such as Angagaurava, Alasya, Tandra, and Nidradhikya, among others. Later, the real Meda dhatu experiences a rise in clinical symptoms, including Chala, Sphik, Udara, and Stana, among others, and eventually develops trouble carrying out all of his everyday tasks. Additional malnourishment of Asthi, Majja, and Shukra dhatu could also transpire.

Samprapti Ghataka

- 1) Udabhavasthana - Amasaya
- 2) Sanchar - Rasayani
- 3) Adhithana - Whole body specifically udara,
- 4) sphika, stana
- 5) Vyakti - Whole body
- 6) Dosha - Tridosha, Samanavayu, Apanavayu,
- 7) Vyanvayu, Pachak pitta, Kledakkapha,
- 8) Dushya - Rasa and Meda
- 9) Srotasa - Annavaaha, Rasavaaha, Mamsavaaha,

- 10) Medovaha
- 11) Srotodushti - Sanga, Vimargagaman, Avarana
- 12) Agnimandya - Medodhatvagnimandya,
Jatharagnimandya
- 13) Ama - Medodhatugata
- 14) Pradhanata - Dhatvagnimandya,
Santarpanjanya
- 15) Swabhava - Chirakalin

Rupa of Sthaulya

1. Ayusohrasa (Diminution of lifespan)
2. Javoparodha (Lack of enthusiasm)
3. Kriccha Vyavaya (Difficulty in sexual act)
4. Daurbalya (Debility)
5. Daurgandhya (Foul smelling of body)
6. Svedabadha (Distressful sweating)
7. Kshudhatimatrata (Excessive hunger)
8. Pipasa atiyoga (Excessive thirst)

Hyperlipidemia:

Lipids, or fats, are elevated in the bloodstream in hyperlipidemia. These lipids consist of triglycerides, phospholipids, cholesterol, and cholesterol esters (compounds). One condition known as hyperlipidaemia is elevated plasma lipid levels. The actual body weight divided by the square of the height is the B.M.I. (kg/m²). This index offers a good representation of obesity in non-hypertrophied athletes.

The BMI's classification of obesity.

- **Under weight:** Lower than 18.5 kg/m²
- **Weight range for normal:** 18.5 to 24.9 kg/m².
- **Overweight:** between 25 and 29.9 kg/m²
- **Class I obesity** ranges from 30.0 to 34.9 kg/m².
- **Class II obesity** ranges from 35.0 to 39.9 kg/m².
- **Class III Morbid Obesity:** > 40 kg/m²
- **Vekhanda:**⁴
- **Botanical Name:** Acorus calamus Linn.
- **Natural order:** Araceae

- **Sanskrit names:** Vacha, Uragandha, Shadagrantha, Golomi

Ayurvedic Properties

- **Rasa :** Katu, Tikta
 - **Guna :** Laghu, Tikshna
 - **Virya:** Ushna
 - **Vipaka :** Katu
 - **Doshagnata :** Kaphavatashamak, Pittavardhak
 - **Rogagnata :** Sandhivat, aamvata, Agnimandya, Aruchi, Adhmana, Udarshool, Kashtartav
 - **Karma :** Medhya, Shamak, Vedanasthapana, Shothahar, Deepana, Truptighna, Krumighna.
- Part used:** Root, stem
- Important Formulations:** Sarswat Churna, Medhya Rasayana

Material and Methods:

- **Source of data-** OPD & IPD patients of our college hospital.
- **Study Design:** Open Randomized Controlled Clinical Trial

Inclusion Criteria

1. The patient having age between 16 to 70years.
2. The patients having raised lipid profile on laboratory investigations.
3. Chalsphikudarstana, Swedadhikya, Atiskhudha, KshudraSwasa, Angagaurava Anga Chalatra , Atipipasa, Avyavaya
4. B.M.I. – 25 To 39.91

Exclusion Criteria:

1. The patient having hypothyroidism, Diabetes, cardiovascular disease, severe hypertension, endogenous and Garbhini,
2. The patient having B.M.I. >40 were also be excluded.
3. Any systemic illness.

4. Patients below the age of 16 and above 70 years were excluded.
5. Severe complicated cases.

- Total duration of study – 25 Days
- Follow up – at 25th day
- Dose: 500 mg after meal two times in a day
- 25 patient will be given Vekhanda Churna orally for 30 days
- Kal : Paschyat bhakti

Intervention:

- Duration of study – 25 Days

Parameters for Assessment:

1.Chala Sphika Udar sthana :

Sign	Grade
Absence of Chalatwa	0
Little visible movement after moderate movement	1
Movement after mild movement	2
Movement even after changing posture	3

2.Alasya / Utsaha Hani :

Sign	Grade
No	0
Doing work satisfactory with initiation late in time	1
Not starting any work in his own responsibility, doing little work very slow	2
Does not have any initiation of work and not wants to work even after pressure	3

3.Nidradhikya :

Sign	Grade
Normal sleep 6-7 hrs/ day	0
Sleep upto 8 hrs/day with Anga Gaurav	1
Sleep upto 10 hrs/day with Tandra	2
Sleep upto 10 hrs/day with Tandra and Klama	3

4.Snigdhangata :

Sign	Grade
Normal Snigdhangata	0
Only luster of body in summer season	1
Only luster of body in dry season	2
Excessive Snigdhangata	3

5.Swedadhikya :

Symptoms	Grade
Sweating after heavy work	0
Sweating after little work	1
Profuse sweating after minimum work	2
Sweating even in resting condition	3

Results:

Effect of Vekhanda Churna on assessment criteria of sthaulya was as follows

Parameter	Mean		Difference in means	Paired 't' test				Remark
	BT	AT		S.D.	S.E.M.	't'	'p' value	
Chala Sphika Udar sthana	2.4	1.13	1.27	0.69	0.126	8.4521	<0.001	S
Alasya / Utsaha Hani	2.21	1.1	1.11	1.1290	0.206	5.0137	<0.001	S
Nidradhikya	2.14	0.96	1.18	0.8683	0.1575	8.042	<0.001	S
Snigdhangata	2.36	0.93	1.43	0.710	0.1296	11.05	<0.001	S
Swedadhikya	2.26	0.63	1.63	0.764	0.1396	12.75	<0.001	S

Discussion and Conclusion:

- ♦ The illness, A well-known illness from the Samhita era is sthaulya. Acharya Charaka made reference to it in Ashtaunindita Purushadhyaya. An additional word for the illness Medoroga is Sthaulya. In the 34th chapter of the Madhava Nidana, Madhavakara describes Medoroga as an independent entity and uses the words Medosvina, Atisthula, and Sthula as synonyms.
- ♦ The four categories of Nidana of Sthaulya are Aharatmaka, Viharatmaka, Manasa, and Anya. In addition to these Nidanas, it is now evident that a person becomes less active and more susceptible to Sthaulya as a result of highly refined foods that contain high percentages of carbs and sophisticated machinery.
- ♦ The medication chosen for this investigation is called Vekhanda, and Acharya Charaka refers to it as lekhan.
- ♦ Our classics refer to the rasa of Vekhanda as Katu & Tikta, which is Kaphagna in nature. It also functions as Vataghan because of its Ushna virya. Tikta rasa can be employed in samprapti vighatana of Sthaulya (Anti Hyperlipidemic Activity) since Vata and Kapha dosha are involved in the samprapti of Sthaulya, Vekhanda churna via its katu.
- ♦ In Sthaulya, Meda and Kleda are the main offenders. The Medokledopashoshana action is performed by Katu Rasa. In the action of Kleda and Meda vilayana, Ushna Virya also assists.
- ♦ Katu Rasa: Ushna Virya meets Dhatvagnimandya, strengthens the weak Dhatvagni, and aids in Ama-pachana, which lessens Ama Dhatu and Aparipakwa.

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