# INTERNATIONAL AYURVEDIC MEDICAL JOURNAL



Research Article ISSN: 2320 5091 Impact Factor: 4.018

# A CLINICAL STUDY ON THE MANAGEMENT OF STHAULYA BY VACHADI CHURNA WITH SPECIAL REFERENCE TO OBESITY

C.S. Tanmane<sup>1</sup>, Akinwar Rasika<sup>2</sup>

<sup>1</sup>Prof & H.O.D. <sup>2</sup>P.G.Scholar

Department of Kaychikitsa, Final year, Bhausaheb Mulak Ayurved, Nagpur, Maharashtra, India

Email: dr.rasikaakinwar@gmail.com

Published online: July, 2018

© International Ayurvedic Medical Journal, India 2018

#### **ABSTRACT**

Obesity or being overweight is a condition characterized by excessive storage of fat in the body. When the body's calorie intake exceeds the amount of calories burned, it leads to the storage of excess calories in the form of body fat. For treating *Sthaulya* lot of Herbal, Mineral, and Herbomineral medicines are described in ancient texts of Ayurveda. From which we have chosen the drug from *Ashtang Hriday* i.e. *Vachadi Gana*<sup>1</sup> which contained *Vacha, Nagarmotha, Devdaru, Nagar, Ativisha* and *Haritki* and given the name as *Vachadi Churna*. **Aibjectives:** 1) to assess the clinical efficacy of *Vachadi Churna* in the patients of *Sthaulya*. 2) To compare the clinical efficacy of *Vachadi Churna* with that of *Dashang Guggul*. 3) To establish an effective, simple herbal combination in the management of *Sthaulya*. **Material and Methods:** In this study total 60 patients were randomly selected from the 20 to 50 years of age group with classical signs and symptoms of *sthaulya*. **Observation & Result:** Overall it was observed that Percentage of Relief in Each Patient of 60 Patients of *Sthaulya* in experimental group was 67.14 while 58.26 % in control group. On average in both group 62.70 % relief got in each patients of *sthaulya*. **Conclusion:** *Vachadi churna* has significant effect on *sthaulya*.

Keywords: Obesity, vachadi churna, sthaulya

# INTRODUCTION

In Ayurveda, obesity is known as *Medarog*, which is caused by the aggravation of *Kapha*. *Kapha* is an Ayurvedic humor which is dense, heavy, slow, sticky, wet and cold in nature. In a balanced state, *Kapha* gives nourishment to these tissues through various micro channels. However, when it is aggravated, *Kapha* leads to production of toxins in

the body. These toxins are heavy and dense in nature and accumulate in weaker channels of the body, causing their blockage. In the case of an obese person, toxins accumulate in *Medovahi Srotas* (fat channels), thereby leading to an increase in the production of fat tissue (*Meda Dhatu*). When the

body produces more fat tissues, it causes an increase in weight. <sup>13</sup>

In Obesity, there is problem at the level of *Meda* (fat), nourishing *Asthi* (bone). This nutrition shift is hampered, because of which more and more of fat tissue gets produced, but it is not being converted further into *Asthi* (bone), *Majja* (bone marrow) and *Shukra* (reproductive system). There is blocking of transition of nutrition from *Meda* to *Asthi*.<sup>13</sup>

# Causes for obesity: 13

- Excess intake of food –
- Excess intake of heavy to digest, sweet foods, Coolant and oily foods

Lack of physical exercise, day sleeping

- Lack of mental stress, increased happiness:
- Heredity

For treating *Sthaulya* lot of Herbal, Mineral, and Herbomineral medicines are described in ancient texts of Ayurveda. Ample of studies were undertaken for treating *sthaulya vyadhi*. From which we have chosen the drug from *Ashtang Hriday* i.e. Vachadi Gana<sup>1</sup> which contained *Vacha, Nagarmotha, Devdaru, Nagar, Ativisha* and *Haritki* and given the name as *Vachadi Churna*.

Various studies were carried out on *Sthaulya* using single drugs as well as formulations, Ayurveda has potential remedy in the management of *Sthaulya*. Considering *Vachadi Churna* efficacy for treating *Sthaulya*. Hence *Vachadi Churna* was taken up for the present study.

#### Aim:

To evaluate the efficacy of *Vachadi Churna* in *Sthaulya* patients.

# **Objectives:**

- To assess the clinical efficacy of *Vachadi Churna* in the patients of *Sthaulya*.
- To compare the clinical efficacy of *Vachadi Churna* with that of *Dashang Guggul*.
- To establish an effective, simple herbal combination in the management of *Sthaulya*.

#### **Material and Methods:**

#### Source of Data:

- Patients were selected from Ayurvedic Hospital.
- Ayurvedic Seminars magazines, Journals, Conferences, digital library & website.
- The raw drug was collected from the market under the supervision of Dravyaguna, Rasshastra Specialist.

# **Method of Collection of Data:**

- Sample Source: Total of 60 uncomplicated symptomatically diagnosed cases of Sthaulya studied during this research work. For this study the patients was taken from *kayachikitsa* O.P.D. of *Ayurvedic* Hospital.
- **Duration of Research Study:** 3 Months
- Method of Selections: Patients were selected symptomatically & on the basis of Weight and B.M.I.
- Design of Study: An open randomized control clinical study has been conducted in patients suffering from Sthaulya
- Drug Source:-The required drugs were identified and collected from local market. it were prepared under the guidance of *Dravyagun* and Ras-shastra expert.
- Group of Patients: -
- a. Group "A" were made as a Trial Group on *Vachadi Churna*. Group "B" were made as a Controlled Group on *Dashang* Guggul.

#### **Procedure:**

A Separate case proforma were prepared with history taking, physical signs, and symptoms, laboratory Investigations, B.M.I. and Weight of patient & other investigations which are necessary. Consent was taken from all patients with all instructions, benefits & hazards of treatment in the language understood by patients. The parameter of sign, symptoms & investigation were scored & assessed.

# Selection of Drug:-

In various Samhitas, it is mentioned that various drugs having Medohar property. In Ashtang Hriday

has stated use of Vacha, Musta, Devdaru, Nagara, **Table 1:** Showing properties of *Vachadi Churna* 

Ativisha

& Haritki

for

Sthaulya.

Drug	Latin Name	Rasa	Virya	Vipak
Vacha	Acorus calamus	Tikta, katu.	Ushna	Katu
Musta	Cyperus rotundus	Tikta, katu	Sheeta	Katu
Devdaru	Cedrus deodara	Tikta	Ushna	Katu
Nagara	Zinziber officinalis.	katu,	Ushna	Madhur
Haritki	Terminalia chebula	Pancharasa(lavanrhit)	Ushna	Madhur
Ativisha	Aconitum heterophylum	Tikta, katu	Ushna	Katu

# **DASHANG GUGGUL** having following property.

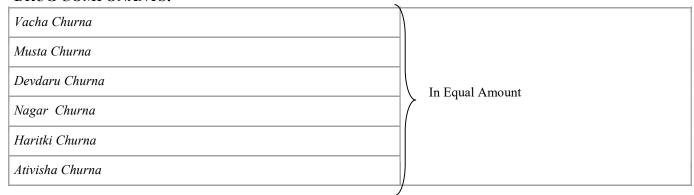
Table 2: Showing properties of DashangGuggulu

	Drug	Latin Name	Rasa	Virya	Vipaka
Triphala <sup>7</sup>	Aamalaki <sup>8</sup>	Emblica officinalis	Pancharas(Lavanrahit)	Shita	Madhur
	Haritaki <sup>9</sup>	Terminalia chebula	Pancharas(Lavanrahit)	Ushna	Madhur
	Bibhitak <sup>10</sup>	Terminalia belerica	Kashaya	Ushna	Madhur
Trikatu <sup>11</sup>	Shunthi <sup>12</sup>	Zinziber officinalis	Katu	Ushna	Madhur
	Maricha <sup>13</sup>	Piper nigrum	Katu	Ushna	Katu
	Pimpali <sup>14</sup>	Piper longum	Katu	Anushna Shit	Katu
Trimad	Vidang <sup>15</sup>	Emblica ribes	Katu, Kashaya	Ushna	Katu
	Musta <sup>16</sup>	Cyperus rotundus	Tikta, Katu, Kashaya	Shita	Katu
	Chitrak <sup>17</sup>	Plumbago zeylanica	Katu	Ushna	Katu
	Guggulu <sup>18</sup>	Commiphora mukula	Tikta, Katu	Ushna	Katu

**DRUG MANUFACTURING:** Crude Drugs were identified and collected from the local market of

Nagpur and it were prepared under the guidance of Dravyaguna & Ras-shastra experts.

# **DRUG COMPONANTS:-**



#### **Selection criteria:-**

#### **Inclusion criteria:**

- Patient fulfilling the diagnostic criteria, signs and symptoms of Sthaulya.
- Aged between 20 to 50 Yrs. of either sex.
- Patients having B.M.I. between 25 to 30.

# **Exclusion Criteria:**

- Patients not willing for trial.
- Patients having complications such as uncontrolled diabetes, cardiovascular diseases etc.

- Patients having poorly Controlled blood pressure >160/100 mmHg.
- Patients having other complications like Malignancies or having hepatic or renal problems.
- Patients are on prolonged medication like cortico steroids or any other drugs that may have an influence on the outcome of the study.
- Patients who are currently participating in any other trial.(since last 6 months)
- Pregnant and lactating mothers.

• Any other conditions which the researcher thinks may jeopardize the study.

# Withdrawal Criteria:

If any Complication arises during treatment the cases were liable for rejection.

### **Investigation:**

- 1. Routine blood and urine investigation were done.
- 2. Blood Sugar (Fasting and Post pardinal).
- 3. Lipid Profile was done wherever necessary.

#### **Observation Period:-**

Day	Follow Up
0 day	-
15 <sup>th</sup> days	1 <sup>ST</sup>
30 <sup>th</sup> days	2 <sup>ND</sup>
30 <sup>th</sup> days 45 <sup>th</sup> days	3 <sup>RD</sup>
60 <sup>th</sup> days	4 <sup>TH</sup>
60 <sup>th</sup> days 75 <sup>th</sup> days	5 <sup>TH</sup>
90 <sup>th</sup> days	6 <sup>TH</sup>

**Table 3:** Management of Groups:-

	Trial Group	Controlled Group
Drug	Vachadi Churna	Dashang Guggulu
Dose	5gm orally twice daily	500 mg orally twice daily
Anupan	Koshan Jal	Koshana Jal
Duration	3 months	3 months

#### Assessment criteria:-

The proforma was prepared with all the points of history taking. It also included the examination based on criteria mentioned in Ayurvedic classics. Assessment of the effect of treatment was done on the basis of relief in the clinical Symptoms of the disease. Scoring pattern was adapted to assess the relief in the Symptoms.

# Subjective parameters:-

- Symptoms of Sthaulya Vyadhi mentioned in the text or practically observed were assessed at each follow- up and presence or absence of them was registered.
- All symptoms were graded into grade scale from 0 onwards up to 5 on the basis of severity to assess the changes and this study in gradation were done at each follow up.

Following scoring pattern were adopted for the assessment of sign and symptoms.  I. Angachalatva:  - Absence of Chalatva  - Little visible movement after fast movement  - Little visible movement after moderate movement  - Movement after mild movement  - Movement even after changing posture  2. Atikshudha  Atikshudha was decided on the basis of Abhyavaharana Shakti and Jarana Shakti.  a. Abhyavaharana Shakti  - Person not at all taking food  - Person taking food in less quantity once a day  - Person taking food in less quantity twice in a day  - Person taking food in moderate quantity twice in a day  - Person taking food in moderate quantity twice in a day  - Person taking food in moderate quantity twice in a day
- Absence of Chalatva 0 - Little visible movement after fast movement 1 - Little visible movement after moderate movement 2 - Movement after mild movement 3 - Movement even after changing posture 4 2. Atikshudha Atikshudha was decided on the basis of Abhyavaharana Shakti and Jarana Shakti.  a. Abhyavaharana Shakti - Person not at all taking food 0 - Person taking food in less quantity once a day 1 - Person taking food in less quantity twice in a day 2 - Person taking food in moderate quantity twice in a day 3
- Little visible movement after fast movement  - Little visible movement after moderate movement  - Movement after mild movement  - Movement after mild movement  - Movement even after changing posture  2. Atikshudha  Atikshudha  Atikshudha was decided on the basis of Abhyavaharana Shakti and Jarana Shakti.  a. Abhyavaharana Shakti  - Person not at all taking food  - Person taking food in less quantity once a day  - Person taking food in less quantity twice in a day  - Person taking food in moderate quantity twice in a day  3
- Little visible movement after moderate movement 2 - Movement after mild movement 3 - Movement even after changing posture 4 2. Atikshudha Atikshudha was decided on the basis of Abhyavaharana Shakti and Jarana Shakti.  a. Abhyavaharana Shakti - Person not at all taking food 0 - Person taking food in less quantity once a day 1 - Person taking food in less quantity twice in a day 2 - Person taking food in moderate quantity twice in a day 3
- Movement after mild movement 3 - Movement even after changing posture 4  2. Atikshudha Atikshudha was decided on the basis of Abhyavaharana Shakti and Jarana Shakti.  a. Abhyavaharana Shakti - Person not at all taking food 0 - Person taking food in less quantity once a day 1 - Person taking food in less quantity twice in a day 2 - Person taking food in moderate quantity twice in a day 3
- Movement even after changing posture 4  2. Atikshudha  Atikshudha was decided on the basis of Abhyavaharana Shakti and Jarana Shakti.  a. Abhyavaharana Shakti  - Person not at all taking food 0  - Person taking food in less quantity once a day 1  - Person taking food in less quantity twice in a day 2  - Person taking food in moderate quantity twice in a day 3
2. Atikshudha Atikshudha was decided on the basis of Abhyavaharana Shakti and Jarana Shakti.  a. Abhyavaharana Shakti  - Person not at all taking food 0  - Person taking food in less quantity once a day 1  - Person taking food in less quantity twice in a day 2  - Person taking food in moderate quantity twice in a day 3
2. Atikshudha Atikshudha was decided on the basis of Abhyavaharana Shakti and Jarana Shakti.  a. Abhyavaharana Shakti  - Person not at all taking food 0  - Person taking food in less quantity once a day 1  - Person taking food in less quantity twice in a day 2  - Person taking food in moderate quantity twice in a day 3
<ul> <li>a. Abhyavaharana Shakti</li> <li>Person not at all taking food</li> <li>Person taking food in less quantity once a day</li> <li>Person taking food in less quantity twice in a day</li> <li>Person taking food in moderate quantity twice in a day</li> <li>3</li> </ul>
- Person not at all taking food - Person taking food in less quantity once a day - Person taking food in less quantity twice in a day - Person taking food in moderate quantity twice in a day 3
- Person not at all taking food - Person taking food in less quantity once a day - Person taking food in less quantity twice in a day - Person taking food in moderate quantity twice in a day 3
- Person taking food in less quantity once a day  - Person taking food in less quantity twice in a day  - Person taking food in moderate quantity twice in a day  3
<ul> <li>Person taking food in less quantity twice in a day</li> <li>Person taking food in moderate quantity twice in a day</li> <li>3</li> </ul>
- Person taking food in normal quantity twice in a day 4
- Person taking food in excessive quantity twice or thrice 5
b. Jarana Shakti
- According to presents of Jirna Ahara Lakshana (MN. 6/24) Utsaha,
Laghuta, UdgarSuddhi, Kshudha-Trisha Pravritti, Yathochita, Malotsarga.
- Presence of one symptom after 6 hours 0
- Presence of two symptoms after 6 hours
- Presence of three symptoms after 5 hours 2
- Presence of four symptoms after 5 hours 3
- Presence of all symptoms after 4 hours 4
- Presence of all symptoms within 4 hours 5
3. Kshudraswasa:
- Dyspnoea after heavy work but relieved soon and upto tolerance 0
- Dyspnoea after moderate work but relieved later and upto tolerance
- Dyspnoea after little work but relieved later and upto tolerance 2
- Dyspnoea after little work but relieved later and beyond tolerance 3
- Dyspnoea in resting condition 4
4. Gatrasada:
- No fatigue 0
- Little fatigue in doing hard work
- Moderate fatigue in doing routine work 2
- Excessive fatigue in doing routine work 3
- Excessive fatigue even in doing little work 4
5. Daurgandhya:
- Absence of bad smell 0
- Occasional bad smell in the body removed after bathing
- Persistent bad smell limited to close areas difficult to suppress with deodorants 2

- Persistent bad smell felt from long distance is not suppressed bydeodarants	3
- Persistent bad smell felt from long distance even intolerable to the patient himself	4
6. Swedadhikya: (at normal temperature in normal condition):	
- Sweating after heavy work and fast movement or in hot season	0
- Profuse sweating after moderate work and movement	1
- Sweating after little work and movement	2
- Profuse sweating after little work and movement	3
- Sweating even at rest or in cold season	4
7. Atipipasa:	
- Normal thirst	0
- Upto 1 litre excess intake of water	1
- 1 to 2 litre excess intake of water	2
- 2 to 3 litre excess intake of water	3
- More than 3 litre of water	4
8. Snigdhangata:	
- Normal snigdhata	0
- Oily luster of body in summer season	1
- Oily luster of body in dry season	2
- Excessive oily luster of body in dry season which can be removed with difficulty	3
- Persistence and profuse stickiness all over body	4
9. Daurbalya:	
- Can do routine exercise	0
- Can do moderate exercise without difficulty	1
- Can do only mild exercise	2
- Can do mild exercise with very difficult	3
- Cannot do even mild exercise	4
10. Alasya:	
- No alasya (doing work satisfactory with proper vigour in time)	0
- Doing work satisfactory with initiation late in time	1
- Doing work unsatisfactory with lot of mental pressure and late in time	2
- No starting any work in his own responsibility doing little work very slowly	3
- Does not have any initiation and not wants to work even after pressure	4
11. Nidradhikya:	
- Normal sleep 6-7 hrs. per day	0
- Sleep upto 8 hrs./day with Angagaurava	1
- Sleep upto 8 hrs./day with Angagaurava and Jrimbha	2
- Sleep upto 10 hrs./day with Tandra	3
- Sleep more than 10 hrs./day with Tandra and Klama	4

# Objective criteria:-

- 1. Standard height-weight chart were included.
- 2. The value of BMI were used.(25 to 30)
- 3. Waist and Hip circumference
- 4. Waist and Hip ratio

# **Assessment Criteria:**

- <25 % Relief Unchanged.</p>
- 25 50 % Relief Minor improvement.
- 50 75 % Relief Moderate Improvement.
- >75 % Relief Marked improvement.
- 100% Relief Complete remission

# **OBSERVATION & RESULTS:**

In this study, 60 patients of *Sthaulya* were studied and selected randomly as per criteria of selection irrespective of religion, socio-economic status. All these patients were diagnosed with the help of criteria of diagnosis. Specially designed Case Report Form (CRF) was used to fill the all information of subjects. Patients attending *Kayachikitsa* O.P.D of the hospital were examined prior to the start of treatment with respect to the Proforma these values were termed as before treatment values. (B.T)

After complete examination treatment was started while patients were assigned randomly in groups. Experimental group was treated with *Vachadi Churna* along with *koshna jala* & it is considered as group-A. While in control group *Dashang Guggul* along with *Koshna jala* allocated and considered as group-B. After completion of therapy all values of these investigations and examinations were recorded, it was termed as after treatment (AT).

All these observations were statistically analyzed and results obtained are presented as follows:

- 1. Total number of patients recruited in the study 65
- 2. Number of patients who completed study 60
- 3. Number of patients in Exp. Group 30
- 4. Number of patients in Control group 30

Number of patients enrolled in the study in the beginning and number of patients dropped out are tabulated accordingly:

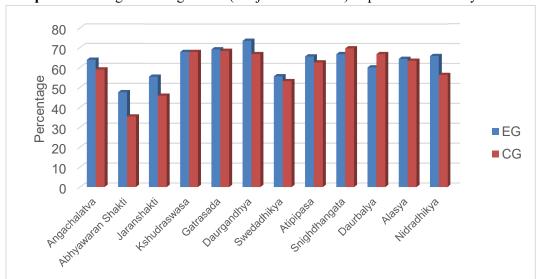
**Table 4:** Distribution of Patient in Each Group:

Group	Trial Group	Control Group	Total
Number of patients in the beginning	32	33	65
Patients dropped out	2	3	5
Patients remain till the end of the trial	30	30	60

#### **CLINICAL OBSERVTIONS:**

**Table 5:** Showing Percentage of Relief (Subjective Criteria) in Each Symptom of 60 Patients of *Sthaulya* 

Sr.	Symptoms		Exper	Experimental Group			Control Group			
No.			BT	AT	Diff	% of Relief	BT	AT	Diff	% of Relief
A	Sub	bjective Criteria	•		•			•	•	•
1	Ang	gachalatva	47	17	30	63.82	39	16	23	58.97
2	Atik	kshudha			•			•	•	•
	a)	Abhyavaharana Shakti	61	32	29	47.54	82	53	29	35.36
	<i>b)</i>	Jarana Shakti	56	25	31	55.35	48	26	22	45.83
3	Ksh	nudraswasa	31	10	21	67.74	31	10	21	67.74
4	Gai	trasada	42	13	29	69.04	41	13	28	68.29
5	Dat	urgandhya	30	8	22	73.33	27	9	18	66.67
6	Swe	edadhikya	27	12	15	55.55	32	15	17	53.12
7	Atip	pipasa	29	10	19	65.51	32	12	20	62.5
8	Snig	ghdhangata	18	6	12	66.67	23	7	16	69.56
9	Dat	urbalya	30	12	18	60.00	33	11	22	66.67
10	Ala	sya	28	10	18	64.28	30	11	19	63.33
11	Nid	lradhikya	35	12	23	65.71	32	14	18	56.25



Graph 1: Showing Percentage relief (Subjective Criteria) in patients of Sthaulya

**Table 6:** Showing Percentage of Relief (Objective Criteria) in Each Parameter of 60 Patients of Sthaulya:

Sr.	Parameters	Experi	Experimental Group			Control Group			
No.		BT	AT	Diff Mean	% of Relief	BT Mean	AT Mean	Diff Mean	% of Relief
		Mean	Mean						
1	Weight(kg)	73.5	66.3	7.2	9.80	74.1	70.5	3.56	4.81
2	BMI(kg/m <sup>2</sup> )	27.17	24.51	2.65	9.77	27.72	26.32	1.34	4.83
3	Waist circumference(cm)	100.2	98.8	1.36	1.36	98.4	97.6	0.8	0.81
4	Hip circumference	108.7	107.8	0.90	0.82	107.9	107.2	0.63	0.58
5	Waist /Hip ratio	0.92	0.91	0.004	0.51	0.91	0.91	0.00	0.00

Table 7: Comparison between Two Group w.r.t Symptoms Score of 60 Patients in Sthaulya

No	Symptoms	$Mean \pm SD$		Sum of I	Sum of Rank		Test static	
		Gr-A	Gr-B	Gr-A	Gr-B	U'	U	
1	Angachalatva	1.0±0.74	0.76±0.93	978	852	513	387	0.3532
2	Atikshudha			•	•			•
	a)Abhyvaran shakti	0.96±0.96	0.96±0.96	903	927	462	438	0.8639
	b)Jaran shakti	1.03±0.80	0.73±0.63	1008.5	821.5	543.5	356.5	0.1646
3	Kshudraswasa	0.70±0.65	0.70±0.70	907.5	922.5	457.5	442.5	0.9165
4	Gatrasada	0.96±0.92	0.93±0.69	914	916	451	449	0.9941
5	Daurgandhya	0.70±0.59	0.60±0.56	952.5	877.5	487.5	412.5	0.5781
6	Swedadhikya	0.46±0.58	0.56±0.67	850.5	979.5	514.5	385.5	0.3386
7	Atipipasa	0.63±0.80	0.66±0.71	891	939	474	426	0.7250
8	Snighdhangata	0.40±0.49	0.53±0.77	870	960	495	405	0.5051
9	Daurbalya	0.60±0.72	0.73±0.78	885.5	944.5	479.5	420.5	0.6644
10	Alasya	0.60±0.62	0.63±0.71	900	930	465	435	0.8281
11	Nidradhikya	0.76±0.67	0.60±0.77	961.5	868.5	496.5	403.5	0.4914

**Table 8:** Effect of Therapy on Objective parameters of *Sthaulya* in Experimental Group (Test Applied was Paired T –Test)

Sr.	Parameters	Mean ± SD		±S Ed		t value	P Value
No		BT	AT	BT	AT		
1.	Weight(kg)	73.5±6.97	66.3±8.01	1.27	1.46	8.722	< 0.001
2.	BMI(kg/m2)	27.17±1.93	24.51±2.50	0.35	0.45	9.111	< 0.001
3.	Waist Circumference	100.2±9.52	98.86±9.16	1.73	1.67	5.163	< 0.001
4.	Hip circumference	108.76±8.6	107.8±8.7	1.57	1.60	4.791	< 0.001
5.	Waist /Hip ratio	0.92±0.03	0.91±0.03	0.006	0.005	2.015	< 0.05

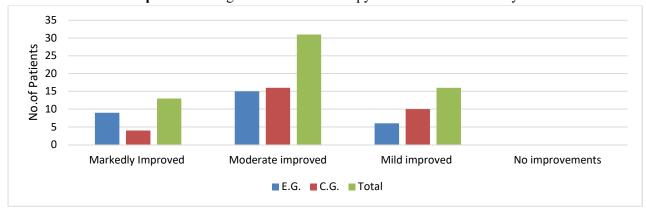
**Table 9:** Showing Effect of Comparison Between Group w.r.t. Objective parameters of 60 Patients in *Sthaulya* (Test Applied was Unpaired T –Test)

Sr.No	Parameters	Mean ± SD	±S Ed			t Value	p Value
		Gr.A	Gr.B	Gr.A	Gr.B		
1.	Weight(kg)	7.20±4.52	3.56±3.24	0.82	0.59	3.576	< 0.001
2.	BMI(kg/m2)	2.65±1.59	1.33±1.20	0.29	0.22	3.602	< 0.001
3.	Waist Circumference	1.36±1.45	0.80±2.05	0.26	0.37	1.233	>0.05
4.	Hip circumference	0.90±1.02	0.63±2.04	0.18	0.37	0.6387	> 0.05
5.	Waist /Hip ratio	0.004±0.01	0.003±0.02	0.002	0.004	0.3264	>0.05

**Table 10:** Showing Total Effect of therapy in 60 Patients of *Sthaulya* 

Sr. No	Effect Of Therapy	No. Of Patients			Percentage %		
		E.G.	C.G.	Total	E.G.	C.G.	Total
1.	Markedly Improved >75%	09	04	13	30.0	13.33	21.67
2.	Moderate improved (50-75%)	15	16	31	50.0	53.33	51.67
3.	Mild improved 25-50 %	06	10	16	20.0	33.33	26.67
4.	No improvements <25%	00	00	00	00	00	00

**Graph 2:** Showing Total Effect of therapy in 60 Patients of Sthaulya:



In Experimental Group, 09 [30%] patients were markedly improved, 15 [50 %] were moderately, 06 [20 %] patients were mild improved, while no patients in left the study.

In Control Group, no patients were improved markedly, 04 [13.33%] patient was moderately improved, 16[53.33%] patients were mild improved

and 10 [33.33 %] patients were not able to improve the conditions.

Totally, 13[21.67%] patients were markedly improved, 31[51.67%] patients moderately, 16 [26.66%] were mild improved.

# DISCUSSION

For the analysis of subjective criteria in control group the Wilcoxon Signed Rank Test was applied for the difference between before treatment and after treatment score of both group compared by 'Mann-Whitney U Test'.

Overall, it was observed that Percentage of Relief in Each Patient of 60 Patients of *Sthaulya* in experimental group was 67.14 while 58.26 % in control group. On average in both group 62.70 % relief got in each patients of *sthaulya* 

In Experimental Group, 09 [30%] patients were markedly improved, 15 [50 %] were moderately, 06 [20 %] patients were mild improved, while no patients left in the study.

In Control Group, no patients were improved markedly, 04 [13.33%] patient was moderately improved, 16[53.33%] patients were mild improved and 10 [33.33%] patients were not able to improve the conditions.

#### CONCLUSION

Totally, 13 [21.67%] patients were markedly improved, 31 [51.67%] patients moderately, 16 [26.66%] were mild improved.

Overall it was observed that Percentage of Relief in Each Patient of 60 patients of *Sthaulya* in experimental group was 67.14 while 58.26 % in control group. On average in both group 62.70 % relief got in each patients of *Sthaulya*. The difference between means of two sets of observation that is before and after treatment is the same, so the Null Hypothesis is accepted.

# REFERENCES

1. Tripathi B, editor,(1st ed.). Ashtangahridaya of Vagbhata, Sootra Sthana; Chapter12, Verse14. Varanasi: Chowkhambha Sanskrit Series, 2009; 244.

- 2. William Dwight Whitney, C.R. Lanman editor, Atharva-Veda-Samhita Vol. 1&2, 1/11/4, 4/27/5 and 8/7/7; Harvard Oriental Series Hardcover 2011
- 3. Dr. Vasant Lad, The Ayurvedic press New Maxic, Textbook of Ayurveda Fundamental Principles, Vol. 1 2002.
- Prof.K.R.Srikantha Murthy editor. 1st ed, Susruta Samhita, Sutrasthan, Chapter 21, Verse 27. Vol-II. Varanasi: ChaukhambaOrientalia, Sharirsthana, 2001; 280.
- Prof.K.R.Srikantha Murthy editor. 1st ed, Susruta Samhita, Sutrasthan, Chapter 35, Verse 40. Vol-II. Varanasi, Chaukhamba Orientalia, Sharirsthana, 2001; 340.
- 6. Dr Ravidutt Tripathi, editor, Ashtanga Samgraha of Vridha Vagbhata, Sutrasthana 11th chapter sloka no 31, Chaukhamba publication 2003, page no 399.
- 7. Prof.K.R. Srikantha Murthy editor. 1st ed, Susruta Samhita, Nidanstan, Chapter 14, Verse 4. Vol-II. Varanasi;Chaukhamba Orientalia, Sharirsthana, 2001; 430.
- 8. Murthy K.R.S. editor, (4th ed.).Sharangdhar Samhita of Sharangdhra, Purva Khanda,: Chapter 5, Verse 15. Varanasi: Chaukhambha Orientalia, 2001: 321
- Bhattacharya, Taranath Tarkavachaspat. editor, Vachaspatyam: Edition: 4th ed.A comprehensive Sanskrit dictionary, Vol.3 Publisher: Varanaasi; Chowkhamba Sanskrit Series Office, 1990
- 10. Sri Taranath Tarkavachaspati Vachaspatyam, ch -4 Chaukhambha Samskrita series, Varanasi, reprint-2002, vol. -1, pp-378.
- 11. Shastri Girijashankar Mayashankar, (3rd edition) Acharya Charaka, Charak Samhita, Sutrastan: Chapter 21, Verse 9. Ahmedabad: SastuSahitya Vardhaka Karyalaya, , 1981;169.
- 12. Prof. K.R. Srikantha Murthy editor. 1st ed, Susruta Samhita, Sutrasthan, Chapter 15, Verse 7. Vol-II. Varanasi; Chaukhamba Orientalia, Sharirsthana, 2001; 180.
- Dr. Pratik Bhoite, Ayurveda, Diabetes and Obesity Ayurvedic Treatments For It!, Online article, 2018

# Source of Support: Nil Conflict Of Interest: None Declared

How to cite this URL: C.S. Tanmane & Akinwar Rasika: A Clinical Study On The Management Of Sthaulya By Vachadi Churna With Special Reference To Obesity. International Ayurvedic Medical Journal {online} 2018 {cited July, 2018} Available from:

http://www.iamj.in/posts/images/upload/1228 1237.pdf