A Randomized Comparative Study Of Guduchyadi Kashaya And Varadi Kashaya In Sthaulya With Reference To Obesity

Dr Thejaswi H.[1], Dr Niranjana H. P.[2], Dr Gnaneshwar L.M.

PG Scholar[1], Professor[2], Professor&HOD[3]

Department of Kayachikitsa, A.E.A. Ayurvedic Medical College and P.G. Centre, Davangere - 577566

Abstract:

Background:

Sthoulya, described in *classical Ayurvedic texts* under *Santarpanottha Vyadhi,* corresponds to obesity in contemporary medicine. It results from excessive accumulation of *Meda Dhatu* due to improper dietary habits, sedentary lifestyle, and *Kapha* predominance. Obesity is a global health concern associated with metabolic disorders such as diabetes, hypertension, and cardiovascular diseases. *Ayurveda* emphasizes the use of *Medohara and Lekhana* therapies for the management of *Sthoulya.* **Objective:** To evaluate and compare the efficacy of *Guduchyadi Kashaya and Varadi Kashaya* in the management of *Sthoulya* with reference to obesity. **Methods:** A prospective comparative clinical study was conducted on 40 patients diagnosed with *Sthoulya*. Patients were randomly divided into two groups with 20 patients in each group. Group A received *Guduchyadi Kashaya* and Group B received *Varadi Kashaya*. The treatment duration was 30 days. Assessment was carried out using subjective parameters such as *Atikshudha* (excess hunger), *Daurgandhya* (body odor), and *Dourbalya* (weakness), along with objective parameters including Body Mass Index (BMI), body weight, waist circumference, and waist-hip ratio. **Results:** Both groups showed statistically significant improvement in symptoms of *Sthoulya.* However, Group B *(Varadi Kashaya)* showed comparatively better reduction in BMI, body weight, and waist-hip ratio compared to Group A. Subjective symptoms such as *Atikshudha and Daurbalya* were also markedly reduced in both groups. **Conclusion:** Both *Guduchyadi Kashaya and Varadi Kashaya* are effective in the management of *Sthoulya. Varadi Kashaya* demonstrated comparatively better results in reducing anthropometric parameters and improving clinical symptoms. Hence, it can be considered an effective *Ayurvedic* formulation for the management of obesity.

Index Terms - Sthoulya, Obesity, Guduchyadi Kashaya, Varadi Kashaya, Medohara therapy, Ayurveda.

INTRODUCTION

Obesity is one of the most prevalent lifestyle disorders in modern society. It is characterized by excessive accumulation of adipose tissue resulting from imbalance between energy intake and expenditure. The increasing prevalence of obesity is attributed to sedentary lifestyle, excessive consumption of high-calorie food, psychological stress, and reduced physical activity. Obesity is associated with various metabolic complications including diabetes mellitus, hypertension, dyslipidemia, cardiovascular diseases, and osteoarthritis.

In *Ayurveda,* obesity is described under the term **Sthoulya or Medoroga**. *Acharya Charaka* has described Sthoulya among *the **Ashta Nindita Purusha**,* indicating the undesirable state of excessive body bulk. The pathogenesis of *Sthoulya* involves the vitiation of *Kapha Dosha* and excessive accumulation of *Meda Dhatu* due to improper dietary habits and lifestyle factors. The condition is primarily classified under **Santarpanottha Vyadhi**, which arises due to over-nourishment.

The etiological factors of *Sthoulya* include excessive intake of *Kapha-promoting* foods such as sweet, oily, and heavy diets, lack of physical activity, excessive sleep, genetic predisposition, and psychological factors. These factors lead to impairment of *Agni and formation of Ama,* which further *aggravates Kapha and Meda Dhatu*. This results in *Medovaha Srotodusti* and excessive fat accumulation.

Classical symptoms of *Sthoulya* described in *Ayurvedic* texts include:

- *Atikshudha* (excessive hunger)
- *Atipipasa* (excessive thirst)
- *Daurbalya* (weakness)
- *Swedadhikya* (excess sweating)
- *Daurgandhya* (foul body odor)

Modern medical science defines obesity using **Body Mass Index (BMI)**. Individuals with BMI above 25 are considered overweight, while BMI above 30 is classified as obese.

Ayurvedic management of Sthoulya focuses on **Apatarpana therapy**, which includes *Langhana, Rukshana, and Lekhana* therapies. Drugs possessing properties such as **Laghu (light), Ruksha (dry), Ushna (hot), Tikta (bitter), and Katu (pungent)** are recommended for reducing *Kapha and Meda.*

Among the various Ayurvedic formulations, **Guduchyadi Kashaya** *and* **Varadi Kashaya** are traditionally used for the management of metabolic disorders and *Medoroga*. *Guduchyadi Kashaya* contains drugs such as *Guduchi, Musta, and Triphala* which possess *Kapha-Medohara* properties. *Varadi Kashaya* contains drugs like *Asana, Chitraka, Haridra, and Triphala* which are known for their *Lekhana and Agnideepana* actions.

Considering the increasing prevalence of obesity and the need for effective *Ayurvedic* treatment options, the present study was undertaken to evaluate and compare the efficacy of *Guduchyadi Kashaya and Varadi Kashaya* in the management of *Sthoulya.*

♣ MATERIALS AND METHODS

A separate case proforma was prepared with all points of history taking, physical signs and symptoms, laboratory investigations and other necessary investigations. The parameters of signs, symptoms and investigations was scored and statistically analyzed.

Study Design

This was a randomized controlled comparative clinical study with minimum of 40 patients fulfilling the inclusion criteria assigned into two equal groups. Group A and Group B.

Source of Data

Diagnosed Patients of Obesity who has attended OPD and IPD AEA'S Ayurvedic Medical College & PG Center Davangere- 577566, Karnataka.

Sample Size

A total of **40 patients** diagnosed with *Sthoulya* were selected for the study.

Grouping

Patients were randomly divided into two groups:

Group A (20 patients): *Guduchyadi Kashaya*
Group B (20 patients): *Varadi Kashaya*

Inclusion Criteria

- Patients aged between **18 to 60 years**
- Patients with BMI >25kg/m^2.
- Patients presenting with classical symptoms of Sthoulya such as Atikshudha, Daurbalya, and Daurgandhya
- Patients willing to participate in the study

Exclusion Criteria

- Patients below 18 years and above 60 years
- Obesity due to secondary causes.
- Other systemic diseases which intervenes with the course of treatment.
- Pregnant and lactating women
- Patients with uncontrolled diabetes or cardiovascular diseases.

Assessment Criteria

The assessment was done on the basis of following Subjective parameters and Objective parameters.

Subjective Parameters

1. *Atikshudha* (excess hunger)
2. *Daurgandhya* (body odor)
3. *Dourbalya* (weakness)

These symptoms were assessed using grading scales before and after treatment.

Objective Parameters

1. Body Mass Index (BMI)
2. Waist-Hip Ratio

BMI was calculated using the formula: Weight (kg) / Height (m²)

Intervention done

- 40 patients of *Sthoulya* was selected randomly

- Post test of investigation was done on the 10thday of treatment.

- **Follow Up**-on Every30thday once of treatment…..2 follow up are taken

Laboratory Investigations

- Complete Blood Count (CBC)

These investigations were done to rule out systemic diseases.

Intervention
Group A

Patients received **Guduchyadi Kashaya** prepared with the following ingredients:

- *Guduchi*
- *Musta*
- *Haritaki*
- *Vibhitaki*
- *Amalaki*

These drugs possess *Kapha-Medohara and Agni deepana* properties.

Group B

Patients received **Varadi Kashaya** containing:

- *Triphala*
- *Asana*
- *Chitraka*
- *Haridra*
- *Lohapatra*

These drugs are known for their *Lekhana and Medohara* properties.

Mode of administration:

GROUP	TREATMENT	DURATION
GROUPA	*Guduchyadi kashaya 50ml BD orally before food*	60 days
GROUP B	*Varadi kashaya 50ml BD orally before food*	60 days

Anupana : Madhu

Statistical Analysis

The collected data were analyzed using statistical methods to evaluate the significance of results. Mean values and percentage improvements were calculated for both groups.

ⵜ Results

➢ Age Distribution

Maximum number of patients (30%) belonged to the **26–35 years age group**, followed by 27.5% in the 36–45 years group.

Age Group	Percentage
16–25	25%
26–35	30%
36–45	27.5%
46–55	12.5%
56–65	5%

➢ Gender Distribution

Gender	Percentage
Female	77.5%
Male	22.5%

The higher prevalence in females may be due to hormonal changes and lifestyle factors.

➢ Occupational Distribution

Occupation	Percentage
Active	65%
Sedentary	35%

Many patients were housewives with limited physical activity.

➢ Effect on Body Weight

Group	Before Treatment	After Treatment
Group A	78.4 kg	75.6 kg
Group B	79.2 kg	74.1 kg

Group B showed greater reduction in body weight.

➢ **Effect on BMI**

Group	Before Treatment	After Treatment
Group A	29.1	27.8
Group B	29.4	27.1

Both groups showed improvement, but Group B demonstrated better results.

Improvement in Symptoms

Symptom	Group A Improvement	Group B Improvement
Atikshudha	60%	70%
Daurgandhya	55%	65%
Dourbalya	50%	62%

Overall improvement was more pronounced in the *Varadi Kashaya* group.

✚ Discussion

Sthoulya is a metabolic disorder characterized by excessive accumulation of *Meda Dhatu.* The pathogenesis involves *Kapha Dosha* predominance, *impairment of Agni*, and *obstruction of Medovaha Srotas.*

The main objective of treatment is to reduce *Meda Dhatu and correct Agni* imbalance. Drugs possessing *Ruksha, Laghu, Ushna, and Tikta* properties are beneficial in reducing *Kapha and Meda.*

In the present study, *Guduchyadi Kashaya and Varadi Kashaya* were selected due to the *Medohara* and *Lekhana* properties.

Action of *Guduchyadi Kashaya*

Guduchi acts as a Rasayana and enhances metabolic activity. *Musta* possesses *Kapha-Pitta shamaka* properties and improves digestion. Triphala components such as *Haritaki, Vibhitaki, and Amalaki* promote detoxification and regulate metabolism.

These properties help in reducing *Ama* and correcting *Agni* dysfunction, thereby reducing *Meda* accumulation.

Action of *Varadi Kashaya*

Varadi Kashaya contains drugs with strong *Lekhana* properties. *Chitraka* stimulates digestion and improves metabolic activity. *Haridra* possesses anti-inflammatory and lipid-lowering properties. *Asana and Lohapatra* help in reducing *Kapha and Meda*.

These actions collectively promote fat metabolism and reduce adipose tissue accumulation.

Comparative Effect

Both formulations were effective in reducing symptoms of *Sthoulya*. After observing the above subjective and objective parameter, the parameters like *daurbalya, daurgandhya* and BMI group A is better than group B, and in *atikshuda* and waist hip ratio the group B is better than group At the effect of the therapy has been classified as good responded, moderate responded, mild responded and not responded. From the clinical data out of 40 patients 95% patients

showed marked response and 5% patients was moderate responded to treatment. This may be due to the presence of stronger *Lekhana* and *Agni deepana drugs in Varadi Kashaya.*

Lifestyle Factors

The study also observed that sedentary lifestyle and irregular dietary habits were major contributing factors in the development of obesity. Patient counseling regarding diet and exercise played an important role in improving outcomes.

🞗 Conclusion

- Sthoulya is considered *as Santharpanajanya and Medo-Pradoshaja Vikara* as well as *Kapha Pradhana Vyadhi*. Incidence of *Sthoulya* gradually increasing day by day due to the change in life style & food habits, so community should be made aware regarding the prevention of disease and associated health risks.

- This *vikara is mainly dushya pradhana vikara i.e medopradoshaja vikara . Kapha and meda having ashryaashrayi bhava.* This possess the *gunas like snigdha, guru, kledakaraka*. Even in *samprapti, vata and agni* has prime role for formation of excess *meda*. So we have to alleviate *kapha, vata* and normalize *agni*. In this study *kashayas* for oral administration is taken they consisting of especially are *Tejo guna pradhana, Teekshana, yukta, Ushna Veerya*, resulting in *Kapha Meda Lekhana, Chedana*; other drugs like *chitraka*, *Asana* also possess almost similar properties and are *vata kapha nashaka.*

- So, the present study concludes as :

  There is significant difference within the group therefore the drug shows improvement in all parameter after treatment 1 and after treatment 2.

  Between the groups it has shown the following results.

- Based on sum of ranks, *daurbalya , Daurgandhya* and BMI shown that Group A is more effective than Group B.
- Based on sum of ranks, In the parameters like *Atikshuda* and waist hip ratio the Group B is more effective than the Group A.
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OVERALL RESPONSE AFTER TREATMENT

19 Patients in Group A (95%), 19 patients in Group B(15%) showed marked response,1 Patients in Group A (5%), 1 patients in Group B(5%) showed moderate response,

Based on above results Group A is more effective than Group B.

Further studies with larger sample sizes and longer treatment duration are recommended to validate these findings.

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