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Therapeutic efficacy of *Agnimantha Patra Swarasa Bhavita Shilajatu* in *Sthoulya*

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ABSTRACT

Sthoulya is burning issue in today's era. It is defined as condition in which there is excessive amount of *Meda* in *Sphik*, *Sthana* and *Udara*. *Shilajatu* and *Agnimantha* are among the *Sthoulyahara* drugs which possess *Katu*, *Teekta*, *Kashaya Rasa*, *Katu Vipaka*, *Ushna Veerya*. It normalizes the state of *Agni*, thus regulates *Jataragni* and checks the excessive growth and accumulation of *Meda Dhatu*. In present study single group clinical study was done, where 30 patients diagnosed as *Sthoulya* were randomly selected. They were given the formulation *Agnimantha Patra Swarasa Bhavita Shilajatu* - B/F for 45 days with *Sukoshna Jala* as *Anupana*. The patients were assessed based on special proforma prepared for the study. The data was collected BT, DT and AT and statistically analyzed. Conclusion was thus drawn. There was clinical improvement found in subjective and objective parameters during and after treatment.

Key words: *Sthoulya*, *Obesity*, *Meda Dhatu*, *Agnimantha*, *Shilajatu*.

INTRODUCTION

Sharira is made up of *Sapta Dhatus* but *Sthoulya* persons are nourished excessively by *Meda Dhatu* and other remaining *Dhatus* get malnourished. When *Kapha Dosha* increases in abnormal manner, fat metabolism is hampered and person becomes *Sthoola*. The fact that *Acharyas* had a comprehensive idea of the disease is clear from the explanations found.

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Obesity is not a single disorder. A variety of methods and criteria are used to diagnose Obesity. It is the quantity of Adipose tissue and not just total body weight that defines Obesity.^[1]

Sthoulya is the most common disorder in our society and contribution of modern era. Both *Acharya Charaka* and *Acharya Susruta* perceived it as a very serious health problem and hence *Acharya Charaka* considered it among the *Ashta Nindita Purusha* and mentions *Asta Sthoulya Dosha* in the context of *Sthoulya*. *Acharya Susrutha* calls both *Sthoulya* and *Karshya* as *Rasa Nimittaja*, thus highlighting the importance of the type, frequency and amount of food consumed by a person in causing either *Sthoulya* or *Karshya*. *Acharya Vagbhata* is probably the first person to classify *Sthoulya* as *Heena*, *Madhyama* and *Ati Sthoulya*.^[2]

This is very relevant now when contemporary science has proved that the untimely consumption, in large quantity of food rich in fat as the major cause of

Obesity especially in growing children. Current world health study claims that obesity is included among the top ten selected risk to health.^[3]

Shilajatu amplifies the benefits of other herbs by enhancing their bioavailability. It has *Katu*, *Tikta* and *Kashaya Rasa*, *Laghu* and *Ruksha Guna*. It inherently portrays *Sheeta Veerya* and *Katu Vipaka*. Being *Ruksha* and *Laghu* it pacifies the *Kapha* and *Vata Dosha*. So, it normalizes state of *Agni* thus regulates *Jataragni*, checks the excessive growth and accumulation of fatty tissues. *Agnimantha* is having *Tikta*, *Katu* and *Kashaya Rasa*, *Laghu* and *Ruksha Guna*, *Katu Vipaka*, *Ushna Veerya*, balances *Vata* and *Kapha*.^[4]

Sthoulya is burning issue in today's era. So, treatment was aimed towards giving relief to the sufferers and attempt was made to correct the pathology with below mentioned.

AIMS AND OBJECTIVES

To evaluate therapeutic efficacy of *Agnimantha Patra Swarasa Bhavita Shilajatu* in *Sthoulya*.

MATERIALS AND METHODS

Total single group of 30 patients, screened and diagnosed as *Sthoulya* were registered for the study. Consent was taken towards the willingness of participation in the study.

Inclusion Criteria

1. Patients between 20 to 60 years old were selected.
2. Patients with BMI ranging from 31-35 were selected.^[5]
3. Patients with SFT over mid tricep muscle (ranging from 20 mm-24.5mm in Male and 28mm-32.5mm in female) were selected.^[6]

Exclusion Criteria

Patients with systemic disorders like uncontrolled Hypertension, Cardiovascular disorders, Endocrine disorders and Pregnancy were excluded from the study.

Assessment Criteria

The effect of formulation was assessed on the basis of the improvement in the following Subjective and Objective criteria.

1) Subjective criteria

Proforma incorporating all clinical aspects mentioned for *Sthoulya* was prepared. Signs and symptoms of *Sthoulya* mentioned in *Ayurveda* and modern science were assigned a suitable scoring pattern to assess the condition of the patients before, during and after treatment.

2) Objective criteria

BMI and SFT were observed before, during and after treatment. Lipid profile was done before and after treatment.

Statistical Analysis

Data was collected before (Day 0), during (Day 23) and after (Day 46). Collected data was analyzed using Paired t test and Friedman test.

Method of preparation of Trial Drug

Agnimantha Patras were washed with clean water and *Swarasa* was prepared. *Shodhita Shilajatu* was given *Bhavana* three times with *Agnimantha Patra Swarasa*. After proper drying it was finely powdered and filled in 500 mg capsules and stored in hygienic condition. The prepared capsules were packed within pouch each containing 90 capsules, to fulfill the requirement of 45 days for each patient.

The patients were administered with the prepared capsule internally in the dosage of 500 mg- BD with *Sukoshna Jala* as *Anupana* B/F, for 45 days along with specific moderate calorie diet and physical activity (walking).

Then follow up was done during treatment (Day 23) and after 45 days (Day 46) of intervention.

OBSERVATIONS AND RESULTS

Observation

In the present study, Maximum patients were in the age group 20-30 years, Maximum patients belonged to

Hindu religion, Maximum patients were married, Maximum patients were Literate, Maximum patients were Housewife, Maximum patients were vegetarian, *Teekshnagni*, Maximum patients had *Kulavrutanta*, Maximum patients were of *Kapha Pittaja Prakruti*.

Result

Subjective parameters

Clinical features	Mean			±SD			Change in %	T value	P value
	BT	DT	AT	BT	DT	AT			
Angac halatva	1.77	1.63	1.07	0.81	0.76	0.69	0.7	3.60	*0.02807
Weight gain	1.57	0.00	0.00	0.50	0.00	0.00	1.57	60.00	**<0.0001
Sweda badha	1.73	1.48	0.83	0.74	0.68	0.64	0.9	3.50	*0.02606
Atipipasa	1.20	0.87	0.53	1.03	0.93	0.77	0.6	1.96	0.0695
Dourganhya	1.63	1.48	0.80	0.61	0.67	0.61	0.8	2.69	*0.0161
Swastaka	0.77	0.70	0.27	0.72	0.70	0.52	0.5	25.72	**<0.0001
Atikshudha	2.60	2.17	1.43	0.81	0.87	0.77	1.1	44.11	**<0.0001
Dourbalya	2.10	1.63	1.33	0.75	0.71	0.77	0.9	41.51	**<0.0001

Objective parameters

Parameters	Mean			±SD			Change in %	T Value	P Value
	BT	DT	AT	BT	DT	AT			
BMI	32.25	31.85	31.18	1.41	1.39	1.52	1.07	59.51	**<0.0001

SFT	25.75	24.67	23.38	3.984	4.048	4.072	2.37	58.513	**<0.0001
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Lipid profile	Mean		±SD		Change in %	T Value	P Value
	BT	AT	BT	AT			
Cholesterol	223.67	212.00	44.602	40.375	11.67	3.907	**<0.001
HDL	64.77	66.87	14.871	14.149	2.1	2.7289	*0.0109
Triglycerides	175.03	155.80	51.297	47.533	19.23	4.034	**<0.001
LDL	112.30	105.47	14.807	13.104	6.83	2.4973	*0.0187
VLDL	31.23	25.30	10.928	9.914	5.93	1.8708	0.0719

** - Highly Significant - <0.001, *- Significant - 0.01 to 0.05, Insignificant - >0.05

DISCUSSION

Sthoulya is the most common disorder in our society and contribution of modern era. *Sthoulya* is abnormal and excess accumulation of *Meda Dhatu* in the *Spik, Sthana* and *Udara* region which becomes *Chala*.

Krushya is better than *Sthoulya*. It does not mean that Obesity cannot be treated or managed. It can be treated but needs a tremendous will power and cooperation from the obese person.

Sthoulya originates due to consumption of *Kapha Vriddhikara Ahara, Vihara* and *Manasa Nidana*. These factors derange causing *Ama* production which results in *Medadhatvagni Mandya*. This condition leads to excessive growth and accumulation of *Meda Dhatu*, causing *Sthoulya*.

Agnimantha processed with *Shilajatu* is having *Katu, Teekta, Kashaya Rasa, Katu Vipaka, Ushna Veerya, Lekhana, Chedana* and *Rasayana* properties which normalize the *Agni*. Thus regulated *Jataragni* checks the excessive growth and accumulation of *Meda*.

Agnimantha lowers blood Cholesterol level. *Shilajatu* contains Fulvic Acid which effectively maintains the optimum energy metabolism and most of the excess calories consumed are burnt off and not converted into fat.

The analyzed data shows that effect of treatment on BMI, SFT, Cholesterol, Triglycerides, Weight gain, *Swasakastata*, *Atikshuda*, *Dourbalya* was Highly Significant.

Effect of treatment on HDL, LDL, *Angachalatva*, *Swedabadha*, *Dourgandya* was found to be Significant.

Effect of treatment on VLDL and *Atipipasa* was found to be Insignificant.

CONCLUSION

In the study, from the data collected and analyzed it can be said that *Shilajatu* processed with *Agnimantha Patra Swarasa*, 500 mg, BD, B/F is potent Herbo-mineral preparation which is an effective, economic treatment for *Sthoulya*.

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