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Therapeutic efficacy of Agnimanta Patra Swarasa Bhavita Shilajatu in Sthoulya

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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 Sthool. The fact that Acharyas had a comprehensive idea of the disease is clear from the explanations found.

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 Agnimanta 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 Agnimanta 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, Agnimanta, 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 Sthool. The fact that Acharyas had a comprehensive idea of the disease is clear from the explanations found.

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 Ashtha Nindita Purusha and mentions Asta Sthoulya Dosh 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 Vaghbhat 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.\(^\text{[3]}\)

_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_.\(^\text{[4]}\)

_Shoulya_ 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 _Shoulya_.

**MATERIALS and METHODS**

Total single group of 30 patients, screened and diagnosed as _Shoulya_ 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.\(^\text{[5]}\)
3. Patients with SFT over mid tricep muscle (ranging from 20 mm-24.5mm in Male and 28mm-32.5mm in female) were selected.\(^\text{[6]}\)

**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 _Shoulya_ was prepared. Signs and symptoms of _Shoulya_ 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 Kulavrutntana, Maximum patients were of Kapha Pittaja Prakruti.

**Result**

**Subjective parameters**

<table>
<thead>
<tr>
<th>Clinical features</th>
<th>Mean</th>
<th>±SD</th>
<th>Change in %</th>
<th>T value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Angahalavata</strong></td>
<td>1.7</td>
<td>0.6</td>
<td>0.5</td>
<td>81.76</td>
<td>0.69</td>
</tr>
<tr>
<td><strong>Weight gain</strong></td>
<td>1.5</td>
<td>0.0</td>
<td>0.0</td>
<td>50.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Swedabadha</strong></td>
<td>1.7</td>
<td>1.4</td>
<td>0.8</td>
<td>74.68</td>
<td>0.64</td>
</tr>
<tr>
<td><strong>Atipipasa</strong></td>
<td>1.2</td>
<td>0.8</td>
<td>0.5</td>
<td>1.03</td>
<td>0.77</td>
</tr>
<tr>
<td><strong>Dourganidha</strong></td>
<td>1.6</td>
<td>1.4</td>
<td>0.8</td>
<td>61.67</td>
<td>0.61</td>
</tr>
<tr>
<td><strong>Swasakastata</strong></td>
<td>0.7</td>
<td>0.2</td>
<td>0.7</td>
<td>72.70</td>
<td>0.52</td>
</tr>
<tr>
<td><strong>Atikshudha</strong></td>
<td>2.6</td>
<td>1.4</td>
<td>0.8</td>
<td>81.87</td>
<td>0.77</td>
</tr>
<tr>
<td><strong>Dourbalaya</strong></td>
<td>2.1</td>
<td>1.6</td>
<td>0.7</td>
<td>75.71</td>
<td>0.77</td>
</tr>
</tbody>
</table>

**Objective parameters**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Mean</th>
<th>±SD</th>
<th>Change in %</th>
<th>T value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BMI</strong></td>
<td>32.5</td>
<td>31.2</td>
<td>0.8</td>
<td>31.14</td>
<td>1.39</td>
</tr>
</tbody>
</table>

**Lipid profile**

<table>
<thead>
<tr>
<th>Lipid profile</th>
<th>Mean</th>
<th>±SD</th>
<th>Change in %</th>
<th>T Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol</td>
<td>223.67</td>
<td>212.00</td>
<td>44.63</td>
<td>40.37</td>
<td>11.67</td>
</tr>
<tr>
<td>HDL</td>
<td>64.77</td>
<td>66.87</td>
<td>14.87</td>
<td>14.14</td>
<td>19.23</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>175.03</td>
<td>155.80</td>
<td>51.29</td>
<td>47.53</td>
<td>19.23</td>
</tr>
<tr>
<td>LDL</td>
<td>112.30</td>
<td>105.47</td>
<td>14.80</td>
<td>13.10</td>
<td>6.83</td>
</tr>
<tr>
<td>VLDL</td>
<td>31.23</td>
<td>25.30</td>
<td>10.92</td>
<td>9.91</td>
<td>5.93</td>
</tr>
</tbody>
</table>

**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 Vridhikara Ahara, Vihara and Manasa Nidana. These factors derange causing Ama production which results in Medadhvatagni 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.

**REFERENCES**