A CINILICAL OBSERVATIONAL STUDY ON THE EFFECT OF DASHANG GUGGULU AND LEKHANA BASTI W.S.R. TO MEDOROGA

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ABSTRACT

Obesity, as stated by Medoroga, is brought on by the vitiation of Vata and Kapha. Obesity has a link to the signs and symptoms of Medoroga. This is according to Ayurveda, and an obese person is referred to as a Medorogapurusha, one of the nindita Purusha. The Raw drug i.e. Dashang Guggulu and Lekhana Basti both, Since it is employed in vata kaphaja vikara, like sthaulya, vata kapha-reducing medications should be used to treat it. In addition to the qualities, modified has lekhaniya qualities. As a result, it also aids in removing extra body fat, making this medication useful for slimming down. **Aim:** To study the effect of Dashanga Guggulu and Lekhana Basti in Medoroga. **Objectives:** 1. To study the impact of Lekhana Basti and Dashanga Guggulu in Chikitsa 2. To compare the efficacy of Dashanga Guggulu and Lekhana Basti Result according to Statistical Analysis. **Materials and Methods:** A total of 40 patients were selected from the outdoor patient (OPD) department in Shri Khudadad Duggaji Govt. Ayurvedic Medical College Raipur, Lekhana Basti was done. **Conclusion:** The result was Group B i.e. (Dashanga Guggulu and Lekhana Basti both) were more significant than Group A i.e. (only Dashanga Guggulu).

KEYWORDS - Dashanga Guggulu, Lekhana Basti, Medoroga etc.

INTRODUCTION

In Ayurveda, obesity is referred to as "Sthaulya" and is defined as the state in which the body accumulates an excessive amount of fat. Ama (morbid stuff) develops in the body at the time the Agni (digestive fire) is becoming vitiated. Medoroga Purusha (an obese person) is regarded as one of the Nindita Purusha (a disgusting person), according to Ayurveda. In certain industrialised nations, obesity has reached epidemic proportions. It is often brought on by a confluence of constitutional, social, biological (genetic and hormonal), and psychological (individual and family) variables. In India, where 5% of the population is affected, overweight and obesity have pandemic proportions.[1]

Around 2 billion adults worldwide are overweight, according to the World Health Organization (2016), and of those, 650 million are considered to be affected by obesity (BMI > 30 kg/m2). This translates to 39% of men and 40% of women who are 18 or older who are overweight and 13% who are obese. Between 1975 and 2016, the prevalence of heftiness virtually dramatically increased overall. It is estimated because the great majority of the world's population resides in countries where obesity and being overweight kill more people than being underweight.[2]

One of the five processes described in Panchakarma is Basti (Medicated Enema), which decreases Meda Vriddhi when used in various medication combinations with medohara and lekhaniya properties (excessive fat). During this operation, the diseased humours are ejected from the body via the rectal channel with the use of medications used in Classical Lekhana. Scraping, the ability to reduce fat, and the Vata-Kapha-Har effect.[3]

For people with severe obesity, bariatric surgery entails the risk of both short- and long-term consequences. Peritonitis, herniation, and pulmonary problems are the most frequent post-operative side effects. Cancers (including those of the breast, endometrium, ovary, colon, oesophageal, kidney, pancreatic, and prostate), coronary artery diseases, and diabetes are a few of the co-morbidities associated with being overweight and obese.[4]

Medorogahas long been thought to be lethal in Ayurveda. The Medorogais one of the eight Ashto ninditha (eight disgusting) and Samtarpanajanita roga, according to Charaka (over nourishment). The pathogenesis of Medorogais caused by variables associated with Kapha, Vata, and Meda. Thus, the therapy focuses on reducing weight and fat while also neutralising the variables.[6]

In order for Lekhaniya Gana to effectively remove fat, it also contains medications like Triphala (Three Herbs), Shatpushpa (Anethum Sowa), Madhu, Ushaka, Kasis, Tuttha, Shilajit, Saindhava, Yavakshar, and Gomutra.[7]

Due to its rising prevalence, modoroga (obesity) is receiving more attention worldwide. On a global scale, it is turning into a life-threatening issue. Ayurveda, a magnificent, ancient tradition, has made several contributions to the treatment of this illness of lifestyle. Kapha buildup in the body is the primary Samprapti (pathogenesis) Ghatak of Medoroga (fat-related sickness), which we must push out via cleansing.[8]

AIM

To study the effect of Lekhana Basti with Dashanga Guggulu in the management of Medoroga.

OBJECTIVES:

1.To study the impact of Lekhana Basti and Dashanga Guggulu in Chikitsa

2.To compare the efficacy of Dashanga Guggulu and Lekhana Basti Result according to Statistical Analysis

METHODOLOGY

Literature review research, a work plan, a flow chart for the project, a list of materials to be collected, the production of the drug, data collecting, the observation of the treatment's effects, and statistical analysis are all included.

RESEARCH QUESTION

Whether Lekhana Basti & Dashanga Guggulu is more efficacious in the management of Medoroga?

TRIAL DESIGN- Controlled Reference Standard Single Blind**.**

PLACE OF STUDY - Shri Khudadad Duggaji Govt. Ayurvedic Medical College Raipur **DRUG REVIEW**

दशांग गुग्गुलु के घटक द्रव्यों का गुणात्मक विवेचन—

क्रमांक	द्रव्य	श्रस	गुण	वीर्य	विपाक	दोषकर्म	कर्मप्रयोग
1.	आमलकी	अम्ल प्रधान, मधुर, कटु, तिक्त, कषाय	गुरु, रूक्ष, शीत,	शीत	मधुर	त्रिदोषहर, पित्तशामक	दीपन, पाचन, अनुलोमन, अम्लतानाशक
2.	बिभीतकी	कषाय	रूक्ष, लघु	ऊष्ण	मधुर	त्रिदोषहर, कफघ्न	दीपन, पाचन, अनुलोमन, कृमिघ्न
3.	हरीतकी	कषायप्रधान, मधुर, अम्ल, कटु, तिक्त	लघु, रूक्ष	ऊष्ण	मधुर	त्रिदोषहर, वातशामक	दीपन, पाचन, कृमिघ्न, मृदुरेचक, यकृतोत्तेजक, शोथहर
4.	सोंठ	कटु	लघु, स्निग्ध	ऊष्ण	मधुर	कफवातशामक	दीपन,पाचन,तृप्तिघ्न, अर्शोघ्न,अनुलोमन
5.	मरिच	कटु	लघु, तीक्ष्ण	ऊष्ण	कटु	वातकफशामक	वातानुलोमन, दीपन, पाचन,यकृदुत्तेजक,कृमिघ्न
6.	पिप्पली	कटु	लघु, स्निग्ध,तीक्ष्ण	अनुष्णशीत	मधुर	वातकफशामक, पित्तशामक	रूच्य, वातानुलोमन, दीपन, पाचन, वातहर
7.	विडंग	कटु,कषाय	लघु,रूक्ष, तीक्ष्ण	ऊष्ण	कटु	वातकफशामक	अनुलोमन, कृमिघ्न, दीपन, पाचन
8.	मुस्तक	कटु, तिक्त, कषाय	लघु, रूक्ष	शीत	कटु	कफपित्तशामक	ग्राही, तृष्णानिग्रहण, दीपन, कृमिघ्न, पाचन
9.	गुग्गुलु	तिक्त, कटु	लघु,रूक्ष,तीक्ष्ण, विशद,सूक्ष्म	ऊष्ण	कटु	वातकफशामक, मेदोहर	वेदनास्थापक, शोथहर, वातशामक,मेदोहर,व्रणरोपण

लेखन वस्ति के घटक द्रव्यों का गुणात्मक विवेचन—

क्रमांक	द्रव्य	रस	गुण	वीर्य	विपाक	दोषकर्म	कर्मप्रयोग
1.	मुस्तक	तिक्त, कटु, कषाय	लघु, रूक्ष	शीत	कटु	कफपित्तशामक	ग्राही, तृष्णानिग्रहण, दीपन, कृमिघ्न, पाचन
2.	कूठ	तिक्त,कटु, मधुर	लघु, रूक्ष, तीक्ष्ण	ऊष्ण	कटु	कफवातशामक	जंतुघ्न, वेदनास्थापक, वर्ण्य, कुष्ठजन्य
3.	हरिद्रा	तिक्त, कटु	रूक्ष, लघु	ऊष्ण	कटु	कफवातशामक, पित्तशामक	शोथहर, वर्ण्य, व्रणशोधन, लेखनीय, श्वासहर, विषघ्न
4.	दारुहरिद्रा	तिक्त,कषाय	रूक्ष, लघु	ऊष्ण	कटु	कफपातशामक	वेदनास्थापक, व्रणरोपक, प्रमेहघ्न, शोथहर
5.	बालवच	तिक्त, कटु	लघु,तीक्ष्ण	ऊष्ण	कटु	कफपातशामक	वेदनास्थापक, शोथहर
6.	अतीस	तिक्त, कटु	रूक्ष, लघु	ऊष्ण	कटु	त्रिदोषहर, कफपित्तशामक	दीपन, पाचन, ग्राही, अर्शोघ्न, कृमिघ्न
7.	कटुरोहिणी	तिक्त	लघु, रूक्ष	शीत	कटु	कफपित्तहर	रोचन, पित्तसारक, यकृदुत्तेजक
8.	चित्रक	कटु	लघु, रूक्ष, तीक्ष्ण	ऊष्ण	कटु	कफवातशामक	लेखनीय, ग्राही, शोथहर, शूलहर, अर्शोघ्न, कफवातहर
9.	चिरबिल्व	तिक्त,कषाय	लघु, रूक्ष	ऊष्ण	कटु	कफपित्तशामक	शोथहर, कृमिघ्न, शूलहर, अर्शोघ्न
10.	हैमवती	कटु, तिक्त	लघु, रूक्ष, तीक्ष्ण	ऊष्ण	कटु	कफवातशामक	शोथहर, वेदनास्थापन, विषघ्न, व्रणशोधन, लेखनीय
11.	तिलतैल	मधुर	गुरु, स्निग्ध	ऊष्ण	मधुर	त्रिदोषहर	संधानीय, बाजीकारक, स्नेहन
12.	सैंधवलवण	लवण	लघु, स्निग्ध	शीत	मधुर	त्रिदोषहर	व्रणरोपक, व्रणशोधक, अग्निदीपक, रूचिहर, कण्ठय
13.	मधु	कषाय,मधुर	गुरू, रूक्ष	शीत	मधुर	त्रिदोषशामक	ग्राही, लेखनीय, रक्तपित्तहर, छेदनीय,सन्धानीय,विषनाशक, वर्ण्य, बल्य, अग्निदीपक
14.	यवक्षार	कटु	लघु, स्निग्ध	ऊष्ण	कटु	कफवातशामक	छेदन, भेदन, दीपन, पाचक, वातानुलोमक

GROUPING –

GROUP A – Dashanga Guggulu

DOSE – 500 mg/ Day Twice a Day

ANUPANA – Ushnodaka

DURATION- 60 Days

GROUP B – Dashanga Guggulu + Lekhana Basti

DOSE – 500 mg/ Day Twice a Day

ANUPANA – Ushnodaka

DURATION- 60 Days

ELIGIBILITY CRITERIA

INCLUSION CRITERIA

- Patients with age group between 15 to 70 years either Gender (Male or Female)

EXCLUSION CRITERIA

- Patients with less age group of 15 years or more than 70 years
- Pregnant Women
- Patient with Systemic Diseases like BP, DM, Paralysis, Anaemia etc.

INTERVENTION

The total duration of the intervention was the same for study which were for one months and follow up were after intervention of procedure i.e Lekhana Basti and Dashanga Guggulu.

STANDARD OPERATIVE PROCEDURE (SOP)

Basti Poorva Karma

- Before 9:00 AM, all patients must arrive at the hospital on an empty stomach.

- Just prior to the governance of Lekhana Basti, Sthanika abhyanga (local massage) and Nadi sweda (fomentation kind) were administered locally.

- Plain tila taila was used for the entire body during the abhyanga, while sweda was only applied to the region from the bottom of the ribs to the foot.

PRADHANA KARMA

- Patients were instructed to lie on the Panchakarma droni in the vama parshwa position (left lateral position with right leg flexed), take a deep breath, and have sukoshna (lukewarm) basti dravya (Enema drugs) slowly administered with the aid of an anuvasana basti (glycerin syringe fitted with a rubber tube) or an enema can fit with a soft (niruha basti).

• The basti vyapats were avoided at all costs (Complication of enema). In the instance of anuvasana (oil enema), the patient was then instructed to alternate between the right and left lateral positions frequently for five minutes. Mrudhu tadana (tapping) was then performed over the kati (back region), prushta (Buttock), and uru pradesha (Thigh region).

• The administration and retention times, as well as any complications, were noted on the spot.

• The retention of enema time (basti pratyagamana kala) was meticulously noted, and the examination will record the patient's vital statistics.

• The patient was then receiving all pathyapathya (Dos and Don'ts) instructions on how to keep the basti pariharakala intact.

PASCHAT KARMA

• The retention of enema time (basti pratyagamana kala) was meticulously noted, and the examination was recording the patient's vital statistics.

• The patient was then receiving all pathyapathya (Dos and Don'ts) instructions on how to keep the basti pariharakala intact.

CRITERIA FOR DISCONTINUING OR MODIFYING ALLOCATED INTERVENTIONS

Subjects were removed from the research if they experience any negative side effects or need to stop taking their medication. If there are any negative side effects, the lead researcher will provide free treatment.

PRIMARY OUTCOME- Lekhana Basti or Dashanga Guggulu was reduce weight, BMI parameters.

SECONDARY OUTCOME the values of the lipid profile (serum total cholesterol, serum triglycerides, low-density lipoproteins (LDL), high-density lipoproteins (HDL), very low-density lipoproteins (VLDL), and HDL cholesterol ratio) would be decreased by Lekhan Basti and Dashanga Guggulu.

STATISTICAL ANALYSIS

Using SPSS software, data were examined using the relevant statistics along with unpaired t-tests and ANOVA.

STUDY DURATION

• The individuals were getting therapy for 60 days of follow-up.

• Timetable for enrolment and interventions: After receiving approval from the institutional ethical committee, subjects were enrolled in the research. Lekhan Basti was used as interventions.

• One randomising sample technique were used to choose 40 people for group.

DATA COLLECTIONS METHODS- Randomized sampling

SUBJECTIVE PARAMETERS

1) चलस्फिग्ग उदर स्तन

अनुपस्थित	0
तीव्र चेष्टा से अल्प प्रत्यक्ष होना	1
हल्की चेष्टा से भी प्रत्यक्ष होना	2
स्थिति बदलने से ही प्रत्यक्ष होना।	3

2) आलस्य

अनुपस्थित	0
संतोषजनक कार्य करता हो	1
संतोषजनक कार्य न करता हा	2
जिसे बिलकुल ही कार्य करने की इच्छा न हो।	3

3) दौर्गन्ध्यता

अनुपस्थित	0
कभी कभी दुर्गन्ध आना।	1
प्रायः हमेशा दुर्गन्ध आना जो दूर से महसूस की जा सके।	2
तीव्र दुर्गन्ध आना जो दूर से महसूस की जा सके व रोगी को भी असहनीय हो।	3

4) स्निग्धांगता

सामान्य स्निग्ध।	0
गरमी के मौसम में तैलीय चमक रहना।	1
शुष्क मौसम में भी तैलीय चमक रहना।	2
शुष्क मौसम में अत्यधिक तैलीय चमक जो कठिनाई से दूर होती है।	3

5) अंग गौरवता

अनुपस्थित	0
दैनिक कार्यों में बिना विघ्न डाले भारीपन लगना	1
भारीपन जो दैनिक कार्य में विघ्न डाले	2
पूरे शरीर में ढीलेपन के साथ भारीपन लगना जो पीड़ादायक हो	3

6) अतिक्षुधा

सामान्य मात्रा में भोजन	0
दिन में दो बार भोजन	1
दिन में दो–तीन बार भोजन	2
दिन में दो–तीन बार अत्यधिक भोजन	3

7) अतिपिपासा

1.5 से 2.5 लीटर / प्रतिदिन	0
2.5 से 3.0 लीटर / प्रतिदिन	1
3.0 से 3.5 लीटर / प्रतिदिन	2
3.5 से अधिक पानी पीना	3

8) गात्रसाद

अनुपस्थित	0
अधिक श्रम करने पर अल्प थकावट	1
दैनिक कार्य करने में थकावट	2
अल्प कार्य करने पर भी अत्यधिक थकावट	3

9) संधिशूल

अनुपस्थित	0
अत्यधिक चलने पर अल्प शूल होना	1
सामान्य चलते समय भी अत्यधिक शूल होना	2
विश्राम व बैठे रहने की स्थिति में भी शूल होना	3

10) निद्राधिक्य

6–7 घण्टे संतोषजनक सोना	0
7–9 घण्टे संतोषजनक सोना।	1
9–10 घण्टे संतोषजनक सोना।	2
10 से अधिक घण्टे सोना।	3

11) दौर्बल्यता

नियमित व्यायाम कर सकता है	0
बिना कठिनाई के हल्का व्यायाम कर सकता है	1
कठिनाई के साथ हल्का व्यायाम कर पाता है	2
हल्का व्यायाम भी नहीं कर सकता	3

१२) स्वेदाधिक्य

अत्यधिक कार्य करने पर स्वेद	0
सामान्य कार्य करने पर पसीना निकलना	1
घूमने फिरने पर पसीना निकलना	2
आराम की स्थिति में भी पसीना निकलना	3

१३) क्षुद्रश्वास

अनुपस्थित	0
अल्पश्रम से श्वास का भरना।	1
कभी कभी श्वास का भरना।	2
हमेशा श्वास क्रिया में तकलीफ होना।	3

१४) अल्पव्यवाय

सामान्य कामेच्छा व मैथुन कार्य	0
कामेच्छा में कमी परंतु सामान्य मैथुन कार्य	1
कामेच्छा में कमी व मैथुन कार्य में असक्षमता	2
कामेच्छा का नाश तथा मैथुन कार्य में असक्षमता	3

चिकित्सा के लाभ निर्धारण का आधार–

चिकित्सा के लाभ का निर्धारण करने के लिए इस व्याधि के लक्षणों एवं चिन्हों में प्राप्त कमी के आधार पर निम्नानुसार किया गया –

01 – अलाभ   –   00   –   25 प्रतिशत

02 – आंशिक लाभ   –   26   –   50 प्रतिशत

03 – मध्यम लाभ   –   51   –   75 प्रतिशत

04 – अधिक्तम लाभ   –   76   –   100 प्रतिशत

OBJECTIVE PARAMETERS

INVESTIGATIONS ROUTINE

- Total count of RBC cells with erythrocyte sedimentation rate (To exclude an infectious condition)

- Lipid profile; (To rule out Hyperlipidaemia)

- Liver Function Test

- Random blood sugar RBS, FBS, PPBS (to rule out Diabetes Mellitus)

- Routine Urine Examination

DATA MANAGEMENT

The main researcher is going to code the data.

STATISTICAL RESULT

Chi square test, Paired and Unpaired t test, for objective criteria, nonparametric for subjective criteria, ANOVA for both groups.

DISSEMINATION PROTOCOL

Data was disseminated in the form of paper publication and Monograph. Authorship eligibility guidelines and any intended use of professional writers.

CONSENT FROM PATIENT

All permission documentation was sent to subjects in physical copy, along with any other pertinent materials. Prior to beginning the treatments, respondents were getting thorough information in their native language about the interventions, medication preparation, and study. Patients were then be asked for written consent.

RESULT

तालिका क्रमांक 27 :– 20 रोगियों में 2 माह के चिकित्सा के पूर्व एवं पश्चात् लक्षणों की तीव्रता एवं सुधार का प्रतिशत प्रदर्शक तालिका (समूह अ)

क्रमांक	लक्षण	चिकित्सा पूर्व					चिकित्सा पश्चात					सुधार प्रतिशत
		G0	G1	G2	G3	कुल	G0	G1	G2	G3	कुल	
1	चलस्फिग्उदरस्तन	3	8	5	4	30	9	6	5	0	16	46.66%
2	दौर्बल्य	1	11	5	3	30	11	5	4	0	13	56.66%
3	स्निग्धांगता	5	10	3	2	22	13	4	3	0	10	54.54%
4	अंगगौरव	2	12	5	1	25	12	7	1	0	9	64%
5	अल्पव्यवाय	6	9	4	1	20	13	5	2	0	9	55%
6	गात्रसाद	3	10	5	2	26	14	4	2	0	8	69.23%
7	श्वासकृच्छ	5	12	2	1	19	14	5	1	0	7	63.15%
8	निद्राधिक्य	1	13	4	2	27	10	7	3	0	13	51.85%
9	आलस्य	1	14	3	2	26	10	7	1	0	9	65.38%
10	अतिस्वेद	4	13	3	0	19	12	7	1	0	9	52.63%
11	क्षुधाधिक्य	3	12	4	1	23	11	7	2	0	11	52.17%
12	पिपासाधिक्य	2	13	3	2	25	10	8	2	0	12	52%
13	दौर्गन्ध्य	3	13	3	1	22	11	6	2	0	10	54.54%

तालिका कंमांक 29 :– 20 रोगियों में 2 माह के चिकित्सा के पूर्व एवं पश्चात् लक्षणों की त्रीवता एवं सुधार का प्रतिशत प्रर्दशक तालिका (समूह ब)

क्रमांक	लक्षण	चिकित्सा पूर्व					चिकित्सा पश्चात					सुधार प्रतिशत
		G0	G1	G2	G3	कुल	G0	G1	G2	G3	कुल	
1	चलस्फिग्उदरस्तन	1	10	7	2	30	9	9	2	0	13	56.66%
2	दौर्बल्य	1	7	11	1	32	7	13	0	0	13	59.37%
3	स्निग्धांगता	1	7	10	2	33	8	10	2	0	14	57.57%
4	अंगगौरत	2	9	8	1	28	12	7	1	0	9	67.85%
5	अल्पव्यवाय	2	8	6	2	26	9	9	2	0	13	50%
6	गात्रसाद	0	9	7	4	35	12	7	1	0	9	74.28%
7	श्वासकृच्छ	2	9	9	0	27	12	8	0	0	8	70.37%
8	निद्राधिक्य	0	7	8	5	38	9	6	5	0	16	57.89%
9	आलस्य	0	8	7	5	37	7	12	1	0	14	62.16%
10	अतिस्वेद	0	9	8	3	34	10	10	0	0	10	70.58%
11	क्षुधाधिक्य	0	6	8	6	40	7	8	5	0	18	55.00%
12	पिपासाधिक्य	0	7	6	7	40	9	5	6	0	17	57.50%
13	दौर्गन्ध्य	0	10	8	2	32	10	9	1	0	11	65.62%

तालिका कंमांक 28:– मेदोरोग के 20 रोगियों के विभिन्न लक्षणों में 2 माह के किये गये चिकित्सा का सांख्यिकीय विश्लेषण (समूह अ)

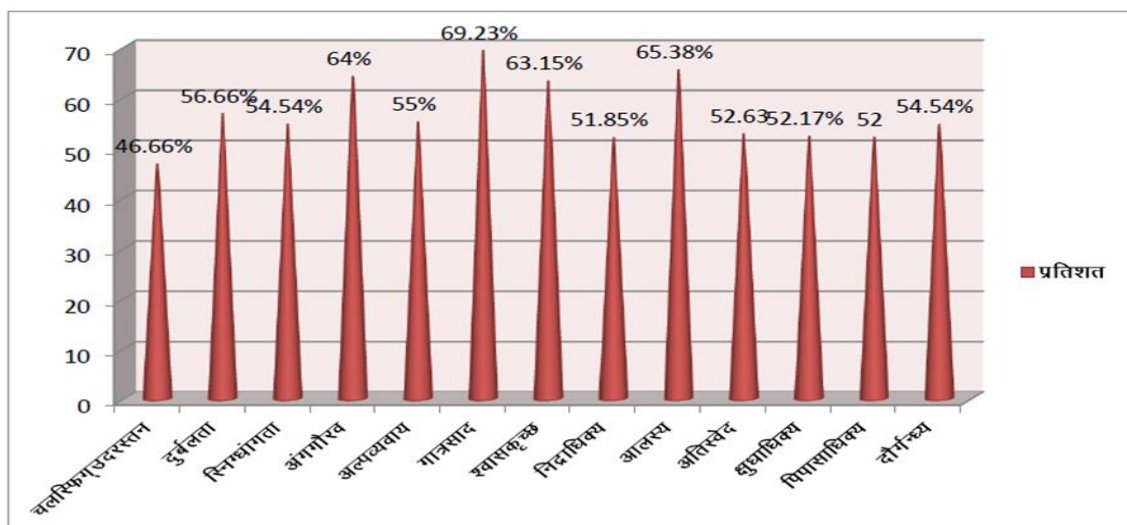| क्रमांक	लक्षण	माध्य		अन्तर	सुधार प्रतिशत	मा.वि.(+/-)	मा.त्रु. (+/-)	टी.मान (+/-)	पी.मान	विशेष
		चि पू	चि प							
1	चलस्फिग्उदरस्तन	1.5	0.8	0.7	46.66%	0.470162	0.105131	6.65832	<0.001	H.S
2	दौर्बल्य	1.5	0.65	0.85	56.66%	0.366348	0.081918	10.37625	<0.001	H.S
3	स्निग्धांगता	1.1	0.5	0.6	54.54%	0.502625	0.11239	5.338539	<0.001	H.S
4	अंगगौरत	1.25	0.45	0.8	64%	0.523148	0.11698	6.838803	<0.001	H.S
5	अल्पव्यवाय	1	0.45	0.55	55%	0.510418	0.114133	4.818944	<0.001	H.S
6	गात्रसाद	1.3	0.4	0.9	69.23%	0.447214	0.1	9	<0.001	H.S
7	श्वासकृच्छ	0.95	0.35	0.6	63.15%	0.502625	0.11239	5.338539	<0.001	H.S
8	निद्राधिक्य	1.35	0.65	0.7	51.85%	0.470162	0.105131	6.658328	<0.001	H.S
9	आलस्य	1.3	0.45	0.85	65.38%	0.48936	0.109424	7.7679	<0.001	H.S
10	अतिस्वेद	0.95	0.45	0.5	52.63%	0.512989	0.114708	4.358899	<0.001	H.S
11	क्षुधाधिक्य	1.15	0.55	0.6	52.17%	0.502625	0.11239	5.338539	<0.001	H.S
12	पिपासाधिक्य	1.25	0.6	0.65	52%	0.67082	0.15	4.3333	<0.001	H.S
13	दौर्गन्ध्य	1.1	0.5	0.6	54.54%	0.502625	0.11239	5.338539	<0.001	H.S

तालिका क्रमांक ३०:- मेदोरोग के 20 रोगियों के विभिन्न लक्षणों में 2 माह के किये गये चिकित्सा का सांख्यिकीय विश्लेषण (समूह ब)

क्रमांक	लक्षण	माध्य		अन्तर	सुधार प्रतिशत	मा.वि.(+/-)	मा.त्रु.(+/-)	टी.मान(+/-)	पी.मान	विशेष
		चि पू	चि प							
1	चलस्फिग्णुदरस्तन	1.5	0.65	0.85	56.66	0.366348	0.081918	10.37625	<0.001	H.S
2	दौर्बल्य	1.6	0.65	0.95	59.37	0.510418	0.114133	8.323631	<0.001	H.S
3	स्निग्धांगता	1.65	0.7	0.95	57.57	0.394034	0.088109	10.78213	<0.001	H.S
4	अंगगौरव	1.4	0.45	0.95	67.85	0.394034	0.088109	10.78213	<0.001	H.S
5	अल्पव्यवाय	1.6	0.65	0.95	50	0.510418	0.114133	8.323631	<0.001	H.S
6	गात्रसाद	1.75	0.45	1.3	74.28	0.470162	0.105131	12.36547	<0.001	H.S
7	श्वासकृच्छ	1.35	0.4	0.95	70.37	0.394034	0.088109	10.78213	<0.001	H.S
8	निद्राधिक्य	1.9	0.8	1.1	57.89	0.307794	0.068825	15.98263	<0.001	H.S
9	आलस्य	1.85	0.7	1.15	62.16	0.48936	0.109424	10.50955	<0.001	H.S
10	अतिस्वेद	1.7	0.5	1.2	70.58	0.523148	0.11698	10.2582	<0.001	H.S
11	क्षुधाधिक्य	2	0.9	1.1	55.00	0.307794	0.068825	15.98263	<0.001	H.S
12	पिपासाधिक्य	2	0.85	1.15	57.50	0.48936	0.109424	10.50955	<0.001	H.S
13	दौर्गन्ध्य	1.6	0.55	1.05	65.62	0.223607	0.05	21	<0.001	H.S

क्लैब्य के रोगियों में दो माह की चिकित्सा का सम्पूर्ण प्रभाव का प्रदर्शक तालिका

| परिणाम प्रतिशत	समूह अ		समूह ब		कुल	
	रोगी संख्या	प्रतिशत	रोगी संख्या	प्रतिशत	रोगी संख्या	प्रतिशत
अधिकतम लाभ 76 से अधिक	6	30 %	5	25 %	11	27.5
मध्यम लाभ 51−75	12	60 %	11	55 %	23	57.5
अल्प लाभ 26−50	2	10 %	4	20 %	6	15
25से कम	0	0 %	0	0 %	0	0
कुल	20	100 %	20	100%	20	100 %

समूह 'अ' के रोगियों के लक्षणों में चिकित्सा द्वारा प्राप्त लाभ का विवरण

तालिका क्रमाँक 31:– प्रयोगशालीय परीक्षण के आधार पर मेदोरोग के रोगियों का तीव्रता व सुधार प्रदर्शक तालिकाः–(समूह–अ)

क्रमांक	लक्षण	माध्य		अन्तर	सुधार प्रतिशत	मा.वि. (+/-)	मा.त्रु. (+/-)	टी.मान (+/-)	पी. मान	विशेष
		चि पू	चि प							
1	S.cholestrol	198.52	169.89	28.62	14.418	9.011638	2.015063	14.20452	<0.001	H.S
2	LDL	122.6	111.286	11.286	9.205	4.6773783	1.04509	10.79907	<0.001	H.S
3	VLDL	33.28	25.218	8.063	24.224	3.86977	0.865307	9.31866	<0.001	H.S
4	Tryglyceride	148.061	123.061	24.704	16.685	4.96607	1.110447	22.2469	<0.001	H.S
5	HDL	41.01	42.255	−1.245	−3.0358	0.33635	0.07521	−16.5536	<0.001	H.S
6	Weight	77.64	74.94	2.705	3.483	0.42978	0.096102	28.14728	<0.001	H.S
7	BMI	26.935	26.05	0.885	3.2865	0.311659	0.069689	12.69925	<0.001	H.S

समूह "ब" के रोगियों के लक्षणों में चिकित्सा द्वारा प्राप्त लाभ का विवरण
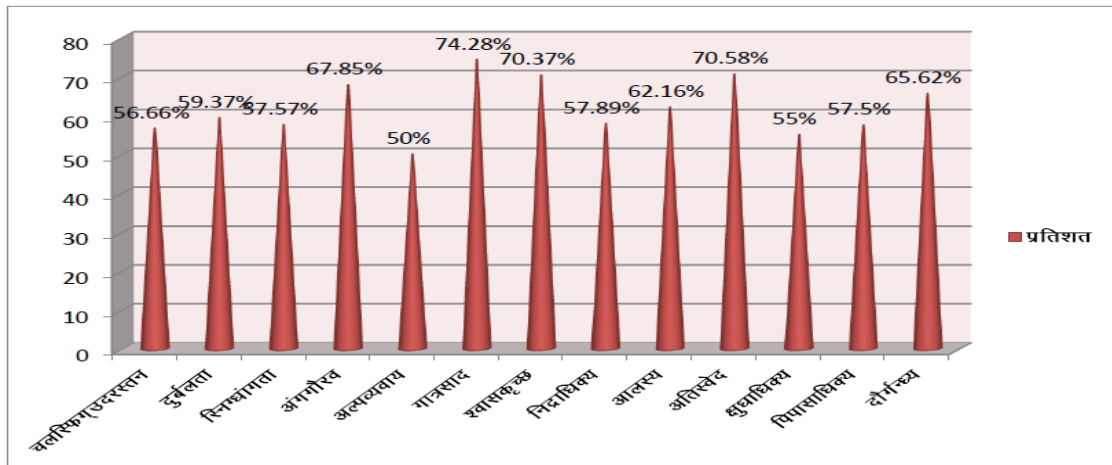
तालिका क्रमाँक 32:–प्रयोगशालीय परीक्षण के आधार पर मेदोरोग के रोगियों का तीव्रता व सुधार प्रदर्शक तालिकाः–(समूह–ब)

क्रमांक	लक्षण	माध्य		अन्तर	सुधार प्रतिशत	मा.वि. (+/-)	मा.त्रु. (+/-)	टी.मान (+/-)	पी.मान	विशेष
		चि पू	चि प							
1	S.cholesterol	201.79	170.312	31.481	15.600	10.18014	2.276349	13.82982	<0.001	H.S
2	LDL	122.818	98.936	23.882	19.445	25.07617	5.607203	4.259165	<0.001	H.S
3	VLDL	33.584	24.776	8.808	26.226	2.942978	0.65807	13.3845	<0.001	H.S
4	Triglyceride	149.769	122.509	27.260	18.2016	3.859008	0.8629	31.591	<0.001	H.S
5	HDL	42.898	44.495	−1.596	−3.72158	0.3684	0.082377	−19.380	<0.001	H.S
6	Weight	78.675	75.46	3.31	4.0800	0.473398	0.105855	30.32452	<0.001	H.S
7	BMI	27.17	26.04	1.13	4.1589	0.27549	0.061601	18.34373	<0.001	H.S
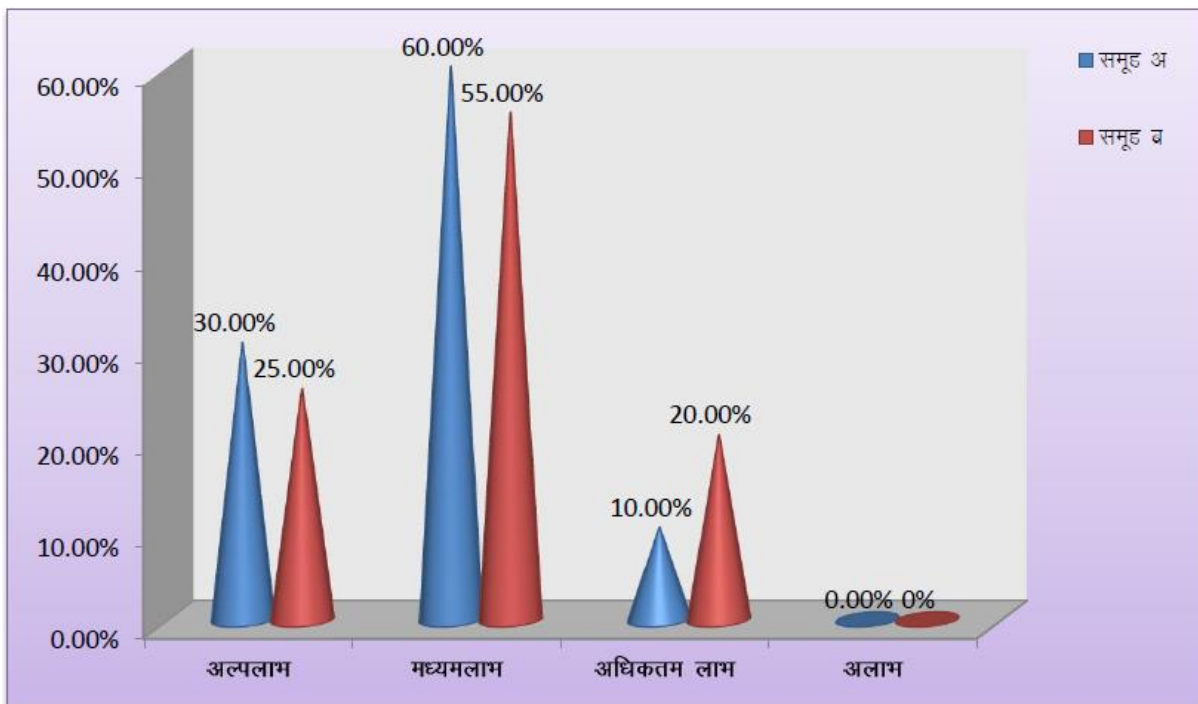
DISCUSSION

Increased Medodhatu (fat) is the cause of Medoroga(obesity). Medorogais a condition where Medodhatu grows excessively and uncontrollably inside the body. The Santarpanottha Vikara is one of them (Disease due to consumption of excessive calories).[9]

Based on Nidanas, Medoroga and hyperlipidaemia share a lot of similarities. The causes of the two diseases, Aharaja (dietary reasons), Viharaja (lifestyle factors), Manasika (psychological factors), and Beeja Doshaja (genetic factors), are essentially identical, with Santarpankaraka serving as the primary diagnostic in cases. In this way, the Samprapti (pathogenesis) also progresses in a similar manner for both illnesses. It differs in the last section due to "Medo Dhatvagnimandya," "Asthayi Medodhatu," and the lack of alteration to Sthayi Meda that caused ascends in the flow of lipids.[10]

The "Ashrayashrayi Sambhandha" of the kapha dosha is primarily what links it to Meda. Like how vitiated Pitta is involved, normal Agni function is impaired. As evidenced by the defective Dhatwaagni, which is in line with Vayu's role, vata plays a part in pathogenesis. Asthayi Medo Dhatu is moved by Rasa Dhatu, and Meda Dhatu directly increases in quantity as a result of "Dhatvagnimandya." Therefore, both of these Dhatus exhibit a qualitative deficit that can be verified clinically.[11]

Acharyas have advised vataghna, Kaphaghna annapana, and aushadhi for this illness because Medorogais a "Kapha-Vata pradhana Tridoshaj vyadhi." Lekhana Basti is chosen because it has generated the most Lekhana Karma activity. Dashanga Guggulu is chosen for Group because it has both Vata Kapha Hara and lekhan karma. For Sthaulya, we have decided on Lekhana Basti & Modified Vachadi Gana Basti. In comparison to Vamana and virechana, it is less chancey, safe, and simple to administer for Medoroga. Hiware et al. and Bhende et al. published on studies on basti. Review of studies on obesity and various measurement techniques was conducted. The investigations by Dixit et al, Khatib et al, and Regmi et al. also investigated related features of obesity.[12]

PROBABLE MODE OF ACTION OF LEKHANA BASTI

Lekhan Basti which consist of ushana and tikhna guna—were combined to create basti. Anupravana bhava exists in Taila. This causes it to cross the illioceacal valve and ascend to the Grahani, where it is absorbed. Basti reaches up to the grahani and blocks the absorption of fat. As a result, it calmed Saman vayu, normalised Jatharagni, activated the vyana vayu to break the Sroto sang, and enhanced the cellular effects of Lekhan treatment. The lekhan medicine's effects are amplified by the qualities of the basti drug, which is made up of kasaya, tikta, and katu rasa.

STRENGTH

For BMI, Weight, lipid profile, Lekhana Basti and Dashanga Guggulu were be used.

LIMITATION

Region specific, persuading the patients to undergo Basti.

CONCLUSION

The both Groups (Group A i.e. Dashanga Guggulu and Group B i.e. Dashanga Guggulu and Lekhana Basti) were Significant. But The result of Group B in which Dashanga Guggulu and Lekhana Basti were aid in weight loss and lower the value of lipid profile and play a significant role in Medoroga when comparing the group, A i.e., only Dashanga Guggulu. After the data has been intentionally analysed, more conclusions were provided.

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