



Case Report

ROLE OF *VYOSHADI GUGGULU* IN *MEDOROG* (OBESITY) ASSOCIATED WITH DYSLIPIDEMIA: A CASE STUDYNitin Sharma^{1*}, Sadanand V. Deshpande²¹Lecturer, SRM Govt. Ayurvedic College Bareilly, Uttar Pradesh, India.²Principal, Tilak Ayurveda Maha Vidyalaya, Pune, Maharashtra, India.

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ABSTRACT

Medorog (obesity) has been described extensively in various *Ayurvedic* texts. *Acharya Charak* has described *Medorog* among the eight most unwanted diseases (*Ninditpurush*) *Samtarpanjanita Roga*. *Medorog* can be compared with obesity in modern terminology. Obesity is the condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and increased health problems. The most important cause of obesity is an energy imbalance between the calories consumed and calories expended which leads to the accumulation of fat. In 21st century, obesity is not less than any epidemic targeting more and more people every day. Over one out of every five persons in the world is obese. Obesity is such a disease which provides the platform for many life threatening hazards like dyslipidaemia etc.

A case of *Medorog* associated with dyslipidaemia managed successfully by *Ayurvedic* treatment is reported here. A 49 year old female having sign and symptoms of *Medorog* was treated with *Vyoshadiguggulu*, a formulation of *Ashtang Hridya* in the dosage of 1gm. three times a day with 1 table Spoon of honey and lukewarm water for 90 days. Patient showed remarkable improvement in Obesity and dyslipidaemia after the treatment.

KEYWORDS: *Medorog*, Obesity, Dyslipidaemia, *Vyoshadi Guggulu*.

INTRODUCTION

Acharya Charak has clearly defined the *Medorog* in *Ashtauninditeeya Adhyaya*. He has narrated that a person is called as obese (*Medorogi*) whose body has increased fat and muscles, has pendulous buttocks, abdomen and breast and suffers from deficient metabolism and energy¹.

Acharya Charak further explains that continuous intake of *Guruahaar* and *Madhur Rasa* aggravate *Kapha Dosha* and *Meda Dhatus* due to similar properties and this increased *Meda* obstruct the *Strotas*. Because of this obstruction *Vata* moving in the *Kostha* becomes hyperactive and stimulates *Agni*. This *Agni* digests food rapidly and vitiated or hyperactive *Vata* absorbs it rapidly. So a person requires frequent and heavy food resulting in *Medorog*².

All the *Acharyas* accepted *Medorog* as the *Santarpanotthavyadhi* and it should be treated by *Aptarpanachikitsa*. *Jatharagni* is increased in *Medorog*, so such type *Ahaar* which is *Guru* in nature but does not nourish the *Dhatu* should be given to the patient like honey. In obese person

Srotas is obstructed by increased *Meda* and aggravated *Vata* stimulates *Jatharagni*. So *Guru Aahara* is easily digested by *Teekshnagni* and *Rukshaguna* of these *Ahaar* absorb the increased *Medo Dhatu*. So we can say that the *guru* and *Aptarpanadravyas* can control obesity easily³.

According to Dictionary English to Sanskrit by Sir Moniar Williams, the meaning of the word obesity is given as '*Medaswita*' and signs of symptoms of obesity nearly resembles with that of *Medorog*. Thus the comparison of *Medorog* with obesity is totally justifiable. According to *Ayurvedic* principles, there are seven basic tissue elements in the body known as *Dhatus*. These are present in particular proportion in the body and any change in their equilibrium leads to diseases. *Meda* (fat) is also one of these seven *Dhatus*. Any abnormal increase in *Medadhatu* causes the *Medorog*.

Obesity is state of excess adipose tissue mass⁴. The most important cause of obesity is an energy imbalance between the calories consumed and calories expended which leads to the

accumulation of fat. These excess calories generally lengthen the waist line but shortens the life line of the individual. So it is wisely said that longer is the size of belt, shorter is the span of life.

Obesity is often associated with Dyslipidaemia which is a condition of abnormal levels of any of all lipids or lipoproteins in the blood. Obesity leads to other various complications like coronary artery disease, Diabetes Mellitus, Hypertension, Stroke, Gout, Infertility, Hypothyroidism, Psychological disorders, Gall stones and Cancer etc⁵.

Various formulations are documented in ayurvedic texts for this purpose. For this case *VyoshadiGuggulu*⁶, a formulation of *Ashtang Hridyachikitsa Sthana* 21/50 was given in the dosage of 1gm. three times a day with 1 table Spoon of honey and lukewarm water for 90 days.

CASE REPORT

A 49 year old female patient visited outpatient department (OPD) of Tilak Ayurveda Maha Vidyalaya, Pune presenting with signs and symptoms of *Medorog*⁷ (Obesity) like inability to work, dyspnea on exertion, thirst, sleepiness, laziness, difficulty in breathing, loss of tone, excessive appetite, excessive sweating, foul odour, low vitality and vigor, bulging of abdomen, dull mood and disfigurement. She was suffering

from these symptoms from past one year. She was examined on the above said subjective parameters and following objective parameters :-

Objective Parameters

1. Weight
2. BMI
3. Corpulence index
4. Waist circumference
5. Hip circumference
6. Waist hip ratio
7. Skin fold thickness

Lab Investigations

1. S. Cholesterol
2. S. Triglycerides
3. HDL
4. LDL
5. VLDL

MANAGEMENT

Patient was advised to stop all previous medications. 1gm of *Vyoshadi Guggulu* was administered three times a day with 1 table Spoon of honey and lukewarm water for 90 days. *Vyoshadi Guggulu* is mentioned in *Ashtang Hridya Chikitsa Sthan* 21/50 as when one part each of *Shunthi, Maricha, Pippali, Chitraka Musta, Haritaki, Bibhitaki, Amalaki, Vidanga* taken with 9 parts of *Guggulu*, pacifies the diseases caused by *meda, Kapha, Aama and Vayu*.

Table 1: Improvement in Parameters before and after treatment

	Before treatment	After treatment
Weight	74 kg	71 kg
BMI	28.90 kg/m ²	27.73 kg/m ²
Corpulence index	1.44	1.38
Waist circumference	41 inch	39 inch
Waist hip ratio	42 inch	41 inch
Waist hip ratio	0.97	0.95
Skin fold thickness	mid biceps 30mm, mid triceps 31mm, sub scapular 31mm, Supra iliac 31mm	mid biceps 27mm, mid triceps 26mm, sub scapular 26mm, Supra iliac 27mm
S. Cholesterol	220mg/dl	166mg/dl
S. Triglycerides	173 mg/dl	136 mg/dl
HDL	21 mg/dl	61 mg/dl
LDL	160 mg/dl	91 mg/dl
VLDL	49 mg/dl	34 mg/dl

DISCUSSION

Medorog is a disease basically caused due to the impairment of the *Paka Kriya* and this impairment of *Agni* plays a vital role in the *Samprapti* (pathogenesis) of the disease. After the ingestion of food first *Jathragni* acts on the food resulting in the formation of *Aahara rasa* and then subsequent *Dhatwagnis* act on this

Aahara rasa and this *Dhatupaka* process subsequently results in the formation of three parts viz., 1). *Sthoolabhaga*, responsible for the formation of that concerned *Dhatu* 2). *Sookshmbhaga*, responsible for the formation of *Poshakaamsha* of the subsequent *Dhatu* and 3). The *Kittabhaga/ Mala*. So when *Mamsa dhatawagni* acts on *Mamsa dhatu*, it results in the

formation of *Poshaka medadhatu* on which *Meda dhatwagni* acts resulting in the formation of *Sthoolamedadhatu*, as *Sthoolabhaga*, *Poshakaasthidhatu* as *Sookshma* part and *Sweda* as the *Kitta/ Mala bhaga*. The impairment of *Jathragni* also leads to the *Dhatwaagni* impairment. In the case of *Medorog*, the *Medadhatwagnimandya* leads to *Vruddhi* of *Medadhatu*, and associated dyslipidaemia.

SAMPRAPATI BHANGA

Kapha and *Medadhatu* plays a vital role in the pathogenesis of the *Medorog* disease. Due to *Avarana* (Obstruction) of the *Strotas* by the *Medadhatu*, there is *Vruddhi* of *Koshtagatavata* (*Samanavata*) which ultimately leads to the *Atisandukshana* of the *Jathragni*. The increased *Jathragni* leads to the rapid digestion of the ingested food and leaves the person craving for food. The net result is that there is increased intake of food and due to *Medaatiupachaya* the result is *Medorog*.

Medorog is a *Santarpanjanyavyadhi* and the *Chikitsa* recommended for it by *Acharya Charaka* is "*Guru cha Aptarpana*". Along with *Kapha* and *Meda* which are the main *Dosha* and *dushya* involved in the pathogenesis of *Medorog* and dyslipidaemia, *Vata* and *Agni* also plays a vital role and can be considered as the *Upadravakaras* in *Medorog* Patient. So the *Chikitsa* must be focused on alleviating the *vata* and *Kaphadosha*, besides taking care of increased *Medadhatu* and impaired *Agni*.

The contents of *Vyoshadiguggulu* are *Kapha-vatashamaka*, *Agnideepak* and *Ushna viryatamaka*⁸. *Anupana Madhu* is *Guru* and has the properties of *Aptarpana* and lukewarm water is *Kaphghna* and *Vatahgna*. Thus *Vyoshadi Guggulu* and its *Anupana* help in reversing the *Samprapti* (Pathogenesis) of *Medorog* (Obesity) associated with dyslipidaemia.

CONCLUSION

According to pathogenesis and management mentioned in the *Ayurvedic* texts,

Vyoshadi Guggulu was chosen accordingly and the case was successfully managed with *Ayurvedic* treatment. Along with the improvement in the signs and symptoms there is also marked improvement in objective parameters like Weight BMI, Corpulence index, Waist circumference, Hip circumference, Waist hip ratio, Skin fold thickness and Lipid profile.

Hence this treated modality can easily be adopted in clinical practice and further large scale clinical trial should be conducted to establish the efficacy of the treatment.

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