Protocol on Comparative Clinical Efficacy of *Tryushanadi Guggul* and *Navaka Guggul* in Sthoulya (Overweight)

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Authors’ contributions

This work was carried out in collaboration among all authors. Author ADP designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors SM and VA managed the analyses of the study. Author VA managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Background: *Sthoulya* is *Medovaha Srotodushtijanya vyadhi*, which includes abnormal and excessive accumulation of *Medodhatu* in the body. This is caused by lack of physical and mental activity, daytime sleep, excessive intake of *madhur* (sweet), *snigdha ahar* (oily diet) results in increase *Kaphadosha* and *meda* which results in *Sthoulya* (overweight) having symptoms of mild dyspnea, thirst, drowsiness, excess sleep, appetite, offensive smell from the body, incapability to work and incapability to participate in sexual intercourse.

Aim: Comparative clinical efficacy of *Tryushanadi Guggul* and *Navaka Guggul* in *Sthoulya* (overweight).

Materials and methods: Total 60 patients of *Sthoulya* will enrolled and will divided into two groups (each group contains 30). Patients in group A (experimental group) will be given 1 gram *Tryushanadi Guggul* two times a day after meal with honey and in group B (control group)1 gram *Navaka Guggul* will administered two times a day after meal with honey for 30 days. Dietary
changes and walking (30 minutes) will be advised to patients of both groups. Follow up will be taken on 15th day and 30th day. Assessment of subjective parameters like kshudrashwas (exertional dyspnoea), swedadhikya (perspiration), atikshudha (increased appetite), nidradhikya (increased sleep) and objective parameters like body weight, B.M.I., mid arm circumference, waist-hip ratio and lipid profile will be done before and after treatment.

Results: Subjective and objectives outcomes will be assessed by statistical analysis.

Conclusion: It will be drawn from the result obtained.

Keywords: Lipid profile; navaka guggul; obesity; sthoulya; tryushanadi guggul.

1. INTRODUCTION

Sthoulya is one among the major diseases that falls under the category of Samarpanoththavyadhi (disorder of over nutrition) caused due to vitiation of Medovaha srotasa (channel). It is an abnormal and excessive accumulation of Medadhatu in the body [1]. Acharya Charaka considered Atishthula as one among Astonindita Purusha (eight undesirable persons) [2]. Meda is increased in the body due to lack of physical exercises, sleeping during day time, consuming food which increases Kapha and meda, ingestion of excess fats/oils and substances that are predominantly sweet in taste. All the channels that continuously supply nutrients to other tissues are blocked by accumulated meda (fatty tissue), so further tissues are not properly formed and only meda gets accumulated in the body. A person having pendulous appearance of spika (hip), udara (abdomen) and stana (breast) due to excess deposition of meda (fat) along with mamsadhatu and also having unequal an abnormal distribution of meda with reduced enthusiasm towards life is called atithula.

Acharya Charaka has described eight symptoms of sthoulya like ayuhrasa (reduced lifespan), javoparodha (early onset of senility), alpavyayayita (find difficulty to perform sex), daurbalya (debility or general weakness), daurgandhya (foul smell of body), swedadhikya (swetering), attirisha (increased thirst), atikshudha (increased appetite) [3]. Sthoulya can be compared to overweight and obesity. Obesity is defined as an increase in number and/or size of adipose cells suggest hypertrophy and/or hyperplasia of adipocytes. It may be caused due to particular age, sex, genetic, endocrine, behavioral, psychological or iatrogenic factors. Obesity can be assessed by measuring Body Mass Index, Waist circumference, Waist / Hip ratio and Skin fold thickness.

The B.M.I. is the actual body weight divided by the height squared in metres (kg/m2). A person having BMI of 25 kg/m2 to 29.9 kg/m2 is considered having overweight. Overweight is the fifth leading risk of global deaths. Worldwide, more than 1.9 billion adults of 18 years and older, were overweight. The first adverse effects of overweight to emerge in population in transition are Obesity is a major risk factor for metabolic disorders like hypertension, hyperlipidemia and glucose intolerance, coronary heart disease and diabetes mellitus [4].

Overweight is most prevalent in middle-age, but can occur at any stage of life. Normally the women are more prone than men. Overweight may have profound psychological consequences, compounded by stigmatization of the overweight in many societies [5]. Ayurveda described many herbo-mineral formulations for management of Sthoulya. Various researches conducted on Guggul formulations like Medohar, Triphala, Amrutadya and lekhana drugs like Guduchi (Tinospora cordifolia Willd) and Musta (Cyperus rotundus Linn) proved their efficacy in Sthoulya [6-9]. In Bhavprakash Tryushanadi Guggul claimed effective for Sthoulya. Contents of Tryushanadi Guggul are mostly Katu (pungent), Tikta (bitter) which are opposite to Kapha and meda, thus help in reducing excessive meda deposition in the body. Hence this study is planned to evaluate the comparative efficacy of Tryushanadi Guggul in Sthoulya [10].

Trial plan: Double arm randomized single blind parallel group controlled clinical trial. intervention trial having 1:1 ratio on both parallel groups.

2. METHODOLOGY

Case Definition: Subjects having age group 20 to 40 years of either sex irrespective of caste, religion, and prakriti having symptoms of Sthoulya like kshudrashwas (exertional dyspnoea), swedadhikya (perspiration), atikshudha (increased appetite), nidradhikya (increased sleep) with BMI between 25 kg/m2 to 30 kg/m2.
Table 1. Diet plan timing

| Timing       | Diet plan (dietary regimen)                                                                 |
|--------------|-------------------------------------------------------------------------------------------|
| 9 am -11 am  | Horse gram / green gram (100 g) gruel or butter milk (200 ml) or fruits like papaya, orange, coconut water or sprouted bengal gram or green gram (100g) |
| 1 pm         | Yava /jowara /wheat chapati (2)-50 gm                                                     |
|              | Leafy vegetables-spinach /fenugreek/amaranthus (100 gm)                                   |
|              | Other vegetables-soyabean/cabbage/tomato (100 gm)                                         |
|              | Mixed salad of cucumber, carrot, radish                                                   |
| 8 pm         | Yava /jowara /wheat chapati (2)-50 gm                                                     |
|              | Leafy vegetable-spinach /fenugreek/amaranthus (100 gm)                                   |
|              | Other vegetable-soyabean/cabbage/tomato (100 gm)                                         |
|              | Mixed salad of cucumber, carrot, radish                                                   |

Patient will be advised to follow pathya ahar and vihar for Sthoulya.

2.3 Ahar (Diet) and Vihar (Activity)

For both groups ahar and vihar will be the same as mentioned in Table 1.

Screening Investigations (Base Line): Random Blood Sugar will be done to rule out diabetes mellitus.

Investigations Before and After Treatment: Lipid Profile (Total cholesterol, High Density Lipoproteins, Low Density Lipoproteins, Very Low Density Lipoproteins, Triglyceride).

Criteria for Discontinuing or Modifying Allocated Interventions: Subject can withdraw himself/herself from the study if any untoward incidence, features of drug sensitivity or any other disease or problem arises and free treatment will be offered to the subject till the problem subsides.

Strategies to Improve Adherence to Drug Protocol: We will measure quantity of Vati (pill) for the consumption of appropriate dose for assessment and to check drug adherence, the patient will be followed up 15 days during treatment and on 30th day of treatment. Patient will be advised to avoid sweet food.

After Treatment Follow Up: Subjects will be followed up on 30th day after completion of treatment.

Primary Outcomes: Reduction in gradation of subjective parameters like kshudrashwasa
(exertional dyspnoea), *swedadhikya* (perspiration), *atikshudha* (increased appetite), *nidradhikya* (increased sleep) and reduction in objective parameters like body weight, B.M.I., mid arm circumference, waist-hip ratio and lipid profile.

**Secondary Outcomes:** We will see recurrence and any side effects of interventional drug.

**Statistical Analysis:** Statistical analysis of qualitative data will be done by descriptive statistics, quantitative data tested for normality. Data having normal distribution will be done by paired and unpaired t test, data having non normal distribution will be done by wilcoxon signed rank test & Mann Whitney u test.

**Follow Up Time:** 15th day during treatment and on 30th day of treatment.

**Enrolment and Interventions Time Schedule:** Drug will be given from 0 to 30 days and follow up on 15th and on 30th day of treatment.

**Recruitment:** By computerised random sampling method, 60 patients will be recruited (30 in each group) for study.

**Implementation:** Principal investigator will enroll and allocate the patients for study.

**Methods:** Data collection, analysis and management.

### 2.4 Data Collection Methods

**Subjective Parameters:** 
- *Kshudrashwasa* (exertional dyspnoea),
- *swedadhikya* (perspiration),
- *atikshudha* (increased appetite),
- *nidradhikya* (increased sleep)

**Objectives parameters—Body weight of the patient, B.M.I., mid arm circumference, waist-hip ratio will be assessed on day 0, 15 and 30 and lipid profile will be assessed on day 0 and 30.**

**Gradation with Validation:** Assessment will done before, during and after treatment using gradation of symptoms as shown in Table 2 for clinical research methodology [11].

### Table 2. Gradation of Subjective parameters

| Subjective parameter | Grade 1 | Grade 2 | Grade 2 | Grade 3 |
|----------------------|---------|---------|---------|---------|
| *Kshudrashwasa* (exertional dyspnoea): | No dyspnoea even after heavy work | Dyspnoea after moderate work relieved later & tolerable; dyspnoea by climbing up stairs of 10 steps and time taken will be more than 15 sec | Dyspnoea after little work but relieved later and not tolerable; dyspnoea by climbing upstairs of 10 steps and time taken will be more than 30 sec | Dyspnoea at rest |
| *Swedadhikya* (perspiration): | Sweating after heavy work, fast movement or in hot weather | Profuse sweating after moderate work and movement | Profuse sweating after little work and movement | Sweating even at rest or in cold weather |
| *Atikshudha* (Increased appetite): (1 meal=about 350gm diet) | As usual / routine | Slightly increased (1 meal extra with routine diet) | Moderately increased (2 meals extra with routine diet) | Markedly increased (3 meals extra with routine diet) |
| *Nidradhikya* (increased sleep): | Normal & sound sleep for 6-8 hrs./24 hrs. with feeling of lightness and relaxation in the body & mind | Sleep >8-9 hrs./24 hrs. with slight heaviness in the body | Sleep >9-10hrs./24hrs. with heaviness in the body associated with *Jrimbha* (yawning) | Sleep >10hrs./24hrs. with heaviness in the body associated with *Jrimbha* & *Tandra* (sleep) |
2.5 Plan to Promote Participants Retention and Complete Follow Up

We will stay in touch with patient by taking contact number and timely advice them for medication and follow up and data of follow up will be stored in documentation with reason.

Data management: The data will be collected from patients by assessor by doing clinical assessment after taking written consent form the patient. Data will be collected using structured questionnaire filled during interview of the patient. Data will be entered in master sheet and analysed by using appropriate statistical technique and data coding will be done by principal investigator.

Outcome will be compared using paired and unpaired student ‘t’ test.

Dissemination Policy: The data will be disseminated by paper publication.

Any intended use and authorship eligibility guidelines of professional writers.

Informed Consent Materials: Model consent form and other related documentation with all information will be given to participant.

3. RESULTS

Expected outcome result in control group with intervention Tryushanadi Guggul is potentially added effectual in subsiding the symptoms of Sthoulya like kshudrashwas (exertional dyspnoea), swedadhikya (perspiration), atikshudha (increased appetite), nidradhikya (increased sleep) and also in with regards to bodyweight, BMI, mid arm circumference, waist hip ratio, and lipid profile. By following Pathya (wholesome diet) and Apathya (unwholesome diet), during treatment patient who will take all follow up will have a reduced amount of chance of recurrencce of symptoms.

4. DISCUSSION

This study will be conducted with the aim to compare clinical efficacy of Tryushanadi Guggul and Navaka Guggul in Sthoulya (overweight). In Charak Samhita, Guru (heavy) and Apatarpana Chikitsa (under nutrition treatment) is recommended in the management of Sthoulya. The drugs having Katu (pungent), Tikta Rasa (bitter taste), Ruksha (dry), Ushna Guna (hot properties), Kapha-medohar and Lekhana (scrapping) properties are indicated in the management of Sthoulya [12]. Navaka Guggul is a known drug used for Sthoulya and its efficacy is proved by various research studies. So it is taken as a standard treatment group to compare the efficacy of Tryushanadi Guggul in Sthoulya (overweight). The efficacy will be assessed by comparing the improvement in subjective and objective parameters as compared to standard drug after completion of treatment. Tryushanadi Guggul contains Sunthi (Zinziber officinalis. Roxb.), Marich (Piper nigrum), Pippali (Piper longum), Chittrak (Plumbago zeylanica.Linn), Musta (Cyprus rotundus.Linn.), Vidanga (Embeliaribes), Vaca (Acorus calamus Linn), Shudha Guggul ( purified Commiphoramukul). Navaka Guggul contains Triphala (Amalaki, Haritaki, Vibhitaki ) , Triku (Sunthi, Marich, Pippali), Musta, Vidanga, Chittrak and Shuddha Guggul. All ingredients of both drugs having Katu, Tikta Rasa and having Laghu (light), Ruksha (dry), Tikshna (penetrating properties) property opposite to Kapha and meda. Most of the ingredients have deepan (appetizer), pachana (digestive) property which reduces ama and strotorodha (obstruction in channels). This is helpful in breaking the Samprapti (pathogenesis), so will help to reduce all symptoms of Sthoulya. Tryushanadi Guggul and Navaka Guggul are effective in management of Sthoulya, but in this study we assess the comparison between both drugs efficacy on subjective and objectives criteria. Total effects will show which drug is highly effective in Sthoulya. We reviewed the case studies, research articles and protocols to collect information on study drugs [13-15]. Various research studies on obesity were reported increasing prevalence and associated risk with obesity [16-18]. Studies on assessments of obesity and lipid profiles in different conditions were reviewed [19-21].

5. CONCLUSION

From the above assumed result it is concluded that the interventional drug Tryushanadi Guggul is 10% further more effective in Sthoulya patient as compared to Navaka Guggul with minimum side effects.

CONSENT

The written consent will be taken from the patient before starting the study. During the study, confidentiality of each patient will be maintained.
ETHICAL APPROVAL

Approval from research ethics committee has been taken. Ref.No. MGACHRC/IEC/July-2020/61. After ethical approval from IEC study will be started.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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