

TO STUDY THE *BRIMHAN SIDDHANT* ON THE BASIS OF EFFICACY OF *VIDARIKAND* ON *KARSHYA VYADHI*

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ABSTRACT

Karshya (Leanness) is an *Apatarpana janya Vyadhi*. *Aahar* factor is the main predisposing factor for this disorder and *Alpashana* and *Vishamaana* specially results in the development of *karshya* (Leanness). As *Krishata* is a pre stage, it is to be treated with proper care and attention, which otherwise leads to *Atikarshya*. *Karshya* and *Atikarshya* are two forms of malnutrition that is mild or moderate and severe respectively. Pharmacotherapies like *Brimhana*, *Rasayana* and *Vrishya* have been advocated in the classics for the patients of *Karshya*. The ultimate aim of treating *karshya* is to achieve a proportionate body. Probable mode of action of *brimhana dravya*'s can be accessed on the ground of its *Gunapanchaka*. It is found that majority of *brimhana* have predominance of *guru*, *snigdha*, *sheet* and *manda guna*, *madhura rasa* and *madhur vipaka* causing *brimhana* effect.

Keywords: *Karshya*, *brimhana*, *vidarikand*, *rasayana*.

INTRODUCTION

Karshya(Leanness) is a most wide spreading health and nutritional problem in developing countries. The word 'Krush' is derived from root 'Krush Tanukarane' with 'Acha Pratyaya'^[1]. Its literal meaning is to become *Krusha* and thin. It means a condition or disease in which the body of person becomes emaciated, having less quantity of *rasa dhatu* further causing a status of *mamsahinata* or *manskshaya*. According to *Acharya Charaka* inadequate intake of food in less quantity is prime factor producing *karshya* (Leanness). *Acharya Dalhana* comment *karshya* (Leanness) as "*Karshyam Mamsakshayam*" means person having *kru-sha* and thin body personality is *karshya*

(Leanness). *Karshya* (Leanness) and *atikarshya* show all forms of Malnutrition that is mild, moderate and severe respectively^[2]. *Karshya* (Leanness) being *vata pradhan vyadhi*, *bruhan* and *rasayana*, has been advocated in the classics for its management. The selected drug *Vidarikand churna* is described in *Brihaniya Mahakashaya* in *Charaka Samhita*^[3]. It has properties of *brimhana*. *Karshya* (Leanness) is the condition of being excessively *kru-sha*. Both the *Krusha* and *Sthula* fall under "Ashtoninditiya" persons as per *Charaka*^[4]. It can be observed that tolerating excess physical exercise, over hunger, thirst, disease and drug is not possible for *kru-sha* person. He or she would feel

atishitoshna and can't indulge in sexual activities. *Acharya Charaka* described *krush* as; the person has wasting up buttocks, abdomen, and neck, prominent vascular network, eminent of skin and bone and thick nodes. The *pleeha* would enlarge in the *krush* person. They would be victim of cough and wasting *kshaya* would become a habit. They might be victim of *shwasa*, *gulma*, *arsha*, abdominal diseases *udar*, *rakat-pitta*, disorders of *vata*^[5].

Treatment for *Krush*: *Sthula* and *krusha* person are always prone to various disease. Hence these people must be treated by *karshan* and *brihan chikitsa* respectively. In *Charak Samhita Vidarikand* is included in *Bruhaniya Mahakashaya* so we have decided to use in *karshya chikitsa*^[6]. So much emphasis is placed on the topic of *sthaulya* and weight loss that the subject of low body weight is often neglected. Factors such as malnutrition, disease, eating disorders and compulsive exercise can contribute to an unwholesome weight. Being seriously *krusha* poses major health risk to adults and children, including *ashtikshaya*, a weakened immune system and interrupted menstrual cycle in women. In a culture obsessed tries to be slim and avoiding *sthaulya*, health issues associated with being *krush* recessive relatively little attention. Based on a number of health measure, however, the risk of being *krush* are comparable to the detrimental effects of *sthaulya*. While popular American culture may portray thinness as a positive trait to be achieved, overachieving thinness can lead to numerous negative health effects, including death. According to Center for Disease Control and Prevention, *krush* individuals with a body mass index below 18.5 have a higher- than-expected risk of death when compared to individuals with a

normal or overweight body mass index of 18.5 to 30. The human body was designed to operate with a certain amount of fuel and fat stores, and falling below the intended level can detrimentally affect physical and well-being. Although being *krush* is not at the same epidemic level as being overweight, it has a problem many men and women face. 8 to 9 % of the population had a body mass index below 18.5 and falls under the American Dietetic Association definition of *krusha*. The health problems faced by the *krusha* are different from those generally associated with being overweight, but they are just as serious. Many people who diet and exercise claim to be so for health reasons, but envy of stick-thin models in the media also helps fuel a multi-billion dollar per year diet and fitness industry. The problem with trying to achieve a certain super-thin ideal is that it's not the natural, healthy body size for all women. You may be well versed on the potential dangers of *sthaulya*, but you rarely hear about the reverse. Being *krush* comes with its own health consequences. A person's ideal, healthy body weight varies depending on a variety of factors, including age, height, gender, bone density and frame size. Maintaining a weight below one's ideal weight range poses a number of risks, including increased risk for infection, anemia, osteoporosis and other conditions. The news is often filled with stories of the health issues for those who are overweight or *sthula*, but being *krusha* poses its own set of health risks. Men, women and children who are *krusha* are more prone to some diseases, illnesses and problem during or after surgery, and *krusha* women may have difficulty becoming pregnant or having healthy pregnancies. Being *krusha* causes nutritional effects

that concern both physical and mental health.

Aims And Objectives:

AIM: To Study the *Bruhan Siddhant* on the basis of efficacy of *Vidarikanda* on *Karshya*.

Objective: Clinical evaluation of principles in view of effect of *Vidarikanda* in *Karshya*.

Material And Methods:

Plan Of Work: Retrospective single blind randomized control trial.

Inclusion Criteria

1. BMI : <20
2. Age : <18-25 years

Exclusion Criteria

Dravya	Latin name	English Name	Rasa	Vipak	Virya	Guna & doshkarma
<i>Vidarikand</i>	<i>Pueraria tuberosa D.C.</i>	Tuberous root	<i>Madhur</i>	<i>Guru, snigdha</i>	<i>Sheet</i>	<i>Vataghna, Pittaghaa</i>

Standard Operating Procedure of *Vidarikand Churn*: Dried crude *vidari* root were obtained from the local market and its powder form was obtained with the help of

1. Suffering from any major systematic, infective, allergic diseases.
2. Hyperthyroidism, endocrine disorders.

Diagnostic Criteria

Special Case record form was prepared incorporating signs and symptoms of *karshya*. Detailed history was taken and complete systematic examination was carried out according to research performed [8]. Flavone present in *Vidarikand* is free radical scavenger and *polyphenol* modulate hepatic cholesterol metabolism and reduce inflammation in GIT [9].

Table No.-1

grinder. This powder was allowed to filter through clean four folded cloth piece [10].

Standardization of *Vidarikand Churna* shows the following results,

Table No. 2

No.	Testing Parameter	Obtained results	A.P.I. standards
1	Total ash	14.32%	Not more than 17%
2	Acid insoluble ash	3.12%	Not more than 4.5%
3	Alcohol soluble extract	6.96%	Not less than 4%
4	Water soluble extract	28.68%	Not less than 24%

Formulations Dose: According to *Sharan-gadhar Acharya*, dose of *churna* is 1 *karsha* therefore One *Karsha* i.e. 10gm of *vidarika-da churna* were the dose of study [11].

Methodology: The total 60 subjects fulfilling the criteria of diagnostic have been selected for study from the OPD irrespective of their sex, religion, occupation etc. Selected subjects have been divided randomly into experimental and control groups having 30 subjects in each group. *Vidarikand churna* and milk (200ml) at morning daily given

to experimental group and only 200ml milk in morning daily were advised to control group. Total duration of treatment was of 45 days with follow up after every 10 days.

Duration of Treatment: 45 days with follow up at every 15 day. **Clinical evaluation**

Subject were assessed and evaluated on the basis of objective and subjective parameters.

Objective Parameters

1. Weight
2. BMI in Kg/m²
3. Waist circumference.

Subjective Parameters: Most of the symptoms and signs of *karshya*, described in Ayurveda are subjective in nature. To give results objectively and for easy statistical analysis, multidimensional scoring pattern were adopted. This gradation score was obtained before and after the treatment through statistical analysis and percentage relief were taken out to assess the efficacy of therapy. Gradational score was according to the severity symptoms.

Vyayam Sahatwam:

Tired by very less physical activity 3

1. Tired by less physical activity 1

2. Tired by doing exercise 0

Sauhityam Satwam

1. Very less than normal diet 3
2. Less than normal diet 2
3. Normal diet 1
4. More than normal diet 0

Shitoshna Satwam

1. Intolerance to little variance 3
2. Little variance tolerated but cold/hot 2
3. wind/temperature not tolerated 2
4. Local cold/wind weather is tolerated 1
5. Tolerance to extreme conditions 0

Observation and results:

Total Effect of Therapy on BMI:

Table No.-3

Total effect of therapy on BMI	Total effect of therapy on BMI					
	Experimental		Control		Total	
	No. of patients	percentage	No. of patients	percentage	No. of patients	percentage
Complete improvement	4	10.22	0	0	4	6.66
Marked improvement	2	6.66	0	0	2	3.33
Moderate improvement	8	26.66	2	6.66	10	16.66
Mild improvement	16	53.33	26	86	42	70.00
No improvement	0	0	2	6.66	2	3.33

In experimental group, the therapy shows complete improvement in 4 patients (10.22%), marked improvement in 2 patients (6.66%), moderate improvement in 8 patients (26.66%) and mild improvement in 16 patients (23.33%). In control group, the therapy shows moderate improvement in 2 patients (6.66%), mild improvement in 26 patients (86.00%) and No effect in 2 patients (3.33%).

DISCUSSION

Karshya is an *Apatarpana janya Vyadhi*. *Aahar* factor is the main predisposing factor for this disorder and *alpashana* and *vishamaana* specially results in the development of *karshya*. As *krishata* is a pre

stage, it is to be treated with proper care and attention, which otherwise leads to *atikarshya*. *Karshya* and *atikarshya* are two forms of malnutrition that is mild or moderate and severe respectively. Pharmacotherapies like *brimhana*, *rasayana*, and *vrishya* have been advocated in the classics for the patients of *Karshya*. The ultimate aim of treating *karshya* is to achieve a proportionate body. Probable mode of action of *brimhana dravya's* can be accessed on the ground of its *gunapanchaka*. It is found that majority of *brimhana* have predominance of *guru*, *snigdha*, *sheet* and *manda guna*, *madhura rasa* and *madhur vipaka* causing *brimhana* effect.

CONCLUSION

Vidarikanda having a property of *madhura rasa* and *madhura vipaka* which has *vata* effect *Aharpaka vrishya* property helps in triglyceride synthesis, which is *dehavridhikar bhava*. On other hand, *guru, snigdha sheet* in body and *mrudu guna* are directly responsible for *brimhana* effect in body. *Rasayan* property improves general health and immunity. *Jeevaniya* property maintains equilibrium of *dosha, dhatu* and *malas*. Flavone present in *Vidarikand* is free radical scavenger and polyphenol modulate hepatic cholesterol metabolism and reduce inflammation in GIT.

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