

**A comparative clinical evaluation of
Dasanga Gugglu & Tripala Churna in
the management of Medo Roga w.s.r. to
Hyperlipidemia**

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ABSTRACT

Medo Roga is defined as accumulation of excessive and abnormal quantity of Medo Dhatu along with Mamsa Dhatu, resulting increase in body size and the pendulous appearance in buttock, belly, and the breast. Several causative factors such as Avyayama, Diva Svapna, Sleshma and Madura Ahara Sevana etc increases Kapha Dosha which leads to accumulation of Medo Dhatu. Increasing Medo Dhatu means increasing deposited fat tissues in the body and increasing circulatory fats which lead to Medo Roga. In this manner Medo Roga can be correlated as obesity as well as hyperlipidemia according to view of Allopathic medicine. For thousands of years Ayurvedic medicinal preparations have been practiced for obesity and hyperlipidemia successfully as highly active, cost effective, and less side effective medications. Dasanga Guggulu and Tripala Churna have been practiced in the last around 2,000 years for eradicating Medo Roga and there are empirical evidences exist regarding their effectiveness. The objective of this study was to compare the effectiveness of Dasanga Guggulu and Tripala Churna in the management of hyperlipidaemia.

Total of 60 individuals have been selected randomly from Medo Roga clinic at Ayurvedic Teaching Hospital Borella by sealed envelope method, and divided in to two groups as experimental(N=30) and control groups(N=30), as Group I and Group II. All the patients who have been suffering from hyperlipidemia followed by obesity and who had inclusion criteria were eligible for the trial. Subjects in Group I were given Dasanga Guggulu 1g thrice a day (total 3 g) with lukewarm water after meal and patients in Group II were given Tripala Churna 5 g thrice a day with lukewarm water after meal (total 15 g). All patients were advised for nine clinic visits every fortnightly during the research, and in every clinic visits their BMI was calculated and clinical features were assessed. A self administrative questionnaire was distributed to collect the data, regarding their socioeconomic states, present & past medical histories, physical activities, alcohol

consumption and smoking habits. Their food intakes were determined using the food frequency method. Weight, height, waist and hip circumference waist to hip ratio were calculated before and after the treatment. Blood samples were collected from each subject after a 12 hours fasting to determine the lipid profile and fasting blood sugar initially and at the end of the research period. Lipid profile, fasting blood sugar, renal and hepatic functions and clinical features which have been mentioned in Madhava Nidana were assessed before and after the treatment to investigate the effectiveness of the therapy. The study period was three months. Paired t test, unpaired t test, chi square test and other appropriate statistics were used to evaluate the effectiveness within the samples and between the samples. When compare the effectiveness of drugs between two groups it was found that Dasanga Guggulu is more effective than Tripala Churna when concerning the reduction of weight, BMI, waist circumference, and hip circumference after the three months. Further, Tripala Churna is more effective than Dasanga Guggulu for reduction of total cholesterol, LDL and Triglycerides while, Dasanga Guggulu is more effective than Tripala Churna for increasing of HDL and for reducing of VLDL. It reveals that both treatments are effectively reduce clinical features of Medo Roga. The safety profile for the drugs were developed using hepatic and renal functions. Levels of SGPT and SGOT were taken into consideration to access the hepatic function and blood urea and serum creatinine were calculated for renal functions. There was no any unwanted effects were found during the study. In a careful examination of the data, Dasanga Guggulu and Tripala Churna have shown the same rate of elevation of hepatic enzymes and the renal functions. The main intention for conducting a safety profile to find out whether there are any side effects of both drugs specially relating hepatic functions and renal functions. Finally, it reveals that not only there were no any side effects but also there was an effect for reducing SGOT and SGPT. It can be concluded that both these drugs are highly statistically significantly on reduction of lipid profile and BMI but there is no statistically significant between both drugs for reducing lipid profile or biological parameters. Both these drugs are clinically safety as not affecting renal function or hepatic functions.