

A COMPARATIVE STUDY ON THE EFFICACY OF KRIMIGHNADI KASHAYA AND STHOULYAHARA KASHAYA ALONG WITH PATHYA AND APATHYA CHART IN THE MANAGEMENT OF STHOULYA (OBESITY)

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ABSTRACT

Background: Obesity (Sthoulya) is a global health concern associated with numerous comorbidities, including cardiovascular diseases, diabetes, and metabolic disorders. Ayurvedic interventions like Krimighnadi Kashaya and Sthoulyahara Kashaya, along with lifestyle and dietary modifications (Pathya and Apathya), provide potential natural solutions to this issue.^[1,2]

Objective: To evaluate and compare the efficacy of Krimighnadi Kashaya and Sthoulyahara Kashaya alongside Pathya and Apathya in managing Sthoulya (Obesity).

Methods: A randomized clinical trial was conducted on 45 participants, divided into three groups. Group A received Krimighnadi Kashaya, Group B received Sthoulyahara Kashaya, and Group C followed the Pathya-Apathya chart alone. The interventions were assessed over 30 days based on objective and subjective parameters, including BMI, skinfold thickness, and symptoms like Atikshudha (Excessive hunger) and Atipipasa (Excessive thirst).^[3,4]

Results: Both Krimighnadi and Sthoulyahara Kashaya demonstrated significant reductions in BMI and associated symptoms. Statistical analysis revealed no significant difference between the two groups, but Sthoulyahara Kashaya combined with Pathya-Apathya showed slightly better outcomes.^[5]

Conclusion: Ayurvedic remedies, particularly Sthoulyahara Kashaya with lifestyle modifications, are effective in managing obesity.

KEYWORDS: Sthoulya, Obesity, Ayurvedic interventions, Krimighnadi Kashaya, Sthoulyahara Kashaya, Pathya and Apathya, Body Mass Index (BMI), Lifestyle modifications, Herbal remedies.

INTRODUCTION

Sthoulya (Obesity), classified as a Kapha-Pradhana Vyadhi in Ayurveda, is a medopradoshaja condition characterized by excessive accumulation of meda (Fat tissue).^[6,7] In modern medical terms, it corresponds to obesity, a major global health issue linked to comorbidities such as cardiovascular disease, diabetes, hypertension, and osteoarthritis.^[3,8] The prevalence of obesity has risen dramatically worldwide, with increasing incidence in both urban and rural areas.^[9]

Ayurveda emphasizes a holistic approach to health, integrating dietary regulation (Pathya and Apathya), lifestyle changes, and herbal remedies.^[10] Among the numerous Ayurvedic formulations, Krimighnadi Kashaya and Sthoulyahara Kashaya have shown potential efficacy in managing obesity.^[11] While modern pharmacological treatments often have side effects and limited sustainability, Ayurvedic remedies provide natural, individualized approaches to long-term weight management.^[12]

This study aims to evaluate the comparative efficacy of Krimighnadi Kashaya and Sthoulyahara Kashaya, along with Pathya-Apathya, in managing obesity. The hypothesis posits that Sthoulyahara Kashaya, combined with lifestyle modifications, will exhibit superior results.^[13]

Methods

Study Design and Setting

This was a randomized, open-label clinical study conducted at the Ramakrishna Ayurvedic Medical College and Hospital, Bengaluru. Ethical approval was obtained prior to the study, and written informed consent was collected from all participants.

Participants

Inclusion criteria

- Individuals aged 18–45 years with BMI >25.
- Diagnosed with Sthoulya based on Ayurvedic and modern parameters.
- Willing to adhere to the study protocol.

Exclusion criteria

Secondary obesity due to endocrine disorders.

- Pregnancy or lactation.
- Severe comorbidities like cardiovascular or renal diseases.

Interventions

- Group A: Krimighnadi Kashaya (Decoction) administered twice daily before meals.
- Group B: Sthoulyahara Kashaya administered twice daily before meals.
- Group C: Advised to strictly follow the Pathya-Apathya chart without additional medication.

The duration of the intervention was 30 days for all groups. Pathya-Apathya included dietary modifications (Low-fat, high-fiber diet) and lifestyle adjustments (Daily physical activity and avoidance of daytime sleep).

Outcome measures**Objective parameters**

- Body Mass Index (BMI).
- Skinfold thickness.
- Waist circumference.

Subjective parameters

- Atikshudha (Excessive hunger).
- Atipipasa (Excessive thirst).
- Atinidra (Excessive sleep).
- Kshudraswasa (Breathlessness on exertion).

Statistical analysis

Data were analyzed using SPSS software. Within-group changes were assessed using paired t-tests, while inter-group comparisons were made using ANOVA and Kruskal-Wallis tests. A p-value <0.05 was considered statistically significant.

RESULTS

Demographic data

The study included 45 participants (15 in each group). The majority were female (60%), aged 25–40 years, and belonged to a middle socioeconomic class. Dietary patterns predominantly included high-carbohydrate and high-fat foods.

Clinical outcomes

1. BMI

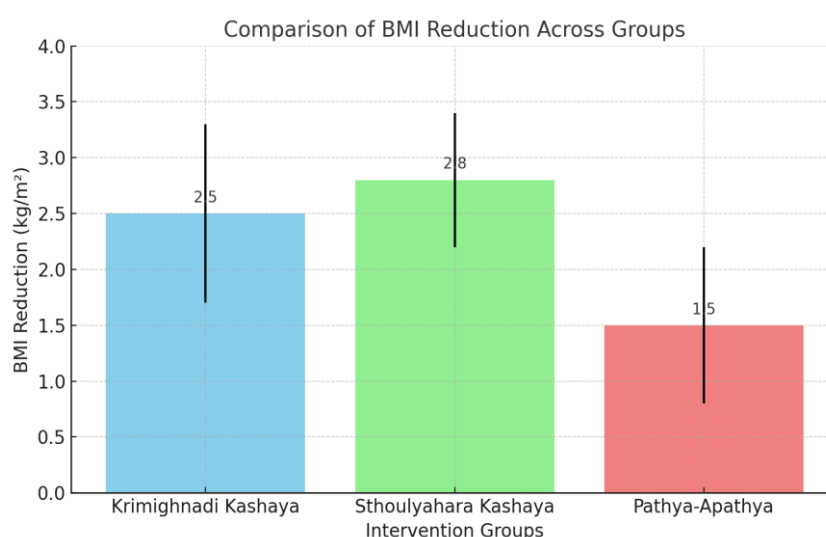
- Group A: Mean reduction of 2.5 ± 0.8 kg/m².
- Group B: Mean reduction of 2.8 ± 0.6 kg/m².
- Group C: Mean reduction of 1.5 ± 0.7 kg/m².

2. Skinfold thickness

- Group A: Decreased by 1.5 ± 0.4 mm.
- Group B: Decreased by 1.8 ± 0.3 mm.
- Group C: Decreased by 0.8 ± 0.5 mm.

3. Subjective symptoms

- Significant improvement in Atikshudha, Atipipasa, and Kshudraswasa in both Groups A and B. Group C showed moderate improvements.



Statistical analysis

Inter-group comparisons revealed statistically significant differences in BMI and skinfold thickness reduction between Groups A, B, and C ($p < 0.05$). Sthoulyahara Kashaya showed

slightly better outcomes than Krimighnadi Kashaya, although the difference was not statistically significant.

DISCUSSION

The findings support the efficacy of Ayurvedic interventions in managing obesity. Both Krimighnadi Kashaya and Sthoulyahara Kashaya significantly reduced BMI and improved subjective symptoms, highlighting their potential as natural, holistic remedies. The slightly superior results of Sthoulyahara Kashaya may be attributed to its specific ingredients targeting Medo Dhatu (Fat tissue) and Kapha Dosha.

The inclusion of Pathya-Apathya in all groups underscores the importance of dietary and lifestyle modifications. Ayurveda emphasizes the balance of Doshas, and the integration of individualized lifestyle interventions aligns with this principle. While the study confirms the effectiveness of Ayurvedic remedies, limitations include the small sample size and short duration. Further studies with larger populations and extended follow-ups are recommended.

CONCLUSION

Sthoulyahara Kashaya, combined with Pathya-Apathya, emerges as a promising intervention for managing obesity. The study highlights the potential of Ayurvedic remedies as safe and effective alternatives to modern pharmacological treatments. Integrating these interventions into contemporary healthcare can provide comprehensive, sustainable solutions for obesity management.

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