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ROLE OF LAGHU TALISADI CHURNA IN MANAGEMENT OF METABOLIC SYNDROME ASSOCIATED WITH TAMAK SHWAS A SINGLE CASE STUDY

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ABSTRACT

Metabolic Syndrome is a life style disorder that often manifests as Medovaha strotodusti in Ayurveda. This case study explores the therapeutic potential of Laghu Talisadi churna, a classical Ayurvedic formulation, in the management of Medovaha strotodusti in a patient diagnosed with Metabolic syndrome associated with tamak shwas. The study highlights the clinical presentation, treatment protocol, and outcomes, providing insights into the efficacy of Laghu Talisadi churna as an alternative or complementary therapy for Metabolic Syndrome.

KEYWORDS: Laghu Talisadi Churna, Tamak Shwas, metabolic syndrome, Medovaha strotodusti.

INTRODUCTION

- Metabolic syndrome is a collection of conditions that often occur together and increase your risk of diabetes, stroke and heart disease. The main components of metabolic syndrome include obesity, high blood pressure, high blood triglycerides, low levels of HDL cholesterol and insulin resistance.

- The International Diabetes Foundation (IDF) in 2005 has defined MS, by the presence of 2 or more, out of these 4 criteria‟s-

1- Fasting Triglyceride > 150 mg/dl or specific medication

2- HDL cholesterol <40 mg/dl in males <50 mg/dl in females or specific medication.
3- Blood pressure >130/85 mm/Hg or prevous diagnosis or specific medication.
4- Fasting Plasma Glucose > 100mg/dl or previous diagnosed Type2 DM or specific medication.

- In Avurveda above features have been mentioned as the result of Medavaha Srotodusti.
- According to Ayurveda shwasa vyadhi is due to pranavaha, annavaha and udakavaha srotasdushti.
- Tamak shwas is type of shwasa in which patient experienced excessive difficulty and drowing indark is known as Tamak shwas.
- Vata and kapha doshas are responsible in the pathogenesis of Tamak shwas.

AIM AND OBJECTIVES

Aim

To assess the efficacy of laghu talisadi churna in management metabolic syndrome associated with tamak shwas a single case study.

Objective

Assessment of the efficacy of laghu talisadi churna in management metabolic syndrome associated with tamak shwas a single case study.

Description of patient

This is a single case study of 59 year female patient, came with the complaints of

1. Weight gain
2. Difficulty in breathing
3. Polyurea
4. High blood pressue since 5 years.
5. Abdominal Distension and Decreased appetite.

According to patient, She was apparently well before 5 years. Gradually he developed weight gain breathing difficulty and polyurea.
H\O Htn and Dm on no medication

Treatment plan

In this case we use laghu talisadi churna along with honey once daily
Drug:- Laghu Talisadi Churna

Dose:- Laghu Talisadi Churna 12gm (In early morning) with Madhu Aushad sevan kal – Rasayan kal

Duration -3 months Route- orally

लघु तालिसादि चूर्ण

तालीसपत्रं मरिचञ्च विश्वाश्यामायुतं चोत्तरभागवृद्धया| त्वक्पत्रकेणापिलवङ्गमेलामष्टौ कणाया गुणितां सिताञ्च॥ लिहयात्प्रभाते श्वसने च कासेप्लीहारुचौ पीनसच्छर्दिहिक्काम्। शोफातिसारं ग्रहणीं च पाण्डुं क्षयंनिहन्यात्क्षतजं च यक्ष्मम् ॥

(हारीत संहिता तृतीय स्थान 12/41-42)

Sl. no	Dravya	Scientific name	Part tobe used	Praportion
1	Talisha patra	Abies webbiana lindl	Leaf	1 part
2	Maricha	Piper nigrum linn.	Fruit	2 part
3	Sunthi	Zingiber officinale roscoe	Rhizon	3 part
4	Pippali	Piper longum linn	Fruit	4 part
5	Twak	Cinnamomum zeylanicum	Bark	5 part
6	Tejpatra	Cinnamomum tamala	Leaf	6 part
7	Lavang	Syzygium aromaticum	Flower bud	7 part
8	Ela	Elettaria cardamomum maton.	Seed	8 part
9	Khanda sarkara			32 karsa

Drug	Latin name	Rasa	Virya	Vipak	Guna	Karma
Talisa	Abies webbiana	Madhura, katu, tikt a	Usna	Katu	Laghu tikshna	Dipana, hrdya, vatakaphapham
Maricha	Piper nigrum	Katu, Tikta	Usna	Katu	Laghu ruksha, Tiksna	Dipamamedohara, pittakara, ruchya, vatahara, Chedana, hrdroga
Shunti	Zingiber Officinale	Katu	Usna	Madhura	Laghu Snigdha	Anulomana dipana, hrdya,
Pippali	Piper longum	Madhura, katu, tikt a	Anusna	Madhura	Laghu, snigdha	Dipana, hrdya kaphahara, Ruchya, tridoshara, vatahara, rasayan rechana
Lavang	Syzygium aromaticum	Tikta, Katu	Sheeta	Katu	Snigdh laghu	Swashhar, jwaraghna, pachana, deepana
Ela	Elettaria Cardamomum	Madhura, Katu	Sheeta	Madhura	Laghu	Anulomana, dipana hrdya, Mutrala, rocana
Tvak	Cinnamonzeylanium	Madhura, katu, tikt A	Usna	Katu	Laghu ruksha tikshna	Kaphavatahara ruchya, kanthashuddhikara

Comparison

Investigation	Before treatment	After treatment
Hba1c	7.5	6.6
Urine	Sugar presnt	Sugar absent
Cholestrol/hdl	5.67	2.51
Ldh	79.48	172.10
Bmi	28.1	24.9
Blood pressure	150/90	130/80
Hemoglobine	9.6	11.8
Fev1	37%	71%

RESULT

Patient showed remarkable improvement in severity of symptoms and as well as time period between 2 successive episodes of dyspnea is increased. During this course we observed that the patient had significant relief of symptoms weight loss increasing in appetite and increased in fev1 level.

DISCUSSION AND CONCLUSION

Drugs (Maricha & Tejpatra) with the opposite Gunas likeKatu Rasa, Laghu, and Tikshna Guna, causes alleviation of Kapha Dosha along with dhatu agnivardhan with opposite properties like Madhura, Guru, Manda, and so on, of Kapha Dosha.

Pippali & dalchini with Tikshna Guna causes Bhedana of Kapha, which is stuck to the Srotasa by Picchila and Sandra Guna. Once the Dosha is separated from the medovaha Srotasa,

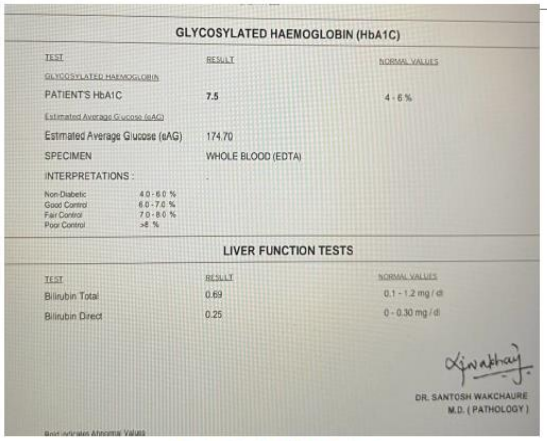
Ushna Guna of the drug Twak, shunti and Tejpatracauses Vilayana of Kapha and also generates easyexpectoration and strotas shodhan.

Sharkara again causes Chedana of Prakrut Kapha hence Vata Sanga and Vimarga-gamana are corrected. That leads to Vyadhi Shamana.

Pippali is Tridoshahara specially Kaphavatahara and is Rasayana which prevent further recurrent attacks of tamak shwas.

Laghu talisadi churna is effective in management metabolic syndrome associated with tamak shwas.

Reports



GLYCOSYLATED HAEMOGLOBIN (HbA1C)

TEST	RESULT	NORMAL VALUES
GLYCOSYLATED HAEMOGLOBIN		
PATIENT'S HbA1C	7.5	4 - 6 %
Estimated Average Glucose (eAG)	174.70	
SPECIMEN	WHOLE BLOOD (EDTA)	

INTERPRETATIONS :

Non-Diabetic	4.0 - 6.0 %
Good Control	6.0 - 7.0 %
Fair Control	7.0 - 8.0 %
Poor Control	>8 %

LIVER FUNCTION TESTS

TEST	RESULT	NORMAL VALUES
Bilirubin Total	0.69	0.1 - 1.2 mg / dl
Bilirubin Direct	0.25	0 - 0.30 mg / dl

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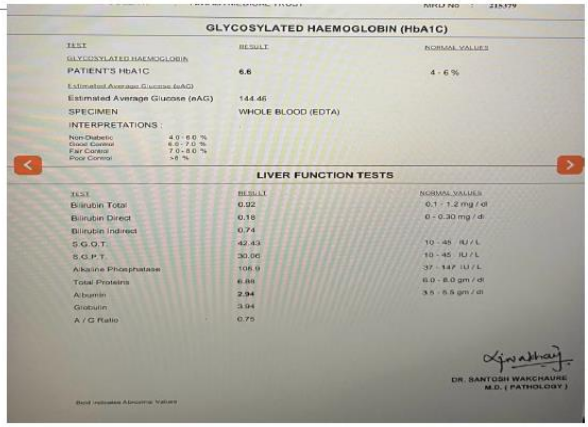
Bold indicates Abnormal Values



GLYCOSYLATED HAEMOGLOBIN (HbA1C)

TEST	RESULT	NORMAL VALUES
GLYCOSYLATED HAEMOGLOBIN		
PATIENT'S HbA1C	6.6	4 - 6 %
Estimated Average Glucose (eAG)	144.46	
SPECIMEN	WHOLE BLOOD (EDTA)	

INTERPRETATIONS :

Non-Diabetic	4.0 - 6.0 %
Good Control	6.0 - 7.0 %
Fair Control	7.0 - 8.0 %
Poor Control	>8 %

LIVER FUNCTION TESTS

TEST	RESULT	NORMAL VALUES
Bilirubin Total	0.92	0.1 - 1.2 mg / dl
Bilirubin Direct	0.18	0 - 0.30 mg / dl
Bilirubin Indirect	0.74	
S.G.O.T.	42.43	10 - 45 IU / L
S.G.P.T.	30.06	10 - 45 IU / L
Alkaline Phosphatase	106.9	37 - 147 IU / L
Total Proteins	6.88	6.0 - 8.0 gm / dl
Albumin	2.94	3.5 - 5.5 gm / dl
Globulin	3.94	
A / G Ratio	0.75	

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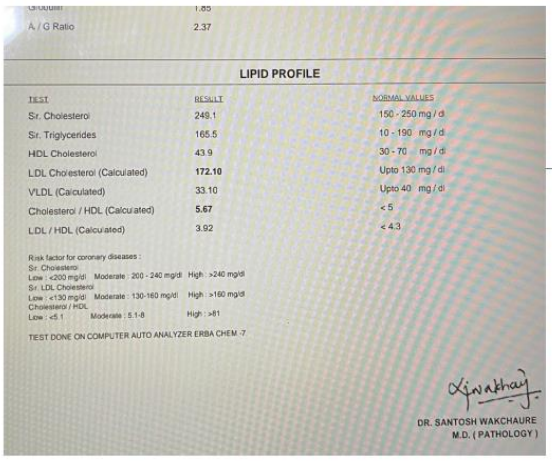
BEFORE AFTER



A / G Ratio	2.37	

LIPID PROFILE

TEST	RESULT	NORMAL VALUES
Sr. Cholesterol	249.1	150 - 250 mg / dl
Sr. Triglycerides	165.5	10 - 190 mg / dl
HDL Cholesterol	43.9	30 - 70 mg / dl
LDL Cholesterol (Calculated)	172.10	Upto 130 mg / dl
VLDL (Calculated)	33.10	Upto 40 mg / dl
Cholesterol / HDL (Calculated)	5.67	< 5
LDL / HDL (Calculated)	3.92	< 4.3

Risk factor for coronary diseases :
Sr. Cholesterol
Low : <200 mg/dl Moderate : 200 - 240 mg/dl High : >240 mg/dl
Sr. LDL Cholesterol
Low : <130 mg/dl Moderate : 130-160 mg/dl High : >160 mg/dl
Cholesterol / HDL
Low : <5.1 Moderate : 5.1-8 High : >81

TEST DONE ON COMPUTER AUTO ANALYZER ERBA CHEM -7

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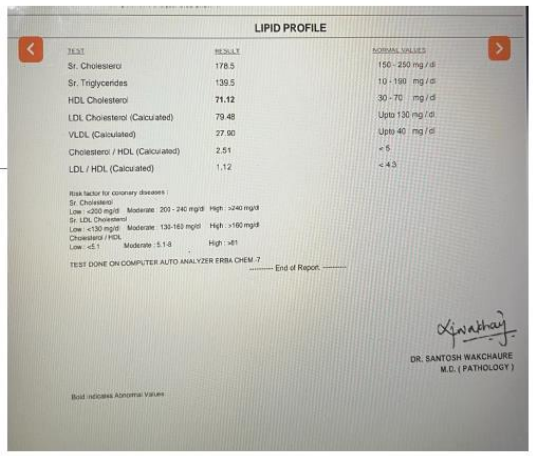

LIPID PROFILE

TEST	RESULT	NORMAL VALUES
Sr. Cholesterol	178.5	150 - 250 mg / dl
Sr. Triglycerides	139.5	10 - 190 mg / dl
HDL Cholesterol	71.12	30 - 70 mg / dl
LDL Cholesterol (Calculated)	79.48	Upto 130 mg / dl
VLDL (Calculated)	27.90	Upto 40 mg / dl
Cholesterol / HDL (Calculated)	2.51	< 5
LDL / HDL (Calculated)	1.12	< 4.3

Risk factor for coronary diseases :
Sr. Cholesterol
Low : <200 mg/dl Moderate : 200 - 240 mg/dl High : >240 mg/dl
Sr. LDL Cholesterol
Low : <130 mg/dl Moderate : 130-160 mg/dl High : >160 mg/dl
Cholesterol / HDL
Low : <5.1 Moderate : 5.1-8 High : >81

TEST DONE ON COMPUTER AUTO ANALYZER ERBA CHEM -7 ------ End of Report ------

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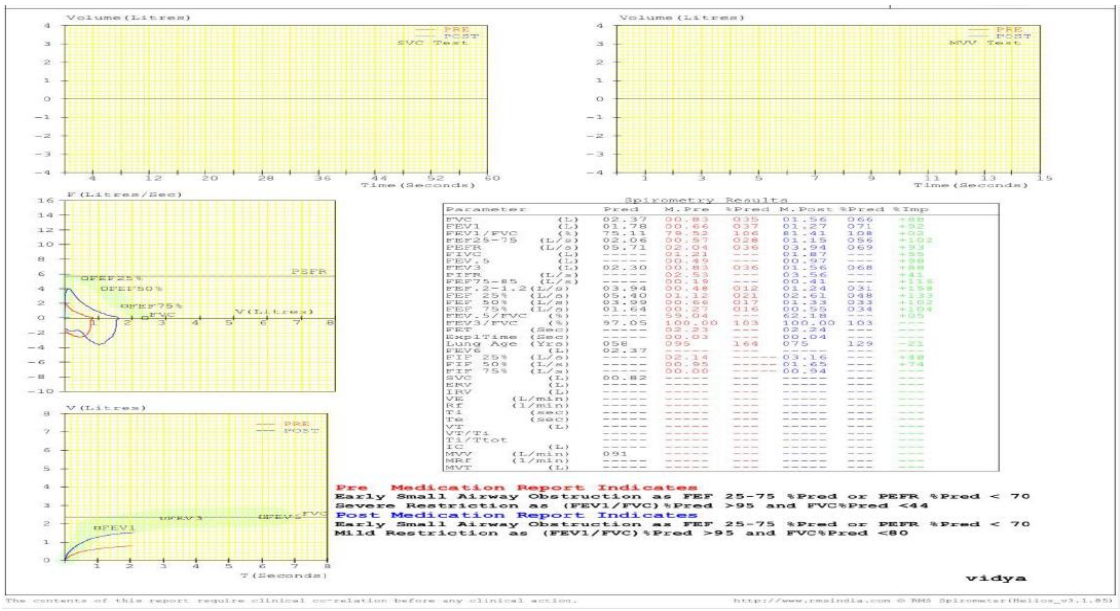
Bold indicates Abnormal Values

Before **After**



ROUTINE URINE EXAMINATION

TEST	RESULT
PHYSICAL EXAMINATION	
Quantity	20 ml
Colour	Pale Yellow
Appearance	Slighty Hazy
pH	Acidic
Specific Gravity	1.010
CHEMICAL EXAMINATION	
Proteins	Absent
Sugar	Absent
Ketone	Absent
Occult Blood	Negative
Bile Salts	Absent
Bile Pigment	Absent
Urobilinogen	Absent
MICROSCOPIC EXAMINATION OF CENTRIFUGED DEPOSIT	
Red Blood Cells	Nil / hpf
Epithelial Cells	2 - 3 / hpf
Pus Cells	1 - 2 / hpf
Casts	Absent
Crystals	Absent
Amorphous Materials	Absent
Bacteria	Absent

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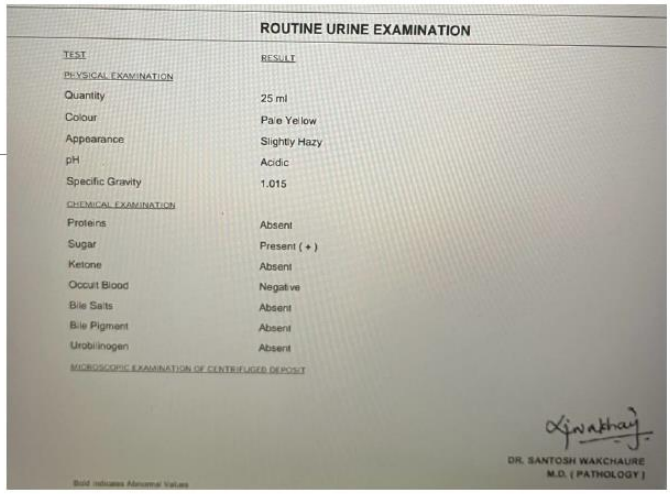

ROUTINE URINE EXAMINATION

TEST	RESULT
PHYSICAL EXAMINATION	
Quantity	25 ml
Colour	Pale Yellow
Appearance	Slighty Hazy
pH	Acidic
Specific Gravity	1.015
CHEMICAL EXAMINATION	
Proteins	Absent
Sugar	Present (+)
Ketone	Absent
Occult Blood	Negative
Bile Salts	Absent
Bile Pigment	Absent
Urobilinogen	Absent
MICROSCOPIC EXAMINATION OF CENTRIFUGED DEPOSIT	

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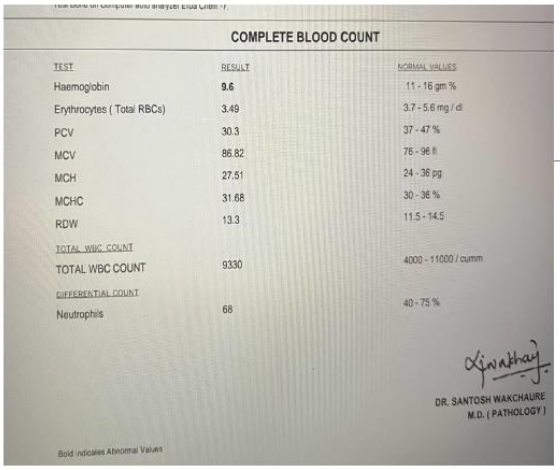
Bold indicates Abnormal Values

Before **After**



COMPLETE BLOOD COUNT

TEST	RESULT	NORMAL VALUES
Haemoglobin	9.6	11 - 16 gm %
Erythrocytes (Total RBCs)	3.49	3.7 - 5.6 mg / dl
PCV	30.3	37 - 47 %
MCV	86.82	76 - 96 fl
MCH	27.51	24 - 36 pg
MCHC	31.68	30 - 36 %
RDW	13.3	11.5 - 14.5
TOTAL WBC COUNT		
TOTAL WBC COUNT	9330	4000 - 11000 / cumm
DIFFERENTIAL COUNT		
Neutrophils	68	40 - 75 %

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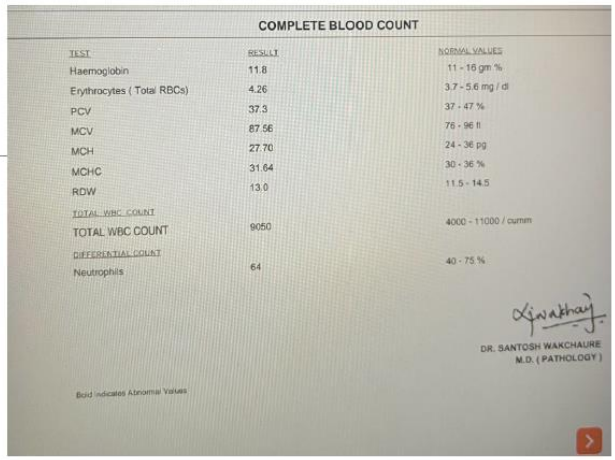
Bold indicates Abnormal Values



COMPLETE BLOOD COUNT

TEST	RESULT	NORMAL VALUES
Haemoglobin	11.8	11 - 16 gm %
Erythrocytes (Total RBCs)	4.26	3.7 - 5.6 mg / dl
PCV	37.3	37 - 47 %
MCV	87.56	76 - 96 fl
MCH	27.70	24 - 36 pg
MCHC	31.64	30 - 36 %
RDW	13.0	11.5 - 14.5
TOTAL WBC COUNT		
TOTAL WBC COUNT	9050	4000 - 11000 / cumm
DIFFERENTIAL COUNT		
Neutrophils	64	40 - 75 %

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Bold indicates Abnormal Values

Before **After**

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