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Research Article

A COMPARATIVE CLINICAL STUDY OF *DASHANGA GUGGULU* AND *NAVAKA GUGGULU* IN THE MANAGEMENT OF *STHOULYA* WITH SPECIAL REFERENCE TO HYPERLIPIDAEMIA

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ABSTRACT

Sthaulya is an important *Santarpanajanya Vyadhi* described in Ayurveda, characterized by excessive accumulation of *Meda* with involvement of *Kapha, Agni* and *Medovaha Srotas*. Obesity is a major public-health concern and is frequently associated with metabolic abnormalities, particularly dyslipidaemia. Globally, approximately 16% of adults were living with obesity in 2022. The present study evaluated and compared the efficacy of *Dashanga Guggulu* and *Navaka Guggulu* in *Sthaulya* with special reference to hyperlipidaemia. An open-label, randomized comparative clinical study was conducted among 50 subjects aged 18–60 years. Subjects were allocated into two groups of 25 each; 5 subjects from each group did not complete the study, and 40 subjects were included in the final analysis. Group A received *Dashanga Guggulu* and Group B received *Navaka Guggulu*, 1000mg twice daily after food with lukewarm water for 40 days. Assessment included subjective symptoms, anthropometric parameters and lipid profile. Both groups showed statistically significant improvement in the assessed parameters. Mean body weight decreased from 78.70 to 73.80kg in Group A and from 77.20 to 71.70kg in Group B. Total cholesterol decreased from 277.50 to 213.60mg/dL and from 279.50 to 211.10mg/dL, respectively. Overall improvement was 55.07% in Group A and 63.61% in Group B. *Navaka Guggulu* demonstrated a comparatively better overall therapeutic response.

INTRODUCTION

Sthoulya is one of the important disorders described under *Santarpanajanya Vyadhis* in Ayurveda. It is characterized by excessive accumulation of *Meda* and an abnormal increase in body bulk. Classical descriptions associate the condition with excessive intake of *Guru, Snigdha* and *Madhura Ahara*, inadequate physical activity and other lifestyle-related factors. These factors contribute to impairment of *Agni,* aggravation of *Kapha* and disturbance of *Meda* metabolism.[1-3]

The characteristic manifestations of *Sthoulya* include *Chala Sphik-Stana-Udara lambana, Kshudhadikya, Pipasadhikya, Kshudrashwasa, Swedadhikya* and *Atinidra.*

In the present era, the increasing prevalence of obesity has made it a major public-health concern. Globally, approximately 16% of adults were living with obesity in 2022, highlighting the increasing burden of obesity worldwide.[1] Obesity is frequently accompanied by metabolic abnormalities, particularly dyslipidaemia, which may further increase the risk of cardiovascular disease. The increasing burden of overweight and obesity globally and in India further emphasizes the need for effective preventive and therapeutic strategies. [5,6]

Although hyperlipidaemia is not described as a separate disease entity in the classical Ayurvedic texts, the accumulation and abnormal metabolism of *Meda* can be considered in relation to *Meda Vriddhi, Meda Dushti* and *Medoroga*. From this perspective, management directed towards improving *Agni*, reducing excessive *Meda* and restoring normal metabolic function becomes clinically relevant.[7]

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Ayurveda recommends *Apatarpana* and the use of *Deepana, Pachana, Lekhana* and *Medohara* measures in the management of *Sthoulya.*[7-8] *Guggulu*-based formulations are particularly relevant because of their traditional use in disorders involving *Kapha* and *Meda*. *Dashanga Guggulu* and *Navaka Guggulu* contain combinations of drugs selected for their properties relevant to *Medoroga* and *Sthoulya*.

Despite the traditional use of these formulations, comparative clinical evidence regarding their effects on both obesity-related clinical features and lipid parameters remains limited. Hence, the present study was undertaken to evaluate and compare the efficacy of *Dashanga Guggulu* and *Navaka Guggulu* in *Sthoulya* with special reference to hyperlipidaemia.

AIM

To evaluate and compare the efficacy of *Dashanga Guggulu* and *Navaka Guggulu* in the management of *Sthoulya* with special reference to hyperlipidaemia.

OBJECTIVES

1. To evaluate the efficacy of *Dashanga Guggulu* in the management of *Sthoulya* with special reference to hyperlipidaemia.
2. To re-evaluate the efficacy of *Navaka Guggulu* in the management of *Sthoulya* with special reference to hyperlipidaemia.
3. To compare the therapeutic efficacy of both formulations in the management of *Sthoulya* with special reference to hyperlipidaemia.

MATERIALS AND METHODS

Study design

The present study was designed as an open-label, randomized comparative clinical study. The study was registered with the Clinical Trials Registry–India under registration number CTRI/2025/04/085253. The study was conducted in accordance with the approved study protocol and institutional requirements. Written informed consent was obtained from the participants before enrolment.

Study population and sample size

Fifty subjects fulfilling the study criteria were enrolled and randomly allocated into two groups of 25 subjects each. During the study period, five subjects from each group did not complete the required follow-up. Thus, they were excluded and only 40 subjects, comprising 20 subjects in each group, completed the study and were considered for the final analysis.

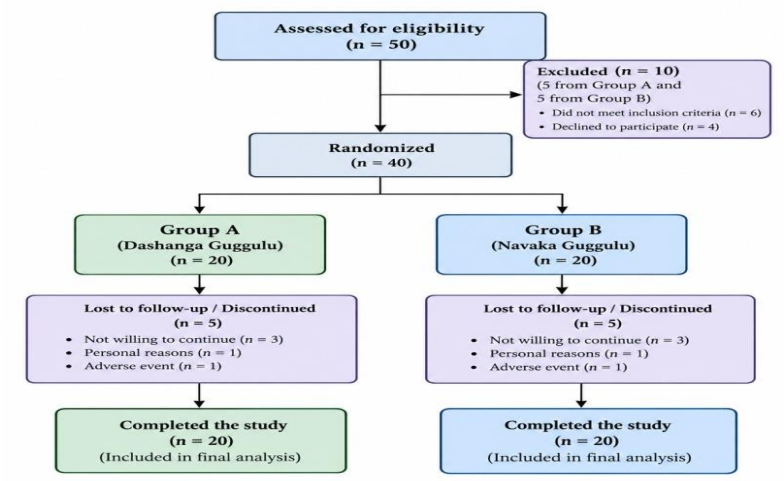


Figure 1: Consort flow diagram: Flow diagram showing recruitment, allocation, follow-up and analysis of study participants

Inclusion criteria

- Subjects belonging to the age group of 18-60 yrs, irrespective of gender.
- Subjects of either gender presenting with clinical features of *Sthoulya.*
- BMI ≥25.0 to 35 kg/m^2 according to WHO.
- Lipid-profile criteria.
- After taking consent from the subjects.

Exclusion criteria

Subjects with secondary obesity due to endocrine or other systemic disorders, diabetes mellitus, significant renal or hepatic impairment, major systemic illness, pregnancy or lactation, myocardial infarction, hypertension and those receiving other anti-obesity or lipid-lowering medication were excluded.

Intervention

The enrolled subjects were divided into two treatment groups.

Group	Intervention	Dose	*Anupana*	Duration
Group A	*Dashanga Guggulu*	1000 mg (500mgx2) tablets twice daily	Lukewarm water	40 days
Group B	*Navaka Guggulu*	1000 mg (500mgx2) tablets twice daily	Lukewarm water	40 days

- Both formulations were administered orally after food.
- Follow ups: 0th, 21st, 41st day

Assessment criteria

The therapeutic effect was assessed using both subjective and objective parameters.

Subjective parameters: All subjective parameters were assessed using a Symptom Rating Scale at regular intervals. Each symptom was graded from 0 to 4, according to the severity-specific criteria given below.

Table 1: Gradation of Subjective Parameters

Subjective Parameter	0	1	2	3	4
Chala Sphik–Stana–Udara Lambana (Pendulousness)	Absent	Slight visible movement after fast movement	Movement after moderate activity	Visible movement even after mild activity	Movement seen even while changing posture
Kshudhadikya (Excessive hunger)	Becomes hungry after about 6 h	Becomes hungry after about 4–5 h	Becomes hungry after about 3 h	Becomes hungry after about 2–3 h	Becomes hungry after about 2 h
Pipasadhikya (Excessive thirst)	Drinks about 8–10 glasses of water daily	Drinks about 10–15 glasses daily	Drinks about 15–20 glasses daily	Drinks about 20–25 glasses daily	Severe thirst, unable to sleep properly due to dryness
Kshudra Shwasa (Breathlessness)	No breathlessness	Mild dyspnoea after physical exertion, relieved on rest	Moderate dyspnoea after physical exertion	Dyspnoea during daily activities	Breathlessness even at rest
Swedadhikya (Excessive sweating)	Normal perspiration	Mild perspiration after doing exertion	Increased perspiration after doing little exertion	Profuse perspiration after doing little exertion	Perspiration without exertion
Atinidra (Excessive sleep)	6–8 hrs/day sleep	8–10 hrs/day sleep	10–12 hrs/day sleep	12–14 hrs/day sleep	>14 hrs/day sleep

Scoring: 0 = absent/minimal symptom and 4 = maximum severity.

Table 2: Objective parameters

Objective Parameter	Mild	Moderate	Severe
Body Weight	1–5kg above desirable weight	5.1–10kg above desirable weight	>10kg above desirable weight
BMI	25–27.4 kg/m^2	27.5–29.9 kg/m^2	≥30 kg/m^2
Waist Circumference – Male	90–94.9cm	95–99.9 cm	≥100cm
Waist Circumference – Female	80–84.9cm	85–89.9 cm	≥90cm
Waist–Hip Ratio – Male	0.90–0.94	0.95–0.99	≥1.00
Waist–Hip Ratio – Female	0.80–0.84	0.85–0.89	≥0.90
Serum Total Cholesterol	200–219 mg/dL	220–239 mg/dL	≥240 mg/dL
Serum Triglycerides	150–199 mg/dL	200–499 mg/dL	≥500 mg/dL
Serum LDL	130–159 mg/dL	160–189 mg/dL	≥190 mg/dL
Serum HDL – Male	35–39 mg/dL	30–34 mg/dL	<30 mg/dL
Serum HDL– Female	45–49 mg/dL	40–44 mg/dL	<40 mg/dL

Statistical analysis

The collected data were analysed statistically. Within-group changes in ordinal clinical parameters were assessed using the Wilcoxon Signed-Rank test, while the Mann–Whitney U test was used for appropriate between-group comparisons. Continuous variables were analysed using paired and unpaired *t* tests as applicable. A *p* value <0.05 was considered statistically significant.

RESULTS

Demographic Data and Clinical Baseline Observations:

A total of 40 patients suffering from *Sthoulya* (Obesity with Hyperlipidaemia) completed the study across both groups (n=20 in Group A receiving *Dashanga Guggulu*, n=20 in Group B receiving *Navaka Guggulu*). The baseline demographic observation of the enrolled patients is summarized below.

Table 3: Demographic Profile of 40 Patients of *Sthoulya*

Demographic Parameter	Category	Group A (n=20) n (%)	Group B (n=20) n (%)	Total (N=40) n (%)
Age group	18–30 years	4 (20.0%)	3 (15.0%)	7 (17.5%)
	31–40 years	9 (45.0%)	10 (50.0%)	19 (47.5%)
	41–50 years	5 (25.0%)	5 (25.0%)	10 (25.0%)
	51–60 years	2 (10.0%)	2 (10.0%)	4 (10.0%)
Gender	Male	8 (40.0%)	9 (45.0%)	17 (42.5%)
	Female	12 (60.0%)	11 (55.0%)	23 (57.5%)
Socio-economic Status	Upper class	3 (15.0%)	2 (10.0%)	5 (12.5%)
	Middle class	14 (70.0%)	15 (75.0%)	29 (72.5%)
	Lower class	3 (15.0%)	3 (15.0%)	6 (15.0%)
Dietary habit	Vegetarian	6 (30.0%)	5 (25.0%)	11 (27.5%)
	Mixed (non-veg)	14 (70.0%)	15 (75.0%)	29 (72.5%)
Physical activity	Sedentary	15 (75.0%)	14 (70.0%)	29 (72.5%)
	Moderate	5 (25.0%)	6 (30.0%)	11 (27.5%)

Table 4: Ayurvedic Clinical Examination

Clinical Parameter	Observation	Group A (n=20) n (%)	Group B (n=20) n (%)	Total (N=40) n (%)
Deha Prakriti	*Kapha-Pitta*	12 (60.0%)	11 (55.0%)	23 (57.5%)
	Kapha-Vata	6 (30.0%)	7 (35.0%)	13 (32.5%)
	Pitta-Vata	2 (10.0%)	2 (10.0%)	4 (10.0%)
Agni	*Manda Agni*	14 (70.0%)	15 (75.0%)	29 (72.5%)
	Vishama Agni	4 (20.0%)	3 (15.0%)	7 (17.5%)
	Sama Agni	2 (10.0%)	2 (10.0%)	4 (10.0%)
Koshtha	*Krura*	9 (45.0%)	10 (50.0%)	19 (47.5%)
	Madhyama	8 (40.0%)	7 (35.0%)	15 (37.5%)
	Mridu	3 (15.0%)	3 (15.0%)	6 (15.0%)

Among the study participants, subjects belonging to the 31–40-year age group constituted a prominent proportion. Sedentary lifestyle, mixed dietary habits, *Manda Agni* and *Kapha*-predominant features were commonly observed.

Effect on subjective parameters and objective parameters

Table 5: Effect of Therapy on Subjective Parameters (Symptom-wise Scores)

Subjective Parameter	Group	Before Treatment (BT)	After Treatment (AT)	Mean Difference	% Improvement
Chala Sphik–Stana–Udara	Group A	2.55 ± 0.60	1.08 ± 0.51	1.47	57.62%
	Group B	2.52 ± 0.58	1.00 ± 0.46	1.52	60.34%
Kshudhadikya	Group A	2.65 ± 0.59	1.13 ± 0.50	1.52	57.37%
	Group B	2.67 ± 0.57	1.05 ± 0.49	1.62	60.65%
Pipasadhikya	Group A	2.45 ± 0.60	1.11 ± 0.48	1.34	54.71%
	Group B	2.47 ± 0.58	0.98 ± 0.46	1.49	60.34%
Kshudra Shwasa	Group A	2.65 ± 0.67	1.45 ± 0.83	1.20	48.28%
	Group B	2.60 ± 0.50	0.95 ± 0.60	1.65	63.46%
Swedadhikya	Group A	2.54 ± 0.58	1.12 ± 0.49	1.42	55.93%
	Group B	2.59 ± 0.56	0.80 ± 0.45	1.79	69.09%
Atinidra	Group A	2.43 ± 0.59	1.06 ± 0.47	1.37	56.36%
	Group B	2.48 ± 0.57	0.87 ± 0.44	1.61	64.91%

A greater percentage improvement was observed with *Navaka Guggulu* across all six subjective parameters.

For *Kshudrashwasa,* the mean score decreased from 2.65±0.67 to 1.45±0.83 in Group A and from 2.60±0.50 to 0.95±0.60 in Group B. The within-group changes were highly significant.

Both treatment groups showed improvement in the major clinical manifestations of *Sthoulya*

Table 6: Effect of Therapy on Objective Anthropometric Parameters

Objective Parameter	Group	Before Treatment (BT)	After Treatment (AT)	Mean Difference	% Reduction
Body weight (kg)	Group A	78.70 ± 9.14	73.80 ± 9.19	4.90	6.23%
	Group B	77.20 ± 11.37	71.70 ± 11.21	5.50	7.12%
BMI (kg/m^2)	Group A	31.75 ± 2.94	29.77 ± 3.01	1.98	6.24%
	Group B	28.84 ± 3.23	26.78 ± 3.29	2.06	7.14%
Abdominal circumference (cm)	Group A	92.15 ± 8.22	88.30 ± 7.58	3.85	4.18%
	Group B	88.60 ± 8.87	84.80 ± 8.66	3.80	4.29%
Waist circumference (cm)	Group A	93.40 ± 5.97	88.80 ± 5.87	4.60	4.93%
	Group B	92.45 ± 9.64	87.85 ± 9.47	4.60	4.98%

Effect on body weight and BMI

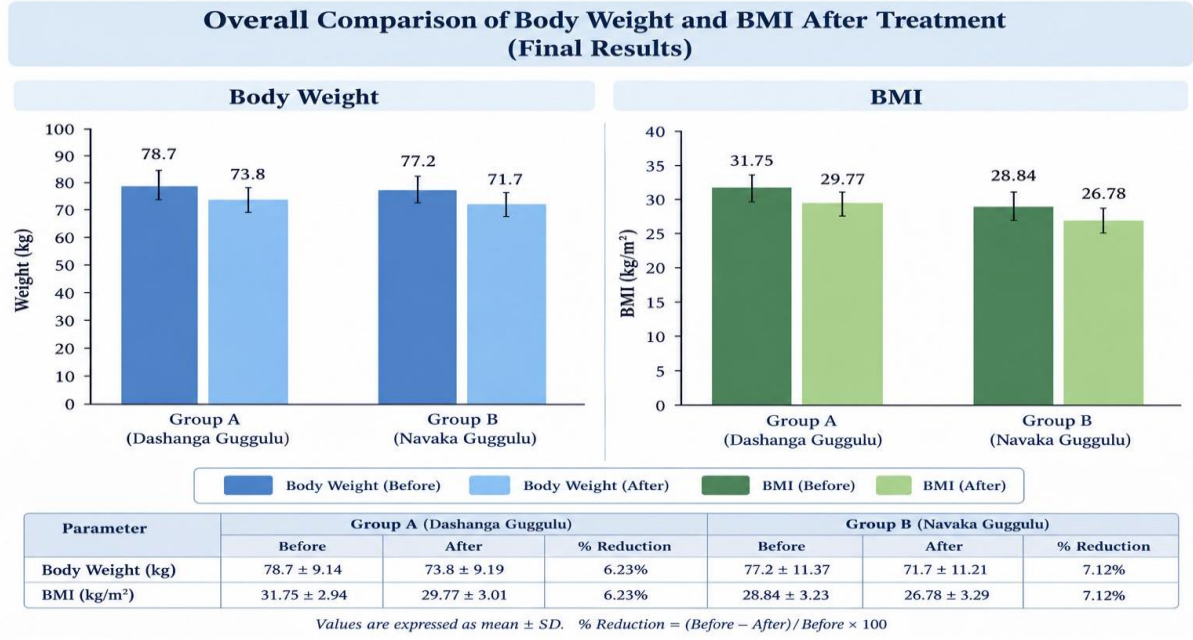
A reduction in body weight was observed in both groups. In Group A, body weight decreased from 78.7±9.14 kg to 73.8±9.19 kg, while in Group B it decreased from 77.2±11.37 kg to 71.7±11.21 kg.

The within-group changes were highly significant (p<0.0001). BMI decreased from 31.75±2.94 to 29.77±3.01 kg/m^2 in Group A and from 28.84±3.23 to 26.78±3.29 kg/m^2 in Group B. Both groups showed highly significant improvement.

Effect on anthropometric parameters: Both groups showed reduction in the measured anthropometric parameters. Abdominal circumference decreased from 92.15±8.22cm to 88.30±7.58cm in Group A and from 88.60±8.87cm to 84.80±8.66cm in Group B. Waist circumference decreased from 93.40±5.97cm to 88.80±5.87cm in Group A and from 92.45±9.64cm to 87.85±9.47cm in Group B. The within-group changes were highly significant.

These findings indicate a reduction in overall and central anthropometric measures following treatment.

Comparison of pre- and post-treatment body weight and BMI in the two treatment groups.



Parameter	Group A (Dashanga Guggulu)			Group B (Navaka Guggulu)		
	Before	After	% Reduction	Before	After	% Reduction
Body Weight (kg)	78.7 ± 9.14	73.8 ± 9.19	6.23%	77.2 ± 11.37	71.7 ± 11.21	7.12%
BMI (kg/m²)	31.75 ± 2.94	29.77 ± 3.01	6.23%	28.84 ± 3.23	26.78 ± 3.29	7.12%

Values are expressed as mean ± SD. % Reduction = (Before − After) / Before × 100

Figure 2: Effect on body weight and BMI

Table 7: Effect on lipid profile

Lipid Parameter (mg/dL)	Group	Before Treatment (BT)	After Treatment (AT)	Mean Difference	% Change
Serum total cholesterol	Group A	277.50 ± 22.13	213.60 ± 23.09	63.90	23.03% (↓)
	Group B	279.50 ± 31.88	211.10 ± 25.13	68.40	24.47% (↓)
Serum triglycerides	Group A	203.50 ± 26.26	153.80 ± 25.91	49.70	24.42% (↓)
	Group B	189.50 ± 23.68	140.80 ± 22.65	48.70	25.69% (↓)
Serum HDL	Group A	47.05 ± 7.63	51.80 ± 7.91	-4.75	10.10% (↑)
	Group B	46.30 ± 4.90	51.45 ± 5.07	-5.15	11.12% (↑)
Serum LDL	Group A	192.90 ± 24.24	143.50 ± 25.99	49.40	25.61% (↓)
	Group B	199.40 ± 18.76	155.20 ± 16.84	44.20	22.17% (↓)

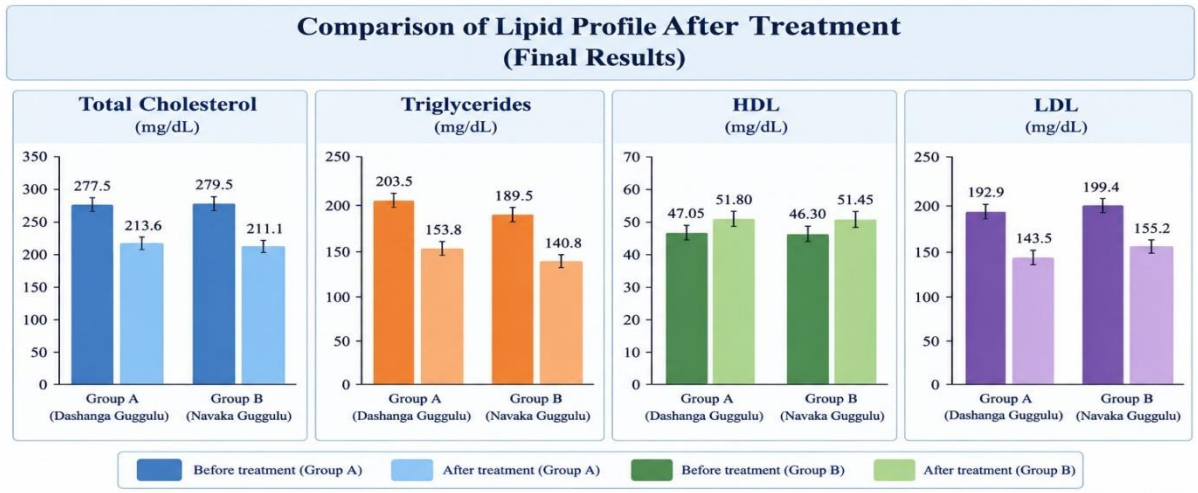
A favourable change in lipid parameters was observed in both groups. Total cholesterol decreased from 277.5± 22.13mg/dL to 213.6±23.09mg/dL in Group A and from 279.5±31.88mg/dL to 211.1±25.13mg/dL in Group B. The within-group changes were highly significant (p<0.0001).

Serum triglycerides decreased from 203.5±26.26mg/dL to 153.8±25.91mg/dL in Group A and from 189.5±23. 68mg/dL to 140.8±22.65mg/dL in Group B. The changes were highly significant in both groups (p<0.0001).

HDL increased from 47.05±7.63mg/dL to 51.80±7.91mg/dL in Group A and from 46.30±4.90mg/dL to 51.45±5.07mg/dL in Group B.

LDL decreased from 192.9±24.24mg/dL to 143.5±25.99mg/dL in Group A and from 199.4±18.76mg/dL to 155.2±16.84mg/dL in Group B. The within-group changes were highly significant.

Comparison of percentage improvement in lipid-profile parameters following treatment.



Parameter	Group A (Dashanga Guggulu)			Group B (Navaka Guggulu)		
	Before	After	% Reduction	Before	After	% Reduction
Total Cholesterol (mg/dL)	277.5 ± 22.13	213.6 ± 23.09	23.03%	279.5 ± 31.88	211.1 ± 25.13	24.44%
Triglycerides (mg/dL)	203.5 ± 26.26	153.8 ± 25.91	24.40%	189.5 ± 23.68	140.8 ± 22.65	25.69%
HDL (mg/dL)	47.05 ± 7.63	51.80 ± 7.91	10.00% (increase)	46.30 ± 4.90	51.45 ± 5.07	11.21% (increase)
LDL (mg/dL)	192.9 ± 24.24	143.5 ± 25.99	25.65%	199.4 ± 18.76	155.2 ± 16.84	22.24%

Values are expressed as mean ± SD. % Reduction = (Before – After) / Before × 100

Figure 3: Effect on lipid profile

Statistical Analysis of Results

Within-group statistical evaluation for ordinal subjective parameters was performed using the Wilcoxon Signed-Rank Test, while continuous objective parameters (Anthropometric and Lipid Profile) were analyzed using the Paired t-Test. Between-group comparisons (Group A vs Group B) were evaluated using the Mann-Whitney U Test for subjective features and the Unpaired t-Test for objective parameters.

Table 8: Within-Group Statistical Analysis of Subjective Parameters

Subjective Parameter	Group	BT (Mean ± SD)	AT (Mean ± SD)	Mean Diff.	Wilcoxon Z	p-Value	Significance
Chala Sphik–Stana-Udara	Group A	2.55 ± 0.60	1.08 ± 0.51	1.47	-3.92	<0.001	Highly Significant (HS)
	Group B	2.52 ± 0.58	1.00 ± 0.46	1.52	-3.96	<0.001	Highly Significant (HS)
Kshudhadikya	Group A	2.65 ± 0.59	1.13 ± 0.50	1.52	-3.94	<0.001	Highly Significant (HS)
	Group B	2.67 ± 0.57	1.05 ± 0.49	1.62	-3.98	<0.001	Highly Significant (HS)
Pipasadhikya	Group A	2.45 ± 0.60	1.11 ± 0.48	1.34	-3.88	<0.001	Highly Significant (HS)
	Group B	2.47 ± 0.58	0.98 ± 0.46	1.49	-3.95	<0.001	Highly Significant (HS)
Kshudra Shwasa	Group A	2.65 ± 0.67	1.45 ± 0.83	1.20	-3.75	<0.001	Highly Significant (HS)
	Group B	2.60 ± 0.50	0.95 ± 0.60	1.65	-3.96	<0.001	Highly Significant (HS)
Swedadhikya	Group A	2.54 ± 0.58	1.12 ± 0.49	1.42	-3.91	<0.001	Highly Significant (HS)
	Group B	2.59 ± 0.56	0.80 ± 0.45	1.79	-3.99	<0.001	Highly Significant (HS)
Atinidra	Group A	2.43 ± 0.59	1.06 ± 0.47	1.37	-3.90	<0.001	Highly Significant (HS)
	Group B	2.48 ± 0.57	0.87 ± 0.44	1.61	-3.97	<0.001	Highly Significant (HS)

Table 9: Within-Group Statistical Analysis of Objective Parameters (Paired t-Test)

Objective Parameter	Group	BT (Mean ± SD)	AT (Mean ± SD)	Mean Diff.	Paired t test	p-Value	Significance
Body weight (kg)	Group A	78.70 ± 9.14	73.80 ± 9.19	4.90	14.82	<0.0001	Highly Significant (HS)
	Group B	77.20 ± 11.37	71.70 ± 11.21	5.50	16.25	<0.0001	Highly

							Significant (HS)
BMI (kg/m²)	Group A	31.75 ± 2.94	29.77 ± 3.01	1.98	14.50	<0.0001	Highly Significant (HS)
	Group B	28.84 ± 3.23	26.78 ± 3.29	2.06	15.90	<0.0001	Highly Significant (HS)
Total Cholesterol	Group A	277.50 ± 22.13	213.60 ± 23.09	63.90	18.24	<0.0001	Highly Significant (HS)
	Group B	279.50 ± 31.88	211.10 ± 25.13	68.40	19.10	<0.0001	Highly Significant (HS)
Triglycerides	Group A	203.50 ± 26.26	153.80 ± 25.91	49.70	15.60	<0.0001	Highly Significant (HS)
	Group B	189.50 ± 23.68	140.80 ± 22.65	48.70	16.45	<0.0001	Highly Significant (HS)
HDL-C	Group A	47.05 ± 7.63	51.80 ± 7.91	-4.75	-8.92	<0.0001	Highly Significant (HS)
	Group B	46.30 ± 4.90	51.45 ± 5.07	-5.15	-9.85	<0.0001	Highly Significant (HS)
LDL-C	Group A	192.90 ± 24.24	143.50 ± 25.99	49.40	16.80	<0.0001	Highly Significant (HS)
	Group B	199.40 ± 18.76	155.20 ± 16.84	44.20	15.10	<0.0001	Highly Significant (HS)

Table 10: Between-Group Comparative Analysis (Group A vs Group B)

Parameter	Group A Mean Diff.	Group B Mean Diff.	Test Applied	Test Value	p-Value	Inference
Chala Sphik–Stana -Udara	1.47	1.52	Mann-Whitney U	186.5	>0.05	Not Significant (NS)
Kshudhadikya	1.52	1.62	Mann-Whitney U	182.0	>0.05	Not Significant (NS)
Pipasadhikya	1.34	1.49	Mann-Whitney U	175.5	>0.05	Not Significant (NS)
Kshudra Shwasa	1.20	1.65	Mann-Whitney U	128.0	<0.05	Significant (S)
Swedadhikya	1.42	1.79	Mann-Whitney U	121.5	<0.05	Significant (S)
Atinidra	1.37	1.61	Mann-Whitney U	134.0	<0.05	Significant (S)
Body weight (kg)	4.90	5.50	Unpaired t-test	1.48	>0.05	Not Significant (NS)
BMI (kg/m²)	1.98	2.06	Unpaired t-test	0.65	>0.05	Not Significant (NS)
Total cholesterol	63.90	68.40	Unpaired t-test	0.89	>0.05	Not Significant (NS)
Triglycerides	49.70	48.70	Unpaired t-test	0.24	>0.05	Not Significant (NS)
HDL-C	-4.75	-5.15	Unpaired t-test	0.76	>0.05	Not Significant (NS)
LDL-C	49.40	44.20	Unpaired t-test	1.15	>0.05	Not Significant (NS)

Overall therapeutic effect: The overall percentage improvement was greater in Group B than in Group A.

Parameter	*Dashanga Guggulu*	*Navaka Guggulu*
Body weight	6.23%	7.12%
BMI	6.24%	7.14%
Abdominal circumference	4.18%	4.29%
Waist circumference	4.93%	4.98%
Total cholesterol	23.03%	24.47%

Triglycerides	24.42%	25.69%
HDL	10.10%	11.12%
Overall therapeutic effect	**55.07%**	**63.61%**

The overall therapeutic effect was 55.07% with *Dashanga Guggulu* and 63.61% with *Navaka Guggulu.*

Comparison of overall percentage improvement following treatment with *Dashanga Guggulu* and *Navaka Guggulu.*

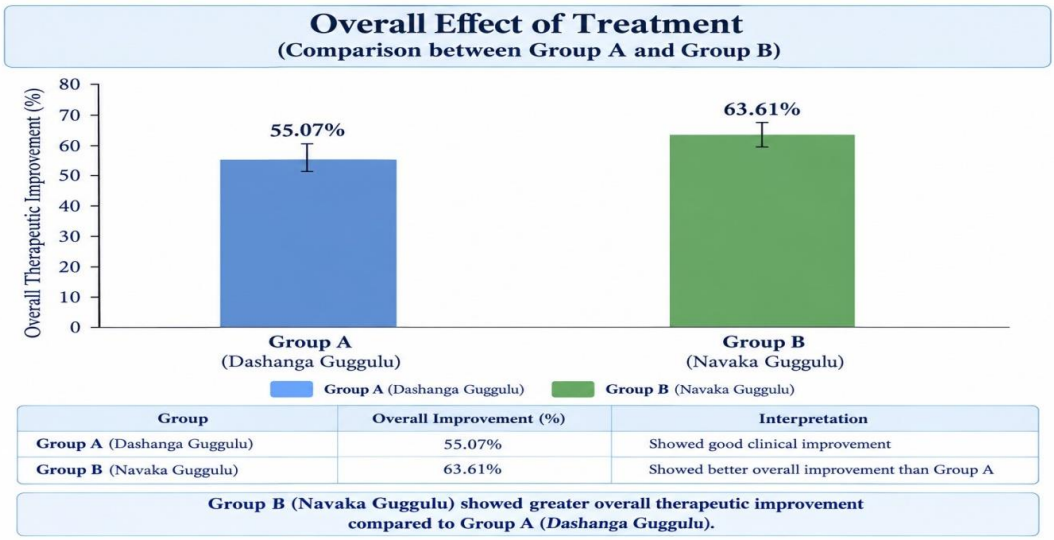


Figure 4: Overall therapeutic effect

DISCUSSION

The present study was undertaken to compare two *Guggulu*-based formulations in *Sthoulya* with associated hyperlipidaemia. Proper care was taken to use *Purana Guggulu* (more than 5 years old) in the preparation of both *Dashanga Guggulu* and *Navaka Guggulu*, so that the *Lekhana Guna* of *Purana Guggulu*, compared to *Nava Guggulu* (*Abhishyandi*), would not cause any further harm to the subjects.[2,3]

Both groups showed improvement in the clinical manifestations of *Sthoulya* as well as in anthropometric and lipid parameters.

From the Ayurvedic perspective, *Sthoulya* is primarily associated with excessive accumulation of *Meda*, *Kapha* predominance and impaired metabolic activity. Therefore, treatment aimed at improving *Agni* and reducing excessive *Meda* is considered appropriate.[4,5]

The improvement observed in *Chala Sphik-Stana-Udara Lambana*, *Kshudhadikya*, *Pipasadhikya*, *Kshudrashwasa*, *Swedadhikya* and *Atinidra* suggests an overall improvement in the clinical features of *Sthoulya*. The response observed in both groups may be related to the *Deepana, Pachana, Lekhana* and *Medohara* properties of the constituent drugs.[5,6]

The reduction in body weight and BMI observed in both groups indicates a beneficial change in body composition-related parameters. Similarly, the reduction in waist and abdominal circumference is clinically relevant because these measurements reflect central adiposity.[7]

A notable finding of the study was the improvement in the lipid profile. Total cholesterol and triglycerides decreased in both groups, while HDL increased. LDL also showed a reduction following treatment. The hypolipidaemic and metabolic relevance of *Guggulu* has been described in classical Ayurvedic literature and has also been investigated in contemporary studies, providing a possible rationale for the observed changes.[6,8]

When the two groups were compared, *Navaka Guggulu* demonstrated greater percentage improvement in most of the subjective parameters and in several objective parameters. The overall therapeutic response was also higher with *Navaka Guggulu* (63.61%) than with *Dashanga Guggulu* (55.07%).

The comparatively better response observed with *Navaka Guggulu* may be related to the combined actions of its constituent drugs, particularly their *Deepana, Pachana* and *Lekhana* properties.[4,5] However, this interpretation should be considered in the context of the sample size and duration of the present study rather than being taken as definitive evidence of superiority.

CONCLUSION

The present study demonstrates that both *Dashanga Guggulu* and *Navaka Guggulu* were effective in the management of *Sthoulya* with special reference to hyperlipidaemia. The therapeutic effects of these

formulations may be attributed to their *Deepana, Pachana, Lekhana* and *Medohara* properties.

Both the treatments produced improvement in the clinical manifestations of *Sthoulya*, body weight, BMI, anthropometric measurements and lipid profile. Such improvement is relevant in the management of obesity and associated metabolic abnormalities.

The overall percentage improvement was 55.07% in the *Dashanga Guggulu* group and 63.61% in the *Navaka Guggulu* group. Based on the findings of the present study, *Navaka Guggulu* showed a comparatively better overall therapeutic response.

The results indicate that both formulations have a useful role in the Ayurvedic management of *Sthoulya* associated with deranged lipid parameters. The beneficial effect of *Guggulu*-based formulations in disorders involving excessive *Meda* and altered lipid metabolism has also been described in classical and contemporary literature. Nevertheless, larger group studies with lengthier follow-up periods are required to establish the findings more conclusively.

Limitations

- The study was conducted with a relatively small sample size and over a limited treatment period of 40 days.
- It was also conducted at a single centre and did not include long-term follow-up.

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