



ROLE OF KANAJATA IN PRASOVOPARANTA KUKSHIHRASA

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ABSTRACT

Now a day's people are more aware of maintaining their figure, after delivery enlargement of belly is a quite natural phenomenon for all parous women. It may be due to excessive intake of fatty food, lack of physical activity and laxity of abdominal muscle along with accumulation of fat. In modern science, only the postnatal exercises have been explained to tone up the abdominal muscles. But our ancient *Acharyas* have mentioned certain herbal remedies for this particular problem. According to *Bhavaprakasha* and *Yogaratanakara* have enumerated to administer powder of *kanajata* with butter milk for 3 weeks for reducing the abdominal girth after delivery. 30 patients are selected for study. *Deepana*, *Pachana* and *Lekhana* properties, *Laghu guna*, *Ushna virya* and *Katu rasa* of *Pippali* along with *Medohara* and *Srotoshodhana* and *Saragunas* of *Takra* are effective in reducing obese belly after delivery. The drug is effective in reducing obese belly and associated complaints and is also easy to administer and has no side effects, most economical. So it can be adopted as a drug of choice in reducing obese belly after delivery.

Key words: *Prasavoparanta kukshi hrasa, Kanajata, Takra, Obese belly after delivery, Puerperium changes, Postpartum weight changes.*

INTRODUCTION

Ayurveda defines the healthy individual as *swastha*. A person who is having a balanced state of *dosha*,

agni, *mala*, *athma*, *indriyas* and *manas* is called as *swastha*. In 70's WHO has postulated a new definition for health which coincides with the above said

concept. According to WHO health is defined as "The complete state of physical, mental and social well being, not merely the absence of disease or infirmity". Deviation from any one of the physical, mental or social factors will lead to disease. This point is highly significant in obesity, because all these 3 factors are equally responsible for the manifestation of sthoulya.

While giving the history of abdominal obesity most of the women say that their weight has increased during and after pregnancy. The classic type of obesity in females is gynecoid type where the fat deposition is more concentrated in lower abdomen, buttocks, hips and thighs. Abdominal region is a site where initiation of fat deposition starts as it is least mobile part of the body. "Abdominal obesity is first to come and last to go". Ladies with obese belly are also more susceptible to develop several gynecological problems like secondary amenorrhea, sub fertility, menorrhagia etc. and obstetrical problems.

In modern science only the postnatal exercise have been explained to tone up the abdominal muscles. But our ancient *Acharyas*

have mentioned certain herbal remedies for this particular problem.

According to *Bhavaprakasha* and *Yogaratanakara* for reducing the abdominal girth delivery mathita a type of butter milk mixed with *Kanajata* powder should be used for 3 weeks.

AIM AND OBJECTIVES:

1. To evaluate efficacy of *kanajata* powder in reduction of postnatal belly enlargement.
2. To find an economical and effective remedy for the above problem without any side effects.
3. In modern science the drug which is used for fat reduction like Sibutramin are having much side effects.

DRUG REVIEW:

Pippalimula^{1,2} and *Takra*^{1,2}

Fine powder of *Kanamula* 5gms/BD, with a cup of *mathita* given to all the patients taken for trial, for 21 consecutive days.

MATERIAL AND METHODS

SELECTION OF PATIENTS:

Thirty(30) Patients were selected from Prasuti Tantra & Stree Roga OPD of Sri Siddharoodh Charitable Hospital, Bidar, selected according to inclusion & exclusion criteria, by a Simple

randomised method for the study with a single group.

CRITERIA FOR SELECTION OF PATIENTS:

INCLUSION CRITERIA:

1. Normal delivery patient with the complaint of obese belly

EXCLUSION CRITERIA:

1. Patients those who underwent LSCS.
2. Extremely obese
3. Patients associated with any systemic disorders

STUDY DESIGN/ MANAGEMENT

OF PATIENTS:

For the present clinical study, 30 patients will be selected on the basis simple randomized sampling method according to inclusion criteria under a single group.

Medicine: *Pippalimula*

Route: Orally

Anupana: Takra

Follow up: Patients were advised to attend the OPD every week upto 3 weeks for the assessment and follow up.

ASSESSMENT CRITERIA:

1. Body weight
2. Abdominal girth
3. DAWT (Double abdominal wall thickness)
4. Bowel habit

OBSERVATIONS

The present study was carried out in total 30 patients, selected by a simple randomized method for the study with a single group. All the selected patients are thoroughly examined, diagnosed and selected based on inclusion and exclusion criteria. The assignment revealed the following statistics.

EFFECTIVENESS OF TRIAL GROUP

TABLE NO. 1. ANALYSIS OF BODY WEIGHT

	Mean	N	Std. Deviation	Std. Error Mean
Before treatment	60.43333	30	5.07654	0.92685
After treatment	58.1833	30	4.89983	0.89458

Paired samples test

	Paired differences					t- Value	P- Value
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Before & After treatment	2.2500	0.56857	0.10381	2.0377	2.4623	21.675	<0.001

Effect within the group

The mean score symptom of which was 60.4333 ± 5.0765 before treatment decreased to 58.1833 ± 4.8998 after treatment. When these values are analyzed statistically by using t-test, the difference was significant at the level of $p = 0.001$.

TABLE NO. 2. ANALYSIS OF ABDOMINAL GIRTH

	Mean	N	Std. Deviation	Std. Error Mean
Before treatment	77.9667	30	4.04699	0.73888
After treatment	75.8000	30	4.02706	0.73524

Paired samples test

	Paired differences					t-Value	P-Value
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Before & After treatment	2.1667	0.60648	0.11073	1.9402	2.3931	19.568	<0.001

Effect within the group

The mean score symptom of which was 77.9667 ± 4.047 before treatment decreased to 75.1833 ± 4.0271 after treatment. When these values are analyzed statistically by using t-test, the difference was significant at the level of $p = 0.001$.

TABLE NO. 3. ANALYSIS OF DOUBLE ABDOMINAL WALL THICKNESS

	Mean	N	Std. Deviation	Std. Error Mean
Before treatment	22.5167	30	2.64080	0.48214
After treatment	20.8833	30	2.42360	0.44249

Paired samples test

	Paired differences					t-Value	P-Value
	Mean	S.D	S.E.Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Before & After treatment	1.6333	0.61495	0.11227	1.4037	1.8630	14.548	<0.001

Effect within the group

The mean score symptom of which was 22.5167 ± 2.6407 before treatment decreased to 20.8803 ± 2.4236 after treatment. When these values are analyzed statistically by using t-test, the difference was significant at the level of $p = 0.001$.

TABLE NO. 3. ANALYSIS OF CONSTIPATION

	Mean	N	Std. Deviation	Std. Error Mean
Before treatment	1.2000	30	0.99655	0.18194
After treatment	0.1000	30	0.30513	0.05571

Paired samples test

	Paired differences					t-Value	P-Value
	Mean	SD	SE	95% Confidence Interval of the Difference			
				Lower	Upper		
Before & After treatment	1.1000	0.92289	0.16850	0.7554	1.4446	6.528	<0.001

Effect within the group

The mean score symptom of which was 1.2 ± 0.9966 before treatment decreased to 0.100 ± 0.3051 after treatment. When these values are analyzed statistically by using t-test, the difference was significant at the level of $p = 0.001$.

DISCUSSION

The present work is a clinical study to evaluate the efficacy of *Kanamula* and *Takra* for reducing the obese belly which will takes place after delivery. It may be due to excessive intake of fatty food, lack of physical activity and laxity of abdominal muscles along with accumulation of fat.

Fat deposition in obesity initially starts from abdominal region as it is least mobile part and become lax after delivery. It predisposes to development of certain gynecological disorders like oligomenorrhea, sub fertility, urge incontinence and obstetrical problems like PET and even difficult labor. It may also cause

certain disorders like atherosclerosis, cardiac disorders, diabetes etc.

The selected topic reduction of obese belly after delivery have similar pathogenesis and clinical manifestations. For this the line of treatment should be *Kapha Medohara* and *Shrotoshodhana* properties, based on this we have selected *Kanamula churna* with *Takra* administered for this particular problem.

Most of the cases were having the habit of taking mixed diet with moderate appetite, constipated bowel habit and having the habit of day sleep; this shows that food habit of the patient, *diwaswapna* all are causative factors for increase of *medodhatu*.

Abdominal obesity was found in multipara, it may be due to more laxity of abdominal muscles and accumulation of fat from successive deliveries.

General body weight was observed before and after treatment, it has shown reduction in body weight statistically significant ($p < 0.001$). This may be due to *Kapha Medohara* and *Shrotoshodana* properties of *Kanamula* and *Takra*. Abdominal girth was observed before and after treatment and it was found statistically significant

($p < 0.001$). Double abdominal thickness was observed before and after treatment and it was also noticed statistically significant. The constipation which was seen before treatment caused by lax abdominal muscles was relieved completely and is also found statistical significant.

Deepana^{3,4,5}, *Pachana*^{3,4,5} and *Lekhana*^{3,4,5} properties; *Laghu guna*^{3,4,5}, *Ushna virya*^{3,4,5} and *Katu rasa*^{3,4,5} of *Pippali* along with *Srotoshodhana* and *Sara* property of *Takra* must have helped in mobilization of solid fat from adipose tissue into blood and it could be excreted and might have caused reduction in abdominal fat resulting in reduction of the obese belly.

CONCLUSION

The following conclusion can be drawn from the clinical study.

1. Obese belly commonly develop after delivery.
2. High calorie diet, lack of physical activity in pregnancy and puerperium has got prime role in development of obese belly.
3. *Kapha Medovruddhi* is the basic pathological factor leading to obese belly.

4. Powder of *Kanjata* and *Takra* helps in reducing obese belly by its *Kapha Medohara* and *Srotoshodhana* properties.

5. The drug is effective in reducing obese belly and also other associated complaints.

6. It is easy to administer and has no side effects and also most economical. So it can adopted as a drug as a drug of choice in reducing obese belly after delivery.

REFERENCE

1. Murthy Shrikantha, "Bhavaprakash" by Bhavamishra with Vidyotini English commentary, 2nd edition Krishna Das Academy, Varanasi- 2001.

2. Lakshmipathi Shastry, "Yogarathnakara by Anonymous,

edited by Brahma Shankara Shastry with Vidyotini Hindi Commentary, 5th edition Chaukambha Orientalia Varanasi-1993.

3. Sharma P.V, "Dravyaguna Vignana" Vol.-2, 1st edition Chaukambha Orientalia, Varanasi-1983.

4. Tripathi, "Raja Nighantu" by Narahari, Hindi, 1st edition, Krishna Das Academy, Varanasi-1982.

5. Upadhyaya, "Madanapala Nighantu", Hindi 1st edition, Kshemaraja Shri Krishna Das Prakashan, Mumbai-1990.

Source of Support: NIL
Conflict of Interest : None declared

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