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Research Article

COMPARATIVE CLINICAL EVALUATION OF *VYOSHADI GUGGULU* AND *TRIPHALA CHURNA* ON *MEDO ROGA* W.S.R.TO DYSLIPIDEMIA

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ABSTRACT

Medo Roga (dyslipidemia), a disorder of lipid metabolism, is a significant global health concern. This study aimed to compare the efficacy of *Vyoshadi Guggulu* and *Triphala Churna* in managing *Medo Roga*. A randomized open-label clinical trial was conducted with 60 patients over 42 days. Lipid profile, fasting blood sugar, serum creatinine, blood urea, SGOT, and SGPT were assessed. Subjective symptoms such as *Kshudra Vyavaya* (difficulty in sexual activities), *Daurbalya* (fatigue), *Sweda Abadha* (excessive sweating), *Durgandha* (bad body odor), *Athi Kshuth* (excessive hunger), and *Pipasa Athiyoga* (excessive thirst) were evaluated before and after treatment. In the *Vyoshadi Guggulu* group (Group A), serum total cholesterol decreased from 248.9467±4.325mg/dl before treatment to 212.8933±4.070mg/dl after treatment (p=0.000). In the *Triphala Churna* group (Group B), the levels were 250.8667±3.954 mg/dl before treatment and 227.5333±3.049mg/dl after treatment (p=0.000). Subjective parameters showed statistically significant reductions in both groups. *Vyoshadi Guggulu* was superior in reducing lipid levels and subjective symptoms, whereas *Triphala Churna* showed greater efficacy in enhancing renal function. It can be concluded that both *Vyoshadi Guggulu* and *Triphala Churna* are effective in the management of *Medo Roga.*

INTRODUCTION

The human life is rapidly changing due to environmental factors, fashion, knowledge and standard of living, consumption of junk food, excessive alcohol intake and mental stress. These factors adversely influence serum lipid levels.

Dyslipidemia is one of the major health issues developing globally in this century. It is a disorder of disturbed lipid metabolism involving abnormalities in one or more lipoproteins in the blood. It is defined as elevated total or low-density lipoprotein cholesterol (LDL-c) levels, or low levels of high-density lipoprotein cholesterol (HDL-c).

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Dyslipidemia is an important risk factor for Coronary Heart Disease (CHD) and stroke. It is defined as the presence of any one of the following: total cholesterol (TC) >200mg/dl, LDL level ≥ 140mg/dl, triglyceride level (TG) ≥150mg/dl, HDL level < 40mg/dl or the use of lipid lowering drugs.[1]

Three out of four Sri Lankan adults have some form of dyslipidemia. Physical inactivity, obesity, hypertension and diabetes are the leading modifiable risk factors.[2] The age standardized prevalence of dyslipidemia was 31.2% overall, with 4.3%, 2.4%, 14.7%, and 17.4% for high TC, LDL-c, TG and low HDL-c, respectively. [3]

In Ayurveda, *Medo Vriddhi, Medo Dosha, Athisthaulya, Medo Roga,* and *Sneha Vriddhi* show a positive correlation with dyslipidemia. *Charaka Samhitha* defines *Medo Roga* as the accumulation of excessive and abnormal quantities of *Medo Dhatu* along with *Mamsa Dhatu* (due to vitiation of *Kapha Dosa*), resulting in increased body size and a pendulous appearance in the buttocks (*Sphik*), belly

and breasts (*Stana Uras*).[4] Lack of physical activity (*Avyayama*) and sexual intercourse, a sedentary life style, indulgence in daytime sleeping (*Diva Swapna*), excessive intake of sweet (*Madura*), cooling (*Sheeta*) and unctuous (*Snigdha*) foods, excessive cheerfulness, lack of mental exercise and heredity are the main causative factors of *Medo Roga*.[5] In addition *Susruta Samhita* mentions that this disease is caused by the dominant *Dushya* and that the majority of diseases are made by dominant *Dosas*.[6]

Since *Sneha* (oil) is an important constituent of the body, its imbalance may cause various disorders. An abnormal increase, as seen in dyslipidemia, can disrupt normal physiological functioning. Hence, it is necessary to find a definite and harmless solution to this problem. Conventional drug therapy for dyslipidemia has several adverse effects, including myopathy, elevated serum transaminase levels leading to liver damage, nausea, and bowel disturbances. Drugs such as statins, fibrates, and resins are also expensive and therefore not easily affordable to the general public.

Herbal treatment for dyslipidemia has been widely appreciated because of its safety, affordability, and easy availability compared to modern therapies.

Vyoshadi Guggulu, a compound of ten ingredients including *Triphala, Trikatu, Trimada* and *Guggulu,* was explained by *Acharya Vagbhata* for the treatments of *Medo Shleshma* and *Ama* conditions. In *Vyoshadi Guggulu,* most ingredients have the following properties:

- ***Rasa* (taste):** *Katu* (pungent)
- ***Guna* (qualities):** *Ruksha* (rough) and *Laghu* (light)
- ***Virya* (potency):** *Ushna* (hot)
- ***Vipaka* (post-digestive effect):** *Katu*
- ***Doshagnata*:** *Kapha Vata Shamaka*

Triphala, a combination of three herbs, has been proven to have anti hyperlipidemic effects. It has been established that *Triphala* diminishes the serum cholesterol levels and reduces the probability of fat accumulation in the arteries and capillaries, thereby lowering the risk of heart-related problems induced by arteriosclerosis.[7] Its ingredients primarily possess *Kashaya Rasa* (astringent taste), *Pancha Rasa, Ruksha* and *Laghu Guna, Ushna Virya, Madhura* (Sweet) *Vipaka*, and *Tridosha Shamaka* (*Doshagnatha*) properties.

Based on the above references from Ayurvedic classics, *Vyoshadi Guggulu* and *Triphala Churna* were selected for the management of dyslipidemia in the present study.

MATERIAL AND METHODS

Total sixty patients with dyslipidemia who fulfilled the criteria for selection were registered for the study at the OPD of the Provincial Ayurveda Hospital Pallekele and the National Ayurveda Hospital Borelle, Sri Lanka. Written consent was obtained from each patient. Ethical clearance and authentication of the raw materials used in the drugs were obtained from the Bandaranayake Memorial Ayurveda Research Institute, Sri Lanka. Relevant data were collected using a structured questionnaire, and the drug administration period was six weeks.

Assessment of therapy

Criteria for assessment

The assessment was done before starting the treatment and after six weeks of treatment i.e.; at the completion of the treatment period. Improvement was assessed based on the percentage of relief obtained and statistical evaluation. Patients were examined every 14 days. After the completion of six weeks of treatment, the efficacy of the therapy was assessed based on the following subjective as well as objective criteria. A scoring pattern was adopted for statistical analysis of the subjective criteria.

Subjective criteria

Subjective symptoms such as *Kshudra Vyavaya* (difficulty in sexual activities), *Daurbalya* (fatigue), *Sweda Abadha* (excessive sweating), *Durgandha* (bad body odor), *Athi Kshuth* (excessive hunger), and *Pipasa Athiyoga* (excessive thirst) were evaluated before and after treatment.

Objective criteria

Objective criteria were mainly assessed based on biochemical investigations such as lipid profile, liver function test and kidney function test which were performed before and after the treatments.

Inclusion criteria

Patients who full filled the following criteria were selected for the study, irrespective of sex, race, education, occupation or religion

- Patient having one or more high component of lipid profile (total cholesterol, low density lipoprotein, triglyceride, or very low-density lipoprotein).
- Hyperlipidemic male and female adults aged between 18 and 70 years.
- Patients who had not received any cholesterol lowering medication within the last 8 weeks or were newly diagnosed.

- Patient with controlled Type II Diabetes Mellitus.
- Patient with controlled hypertension.

Exclusion criteria

Patient who had the following clinical conditions or a history of them were excluded

- Uncontrolled diabetes mellitus and insulin dependent diabetes mellitus.
- A past history of atrial fibrillation, acute coronary syndrome, myocardial infarction, stroke or severe arrhythmia within the last six months.
- Uncontrolled hypertension – (>160/100mmHg).
- Pregnant and lactating mothers.
- Male and female adults with below 18 years or above 70 years of age.
- Patient with serious hepatic disorder (defined as aspartate aminotransferase (AST) and/ or alanine aminotransferase (ALT), total bilirubin or alkaline phosphatase (ALP) > 2 times the upper normal limit), renal disorders (defined as serum creatinine > 1.2mg/dl), severe pulmonary dysfunction (uncontrolled asthma or chronic obstructive pulmonary disease [COPD]), inflammatory bowel disease or any other condition that may jeopardize the study.

Statistical analysis

Statistical analysis was performed using the Statistical Package for Social Science (SPSS) for windows, version 16.0. Descriptive statistics such as frequencies, means, standard deviations and percentages were used. For the assessment of subjective parameters, the Wilcoxon signed-rank test was used, while for objective parameters, Paired and Unpaired t-tests were applied.

Preparation of drugs

Table 1: Ingredients of *Vyoshadi Guggulu*

S.No	Ingredients	Botanical Names	Parts Used	Quantity
1	*Shunti*	*Zingiber officinale*	Rhizomes	1 Part
2	*Maricha*	*Piper nigrum*	Dried fruit	1 Part
3	*Pippali*	*Piper longum*	Dried fruit	1 Part
4	*Chithraka*	*Plumbagozeylanica*	Roots (purified)	1 Part
5	*Mustha*	*Cyperus rotundus*	Rhizomes	1 Part
6	*Haritaki*	*Terminalia chebula*	Dried peri cap	1 Part
7	*Vibhitaka*	*Terminalia belerica*	Dried peri cap	1 Part
8	*Amalaki*	*Phyllanthus emblica*	Dried fruit	1 Part
9	*Vidanga*	*Embelia ribes*	Dried fruit	1 Part
10	*Guggulu*	*Commiphora mukul*	Gum exudates (purified)	9 Parts

Equal quantities of *Vyosha, Agni, Mustha, Triphala*, and *Vidanga* (together forming one part) were mixed with an equal quantity of *Guggulu* (of all other drugs combined). The mixture was converted in to a fine powder and prepared in tablet form as mentioned in *Ayurveda Aushada Samgraha - Guggulu Paribhasha*[8] and administered to the patient in tablet form.

Table 2: Ingredients of *Triphala Churna*

S.No	Ingredients	Botanical Names	Parts Used	Quantity
1	*Haritaki*	*Terminalia chebula*	Dried peri cap	1 Part
2	*Vibhitaka*	*Terminalia balarica*	Dried peri cap	2 Parts
3	*Amalaki*	*Phyllanthus emblica*	Dried fruit	4 Parts

These ingredients were taken according to following ratio.

Haritaki: Vibhithaki: Amalaki- 1:2:4

Then these ingredients were converted into a fine powder[8] and *Triphala Churna* was administered to the patient.

Drug administration

1. *Vyoshadi Guggulu* (Group A)

Dose- 500mg thrice (2 tablets of 250mg each) daily
Dosage form- Tablet (250mg)
Route of administration – Oral
Time of administration- Thrice a day after meal
Anupana (adjuvant) - Lukewarm water
Duration of therapy - 6 weeks

2. *Triphala Churna* (Group B)

Dose- 2.5g thrice (7.5g) daily
Dosage form- Powder
Route of Administration – Oral
Time of Administration- Thrice a day after meal
Anupana (adjuvant)- Lukewarm water
Duration of therapy- 6 weeks

RESULTS AND DISCUSSION

Among the observations, it was found that the maximum number of patients i.e., 28% belonged to the age group of 51-55 years. Of the total, 58% were females and 88% were Buddhists. Educationally, 30% and 40% of patients had completed O/L and A/L respectively, and 52% patients were from rural areas.

Effect of therapy

Table 3: Effects of *Vyoshadi Guggulu* on clinical features of *Medo Roga* (subjective parameters) (N=60)

Clinical features	Group	Mean		Mean Diff.	Relief %	SD		SE		P
		BT	AT			BT	AT	BT	AT	
Kshudra Vyavaya	A	0.37	0.13	0.24	86.7	0.669	0.346	0.122	0.063	0.020
	B	0.33	0.13	0.20	86.7	0.479	0.346	0.088	0.063	0.014
Daurbalya	A	1.67	1.00	0.67	10	0.661	0.455	0.121	0.083	0.000
	B	1.67	0.87	0.80	26.7	0.711	0.629	0.130	0.115	0.000
Athi Sweda	A	1.87	1.07	0.80	23.3	0.730	0.868	0.133	0.159	0.000
	B	1.83	1.20	0.63	10	0.699	0.664	0.128	0.121	0.000
Durgandha	A	1.00	0.67	0.33	36.7	0.525	0.547	0.096	0.100	0.002
	B	0.83	0.53	0.30	46.7	0.592	0.507	0.108	0.093	0.003
Athi Kshuth	A	1.67	0.60	1.07	50	0.711	0.675	0.130	0.123	0.000
	B	1.73	0.70	1.03	30	0.640	0.466	0.117	0.085	0.000
Pipasa Athiyoga	A	1.27	0.67	0.60	50	0.640	0.758	0.117	0.138	0.000
	B	1.27	0.87	0.40	33.3	0.583	0.776	0.106	0.142	0.001

86.7% decrease *Kshudra Vyavaya* was observed in both groups. Differences of 10% and 26.7% were seen in *Daurbalya* in Groups A and B, and there was a decrease of about 23.3% and 10% and 36.7% and 46.7% in *Athi Sweda* and *Durgandha* respectively. A 50% reduction was seen in both *Athi Kshuth* and *Pipasa Athiyoga* in Group A, and 30% and 33.3% in Group B. Statistical analysis showed that the results were highly significant. (Table3).

Table 4: Effects of *Vyoshadi Guggulu* on Biological Parameters (N = 60)

Biological Parameters	Group	Mean		Mean Diff.	Relief %	SD		SE		P
		BT	AT			BT	AT	BT	AT	
BMI	A	27.2883	26.4853	0.8030	2.94	3.10708	2.89997	0.567	0.529	0.000
	B	26.3980	26.1313	0.2667	1.0	2.70409	2.63831	0.493	0.481	0.001
WHR	A	0.9116	0.9101	0.0015	0.1645	0.03308	0.03163	0.006	0.005	0.769
	B	0.9063	0.9063	0.0000	0.0	0.05563	0.05623	0.01027	0.010	0.703
Bicep Thickness	A	23.1333	20.9333	2.2000	9.51	8.752	7.629	1.5979	1.392	0.000
	B	18.0667	17.1333	0.9334	5.17	8.614	7.837	1.5727	1.4309	0.000
Triceps Thickness	A	26.2667	23.1000	3.1667	12.06	9.3437	8.527	1.705	1.556	0.000
	B	21.3667	19.4000	1.8667	8.7	9.4667	9.159	1.728	1.672	0.000
Abdomen Thickness	A	31.1000	28.0333	3.0667	9.86	7.8007	7.18947	1.424	1.312	0.000
	B	26.8333	24.2333	4.1000	14.47	5.8609	5.94041	1.070	1.084	0.000
Supra Iliac Thickness	A	29.7333	25.0333	3.0667	15.80	14.4196	7.05878	2.632	1.288	0.000
	B	23.5000	22.0000	4.1000	13.73	6.9716	6.42195	1.272	1.172	0.000

BMI = Body Mass Index, WHR = Waist Hip Ratio

A reduction of about 2.94 and 1%, 0.16 and 0%, 9.51 and 5.17%, 12 and 8.7%, 9.86 and 14.47%, 15.8% and 13.7% was observed in BMI, WHR, and skin fold thickness of biceps, triceps, abdomen and supra iliac muscles respectively, in Groups A and B. Except for WHR, all other changes were statistically highly significant.

Table 5: Effects of *Vyoshadi Guggulu* on Biochemical Parameters (N=60)

Biochemical Parameters	Group	Mean		Mean Diff.	Relief %	SD		SE		P
		BT	AT			BT	AT	BT	AT	
Total Cholesterol	A	248.9467	212.8933	36.0534	14.48	23.6932	22.2964	4.325	4.070	0.000
	B	250.8667	227.5333	23.3334	9.30	21.6588	16.7021	3.954	3.049	0.000
Serum Triglycerides	A	150.0933	134.1100	16.9833	11.32	39.7881	30.3201	7.264	5.535	0.000
	B	147.2633	138.0267	9.2366	6.27	31.8531	27.6246	5.815	5.043	0.000
HDL	A	44.383	46.4700	2.08	4.48	6.7625	6.7749	1.234	1.236	0.000
	B	46.6300	46.8300	0.20	0.43	8.5846	6.5050	1.567	1.187	0.043
LDL	A	162.7653	139.7733	22.9923	14.13	20.7313	18.6380	3.785	3.402	0.000
	B	161.5900	145.6833	15.9067	0.84	23.0372	16.7425	4.206	3.056	0.000
VLDL	A	24.3567	22.8987	1.4580	5.98	7.7021	5.7094	1.406	1.042	0.007
	B	25.5533	24.7467	0.8066	0.001	7.5468	6.3173	1.377	1.153	0.076
FBS	A	95.1600	92.7333	2.43	2.55	7.50345	6.35487	1.3699	1.160	0.003
	B	96.1967	96.0400	0.15	0.155	8.02025	4.89825	1.4642	0.894	0.288
SGOT	A	43.5533	36.3900	7.1633	16.44	15.1741	9.5785	2.770	1.748	0.000
	B	44.4767	40.5033	4.1734	9.38	16.6276	13.1669	3.035	2.403	0.000
SGPT	A	42.2933	36.3400	5.9533	14.07	12.4785	9.0589	2.278	1.653	0.000
	B	45.3400	40.6633	4.6767	10.31	23.9518	20.029	4.372	3.659	0.000
Blood Urea	A	22.2027	21.4473	0.7554	3.40	3.87057	3.5059	0.706	0.640	0.000
	B	22.5700	22.5367	0.0333	0.15	4.8866	4.3407	0.892	0.792	0.043
S.Creatinine	A	0.8397	0.8380	0.0017	0.20	0.1245	0.1178	0.227	0.215	0.143
	B	0.8263	0.8123	0.014	1.69	0.1178	0.737	0.015	0.013	0.006
BP Systolic mmHg	A	129.5	127	2.5	1.93	12.202	10.222	2.228	1.866	0.000
	B	127.30	124.67	2.63	2.06	9.436	8.193	1.723	1.496	0.000
BP Diastolic mmHg	A	75.67	75	0.67	0.88	6.261	5.632	1.143	1.028	0.000
	B	76.40	75.33	0.07	0.09	5.618	5.074	1.026	0.926	0.000

In patients treated with *Vyoshadi Guggulu* there was a decrease of about 14.48%, 11.32%, 14.13%, and 5.98% in serum cholesterol, triglyceride, LDL, and VLDL levels respectively. However, serum HDL increased by 4.48%. In the liver profile, there was a decrease of about 16.44% and 14.07% in SGOT and SGPT, respectively. All these changes were statistically significant.

In Group B (*Triphala Churna*), VLDL and FBS, as well as serum creatinine in the kidney profile, were statistically insignificant (Table 5).

In the *Triphala Churna* group, reductions of about 9.30%, 6.27%, and 0.84% were observed in serum cholesterol, triglyceride, and LDL levels, respectively. According to the liver profile, there was a decrease of about 9.38% and 10.31% in SGOT and SGPT respectively.

DISCUSSION

In this study, both *Vyoshadi Guggulu* and *Triphala Churna* showed improvement in subjective complaints associated with *Medo Roga* such as *Kshudra Vyavaya* (difficulty in sexual activities), *Daurbalya* (fatigue), *Sweda Abadha* (excessive sweating), *Durgandha* (bad body odor), *Athi Kshuth* (excessive hunger), and *Pipasa Athiyoga* (excessive thirst). The reduction was more prominent in the *Vyoshadi Guggulu* group. This can be attributed to its *Lekhana* (scraping) and *Medohara* (fat-reducing) properties, which directly address *Medo Dhatvagni Mandya* (decrease of fire located within fat tissue) and *Srotorodha* (obstruction of channels). *Triphala Churna*, being a mild *Rasayana* (rejuvenating) and *Anulomana* (regulating) agent, relieved symptoms gradually by improving metabolism and bowel clearance. This suggests that *Vyoshadi Guggulu* provides more rapid and pronounced symptomatic relief, while *Triphala* exerts a steady corrective influence.

A significant reduction in BMI was observed in both groups, with a more pronounced effect in the *Vyoshadi Guggulu* group. The weight-reducing action of *Vyoshadi Guggulu* may be explained by its *Lekhana* and *Kaphahara* properties, which reduce adipose tissue deposition. *Triphala Churna*, through

its mild laxative and digestive-enhancing effects, may reduce body weight by improving metabolism and clearance of undigested food. From a biomedical perspective, the reduction in BMI may also be linked with improved lipid metabolism and energy utilization. However, given the relatively short duration of therapy, these changes, though significant, require long-term validation for sustained effects.

WHR decreased slightly in both groups. When considering the significance values, in this study (p=0.769 in group A and p=0.703 in group B), it is suggested that there was a possibility of obtaining these results if the null hypothesis was true in both groups. Therefore, the null hypothesis was accepted in both groups.

Both groups showed reductions in skinfold thickness, an important anthropometric marker of subcutaneous fat. The *Vyoshadi Guggulu* group again demonstrated a greater decline, consistent with its fat-mobilizing action. In Ayurveda, this may be explained by the *Ruksha* (dry) and *Ushna* (hot) properties of the ingredients, which counter *Kapha-Meda*. The effect of *Triphala* may be attributed to its *Rasayana* and *Agnideepana* (metabolism-enhancing) actions, which help in the gradual reduction of adiposity. These results reinforce the traditional Ayurvedic view that *Guggulu* formulations are more potent in obesity and fat-related disorders compared to general *Rasayana* formulations.

In Group A, there was a highly significant reduction in serum total cholesterol, triglycerides, LDL, and VLDL levels, accompanied by an appreciable rise in HDL. This suggests that *Vyoshadi Guggulu* not only corrects derangements in lipid metabolism but also improves the protective lipid fraction. Group B also showed beneficial effects, especially in reducing total cholesterol and triglycerides, but the magnitude of improvement was comparatively less.

The mechanisms of action can be interpreted from Ayurvedic perspective. According to Ayurveda, *Medo Roga* arises due to *Medo Dhatvagni Mandya* (diminished metabolic activity of fat tissue) and *Srotorodha* (obstruction of bodily channels). *Vyoshadi Guggulu*, with its *Lekhana* (scraping), *Shothahara* (anti-inflammatory), and *Agnideepana* (digestive stimulant) properties, directly addresses these pathological factors. From a biomedical standpoint, *Guggul* sterones are known to regulate bile acid metabolism and modulate nuclear receptor pathways, thereby enhancing cholesterol catabolism and reducing serum lipid levels.

Triphala Churna, composed of *Haritaki*, *Bibhitaki*, and *Amalaki*, possesses *Rasayana*, *Deepana-Pachana*, and *Virechana* (purgative) properties. These actions help improve digestion, metabolism, and toxin removal, which indirectly contribute to lipid regulation. Modern research highlights its antioxidant and free radical scavenging effects, which may explain the observed improvement in HDL levels and overall metabolic balance. However, the lipid-lowering effect of *Triphala* is less direct compared to *Vyoshadi Guggulu*.

Group A exhibited a statistically significant reduction in fasting blood sugar (FBS) compared to Group B. This could be due to the *Kapha-Meda shamaka* effect of *Guggulu* and its associated ingredients, which improve insulin sensitivity and carbohydrate metabolism. Modern studies also support that *Guggul* sterones enhance glucose utilization and regulate lipid-glucose interactions. *Triphala* has also been reported to improve glycemic control through its antioxidant and pancreatic β-cell protective actions, but the response was less marked. Thus, while both formulations aid in glycemic control, *Vyoshadi Guggulu* appears more effective in cases with coexisting dyslipidemia and hyperglycemia.

In both groups, improvement in liver function parameters such as SGOT and SGPT was observed, with better normalization in both. Since the liver plays a key role in lipid metabolism, improved liver function directly correlates with better lipid regulation. *Vyoshadi Guggulu* may have hepato protective action through its *Deepana-Pachana* (digestive-stimulant) and *Amapachana* (detoxifying) properties, which support liver metabolism. *Triphala* is a well-documented hepato protective agent due to its antioxidant constituents explaining the mild-to-moderate improvement observed. Thus, both drugs improve liver health, but *Vyoshadi Guggulu* exerts stronger modulation of the lipid-liver axis.

No significant derangement of renal function was noted in either group, indicating the safety of both formulations. A slight reduction in serum creatinine and urea levels was observed, more in Group B, possibly due to its mild *Mutrala* (diuretic) and *Rasayana* effects. This suggests that both formulations are safe for renal functions and may even support renal clearance of metabolic waste products. The absence of nephrotoxic effects strengthens their potential for long-term use in dyslipidemic patients, who often require prolonged management.

In the present study, systolic and diastolic blood pressure of the enrolled patients were recorded before and after treatment in both Group A and Group B. Both treatment groups showed a mild but statistically significant reduction in blood pressure. The effect was more pronounced in group B compared to group A. The improvement in blood pressure suggests that management of *Medo Roga* has a beneficial influence on associated cardio-vascular risk factors. However, the effect was not strong enough to consider these formulations as standalone antihypertensive drugs: rather, they may act as supportive therapy in patients with dyslipidemia coexisting with borderline hypertension.

CONCLUSION

Demographic data showed that the majority of the cases were females and belonged to the middle age group, primarily patients with O/L and A/L educational backgrounds.

Clinical and biochemical parameters showed that both *Vyoshadi Guggulu* and *Triphala Churna* were effective in improving the subjective symptoms of *Medo Roga,* such as *Kshudra Vyavaya* (difficulty in sexual activities), *Daurbalya* (fatigue), *Sweda Abadha* (excessive sweating), *Durgandha* (bad body odor), *Athi Kshuth* (excessive hunger), and *Pipasa Athiyoga* (excessive thirst), as well as objective parameters like BMI, skinfold thickness, lipid profile, liver function parameters and blood pressure.

Vyoshadi Guggulu demonstrated comparatively better improvement in subjective parameters, lipid profile, BMI, skinfold thickness, blood pressure and liver function parameters; while *Triphala Churna* showed moderate but consistent improvement. Waist hip ratio decreased in both groups, but the results were statistically insignificant; therefore, null hypothesis was accepted in both groups.

Among these two drugs, clinically evidence proved that *Vyoshadi Guggulu* was more effective in reducing all subjective parameters and significantly reducing VLDL (p=0.007) and FBS (p=0.003) in the management of *Medo Roga. Triphala Churna was* significantly more effective in improving renal parameters, including serum creatinine (p=0.006) in the management of *Medo Roga*.

In *Vyoshadi Guggulu,* the majority of ingredients possess the following properties:

- *Rasa*: *Katu* (pungent)
- *Guna*: *Ruksha* (rough) and *Laghu* (light)
- *Virya*: *Ushna* (hot)
- Vipaka: *Katu* (pungent post-digestive effect)
- *Doshagnata*: *Kapha Vata Shamaka*

Due to these properties, it helps break the *Samprapthi* (pathogenesis) of *Medo Roga.* Being *Deepana* and *Pachana,* it acts effectively in *Vata – Kapha* conditions such as *Medo Roga. Triphala* a combination of three herbs has been proven to have anti hyperlipidemic effects. Its ingredients mainly exhibit *Kashaya Rasa, Pancha Rasa*, *Ruksha* and *Laghu Guna*, *Ushna Virya*, *Madura Vipaka* and *Tridosha Shamaka* properties.

No significant adverse effects were observed in either group, and renal and hepatic functions remained stable, confirming the safety of these formulations in therapeutic doses. Finally, it can be concluded that both *Vyoshadi Guggulu* and *Triphala Churna*, are effective in the management of *Medo Roga*.

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