Clinical Research

Conceptual and applied study of *Snigdha* and *Ruksa Guna* with special reference to *Rasa-raktagata Sneha* (hyperlipidemia)



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Abstract

Ayurveda as well as Philosophy accepted the Guna as the basic entity of the Sristi. The Maha Gunas, i.e., Sattva, Raja, and Tama are the prime energy, from where the universe evolves, along with human beings. Dravya and Guna both have a Samavayi relationship in which Gunas reside in Dravya and have a secondary place to it. Guna has multifold meanings according to its use, in social, cultural, philosophical, and literary fields. The concepts of Ayurveda are expressed with Gunas. Samanya and Visesa are usually expressed in terms of Gunas; the classification, description, and function of Dravyas depends upon Guna; Karmas are manifested forms of Guna and Samavaya is the eternal, intimate relation of Dravya and Guna. The principles like Triskandha (Hetu, linga, ousadhi) of Ayurveda also narrated by Gunas, Hetus are narrated in the terms of Guna; the Laksanas are the reflections in the status of Gunas of bodily elements, and Cikitsa is in the form of administration of Viparita Gunas. The increased elements are treated by opposite Guna. So if Ruksa Guna is increased then it is to be managed by Snigdha Guna and vice-versa. So diseases can be treated by applying the Gunas, and drugs for the required patient can be selected by applying these Gunas. In support of the above concept, a study on the persons of Rasa-raktagata Sneha (hyperlipidemia) has been carried out assuming that the condition is an increased state of Snigdha Guna and treatment is done using Ruksa property drugs. Patients were divided into two groups, i.e., treatment group (Ruksa Guna drugs) and control group (placebo). The results were assessed after 45 days with the help of a specially prepared pro forma. All the important hematological, biochemical, and urine investigations were done. According to subjective and objective criteria, significant results were found for Group A as compared to Group B.

Key words: Ayurveda, Guna, hyperlipidemia, Rasa-raktagata Sneha, Ruksa Guna

Introduction

In this clinical science, all concepts are having its practical utility. One of the concepts is *Guna*, which has multifold meanings according to its use, in social, cultural, philosophical clinical, and literary fields.^[1]

In Ayurveda, Gunas have been classified under various categories like Adhyatmika Guna, Gurvadi Guna, Paradi Guna, Visistha Guna, etc.^[3] For the treatment purpose, Gurvadi Gunas are

Address for correspondence: Dr. Sangram Mishra, C/o Mr. Nilamadhaba Nanda, Kanaka Durga lane, Nabakalebara Road, Puri – 752 002, Orissa, India. E-mail: mishra_sangram@yahoo.com widely used. The *Guna* is related with *Dravya* in a *Samavaya* relationship. *Guna* exists till the *Dravya* keeps its existence. Similarly *Dravya* is also related to *Guna*. If the *Dravya* has no proper quality, it has no value.

The functional property of *Snigdha Guna* is *Sneha*, *Mrduta* (softness), and *Ardrata* (malleability).^[4,5] It stimulates *Kapha* and normalizes *Vata* and also increases *Mala*. Similarly, the functional property of *Ruksa* is dryness. The property of *Ruksa Guna* is to increase the properties of *Vata* and normalizes the properties of *Kapha and also* decreases *Bala*, *Varna* (normal color). In the general treatment, two principles are adopted, i.e., *Santarpana and Apatarpana*. The increased elements are treated by opposite *Guna*. So if *Ruksa Guna* is increased then it is to be managed by *Snigdha Guna* and vice-versa.^[2] So diseases can be treated by applying the two *Gunas*, and drugs for the required patient can be selected by applying these *Gunas*.

In this study, the condition selected is *Rasa-raktagata Sneha* (hyperlipidemia) for the assessment of the selected two *Gunas*. Though the disease is not described in *Ayurveda*, but the *Laksanas* find a scattered description. Lipids or the fat molecules can be compared to *Sneha Ansa* of the body, which is essential for body existence. As *Susruta* says

स्नेह सारोऽयं पुरूष: । प्राणाश्च स्नेहभूयिष्ठा: । (Su Ci 31/3)^[6]

When the *Sneha* is in a normal condition, it gives unctuousness, invigoration, luster, strength, and corpulence to the body, but when it is in a disturbed state, disease occurs, which can be termed as *Rasa-raktagata Sneha* (hyperlipidemia). Cholesterol is a fatty substance (a lipid) that is an important part of the outer lining (membrane) of cells in the body of animals. Cholesterol is also found in the blood circulation of humans. It originates from two major sources: dietary intake and liver production. Dietary cholesterol comes mainly from meat, poultry, fish, and dairy products. Organ meats, such as liver, are especially high in the cholesterol content, while foods of plant origin contain no cholesterol. After a meal, cholesterol is absorbed by the intestines into the blood circulation and is then packaged inside a protein coat. This cholesterol–protein coat complex is called a chylomicron.^[7,8]

The liver is capable of removing cholesterol from the blood circulation as well as manufacturing cholesterol and secreting cholesterol into the blood circulation. After a meal, the liver removes chylomicrons from the blood circulation. Between meals, the liver manufactures and secretes cholesterol back into the blood circulation.

Hence the assessment of *Snigdha Guna* can be possible in hyperlipidemia patients in objective and subjective criteria and *Ruksa Guna* drugs can be used for treatment. So this work was done to establish the two *Gunas*.

Materials and Methods

Conceptual study

For this study, the basic and conceptual materials were collected from the *Ayurvedic* classics, namely, *Brihatrayee* and *Laghutrayee*, other texts, literature in Modern science concerned with these principles, scientific journals, dissertations, research papers, etc.

Plant material

The plants selected had *Ruksa*, the dominant property in *Rasa Pancaka*. The test drug was prepared by selecting drugs, *Vaca, Kustha, Haridra, Daruharidra, Citraka,* and *Karanja*, in equal amounts. The raw drugs were made into a fine powder separately. The tablet was prepared of 500 mg each by giving *Bhavana* of *Karanja* bark decoction.

Study design

The clinical study was conducted in two groups. The first, treatment group, was prescribed with prepared tablets (4 tabs bd 500 mg each) with diet control and the control group patients were treated with placebo (wheat powder in a tablet form) and diet control. The patients were randomly selected from the OPD and IPD of the Basic Principles Department of the hospital of the Institute of Post graduate Teaching and Research in Ayurveda, Jamnagar, Gujarat.

Ethical clearance

The institutional ethics committee approved the study. The oral consent was taken from each patient who willingly participated in the study. Patients were free to withdraw from the study at any point of time for any reason and they were not forced to continue the treatment. All the benefits and possible hazards were narrated to the patients without any discrimination.

Selection of patients

The inclusion criteria were as follows:

- patients between 20 and 60 years of age
- Hyperlipidemic patients
- Patients having Snigdha Guna increased in their body elements like Dosa, Dhatu, and Mala.

The exclusion criteria were as follows:

- Patients below 20 years and above 60 years of age
- Patients having weight more than 100 kg (overweight)
- Obesity associated with any other complicated conditions like cardiac problems, endocrinal disorders, etc.

Assessment criteria

The overall effect was decided on the basis of improvement in *Snigdha Ansa* in the body and biochemical parameters (lipid profile):

- Improvement in Snigdha Guna.
- Improvement in the lipid profile, i.e., serum cholesterol and serum triglyceride.

In this part, percentage improvement in serum cholesterol and serum triglycerides was assessed and then the average of both the percentage improvements was taken to assess the overall effect of therapy. Thus, the total effect of the therapies was marked as following:

- Complete remission : <75-100% relief
- Markedly improved : <50-75% relief
- Moderately improved : <25–50% relief
- Improved : <10-25% relief
- Unchanged : 0–10% relief.

The special scoring pattern for *Sarvangavayava Snigdhata*^[9-13] was as follows:

1	Lalata	
	Look is shining	0
	Feeling of secretion felt by patient	1
	Mild oily secretion detected by blotting paper	2
	Oily secretion collected by blotting paper	3
2.	Kesa	
	Normal Kesa with normal Snigdhata	0
	Soap required once weekly	1
	Soap required twice weekly	2
	Soap required daily	3
3	Chakshu (eye)	
	Secretion of Chakshu Mala in any specific season	0
	Mild secretion of Chakshu Mala in all seasons	1
	Secretion of Chakshu Mala in the morning daily	2
	Excess secretion of Chakshu Mala in morning and	- 3
	evening	
4	Ostha	
	Ostha soft (no crack)	0
	Soft shinning	1
	-	

_	Soft shinning requiring wiper to clean Feeling of sweetness in the lip	2 3
5	Nasabhyantara Snigdhata Wet in nature of Nasabhyantara occasionally Wet in nature in a specific season Wet in nature in all the seasons and can be collected	0 1 2
6	by blotting paper Wet in nature in all season with more secretion	3
7	Karnabhyntara Smganata Karnabhyntara Adrata Karnabhyntara Adrata detected by vision Karnabhyntara Adrata detected by blotting paper Karnabhyntara Adrata detected manually	0 1 2 3
/	Shinning of Ganda Pradesa visibly marked Shinning of Ganda Pradesa detected by blotting paper Shinning of Ganda Pradesa detected by applying oil on the hair	0 1 2
	Shinning of Ganda Pradesa detected by moving the finger tips manually	3
8	Vaksya Pradesa, Udara Pradesa, Ubhaya Parswo Pradesa Secretion on all the places secretion in normal dresses More secretion on all the places in normal dresses All the places having pungent smell due to more secretion	0 1 2
	More secretion on all the places, smell with spotting of under garments	3
9	Nakha Nails with a normal growth Nails requiring manicure within 10 days Nails requiring manicure within 1 week Nails requiring manicure within 5 days	0 1 2 3
	Normal stool without fat globules Stool with mild fat globules seen under a microscope	0 1
	(+) Stool with moderate fat globules seen under a	2
10	Patient feels fatty defecation	3
10	Formed stool with easy defecation daily Occasional tenesmus during passing of stool Tenesmus associated with defecation twice a day Tenesmus whenever passing stool	0 1 2 3
11	Mutra Pravrti 4-5 times (1-1.5 l) 6-8 times (1.5-2 l) 9-11 times (2-3 l) More than 11 times (above 3 l)	0 1 2 3

Drug delivery and duration

The treatment group was prescribed with prepared tablets (4 tabs 500 mg each, bd) with diet control and the control group patients were treated with placebo in a tablet form (4 tabs, 500 mg each, bd, with lukewarm water in *Apana Kala*) and diet control for 45 days.

Follow-up of treatment

Each patient was assessed on the basis of a special scoring pattern to provide objectivity to the subjective parameters. The

clinical improvement/aggravation of the symptoms was regularly recorded.

The following were the criteria of withdrawal of the patients:

- 1. Irregular patients.
- 2. Those failing to follow the prescribed dietary regimen.
- 3. Patients who abstained from the follow-up.
- 4. Any adverse/emergency condition needing immediate attention.

Statistical tests

All the observations made for various parameters were subjected to statistical analysis in terms of mean (X), standard deviation (SD), and standard error (SE). A paired *t*-test was carried out at P<0.05, P<0.01, and P<0.001. The obtained results were interpreted as follows: insignificant P>0.05; significant P<0.05; highly significant P<0.01, P<0.001.

Results

A total of 150 persons with *Rasa-raktagata Sneha* were registered and randomly divided into two groups: 74 subjects in Group A and 76 in Group B. A total of 110 patients, 56 patients in Group A and 54 patients in Group B, completed the course of therapy; 40 patients discontinued it.

The maximum number of patients, i.e., 40.67% patients, belonged to the age group of 41-50 years; 54.67% patients were males, 82.00% patients were from the Hindu community, 49.34% patients were educated, i.e., educated till Higher Secondary. Socioeconomically, 56.66% subjects were from middle class, and 41.33% patients were doing business. In terms of Prakrti, 53.34% subjects of the study population belonged to Kapha-Vata Prakrti, 56.66% patients were having Rajasika Prakrti, 50.00% of patients were having Avara Vyayama Sakti, and 52.00% subjects were possessing Visamagni. A total of 48.66% patients were having a dietetic habit of Adhyasana (25.34% patients were having a habit of Atyasana). In terms of Ahara, 58.00% patients were taking a Niramisa diet; among the nonvegetarian patients, 20.67% patients were having eggdominant nonvegetarian food. A total of 56.00% patients were using groundnut oil in their diet; 53.33% patients were taking tea and 68.00% were taking Madhura Rasa-dominant food.

Regarding the onset of the disease, 96.66% persons were having a negative family history of hyperlipidemia, and 38.00% patients were having a positive family history of obesity. Aharatamaka Nidana was reported as Snigdh Ahara in 87.24% patients, Atibhojana Matra in 61.08% patients, Guruahara in 73.16%, Atimadhura Ahara in 57.04%, Dadhi sevana in 53.69% patients, and in 39.59% patients, Atisita Ahara sevana was observed.

Viharatmaka Nidana recorded in present series was Diwaswapana in 84.56% persons, Sukhasayan and Bhojonottara Nidra each in 69.79% persons, Avyayama in 39.59%, and Avyavaya in 29.53%.

Manasa Nidana reported that in the present series 45.63% persons were having Achinta, and Manasanivriti and Priya Darsana each was found in 40.93% persons. Harsanityatvat was present in 35.57% cases.

Maximum patients, i.e., 40.00% cases, were having BMI in the range of 26–30 kg/m²; 51.33% cases were having serum cholesterol in the range of 201–250 mg/dl, 44.66% were having

serum triglyceride in the range of 151–250 mg/dl, 53.33% cases were having serum HDL up to 40 mg/dl, 64.00% persons were having serum LDL up to 130 mg/dl, and 50.00% cases were having serum VLDL up to 40 mg/dl.

Effect of therapy

The following observations were made:

- It was observed that in Sarvangavayava Snigdhata in Group A, better results were seen at Sarvanga Tvak, Lalata, Karna Pradesa, etc. Reduction in Snigdha Guna was observed which was statistically highly significant. In Group B, no significant result was observed [Tables 1 and 2].
- The result of serum LDL is very mild, but increasing result of serum HDL was not observed as it should be increased after treatment. According to aim of the study on the treatment of hyperlipidemia condition, serum HDL should be increased and decreasing result of LDL. The control group had no change except for the minor change in the serum cholesterol level. It can be said the hypothesis is fulfilled by the lipid profile test results. In Group A, better results could have been achieved if the duration was long, up to 3 months, as the 45-day treatment duration may be not sufficient for getting the desired results in the case of serum LDL [Tables 3 and 4].
- On comparison of effects of therapy on Groups A and B in terms of *Sarvangavayava Snigdhata*, Group A showed significant results in all the *Laksanas* compared to Group B. So the therapy was more effective in Group A.
- On comparison of the effects of therapy on Groups A and B in terms of the improvement in serum cholesterol, serum triglyceride, serum HDL, serum LDL, and serum VLDL, serum triglyceride and serum VLDL had statistically significant results in Group A compared to Group B.
- In terms of Sarvangavayava Snigdhata in Group A, 23.21% patients markedly improved, 69.64% cases moderately improved, while 1.78% persons showed minor improvements, and rest 5.36% persons remained unchanged.

In the case of *Sarvangavayava Snigdhata* in Group B, 61.12% persons remained unchanged, 25.92% persons showed minor improvement, 12.96% persons moderately improved [Figure 1].

The serum cholesterol level in Group A showed that 57.14% persons remain unchanged, 37.5% persons showed minor improvement, and 7.14% persons showed a moderate improvement.

The serum cholesterol level in the control group revealed that 70.37% persons remain unchanged, 14.81% persons showed minor improvement, 12.96% persons showed a moderate improvement [Figure 2].

Data for serum triglycerides in Group A showed that 25.00% persons remained unchanged, 23.22% persons showed a minor improvement, 30.36% patients showed a moderate improvement, and 19.64% persons showed a marked improvement.

Data for serum triglycerides in Group B showed that 55.55% persons remained unchanged, 14.82% persons showed minor improvements, 24.07% persons showed moderate improvements, and 3.71% persons showed marked improvements [Figure 3].



Figure 1: Effect of therapy in Groups A and B on Sarvangavayava Snigdhata

Table 1: Effect of the *Ruksa Guna* drugs on *Sarvangavayava Snigdhata Laksanas* found in 56 persons of *Rasa-raktagata Sneha* of Group 'A'

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SI. no.	Laksanas	Ν	BT M	AT M	SD ± SE	Percentage of relief	Т	Р		
1	Lalata	56	2.75	1.34	0.74±0.09	51.29	14.41	<0.001		
2	Kesa	56	2.14	1.23	0.62±0.08	42.5	11.15	<0.001		
3	Chaksu	56	1.64	0.96	0.64±0.08	41.31	7.99	<0.001		
4	Ostha	56	1.45	0.89	0.66 ± 0.08	38.27	6.29	<0.001		
5	Nasabhyantara Snigdhata	56	1.93	1.13	0.75±0.11	41.67	8.03	<0.001		
6	Karnabhyntara Snigdhata	56	2.22	1.25	0.66±0.08	43.55	10.94	<0.001		
7	Karna Pradesa	56	2.43	1.34	0.77±0.11	44.85	10.59	<0.001		
8	Uraha Pradesa	56	2.54	1.52	0.67±0.09	40.14	11.31	<0.001		
9	Ubhaya Parswa Pradesa	56	2.52	1.37	0.78±0.11	43.97	10.64	<0.001		
10	Nakha (Nail)	56	1.5	1.11	0.59 ± 0.08	26.19	4.95	<0.001		
11	Mala (Purisa)	56	1.42	0.96	0.63±0.08	31.64	5.31	<0.001		
12	Mala Pravrti	56	1.52	0.96	0.61±0.08	36.47	6.89	<0.001		
13	Mutra	56	1.45	1	0.57±0.07	31.25	5.89	<0.001		
14	Mutra Dravatva	56	1.85	1	0.59 ± 0.08	46.08	10.74	<0.001		
15	Sarvanga Tvak	56	2.94	1.42	0.66±0.09	52.13	17.43	<0.001		

SI. no.	Laksanas	Ν	BT M	AT M	SD±SE	Percentage of relief	Т	Р
1	Lalata	54	2.48	2.45	0.95±0.13	1.49	0.28	>0.05
2	Kesa	54	1.95	1.85	0.85±0.12	2.85	0.47	>0.05
3	Chaksu	54	1.46	1.37	0.86±0.12	1.26	0.16	>0.05
4	Ostha	54	1.34	1.59	0.72±0.09	22.23 ↑	3.04↑	>0.05
5	Nasabhyantara Snigdhata	54	1.96	1.93	0.95±0.13	1.88	0.28	>0.05
6	Karnabhyntara Snigdhata	54	2.09	2.07	1.03±0.14	0.88	0.13	>0.05
7	Karna Pradesa	54	2	2.35	0.87±0.12	17.59↑	2.97↑	>0.05
8	Uraha Pradesa	54	2.34	2.35	0.89±0.13	2.38↑	0.45↑	>0.05
9	Ubhaya Parswa Pradesa	54	2.35	2.21	1.04±0.14	3.15	0.52	>0.05
10	Nakha (Nail)	54	1.32	1.5	0.52±0.07	14.08 ↑	2.64↑	>0.05
11	Mala (Purisa)	54	1.21	1.48	0.63±0.08	23.07↑	3.25↑	>0.05
12	Mala Pravrti	54	1.24	1.37	0.68±0.09	11.94↑	1.59 ↑	>0.05
13	Mutra	54	1.35	1.53	0.81±0.12	20.54↑	2.52 ↑	>0.05
14	Mutra Dravatva	54	1.74	2.06	0.97±0.13	18.08 ↑	2.39↑	>0.05
15	Sarvanga Tvak	54	2.17	2.32	1.13±0.16	6.83↑	0.96↑	>0.05

Table 2: Effect of the control on *Sarvangavayava Snigdhata Laksanas* found in 54 persons of *Rasa-raktagata Sneha* of Group 'B'

Table 3: Effect of the *Ruksa Guna* drugs on the lipid profile found in 56 persons of *Rasa-raktagata Sneha* of Group 'A'

Lipid profile (mg/dl)	Ν	BT M	AT M	SD ± SE	Percentage of relief	Т	Р
S. cholesterol	56	202.51	189.65	28.44±3.81	6.35	3.38	<0.01
S. triglyceride	56	241.37	172.02	102.04±13.64	28.74	5.08	<0.001
S. HDL	56	41.11	41.14	6.82±0.91	0.83↑	0.37	>0.05
S. LDL	56	113.28	114.96	33.67±4.49	1.24↑	0.32	>0.05
S. VLDL	56	48.37	34.27	21.01± 2.81	29.71	5.12	<0.001

↓ = Decrease; ↑ = increase; HDL = High density lipoprotein; LDL = Low density lipoprotein; VLDL=Very low density lipoprotein

Table 4: Effect of the control on the lipid profile found in 54 persons of Rasa-raktagata Sneha of Group 'B'										
Lipid profile (mg/dl)	Ν	BT M	AT M	SD±SE	Percentage of relief	Т	Р			
S. cholesterol	54	211.04	202.07	35.74±4.86	4.34↓	1.88	>0.05			
S. triglyceride	54	213.51	220.07	125.51±17.08	3.13↑	0.39↑	>0.05			
S. HDL	54	40.59	42.76	7.13±0.97	2.83↑	1.18↑	>0.05			
S. LDL	54	124.68	114.29	330.72±45.01	27.05↑	0.75↑	>0.05			
S. VLDL	54	42.63	44.41	25.01±3.41	5.89↑	0.74↑	>0.05			

↓ = Decrease; ↑ = increase; HDL = High density lipoprotein; LDL = Low density lipoprotein; VLDL=Very low density lipoprotein

Discussion

In Ayurveda, Gunas are described as the way of presentation or action without which no Karma can be performed. The Karanasatak and Hetu, Linga, and Ausadha Skandha have also been described in terms of Gunas. Though the very science keeps a similarity view on Samkhya and Vaisesikas Darsanas, the description of the concept of Guna differs. Ayurveda has provided new connotations to every Guna so that they become useful in clinical practice. Coming to the Ayurvedic concept of Guna, Caraka's view seems closer to Darsana Sastras. In this clinical study, an attempt was made to evaluate the effect of *Ruksa Guna* drugs on *Snigdha Guna* of the body under the conditions like *Rasa-raktagata Sneha* (hyperlipidemia), assuming that this is the case of increased *Snigdha Guna*.

After observing the *Snigdha Guna* of *Dosa Dhatu* and *Mala*, externally *Snigdhata* was assessed in each part of the body. For this, one specific scoring pattern was prepared for 15 criteria for 15 areas of the body and implemented on the persons to observe the role of *Ruksa Guna* in the body. After the proper administration of test drugs (*Ruksa Guna*) and control, the results were as follows. In the the treated group, better results



Figure 2: Effect of therapy in Groups A and Group B on serum cholesterol

were seen for *Snigdhata* on *Sarvanga Tvak*, *Lalata*, *Karna Pradesa*, etc.; up to 52.13% reduction in *Snigdha Guna* was observed which is statistically highly significant (P<0.001). In the control group, no *Snigdhata* result was observed and all the results were statistically insignificant (P>0.05).

In the treated group, better results were observed, because *Ruksa Guna* had a good action on *Snigdha Guna* of body. The principle adopted by *Caraka* is

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विपरीतगुर्णेर्देशमात्राकालोपपादितैः ।।
भेषजैविनिवर्तन्ते विकाराः साध्यसंमताः ।। (Ca.Su.1/62)
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Again Arunadutta advocates that

यथास्वं दोषादीनां गुणेभ्यो विपरीता ये गुणास्तेषां गुणानां क्षयेण वर्धनेन च देहगतेन दोषादीनां यथाक्रम वृद्धिं क्षयं च विद्यात् । (A.Hr. Su 11/24 Ad)

Tvaca has covered all over the body. *Rasa Dhatu* flows interruptedly on the, *Tvaca* as well as whole body with the help of *Srotas*. If *Snigdha Guna* increases in *Rasa Dhatu*, then the *Snigdhata* of the skin increases too. So the *Snigdhata* will be seen in the body. In this study, maximum *Snigdhata* was seen at *Lalata* and *Karna Pradesa*.

According to the aim of the treatment of hyperlipidemia, serum HDL should be increased. The change in serum LDL was very mild, but an increase in serum HDL was not observed. In the control group, there was no change except for a minor change in serum cholesterol. It can be said the hypothesis is positively supported by the result of lipid profile test. In the treated group, better results could have been found if the duration was increased, up to 3 months, as the 45-day treatment duration may be not sufficient for getting the desired result in the case of serum LDL.

As weight and BMI both are interrelated, as weight reduced, BMI also reduced. In the medicinal Group A, results were seen due to the exercise, diet control, and the *Ruksa* drugs.

The prepared drug was not toxic to the body as after the administration of Group A, there was a decrease in serum uric acid with the decrease in weight. So it is a safe drug and is helpful in peripheral arterial diseases.

The *Ruksa Guna* prepared drug in Group A was able to decrease the *Snigdha Guna* of the body as well as helpful in increasing the *Dipana Pacana* activity of liver. As the serum alkaline phosphatase level reduced by 14.94%, it seems the liver function was increased during the period of medication.



Figure 3: Effect of therapy in Groups A and B on serum triglycerides

Conclusion

In the end, it can be concluded that hyperlipidemia can be treated by *Ruksa Guna* property drugs assuming the condition to be an increase in *Snigdha Guna*. On the basis of the *Guna* concept, the applied medicine of *Ayurveda* could be developed.

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हिन्दी सारांश

रसरक्तगत स्नेह के परिपेक्ष्य में स्निग्ध तथा रूक्ष गुणों का शास्त्रीय एवं नैदानिक परीक्षण

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आयुर्वेद एवं दर्शन दोनों ने गुण को सृष्टि का आधारभूत विषयवस्तु माना है। महा गुण, जहाँ सत्व, रज, एवं तम ऐसे प्रमुख उर्जा हे जहाँ से ब्रह्माण्ड के साथ मानव जाति का भी उदय हुआ है। द्रव्य एवं गुण दोनों समवायी सम्बन्ध से रहेते है। जिसमें गुण द्रव्य में आश्रित है। प्रयोग के आधार पर गुणों के कइ पर्याय है। जैसे कि सामाजिक, सांस्कृतिक, मौलिक और साहित्यिक क्षेत्र में आयुर्वेद का विचार गुण के साथ व्यक्त है। सामान्य और विशेष भी गुणों की एक संज्ञा भी हो सकती है। द्रव्य का वर्गीकरण वर्णन और कार्य गुण के आश्रित है। कर्म गुण का परिवर्तित स्वरूप है। समवाय द्रव्य और गुण को नित्य आश्रय आश्रयी सम्बन्ध है। आयर्वेद का त्रिस्कन्ध भी गुण द्वारा ही वर्णित है। हेतु गुण के स्थान पर वर्णित है। लक्षण शरीर तत्व के गुण की अवस्था का स्वरूप है। विकित्सा विपरीत गुण का प्रायोगिक स्वरूप है। बढे हुए तत्व की चिकित्सा विपरीत गुण द्वारा करते है। इसलिये यदि रूक्ष गुण बढता है, तब स्निग्ध गुण द्वारा उसका उपचार करते है। इसलिये रोगों की चिकित्सा विपरीत गुण द्वारा कर सकते है और रोगि में औषधि का चयन गुणों के प्रयोग द्वारा कर सकते है। हाइपरलिपिडेमिया की स्थिति में रोगी में स्निग्ध गुण बढा हुआ होता है और औषध के रूक्ष गुण द्वारा इसकी चिकित्सा की जाति है। रोगीयों को दो ग्रुप मे, प्रथम रूक्ष गुण औषधि दिये गये (ग्रुप ए) और कंट्रोल ग्रुप (ग्रुप बी) मे वर्गीकृत किया गया है। विशेष अवस्थापत्र द्वारा ४६ दिन के परीक्षण द्वारा परिणामों के प्रदर्शित किया गया है। सभी आवश्यक भाव यथा रूधिर परीक्षण, जीवरासायनीक और मल मुत्र परीक्षण किए गए थे। ग्रुप ए में लाक्षणिक और ओबजोक्टिव परीक्षा में सार्थक परिणाम प्राप्त हुआ। ग्रुप बी की तुलना में ग्रुप ए में अधिक अच्छे परिणाम प्राप्त हुए।