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MANAGEMENT OF STHOULYA W.S.R TO OBESITY- A CASE STUDY

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ABSTRACT

Background: In this modern era obesity is one of the most leading metabolic disorder due to the hurry burry lifestyle of today's youth. Cravings of earning more name and fame has led them to go for unhealthy lifestyle which has resulted in major disorders like Obesity, Hypertension, Diabetes Mellitus and other metabolic disorders. Even though Obesity is not more affecting their lives at present but in long standing it is a major root for other diseases which has been mentioned above. **Aims and Objectives:** To assess the Efficacy of Udwartana and Nitya Virechana. **Methods:** Triphala Churna Udwartana with Triphala kashaya Nitya Virechana. **Results:** Management of Sthoulya with Udwartana and Nitya Virechana was effective in qualitative and quantitative data. **Discussion:** Katu Tikta Kashaya Rasa, Laghu Ruksha Guna, and Ushna Veerya counteracts Sthoulya. **Conclusion:** Even though Sthoulya is mentioned as AshtaNindita purusha but can be managed by Ayurveda with correct Pathyapathya.

KEYWORDS: Sthoulya, Udwartanam, Nitya Virechana, Triphala.

INTRODUCTION

Obesity is considered as one of the Pandemic disease in today's era with highly disastrous consequences. Due to enlargement in the size of fat cells it leads to abnormal growth of Adipose tissue which is called as Hypertrophic Obesity.^[1] In Ayurveda it is related with Sthoulya.

Sthoulya is a combination of Bahudosha^[2], it is Santarpana Janya^[3], Rasa Nimittaja Vyadhi.^[4] There is involvement of Kapha dosha with Medo Dhatu in a state of Ashrayi-Ashraya bhava.^[5] Guru Madhura ahara with lack of Physical activities leads to Medo vruddhi which inturn obstructs Vata dosha in koshta ultimately results in Pitta vruddhi i.e Agni.

Line of treatment for Santarpana vyadhi is Apatarpana chikitsa which includes Rookshana karma, Srotoshodhana. Bahya chikitsa i.e Udwartana does Kaphaharana and Medovilayana.^[6,7] Abhyantara chikitsa Nitya Virechana does Srotoshodhana.^[8] Drug of choice is Triphala as it comes under Virechaniya gana having Purgative property.^[9] It also does Rookshana, is Kaphaghna and does Medoharana.^[10]

Body Mass Index(BMI) is a measure of body fat based on height and weight, which is used to classify Overweight and Obesity. Obesity is considered as BMI of 30 or more for either sex. The international classification of adult overweight and obesity has BMI >25 is Overweight. BMI 30 – 34.99 is Obese class1. BMI 35 -39.99 is Obese class2. BMI >40 is Obese class3.

MATERIALS AND METHODS CASE STUDY

A female aged 38 years hailing from Harugeri, Karnataka working as a clerk in municipal corporation, a known case of Sthoulya since 4 years, came to Shri Siddhivinayaka Ayurveda medical college Harugeri for treatment. Not a case of HTN/DM. Blood investigations were done. She was subjected to Ayurveda treatment under the department of Panchakarma.

Chief Complaints: Increased body weight since 4 years, laziness, not having any interest in doing any work.

Associated Complaints: Excessive hunger, sweating and thirst.

History of present illness

Patient was said to be apparently healthy before 4 years. Gradually started developing body weight due to work load which involves long hours of sitting in front of screen. Due to stressful work she observed that her weight is gradually increasing due to lack of physical work.

Past History

Not a case of Hypertension, Diabetes mellitus nor Thyroid related issues.

Family History

All members of family are said to be healthy.

Blood pressure	130/80mm of Hg		
Pulse rate	74 bts/min		
Height	160 cms		
Weight	94 kg		
Body mass Index	36.7 kg/m^2		
Chest circumference	106 cms		
Abdomen circumference	122 cms		
Mid Arm Circumference	38 cms		
Mid Thigh Circumference	64 cms		
Waist Circumference	116 cm		
Hip Circumference	120 cms		
Aahara	Mixed. Non vegetarian thrice a week.		
Vihara	Diwaswapna, Achintya, Avyayama.		
Appetite	Good		
Bowels	Once daily		
Micturation	Normal		
Sleep	Good		
Habits	Exessive consumption of Road-side eataries.		

Table 2: Physical Examination.

Appearance	Bulky
Built	Endomorphic
Nourishment	Over Nourished
Gait	Normal
Clubbing	Absent
Edema	Absent
Lymphadenopathy	Absent

Table 3: Systemic Examination.

RS	B/L Normal Vesicular sounds heard.
CVS	S1, S2 Clear, No added sounds
CNS	Well oriented
P/A	Soft

Table 4: Ashtavidha Pariksha.

Nadi	Prakrut
Mala	Nirama mala
Mutra	Prakrut
Jihwa	Alipta
Shabda	Prakrut
Sparsha	Anushna sheeta
Drik	Prakrut
Akruti	Sthoola

Table 5: Dashavidha Pariksha.

Prakruti	Kapha Pitta
Vikruti	Kapha Vata
Dushya	Rasa, Mamsa, Meda
Sara	Madhyama
Samhanana	Madhyama
Satva	Avara

Ahara Shakti	Pravara
Vyayama Shakti	Madhyama
Satmya	Pravara
Vaya	Madhyama

Table 6: Nidana Panchaka.

Aahara	Madura snigdha sheeta aahara
Vihara	Diwaswapna, Avyayama
Purvaroopa	Nothing significant
Roopa	Increased body weight, Atikshudha,
	Atipipasa, Swedadhikya
Upashaya	Nothing significant
Anupashaya	Santarpana Aahara

Table 7: Laboratory Investigations.

ic / i Laboratory mitche	Sanons		
H.B	12.6 gm%		
W.B.C	7,300 cells/cmm		
E.S.R	36 mm/hour		
Neutrophils	54%		
Lymphocytes	47%		
Monocytes	01%		
Eosinophils	04%		
Platelets	2.73 lakhs/cmm		
R.B.C count	4.71 millions/cmm		
R.B.S	98.6 mg/dl		
Blood Urea	26.7mg/dl		
Sr. Creatine	0.9 mg/dl		
LIPID PROFILE			
Total Cholesterol	228 mg/dl		
H.D.L Cholesterol	56.7mg/dl		
L.D.L Cholesterol	119.2 mg/dl		
Triglycerides	192.4mg/dl		
V.L.D.L Cholesterol	erol 46.8mg/dl		

ECG reports showed Normal study.

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SAMPRAPTI OF STHOULYA

Hetusevana like excessive consumption of madhura snigdha sheeta aahara and vihara like avyayama, diwaswapna leads to Kevala medo dhatu vrudhi. This leads to srotoavarodha and vata dosha vimargamana takes place. Vata dosha gets lodged in Koshta leads to Jatharagni bala vrudhi due to which consumption of Aahara takes palce excessively resulting in Vikruta medo utpatti i.e Sthoulya.

Table 8: Samprapti Ghataka.

Udbhava sthana	Amashaya
Vyakta stahana	Sarva shareera
Adhishtana	Medo Dhatu
Roga Marga	Ahyantara
Agni	Teekshagni
Dhatwagni	Manda
Dosha	Kapha and Vata
Dushya	Rasa, Mamsa and Meda
Srotas	Rasavaha, Medovaha
Sroto Dushti	Sanga
Sadhya Asadhyata	Krichra sadhya

Table 9: Treatment Plan.

Udwartanam	Nitya Virechanam	Observations			
Patient is asked to empty bowel/bladder	Triphala kashaya prepared by boiling Triphala churna and	Days	Triphala kashaya	Vegas	Weight
Then made to lie down with minimum clothes	water in the ratio 1:4, later reduced to $1/4^{th}$	2/7/23 To	100ml every day	4-5 Vegas each day	2/7/23- 94kg
Churna warmed by	Warm Kashaya is given orally in				10/7/23-
indirect heat.	morning after Hot water bath.	10/7/23			88.4Kg
Churna rubbed in direction opposite to hair follicles in all 7	Later was asked to drink Ushna jala for rest of the day.				
positions.	Juli for fest of the day.				
Duration: 45 min					
Nadi Sweda for 30mins					
Hot water Bath.					

OBSERVATION AND RESULTS

On 2/7/23 patient was admitted with a weight of 94kg and BMI of 36.7kg/m². Procedure was started from 3/7/23 and completed on 10/7/23. After 8 days of

treatment Patient's weight got reduced to 88.4kg. The total reduction of weight in this duration was 5.6kg. Patient was discharged on 10/7/23.

Table 10: Showing the changes before and after treatment in Qualitative data.

Qualitative Data	Before treatment	After treatment
Angagourava	Present	Reduced
Pipasa	Present	Reduced
Kshudha	Present	Maintaining diet
Swedadhikya	Present	Decreased
Difficulty in performing daily activities	Present	Reduced

Table 11: Showing the changes before and after treatment in Quantitative data- Anthropometric.

Quantitative data Anthropometry	Before treatment	After treatment
Weight	94kg	88.4kg
BMI	36.7kg/m ²	34.5kg/m ²
Chest circumference	106cms	103cms
Abdomen circumference	122cms	118cms
Waist circumference	116cms	112cms
Hip circumference	120cms	117cms
Mid Arm circumference	38cms	37cms
Mid thigh circumference	64cms	62cms

Lipid profile	Before Tretment	After treatment
Total Cholesterol	228 mg/dl	193 mg/dl
H.D.L Cholesterol	56.7mg/dl	40 mg/dl
L.D.L Cholesterol	119.2 mg/dl	101.3 mg/dl
Triglycerides	192.4mg/dl	152 mg/dl
V.L.D.L Cholesterol	46.8mg/dl	38.4 mg/dl

Table 12: Showing the changes before and after treatment in Quantitative data- Investigation.

DISCUSSION

Accumalation of excess amount of fat in abdominal region, buttocks etc leads to bulkiness of body which are significant features of sthoulya. As patient was adopted to sedentary lifestyle, avyayama etc Mamsa and meda dhatu had ati-upachaya. The treatment planned for this patient was Udwartanam and Nitya virechana for 8 days. Patient felt Laghuta of shareera, indriya prasadana, mano prasadana and was able to do his daily activities easily. Treatment alone not plays a important role rather counseling and bringing the patients life style on a track as told by Acharyas in Dinacharya is very important and thus this saves him from sedentary lifestyle.

PROBABLE MODE OF ACTION

Triphala

Triphala has the property of Kaphaharana because the three drugs present in triphala are having Kashaya rasa, Laghu Ruksha guna, Ushna virya, Madhura vipaka. Haritaki and Amlaki have additional Katu Tikta Rasa along with Kashaya rasa. Due to this Rasa Virya Vipaka combination Triphala has the property of Tridosha harana and Tridoshashamana. Haritaki having the property of Anulomana does Vata shamana. Due to all these benefits Triphala is a great medicine internally and externally in reducing Kapha meda conditions.

Udwartana

Udwartanam is a procedure of rubbing or massaging dry powder of drugs on to the body below the neck in the direction opposite to the hair follicles. This procedure increases the body temperature due to the friction on rubbing. Due to raised body temperature potency of drug gets absorbed and digested by Bhrajaka pitta present on skin. Ushna Virya of these drugs removes srotorodha by entering into rasadhatu. Medo dhatwagni increases and Dhatupaka takes place, which inturn digests the vikrut medo dhatu. When this Vikruta Medo Dhatu gets dissolved, formation of excessive Sweda diminishes and thus cures Daurgandhya and Sweda Ati Pravrutti (Sweda being a Mala of Medo Dhatu excessive sweating results into bad smell of the body).

Nitya Virechana

Kapha and Avrita vata as dosha and Meda as dushya, Medodhatwagnimandya are main key factors in pathogenesis of sthoulya. Pitta dosha does the regulation of Agni. Virechana karma does the elimination of vitiated pitta dosha. When the Agni gets normalized it enhances the Dhatwagni and hence leads to increase Medodhatwagni which inturn increases Dhatupaka and leads to digestion of Vikruta Medo Dhatu.

CONCLUSION

After diagnosis the patient was treated with Udwartanam and Nitya virechana by Triphala as main drug. Along with this strict diet was also maintained. Regular exercises with brisk walking was done for a period of 8 days. Significant changes were observed in both Qualitative and Quantitative data like decrease in Body weight, BMI, Lipid profile. Hence Ayurveda has efficient treatment modalities in managing long term Metabolic disorders.

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