

AYURVEDIC MANAGEMENT OF STHOULYA (OBESITY): A CASE REPORT

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ABSTRACT

Obesity may be defined as an abnormal growth of the adipose tissue due to an enlargement of fat cell size or an increase in fat cell number or a combination of both. Obesity is often expressed in terms of body mass index (BMI). Prevalence of obesity is perhaps the most prevalent form of malnutrition. As a chronic disease, prevalent in both developed and developing countries, and affecting children as well as adults, it is now so common that it is replacing the more traditional public health concerns including under nutrition. It is one of the most significant contributors to ill health. For industrialized countries, in this article case of obesity treated successfully with Ayurvedic management.

KEYWORDS: Obesity, Sthoulya, Shodhana, Rukshana.

INTRODUCTION

The world wide prevalence of obesity more than doubled between 1980 and 2014. In 2013, 42 million children under the age of 5 were overweight or obese. Once considered a high-income country problem, overweight and obesity are now on the rise in middle and low-income countries, particularly in urban settings.^[1] In modern medical science Sthoulya may be compared with Obesity. Enlargement of fat cell in its size or an increase in number or both leads to abnormal growth of adipose tissue which is known as Obesity.^[2] In such condition body fat is extensively accumulated under the skin and around certain organs such as belly, buttocks, breast, thighs and individual becomes significantly overweight.^[3] It has been categorized as Ati Sthoulya (Obesity). Sthoulya is thus abnormal and excess accumulation of medodhatu. Muscles, bone, fat and water in the body increases body weight excessively and labelled as Sthoulya.

CASE REPORT

A 42 year old female patient occupationally electrician residing in Aurangabad region approached in our hospital for Ayurvedic treatment, with Chief complaint of increased body weight since 10 years, associated complaints were Dyspnoea on exertion, Constipation, decreased digestive capacity, chest heaviness Low backache.

History of Present illness: Patient was apparently alright before 10 years. Due to consumption of high protein diet, non vegetarian substances, milk products, over eating, no exercise and occasionally liquor consumption etc factors tend to gain weight of patient. Since last six months intricate to live day today life for patient. Petite work causes dyspnoea, sweating, weakness. For these complaints patient took treatment from different doc-tors, underwent numerous investigations but didn't have relief and then he came to our Ayurveda hospital for further management.

History of Past illness

History of Past illness doesn't reveal any major deficit. Fortunately patient was not suffering from High Blood pressure, Diabetes mellitus, Cardiac, Respiratory or Neurological disease.

Family History

Family history of Obesity present, Patients

Paternal Father and Grandfather were obese.

Examinations

General examination Pulse- 78 beats/min BP- 130/80 mm of Hg Weight- 94 kg

Systemic examination CVS- S1S2 normal, CNS- Conscious well oriented, RS- Air entry clear bilateral, Per Abdominal examination Soft, non-tender abdomen.

Ashtavidha Prakisha • Nadi-Pittaj Kaphaj • Mala- Vibandh • Mutra- Samanya Matra, Shukla Varna, Sahaj Pravritti • Jivha- Shweta varna, Sama Malaavritta • Shabda-Spasta • Sparsha-Anushnoshita but Ushna at the site of rash • Drik-Rakta varna, Kanduyukta Prakriti • Aakriti-Madhyam.

Dashwidha Prakisha • Prakriti-Sharirik-Pittak-kaphaj Mansika-Rajasika • Vikrati- Prakriti samasamvaya • Saara-Rakta • Samhanana-Madhyama • Pramaanana-Madhyam • Satmya- Sawarasa • Satva-Madhyam Ahara shakti-Abhyav Aharana shakti-Madhyam, Jaran shakti-Madyama

Samprapti of Sthoulya :- Due to the Nidana Sevana specially Madhura Rasa, Snigdha Ahara, Avyayama, Divaswapna, Kevala Medo Dhatu Vriddhi takes place, which leads to Sroto Avarodha by Medas and Vayu restricted to Koshta and Jatharagni Vriddhi takes place (due to which consumption of food increases) and Sthoulya (Atitrishna, Atikshudha, Swedadhikya, Alasya) occurs.

Treatment given

- 1) Ruksha Udvartana 7 days
- 2) Depana and Pachana with Chitrakadi Vati 250 mg BD for 5 days
- 3) Vamana with Madanphal + Ikshurasa for total duration including snehapana with triphala Gheta - 7 days
- 4) Sansarjana krama and shamana Aushadh

OBSERVATIONS

Observation	Before Treatment	After Treatment
Weight	94kg	86kg
BMI	48kg	32kg
Chest Circumference	109cm	99cm
Abdomen Circumference	115cm	103cm
Mid Arm Circumference	Right Hand-38cm, Left Hand-35cm	Right-35cm, Left-32cm

Mid-Thigh Circumference	Right Leg-65cm, LeftLeg-60cm	Right-60cm, Left-59cm
Waist Circumference	109cm	104cm
Hip Circumference	130cm	126cm

Risks of obesity

Obesity is a chronic condition associated with hyperlipidaemia, hypertension, non-insulin dependent diabetes, gall bladder disease, some cancers, sleep apnoea, and degenerative joint disease.^[4,5]

Counseling of patient

Counseling of the patient is very essential for the management of any disease. Patient must be given proper knowledge about the nature of the disease its etiological factors as well as treatment and complications. Emphasis should be laid on fat reduction rather than weight loss. Patients must be made aware of the role of diet in the manifestation as well as management of Sthoulya. At the same time, must be disposed with confident opinion concerning the successful outcome of the prescribed programs as well as importance of gradual weight loss instead of drastic. The weight will be very rapid in early period of dieting and then gradual. This should be explained to the patients before hand to avoid disappointment.

Diet Therapy

Diet therapy mainly focuses on the weight management, which depends on the intake as well as expenditure of calories. For any obese person, the quantity of food intake and the avoidance of settings in which excess quantities of high fat food are eaten are equally important. Dieticians suggest ingestion of frequent small meals with high carbohydrate and high fiber content, as it is an effective way of decreasing fat intake.

Yoga:^[6] Yoga has an important role to play in the treatment of obesity. Yoga techniques affect body, internal organs, endocrine glands, brain, mind and other factors concerning Body-Mind complex. Various Yoga techniques can be practiced effectively to reduce the weight and achieve a normal healthy condition of body and mind anas or body posture which provide stability and strength to the body, and many benefits like, Yoga are especially useful to reduce the fats in various parts, especially forward bending, twisting and backward bending Asanas help to reduce the fats near abdomen, hips and other areas. Practice of Asanas improves functioning of internal organs, strengthening Heart, Lungs, Kidneys, Excretory and Reproductive organs. Regular practice builds strength in Muscles. Good results are achieved by doing the Asanas for a shorter duration with an increase in number.

DISCUSSION

Bahir parimarjana chikitsa: There is description of external purification therapy in the management of Sthoulya. Acharya Charaka has mentioned 'rooksha udvartana' for Sthoulya. Vagbhatta has mentioned the benefits of Rooksha Udvartana like kaphahara, medasa parivilayana, sthirikarnam angam etc. (A.H.Su.2/15).Vagbhatta has advocated the use of Samsodhan therapy including Vamana, Virechana, Rooksha Niruha and Raktamokshana etc. in Atisthool persons with Bahudosha and Adhika Bala. Charaka has considered Sthoulya as a Santarpanjanya vyadhi and has recommended the use of Vamana, Virechana and Raktamokshana in all santarpanjanya vyadhis including Sthoulya. Besides this he has also mentioned Rooksha, Teekshna, Ushna basti for the management of Sthoulya. Charaka has contraindicated Snehapana in Sthoola purusha but at the same time he has mentioned that if vamana, virechana etc. samshodhan therapy is needed to be given to such a patient than he should be given Katu, Tikta, Kashaya rasa pradhana

dravyas and then snehapana can be done followed by samsodhan therapy. Similar view has been given by Vagbhatta. Besides this Vagbhatta has also advocated the use of taila in Sthoulya due to its Sookshmagamitva property because of which it reduces margavrodha. (A.H.Su. 5/55-56). Similarly, Niragni Sweda in the form of Vyayama, Atapa sevan and Upnaha can be recommended in the patient of Sthoulya. Vamana and Virechana have also been mentioned by various Acharyas in the management of Sthoulya, on the principle that they cause laghuta in the body and irradiates the meda daurgandhya.

- Aam Pachan and Agni Deepan- Duration 7 Days

Prabhoota Aam Laxana found on Jeevha and digestive capacity was diminished, improper hunger sensation present in patient, to combat this Aam Pachan and Agni Deepan processed with employing Langhana, only Peya (Rice water) and Laja(Pop corns) etc. light food given at mealson excessive hunger. Sutshekhara Vati.^[7]

- Tablets of 250 mg twice daily in morning & evening, Chitrakadi Vati^[8] 4 Tablets of 250 mg twice daily before Meal given with Kosha Jala as Anupana, for 7days. This procedure got completed in 7 Days.

- Vamana Karma

- a) Abhayantara Snehapana with Triphala Ghrita - Duration 7 Days

After Aam Pachana, Abhayantara Snehapana conducted with Triphala Ghrita^[9] prior to Vamana Karma. For Abhayantara Snehapana, Hrasiyasi Matra^[10] (Progressively increased Dose) taken. Dose started with 40 ml Accha Pana of Ghrita^[11] in liquid state of lukewarm temperature administered. Kosha Jala only provided to drink intermittently on Utklesh Avastha. On completion of Sneha Pachana, light food given to patient. This Abhayantara Snehapana conducted as per guidelines given in classics.

- Sansarjana Krama of 1 weak and 1weak Normal Diet - Duration 15 Days

After completion of Vamana, Sansarjana Krama^[12] adopted, On 1st day in evening Peya given, on 2nd day Peya for 2 times, on 3rd day Vilepi given for two times, on 4th day in Morning Vilepi and in evening Akruta Yusha given, on 5th day Kruta Yusha for 2 times, on 6th day Akruta Mamsarasa (Mutton soup) given considering increased intensity of Digestive fire, and in evening Kruta Mamsarasa given same repeated on 7th day Morning and in evening Normal diet given to patient. After 1 weak of Sanasarjana Krama again 1 weak normal diet was given no medicine given during that period. Whole procedure carried out as per guidelines given in Ayurved classics.

CONCLUSION

Based on the signs and symptoms, Sthoulya was treated with Sarvanga Ruksha Udwartana and, Vamana Karma followed by the Sansar janak rama in the form of Ahara Vihara and Shamana Aushada showed remarkable changes in re-ducng the weight and other sign and symptoms of the patient.

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