



## A Multi Dimensional Shodhana Approach in Sthoulya - A Case Study

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Received 2<sup>nd</sup> Dec 2022,  
Accepted 3<sup>rd</sup> Jan 2023,  
Online 16<sup>th</sup> Feb 2023

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**Key words:** Sthoulya, Obesity, Udwartana, Virechana, Lekhaniya basti.

**Abstract:** The WHO identifies main global leading risks factors causing today's disease, disability & deaths. Obesity is one amongst these. Recent studies reported that globally more than 1.9 billion adults are overweight and 650 million are obese<sup>1</sup>. Due to consumption of energy dense food(unhealthy food habits), sedentary lifestyle, misguidance for weight loss therapies<sup>1</sup>. In India, 40.3% of population is affected by obesity<sup>2</sup>. In ayurvedic system of medicine obesity is considered under the title of 'Medorog' which stands amongst 'AshtaNinditapurusha'as'SthoulyaRoga' in charaksamhita. On other hand Sthoulya being the complex vyadhi with combination of Meda,Kapha&Vata, increasing Abhishyandatva in the strotas as margavarodh and thus the disturbance in Dhatuposhana with over nourishment of only medodhatu. A multi dimensional approach to do this sampraptivighatana and bring equilibrium in dhatu and dosha without aggravating each other. This can be achieved by alternate approach of ruksha and snigdha chikitsa upakramas. Acharya Sushruta mentions tikshna basti, lekhan Basti and Ruksha Udwartana in the treatment of sthoulya.

Udwartana is one amongst the ruksha upakramas highly beneficial in sthoulya as it does meda pravilayana and brings sthirikaranam anaganam.Abhyanga and swedana helps to reduce kharatva of srotus thus getting doshas to koshta.Virechana not only helpful in avacuating the bowels but does the sroto shuddhi,Vatanulomana also. Basti therapy is considered as Ardha Chikitsa amongst all the therapeutic. Lekhaniya basti which is choosed here is anubhoota yoga,where Charakoktha lekhaniya Dashemani is used as Kalka and kwath dravya in basti form will be given. So the present study is designed to resolve stoulya with multi dimensional shodhana approach.

**INTRODUCTION:**

Obesity is a condition characterized by the excessive accumulation and the storage of fat in the body. The WHO identifies main global leading risks factors causing today's disease, disability & deaths. Obesity is mainly due to the imbalance of high energy input through rich foods and low energy expenditure due to lack of physical exercise. The prevalence of overweight and obesity has also increased in children and adolescents in developing countries, from 8.1% (7.7–8.6) to 12.9% (12.3–13.5) in 2016 for boys and from 8.4% (8.1–8.8) to 13.4% (13.0–13.9) in girls<sup>3</sup>. In India the prevalence of obesity is higher in urban areas than rural populations. In ayurvedic system of medicine obesity is considered under the title of '*Medorog*'<sup>4</sup> which stands amongst '*Asht Ninditya Roga*' as '*sthoulya Roga*' in *charak samhita*. Sthoulya is characterized by Meda mamsa ativrudhi, Chala sphik udar Sthana, Ayatha Upachaya, Nirutsaha, Krathana, Gadgada, Gaatrasada<sup>5</sup>. Panchakarma is popularly known as Shodhana aspect of Ayurvedic treatment which includes Vamana, Virechana, Niruha Basti, Anuvasana Basti and Nasya Karma which at times have Lekhana, Langhana properties or other times have Brimhana, Vrishya, Rasayana properties.

Sthoulya being the complex vyadhi with combination of Meda, Kapha & Vata, increasing Abhishyandatva in the strotas as margavarodh and thus the disturbance in Dhatuposhana with over nourishment of only medodhatu. A multi dimensional approach to do this sampraptivighatana and bring equilibrium in dhatu and dosha without aggravating each other. This can be achieved by alternate approach of ruksha and snigdha chikitsa upakramas. Acharya Sushruta mentions tikshna basti, lekha Basti and Ruksha Udvartana in the treatment of sthoulya.

Udwartana is one amongst the ruksha upakramas highly beneficial in sthoulya as it does meda pravilayana and brings sthirikaranam anganam<sup>6</sup>. Abhyanga and swedana helps to reduce kharatva of srotus thus getting doshas to koshta. Virechana not only helpful in avacuating the bowels but does the sroto shuddhi, Vatanulomana also<sup>7</sup>. Basti therapy is considered as Ardha Chikitsa among all the therapeutic measures and some physician accept it as complete therapeutic measures because it has a vast field of action. It not only cures Vatika disorders but it also becomes helpful in Dosha Sansarga & Sannipata, Kaphaja & Pittaja disorder, Shakhashrita & Koshashrita disease by combination of different types of Basti Dravya<sup>8</sup>. Acharya Charaka in context of Mahakashayas mentioned Lekhaniya Gana (Musta, Kushta, Haridra, Daruharidra, Vacha, Ativisha, Katurohini, Chitraka, Chirabilva, Hemavatya)<sup>9</sup>. Lekhaniya basti which is choosed here is anubhoota yoga, where Charakoktha lekhaniya Dashemani is used as Kalka and kwath dravya in basti form will be given.

The present study is a case report of 32yrs, male occupationally business man complaining of increased weight, lethargy, fatigue, constipation, exertional dyspnoea since 1year. Patient also had the blood profile showing raised values of lipid profile, HbA1c factor. He was treated with multiple approach of shodhana upakramas as in udwartana, sadhyo virechana then lekhaniya basti was planned.

**OBJECTIVES**

To evaluate the efficacy of various Shodhana Upakramas to resolve Sthoulya.

**MATERIAL AND METHODS**

This is a case study. Informed consent was taken from the patient in her mother tongue.

**History of present illness**

A 32yr old male, (OPD NO- 10424/DH18/0010528) from karandawadi, occupationally businessman approached with increased weight, lethargy, fatigue, constipation and exertional dyspnoea since 1yr. basically patient had hobby of wrestling in his college time but after joining the family business he gave up his hobby and even stopped workout. Later because of much field work started skipping meals

or delayed eating habits. Once the patient observed tremendous weight gain he started dieting on self without any dietician advice. Thus landed up in alpa ahara sevana which lead to constipation, fatigue and no energy to do exercise and again gained weight because of this stress.

Table 1: General examinations	
Blood pressure	120/70 mm of Hg
Pulse	72 b/m
Respiatory rate	16 /m
Height	5.6''
Weight	108kgs
BMI	38.4kg/m <sup>2</sup>

Table 2: AshtaSthanaPariksha	
<i>Nadi</i>	72b/m
<i>Mutra</i>	4-5times/day
<i>Mala</i>	1-2 times/day(Baddhata)
<i>Jihwa</i>	Alpasama
<i>Shabda</i>	Prakrit
<i>Sparsha</i>	Prakrit
<i>Drik</i>	Prakrit
<i>Akruti</i>	Pravara(Brihat)

Table 3: Specific examination	
Factors	Measurements
Chest circumference	46''
Waist	44''
Abdomen	48''
Hip	46''
Mid thigh	24''
Mid arm	15''

#### Past History :

N/h/o-Diabetes mellitus, HTN, asthma

#### Family History :

No specific history found with either parents but all siblings are overweight.

**Medication History:** nothing specific

#### Personal History

Food habits: mishra ahara.

Appetite: Vishama

Sleep: Normal

Bowel: Baddhata(1-2 times/day)

micturation: normal(4-5times/day)

**NidanaPanchaka****Hetu**(Aetiology or Causative factors):

1. *Ahara:Guru picchila* ahara pishta anna sevana, skipping the meals,ati mamsa ahara sevana.
2. *Vihara: Ati asana, ati yana,diwaswapna.*

**PoorvaRoopa:** Alasya, weight gain**Roopa:** increased weight,lethargi, fatigue,constipation and exertional dyspnoea**Aggravating factors (Anupashaya):** Standing, walking,exertion**Relieving factors (Upashaya):** nothing specific

**Samprapti:** Due to Nidanasevana(Ati Asana, Ati yana,Avyayama, Vishamashana, Mamsahara sevana lead to vata-kapha prakopa that caused Agni dushti and Formation of Ama which proceeded with Srotorodha and disturbance in dhatu poshana and only Medhodhatu upachaya seen again Indulgence in alapahara(kshudha vega dharana) lead to Vata prakopa(Koshta Baddhata) and Alpahara lead to दौर्बल्य but medo vriddhri and thus lead to sthoulya<sup>10</sup>.

**SampraptiGhataka****Dosha:** Vata, Kapha**Dushya:** Rasa, Mamsa, medha**Srotas:** Rasa-mamsa-medo vaha srotas**Sroto-dushti:** Sanga**Agni:** Vishama-agni**Roga-marga:** abhyantara**Adhishtana:** sarva shareera**UdbhavaSthana:** amashaya**VyaktaSthana:** Sphika, Sthana,udara**INVESTIGATIONS**

Parameter	Before Treatment
CHOLESTROL TOTAL	222 mg/dl
TRIGLYCERIDES	171 mg/dl
HDL	30 mg/dl
LDL	157.8 mg/dl
VLDL	34.2 mg/dl
RATIO	7.4
HbA1C	6.8 %

**Diagnosis:** Sthoulya**TREATMENT :**

1. **Deepana, Pachana (2 days):** Chitrakadi vati 2BD with hot water after food
2. **Rukshana(4 days):** Udwarthana with Kolakulaththadi Choorna f/b Bashpasweda.

3. **Sadhya Virechana:** 7<sup>th</sup> day Sarvanag Abhyanga f/b Bashpa sweda then sadhya Virechana with Nimbamritadi Eranda taila 40ml with Koshna jala was given where 7vegas were observed.
4. **Basti chikitsa:** 8<sup>th</sup> day Vishram was adviced to patient and from 9<sup>th</sup> day basti chikitsa was started in following format.

<b>Days</b>	1	2	3	4	5	6	7	8	9
<b>Basti</b>	MB	LB	MB	LB	MB	LB	MB	LB	MB

**MB-** Murchita Tila taila 60ml

**LB-**Lekhaniya basti

- Madhu: 100ml
- Lavana:10gm
- Murchita Tila taila: 80ml
- Lekhaniya Kalka: 25gm
- Lekhaniya kwatha:400ml
- Gomutra: 60ml

After shodhana procedure **shamanachikitsa** for 15days

- ✓ Shiva gutika 1 tds
- ✓ Medohara guggulu 2 tds
- ✓ Arogyavardhini vati 1 tid –all 3 with warm water

#### RESULTS:

Factors	Before treatment	After treatment	After followup
<b>Weight</b>	108kg	102kg	100kg
<b>BMI</b>	38.57kg/m <sup>2</sup>	36.17kg/m <sup>2</sup>	35.46kg/m <sup>2</sup>
<b>Chest circumference</b>	46"	43"	43"
<b>Waist</b>	44"	43.5"	42"
<b>Abdomen</b>	48"	46.5"	46"
<b>Hip</b>	46"	46"	46"
<b>Mid thigh</b>	24"	21"	20"
<b>Mid arm</b>	15"	14"	13"

#### DISCUSSION:

- Sthoulya being the complex vyadhi with combination of Meda,Kapha&Vata, increasing Abhishyandatva in the strotas as margavarodh and thus the disturbance in Dhatuposhana with over nourishment of only medodhatu.
- The study being titled as multi dimensional approach because of presence of contradictory doasha & dushya in disease.
- Many of the times individual failsto resolve sthoulya because of wrong approach which focuses only on medo karshana kapha nirharana and vata is always left out and hence recurrence of vyadhi is seen .

- Here in this study rukshana, snehana, sneha virechan and then lekshana basti was implemented to take care of all three factors without aggravating each other.
- For any vyadhi to resolve initially ama pachan must be done to improvise agni and further treatment given in nirama state will work best.
- Udwartana which helps in Kaphaharana, Medaprilapanama, Sthirakarana of Angas ,Gouravatahara ,Tandrahara,Dourgandhyahara and according to acharyas Rukshana must be done prior to snehana in condition where Medomamso ativrudhi, bahukapha avastha is seen
- Sadhyo Virechana which helps to relieve the koshta baddhata in patient but also helps in doing srotoshodhana,dhatusthiratva and vatanulomana.
- Lastly basti which is explained as ardha chikitsa and also sampurna chikitsa which treats the Dosha Sansarga & Sannipata, Kaphaja & Pittaja disorder, Shakhshrita & Koshashrita vyadhis.
- Basti benefits with Sthoolam Karshayati ,Vayasthaapayati (Dalhana-Ayuvridhi),Lekhana Of Meda, Kapha, Vatanulomana, Shareera Laghuta,Aashaya Laghuta ,Prakrutisthapana and aso Balavruddhi.
- Lekhaniya gana with drugs like Musta, Kushta, Haridra, Daruharidra, Vacha, Ativisha, Katurhini, Chitraka, Chirabilva, Hemavatya all being ushna tikshna has lekhaniya properties does medha karshana,kapha vilayana, vata shaman also as given in basti form.

#### Conclusion:

- Sthoulya being Bahudoshavastha it is a Prime indication for Shodhana.
- Continuously tikshna shodhana will combat kapha and mdha but does vata prakopa hence alternate usage of snigdha ruksha chikitsa must be chosen to take care of vata also.
- Shodhana Upakramas causes Gatralaghuta, Srotoshuddhi, Tandra-Klamahara, Prakrutisthapana, Dhatusthiratva thus doing samprapti vighatana of sthoulya by correcting the dhatu poshan.
- Chikitsa Upakramas should implemented with proper karma as said Kramena Atipravruddhayeta (Bh.Ra) because fast weight loss again causes vata prakopa.
- Durupakramatvat leads to kshaya of Meda,Kapha but prakopa of Vata.
- गुरु च अपतर्पन - the vata prakopa leads to agni sandookshana and hence acharyas opted the guru ahara keeps the agni samyak without getting tivra. Apatarpana helps to combat kapha and medha.
- After shodhana upakrama patient must be adviced samyak ahara vihara to improvise the sedentary lifestyle as mentioned in classics the anna-pana-aushadha must resolve all three factors  
*मेदोऽनिलश्लेष्मनाशनं सर्वमिष्यते*

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

#### Financial Support and Sponsorship

Nil.

**Conflicts of interest**

There are no conflicts of interest.

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10. Bhavaprakash

