



Research Article

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PANCHAKARMA INTERVENTIONS FOR STHOULYA: A CASE STUDY

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ABSTRACT

Sthoulya (Obesity) is a burning problem in the world scenario and has acquired the status of an epidemic. The dietary habits, sedentary life styles and stress etc., which are the gift of modern world, are primary predisposing factors for Sthoulya. Obesity is basically a behavioral disorder. Persons life become difficult in Sthoulya and suffers from various serious disorders like hampered physical activity, hampered sexual life, extreme lassitude, proneness to dangerous diseases such as hypertension and diabetes, above all diseases and disorder decreases the span of life. The major risk related with Sthoulya is that, it favors complicated pathologies like diabetes mellitus, cardiac disease, atherosclerosis, gall stones, hypertension, stroke, so rightly said "longer is the belt, shorter is the life". In allied science, the disease is correlated as metabolic disorder and obesity due to resemblance of sign and symptoms. Ayurveda has a holistic treatment approach for obesity. *Kapha* and *Pitta* vitiation are the major contributing pathological factors in Sthoulya manifestation. According to Ayurveda Shodhananga Snehapana followed with Virechana and internal medication is considered as the best line of management for metabolic disorder. Here I am presenting a single case of sthoulya. The treatment planned was Deepana-pachana (Rukshana) with Panchakola phanta, Snehapana (Shodhananga Snehapana) with Murchita taila followed by Virechana. After the whole course of therapy, it was found significant relief in sign and symptoms of Sthoulya. The therapy marked relief. Conservative management of Sthoulya through Ayurvedic principle provides significant relief and improves quality of life so has been presented in this article.

Keywords: *Sthoulya, Snehapana, Shodhananga Snehapana, Obesity, Virechana.*

INTRODUCTION

Obesity refers to an excessive accumulation of fat in fat resulting in more 20% excess of expected body weight. This is an important nutritional disorder mainly in the rich communities of the world but not in developing countries like ours. Obesity is most commonly caused by a more excessive food intake, lack of physical activity, and genetic susceptibility. And also, it is caused from genes, endocrine disorders, medications, or mental illness. The industrialization, stress during the work, dietary habits, lack of exercise and imbalanced diet e.g. junk foods, cold food items and fruits, increased intake of soft drinks and beverages, canned foods results into the clinical entity which we can call as Obesity¹. The obesity increases the risk of many physical and mental conditions. It results in metabolic syndrome, a combination of various clinical disorders which includes: Diabetes mellitus type 2, hypertension and hyperlipidemia. 64% of cases of obesity underlies with the diabetes in men and 77% of cases in women. In India, Overweight and obesity has reached epidemic proportions affecting 5% of countries population. Approximately 1.6 billion adults of age above 15 years are overweight, at least 400 million adults are obese and by 2015 approximately 2.3 billion adults will be overweight and more than 700 million will be obese. Obesity has also been defined as body content greater than 25% of total body weight for male; greater than 30% for female.²

Obesity can be compared with Sthoulya. This is one of the Santarpanotha vyadhi³ one among the Ashta Nidhita Purusha and also as Kaphaja Nanatmaja Vyadhi. And line of treatment for it is Apatarpana⁴ and Langhana, which can be done by Shamana and Shodhana karma. Sthoulya causes may be of two types Exogenous causes are potentiating diet and regimen, Endogenous causes are Dosha, Dhatu, Mala, Srotas etc. Acharya Sushruta and Vagbhata have made mention of the endogenous type by telling that rasa is the prime cause for the sthoulya⁵. The treatment of Sthoulya told in our classics can be done in following ways i.e. Nidanasya Parivarjarna, Guru cha Atarpana Chikitsa⁷, Satata Karshana Chikitsa, Santarpanotha Vikara Chikitsa, Langhana Chikitsa {among Langhana Chikitsa, Shodhana Rupi Langhana and Shamana Rupi Langhana}, and Pathyapathya.

Case Presentation

A 30-year-old male patient, Hindu by religion, KSRTC employee by occupation, reported to Panchakarma OPD, SDM College of Ayurveda and Hospital Hassan presented on 1/08/2016 with well demarcated increase weight. On history, his general health was good and other major illness like DM, HTN or Asthma was not present. Both physical examination and laboratory examination like blood tests (routine test) were within normal range there was marked raise in lipid profile. Considering the history and examination patient was planned to post for Shodhananga Snehapana followed by Virechana karma.

Treatment

The patient was administered classical Virechana (Purgation therapy) after proper Deepana, Pachana followed by Snehapana. The details of the procedures are described below:

Method of Virechana Procedure (purgation therapy)

The Virechana Process comprises of three stages, which are as follows:

- Purva Karma (Preparatory procedure)
- Pradhana Karma (Main procedure)
- Pashchat Karma (Post procedure)

Purva Karma

Patient was administered with Panchakola Phanta⁶ 50ml twice a day daily before food for three consecutive days as Deepana-Pachana. In mean time patient was administered with Sarwanga Udwaratana⁷ with Triphaladi churna⁸ for three consecutive days. After three days, patient attained Samyak Rukshana lakshana⁹ after attaining of Samyak Rukshana Lakshana's patient was posted for Arohana Shodhana Purva Snehapana with Murchita taila¹⁰. for 4 consecutive days with initial dosage of 30 ml then raised to 60ml, 100ml, 140ml, on second, third and fourth day respectively. After obtaining of Samyak Snigdha Lakshana¹¹ (Symptoms of proper internal oleation like passing stool containing fat, feeling of aversion of Taila), after 4th day of Snehapana Patient advised Sarwanga Abhyanga with Murchita taila and Svedana by Sarwanga baspa Sveda (fomentation done by using vapour to whole body) for next 3 days. Three days Vishrama kala was given during which patient was administered with Pitta Utkleshakara Ahara like Laghu Bhojana, Amla phala Rasa, Ushna udaka to alleviate Pitta Dosha. Thereafter, on the 4th day in morning time at 9:00 am virechana¹² was performed.

Pradhana Karma

Before administration of Virechana Yoga, Abhyanga with Murchita taila and Baspa Svedana has been given at morning time on the day of Virechana. Pulse, blood pressure and temperature were recorded. Vitals were recorded at regular interval during the Pradhana Karma. As per the classics, Virechana Yoga was administered after passage of Kapha Kala i.e. early morning time. Accordingly, the appropriate time for administration of Virechana drug was 9.00 a.m. on empty stomach. Virechana Yoga (purgative formulation) was Trivrut Lehya¹³ 70gm and Triphala kashaya 100 ml. Patient was given hot water repeatedly in little quantities. After that patients were observed carefully to avoid complications. Numbers of Adhoga Vega after administration of Virechana drug were counted. Till the symptoms of Samyak Virechana Lakshana's seen in the patient, like stopping of purgation on its own, passing of stool with Kapha (mucus) in the last one or two Vega, feeling lightness of the body. Patient had 21 Vegas.

Pashchat Karma

Patient had 21 Vega with Kaphanta and attained Pravara Vegiki Shuddhi patient was observed for complication whole day. No untoward complications were observed. Later patient was advised to follow Samsarjana karma i.e. Peyadi samsarjana¹⁴ for 7 days.

RESULT

During Deepana- Pachana patient was found without any significant relief however improvement was present at the level of Shodhananga Snehapana (internal oleation) i.e. decrease in the weight and BMI. Overall subject felt 80% better symptomatically. On discharge medicines advised were; Poogatrim powder 1 TID with hot water before food, Amla juice with 20 ml of hot water before food and Varunadi kashaya 15 ml TID with 30ml of hot water after food. (Table 1-3)

Table 1: Height, Weight, BMI at regular intervals

	Before Treatment	After Snehapana	After Virechana	After Samsarjana Krama
Height	157 CM	157CM	157CM	157 CM
Weight	85.45 kg	80 kg	79 kg	78.23 kg
BMI	34.73 kg/m ²	32.46 kg/m ²	32.11kg/m ²	31.80 kg

Table 2: Anthropometry at regular intervals

	Before Treatment	After Snehapana	After Virechana	After Samsarjana
Chest	112cm	102 cm	102 cm	101 cm
Waist	102 cm	98 cm	97 cm	94 cm
Hip	106 cm	100 cm	99 cm	97.1 cm
Abdomen	111 cm	99 cm	96 cm	96 cm
Thigh	Right- 56 cm Left - 57 cm	Right- 49 cm Left - 50 cm	Right- 49 cm Left -49 cm	Right-49 Left -48
Mid arm	Right- 31 cm Left -30 cm	Right- 28 cm Left - 29 cm	Right- 28 cm Left - 28 cm	Right-28 Left -28

Table 3: Lipid profiles Before treatment and After treatment

	Serum Cholesterol	Serum Triglyceride	HDL	LDL	VLDL
Normal value	150-200 mg/dl	25-160mg/dl	30-70mg/dl	Up to 150mg/dl	05-35 mg/dl
Before treatment	248.0 mg/dl	192.0 mg/dl	52.0 mg/dl	123.0 mg/dl	56.0 mg/dl
After treatment	180.0 mg/dl	158.0 mg/dl	40.0 mg/dl	99.2 mg/dl	40.8 mg/dl

DISCUSSION

The discussion for above article is on the treatment procedures adopted for the management of Sthoulya like Deepana-Pachana, Rukshana, Shodhananga Snehapana with Murchita taila, Virechana and Samsarjana karma.

Deepana and Pachana Dravya

At first the body should be prepared with Deepana-Pachana, Snehana and Svedana, thereafter by Shodhana at proper time through nearest possible route according to strength.

The normal status of Agni is important before the administration of Snehapana. Deepana and Pachana do kindling of Agni and Digestion of Aama respectively. If Agni is not in normal condition Sneha will not undergo digestion properly in turn leading to complication¹⁵.

Rukshana Karma

Rukshana is the Vishishta Purvakarma before the administration of Shodhananga Snehapana in specific conditions like: Mamsala (Upachita Mamsa), Medura (Medasvina), Bhurishleshma (excess of Kapha), and Vishamagni (altered state of digestive strength). Rukshana should be done before the administration of Sneha except Vishamagni.

If it is not performed, then it results in Snehavypad. In Sneha Satmya condition if Snehapana administered then there will be Anuthkleshana of Dosha. Here Pachana is indicated i.e. nothing but Rukshana¹⁶.

Shodhananga Snehapana

Shodhananga Snehapana is the most important Purvakarma for Vamana and Virechana. The Properties of Sneha Dravya's are like Sukshma, Sara, Snigdha, Drava, Picchila, Guru, Shita, Manda and Mrdu¹⁷, which are having opposite properties of Rukshana Dravyas. Acharya Charaka explain that Administration of Snehapana helps in bringing the Dosha from Shakha to Kostha by Vriddhi (Excessive increase of Dosha), Vishyandana (Liquefaction of Dosha), Paka (Digestion of Dosha), Srotomukha vishodhana (Cleansing of opening of channels), Vayosca Nigraha¹⁸ (Controlling of Vata). It is Purvakarma (Prerequisite) which is carried for 5-7 days based on the receiving ability of patient and symptoms of proper oleation are Vatanulomana (Regulation of flatus), Deeptagni (Improvement in digestion), Snigdhavarcha (Unctuous),

Snigdhatra (loose stool), Snigdhatra (Unctuousness), Mardavata (Softness in the body).

Abhyanga & Svedana

After obtaining symptoms of proper internal oleation, which appeared after 5th day of 'Snehapana', patients were subjected to perform 'Abhyanga and Svedana'. Abhyanga (whole body external oleation) softens morbid humours & localizes them. 'Svedana' (sudation therapy) Acharya Charaka has mentioned that Svedana karma is the best treatment for vitiated Vata and Kapha dominant diseases¹⁹. Svedana is done to liquefy the vitiated Dosha which are spread throughout the body. Because of application of Svedana, the vitiated Dosha are made easily expelled out with the help of Pradhana karma such as Virechana etc.

Virechana Karma

As Snehana and Svedana are performed prior to Virechana, in a Snigdha body the Dosha smear easily without any obstacle and easily come to the Amashaya from where Virechana evacuates them. Drugs capable of inducing Virechana, possesses Ushna, Tikshna, Sukshma, Vyavayi and Vikasi properties. The Ushna property may help in increasing the quantum of Agni. It can cause Vishyandana i.e. oozing of the Dosha in the Kostha from where they can be readily expelled out. Due to Tikshna property, drug is able to disintegrate the Sanghata of the Dosha. Due to Vyavayi property such a medicine can spread in the whole body prior to its digestion. On virtue of its Vikasi property the drug can burn various Dhātu and can compel the Dosha residing in it to come out. The whole process occurs in following way. After the administration of purgative drugs, patient was purgated for 21 times considered as Pravara type of 'Shuddhi' (Moderate purification).

Samsarjana Krama²⁰

Samsarjana Krama are the set of rules and regulations which are to be carried out after performing Shodhana. These plays very important role in protecting and increasing Agni gradually. Because Due to Elimination of Dosha from the body after Samsodhana karma, Agni becomes weak. So, to restore the strength of Agni and Prana, thereby these procedures aids in bringing back body to normalcy.

Table 4: Ingredients of Murchita Taila

Drugs Name	Botanical Name	Parts use	Quantity
1.Tila Taila	<i>Seasamum indium</i>	Beeja	1/10part
2.Manjistha	<i>Rubia cordifolia</i>	Moola	1part
3.Lodhra	<i>Symplocos racemosa</i>	Twak	1part
4.Musta	<i>Cyprus rotundus</i>	Root	1part
5.Haritaki	<i>Terminalia cebula</i>	Phala	1part
6.Vibhitaki	<i>Terminalia belerica</i>	Phala	1part
7.Aamlaki	<i>Emblis officinalis</i>	Phala	1part
8.Twak	<i>Pandnus fasciolaris</i>	Twak	1part

Murchita Taila

Tila taila is best Sneha dravya among Sthavara Sneha as explained by Acharya Charaka²¹. Taila is used widely for internal and external conditions. Acharya charaka mentioned that Tila taila is best amongst the taila Vargas. Taila alleviates Vata but, at the same time does not aggravate Kapha. From therapeutic point of view the quality of taila is "Na Anyaha Snehastatha Kwachitsamskaram nuvartate" i.e., when taila

treated with other dugs it takes the property of that drugs after Samskara. Vagbhata explains the importance of Tila taila as "Krishanam Bhrimhanayalam Sthoolanam Karshanaya Cha²²". It does Bhrimahana Karya for Krisha persons and does Karshana for Sthoola persons. In Sthoola persons, by its Sukshma, Teekshnosha gunas it enters Sukshma Srotas does Kshapana Karya for Meda. Due to Kshapana of Meda, the person becomes Krisha.

CONCLUSION

Sthoulya is a disease which is a Santarpanotha janya vyadhi can be easily tackled with proper assessment and Panchakarma treatment plan along with appropriate Shamana Aushadhi. It is caused by excessive indulgence in oily and fatty food and sedentary life style; Manasika factors along with genetic predisposition play a major role in autogenesis of Sthoulya. The treatment of Panchakarma like Shodhananga Snehapana followed with Virechana is best way to manage such condition along with Nidana Parivarjama. In above case this therapy resulted in the marked relief in all the criteria's of Sthoulya. So, it can be concluded that, Ayurvedic line of management gives satisfactory answer as well equally beneficial for the promotion and preservation of health in a obese person by removing toxic wastes, by balancing morbid humors and by correction of Agni (digestive fire) which results in marked relief for a Patient of Sthoulya leading to the healthy and peaceful life.

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