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An Ayurvedic Management Of Sthaulya w.s.r. Obesity: A Case Study

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ABSTRACT: -

Now a day's peoples are not conscious about their health. In today's era, obesity is growing very fast due to lifestyle changes. According to W.H.O obesity is the fifth leading risk for global deaths. The double burden of the disease was more observed in lower and middle-income countries. Many diseases arise due to obesity like Diabetes, Hypertension, Heart disease, etc. in modern medicine there is no treatment for obesity. In Ayurveda obesity can be correlated with *Sthaulya or Meda Vriddhi*. A 42-year-old patient rush to *Ayurvedic* hospital for better treatment with *Sthaulya* (obesity), *Daurbalya* (Debility), *Swas krichta* (Shortness of breath), *Ati-Kshudha*, (excessive eating) and *Ati-Pipasa* (excessive thirst) etc. The patient got a surprising change in his subjective and objective criteria by administering some *Ayurvedic* medicines and changes in his daily routine.

Keywords: - Sthaulya, Obesity, Meda Vriddhi, Daurbalya, Swas krichta



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INTRODUCTION

According to the W.H.O., overweight and obesity the fifth leading risk for global are deaths¹.According to World Health Organization, the worldwide prevalence of obesity nearly tripled from 1975 to 2016. Overweight and obesity kill most of the people of the world² then underweight. About 13% of the world's adult population was obese in 2016. The double burden of the disease was more observed in lower and middle-income countries. Overweight and obesity are linked to more death worldwide than overweight.³ In ancient literature of Ayurveda; Acharya Charaka has listed eight types of censurable persons of which Atikrisha (very emaciated) and Atisthula (very corpulent) are more significant. Atisthula or an obese person needs more attention because it is considered as *Krichchhrasadhva* – as a difficult to treat disease or person and has more complications than a very emaciated person.⁴ Obesity is a disease, developed due to complex interaction between biological psychosocial and environmental factors that affect the quality of life of an individual⁵. According to Ayurveda, vitiated Vata and Meda (Fat) and Mamsa⁶ Dhatu (Muscles) are the main cause of Sthoulya – obesity. Today's sedentary stressful lifestyle, irregular dietary habits, increased use of fast food and fatty diets are the main cause for obesity. . Structural and functional homeostasis of Dosha, Dhatu (body tissues), Mala (waste products), Agni (digestive fire), Aatma (soul), Indriya (senses) and Mana (heart) governs the normal physiological functions of the human body⁷.

MATERIAL AND METHOD

The treatment was planned as:

- Aarogyavardhini Vati ^{8,9}- 500mg Punarnava Mandoor¹⁰- 500mg Trikatu Churna- 1gm, a combination twice a day with lukewarm water before meal.
- 2. *Gomutra Haritki*¹¹ 2-2-2 tablets trice a day before meal.
- 3. *Triphala Churna*^{12,13}– 5gm once a time in the night with lukewarm water.

- 4. 5 km walking in the Morning time.
- 5. *Pathya* (wholesome)- *Yava* (Barley) + *Bajara* (Millet) + *Makka* (Maize) + *Gehu* (Wheat) Flour.

Apathya (unwholesome)- *Dadhi* (Curd), Tea, Fast Food, Ghee, Salt, Heavy Food, etc.

The study was conducted at the National Institute Ayurveda, Jaipur. The treatment approach was well explained to the patient about Ayurveda concepts, side effects, etc. The recommendations for Good Clinical Practices were followed.

CASE REPORT

Aatur vyatha (Complains of the patient): A male patient of age 42 years with O.P.D no. **48260** dated **11.08.2020** in noon time, visited in NIA, Jaipur with the complaint of *Sthaulya* (obesity), *Daurbalya* (Debility), *Swas krichta* (Shortness of breath), *Ati-Kshudha*, (excessive eating) and *Ati-Pipasa* (excessive thirst) etc.

History of present illness: A 42 year's old male patient who had obesity for 12 years. He had used many ideas to reduce weight loss but does not get any relief. For further and betterment treatment patient approached to *ayurvedic* hospital for further treatment.

History of past illness: No History of Past illness. Family history: No any Known Family history of *Sthaulya* or obesity and systemic disease.

Personal history: the patient was vegetarian in diet; the patient takes tea 4-5 cups. Normal and appropriate micturition, samyaka nidra (sleep) has been explained by the patient.

Prakriti (constitution) is Vata-Kaphaja, Vikriti-Vata-Kapha vikriti (Imbalanced vata kapha), Meda Saar(Fatty elemental tissue), Pravar Samhanana (Good compactness of body), Pravar Satva(Good mental constitution), Pravar Ahara Shakti (good power of intake and digestion strength), Avar Vyayam Shakti (less power of performing exercise) and Madhyayam Vaya

Case Study.

(middle age) having 40 years old, and Ashtavidha Pariksha (eight fold examination) finding is Kapha Pradhan Vata, Sthool Akriti (obese built), Sama and Malavrita Jihva (coated tongue), Samanya (normal) and adequate intensity of Shabda (speech), Sthool Drikka(Vision), Baddha mala (solid waste) non-dirty urine with adequate frequency and amount. The patient was assessed by Dashvidh & Ashthvidh Pairksha (eight fold or tenfold examination) along with Samprapti *Ghatak* (Factor involved in the disease process) for a better understanding of *dosh* and *Dushya* strength which is shown in Table 1.

Causative factors mainly excessive food intake, heavy food intake, sleep in the day time, do not exercise and never take tension¹⁴.

Samprapti Ghatak (Factor involved in the disease process),

Particular	Location and description		
Dosha	Vata-Saman Vayu, Vyana Vayu		
	Pitta- Pachak Pitta		
	Kapha- Kledak Kapha		
Dushya (tissues / cells involved)	Rasa(Plasma), Meda(Fat), Mamsa (Muscles) Dhatu		
Adhisthan (place where the disease expressed)	Whole Body Particularly Vapavahana (peritoneum) &		
	Medodhara Kala (membrane folding fat tissue)		
Srotas (systems involved)	Rasavah Srotas (Channels carrying the nutritional		
	essence)		
	Medovaha Srotas (Channels carrying fat tissue)		
Srotodushti Prakar (mode of system involvement)	Sanga (obstruction), Margavarodha (Obstruction in		
	the nutrient flow in cells & tissues)		
<i>Vyakta sthan</i> (places where symptoms appear)	Sarvanga (Whole body)		
Roga marga (specific route)	Bahya (Outer)		
Vyadh <mark>i Avastha (Type</mark> of disease)	Jeerna (Chronic)		
Agni (Digestive fire)	Jatharagni Triva (Strong digestive power),		
	Meda Dhatvagnimandya (derangement of metabolism		
	at the level of tissues)		
Sadhaya-Asadhayata (Prognosis)	Kashtha Sadhaya (curable with difficulty) ¹⁵		

Table 1: Samprapti Ghataka (Factor involved in the disease process) of Sthaulya (Obesity)

Vitals examination: Pulse Rate 80 beats per minute, irregular, *madhyam bala yukta* (medium strength), Blood Pressure 148 mmHg systolic and 90 mmHg diastolic, body Temperature 98.6-degree Fahrenheit with Respiratory Rate 28 times per minutes in the day time in OPD timing in early noon. Body weight 99kg, height 5 feet and 10 inches. So, BMI 31.3.

Blood investigation – No any blood investigation was done due to COVID-19.

Systemic Examination

Consciousness – conscious

- Nervous System- Normal
- Cardiovascular system Normal
- Respiratory system Normal
- Per Abdomen Examination Slightly enlargement of Liver

Assessment criteria:-The assessment criteria of *Sthaulya* (obesity) which has described in the different *ayurvedic* text and applied after some adaptations. A grading scale was used to record the therapeutic effects. Swas krichta, *Daurbalya*, Excessive perspiration, *Polyphagia*, *Polydipsia* was graded 0, 1, 2, and 3 based on severity which is

showing in Table 2. These Parameters assessed by asking questions from the patient and *Darshan*

Pariksha (inspection)

Symptoms	0	1	2	3	
Swas Krichta (External dysphonia)	No Swas krichta	Mild	Moderate	Severe	
Swedabadha (Excessive perspiration)	No Swedabadha	Mild	Moderate	Severe	
Daurbalya (weakness)	No Daurbalya	Mild	Moderate	Severe	
Ati-Kshudha (Polyphagia)	No Ati-Kshudha	Mild	Moderate	Severe	
Ati-Pipasa (Polydipsia)	No Ati-Pipasa	Mild	Moderate	Severe	

Table 2: Subjective parameters assessment in Sthaulya

Treatment plan-

The patient was visited on 11/08/2020 in the department of *Sharir Kriya* (Physiology). The duration of treatment was 45 days. Internal (oral) Medicine and exercise were given which have been shown in Table 3.

Table 3: Drugs included in the treatment protocol			
Drug	Formulation Composition		
Aarogyavardhini Vati	Shuddha Rasa (purified mercury), Shuddha Gandhaka (purified sulfur), Lauha Bhasma (iron compound in ash form), Abhraka Bhasma (mica in ash form), and Tamra Bhasma (copper compounds in ash form), Terminalia chebula (Haritaki), Terminalia bellerica (Bibhitaka), Emblica officinalis (Amalaki), Asphaltum (Silajatu-Suddha), Commiphora mukul (Guggulu Shuddha), Ricinus communis (Eranda), Picrorrhiza kurroa (Katuka), leaf juice of Azadirachta indica (Nimba)		
Punarnava Mandoor	Punarnava– Boerhavia Diffusa, Nishoth– Operculina Turpethum Sonth– Zingiber Officinale, Kali Mirch– Piper Nigrum, Pippali– Piper Longum, Vaividang– Embelia Ribes, Devdaru – Cedrus Deodara Chitrak root – Plumbago Zeylanica, Kushta– Saussurea Lappa, Haldi– Curcuma Longa, Haritaki – Terminalia Chebula, Bibhitaki – Terminalia Bellirica, Amla– Emblica Officinalis, Danti roots – Baliospermum Montanum Chavya– Piper Chaba, Indrayava – Holarrhena Antidysenterica Seeds Kutki – Picrorhiza Kurroa, Piplamool– Piper Longum, Mustak– Cyperus Rotundus, Kakra Singhi – Pistacia Integerrima, Kala Jeera– Carum Carvi Ajwain– Trachyspermum Ammi, Kayaphal (Myrica nagi), Mandur Bhasma, Cow's Urine		
Trikatu Churna	Sonth <mark>– Zingiber Officinale, Kali Mi</mark> rch– Piper Nigrum, Pippali– Piper Longum,		
Gomutra Haritaki	Haritaki – Terminalia Chebula and Gomutra (Cow's Urine)		
Triphala Churna	Haritaki – Terminalia Chebula, Bibhitaki – Terminalia Bellirica, Amla– Emblica Officinalis		

OBSERVATION AND RESULTS

The effect of *ayurvedic* medicine on the subjective parameter of *Sthaulya* changes from zero to fifteen days, thirty days, and finally, forty-five days was 15 to 10 to 6 to 3. Total points were 15 and before treatment, it was 100% and after treatment, it

became lower side 66.67% after 15 days, 40% after 30 days and 20% after 45 days. Treatments which is showing in Table 4.

After completing the treatment, the patient did not come to college due to COVID-19, so we discussed the call with him only. So we can't say about his Liver which was slightly enlarged before treatment.

Symptoms	Before	During treatment		After treatment
	treatment			45 days
		15 days	30days	
Swas Krichta (External dysphonia)	3	1	0	0
Swedabadha (Excessive perspiration)	3	2	2	1
Daurbalya (<mark>weakness)</mark>	3	2	1	0
Ati-Kshud <mark>ha</mark> (Polyphagia)	3	3	2	1
Ati-Pipas <mark>a (Polydipsia)</mark>	3	2	1	1

Table 4: The effect of ayurvedic drugs on the subjective parameter of OA

The effect of *ayurvedic* medicine on the objective parameter of *Sthaulya* (obesity) changes from ninety-nine kg weight to ninety-six kg to ninety kg to eighty-six kg in fifteen days, thirty days, and finally, forty-five days and BMI change from 31.3 to 30.4 to 28.5 to 27.2 in fifteen days, thirty days, and finally, forty-five days, which is showing in Table 5.

Table 5: The effect of Ayurvedic drugs on Objective parameter of Sthaulya (obesity)

Before treatment	During treatment		reatment During treatmen		After treatment 45 days
	15 days	30days			
99kg	96	90	86		
31.3	30.4	28.5	27.2		
	99kg	99kg 96	15 days 30days 99kg 96 90		

DISCUSSION

The Dravya (drug) possessing Katu (Pungent), Tikta(bitter) and Kashaya Rasa (astringent essence) and also with Lekhana Karma (scrapping) facilitates for Soshana (drying up) and removal of liquefied or detoxified Kapha and Meda (fat). Kaphahara, Vatahara and Medohara Dravyas are helpful in the management of Sthaulya (obesity). These drugs are Agni-Deepak (appetizer) and Aam Pachaka (digestives). All of these prescribed Ayurvedic medicines reduce *Meda*(fat), *Kapha*, *kleda* (moisture), *Ama & Vata*. Exercise and walking normalize the fat metabolism and increase the *Dhatavagni* (metabolism at the level of tissues), mobilize the *Medodhatu* (fat) and gives fitness to the body. The line of treatment is *Guru* (Heavy) and *aptarpana* (non-nourishing (diet) therapy). The list of medicine involves to cure the described in Table no.6.

Sr.	Name of Drug	Use & Indication		
No.				
1	Aarogyani Vardhani Vati	Grahanishodhak, deepan (appetizer), Pachan (digestive), Pakwashayadushti Nashak		
2	Punarnava Mandoor	 Grahani (sprue), Shoth (inflammation), Pliha Roga (Spleen enlargement disorder), Vishama Jwar (typhoid fever), Arsha (piles), Kustha (skin diseases), aruchi (anorexia), pandu (anemia), Krami (worms). 		
3	Trikatu Churna	Sthaulya Nashaka (reducing obesity)		
4	Gomut <mark>ra H</mark> aritiki	Badhkoshthata (constipation), Mandagni (weak digestive strength), Odema, Kaphaja Arsha (piles)		
5	Triphala Churna	Deepan(appetizer),Jwaraghna(Antipyretic),Kledanashak(reducingmoisturecontent),Kapphahara(Kaphasuppressor),Medonashaka,(anti-hyperlipidaemic effect)		

Table 6: List of ayurvedic medicine utility and indication

CONCLUSION

Sthaulya can be correlated with obesity. As various methods are described above are very helpful to reduce fat and to overcome the problem of obesity. In fact, the body nature of everyone, is different from each other so the effects of treatment may vary. Ayurvedic medicines along with exercise, walking, and lifestyle change, follow the *Pathya-apathya* (wholesome-unwholesome) can cure *Sthaulya or obesity*.

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