

## AYURVEDIC MANAGEMENT OF STHAULYA(OBESITY) – A CASE STUDY

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### ABSTRACT

This is the era of modernization, science and technology development; resulted into more sedentary lifestyle. This era is more challenging because of lifestyle disorders which are due to change in dietary habits and mode of lifestyle. Obesity is one of the major lifestyle disorders which are a threat to life and is also a major cosmetic issue. Effective treatment for obesity is a need which is not available in the current scenario. In Ayurveda obesity can be correlated with *Sthoulya* or *Medoroga*. *Acharya Charaka* has prescribed *Apatarpan chikitsa* as the main *Chikitsa* for *Sthoulya*. The present article is about a case of *Sthoulya* treated by Ayurvedic *chikitsa* mainly with *Udwartana*,

*Swedana*, *Shaman* and *Basti*. Patients got significant relief in all the complaints and a remarkable weight loss in 14 days only.

**KEYWORDS:** Obesity, *Sthoulya*, *Apatarpan*, *Udwartana*, *Swedana*, *Shaman*, *Basti*.

### INTRODUCTION

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.<sup>[1]</sup> Obesity is often expressed in terms of body mass index (BMI).

A person with body mass index (BMI) equal to or more than 25 is considered overweight, and equal to or more than 30 is considered as obese.<sup>[2]</sup> India saw significant rise in obesity from its 19th position for men and women in 1975 to rankings 5th and 3rd respectively in 2014, reflecting increasing obesity rate among women worldwide.<sup>[3]</sup> Overweight and obesity are major risk factors for a number of chronic diseases, including diabetes, cardiovascular

disease and cancer.<sup>[4]</sup>

Ayurveda management of any disease is divided into three parts 1. *Nidanparivarjan* 2. *Shodhana* 3. *Shamana*. Acharya has mentioned 'Guru Cha Aptarpana' as a line of treatment for *Sthoulya*.<sup>[5]</sup> *Rukshana*, *Udwartna* and *Basti* are some of the treatment modalities of *Apatrapan* described by Acharya Charaka in *Astouninditiya* and *Santarpaniya adhyaya*.<sup>[6,7]</sup> These were used herefor treating this case of *Sthoulya*.

## MATERIAL AND METHODS

A clinical case study of Ayurvedic Management with *Udwartana*, *Swedana*, *Shaman* and *basti* was given to the patient having *Sthoulya*.

CASE STUDY Primary Data-Patient name – XYZ

AGE/ SEX - 43 year /female Address- Nagpur Occupation- Housewife.

**Table No 1: Present Complaints with Duration.**

Sr.No	Present Complaints	Duration
1	Increased body weight	4 years
2	Exertional dyspnea ( <i>Ayasena swaskasthata</i> )	3years
3	Excessive perspiration ( <i>Swedabadha</i> )	3years
4	Polydipsia ( <i>Atitrushna</i> )	2years
5	Polyphagia ( <i>Atikshuda</i> )	2years
6	heaviness in body ( <i>Gurugatrata</i> )	2years
7	continuous feeling of laziness ( <i>Utsahahani</i> )	2years

Past history of illness- No H/O diabetes mellitus, hypertension and bronchial asthma, Subclinical Hypothyroidism/Hyperthyroidism. H/O Abortion -15 years back, No H/O any addiction, No H/O any drug allergy, Menstrual history- Regular.

Present history–A 43 year female patient apparently healthy before 4 years, Gradually she observed that there was gradual increase in body weight, exertional dyspnea (*Ayasena Swaskasthata*), excessive perspiration (*Swedabadha*), heaviness in body (*Gurugatrata*), Polydipsia (*Atitrushna*), Polyphagia (*Atikshuda*), continuous feeling of laziness (*Utsahahani*). So, she came to OPD of our institute for the Ayurvedic treatment where she was diagnosed with *Sthoulya* (obese class-3 per BMI=45kg/m<sup>2</sup>).

**Table 2: Classification of adults for underweight, overweight and obese according to BMI.<sup>[8]</sup>**

Sr. No	Classification	BMI
1	Severely underweight	BMI less than 16.5kg/m <sup>2</sup>
2	Underweight	BMI under 18.5kg/m <sup>2</sup>
3	Underweight	BMI greater than or equal to 18.5 to 24.9kg/m <sup>2</sup>
4	Overweight	BMI greater than or equal to 25 to 29.9kg/m <sup>2</sup>
5	Obesity	BMI greater than or equal to 30kg/m <sup>2</sup>
6	Obesity class 1	BMI 30 to 34.9kg/m <sup>2</sup>
7	Obesity class 2	BMI 35 to 39.9kg/m <sup>2</sup>
8	Obesity class 3	BMI greater than or equal to 40kg/m <sup>2</sup>

**Table 4: *Astavidha pareeksha*.**

1	Nadi	Prakrita
2	Mala	Prakrita, Niraam Mala 1 or 2/Day
3	Mutra	Prakrita, 3 or 4 veg/Day & 2 veg/Day
4	jivha	Niram
5	Shabda	Spastha
6	Sparsha	Anushnasheet
7	Drik	Prakrita
8	Aakruti	Sthool

**Table 5: Anthropometry, personal history, body weight and BMI before starting treatment.**

B.P	130/80 mm of Hg
Pulse	84/min
Height	152cm
Weight	104Kg
BMI	45
Chest Girth	102cm
Abdomen Girth	105cm
Hip Girth	137cm
Aahar	Madhur Rasa, Snigdhaahar- Like Milk And Milk Products And Pistanna- Like Rice and Bakery Products
Vihar	Avyayam, Diwaswap, Achinta
Kshudha	Good
Nidra	Sound Sleep

**Table 6: General physical and systemic examination, no evident changes noted.**

General Condition	Fair
Fever	Afebrile
RS	Air Entry B/L equal and clear
CVS	S1S2 Normal
CNS	Conscious & Oriented
P/A	Soft, Fatty

**Table 7: Srotas parikshan.**

Name Of Srotas	Dusthilakshana
Rasavaha	Exertional dyspnea ( <i>Ayasena swaskasthata</i> ) heaviness in body ( <i>Gurugatrata</i> ), continuous feeling of laziness ( <i>Utsahahani</i> )
Mansvaha	Enlargement of Spik and Udara
Medovaha	Increased body weight Excessive perspiration
	( <i>Swedabadha</i> ) Polydipsia ( <i>Atitrushna</i> ) Polyphagia ( <i>Atikshuda</i> )

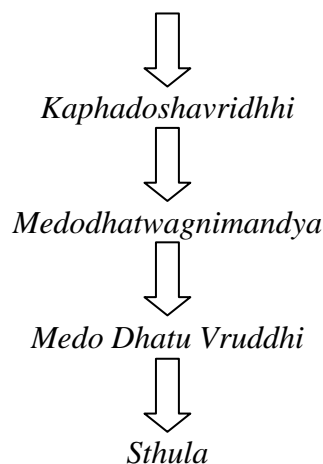
**Table 8: Nidana Panchaka.**

Nidana Aahar	<i>Madhur rasa, Snigdhaahar</i> - like milk and milk products and <i>Pistanna</i> -like rice and bakery products ( <i>Guru, Snigdha, Sheeta and Abhishyandi</i> )
• Vihar	<i>Avyayam, Diwaswap, Achinta</i>
Poorvarupa	<i>Avyakta</i>
Rupa	Weight gain, Excessive sweating, dyspnea on exertion, heaviness in body, continuous feeling of laziness, polydipsia, polyphagia, enlargement of Spik and Udara.

**Flow chart 1: Samprapti of Sthoulya**

*Nidana Sevana (Madhura Rasa, Snigdha Ahara, Pistanna sevana, Diwaswap, Avyayama,*

*Achinta)*

**Table 9: Samprapti Ghataka.**

<i>Dosha</i>	<i>Kapha and Vata</i>
<i>Dushya</i>	<i>Medo, Mansa, Rasa</i>
<i>Srotas dushti</i>	<i>Medovaha, Mansavaha, Rasavaha</i>
<i>Srotodustiprakara</i>	<i>Sanga</i>
<i>Rogamarga</i>	<i>Bahya</i>
<i>Vyaktasthana</i>	<i>Sarvashareera</i>

**Treatment Plan**

1. *Udwartan*
2. *Swedana*

3. *Shaman*
4. *Basti*

**Table No 10: Shaman Chikitsa.**

Name	Dose	Kaal	
1. Cap. Decrin Plus	2-0-2	Before Meal	14 Days
2. Arogyavardhini Vati	2-0-2	After Meal	
3. Guduhi Musta Triphala Churna	2gm each BD	After Meal	
4. Triphala Guggula	2-0-2	After Meal	

**Shodhan Chikitsa**A) *Bhaya Shodhana* :

- 1) *Kuti Swda* – 14 Days
- 2) *Udawartana- Sarvanga* –14 Days

B) *Abhyantara Shodhana* :

- 1) *Lekhana Basti* – *Kaala Basti*

**Udawartan Davyas****Table No 11: Plan of Lekhan Basti- 14 Days.**

Dravya Name	Quantity
<i>Triphala</i>	50gm
<i>Musta</i>	50gm
<i>Punarnava</i>	50gm
<i>Darvi</i>	50gm

3 *Niruha* after 1 *Anuvasna Basti* given.

Basti	Basti Aushadhi	Basti Matra
1. <i>Anuvasana Basti</i>	<i>Triphaladi Tail</i> <sup>[9]</sup>	60ml
2. <i>Niruha Basti</i> <sup>[10]</sup>	<i>Triphala Decoction</i>	400ml
	<i>Honey</i>	50ml
	<i>Gomutra</i>	120ml
	<i>Saindhavsalt</i>	5gm
	<i>Yavakshar</i>	5gm

During treatment schedule patient was instructed to follow *Nidanaparivarjana*, *Pathyakara Ahara* and *Pathyakara Vihara*.

After scheduled treatment patient was assessed for any changes before and after treatment. Regular weekly follow up of patient was maintained. Details are noted in the tabular form as –

## RESULTS

There was remarkable reduction in symptoms like *Utsahahani* and *Gurugatrata* after *Lekhana Basti* but there was mild reduction in other symptoms, which got significant relief after *Shamana Chikitsa*. There were significant positive changes in lipid profile and also weight loss of 8kg in 14days of treatment.

**Table 11: Anthropometry changes before and after treatment.**

Observation	Before Treatment	After Treatment
Weight	104kg	96kg
BMI	45	41.6
Chest Girth	102cm	99cm
Abdomen Girth	105cm	100cm
Hip Girth	137cm	131cm

**Table 12: Changes in lipid profile.**

Lipid	Before Treatment	After Treatment
Serum Total cholesterol	167mg/dl	175mg/dl
Serum Triglyceride	168mg/dl (increased)	112mg/dl
HDL	35 mg/dl	56 mg/dl

**Table 13: Changes in sign and symptoms.**

Sr.No	Present Complaints	Before Treatment	After Treatment
1	Exertional dyspnea ( <i>Ayasena swaskasthata</i> )	++	+
2	Excessive perspiration ( <i>Swedabadha</i> )	+++	+
3	Polydipsia ( <i>Atitrushna</i> )	++	+
4	Polyphagia ( <i>Atikshuda</i> )	++	+
5	heaviness in body ( <i>Gurugatrata</i> )	+++	-
6	continuous feeling of laziness ( <i>Utsahahani</i> )	+++	-
(++++)- Severe presentation of symptom, (+++) – Moderate presentation of symptom, (++)- Mild presentation of symptom, (+)- least/sometimes presentation of symptom, (-)- no symptoms.			

## DISCUSSION

Obesity is one of the epidemics, non-communicable disease which causes various life threatening disorders like Diabetes mellitus, hypertension and cardiovascular disorder. In Ayurveda Sthoulya has been described as obesity. *Acharya Charaka* explained *Apatrapana Chikitsa* in the *Santarpaniya adhyaya* viz. *Ullekhan*, *Virechan*, *Raktamokshan*, *Vyayam*, *Upwasa*, *Dhumpana*, *Swedana* and mostly *Ruksha annasevana*.<sup>[11]</sup> Also, in *Ashtoniditeeya*

*Adhyaya, Charaka* explained *Ruksha, Ushna Basti, Ruksha Udwartana, and Takrarishtha prayoga*.<sup>[12]</sup>

Samprapti in this case tells us that *Aaharaja, Viharaja* and *Manasa* (*Guru, Snigdha, Sheeta and Abhishyandi*) factors are associated with *Kapha Dosha Vriddhi* which ultimately resulted in *Srotorodha* and *Medo Dhatwagni Mandya* and thereby into excessive increase in *Meda dhatu*. When there is *Dhatwagni Mandya* it causes quantitative increase in respective *Dhatu*.<sup>[13]</sup> All the *Srotas* get *Avarodha*, by increased *Meda* and due to *Avarodha*, *vata* gets confined to *kosta* and causes *Jatharagnivridhi*.<sup>[14]</sup> As *Sthoulya* is considered as *Santarpanjanya vikara*, *Aptarpana* becomes its special regimen. Considering the *Hetus* of patient which leads to *Kapha Dosha* predominance and *Vata Prakopa* by *Avrodhajanya Samprapti* following treatment protocol was given.

1. *Udawrtana*- The most common Ayurvedic treatment used in for losing weight is the treatment of *Udavartana*.

The procedure of rubbing dry medicated powders over the body with friction in a direction opposite to the hair growth is termed as *Udavartana*. In *Udavartana*, due to increased friction to all parts of the body, the increased *meda* is depleted and increased heat generated during *Udvartana* helps in digesting the *Ama* thus correcting the digestive metabolism in obese people.<sup>[15]</sup>

2. *Swedana*- *Swedana* (*Petisweda*) was given for 14 days.

3. *Shaman Chikitsa*-

*Shaman Chikitsa* is one of the *Chikitsa* in *Ayurveda* where the vitiated *doshas* in the body are suppressed and removed with the help of medication.

4. *Lekhana Basti*

It is a type of enema (given through the ano-rectal route) which contains Ayurvedic drugs which cause the excretion of the excessive fat from the body. The drugs which are used in the preparation of *Lekhan Basti* are *Triphala* decoction, Honey, *Gomutra*, *Saindhavsalt*, *Yavakshar* which are all fat-reducing virtue their properties. The drugs used in *Lekhana Basti* possesses opposite quality of *Meda* and *Kapha*, which causes *Lekhana* of *Medha* and also *Basti* controls the *Vayu* and causes *Kostasuddhi* which starts proper metabolism by removing *Vayu Avarana* and provide nourishment to the later *Dhatu*.

## CONCLUSION

*Sthoulya* can be successfully managed with Ayurvedic *chikitsa*. In present case study, combined use of *Nidanaparivarjana*, *Shodhana*, *Shaman* and *Basti chikitsa* as per *Dosha Avastha* gave remarkable relief to the patient with significant weight reduction. To prevent relapse, patient was advised to follow *Pathyakar Ahara* and *Vihara*.

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