

A CASE STUDY ON *STHOULYA* WITH SPECIAL REFERENCE TO OBESITY

Dr. Darshan Balkrishna Sarmalkar^{1*} and Dr. Ankush Gunjal²

¹PG Scholar, Kayachikitsa Department, SMBT Ayurveda College and Hospital, Tal.

Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.

²Associate Professor, Kayachikitsa Department, SMBT Ayurveda College and Hospital, Tal.

Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.

Article Received on
27 August 2023,

Revised on 17 Sept. 2023,
Accepted on 07 Oct. 2023

DOI: 10.20959/wjpr202318-29936

*Corresponding Author

**Dr. Darshan Balkrishna
Sarmalkar**

PG Scholar, Kayachikitsa
Department, SMBT
Ayurveda College and
Hospital, Tal. Dhamangaon,
Tal. Igatpuri, Dist. Nashik,
Maharashtra.

ABSTRACT

Sthoulya, often referred to as obesity in modern terminology, is a complex and multifaceted health issue that has reached epidemic proportions worldwide. This condition, characterized by an excessive accumulation of adipose tissue, is a significant risk factor for numerous chronic diseases, including diabetes, cardiovascular disease, and certain types of cancer. *Sthoulya* is influenced by a combination of genetic, environmental, and lifestyle factors, making it a challenging condition to address effectively. This case study explores the impact of *Bilvadi kwath*, a classical ayurvedic herbal preparation, in the management of *Sthoulya* (obesity). Obesity is a global health concern, and ayurveda offers holistic remedies. *Bilvadi kwath*, containing key ingredients such as *Bilva* (*Aegle marmelos*) and other herbs, is traditionally indicated for its potential benefits in weight management.

This case study presents the outcomes of using *Bilvadi kwath* as an adjunct therapy in the context of obesity management.

KEYWORDS: *Sthoulya*, *Bilvadi kwath*, Obesity.

INTRODUCTION

A person having heaviness and bulkiness of the body due to extensive growth especially at *Udaradi* (Abdomen etc.) region known as “*Sthula*” and the state (*Bhava*) of *Sthula* is called as “*Sthoulya*.”^[4]

According to *Ch. Su. 21/18-19* and *Su. Su. 15/48*, A healthy body is the one media to achieve *chaturvidha purushartha*. Acharya Shushruta also said that “*Madhyama Sharira* is the best but *Ati sthula* and *Ati krisha* are always affected with some complaints.”

The busy lifestyle of people made them prefer fast food instead of taking healthy food. But the people are not aware that fast food habit converts to the disease like obesity, diabetes, dyslipidemia etc. Obesity is lifestyle and metabolic disorder. Obesity is the widespread but which cannot be controlled within time. The main factor that causes obesity is the excess intake of energy than energy expenditure.

Worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults, 18 years and older were overweight of these 650 million were obese.^[3] Prevalence of obesity is 40.3%. There are vast number of complications present due to obesity like heart diseases, strokes, Type 2 diabetes mellitus, certain cancers, digestive problems, sexual problems, sleep apnea, osteoarthritis, varicose veins, PCOS and infertility etc.^[5] Obesity has little effect on life expectancy at >70 years but the obese do spend a greater proportion of the active life disabled. Obesity may have profound psychological consequences.

CASE PRESENTATION

A 32-year-old male patient visited our hospital's OPD, complaining of *Ati-kshudha*, *Alasya*, *Swedadhikeya*, *Daurgandhya*, *Daurbalyata* since one year and six months. Patient was following exercise routine and diet plan for 11 months but has not got complete relief. So, patient came for *ayurvedic* treatment in our Hospital.

AIMS AND OBJECTIVES

The main aim of this paper is to demonstrate the effect of *Bilvadi kwath* in the management of *Sthoulya* (Obesity).

MATERIALS AND METHODS: A Single Case Study.

ON EXAMINATION

PR- 72/min

BP- 120/80 mm of Hg SPO2- 99% on RA

RS- B/L clear

CVS- S1S2 Normal

CNS- Conscious and Oriented P/A- Soft and non-tender

DASHVIDHPARIKSHA

1) *Nadi* (Pulse) 72/min 2) *Mala* (Stool) Normal 3) *Mutra* (Urine) Normal, 4) *Jivha* (Tongue) Coated, 5) *Shabda* (Speech) Normal, 6) *Sparsha* (Skin) *Mrudu*, 7) *Dreek* (Eyes) Normal, 8) *Akruti* (Built) *Madhyam* (Medium) 9) *Agni* (Digestion) *Tikshagni*, 10) *Bala* (Power) *Madhyam* (Medium).

ASHTAVIDHPARIKSHA

1) *Nadi* (Pulse) 88/min, 2) *Mala* (Stool) *Niram*, 3) *Mutra* (Urine) *Niram*, 4) *Jivha* (Tongue) *Saam*, 5) *Shabda* (Speech) *Spashth*, 6) *Sparsha* (Touch) *Anushnasheet*, 7) *Drika* (Eye) Normal, 8) *Akriti* (Built) *Madhyam*.

SUBJECTIVE CRITERIA^[2]**Table No. 1.1 *Ati-kshudha*.**

1) Feeling of hunger after 6 hours	0
2) Feeling of hunger between 5 to 6 hours	1
3) Feeling of hunger 4 hours after meal	2
4) Irritable desire of hunger 3 to 4 hours after meal	3
5) Irritable desire of hunger within 3 hours after meal	4

Table no. 1.2 *Alasya /utsahahani*.

1. No alasya (doing work satisfactory with Proper vigour in time)	0
2. Doing work satisfactory with initiation late in time	1
3. Doing work unsatisfactory with lot of mental pressure & late in time	2
4. No starting any work in his own responsibility doing little work very slowly	3
5. Does not have any initiation & not wants to work even after pressure	4

Table no. 1.3 *Swedadhikya*.

1) Sweating after heavy work & fast movement or in hot season	0
2) Profuse sweating after moderate work & movement	1
3) Sweating after little work & movement	2
4) Profuse sweating after little work & movement	3
5) Sweating even at rest or in cold season	4

Table no. 1.4 *Daurgandhya*.

1) Absence of bad smell	0
2) Occasional bad smell in the body removed after bathing	1
3) Persistent bad smell limited to close areas difficult to suppress with deodorant	2
4) Persistent bad smell felt from long distance is not suppressed by deodorant	3
5) Persistent bad smell felt from long distance even intolerance to the patient himself	4

Table no. 1.5 *Daurbalyata / AlpaVyayama*.

1) Can do routine exercise	0
2) Can do moderate exercise without difficulty	1
3) Can do only mild exercise	2
4) Can do mild exercise with difficulty	3
5) Cannot do even mild exercise	4

OBJECTIVE CRITERIA^[6]

Weight in Kg, BMI in Kg/m², Lipid Profile.

Table 1: Shows Treatment Given.^[1]

Drug	<i>Bilvadi kwath</i>
Dose	40ml Twice a day + 10ml <i>Madhu</i>
<i>Aushadisevankal</i>	<i>Abhaktakale</i> in morning and <i>Pragbhaktakale</i> at evening
Route of administration	Oral
Treatment Duration	28 Days

Table 2: Assisment of Treatment Before and After Treatment.

Criteria	BEFORE TREATMENT	AFTER TREATMENT
<i>Ati-kshudha</i>	Grade 2	Grade 0
<i>Alasya/utsahahani</i>	Grade 3	Grade 1
<i>Swedadhikya</i>	Grade 3	Grade 1
<i>Daurgandhya</i>	Grade 2	Grade 0
<i>Daurbalyata/AlpaVyayama</i>	Grade 2	Grade 1
Weight	90.31Kg	86.41Kg
BMI	31.25Kg/m ²	29.90Kg/m ²
TC	242mg/dl	235mg/dl
LDL-C	155mg/dl	145mg/dl
HDL-C	52mg/dl	54mg/dl
TGS	149mg/dl	139mg/dl

PATHYA- APATHYA

1. Pathya i. Light and Warm Foods like cooked vegetables, whole grains like barley and millet, lean proteins like fish or poultry, and warming spices like ginger and black pepper. ii. Regular Meals iii. Herbs and Spices like <i>triphala</i> , guggul etc. iv. Physical Activity. v. Adequate Hydration. vi. Stress Management.	2. Apathya i. Fatty and Oily Foods. ii. Sugary and Sweet Foods. iii. Processed Foods. iv. Excessive Cold Foods and Drinks. v. Overeating. vi. Sedentary Lifestyle. vii. Emotional Stress.
--	---

OBSERVATION AND RESULT

Observations and results obtained after treatment, i.e., at the end of the 28th day, were assessed using subjective & objective criteria, as shown in above Tables no. 2. All clinical features in this patient had reduced significantly by using the above-said *Bilvadi kwath* and *Pathya-apathya* in the management of *sthoulya*(obesity).

DISCUSSION

In this study, observation was done before and after treatment based on the symptoms gradation and the obtained result are - the *Ati-kshuda* BT was 2 and AT reduced 0. *Alasya* BT was 3 and AT reduced to 1. *Swedadhikya* BT it was 3 and AT minimized to 1. *Daurgandhya* BT was 2 and AT reduced to 0. *Daurbalyata* BT was 2 and AT reduced to 1. Weight BT was 90.31Kg and AT reduced to 86.41Kg. BMI BT was 31.25Kg/m² and AT reduced to 29.90Kg/m². Above result shows the significant reduction in the symptoms. The combined effect of *Bilvadi kwath* and *Pathya-apathya* which was advised during treatment will be discussed.

- 1. Digestive Enhancement:** *Bilvadi kwath* is believed to stimulate and strengthen the digestive fire, or "Agni."
- 2. Detoxification:** *Bilvadi kwath* has detoxifying properties and may help remove accumulated toxins from the digestive tract. This detoxification process may indirectly contribute to weight management.
- 3. Metabolism Regulation:** *Bilvadi kwath* is thought to have a mild thermogenic effect, which means it may help increase the body's metabolic rate. A balanced metabolism is essential for maintaining a healthy weight.
- 4. Appetite Control:** Some Ayurvedic texts suggest that *Bilvadi kwath* can help regulate appetite. By managing cravings and promoting a balanced intake of food, it may assist in weight control.
- 5. Fat Metabolism:** Ayurveda considers the imbalance of *Kapha* dosha as a significant contributor to obesity. *Bilvadi kwath* may help balance *Kapha* by supporting healthy fat metabolism.

The *Tikta-kashay rasa*, *Ushna virya*, *Katu vipak*, *Laghu-Ruksha Guna* of contents of *Bilvadi kwath* helps in management of *sthoulya*(obesity) in above patient.

CONCLUSION

Shamana chikitsa as above with *Pathya-apathya* followed for long period of time are beneficial *sthoulya*(obesity). According to ayurveda principles patient of any disease treated with their *Dosha*, *Dhatu*, *Mala Avastha* and *Ashtavidha Pariksha* leads to *Upashaya*. In this case study, *Bilvadi kwath* and *Pathya-apathya* followed proven to be beneficial in reducing the signs and symptoms of *Sthoulya*(obesity).

REFERENCES

1. Sarangdhar Samhita, by Dr Brahmanand Tripathi, reprint 2013, Varanasi, Chaukhamba Surbharati Prakashan, Madhyam Khand, Adhyay 2, Shloka no. 115-116, Page no. 100.
2. Vyas Jatin M, Pandya Shachi H, Patel Dhananjay V, Dave Sharadbhai K. A clinical study of Bilvadi panchmool ghanvati in the management of sthoulya w.s.r to Obesity. International Journal Of Ayurvedic Medicine; Dec 28, 2016.
3. <https://www.who.int/westernpacific/health-topics/obesity>
4. Charak Samhita Pratham Bhag, by Vaidya Vijay Shankar Kale, reprint 2016, Delhi, Chaukhamba Sanskrit Pratisthan, Sutra Sthan, Adhyay no.21, Shloka no. 9, Page no. 308.
5. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
6. <https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi>