

EFFICACY OF MUSTADI KASHAYAM IN MANAGEMENT OF OBESITY (STHAULYA) – A CASE STUDY

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ABSTRACT

Ayurveda offers a different approach for the diagnosis and treatment of obesity. In present case study, a male patient, 48 years old with symptoms like excessive weight, dyspnea on slight exertion, short breath, weakness etc. Diagnosed with “*Sthaulya*” (Obesity) according to Ayurveda. The Ayurveda treatment included *Medohara*, *Kapha* pacifying drugs, *Vatanuloman* and lifestyle and diet modifications. The patient showed remarkable relief in symptoms and weight also got reduced significantly.

KEYWORDS: *Sthaulya*, Obesity, Ayurveda, Lifestyle.

INTRODUCTION

Obesity is accumulation of excessive fat in the body which may lead to negative effect on health. The prevalence of obesity is continuously increasing. By 2025 India is estimated to have 17 million obese children and stand second among 184 countries. According to survey by nutrition foundation of India, 45% of women and 29% of men in urban area of the country are overweight. A major proportion of cardiovascular diseases, diabetes mellitus, osteoarthritis and possibly some types of cancers may be attributed to obesity. Ayurveda texts have categorically depicted obesity as “*Sthaulya*”. It is considered as one of the eight undesirable conditions as described as *Acharya Charaka*. The ayurvedic texts describes obesity as excessive accumulation of *Mamsa* (flesh/ muscle tissue) and *Meda* (fat/ adipose tissue) leading to flabbiness of hips, abdomen and breast, disproportionate development and loss of vigor. It is considered as “*Santarpanotha vikar*” i.e which occurs by imbalance of calories intake and expenditure resulting in fat accumulation in the body.

Case report

A 48 years old male patient came to the OPD of Tarachand Ayurvedic Hospital Pune, with complains of overweight (96 kg), tiredness on slight exertion (*Shrama*), short breathing /dyspnea (*Kshudrashvasa*), difficulty and lethargic in doing daily routine work, weakness (*Daurbalya*).

Associated complains: The patient was suffering from diabetes mellitus type II was on allopathic medication.

Past history: The patient used to lead a sedentary life style. His work profile included long sitting hours. Also he was in the habit of taking fried, sweet food, bakery products etc daily. Five years back he was diagnosed with diabetes mellitus and was on medication since then. Three years back his weight started to increase and he reached to 96 kg one year back. Then he consulted to Ayurveda Hospital for the treatment of obesity. Patient had no family history of obesity.

General examination: Appearance: *Meda-dhatu* over nourishment, BP: 130/80 mmHg, Respiratory rate: 20/min, *Mala* (stool)- 1 time/day, *Mutra* (urine)- 4-5 times/day, *Kshudha* (appetite)-*atikshudha*, *Nidra* (sleep) – *divaswap*.

Investigations: No investigation was suggested.

MATERIAL AND METHODS

1. Medicine – *Mustadi kashayam* 40ml given early morning.

मुस्तमारग्वधः पाठा त्रिफला देवदारु च । श्वदंष्ट्रा खदिरो निम्बो हरिद्रे त्वक्च वत्सकात् ।
रसमेषां यथादोषं प्रातः प्रातः पिबन्नरः । संतर्पणकृतैः सर्वैर्व्याधिभिः संप्रमुच्यते ॥
च.सू.२३/१२,१३

2. Dietary modification – As minor changes in diet. *Pathya* (Diet and Activities to be followed): Leukwarm water, barley, millet flour, green gram, pigeon peas split, honey, mustard oil, etc.

Apathya (diet and activities to be avoided): day time sleep, curd, potato, junk food, dairy products etc. The patient was followed every 15 days for 90 days.

Assessment: Ashtavidh Pariksha, Dashvidh Pariksha(Ayurvedic method of patient examination), Systemic and general physical examination of the patient was done. Considering the clinical examination, and body girth measurement at defined parts patient was diagnosed as obese. The assessment was planned on every 15 days for 3 months.

Mode of action of mustadi kashayam

Mustadi kashayam contains thirteen types of herbal drugs, in which 10 drugs are having Laghu guna and 8 drugs are having Ruksha guna property. Ruksha guna of Mustadi kashayam absorbs dravabhaga/liquid part from excess medhodhatu. So as maximum drugs in Mustadi kashayam is having effect on Medhodhatu by absorbing excess medodhatu, it helps in reducing excess Aapdhatu from the body.

In Mustadi kashayam 12 drugs are of Tikta rasa and 9 drugs are of Kashaya rasa where as 5 drugs are of Katu rasa. Katu, Tikta and Kashaya Rasa of Mustadi kashayam helps to reduce the vitiated kaphadhatu. Where as the tikta, kashaya and katu rasa also reduces the kaphadhatu along with kleda and vikruit meda.

So combined effect of these rasa reduces excess kaphadhatu, Kled and Vikruit Medadhatu. In Mustadi Kashayam 8 drugs are Katuvipaki and this Katu vipak reduces Kapha and Medha Dhatu. Mustadi kashayam is having Kaphashamaka/ Kaphaghna action.

DISCUSSION

In this case, patient was consuming diet predominant in sweet taste, oily, junk food and bakery items. Sedentary lifestyle along with day sleep was major factor in his daily routine. All these *Aaharaj* (guru *singdha* and *abhishtyandi*), *Viharaja* (external causes), *Manasa* (mental) factors are associated with *kaphadoshvridhi* which ultimately resulted in *Strotododha* and *medodhatvagnimandya* and thereby into excessive increase in *medadhatu*. *Strotododha* results in confinement of *vata* dosh to *koshta* and causes *jatharagnivridhi*. This again contributes to *medovruddhi*. Initially there was *angagaurav* as *purvaroop* (prodromal symptom), but then there was gradual enlargement of *sphik* (gluteal region) and *udar*(abdomen) started, along with *alasya* (lethargy) *atikshudha* (excess of hunger), *ati-pipasa* (excess of thirst) etc. these symptoms increased gradually due to continuous consumption of *santarpanjanya* (over nourishing) *aahar* and *vihar*.

In this case *Samprapti* (pathogenesis) of the disease was found to be as follows-

Udbhavasthana of *sthoulyaroga* was *aamashaya* while *vyaktasthana* was *sarvasharir* and *adhishtana* was *medadhatu*. This disease is *Bahya rogamargagata*. Here condition of *jatharagni* was *tikshna* while that of *dhatwagniwasmada*. predominance was there and *rasa*, *mamsa*, *meda* were involved *doshas*, *dushyas*. *Rasavaha* and *medovahasrotas* are involved in this case and *sanga* type of *srotodusthi* is noted. Considering all these points *Acharyas* have enlisted this disease in *krucchrasadhya* (difficult to treat) type.

After conducting trial and studying results it can be concluded that administration of *Mustadi kashayam* in 40ml dose, early morning gave expected outcome of weight reduction. The drug *Mustadi kashayam* has *laghu* and *ruksha* properties which are opposite to the *gunas* of *Sthaulya* and *Vyayam* brings about lightness in the body and alleviation of *kapha* dominant *doshas*.

Table 1: Classification of Overweight and Obesity by BMI, waist Circumference and Associated disease risk.

Terminology	BMI Kg / m ²	Disease risk* (relative to normal weight and waist circumference)
Under weight	<18.5	Men ≤ 40 inches (≤102cm) Women ≤ 35 inches (≤88cm)
Normal weight	18.5-24.9	-
Over weight	25-29.9	-
Obesity (class 1)	30-34.9	Increased
Obesity (class 2)	35-39	High very high
Obesity (class 3)	>40	Extremely high

Table 2: Schedule diet daily routine during treatment.

Aahar and Vihara	Do's	Don't
Aahar	Jawar bhakari, moong daal, tuvar daal, Fruits like papaya, orange, sweet lemon, water etc.	Heavy fried food, Refined foods such as white flour, Potatoes, curd, milk, Fermented and bakery items.
Vihara	30 min walking daily	Excess sleep, sedentary lifestyle

Table 3: Assessment of anthropometry changes Before and After treatment.

Observation	Before treatment	After treatment
Weight	96 kg	84.1 kg
BMI	30.1 kg/m ²	26.4 kg/m ²
W (Waist Circumference)	106 cm	94 cm
H (Hip Circumference)	110 cm	100 cm
W/H (Waist Hip Ratio)	0.96	0.94

RESULT AND CONCLUSION

Ayurveda describes the aetiopathology of *Medo roga* (*sthoulya* or obesity), pathogenesis, risk factors, complications and its management. In addition to the dietary regimen, one of the best medications *Mustadi Kashayam* has tremendous potential to cut off the extra fat. Mustadi kashayam is an effective, safe and economical alternative for the management of Obesity/Sthaulya. Mustadi kashayam as medicine along with counselling for diet restrictions made him lose 12 kg of his body weight with BMI reduction from 30.1 kg/m² to 26.4 kg/m². There was considerable reduction in kshudrashwasa, shrama, and daurbalya gradually patient started feeling fresh and energetic. All the parameters showed appreciable reduction after following the treatment protocol which underlines the efficacy of mustadi kashayam and exercise in the management of Obesity/ sthauilya.

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