

Management of Sthoulya Through Shodhana and Shamana Chikitsa: A Case Study

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ABSTRACT

Obesity is characterized as an abnormal or excessive fat buildup that puts one's health at danger. Obesity is defined as having a BMI of 30 kg/m². The term "The New World Syndrome" might also be used to characterize obesity. All age groups are experiencing an increase in its frequency in many advanced countries. Statistics show that during the past 10 years, the problem of obesity has grown from 12–20%, especially among men. The double burden of obesity includes malnutrition, and now more individuals are fat than underweight. It can be understood as a *Medovaha shrotovikara* in *Sthoulya*. *Mithya ahara* and *vihara sevana*, which are increasingly prevalent in this epidemic period, are to blame for this *Shrotovikara*. This article represents one such similar case which was treated with *Shodhana* and *Shamana chikitsa*.

KEYWORDS: Sthoulya, Obesity, Shodhana and Shamana chikitsa.

INTRODUCTION

Obesity is not a single disorder but a group of heterogenous conditions with multiple causes. It involves complex links between metabolic, genetic, physical activity and social-culture factors. Obesity is also associated with a great risk of cardiovascular disorders, hypertension, diabetes etc. Excess and ectopic body fat are significant sources of adipocytokines, which are inflammatory mediators that can change how glucose and fats are metabolized. This can raise the risk of cancer and cardiometabolic illness and shorten life expectancy by 6 to 14 years. It is believed that obesity causes 20% of all malignancies^[1]. Obesity causes and exacerbates many disease processes and affects every organ system, so it becomes crucial for a systematic and organized approach in the management of obesity. *Sthoulya* is explained under *Santarpanotajanaya vikara* and it occurs in *Bahudoshya avastha* as described in *Ashtaniditi Purusha Adhaya* ^[2]. This disorder is due to *Medhodhatavagni mandhya* along with other several triggering factors. Etiological factors in brief include *Aharatmaka nidana* that is *Samanyam Vriddhi Karanam principle causing Meda Dhatu to expand as a result of ongoing Kapha Vardhak Aahara* like *Ati guru sevana, Madhura ati sevana, Sheetahara, Adhyasana, Navana sevana, Ati anupa mamsa sevana* referring to intake of fast food. In *Viharatmaka nidana* individual involving in *Avyayama, Diwaswapna*, with lack in physical activity. In consideration with *Manasa nidana*, individual involving in *Achinta, Nitya harsha* which indicates sedentary life style of an individual all this have increased in incidence during and after pandemics. Considering all these factors which cause excess accumulation of *Kapha* and *Medha*, obstructing all the *shrotas*. This condition needs shodhana chikitsa along life style modification.

CASE REPORT:

A male patient aged 38 years is not a known case of Diabetes mellitus and Hypertension, Thyroid disorders. He is a software engineer by profession. Patient was in normal state of health two years back, due to pandemic he had to work from home and there was no much physical activity, sitting in one position for long period. He also had a habit of inappropriate eating habits, because of which he gradually started putting on weight. He had been in normal weight as a child and as a teen with no any complaints. In past two years, he gradually gained 15kg. Patient has never been on any sort of medications or treatments. He has a history of occasional consumption of alcohol, no smoking. None of the family members have similar complaints.

Personal History:

Diet – Both Vegetarian and Non-Vegetarian diet

Sleep – Sound

Bowel – Clear

Appetite – Normal

EXAMINATION:**General Examination**

Built: Endomorph

Height: 176cm

Weight: 96kg

BMI: 31kg/m²

Pallor: Absent

Icterus: Absent

Clubbing: Absent

Cyanosis: Absent

Lymphadenopathy: Absent

Edema: Absent

Systemic Examination

Cardiovascular System: S1S2 Heard

Respiratory System: Air Entry Bilaterally Equal, Normal vesicular breathing sounds heard.

Gastro-Intestinal System: P/A Soft, Non-tenderness, No Organomegaly.

Central Nervous System: Conscious and Oriented to time, place, person.

Higher Mental Function - Intact

Cranial Nerves: Within normal limits

INVESTIGATION

Routine investigations were carried out and there was significant change in the parameters of lipid profile with total cholesterol 197mg/dL, Serum triglyceride 594mg/dL, HDL was 40mg/dL, LDL was 107mg/dL and VLDL was 107mg/dL.

INTERVENTION

The principles of management adopted was based on *Bahudosha avastha* which needed *Shodhana* therapy. *Virechana* was selected in this case for *Shodhana*. Patient was administered initially with *Deepana Pachana* before *Snehapana* and later *Virechana karma* was administered. For *Snehapana Guggulu tiktaka grita* was selected. The dose of *Sneha* was calculated based on his *Agni*. *Snehapana* was given in *Arohana krama* until *Sneha siddha lakshna* were attained, followed by *Bhayasnehana* and *Sweda* for four days. *Virechana* was administered with *Trivrut leha*. Patient attained fifteen *vega* and was advised with *Samsarjana karma*.

DAY	DOSE
1	50ML
2	150ML
3	250ML
4	350ML
5	400ML

SL NO.	KARMA	DRAVYA	DOSE	DURATION
1.	<i>Deepana and paachana</i>	<i>Chitrakadi vati</i>	4-4-4	Before food for two days
2.	<i>Sneha pana</i>	<i>Guggulu Tiktaka gruta</i>	Day1- 50ml	Day 7- 400ml
3.	<i>Sarvanga abhyanga</i>	<i>Brihat saindhava taila</i>	45 mins	4 days
4.	<i>Bashpa sweda</i>	-	30 mins	4 days
5.	<i>Virechana</i>	<i>Trivrut leha</i>	50gm with milk	Morning (empty stomach)
6.	<i>Samsarjana karma</i>	<i>Madhyam shodhana</i>	-	5 days

FOLLOW UP MEDICATION

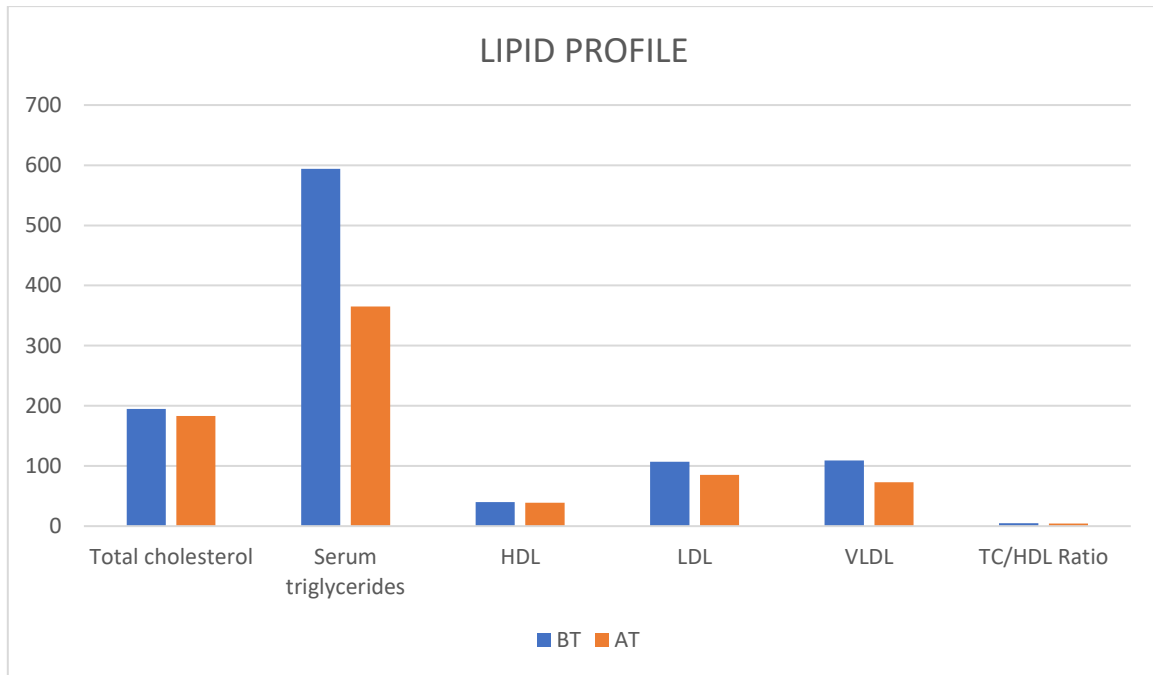
1. *Shivagutika* 1 BD
2. *Triphala churna* along with *Loha Bhasma* 1tsp BD

Subjective criteria

BMI- BT-31kg/m²
AT- 29.1kg/m²

Objective criteria

PARAMETERS	BT	AT
Total cholesterol	195mg/Dl	183 mg/dL
Serum triglycerides	594mg/Dl	365mg/dL
HDL	40mg/Dl	39mg/dL
LDL	107mg/Dl	85mg/Dl
VLDL	109mg/Dl	73mg/Dl
TC/HDL Ratio	4.8	4.6



RESULT

On the of admission of admission, the weight recorded was 96kg and the time of discharge the time recorded was 90 kg, there was also significant amount of change in his lipid profile within 10 days.

DISCUSSION

As mentioned, due to *nidana sevana* there is *Sandukshana* of *Jataragni* leading to increased appetite. An increase in *Jatharagni* causes meals to be absorbed more rapidly and makes a person crave for more food. Further there is more increase in agni leasing to *Dhatu pachana*. This creates a vicious circle leading to excessive intake of food leading to the accumulation of *Meda dhatu* and other *Dhatu* causing *Shaithilya due to mal nourishment*. *Kaphavardhaka ahara*, *Adhyasana*, *Divaswapna* further leads to *Ama* and *Strotosanga* which manifests as *Sthoulya*. The best line of treatment adopted is *Shodhana* because of *Bahudoshavastha*, it improves *Dhatavagni* by clearing *Shroto avarodha*.^[3] *Shodhana* in the form of *virechana* is adopted in this current study. *Deepana pachana* was done because of *Agni dushti* with *Chitrakadi vati*^[4]. Patient was subjected to *Snehapana* with *Guggulu tiktaka grita* which is *Tikta*, *Kashaya* in *Rasa*, *Laghu*, *Ushna tikshna Sukshma* and *Sara* in *Guna*. *Veerya* is *Ushna* and *Vipaka* is *Katu*. *Doshagnata is Tridosahara*.^[5] *Abhyanga* enables the drug penetration to different *dhatu*, along with *Nirharana* of *Vikrita dosha* and *dhatu* leading to *Sharira Laghavata*.^[6] *Brihat Saindhavadi taila* was used for *Abhyanga* in which most of the drugs are *Katu* in *Rasa*, *Laghu* in *guna*, *Veerya* is *Ushna* and *Katu Vipaka*^[7] along with the properties of *Amapachana* and *Srotovishodana*. *Virechana Karma* was administered with *Trivrut Leha* which possess *Ushna*, *Tikshana*, *Sukshma*, *Vavyi* and *Vikasi guna*,^[8] by these properties the morbid *dosha* are expelled from *Koshta*. After *Shodhana*, based on number of *Vega* attained by the patient *Samsarjana Krama* was adopted as it plays a major role in increasing *Agni* gradually.^[9]

After *Shodhana karma*, the *Shodhita Purusha* feels *Durbala* with *Alpa-agni* and there is *Dosha* and *Dhatu kshaya*, so every person has to under-go *Samsarjana krama* a dietary regime sequence to restore *Bala*, *Agni* and *Doshadhatu Samyata* after *Shodhana*. The duration of *Samsarjana Krama* is planned based on

Dosha Shudhi i.e., *Hina Shudhi* for three days, *Madhyama Shudhi* for five days and *Pravara Shudhi* for 7 days. The sequence followed is *Peya*, *Vilepi*, *Akrita Yusha*, *Krita Yusha*, *Akrita Mamsa*, *Krita Mamsa*. The qualities of *Peyadi Samsarjana Krama* are *Laghu*, *Grahi*, *Dhatuposhaka*, *Vatanulomaka*. The first *Anna Kala* starts from the same day of *Shodhana* that is in the evening. ^[10]

When *Samsarjana Krama* is followed appropriately there is establishment of strength, *Shudha Udgara*, *Vatanulomana* and devoid of complication.

Shivagutika is a unique combination of drugs which includes *Shilajithu* as its main component accounting for the action of *Deepana*, *Pachana*, *Vatanulomana* and *Lekhana* effects adding to the *Medohara* properties. The analysis of *Dravya Guna* of these drugs indicates that, it is effective in diseases caused due to *Santarpana nidana* in general and *Shonitabhishyanda* in particular and *Agnivaishamya*, this could be corrected by *Deepana*, *Pachana* drugs of *Shivagutika* which include *pippali*, *marchia*, *nagara*, *gajapippali* etc. helping in the proper digestion, assimilation of the ingested food. ^{[11][12]}

Triphala choorna which includes *Amalaki*, *Haritaki*, *Vibhitaki*, individual drugs show majority of *Laghu Ruksha Guna*, *Ushna Virya*, *Kashaya Rasa Pradhana* and *Tridosahara*. *Loha Bhasma* is *Kapha Medhohara* because of its properties like *Tikta*, *Kashaya Rasa*, *lekhana* and *Rukshana* in *Guna*. ^{[13][14]}

CONCLUSION

The treatment that is *virechana karma* and *Shamana Aushadhi* selected here were because of *Bahudosha avastha* which showed significant amount of difference in subjective and objective parameters in the management of *Sthoulya*.

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