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 Santarpanotajanayavikara and it occurs in Bahudosha avastha as described in Ashtaniditi Purusha Adhaya [2]. This disorder is due to Medhodhavatagni mandhya along with other several triggering factors. Etiological factors in brief include Aharatamaka nidana that is Samanyam Vriddhi Karanam principle causing Meda Dhatu to expand as a result of ongoing Kapha Vardhak Aahara like Ati guru sevan, 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.
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.

<table>
<thead>
<tr>
<th>DAY</th>
<th>DOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50ML</td>
</tr>
<tr>
<td>2</td>
<td>150ML</td>
</tr>
<tr>
<td>3</td>
<td>250ML</td>
</tr>
<tr>
<td>4</td>
<td>350ML</td>
</tr>
<tr>
<td>5</td>
<td>400ML</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>PARAMETERS</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cholesterol</td>
<td>195mg/Dl</td>
<td>183 mg/dL</td>
</tr>
<tr>
<td>Serum triglycerides</td>
<td>594mg/Dl</td>
<td>365mg/dL</td>
</tr>
<tr>
<td>HDL</td>
<td>40mg/Dl</td>
<td>39mg/dL</td>
</tr>
<tr>
<td>LDL</td>
<td>107mg/Dl</td>
<td>85mg/Dl</td>
</tr>
<tr>
<td>VLDL</td>
<td>109mg/Dl</td>
<td>73mg/Dl</td>
</tr>
<tr>
<td>TC/HDL Ratio</td>
<td>4.8</td>
<td>4.6</td>
</tr>
</tbody>
</table>
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 leading 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 Strotosanga which manifests as Sthoulya. The best line of treatment adopted is Shodhana because of Bahudosha Avasth, it improves Dhatavagni by clearing Shroto avarodha.[3] Shodhana in the form of virechana was 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 Tridoshahara.[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 Abhyanaga 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, Madhya 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, gajapippani 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 Tridoshahara. Loha Bhasma is Kapha Medohara 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.

REFERENCES
5. Chikitas sthana: Ashtanga Hridaya Sarvanga Sundara Vyakhya. 21st chapter/57-60th verses; Krishnadas Academy, Varanasi (India); 1995