Role of Lekhaniya Mahakashaya in Sthaulya: A Case Report

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Abstract
According to the World Health Organization, more than 1.9 billion adults aged 20 were overweight and 650 million were obese in 2016. In 2016, 39 percent of persons aged 18 and above were overweight, with 13 percent being obese. Obesity affects about 300 million males and over 400 million women. Sthaulya is referred to as Santaranjanajnya Roga in Ayurvedic literature. In Ayurvedic literature, sthaulya has been compared to Medoroga The word “sthaulya” is derived from mula dhatu “sthu” with the suffix “ach” pratayaya respectively which stands bulky or big or thick. In the present case report a 23-year-old female patient with complaints of Overweight(74kg) and Daurbalya(Weakness), Atinidra(Excess sleeping), Utsaha hani(Lack of enthusiasm), Ati-pippasa(Excessive thirst), Ati-kshuda(Excessive hunger), Swedadhikya(Excess sweating), Daurgandhya(Foul smell), Ksudra shwasa(Dyspnoea on exertion) visited OPD of Panchkarma, Gurukul Campus, UAU, Haridwar. The condition was diagnosed as Sthaulya and the kwatha of Lekhniya Mahakshaya was given to the patient for 45 days twice a day with some physical exercises. According to the results, the patient benefited from all symptoms after 45 days of management. No complications were seen in the patient, after completing a follow-up of 1 month.

Keywords: Sthaulya, Obesity, Mahakshaya.

Introduction
Sthaulya is a common metabolic disorder caused by the imbalance in eating an unhealthy lifestyle, an inability to do proper physical activity, and excessive intake of Processed junk food. The etiology, pathogenesis, and treatment of Sthaulya are similar to obesity. Due to the excessive accumulation of Adipose tissue, there is an increase in body fat and it causes obesity. In Sutra Sthana Acharya Charaka described eight Asthoninditha Purusha among which Sthaulya has been most emphasized. AtiSthaulya is defined as someone who, on account of the excessive of Meda & Mansa, has pendulous buttocks, abdomen, and breasts, whose increased bulk is not matched by a corresponding increase in energy. Obesity is a global problem increasing progressively. Excessive truncal adiposity is very well correlated with the risk for diabetes, hypertension, and cardiovascular disease. Obesity especially central obesity is associated with an increasing risk of developing coronary artery disease. Obese patients may also develop low self-esteem, are sometimes body-shamed, and develop psychological stress.

Patient information
A 23-year-old female Patient from a middle-class family visited the outpatient department with complaints
Overweight(74kg) and Daurbalya(Weakness), Atinidra(Excess sleeping), Utsaha hani(Lack of enthusiasm), Ati-pippasa(Excessive thirst), Ati-kshuda(Excessive hunger), Swedadhikya(Excess sweating), Daurgandhya(Foul smell), Ksudra shwasa(Dyspnoea on exertion) visited OPD of Panchkarma, from the last three months. She didn't find any relief, not even after taking allopathic drugs for these complaints for eight months on her own and from a local practitioner. She sought Ayurvedic treatment as a result of not receiving any improvement.

There is no family history present. A detailed history of dietetic and physical regimens, etc., was taken. The patient was taking a mixed diet, which is irregular in terms of time and quantity. She used to take spicy, salty, deep-fried, and baked food items frequently. She had a habit of sleeping in the daytime with no physical activities and the fluid intake was also very minimal.

**General and systemic examination**

**Height**- 155 cm , **Body weight**- 74 kg , **BMI**- 30.8 kg/m2

The patient was Kapha~Vataj prakruti. Mala was Alpa (~Less in quantity) and with a Foul smell. Ahara Shakti was Avara, Koshta was Madhyam (~irregular nature of bowel), and Agni was Manda. There was no cyanosis, pallor, or icterus. Thus, Medovahavaha, Rasavaha, and Mansaavaha srotases were found vitiated. No abnormalities were found on systemic examination.

**Diagnosis**

Based on symptoms, the condition is diagnosed as Sthaulya. All the laboratory investigation findings of the patient were within the range, except decreased hemoglobin (10.1 g/dl). Stool and urine examinations were normal.

**Timeline**

Assessment of the patient was done every 15 days, Lekhniya mahakshya kwath was given 40 ml Twice daily, on an empty stomach for 45 days with some regular physical exercises. The patient was advised with restriction of the bath just after food, and consumption of sour, spicy, excessively salty, junk food, tinned food, soft drinks, and food items that are heavy to digest during the treatment period. The details of the treatment given to the patient are mentioned in Figure 1,2. Observations were recorded at regular intervals of 15 days during the treatment to 45 days and follow-up was taken on every 15th day for up to one month. The efficacy of the treatment was assessed by improvement in the symptoms score and change in sthulta.

**Follow-up and outcome**

Improvement was noted in the frequency and severity of the symptoms [Table 1].

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Clinical features</th>
<th>Before treatment</th>
<th>After 15 days</th>
<th>After 30 days</th>
<th>After 45 days</th>
<th>Follow-up treatment completion 15 days</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Daurbalya</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td>2.</td>
<td>Atinidra</td>
<td>2</td>
<td>1</td>
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<td>0</td>
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<tr>
<td>3.</td>
<td>Utsaha hani</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>4.</td>
<td>Ati-pipasa</td>
<td>2</td>
<td>1</td>
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</table>
Discussion
Samprapthi Vighatana: Nidana Parivarjana first, through guidance regarding Pathya Ahara and Vihara. Second, since Sthoulya is the Kapha Pradhana Tridosha Vyadhi, all of the medications in Lekhniya mahakshaya Doshakarma are either Tridoshahara, Dwisoshahara, combined with Kapha or Kaphahara specifically.[3] This attribute of the pharmaceuticals aids in lowering Kapha. Since most pharmaceuticals in the Kashayaare Ruksha Pradhanyata by their Guna wise character, Sthoulya is the Santarpana Janya Vyadhi with Kapha and Medo Dhatu Pradhana in nature to counteract the same. It is not a simple undertaking to reduce Badha Medas that have been collected over an extended period simply by administering Shamana Aushadhi. Other Chikitsa mentioned for Sthoulyamust be adopted according to the condition of the patient so wise Nidana Parivarjana adopted in this condition along with Shamana played major role as it is cases of lifestyle disorder.[4]
Conclusion

According to this study, the qualities of *Lekhniya mahakshaya*, make it useful in *Sthaulya*. Additionally supporting the early regenerative phase is *Nidana Parivarjana*.

Declaration of Patient Consent

The authors certify that they had received a patient consent form from the patient, confirming that the patient's attendant has granted permission for the case to be published in the journal along with the photos and further clinical data. Anonymity cannot be guaranteed, but the patient's attendant understands that his or her name and initials will not be published and that every attempt will be taken to conceal their identity.

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Nil.

Conflicts Of Interest

There are no Conflicts of Interest.

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