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ROLE OF PANCHASHODHANA IN LIFE STYLE DISORDERS WSR STHOULYA. (OBESITY)

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ABSTRACT
Life Style diseases are defined as diseases linked with the way people live their life. It is commonly caused by indiscriminate dietary habits, alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating. Diseases that impact on our lifestyle are heart disease, stroke, Obesity and type 2 diabetes. *Sthoulya* is a *Santarpanajanya Vikara* and compared to Obesity of allied Science. Many among the Indian population due to the fast pace of life has started to rely upon processed foods which contain a huge percentage of trans-fat, sugars and other added preservatives. *Sthoulya* is one among the *Ashtaninditeeya Purusha*, in whom *Bahudoshavastha* is seen which require elimination of *Dushita dosha's* from the body through the *Shodhana* Procedure which clears the *abadha Meda's* and *Sleshma*, inturn preventing the recurrence of the condition.

KEYWORDS:

INTRODUCTION

Trayopasthamba's of *Ayu* are *Aahara*, *Nidra* and *Brahmacharya*. *Pragnaparadha* in following the *Trayopasthambas* leads to diseases. Improper dietary habits, sedentary lifestyle, stress etc are predisposing factors for *Sthoulya*. A person having heaviness and bulkiness of the body due to excessive collection of fat is called obese (*Sthula*).

Sthoulya is a burning problem in the world scenario and has acquired the status of an EPIDEMIC. In Dec 1997; WHO declared Obesity as a global epidemic, giving rise to a new term '*GLOBESITY'*. *Aacharya's* have diagnosed *Sthoulya* and grouped it among the *Santarpaṇotta vyādhi*. The aetiologicl factors mainly does *dushana* of *kapha* and *medho dhatu* and *vata* gets *avrita* by excessive *Meda*. *Acharya Susruta* considers *Sthula purusha* as *Sadatura*. *Acharya Charaka* defines *Sthoulya* as *"Medhomamsaativrudhatavat Chalaspikudarasthana Ayathopachaya utsahonaro atisthulauchyate."*

Charaka & *Vagbhata* both have very clearly mentioned *Sthoulya* as *Bahudoshavastha*, where in *Panchashodhana* should be carried out.

Nidana

1. Aharaja

Gunapradhana-Guru, Sheeta, Pichila, Snigdha, *Rasapradhana* – Madhura, *Dravyapradhana*- Navanna, Gorasa, Dadhi, Goudika, Varuni, Anupa Varija Mamsa, *Vidhipradhana*- Adhyasana, Atisampoorna, Atimatra Ahara.

All these Aahara leads to Medo Vruddhi. Acharya Sushruta mentions Sthoulya and Karshya depend upon the quality and quantity of Aahra consumed.

2. Viharaja

*Shayyasana Sukha, Diwaswapna, Chesta Dwesha, Avyayama, Avyavay*a. Vihara's leads to aggravation of Kapha and decreased metabolic activity because of which there is accumulation of Meda's.

3. Manasika

Achinta, Harshanityatwa. Charakacharya mentions that achinta and harshanityatawa results in aggravation of kapha which further leads to Meda Sanchaya.

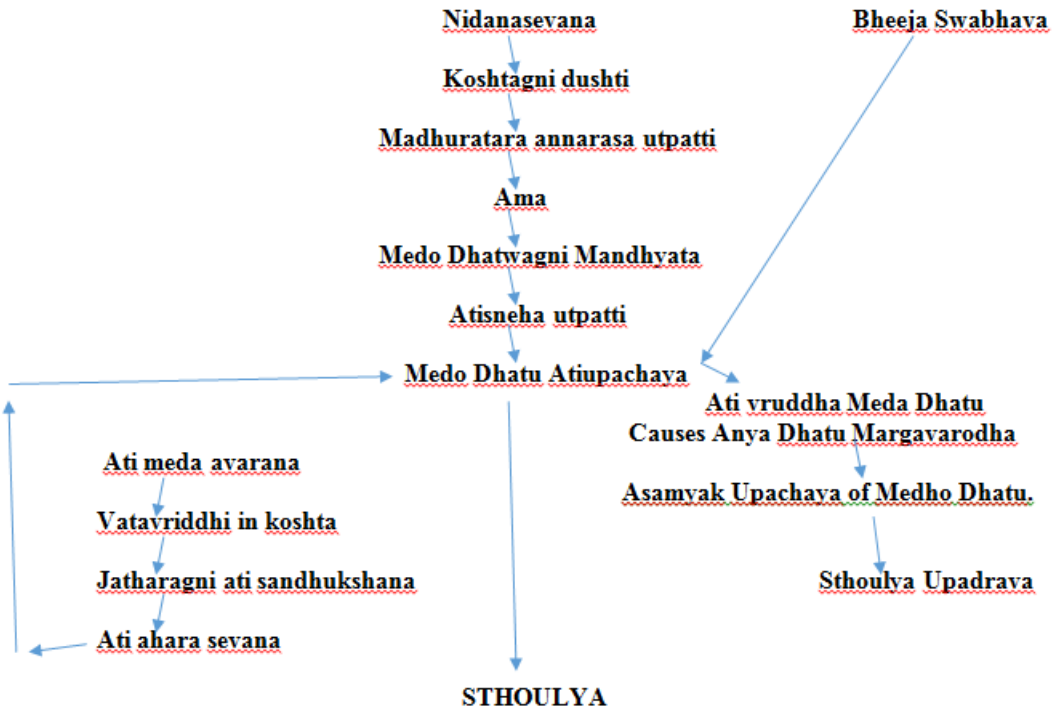
4. Beeja Swabhavaja

The Madhura rasa Pradhana Aahara consumed during pregnancy may be one of the factor for the birth of Obese Child.

Acharya's Classification of Sthoulya

- Acc to Charaka: ***Sthula, Atisthula***
- Acc to Sushruta: ***Medoroga***
- Acc to Vagbhata***: Adhika, Madhyama & Heena***

Sthoulya Samprapthi



Samprapti Ghataka

- **Dosha**: Kapha Pradhana Vata Pittanubandhi (Kapha: Kledaka, Pitta: Pachaka, Vata: Samana, Vyana)
- **Dushya**: Rasa, Mamsa, Meda
- **Agni**: Jataragni and Medodhatvagni
- **Ama**: Jataragnimandyajanita, Medodhatvagnimandyajanita Ama
- **Srotodusti**: Medovaha Srotas, rasavaha srotas, swedavaha srotas, udakavaha srotas.
- **Srotodusti Prakara**: Sanga.
- **Adhisthan**a: Medodhatu
- **Udhbhava sthana**: Amashaya
- **Vyakta sthana:** Sarvasharir (Sphik, Stana and Udara)
- **Rogamarga:** Bahya, Abhyantara
- **Roga swabhava:** Chirakari

Atisthaulya- Pratyatma Lakshana. (Ch.su. 21/9)

- Medomamsativrddhatvat Chalashigudaratanah (excessive accumulation of fat and muscle tissue because of which the buttock, abdomen and breast become pendulous.
- Ayathopacayayotsaha (The strength of an obese is rendered disproportionate with his/her ohysical growth.)

Sthoulya Samanya Lakshana

- **Ayushohrasa *(Diminution of life span)***
- **Javoparodha *(Lack of enthusiasm)***
- **Kriccha Vyavaya *(Diminished Libido)***
- **Daurbalya *(General debility)***
- **Daurgandhya *(Foul smelling of body)***
- **Swedabadha *(Distressful sweating)***
- **Kshudhatimatra *(Excessive hunger)***
- **Pipasatiyoga *(Excessive thirst)***

Body Mass Index

According to W.H.O classification. B.M.I greater than or equal to 25 is over weight, B.M.I greater than or equal to 30 is obesity.

The International classification of BMI which is widely accepted is as follows:

- Below 20 Kg/m2 Under weight
- 20-25 Kg/m2 Normal
- 25-30 Kg/m2 Over weight **(Hina Sthaulya)**
- 30-40 kg/m2 Obese **(Madhyama Sthaulya)**
- Above 40 kg/m2 Very obese **(Adhika Sthaulya)**

Sthoulya Chikitsa

Karshyameva Varam Sthoulyath Na Hi Sthoolasya Bheshajam |
Bruhmanam Langhanam Naalamithi Medoagni Vatajith ||

- **NIDANA PARIVARJANA**
- **LANGHANA CHIKITSA**
- **SATATA KARSHANA CHIKITSA**
- **PATHYAPATHYA – Guru cha atarpana**

Nidana Parivarjana

Aharatmaka, Viharatamaka, Manasika and Anya Nidana, which are responsible for the disease (apathya), should be avoided as a Nidanparivarjana chikitsa.

Langhana

Two types of Langhana – Shodhana and Shamana.

Shodana
- VAMANA
- VIRECHANA
- NIRUHA BASTI
- SHIRO VIRECHANA

Shamana
- PIPPASA
- MARUTA
- ATAPA
- PACHANA
- UPAVASA
- VYAYAMA

Upavasa
Upavasa is best in amapachana and can be used in all trividha rogamarga janya ama, it is the best laghavakara.

✓ Mode of action of the *Upavasa* can be understood in this manner: If *Agni* does not get fuel in the form of food, it starts digesting *Dosha*. *Agni* for its existence needs a constant feed of fuel. As a routine the food serves as the fuel. In the absence of food, in the preliminary stage *Agni* uses *Dosha* as fuel. This special property of *Agni* is used as a treatment modality. The mode of action of the *Upavasa* can also be understood with the help of modern science. If the consumption of the glucose is decreased, the glycogen, then fat, and in the last stage, protein, is broken down for the supply of glucose to the tissue.

Vyayama
- Vyayama, one among the langhana chikitsa is highly beneficial for sthula person as explained above by Acharya Vagbhata.
- Physically fit individuals normally have higher levels of HDL cholesterol (high-density lipoproteins) and lower levels of triglycerides than untrained individuals. The increase in HDL cholesterol is considered to be especially important due to its role in the process (reverse cholesterol transport) whereby the body extracts cholesterol from peripheral tissues for transport to the liver and excretion.
- Other changes in prolonged training, although not as constantly occurring, include lower overall cholesterol and LDL cholesterol (low-density lipoproteins) as well as lower concentrations of Apolipoprotein B.
- The approximate exercise volumes required to obtain these positive effects from exercise have been given as the equivalent of 25–30 km jogging or fast walking per week, or in other words an exercise-related energy expenditure of 1,200–2,200 kcal per week.
- Higher exercise volumes entail additional positive effects. With this level of exercise, people of both genders can expect the HDL cholesterol level to rise by 10–20 per cent and the triglyceride level to decrease by 10 to 30%

Shodana Chikitsa
There are two main parts of Shodhana
- ***Bahirparimarjana chikitsa***
- ***Antarparimarjana chikitsa***

Bahirparimarjana Chikitsa
In all classical texts, Udvartana is mentioned as part of Dincharya and for Sthoulya 'Udvartana' is recommended. Charaka specifies '*Rooksha Udvartana'* for Sthoulya. *(Ch.Su.21/21).* Avagaha, Parisheka, Lepa is also adapted in sthoulya.

***Udvartana*- Mode of action**
Due to increased friction to all parts of the body, the increased *meda* is depleted and the increased *ushma* / heat generated during *Udvartana* digest the *Ama* thus corrects the *Agnimandhya* which causes obesity. The properties of drugs of *used in churna* are ruksha, ushna and *shukshma.* By virtues of it, it helps in reducing the excess *meda* and *kleda*, and reaches to cellular level to correct the *agnimandhya.*

Scientifically it could be assumed that due to increased friction to all parts of the body, the beta-3 receptor present in the adipose tissue of subcutaneous fat are stimulated, so the triglyceride present in the subcutaneous tissue will break down into fatty acids. Fatty acids are carried out to liver due to the effect of centripetal massage, which increases the circulation to the internal organ for the conversion of fatty acid into bile. As less caloric food is supplied along with heavy exercises, the body needs more energy to meet the same. In the absence of carbohydrate fats are utilized for the purpose of energy production. The bile that is formed in liver, is being expelled out through faeces. Hence the reabsorption of the bile will be decreased, in turn utilizing the lipid, which is circulated through the blood. Promotion of excretion of bile in the faeces is used as one of the treatment principle to treat hyperlipidemia.

Beneficial effects of Udvartana
- Kaphahara
- Medasah pravilayanam
- Sthirikaranamanganam
- Tvakprasadakaram
- Kantimat vapuh
- Vatahara
- Gauravam hanti
- Daurgandhyam hanti
- Tandram hanti
- Kanduhara

Antarparimarjana chikitsa
Sthoulya comes under santarpanajanya roga where in Shodhana like Vamana, Virechana, Basti, Nasya, Raktamokshana therapies can be adapted.

Rookshana (A.Hr.Su 16/37)
Rookshana is the Vishishta Purvakarma before the administration of Shodhananga sneha in specific

conditions like Mamsala, Medura, Bhurisleshma and Vishamagni. Rukshana should be done before the administration of sneha, if it is not performed then it results in *Snehavyapad.* In sneha satmya condition if snehapana is administered then there will be Anuthkleshana of Dosha.

Snehana

- Snehana Karma is always restricted for the patients of Sthoulya *(Ch.Su. 13/53).*
- However on exigency usage of Taila is recommended *(Ch.Su. 13/44-46).*

For Snehapana following preparations can be used.

- Tila Taila *(Su.Su45/112)*
- Triphaladi Taila *(Bha.pra, Cha.dat, Yog.rat)*
- Panchatiktakaguggulughrita *(Cha.dat, Bha.pra)*

Acharya charaka mentioned that Tila taila is best amongst the taila Vargas. Taila alleviates Vata but, at the same time does not aggravate Kapha. From therapeutic point of view the quality of taila is "Na Anyaha Snehastatha Kwachitsamskaram nuvartate" i.e., when taila treated with other dugs it takes the property of that drugs after Samskara.

Vagbhata explains the importance of Tila taila as "Krishanam Bhrimhanayam Sthoolanam Karshanaya. It does Bhrimahana Karya for Krisha persons and does Karshana for Sthoola persons. In Sthoola persons, by its Sukshma, Teekshnoshna gunas it enters Sukshma Srotas does Kshapana Karya for Meda. Due to Kshapana of Meda, the person becomes Krisha.

Snehana - Probable Mode of Action.

As for shodhana, taila used does the srotomardavata, shitilata of leenadoshas, thus followed by swedana doshas comes to koshta. By giving abhyabntara snehapana all the secretions will be increased. Bile will be secreted more for digestion of fat & more of H.D.L is formed. Tila taila significantly decrease lipid pre-oxidatoin & serum nitrate level. It contain linoleic acid which produce strong plasma cholesterol lowering effects. Polyunsaturated fatty acids reduces cholesterol level, thus tila taila helps in reducing cholesterol level.

Swedana

Swedana is considered as one of the chikitsa for Santarpana janya roga. (Ch. Su. 23/8) Vagbhata has indicated the use of pinda sweda in sthaulya. (Asa.Su 26/8)

- **Sagni sweda-** Nadi Sveda, Parisheka Sveda, Drava Sveda, Ushna Jala Snana
- **Niragni sweda-** Guru pravarana, Bahupana, Kushdha Nigraha, Atapa sevana, Vyayama, Ahava, Krodha, Bhaya, Upanaha *(Ch.Su.14/64, SU.Chi.32/15)*

Swedana- Probable Mode of Action.

During swedana process there will be incresed sympathetic activity which stimulates the process of lypolysis, which accelerates fat catabolism. It suggests that increase in agni during swedana reduces medodhatwagnimandya. By means of swedana medavaha sroto sanga is removed there by succeeding dhatu formation will be normal. Swedana process increases sweat production, there by excessive wastes are eliminated through the sweat, which corrects the swedavaha srotodushti.

Vamana

Sthaulya is one among the Kaphaja Nanatmaja Vikara, hence Vamana is the first line of treatment modality to be adapted. Acharya Susruta has indicated Vamana for treatment of Medo Roga in chikitsa sthana. (Su. Chi 33/48).

Acharya Vagbhata has also advised Vamana Karma for the disorders of sleshma and meda (A.S.Su 19/13) Vamana is considered as best for kapha dosha (Ch.Su.25/40). In the pathogenesis of sthaulya there will be involvement of dushta annarasa i.e ama, this will also be expelled out by means of vamana. Thus vamanakarma directly acts over kapha, medas and dushta annarasa, there by checks the samprapti. For Vamanaartha *Madanaphala, Nimba, Yashtiphanata* can be used.

Vamana- Mode of action

Vamaka drugs possessing the properties like Usna, Tiksna, Suksma, Vyavayi, Vikasi with their 'Swavirya' move to 'Hridaya' from there, through various 'Dhamanis' reach to minute srothas in the body act over the vitiated complexes in the body.

1) With 'Agneya Property' - liquefy the complexes.

2) With 'Tiksna property' – chedana and lekhana of kapha and medas liquefied matter then glides through various unctuous or smooth channels towards Kostha enter 'Amasaya' and then stimulated by 'Udana Vayu" having the dominance of 'Agni' and 'Vayu' elements in the constitution along with self disposition (Prabhava) move in upward direction towards oral cavity expelled to outside through oral cavity - VAMANA

Virechana

Acharya Charaka in Sutrasthana 23rd chapter *Santarpaniyamadhyayam* and 16th chapter *Cikitsa Prabhrtiyamadhyayam* has given clear indication of *Virechana* in *Sthaulya*.

Acharya Susruta in chikitsa sthana has insisted Teekshna Sodhana (Virechana) as line of treatment for sthaulya. Virechana is an importanat shodhana for sthaulya, because it not only act over pitta but also acts on kapha, vata and meda. It removes avarana of vayu in koshta and corrects agni vaigunyata, there by stops the formation of ama and dushta anna rasa.

Due to virechana dravya there will be increased bile secretion and increased peristaltic movements. During

relaxation phase of peristalsis, sphincter of oddi is being relaxed, as bile come to the GIT and expelled out of the body.

Some of the virechana yogas which can be used in sthaulya are triphala, aragvadha, katukarohini.

- Pippalyadi choorna (Chakradatta. Virechanadhikara)
- Hareetakyadi choorna
- Trivrutadigutika/ churna.

Virechana – Mode of action

Virechaka drugs possessing the properties like Usna, Tiksna, Suksma, Vyavayi, Vikasi with their 'Swavirya' move to 'Hridaya' from there, through various 'Dhamanis' reach to srotas in the body act over the vitiated complexes in the body.

(i) With 'Agneya Property' - liquefy the complexes

(ii) With 'Tiksna property' - Break them down into several particles liquefied matter then glides through various unctuous or smooth channels towards Kostha, enter 'Amasaya' and then stimulated by 'Udana Vayu" having the dominance of 'Prithivi' and 'Jala' elements in the constitution along with self disposition (Prabhava) move in downward direction towards Anus (due to Sara guna) and xpelled to outside through anus – VIRECHANA.

Basti in Sthoulya

In classics Lekhan vasti is considered as a best therapy for Sthoulya / medovriddhi. Acharya Sushrutha has given refference regarding lekhana basti in chikitsasthana which is adapted in treatment of sthaulya.

Lekhana Basti Ingredients

Makshika, Sanidava, Taila, Kalka: vacha shatahva, hapusha, priyangu, yashti, pippali, vatsaka bija, musta, Kashaya: eranda, laghupanchamoola, rasna, bala, guduchi, ashwagandha, punarnava, aragvadha, devadaru / ushakadi gana dravyas (saindhava, shilajithu, kasisa, hingu, tuttha. Sha. U), Gomutra(sa makshika tailayuthaha samootro bastirjayet lekhana deepano asou)(A.hr. ka).

The role of Ruksha, Ushna and Tikshna vasti in the management of Sthoulya is very well explained by Gangadhara (Jalpakapataru Tika commentary on as it alleviates kapha and meda. Sharangadhara has given a clear description regarding the properties of lekhan dravyas and characteristics of lekhan vasti.

Some of the commonly practised basti in sthaulya.

- Basti prepared with Taila, Gomutra, Kanji and Saindhava
- Erandamuladi Niruha
- Lekhana Basti
- Madhutailika Basti

Probable mode of action of BASTI

Lekhana basti dravyas have katu, tikta, kashaya rasa, laghu, teekshna gunas, katu vipaka & ushna veerya. Katu, tikta, kashaya rasa decreases the kleda, there by does the dhatu karshana. Because of sookshma guna drug can reach the cellular level. Teekshna guna dominated by agni mahabhoota, breaks down the dosha sanghata in srotas, thus removes the sanga in srotas, so that path of the vyana vayu involved in the pathogenisis is normalised. Thus vyana vayu can transport nutrients to all dhatus properly, leading even devolopment of each dhatu. Ushna veerya of the dravya is responsible for the reduction of meda, also having deepana-pachana action followed by kaphavata shamaka in nature.

Because of its deepana pachana does the ama pachana and also corrects the medadhatvagni.

All the dravyas used in lekhana basti having karshana property along with rookshana guna like gomootra, yava kshara, etc. By this way lekhana basti dravyas reduces kaphavvata dushti, corrects the agni, does the ama pachana, rectifies medadhatwagni & also by removing sanga it nullifies the pathogenisis of STHOULYA.

Shirovirechana in Sthoulya

Acharya Yogaratnakara and Bhavaprakasha has mentioned use of triphaladya taila in Nasya karma for the management of Medoroga. Avapida Shirovirechana is mentioned as line of treatment for Abhishyanna Meda Vyaptasharira.

Rakta Mokshana in Sthoulya

Maharshi Kashyapa has recommended Rakta mokshana with Urdhva and Adhah samshodhana for sthoulya, especially for medosvi dhatri. Bhavaprakash has considered Rakta mokshana as a therapy for Sthoulya. So we can adopt Raktamokshana for the treatment of Rakta gata meda.

CONCLUSION

Nidana parivarjana is considered as the primary line of treatment. Based on the Avastha, Dosha Bahulyata and Bala of the person suitable Shodhana can be adopted in the treatment of sthoulya. Vamana, Virechana and Basti are known to give best results in sthoulya. Repeated & regular Shodhana followed by controlled diet, regular exercise along with Shamana medications should be carried to combat STHOULYA an Epidemic. Thus it can be concluded that Shodhana measures have very important role in management of Sthoulya.

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