

**THE EFFECT OF *STHOULYAHARA CHIKITSA* THAT IS *VIRECHAN*, *LEKHAN BASTI*
AND *EKAKALA BHOJAN* ON ASSOCIATED SYMPTOMS THAT IS *SANDHISHOOL*,
SANDHIGRAHA AND *ANGAGAUAV*****¹*Vd. Minakshi C. Kale and ²Vd. V. E. Gogate**¹P.G. Scholar Final year(*kayachikitsa*) Govt. Ayurved College, Nanded.²Associate professor, Govt. Ayurved College Nanded.***Corresponding Author: Vd. Minakshi C. Kale**P.G. Scholar Final year(*kayachikitsa*) Govt. Ayurved College, Nanded.

Article Received on 13/01/2020

Article Revised on 03/02/2020

Article Accepted on 24/02/2020

ABSTRACT

This is an era of modernization and fast moving life. The dramatic changes have taken place in dietary habits, mode of life style and various regimen of life. This result into various metabolic disease and these are popularly called as lifestyle disorders. Obesity is one among them and it has been described as *sthoulya* or *medoroga* in *ayurvedic* texts. A 43year old female patient reported to the hospital with pain and stiffness of knee joint, low back pain, heaviness in body since last 2 years. Diagnosis of *sthoulya* was made based on history taking, *hetu*, *samprapti* along with clinical symptoms. *Ayurvedic* treatment protocol was advised with sequential administration of *virechana*, *ekakal bhojana* along with *lekhana basti*. The assessment done subjectively based on clinical symptoms. There was substantially significant improvement in symptoms of patients after the treatment.

KEYWORDS: *Sthoulya*, *Virechan*, *Lekhana basti*, *Ekakala bhojana*.**INTRODUCTION**

The prevalence of obesity is increasing worldwide in all age group within people of higher socioeconomic status specially in urban communities.^[1] In *Ayurveda* Acharya *charaka* has described *ashtanindita purusha* and emphasized in detail about two pathological conditions viz *atisthoola* and *atikarshya*. *Atisthoola purusha* is considered worst among them.^[2] Obesity has been described under *santarpanotha vikara*.

In *sthoulya roga* there is *dhatavagnimandya* and *strotorodha* in *rasavaha* and *medovaha strotas* due to excess intake of *kaphavardhaka aahara*, which leads to formation of *amdosha*.^[3] That *amdosha* per se causes some other symptoms like *sandhishoola*, *sandhigraha*, *katishoola* and *sarvangagaurava* in body along with *sthoulya*. These symptoms are secondary to primary pathophysiology of *sthoulya*. Thus patient coming with symptoms in this case you have to search the primary pathology of *sthoulya* and treat root cause of these symptoms. Management of *sthoulya* or *aama* reduces these secondary symptoms and that is observation of following case study.

Aim

To study the effect of *sthoulyahara chikitsa* that is *virechana*, *lekhana basti* and *ekakal bhojan* on associated symptoms that is *sandhishool*, *sandhigraha* and *angagaurav*.

OBJECTIVES

1. To study effect of *sthoulyahara chikitsa* on pain score.
2. To study effect of *sthoulyahara chikitsa* on weight reduction.

METHODOLOGY**Case report**

A 43year female patient presented to hospital with C/O – *janusandhishoola* and *graha (pratahsamyee ++)*
Katishoola
Gulphasandhishoola } Since 2 years
Angagaurav }
K/C/O Hypertension } since one and half year (tb.
Telmisartan 40mg 1OD)

Past history

H/O chickengunia 10 years back
H/O LSCS 20 years back
H/O TL 16 years back
M/H Regular and mild abdominal pain
O/H Housewife
She had been taking analgesics atleast once a week since last 2 years.

Samanya Parikshan

Nadi : 82/min *Shabda* : *Spashta*
Mala : *Samyaka* *Sparsha* : *Shita*
Mutra : *Samyaka* *Drika* : *Avishesh*

Jivha : Saam

Akruti : Sthool

Nidana Panchak

- 1) Hetu : Ushapan (Koshna)- 1 Lit., Dugdha daily 100 ml, Biscuit occasionally, Divaswapa 1.5 hours, Upvasa (once a week-phalahar/dugdha sevan), Dadhisevan (1-2 times/wk), Nishapan (1 glass), Bhojnottar jalpan (2 glass), avyayam.
Guna- Drava, Abhishyandi.
Dosha- Kapha pradhan pittanubandhi.
Dushya- Mamsa, Meda.
- 2) Poorvaroop: Aalyasa, Sarvangjadata, Katishool, Janusandhi shool.
- 3) Roop: Janusandhishool, Katishool, Gulphasandhishool, Sthoulya.
- 4) Upshaya: Virechanottar.
- 5) Samprapti:^[4]

Hetu sevan

Vikruta medovrudhi

Stotorodha

Vayu vimargagaman

Jathragni sandhukshana

Kshudavridhi

Sthoulya

Vyadhi vinischaya: Sthoulya

Treatment Protocol

1. Virechana
2. Ekakal Bhijana
3. Lekhana Basti

Table no. 1.

Days	Treatment	Drug	Dose	Lakshana
D ₁	Virechan	Triphala + Nishottar kwath + Eranda sneha	Kwath 60 ml + Sneha 40 ml	Virechana Veg 8 Sarvang laghavata, Kshudhaprachiti, Alpa Dourbalya.
D ₂	Sansarjan Krama	Mudaga usha	40-50 ml 3 times in a day	Sarvang laghavata, Alpa Dourbalya.
D ₃	Sansarjan Krama	Krushara	50-70 gm twice a day	Katishool ↓ 20%, Sarvang laghavata
D ₄ - D ₈	Lekhan Basti	Musta, Haridra, Daruharidra, Vacha, Katurohini, Chitraka.	750 ml	Janusandhishool ↓ 25%, Katishool ↓ 25%, Gulphasandhishool ↓ 20%.
D ₉	Matra Basti	Tila Tail	60 ml	Janusandhishool ↓ 25%, Katishool ↓ 25%, Gulphasandhishool ↓ 20%.
D ₁₀ - D ₁₄	Lekhan Basti	Musta, Haridra, Daruharidra, Vacha, Katurohini, Chitraka.	750 ml	Janusandhishool ↓ 50%, Katishool ↓ 50%, Gulphasandhishool ↓ 50%.
D ₁₅	Matra Basti	Tila Tail	60 ml	Janusandhishool ↓ 50%, Katishool ↓ 50%, Gulphasandhishool ↓ 50%.
D ₄ - D ₁₅	Ekkal Bhojan	Day time: Kshudhaprachiti Samyaka (Bhakari+Mugdala). At evening: Laja		Janusandhishool ↓ 50%, Katishool ↓ 50%, Gulphasandhishool ↓ 50%.

Sthanic Nadi Swedan was given during Basti Karma.

All contents of lekhan dravya mentioned in lekhaniya gana were not available so above 6 dravyas (Musta, Haridra, Daruharidra, Vacha, Katurohini, Chitraka) used for basti.^[10]

ASSESSMENT PARAMETERS**Pain: (VAS)**

0	No Pain
1-20	Mild
21-40	Uncomfortable
41-60	Distressing
61-80	Intense
81-100	Worst

Stiffness^[5]

0	No stiffness/Stiffness lasting for 5 min
1	5 min to 2 hours morning
2	2 to 8 hours
3	More than 8 hours

Angagaurvata^[6]

0	No heaviness in body
1	Feels heaviness in body but it does not hampers routine work
2	Feels heaviness in body which hampers routine work
3	Feels heaviness in body which hampers movement of body
4	Feels heaviness, flabbiness all over body which causes stress.

Overall Assessment

Sr. No.	Parameters	Grading before R _x	Grading after R _x	Relief
1	Pain	41-60	1-20	60 %
2	Stiffness	1	0	100 %
3	Angalaghavata	3	1	50 %
Total Relief = 70 %				

DISCUSSION

Sthoulya is disease where multi diamentional approach is needed for its treatment. Considering the *drvaguna* predominance in *hetus* of patient which leads to vitiation of *kapha* and *pitta virechana* was given.^[7] Normal *gati* of *vata* which was obstructed by excess quality of *meda* in body leads to *sthoulya*.^[8] after *virechana lekhan basti* given.^[11]The *dravya* in *lekhan basti* having *laghu*, *ruksha*, *ushna*, etc properties which are opposite to *guna* of *meda*. By *viparita guna sidhanta* significant reduction in *meda* happened.^[9] So the obstruction to normal *gati* of *vata* due to excess *meda* got subsided and normal *gati* of *vata* got re-established. That is the vitiated *vata dosha* due to *margavarodha* got passified. This passification of *vata* leads to relief in symptoms of *Janusandhishool* and *Katishool*. *atisampurana* is one of the prime *hetu* of *sthoulya* as mentioned in classical text.^[12] So *ekakal bhojan* was advised to patient as *nidan parivarjan chikitsa*.

CONCLUSION

There was significant weight reduction (4 kg) along with relief in *sandhishool*, *sandhigraha* and *Sarrangagauvaravata*. But the patient needs long term *langhan chikitsa* for *Sthoulya*.

REFERANCES

1. S.K. Giri sanghamitra Patnaik, kavya N, Review article – a review on multidiamentional angle of obesity and its effective management.
2. Ahuja suman, Review article – Role of different food articles in management of medorog(sthoulya) or obesity.
3. Kuber sankh, Lingadore K, Shivprasad huded, Ashwini H.S., Asha H.N., Sonia V. Gummadi, Research article- efficacy of bilvapatra swarasa in management of sthoulya, A clinical study.
4. Shrichakrapanidattavirchita
Ayurveddipikavyakhyaya samvalita, Prologue by

Prof. R.H. SINGH, Charak- Samhita, chaukhamba surabharti prakashana varansi, sutrasthan, 21/-5-8: 116.

5. Professor M.S. Baghel, Developing guidelines for clinical research methodology in Ayurveda.
6. Professor M.S. Baghel, Developing guidelines for clinical research methodology in Ayurveda.
7. Shrichakrapanidattavirchita
Ayurveddipikavyakhyaya samvalita, Prologue by Prof. R.H. SINGH, Charak- Samhita, chaukhamba surabharti prakashana varansi, chikitsasthan, 3/171: 413.
8. Shrichakrapanidattavirchita
Ayurveddipikavyakhyaya samvalita, Prologue by Prof. R.H. SINGH, Charak- Samhita, chaukhamba surabharti prakashana varansi, sutrasthan, 4/3: 116.
9. Shrichakrapanidattavirchita
Ayurveddipikavyakhyaya samvalita, Prologue by Prof. R.H. SINGH, Charak- Samhita, chaukhamba surabharti prakashana varansi, sutrasthan, 1/62:17.
10. Shrichakrapanidattavirchita
Ayurveddipikavyakhyaya samvalita, Prologue by Prof. R.H. SINGH, Charak- Samhita, chaukhamba surabharti prakashana varansi, sutrasthan, 4/9: 32.
11. Shrichakrapanidattavirchita
Ayurveddipikavyakhyaya samvalita, Prologue by Prof. R.H. SINGH, Charak- Samhita, chaukhamba surabharti prakashana varansi, sutrasthan, 21/21: 117.
12. Shrichakrapanidattavirchita
Ayurveddipikavyakhyaya samvalita, Prologue by Prof. R.H. SINGH, Charak- Samhita, chaukhamba surabharti prakashana varansi, sutrasthan, 21/4: 116.