



A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF STHAULYA WITH VACHADI CHOORNA

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ABSTRACT:

Today, almost everyone is obese with losing weight. Obesity is defined as a condition where one is at least 20% more than ideal body weight. Obesity is normally caused by a sedentary lifestyle, lack of physical activity and irregular diet and sleep pattern, stress. Overweight and Obesity

Contribute to Diseases like, Heart attacks, stroke, arteriosclerosis, Diabetes, Mental Retardation/affection like Mood swings and even depression. Obesity being the Risk factor for these Diseases and hence prevention of obesity will decrease the chances of such disease. In spite of advanced technology and Researches the modern medicine is failing to give the result for obesity due to its multi-functional nature, like other diseases, obesity is mainly the result of factors like, heredity, environment or food, but it is difficult to change environment but relatively carry to change food habits and lifestyle.

A definition of *Swastha purusha* as given by *Charak* and *Sushruta* (Su. 15/48). A healthy body is the only one media to achieve the ultimate goal among the '*Chaturvidha purushartha*'. Acharya *Sushruta* also said that *Madhyam Sharira* is the best but *Ati shula* and *Ati Krishna* are always affected with some complaints. Acharya *Charak* has thrown light on the Eight varieties of impediments which are designated as *India Purusha* (inferior person). *Ati STHAULYA* comprises one of them. The present study deals with detail causes of *STHAULYA* according to Ayurvedic classics and its *Nidana-parivarjan Chikitsa*.

Key words: '*STHAULYA, Nidana panchak, Nidana Parivarjan, Madhyam Sharira*'.

INTRODUCTION:

Today, almost everyone is obese with losing weight. Obesity is defined as a condition where one is at least 20% more than ideal body weight. Obesity is normally caused by a sedentary lifestyle, lack of physical activity and irregular diet and sleep pattern, stress.

Overweight and Obesity contribute to Diseases like, Heart attacks, stroke, arteriosclerosis, Diabetes, Mental Retardation /affection like Mood swings and even depression. The Health Implications of Obesity are Grave, often fatal. There for, it is important for everyone to Maintain a healthy weight but in the Right manner.

The weight loss process should be a gradual one or else, it could lead to ill Health. Crash diets or crash fitness programs may see to vary dramatically after weight but in the long run, this produce adverse effect. The weight management should be a gradual, well- engineered process involving diet, a tailor- made fitness regime counseling and effective Ayurvedic intervention and medication. Scientific and technological

progress has made men highly sensitive and critical, thereby giving rise to different types of Industrialization and communication is contributing towards sedentary lifestyle in turn causing chronic and non-communicable diseases like DM, HTN, CA, IHD, CVA, Atherosclerosis, varicose veins etc.

Obesity being the Risk factor for these Diseases and hence prevention of obesity will decrease the chances of such disease. In spite of advanced technology and Researches the modern medicine is failing to give the result for obesity due to its multi-functional nature, like other diseases, obesity is mainly the result of factors like, heredity, environment or food, but it is difficult To change environment but relatively carry to change food habits and lifestyle.

An excess accumulation of energy in the form of body fat >25% in males and >30% in females is considered as obesity which is becoming a global health problem. It is the most common nutritional disorder in affluent society. The weight charts for men and women according to their

Height (B.M.I) is only rough indications of the state of overweight or obesity.

Obesity can be compared with MEDOROGA in Ayurveda and said that comparatively It is easy to help an underweight person rather than an overweight person.

The overweight/obese problem can either be due to an actual increase in fat component or due to malfunctioning. Body is made of seven dhatu (fatty tissue) and other remaining tissues Get malnourished, kapha get accumulated in between when kapha increases in abnormal fashion, fat metabolism is hampered and persons become obese.

Obesity is the only one disease which is gaining more and more attention of scientists at global level. Many institution and medical schools are making efforts to find a perfect remedy for this burning problem. Curiosity is one of the noblest instincts of man, the endless desire of man for his knowledge. By this time, many countries are making an effort into this field of Research.

A definition of Swastha purusha^[1] as given by Charak and Sushruta (Su.15/48). A healthy body is the only one media to achieve the ultimate goal among the 'Chaturvidha purushartha'. Acharya Sushruta also said that Madhyam Sharira^[2] is the best but Atisthula and Ati Krishna are always affected with some complaints.

Acharya Charak has thrown light on the eight varieties of impediments which are designated as Nindita Purusha (inferior person). Atisthaulya comprises one of them.

Presenting Complaints:

A 30 years old Indian female came for consultation in OPD of KDMG'S Ayurveda Hospital for complaints of Aayasen shwas (kshudra shwas), Ati sweda pravrutti/swedabadha^[4] sweda daurgandhya, Gatra Sada (Daurbalya), Nidradhikya, Angamarda since last 6 month.

No history of hypertension and diabetes as well as no other major illness noted. Presently she was admitted in KDMG'S Ayurveda Hospital for further treatment of STHAULYA.

Clinical Findings:

The patient was having atikshudha, Nidradhikya, Aayasen shwas, Angamarda, Kriyakashtata, bharadhikya since last 6 month. On an examination patient it was found that pulse 80/min, blood pressure 130/90mmHg. She had tikshna aagni, Madhyam Koshta, Tongue was coated, sound was clear. Patient was having Vata kapha Prakruti with Madhyam Sara, Hina Shamhan, Madhyam Satmya, Madhyam Satva, Madhyam Aahar Shakti and Jaran Shakti.

Rasavaha, Asthivaha and Majjavaha, Annavaha Medovaha Srotodusti. Baseline Hematological investigations done on 15/01/2020 revealed. Hb-12.5 gm%, total Bilirubin – 0.9 mg/dl, BSL Random 115.9 mg/dl, serum creatine – 0.8 mg/dl, weight 60kg, BMI- 30, cholesterol 260mg/dl

Therapeutic Focus and Assessments

First line of treatment given to the patient was laghu santarpan janya ahar Amapachaka, kaphahar. And oral herbal Ayurvedic drug i.e. Vachadi choorna^[3] for the convenience of patient Vachadi choorna converted into vati form. As shown in Table no.1.

Criteria for Assessment

The patient was assessed based on subjective (table no.2) and objective criteria. The subjective and objective parameter was assessed at three months of treatment interval.

Follow-Up and Outcome

• Good result was observed on Angamarda (100%), Kriyakashtata (100%), Ati sweda (60%), sweda daurgandhya (50%), mid arm circumference, Abdomen circumference, thigh circumference by the treatment regimen. (Table no. and Table no)

• Hematological parameter was reinvestigated on 15/03/2020 at this time weight 50kg, BMI level was 28 and cholesterol 250mg/dl which was reduced after 3 months of treatment. The patient was advised to continue the oral medicine for next three month.

Drug Action

Vachadi choornas is described in *Shodhanadigana Samgrahaadhyaya*^[3] in which mainly

Tikta Ras^[6] *Katu* and *Kashaya Rasa* → *Amapachana*,

Laghu and *Ruksha Guna* → absorb *kleda*.

Tikta, Katu and *kashaya Rasa* → reduce *kapha*.

In this way *Vachadi Vati* with *Koshna jal* will reduce *Margavarodha* caused by *Medadhatu* and *Kapha* which happens in the *Samprapti* (pathogenesis) of *STHAULYA*.

DISCUSSION:

STHAULYA is a well described disease from *Samhita* period. *Acharya Charaka* mentions it in *Ashtaunindita-purush adhyaya* (Su. 21). *STHAULYA* is another term, used for the disease *Medoroga*.

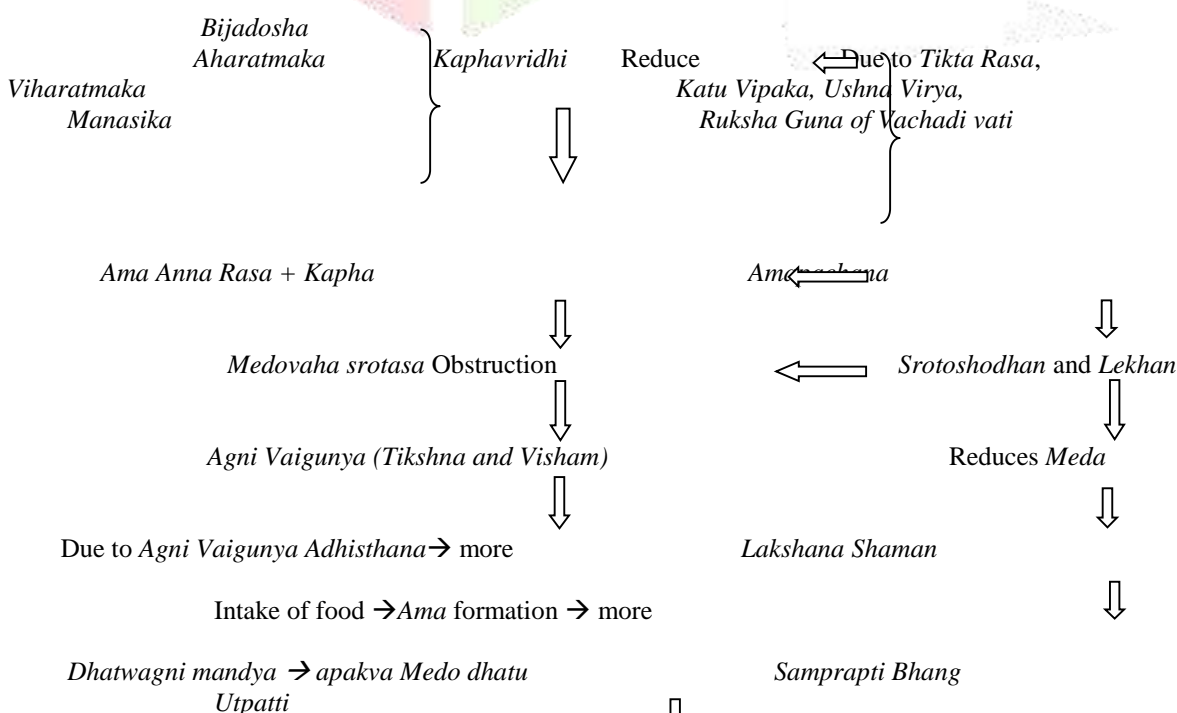
Nidana of *STHAULYA* is divided in 4 categories 1. *Aharatmaka*, 2. *Viharatmaka*, 3. *Manasa* and 4. *Anya*. Besides these *Nidanans*, it can be seen that due to diet enriched with maximum % of carbohydrates, fats & high-tech machineries which makes a person less active (lazy) & prone to *Sthaulya*.

In the disease of *Sthaulya*, *Jatharagni* was in excessive condition and *Medodhatvagni* is *Manda*. This is occurs due to *Avarana* of *Vayu dosha* in *Koshtha*. So that person indulges more food, which produce excessive *Meda* in body and vitiated cycle goes on. This cycle was broken i.e. *Samprapti*

Vighatana done by *Tikta, Katu, Kashaya, Rasa* and *Ruksha Guna*.

According to The World Health Report 2002 of W.H.O. obesity is under the 10 top selected risks to the health. It is alarming disease with its hazardous complication i.e. hypercholesterolemia, ischemic cardiac disorders, HTN, DM etc. BMI (Body Mass Index) more than 25 indicate increasing risk to health.

Flow chart no.1 Showing of Samprapti Vighatana of STHAULYA by Vachadi Vati



Sthaulya (Rupa)

Chala Spika, Chala Udara, Chala stana, Ayatha Upachaya,

Kshudra shwas, Daurbalya etc.

CONCLUSION:

- According to effect on patient, it is concluded that the *Vachadi Vati* is more effective in *Sthaulya Vyadhi*. It has more effect on symptoms such as *Kshudra shwas, Kshudra, Daurbalya, Nidra, Trishna* also Objective parameters such as Weight, B.M.I., Abdomen Circumference, Thigh Circumference, Mid arm Circumference etc.
- During the treatment of 3 months there was no any side effect found.

The effects of above herbal drug i.e. *Vachadi vati*, were helpful in treating pathology of *Sthaulya* This kind of approach may be taken into consideration for further treatment and research work of *Sthaulya*.

Table no 1: Showing drug administration

Drug	<i>Vachadi Vati</i>
Route of Administration	Orally
Dose	2 Tab BID(1 Tab. containing per 500mg) i.e. 1gm BD
<i>Kala</i>	<i>Pragbhakta</i> (Before meal)
Anupana	<i>Koshna jal</i>
Duration	3 months
Diet	Diet Constant

Table no 2: Showing subjective parameters

<i>Lakshanas</i>	Mild (+)	Moderate (++)	Severe (+++)
1) <i>Kshudrashwas</i>	Troubled by shortness of breath on level or uphill.	Walks slower than persons of same age.	Stops after walking 100 yards (91.44 meters).
2) <i>Nidra (sleep)</i>	8 to 10 hours	10 to 12 hours	12 to 14 hours.
3) <i>Trishna (thirst)</i>	Water intake 2 to 2.5 liters per day	2.5 to 3 liters per day.	More than 3 liters per day.
4) <i>Daurbalya (weakness)</i>	Occasionally feeling sensation of fatigue.	Intermittently feeling sensation of fatigue.	Always feeling sensation of fatigue
5) <i>Kshudra (Appetite)</i>	Hunger sensation every 4 to 5 hrs. after having regular meal.	Hunger sensation within 3 to 4 hrs. after having regular meal.	Hunger sensation within 3 hrs. after having regular meal.

Objective Parameters:-

1) Body Weight: - **Measured** in each 30 days follow up.

2) Body-Mass Index ^[5]:

Body mass index = Weight / (Height)² i.e. Kg / (m)²

Table no. 3: Observation

Lakshanas	1 st days	30 days	60 days	90 days
<i>Kshudrashwas(Aayasen shwas)</i>	+++	+++	++	+
<i>Nidra (sleep)</i>	+++	+++	++	+
<i>Trishna(thirst)</i>	+++	+++	+	-
<i>Daurbalya(weakness)</i>	+++	++	+	-
<i>Kshudra (Appetite)</i>	+++	++	++	+

Table no. 4: Result for subjective parameters

Symptoms	BT	AT	% Of Relief
<i>Kshudrashwas (Aayasen shwas)</i>	3	1	66.66
<i>Nidra (sleep)</i>	3	1	66.66
<i>Trishna (thirst)</i>	3	0	100
<i>Daurbalya (weakness)</i>	3	0	100
<i>Kshudra (Appetite)</i>	3	1	66.66

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