MANAGEMENT OF STHOULYA THROUGH VIRECHANA KARMA - A CLINICAL STUDY

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ABSTRACT

Sthoulya is one among the *Santharpanotta vyadhi*. *Acharya Charaka* has explained *Sthoulya* under *Astaninditiya, Kaphananatmaja,* and *santarpanotta vyadhi*. *Kapha* and *Pitta* vitiation are the major contributing pathological factors in *Sthoulya*. In contemporary science it can be correlated with Obesity. Obesity is a condition characterized by excessive accumulation and storage of fat in the body. Obesity is a major worldwide health problem, largely as a result of changes in life style. This is a single group clinical study on 15 patients of *Sthoulya.* The Objective criteria were assessed before and after treatment. The result was statistically significant with P value <0.001.The result showed 66.5% (10) of patients showed major improvements and 33.5% (5) of patients showed moderate improvements. Thus *Virechana karma* plays an important role in the management of *Sthoulya*

Keywords: *Sthoulya,* Obesity, *Snehapana, Virechana karma*.

INTRODUCTION

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have negative effect to the health.[1] Obesity is often expressed in terms of BMI but pathophysiologic ally it may be considered to be present when sufficient body fat has accumulated to adversely affect the health. BMI is calculated by measuring an individual's Weight in Kg and dividing his/her Height in m^2 (Kg/m^2).[2]Obesity is related to several conditions collectively known as metabolic syndrome. People with metabolic syndrome is at much higher risk of Heart diseases and type -2 DM. Some factors leading to obesity is hereditary, junk foods, lack of Exercises etc. [3]In 2016, 600 million adults (12%) and 100 million children were obese in 195 countries. In India the prevalence of obesity is 12.6% in women and 9.3% in men. In other words, more than 100 million individuals are obese in India. Obesity is more common in women than men.

Table 1: WHO Classification of Overweight[4]

CLASSIFICATION	BMI (Kg/m^2)
Under weight	<18.50
Normal range	18.50-24.99
Over weight	≥25.00
Pre-obese	25.OO- 29.99
Obese	≥30.00
Obese class I	30.00 -34.99
Obese class II	35.00 – 39.99
Obese class III	≥40.00

Obesity can be correlated to *Sthoulya* which is one of *Santarpanotta, Astanindhita* and *Kaphananatmaja vyadhi.* As in *Sthoulya Bahudoshavasta* is present *Panchakarma* treatment is considered as the best. This condition is caused due to *Avyayayama, divaswapna, Shleshmalahara sevana* etc the *lekshana* seen in *Sthoulya* are *Charaka* has narrated *Pratyamlakshana (Rupa)* of *Sthoulya* as *Medomamsa Ativriddhi, Chala Sphika, Chala Udara, Chala Stana, Ayatha Upachya, Anutshaha* i.e.

"Medo mamsa ati vrudhatwat Chala Sphik Udara sthana:

Ayatha upachayautsaho naro ati sthoola uchyathae"[5]

The line of treatment of *sthoulya* is *samshodhana Samsamana* and *nidanaparivarjana.*[6]

AIM AND OBJECTIVES:
To evaluate the efficacy of *Virechana Karma* in patients of *Sthoulya*

MATERIALS AND METHOD:
Source of data:
15 patients of *Sthoulya,* who are fit for *Udvartana* and *virechana karma* were selected randomly for the study from OPD and IPD of SKAMC, H &RC, Bangalore
Method of collection of data:
This is an open label single group interventional clinical study on 15 patients of either sex diagnosed as *Sthoulya* were selected.

DIAGNOSTIC CRITERIA:
- *Pratyatma lakshana* of *Sthoulya*
- BMI above 25kg/m^2

INCLUSION CRITERIA:
- Patients with *pratyatma lakshana* of *Sthoulya*
- Patients fit for *Virechana* and *udvartana*
- BMI>25
- Patients of either sex aged above 18 years

EXCLUSION CRITERIA:
- Patients unfit for *Udvartana* and *Virechana*
- Obesity due to Secondary causes

STUDY DESIGN:
This is an open label Single group interventional clinical study. In this study 15 Patients of *Sthoulya* were selected in this Group, patients were subjected to *Udwartana* with *triphala choorna* and *kolakulathadi choorna* for 14 days
Snehapana with *Moorchita tila taila* till *samyak snigdha lakshana* occurs followed by *Virechana karma* with *trivrit avalehya* 60 gm

INTERVENTION:
1. *Sarvanga udvartana* with *Triphala choorna* and *Kolakulathadi choorna* followed by *Bashpa sweda* for 14 days.

2. *Snehapana* with *moorchita tila taila* till *samyak snigdha lakshana* occurs
3. *Vishramakala* for 3 days-*Sarvanga abyanga* with *moorchita tila taila* followed by *bashpa sweda*
4. Next day *Sarvanga abyanga* with *moorchita tila taila* done for all patients and *Virechana Aushadhi Trivrit avalehya* given. All the 15 patients attained *madyama vega shuddhi* and *samsarjana krama* advised for 5 days

ASSESMENT CRITERIA: Assessment criteria done by standard scoring method of objective parameters as shown in table no.1. Data were collected before and after treatment

Table 2: Objective parameter for scoring

SI no.	BMI	Grades
1	Below 24.9 kg/m^2	Healthy weight
2	25.0-29.9kg/m^2	Over weight
3	30.0-34.9 kg/m^2	Grade I Obesity
4	35-39.9kg/m^2	Grade II Obesity
5	Above or equal to 40.oo kg/m^2	Grade III Obesity

Formula for Calculating BMI:
BMI=Weight in Kilogram / Height in Meters. m^2

Table 3: Criteria For over All Assessment

SI no.	GRADINGS	IMPROVEMENT
1.	No Improvement	No reduction of body fat
2.	Poor Improvement	0.1—0.5 kg reduction
3.	Moderate Improvement	0.6 – 2kg reduction
4.	Major Improvement	2.1 – 4 kg reduction

STATISTICAL ANALYSIS: Data regarding the above parameters were taken before treatment and after completion of treatment. To calculate the test for significance before treatment and after treatment, in this clinical study, Student 'paired t' test was used

OBSERVATION: Among the 15 patients maximum no of patients belonged to age group of 30-40 years
Positive Family history patients are 50%.*Acharya Charaka* has mentioned *Beeja Dosha Swabhavat* as a *nidana* of *Sthoulya* (Ch.su.21/3). Among 15 patients 12 patients were Hindus and belongs to *Kapha vataja prakruthi*. Initiation of menstrual cycles earlier than their expected dates seen in 7 patients. *Laghutva* of body was noticed in almost patients.

RESULTS: Results were interpreted after statistically analyzing the grades given in the assessment criteria before and after treatment of all the patients. From the above mentioned table it's clear that there was an improvement in weight and P value less than 0.001

Table4: showing statistical analysis of parameters

Parameters	Mean		Difference 'd'	Mean	SD	SE	t value	p value
	BT	AT						
Weight	76.8	73.87	3.87	2.933	1.033	0.167	11	<0.0001
BMI	32.392	31.109	3.97	1.283	0.439	0.113	11.3	<0.0001
Chest	100.87	98.87	3.97	2	1.732	0.447	4.47	<0.0001
Abdomen	102.8	98.87	3.82	3.933	3.081	0.796	4.94	<0.0001
Waist	108.47	105.2	3.01	3.267	2.052	0.53	6.17	<0.001
Hip	109.93	106.1	3.4	3.8	3.167	0.818	4.67	<0.001
R mid arm	32.233	31.667	1.7	0.567	0.623	0.161	3.52	<0.001
L mid arm	31.833	31.4	1,36	0.433	0.563	0.145	2.98	<0.005

Table 5: Showing improvements in Grading after the study

Sl.no.	GRADINGS	IMPROVEMENT	No. of pts	%
1.	No Improvement	No reduction of body fat	0	0
2.	Poor Improvement	0.1—0.5 kg reduction	0	0
3.	Moderate Improvement	0.6 – 2kg reduction	5	33.5%
4.	Major Improvement	2.1 – 4 kg reduction	5	66.5%

DISCUSSION

In this study-*Sthoulya*, the treatment adopted is *Rukshana, Shodhananga snehapana* with *Moorchita taila* followed by *Virechana*.

RUKSHANA KARMA:

"*Roukshyam Kharatwam Vaishadyam Yat kuryat thath Rukshanam*"[7]

Whatever causes dryness, roughness and non-sliminess is *rukshana*. *Rukshana* is the *Vishishta Purvakarma* before the administration of *Snehapana* in conditions like: *Mamsala, Medura Bhurishleshma*. *Rukshana* can be done both externally (*Bahya*) and as well be done internally (*Abhyantara*). *Bahya Rukshana* is carried out by procedures such as *Udvartana* with *Triphala choorna Kolakulathadi choorna* etc

UDWARTANA:

Therapeutic action of *Uvartana* is

"*Udwartanam Kaphaharam Medasa: Pravilayanam. Sthirikarana anganam twak prasadakaram param*"[8]

Udwartana mitigates *Kapha*, liquefies fat, and by producing Stability to body parts and thus *Udwartana* is indicated in *Sthoulya*.

SNEHAPANA:

Abhyantara snehapana used as *purvakarma* procedure for *Shodhana Chikitsa*. It is the important *purvakarma* before *vamana karma* and *Virechana karma* done for 5-7 days. It's done for the movement of *doshas* from *shakha* to *Kosta*. Thus, *snehapana* to be done properly to avoid Complications. The maximum period for the administration of *Snehana* is 7 days. Proper administration of *Snehapana* attains *Samyak lakshanas* like *vatanulomana, deeptagni Vacha snigdhata, Mardavata, Twak snigdhata* of the body.

MOORCHITA TAILA:

Tila taila is best *Sneha dravya* among *Sthavara Sneha* as explained by *Acharya Charaka*[9]. *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*". *Vagbhata* explains the importance of *Tila taila* as "*Krishanam Bhrimhanayalam Sthoolanam Karshanaya Cha*".[10]

SNEHANA AND SWEDANA:

After obtaining *Samyak snigdha Lakshana* the Patient is posted for *visramakala* for 3 days and advised to perform *Sarvanga abyanga* and *Bashpa Sweda*. *Snehana* and *Swedana* as the main treatment modalities for controlling *Vata. Dosha* Which are present in *Dhatus* and *Srotas a*re moistened by *Snehana* ie by *abyanga,* and Liquefied by *Swedana*, and then brought to *Kosta and* thus the *doshas* expelled out through *Shodhana* such as *Vamana, Virechana* etc.

VIRECHANA:

"*Tatradoshaharanam adhobhagam virechana samjakam |*

Ubhayamvaa Sarira malamVirechanaatVirechana samja labhate"

Doshas which expels through a *dhomarga* i.e. through *guda marga* is called *Virechana.*

Virechana aushadhi possess *Ushna, Tikshna, Sukshma, Vyavayi* and *Vikasi* properties *ushna guna* in *aushadi* will help in increasing *agni*, it can cause *vishyandana*, due to *tikshna guna* the drug is able to disintegrate the *doshas, Vyavayi guna* the *aushadha* spread the whole body before digestion, after giving *virechana* patient purgated for 15 times, i.e. *madhyama* type of *shuddhi* observed.

CONCLUSION

*Sthoulya i*s one among the *santarpanotta vyadhi*. It is caused due to *avyayama, Diva swapna, Shleshmala ahara sevana,* due to all the above factor, *Anna rasa* become Sweet by not getting properly digested and there by resulting in accumulation of fat. In *Sthoulya, Shodhana* like *Virechana karma* play an important role in managing the condition. In *Sthoulya* patients even after weight loss by *Virechana karma*, there is necessity to follow proper *Aahara* and *Vihara* for the maintenance of healthy wellbeing. Thus a study was conducted on 15 patients of *Sthoulya* for a time period of 1 month. Out of 15 patients 66.5% showed major improvement and 33.5% of patients showed moderate improvement. Henceforth it can be inferred from the study that *Virechana karma* plays an effective role in the management of *Sthoulya*

REFERENCES

1. https:||en.wikipedia.org>wiki>obesity
2. Davidsons. Davidson principle and practice of medicine, 22nd edition, edited by Brian R walker Reprint 2014,Page no-101
3. Davidsons.Davidson principle and practice of medicine ,22nd edition,edited by Brian R walker Reprint 2014,Page no-101
4. Aspi F. Golwalla, medicine for students,24th edition, second edition 2014, page no-325
5. Yogaratnakara, Yogaratnakara with vidyotini commentary byvaidya lakshmipati sastri,published by Choukumba prakashan ,Edition: Reprint 2015,medoroga chikitsa, page no-98.
6. Agnivesa Charaka Samhita, Ayurveda deepika Commentary of Chakrapani, edited by; Vaidya yadavji Trikramji Acharya, Choukumba surabharati Prakashan, Varanasi, reprint-2014, Vimana sthana Chapter 7, shloka 30, Page no 213
7. Vagbhata, Astanga Hrudaya Sarvanga sundara Commentory of Arunadatta and Ayurveda Rasayana Commentory of Hemadri edited by Pandit Hari Sadasiva shastri pradhkara Bishagacharya Choukumba surabharati Prakashan, Varnasi, 10th edition, reprint 2014, Sutra sthana Chapter 16,Page no-251
8. Vagbhata, Astanga Hrudaya Sarvanga sundara Commentory of Arunadatta and Ayurveda Rasayana Commentory of Hemadri edited by Pandit Hari Sadasiva shastri pradhkara Bishagacharya Choukumba surabharati Prakashan, Varnasi, 10th edition, reprint 2014,Sutra sthana Chapter 2, sloka15, Page no-29
9. Kaviraj shri govinddas sen,Bhaishajya ratnvali, commentary byDr.G prabhakara rao,choukumba orientalia varnasi publications,edition 2014,chapter 59,sloka 35,page no-389
10. Vaidya yadavji Trikamji Acharya editor Charaka Samhita of Agnivesha elaborated by charaka and drudhabala by Chakrapanidatta, Choukumba surabharati prakashan, Varnasi 2009 KalpaSthana chapter1 sloka 4, page no-651