



Case Study

## MANAGEMENT OF *STHOLYA* (OBESITY) BY *PANCHAKARMA*

Abhinav Rathore<sup>1\*</sup>, Bhawana Sharma<sup>2</sup>, Bheeshmlata<sup>3</sup>

<sup>1</sup>Associate Professor, <sup>2</sup>Assistant Professor, Dept. of Panchakarma, <sup>3</sup>Assistant Professor, Dept. of Stree Roga and Prasuti Tantra Abhilashi Ayurvedic College & Research Institute, Chail Chowk, Mandi, H.P., India.

### Article info

#### Article History:

Received: 10-01-2024

Accepted: 03-02-2024

Published: 07-03-2024

#### KEYWORDS:

Obesity, *Stholya*, *Virechana*, *Basti*.

### ABSTRACT


The changes in the lifestyle have made the modern man sedentary and inactive. Moreover, during the course of time, the dietary habits have also changed a lot towards junk foods and drinks. Due to these factors the prevalence of obesity is growing worldwide, resulting in multi systemic disorders like diabetes, hypertension, cardiac abnormalities etc. For the treatment of obesity, modern medicine emphasis upon calorie restriction in the diet, exercises and appetite suppressant drugs, but these drugs have adverse actions on other systems and may produce symptoms like dryness of mouth, constipation, migraine headache, menstrual disorders etc. In Ayurveda, obesity has been described as *Santarpanokta vikara* under the heading *Stholya*. For the treatment in Ayurveda, *Langhana* (fasting), *Vyayama* (regular exercise) and *Shodhana* (purification measures) have been advised by our Acharyas. At the same time, these modalities are effective, without side effects, economic and easily available. So, Ayurveda can provide a better choice of treatment in *Stholya* through Panchakarma modalities. A 23 years old female patient came to Panchakarma O.P.D. was weighing 103kg with height 161cm; BMI was 39.70kg/m<sup>2</sup> and according to the guidelines of NHI it falls under the class II obese category. She was treated with *Aama pachana*, *Rukshana karma* i.e., *Udwartana*, *Snehana* (*Abhyantra* and *Bahya*), *Swedana*, *Virechana* and *Basti* along with oral medicines, dietary regimes and life style modification. She lost about 23kg of weight, which was 80gm and BMI was 30.90kg/m<sup>2</sup> after 5 months of *Panchakarma* and oral treatment without any complications.

### INTRODUCTION

Obesity is a condition of excessive accumulation of fat in the body. The term is normally described to the people who are grossly overweight; however, the term overweight is referred for the mild degree of adiposity. Adipose tissue is loose connective tissue composed of adipocytes, primarily located beneath the skin, also found around internal organs. Its main role is to store energy in the form of fat, also cushions and insulates the body. Obesity does not depend on the amount of body weight, but on the amount of body fat- specifically adipose tissue.

So, the excess of adipose tissue in the body results in obesity.

Obesity is not merely a cosmetic concern but also a medical problem. Obese body acts like a host which invites multiple diseases in the future, most commonly diabetes, high blood pressure and heart problems. Although, there are genetic, behavioral, metabolic and hormonal influences on body weight, obesity occurs when a person takes more calories than burn out through exercise and normal daily activities and these excess calories are stored as fat causing obesity. In Ayurveda, the disease "*Stholya*" can be well matched with Obesity. The word '*Stholya*' is derived from the *Mool dhatu* '*Stu*' with '*Ach*' *pratyaya* which means bulky, thick or big.<sup>[1]</sup> It also indicates the over nutritional state of the body. *Acharya Charaka* says- "*Sama pramana sharer*" i.e., well-built physique is considered as the best.<sup>[2]</sup> *Stholya* is a condition in which *Medo dhatu* along with *Mamsa dhatu* is increased abnormally in a person, resulting in the

Access this article online	
Quick Response Code	
	<a href="https://doi.org/10.47070/ayushdhara.v11i1.1426">https://doi.org/10.47070/ayushdhara.v11i1.1426</a>
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

pendulous appearance of buttocks, belly and breast region. Here, the bulkiness of body structures increases; however, there is no correspondence increase in the energy level.<sup>[3]</sup> *Stholya* has been explained under *Shleshma nanatamaja vikar*<sup>[4]</sup>, *Santarpana nimittaja roga*<sup>[5]</sup> and is considered as *Bahu dosha youkta roga*.<sup>[6]</sup> *Stholya* being a *Dushya* dominant disorder, *Meda* plays very important role in its pathogenesis. *Meda* is an important *Dhatu* among *Sapta dhatus* and its function is to moisten and smoothen the body by its properties like *Snigdha*, *Guru* and *Drava* with the predominance of *Pruthvi*, *Apa* and *Teja mahabhuta*.<sup>[7,8]</sup> Another substance called *Vasa*, an *Updhatu* and *Snehamsha* of *Shuddha mamsa dhatu* is also a fatty substance.<sup>[9]</sup> It is formed after the *Dhatwagni pak* of *Mamsa dhatu*. The quantity of *Meda* is 2 *Anjali* and the *Vasa* is 3 *Anjali* in the body. Thus, total *Meda* content in body is enumerated as 5 *anjali*.<sup>[10]</sup> In *Stholya*, this proportion is found to be raised. While explaining the treatment of *Stholya*, *Acharya Charaka* has said that it is very difficult to

treat *Atistholya* condition because, if *Karshana* therapy is applied then it further leads to the aggravation of *Vayu* and *Agni*, whereas, if *Brimhna* therapy is given it further increases the *Meda dhatu*. However, a very wide variety of treatment modalities have been described in Ayurveda that are very efficient in this condition.

**Case Report:** A 23 years old female patient visited OPD of Panchakarma, Abhilashi Ayurvedic College and Research Institute, Abhilashi University, Mandi, with chief complaints of being overweight since childhood and still gradual increase of weight. She had associated complaints of dyspnea on mild exertion, raised appetite, profuse sweating, sleep apnea and loud snoring since long back. She also observed increased fatigue and myalgia since last 2 months. Past history revealed that the patient was not suffering with any other underlying systemic pathology. Family history of patient was positive for obesity from the maternal side. During the first visit, patient was weighing 103kg and BMI was 39.70kg/m<sup>2</sup>.

**Table 1: Classification of adults for Underweight, overweight and obese according to BMI<sup>[11]</sup>**

S. No.	Classification	BMI
1.	Severe underweight	BMI less than 16.5kg/m <sup>2</sup>
2.	Underweight	BMI under 18.5kg/m <sup>2</sup>
3.	Normal weight	BMI greater than or equal to 18.5 to 24.9kg/m <sup>2</sup>
4.	Overweight	BMI greater than or equal to 25 to 29.9kg/m <sup>2</sup>
5.	Obesity	BMI greater than or equal to 30kg/m <sup>2</sup>
6.	Obesity class I	BMI 30 to 34.9kg/m <sup>2</sup>
7.	Obesity class II	BMI 35 to 39.9kg/m <sup>2</sup>
8.	Obesity class III	BMI greater than or equal to 40kg/m <sup>2</sup>

Hence, on the basis of BMI patient was diagnosed as obese class II.

**Table 2: Personal detail and General physical examination**

<ul style="list-style-type: none"> <li>• Appetite- Good</li> <li>• Bowel- Clear, regular, normal in consistency, 1-2 times a day.</li> <li>• Micturition- Normal, 3-4 times in day and 1 time at night.</li> <li>• Sleep- Excessive</li> <li>• Habits- Fond of sweets, junk and fried food, carbonated drinks, bakery products.</li> <li>• <i>Aahara</i>- Mixed diet, non-veg once in a week</li> <li>• <i>Vihara</i>- <i>Diwaswapana</i>, <i>Atiaasana</i>, <i>Avyayama</i>, <i>Achinta</i>.</li> <li>• Appearance- Bulky/ heavy</li> <li>• Built- Endomorph type</li> <li>• Nourishment- Well nourished</li> <li>• Gait- Normal</li> <li>• Icterus- Absent</li> <li>• Pallor- Absent</li> <li>• Cyanosis- Absent</li> <li>• Clubbing- Absent</li> <li>• Edema- Absent</li> </ul>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- B.P.- 130/84 mm Hg
- Pulse- 82 b/min
- Ht.- 161 cm
- Wt.- 103 kg
- BMI-39.70 kg/m<sup>2</sup>

**Table 3: Systemic Examination**

Respiratory system	<ul style="list-style-type: none"> <li>• B/L normal vesicular bronchial sounds</li> <li>• No wheezing/ronchi</li> </ul>
Cardiovascular system	<ul style="list-style-type: none"> <li>• S1 S2 heard normal</li> <li>• No added sounds</li> </ul>
Per abdomen examination	<ul style="list-style-type: none"> <li>• Soft</li> <li>• Non-tender</li> </ul>
Central nervous system	<ul style="list-style-type: none"> <li>• Conscious and well oriented</li> <li>• NAD</li> </ul>

**Investigations****Table 4: Lipid Profile: Showed normal values**

Cholesterol Total	184.00 mg/dl
Triglycerides	130.00 mg/dl
HDL Cholesterol	45.00 mg/dl
LDL Cholesterol	93.00 mg/dl
VLDL Cholesterol	13.00 mg/dl
non-HDL Cholesterol	120.00 mg/dl

**USG Abdomen:** Showed normal study

**Table 5: Dashavidha Aatur Pareeksha**

<i>Prakriti</i>	<i>Kapha Vata</i>
<i>Vikriti</i>	<i>Kapha dosha, Meda Dhatu</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Pravara</i>
<i>Satmya</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Aahar shakti</i>	<i>Pravara</i>
<i>Vyayama Shakti</i>	<i>Avara</i>
<i>Vaya</i>	<i>Madhyama</i>

**Table 6: Astasthana Pareeksha**

<i>Nadi</i>	<i>Prakrita</i>
<i>Mala</i>	<i>Aamaj Lakshana</i>
<i>Mutra</i>	<i>Prakrita</i>
<i>Jihva</i>	<i>Lipta</i>
<i>Shabda</i>	<i>Prakrita</i>
<i>Sparsha</i>	<i>Anushna Sheeta</i>
<i>Drika</i>	<i>Prakrits</i>
<i>Aakriti</i>	<i>Sthoola</i>

**Table 7: Nidana Panchaka**

<i>Nidana</i>	<ul style="list-style-type: none"> <li>• <i>Aaharaj- Madhura, Snigdha, Guru, Abhishyandi Aahar</i> like sweets, fried and bakery items, fast food, excessive eating etc.</li> <li>• <i>Viharaj- Diwaswapana, Atiaasana, Avyayama</i></li> </ul>
<i>Poorvaroop</i>	• <i>Aalasya</i> with gradual increase in weight
<i>Roopa</i>	• <i>Medo vriddhi</i> leading to enlargement of body parts specifically <i>Spik</i> and <i>Udara</i> , excessive thirst, hunger and sweating
<i>Upshaya</i>	• <i>Vyayama</i>
<i>Anupshaya</i>	• <i>Santarpana janya aahara</i>

**Chikitsa Krama/ Treatment module**

The patient was advised to get admitted in IPD but she was not willing for the same as she was from the local area, however she got admitted for the *Virechana* process. Hence, she was administered with following treatments during the course of 5 months and proper observations and precautions were made during the entire treatment:

**Table 8: Treatment Module of 5 Months**

No. of days	Treatment	Observations
1 <sup>st</sup> month- 1-15 days	<ul style="list-style-type: none"> <li>• <i>Udwartana</i><sup>[12]</sup> (<i>Rukshana</i>) with <i>Triphla choorna</i>, <i>Kola churna</i> and <i>kulatha choorna</i></li> <li>• <i>Sarwanga Vashpa Sweda</i> with <i>Vashpa</i> of <i>Dashmool kwath</i>.</li> <li>• Light exercises and <i>Yoga</i></li> <li>• <i>Pathyahara</i></li> </ul>	Appetite- Good (increased) Bowel- Clear Sleep- Sound Micturition- Normal
16-30 days	<ul style="list-style-type: none"> <li>• <i>Aam Pachana</i> with <i>Shiva kshara pachak choorna</i><sup>[13]</sup> 3gm BD with warm water.</li> <li>• Light exercises and <i>Yoga</i></li> <li>• <i>Pathyaahara</i></li> </ul>	Appetite- Good Bowel- Clear Sleep- Sound Micturition- Normal Weight- Decreased
2 <sup>nd</sup> month- 1-4 days	<ul style="list-style-type: none"> <li>• <i>Snehapana</i> with <i>Panchtikta Ghrita</i><sup>[14]</sup> mixed with <i>Saindhav</i> salt was performed in <i>Arohana karma</i> for 4 days.</li> <li>• <i>Sukhoshna Jala</i> was given as <i>Anupana</i>.</li> </ul>	Appetite- Good Bowel- Clear Sleep- Sound Micturition- Normal <i>Samyaka lakshans</i> of <i>Snehapana</i> were observed on 4 <sup>th</sup> day
5-6 <sup>th</sup> days	<ul style="list-style-type: none"> <li>• <i>Sarwanga Abhyanga</i> was performed with <i>Murchit til taila</i>.</li> <li>• <i>Sarwanga vashpa sweda</i> was done with <i>Vashpa</i> of <i>Dashmool kwath</i>.</li> </ul>	Appetite-Good Bowel- Clear Sleep- Sound Micturition- Normal
7 <sup>th</sup> day	<ul style="list-style-type: none"> <li>• <i>Sarwanga Abhyanga</i> was performed with <i>Murchit til taila</i>.</li> <li>• <i>Sarwanga vashpa sweda</i> was done with <i>Vashpa</i> of <i>Dashmool kwath</i>.</li> <li>• <i>Virechana</i> was given with <i>Trivrit Avaleha</i><sup>[15]</sup> (75gm) along with <i>Anupana</i> of <i>Triphla kwath</i> (150ml).</li> <li>• <i>Peya</i> was given after completion of <i>Virechana</i> process.</li> </ul>	16 <i>Vegas</i> (episodes) of <i>Virechana</i> were observed till 5 pm. Mild weakness. No other complaints as such

8-10 <sup>th</sup> day	<ul style="list-style-type: none"> <li>• <i>Samsarjana Krama</i> was followed 3 days- 1<sup>st</sup> day- <i>Peya</i> 2<sup>nd</sup> day- <i>Peya</i> 3<sup>rd</sup> day- <i>Khichri</i> prepared with <i>Moong dal</i> and rice</li> </ul>	Appetite- Increased Bowel- Clear Micturition- Normal Sleep- Sound
11-30 <sup>th</sup> day	<ul style="list-style-type: none"> <li>• <i>Parihara- Pathya Aahara</i> and <i>Vihara</i> was advised for 20 days. (Double the days of the <i>Virechana</i> treatment)</li> <li>• Light exercises and <i>Yoga</i></li> <li>• Warm water intake</li> <li>• <i>Arogyavardhini Vati</i> 250mg BD</li> </ul>	Appetite- Normal Bowel- Clear Micturition- Normal Sleep- Sound Weight- Decreased
3 <sup>rd</sup> Month 1-30 days	<ul style="list-style-type: none"> <li>• <i>Basti Karma</i> was followed in <i>Karma Basti</i> schedule i.e., for 30 days with- <i>Anuvasana Basti- Saindhavadi Taila</i><sup>[16]</sup> - 75ml <i>Niruha Basti- Lekhana Basti- 400ml</i></li> </ul>	Appetite- Good Bowel- Clear Micturition- Normal Sleep- Sound Weight- decreased
4 <sup>th</sup> and 5 <sup>th</sup> Month	<ul style="list-style-type: none"> <li>• <i>Parihara- Pathya Aahara</i> and <i>Vihara</i> was advised for 60 days, (double the days of the <i>Basti</i> treatment) along with oral medicines- <i>Arogyavardhini Vati</i> 250 mg BD <i>Vidangadi Loha</i> 250 mg BD <i>Trikatu Choorna</i> 3 gm BD</li> </ul>	Appetite- Good Bowel- Clear Micturition- Normal Sleep- Sound Weight- Decreased

#### Details of Therapy

#### **Udvartana (Rukshana therapy) and Sarwanga**

**Vashpa Swedana:** The therapy *Udvartana (Ruksh udvartana)* is a process of powder massage with the herbs having dry quality. It helps in burning down the fat deposited underneath the skin especially in abdomen, thighs and buttock region. In this case, *Udvartana* was given with the powders of *Triphala*, *Kola* and *Kultha*.

On the other hand, *Sarwanga vashpa swedana* is a procedure of steam bath, which helps to mobilize the accumulated *Ama* (body waste- toxins) from different body channels and eliminates it out of the body through sweat. It also liquifies the *Kapha dosha* and *Meda dhatu* which are contributing factors for obesity or overweight. These procedures were followed for 15 days.

**Aampachan:** To improve metabolism and to purify *Aama* (toxins), *Aampachan* with *Shiva Kshar pachan churna* was given orally for 15 days.

**Virechana karma (Purgation):** *Virechana karma* (medication induced purgation) is one of the purificatory modality of *Panchakarma*. It is not only effective in the elimination of *Pitta dosha* but also effective in the purification of *Vata* and *Kapha*. The root of *Trivrita* is considered as the best among the purgative drugs. After proper *Snehana* and *Swedana* (internal and external), *Virechana yoga* was given orally in the form of *Trivrita avaleha* with *Anupana* of *Triphala kwath*.

*Trivrita avaleha* is a *Leha Kalpana* (semisolid preparation of drugs), prepared with addition of jaggery and prescribed decoction and is indicated specifically for *Virechana*. It contains- *Trivrit (Operculina turpethum)*, *Trijata- Tamalpatra (Cinnamomum tamala)*, *Tvak (Cinnamomum verum)*, *Ela- (Elettaria cadamomum)*, *Madhu* (honey) and Sugar.

**Parihara kala (Recovery Period):** *Parihara kala* is the time of dietetic and behavioral restrictions, which should be followed after the course of *Panchakarma* therapy and it should be double the duration taken for the *Panchakarma*.<sup>[17]</sup>

So, after the completion of *Virechana Karma*, 3 days *Samsarjan Krama* was followed to regain the strength of digestive fire and *Parihara* of 20 days was suggested with follow up is advice.

**Basti Karma (Therapeutic enema):** *Basti Karma* is one of the modalities among the five *Panchakarma*. In *Basti Karma*, medicines are inserted through the anal route in form of medicated oil or herbal decoction. In modern medicine, enemas are mostly given to clean the lower bowel in the treatment of constipation when, all other methods fail. But rather than this, *Basti Karma* mentioned in Ayurvedic classics is having broader therapeutic action on almost all the tissues of the body and have rejuvenative, curative, preventive and health promotive actions.



As per Ayurvedic classics *Basti* works as plant watered at its root and then root circulate it in all branches.<sup>[18]</sup> It has also been described as *Ardha Chikitsa*<sup>[19]</sup> i.e., half treatment for management of all diseases.

*Basti Karma* is broadly divided in two types according to the contents of the drugs- *Sneha Basti* (*Anuvasan*) and *Niruha Basti* (*Aasthapana*). In *Anuvasan Basti*, medicated oil/ghee, lipids are used, word *Anuvasan* indicates “To stay”, the administered medicines stay inside for a longer duration, but still do not cause any untoward problem.<sup>[20]</sup> In *Niruha Basti/Aasthapana Basti*, decoction of medicinal plants is the main content wherein other ingredients like honey, salt, lipids and other drugs are incorporated to form a colloid or a suspension. Word *Niruha*, indicates “To eliminate” or eliminate morbid *Doshas* or disease from body, and its synonym word “*Asthapan*” indicates establish life span and age.<sup>[21]</sup>

*Basti* have been categorized into various types according to the type of ingredients, action of *Basti* and number of *Basti*. Medicines/ingredients used in *Basti Karma* are selected as per the condition of disease and condition of the patient. *Basti* is commonly used alone or along with Ayurveda medications in all *Vata Vyadhi* (neurological disorders) and is also indicated in various diseases like *Adhman* (abdominal spasmodic pain), *Annaha* (abdominal distension), *Malavrodh* (constipation), *Rajokshay* (amenorrhea), *Vatrakta* (gout), *Pleeha roga* (splenomegaly) *Parshva graham* (slipped disc), *Prishtha graham* (spondylosis), *Pakshaghata* (paralysis) etc. Based on the ingredients it can be used for increasing weight in emaciated peoples (*Brimhan Basti*) and also to reduce weight in obese (*Lekhan Basti*).

In this case, the *Basti* was given in *Karma Basti* schedule i.e., for 30 days; where a total of 18 *Anuvasana* and 12 *Niruha* were given as following-

#### **Anuvasana Basti**

Administration of medicated oil or other fat through the rectal route in a prescribed dose is called *Anuvasana Basti*. In this case, *Saindhvadi oil* (75ml) was used for *Anuvasana Basti*.

#### **Contents of Saindhvadi oil**

- Saindhav lavana*- Rock Salt
- Arka*- *Calotropis procera*
- Maricha*- *Piper nigrum*
- Jwalankhya*- *Plumbago zeylancia* (Lead wort)
- Markava*- *Eclipta alba*
- Haridra*- *Curcuma longa*
- Daru haridra*- *Berberis aristata*
- Murchit Taila*- Sesame oil (*Sesamum indicum*)
- Water

#### **Niruha Basti (Decoction enema): Lekhan Basti**

*Lekhana Basti* is a type of *Niruha Basti* in which the composition of the medicines is administered in the form of emulsion through rectal route. This emulsion contains *Madhu* (honey), *Saindhava Lavana* (rock salt), *Sneha* (medicated oil), *Kalka* (paste of herbal powder) and *Kwath* (herbal decoction).

*Lekhana* or *Karshana Basti* consists of *Madhu*, *Saindhava*, *Taila*, *Gomutra*, *Kshara* and *Triphala Kwatha* is named as *Lekhana Basti*-

1. *Madhu*- Honey
2. *Saindhava*- Rock salt
3. *Tila taila*- *Sesamum orientale* linn seed oil
4. *Triphala kwatha*- *Amalki* (*Phyllanthus emblica* linn.), *Vibhitaki* (*Terminalia bellirica*), *Haritaki* (*Terminalia chebula*).
5. *Prakshepa Dravya*- *Gomutra*, *Yava kshara* (alkali preparation of barley), *Tuttha*- ( $\text{CuSO}_4$ ), *Kasisa* ( $\text{FeSO}_4$ ), *Hingu Niryasa* (*Ferula narthex* linn.), *Shilajatu* black bitumen.

After the completion of *Basti Karma*, again *Parihara* of 60 days was advised.

On discharge, the patient was advised to visit OPD after two months with a set of do's and don'ts during this period along with oral medicines and some *Yogasana*'s.

#### **RESULT AND DISCUSSION**

The treatment was continued for 5 months in the form of both *Shodhana* and *Shaman chikitsa*. Initially *Rukshana* along with *Swedana* was carried out. *Rukshana* in form of *Udwartana* helps in mitigation of *Kapha Dosh*a and *Meda dhatu*, whereas full body steam in form of *Sarwanga Vaspa swedana* reduces stiffness and produces lightness to the body. This was followed by *Aam pachana*, *Snehana* and *Virechana Karma*. *Pachan* is given when moderate quantity of *Ama* is aggravated or when vitiated *Dosha* are moderately strong, so here after *Aam pachan*, *Dosha avasechana* i.e., expulsion of morbid *Doshas* by administering cleansing treatment like purgation (*Virechana* in this case is given with *Trivrit avleha*). *Trivrit* is classified in as a *Sukh Virechaka* and helps in treatment of *Kapha* and *Pitta* dominant disorders. Due to its *Ushna*, *Katu* and *Ruksha* properties it helps in reducing weight. After completion of *Virechana* process, patient underwent *Samsarjana Krama* for 3 days followed by *Parihara kala* for 20 days.

For *Basti Chikitsa*, *Karma Basti* was selected in which 12 *Nirhua* (*Lekhan Basti*) were administered along with 18 *Anuvasana Basti*. In *Sthoulya*, along with *Kapha dosha*, *Vata* is also dominant factor. *Acharyas* have specially mentioned *Ushna* and *Tikta basti* in *Sthoulya*. *Acharya*'s have explained *Basti* itself a complete treatment of *Vata* and further mixture of

*Ruksha, Tikshna* and *Ushna dravya* with *Basti* contribute to *Kapha* and *Medo dushti*. *Acharyas* recommend *Asthapana Basti* specially *Lekhan basti* for management of *Sthoulya*. The *Basti* prepared with *Triphala Kwatha, Gomutra, Madhu, Kshara* is named as *Lekhana Basti*. *Lekhana* helps to remove obstruction of *Meda, Kapha* and *Kleda* from body by its *Virya* and normalize the function of *Agni* and *Vayu*. *Lekhana Basti* is a type of enema (given through the ano-rectal route) which contains Ayurveda drugs which cause the excoriation of the excessive fat from the body.

*Triphala* is used in form of *Kwatha* in the preparation of *Lekhana Basti*. *Sthoulya* is a *Kapha-vataja vyadhi*. Most of these drugs having *Tikshana, Ushna* properties and consists of *Katu, Tikta, Kashaya rasa*. It acts on *Kapha-Vata* by virtue of its *Ushnavirya*. There is *Meda* and *Mamsa vridhhi* in *Sthoulya Roga* along with production of *Ama Rasa*. The *Lekhana Basti* breaks the *Srotosanga*. As the drugs having *Tikta, Katu* and *Kashaya Rasa*, they cause *Shoshana, Lekhana, Amahara Karma*. By the virtue of its *Deepana* and *Pachanakarma*, the combination works at the level of *Agni*. By *Deepana* properties, it mainly corrects the *Medo dhatvagnimandya* and checks the further progression of *Meda sanchaya* by preventing the formulation of *Meda*.

*Madhu* is having *Yogavahi, Sroto shodhaka* properties. It also has *Kaphanashaka* and *Chedana* properties. *Madhu* is also mentioned in *Sthoulya Chikitsa*. Due to above mentioned properties *Madhu* is aphrodisiac in nature. It increases the properties of other ingredients by virtue of being *Yogvahi*. Due to *Sroto shodhaka* capability, it cleanses the channels of the body and facilitates the easy reach of other drugs throughout the body.

*Saindhava*, possess *Sukshma, Vyavayi Guna*, helps *Basti dravya* to spread and act fast. *Saindhava* is having *Ushna, Teekshna guna* which are helpful in absorption of *Bastidravya*, by its deep penetrating nature and it helps to pass the drug molecules in to the systemic circulation through the intestinal mucosa. It is also helpful in easy *Pratyagamana* of *Basti Dravya* without causing any untoward effect. Thus, in case of *Basti, Saindhava* is mainly expected to help in the fast spreading and absorption of *Basti*.

**Tila Taila-** The *Tila Taila* is *Ushna, Tikshna, Katu, Tikta* and *Kapha- Vatashamaka* in nature.

*Prakshepa Dravya (Ushakadi Gana)* are having *Katu, Ushna, Tikshana, Rukshana, Medohara, Sroto shodhana, Aamapachana, Vata anulomana* and *Kapha-vata shamaka* properties. The *Ushakadi Gana* has *Lekhana* properties which removes the excessive fat.

These drugs have *Medoghna Prabhava*. *Katu, Tikta, Kashaya Rasa* is opposite of *Kapha, Ama*

and *Medodhatu*. So *Katu, Tikta* and *Kashaya Rasa* reduce the *Kapha, Ama* and *Medodhatu*.

*Saindhavadi taila* was used in *Anuvasana Basti* most of its contents are also *Vata kaphahara*.

## CONCLUSION

So, by this single case study, we can evaluate that the administration of *Panchkarma* therapies like *Rukshana, Virechana* and *Basti* therapy, along with oral medication, have *Medoghana prabhava*, so they help to remove obstruction of *Meda, Kapha* and *Kleda* from body by their *Virya* and helps to alleviate *Vata* and normalize the function of *Agni* and *Vayu*. Hence, these therapies of *Panchakarma* can be considered very effective in the management of *Sthoulya* i.e., obesity.

## REFERENCES

1. Vasu V & Vasu H, editor. In: *Shabda Kalpa Druma, Pancham Kanda, Chaukambha Surbharti Prakashana*; 2019 P-450.
2. Trikamji Y, editor. *Ashtoninditiya Adhyaya*. In: *Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Sutra Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-117.*
3. Trikamji Y, editor. *Ashtoninditiya Adhyaya*. In: *Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Sutra Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-116-117.*
4. Trikamji Y, editor. *Maharoga Adhyaya*. In: *Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Sutra Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-115.*
5. Trikamji Y, editor. *Santarpaniya Adhyaya*. In: *Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Sutra Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-122.*
6. Trikamji Y, editor. *Chikitsaprabhrutiya Adhyaya*. In: *Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Sutra Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-97.*
7. Vasu V & Vasu H, editor. In: *Shabda Kalpa Druma, Tiritiya Kanda, Chaukambha Surbharti Prakashana*; 2019 P-778-779.
8. Trikamji Y, editor. *Grahani Chikitsa Adhyaya*. In: *Charka Samhita of Agnivesh elaborated by Charka*

- and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Chikitsa Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-515.
9. Ram N, editor. Garbhvyakarana Shareer Adhyaya. In Sushrut Samhita of Sushruta edited with Ayurveda Tattva Sandipika hindi Commentary, Shareer Sthana, Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthana; 2016 P-39.
10. Trikamji Y, editor. Shareer Sankhaya Shareer Adhyaya. In: Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Shareer Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-339.
11. Classification of Obesity according to BMI available from [www.ncbi.nlm.gov](http://www.ncbi.nlm.gov).
12. Sadasiva H, Dincharya Adhyaya. In: Astanga Hridya with Sarvangasundra commentary of Arundutta & Ayurveda Rasayana Commentary of Hemarari, Sutra Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashana; 2014, P- 28.
13. Choorna Prakarana. In: Ayurved Sarsamgraha, Reprint ed., Shree Baidyanath Ayurved Bhawan Ltd. 2018, P- 692.
14. Sharma P, Kustha Chikitsa Adhyaya. In: Chakardutta- Sanskrit text with English translation, Reprint ed. Varanasi: Chaukhambha Orientalia; 2013 P- 404.
15. Trikamji Y, editor. Shyamatruvrit Kalpa Adhyaya. In: Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Kalpa Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-663.
16. Mishra S, Aamvatrogaadhikaar Adhyaya. In: Bhaishajaya Ratnavali with Siddhiprada Hindi Commentary, Reprint ed. Varanasi: Chaukhambha Surabharati prakashana; 2017 P-612-613.
17. Trikamji Y, editor. Kalpana Siddhi Adhyaya. In: Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Siddhi Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-685-686
18. Ram N, editor. Netrabasti pramanapravhibhag Chikitsa Adhyaya. In Sushrut Samhita of Sushruta edited with Ayurveda Tattva Sandipika hindi Commentary, Chikitsa Sthana, Reprint ed. Varanasi: Chaukhambha Surbharti Prakashana; 2018 P-527.
19. Trikamji Y, editor. Kalpana Siddhi Adhyaya. In: Charka Samhita of Agnivesh elaborated by Charka and Dridbala with Ayurved Dipika commentary by Chakrapani Datta, Siddhi Sthana, Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014 P-683
20. Ram N, editor. Netrabastipramanapravhibhag Chikitsa Adhyaya. In Sushrut Samhita of Sushruta edited with Ayurveda Tattva Sandipika hindi Commentary, Chikitsa Sthana, Reprint ed. Varanasi: Chaukhambha Surbharti Prakashana; 2018 P-527.
21. Ram N, editor. Netrabastipramanapravhibhag Chikitsa Adhyaya. In Sushrut Samhita of Sushruta edited with Ayurveda Tattva Sandipika hindi Commentary, Chikitsa Sthana, Reprint ed. Varanasi: Chaukhambha Surbharti Prakashana; 2018 P-526.

**Cite this article as:**

Abhinav Rathore, Bhawana Sharma, Bheeshmlata. Management of Stholya (Obesity) by Panchakarma. AYUSHDHARA, 2024;11(1):16-23.

<https://doi.org/10.47070/ayushdhara.v11i1.1426>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Abhinav Rathore**

Associate Professor,

Dept. of Panchakarma,

Abhilashi Ayurvedic College &

Research Institute, Mandi, H.P.,

Email:

[abhinavrathore1987@gmail.com](mailto:abhinavrathore1987@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.