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Case Study

UDVARTANA AND *VIRECHANA* IN EFFECTIVE WEIGHT MANAGEMENT FOR OBESITY Mahathi M Chatra^{1*}, Megha B¹, Ananta S Desai²

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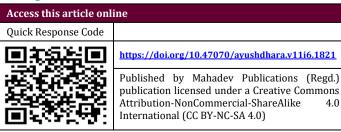
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ABSTRACT

Obesity is a growing global concern, driven by modern lifestyle factors such as sedentary behaviour, irregular sleep patterns, and unhealthy dietary habits. Children and adolescents are also becoming increasingly obese, indicating that current trends are likely to accelerate over time. Obesity is associated with an increased risk of multiple health problems, including hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, non-alcoholic fatty liver disease, degenerative joint disease, and certain malignancies. According to Ayurveda, *Sthoulya* is a *Santarpanajanya Vikara* and its management includes *Apatarpana Chikitsa* such as *Shodhana*, *Rooksha-Teekshna Basti* and *Rooksha Udvartana*. This case study highlights the effectiveness of *Udvartana* and *Virechana* in weight management for a 24-year-old male with significant weight gain over the past five years. Post-treatment, a 7 kg weight reduction was achieved, along with noticeable improvements in body circumference measurements and overall physical well-being. The findings underscore the potential of Ayurveda and *Panchakarma* therapies in addressing obesity and related metabolic dysfunctions through a holistic and sustainable approach.

INTRODUCTION

Obesity is defined as the excessive or abnormal accumulation of fat or adipose tissue in the body[1]. The primary cause of obesity is a long-term energy imbalance between calories consumed and calories expended. Overweight is defined as a BMI of 25.0-29.9 kg/m² while obesity is classified as having a body mass index (BMI) of 30kg/m² or greater^[2]. In 2022, approximately 16% of adults aged 18 years and older worldwide were obese. The global prevalence of obesity more than doubled between 1990 and 2022[3]. Obesity is a multifactorial disease influenced by genetic, cultural, and societal factors. Its management involves addressing underlying secondary causes of obesity and focusing on controlling associated comorbid conditions[4]. Given the limited availability of specific pharmacological interventions, modification" remains the cornerstone of obesity management.



In Ayurveda, Sthoulya is listed as one of the Ashta Nindita Vikara and is categorized as a Santarpanajanya Vyadhi. Sthoulya is characterized by Ativriddhi of Medo and Mamsa Dhatu and presents symptoms such as Chalasphika, Chalaudara, and Chalastana, as well as Avatha *Upachaya Utsaha*^[5]. Additionally, Ashtadosha of Sthoulya are detailed in Ayurvedic texts. A 5% to 10% weight loss can significantly improve an individual's health, quality of life, and economic burden at both personal and societal levels. Considering the importance of managing weight and metabolic correction in Sthoulya, the current study was conducted to evaluate the efficacy of Udvartana and Virechana in its treatment.

Case Report

A 24-year-old male presents with a 5-year history of steady, progressive weight gain, totalling 35kg. He attributes this to irregular work hours, poor sleep, high-calorie dietary habits and reduced physical activity due to his profession as a priest. Despite the weight gain, he denies experiencing fatigue, excessive thirst, frequent urination, cold intolerance, or gastrointestinal issues. There are no signs of hypercortisolism, such as easy bruising or abdominal striae. He does report increased appetite and excessive

sweating, but has no history of chest pain, palpitations, dizziness, or psychological concerns. So he consulted our hospital for evaluation and management, particularly for the significant weight gain and its contributing lifestyle factors.

Past History

N/K/C/O DM, HTN or thyroid dysfunction.

Family History

Subject's mother is obese

Personal History

Table 1: Personal History

Ahara	Vegetarian diet
Rasa pradhana	Sarva rasa
Vihara	Diwaswapna, Eka desha stithi
Vyasana	None
Agni	Teekshnagni
Kostha	Madhyama
Nidra	Timing- Irregular
	Quality- Sound
	Quantity- Good
Emotional status	Normal

Rogi Pareeksha

General Examination

Table 2: General Examination

General appearance: Healthy	Pallor- Absent
Built: Obese	Icterus- Absent
Height: 5.7 feet	Cyanosis - Absent
Weight: 115kg	Clubbing - Absent
Pulse rate: 74bpm	Lymphedenopathy - Absent
Blood pressure: 120/80 mm of Hg	Edema - Absent
BMI- 38.4 kg/m ²	

Asta Sthana Pareeksha

Table 3: Asta Sthana Pareeksha

Nadi -74 Bpm	Shabda- Prakrita
Mutra - Prakrita	Sparsha- Prakrita
Mala- Prakrita	Drik- Prakrita
Jihwa – Lipta	Akriti-Sthoola

Dasha Vidha Pareeksha

Table 4: Dasha Vidha Pareeksha

Prakruti- Kapha pitta	Ahara shakti - Abhyavarana- Pravara Jarana- Pravara
Vikruti – Vata pradhana Tridosha	Vyayama shakti- Madhyama
Sara – Madhyama	Pramana-Sthoola
Samhanana – Madhyama	Vaya – Madhyama
Satva- Madhyama	
Satmya - Sarva Rasa Satmya	

Nidana Panchaka

Nidana: Beejadushti (genetic predisposition) - Utpadaka nidana, his Ahara and Vihara - Vyanjaka nidana

Poorvaroopa: Nothing specific

Roopa: Weight gain, Swedaabadha, Kshudatimatra.

Upadrava: Nothing specific *Upashaya-Anupashaya*: None

Samprapti Ghataka

Table 5: Samprapti Ghataka

Dosha: Tridosha	Sanchara sthana: Sarva shareera
Dushya: Rasa, Mamsa, meda.	Vyakta sthana: Sarva shareera
Agni: Jataragni and Dhatvagni	Roga marga: Abhyantara
Ama: Jataragni, Dhatvagni mandyajanya	Swabhava: Chirakari
Udbhava sthana: Ama-Pakwashaya	Sadhyasadhyata: Kricchrasadhya

Systemic Examination

Table 6: Systemic Examination

Height	5.7 feet	
Weight	115 Kg	
BMI	38.4 kg/m2	
Abdominal circumference	122 cm	
Chest circumference	107 cm	
	Right	Left
Mid thigh	75 cm	75 cm
Mid calf	47 cm	47 cm
Biceps	36 cm	36 cm
Mid forearm	28 cm	28cm

Treatment Protocol Adopted

Table 7: Treatment Protocol Adopted

1	Sarvanga udvartana with Kolakulatthadi choorna	7 days	18/7/24- 24/7/24
	Trikatu sadhita takrapana	7 days	18/7/24-24/7/24
2	Snehapana with Triphala taila, Virechana Samsarjana krama	13 days	25/7/24-6/7/24

Virechana

Poorvakarma

Snehapana with *Triphala taila* in *Arohana matra* for 4 days.

Table 9: Arohana Snehapana

	Dose	Time of intake	Kshut Pravritti
Day 1	30 ml	6.45 AM	2.30 PM
Day 2	50 ml	6.30 AM	3.00 PM
Day 3	90 ml	6.30 AM	3.00 PM
Day 4	120 ml	6.40 AM	4.00 PM

Sarvanga Abhyanga with Moorchita tila taila f/b Ushna jala snana for 3 days

Pradhana karma

Virechana with Vidangatanduladi choorna - 50gm

Table 10: Virechana Samyak Yoga

Vaigiki-	16 Vegas
Antiki	Kaphanta
Laingiki	Samyak Virechana lakshanas

Paschat karma

Peyadi Samsarjana krama for 5 days

Assessment

Table 13: Assessment Parameters

Parameters	arameters Before treatment After treatment	
Weight	115 kg	108 kg
BMI	38.4 kg/m ²	36.1 kg/m ²

Abdominal circumference	122 cm		117 cm	
Chest circumference	107 cm		105 cm	
	Rt	Lt	Rt	Lt
Mid thigh circumference	75cm	75cm	75cm	75cm
Mid calf circumference	47cm	47cm	47cm	47cm
Mid arm circumference	36cm	36cm	33cm	33cm
Mid forearm	28cm	28cm	28cm	28cm

OBSERVATION AND RESULTS

Table 15: Observation and Results

Days	Treatment	Observation
04/12/24- 10/12/24	Sarvanga udvartana and Trikatu sadhita takrapana	Patient experienced lightness of body. Weight reduced by 2kg Jihwa- alipta
11/12/24- 23/12/24	Snehapana	Patient observed <i>Adhastat Sneha darshana</i> on 4 th day of <i>Snehapana</i> Developed itching all over the body which was managed symptomatically.
24/12/24- 2/01/24	Virechana and Samsarjana krama	Weight reduced to 108kg Lightness of body and lively than before.

DISCUSSION

Sthoulya is a Kaphaja Nanatmaja Vikara and a Santarpanajanya Vikara. Since it is a Bahudosha Avastha, Shodhana is indicated, which includes Virechana. Lekhana Basti. Vamana. and *Raktamokshana*. It is challenging to treat as it involves Kapha, Vata, and Medas. This is because Brimhana increases Kapha and Medas, while Langhana cannot be employed due to the involvement of *Vata* [6]. Therefore, the management of Sthoulya includes Vatahara, Kapha, and Medohara Chikitsa, along with Rooksha-Teekshna Basti, Rooksha Udvartana^[7], and other appropriate treatments.

Udvartana: *Udvartana* is *Kaphahara* and *Vatahara* and aids in the liquefaction of *Medas*. It also helps provide *Sthirata* to the body^[8], addressing the flabbiness of the buttocks, abdomen, and chest, which are cardinal features of *Sthoulya*. In *Sthoulya*, *Rookshana Poorvaka Snehana* is indicated, and *Udvartana* is employed as part of the *Rookshana* therapy. *Kolakulatthadi Choorna* contains ingredients such as *Kola*, *Kulattha*, *Vacha*, *Rasna*, and others, which possess *Tikta* and *Katu Rasa*, *Ushna Veerya*, and *Katu Vipaka*. These properties help combat *Kapha* and *Medas*^[9]. *Udvartana* also promotes increased lymphatic drainage, aiding in fluid loss, weight loss, and the reduction of subcutaneous fat depots [10].

Takrapana: It is a form of *Abhyantara Rookshana*. *Takra* has *Madhura-Amla Rasa, Kashaya Anurasa, Laghu-Ruksha Guna, Ushna Veerya,* and *Katu Vipaka*. It is *Vata-Kaphahara* and can therefore be used in *Kapha-* predominant conditions like *Sthoulya* when mixed with *Trikatu*^[11].

Virechana: Virechana was planned for the patient as part of Shodhana therapy. Since Tailapana is recommended in Kapha-Medo predominance, Snehapana with Triphala Taila was administered. Triphala is known for its Kleda, Kapha, and Medohara properties [12]. As Sthoulya is considered Durvirechya due to the Medo abhivyapta shareera, Teekshna Virechana was planned using Vidanga Tanduladi Churna. This formulation contains ingredients like Vidanga Tandula, Triphala, Yavashuka, Pippali, and Trivrit, which possess Laghu and Ruksha Guna and are indicated for Kapha-Vataja disorders like Sthoulya [13].

CONCLUSION

Obesity has seen a significant rise in recent years due to modern lifestyle factors such as sedentary habits, irregular sleep patterns, and unhealthy dietary practices. This condition poses serious health risks, including diabetes, hypertension, and cardiovascular diseases, making weight management a critical priority. The case study highlights the effective use of Udvartana and Virechana therapies in managing Sthoulya. These interventions resulted in significant improvements in weight reduction, body circumference measurements, and overall physical well-being. This approach not only targets symptoms but also addresses root causes, offering a holistic

solution. The results demonstrate the potential of traditional therapies as sustainable treatments in modern healthcare.

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