A CASE STUDY OF MADHUTAILIKA BASTI AND UDVARTANA IN MEDOROGA WITH SPECIAL REFERENCE TO OBESITY

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ABSTRACT

The disease Sthauya has been mentioned by Acharya Charaka in Ashtaunindita purushadhyaya. symptoms like heaviness and bulkiness of the body due to extreme growth especially in Udaradi (Abdomen) region is termed as “Sthula” and the state (Bhava) of Sthula is called as “Sthaulya”. Charaka has mentioned the Beejadosha Swabhavata as one of the important etiological factors besides other for the disease. nowadays maximum percentages of carbohydrates & high-tech machineries which makes a person less active & prone to Sthaulya. organs, Kshudra shwasa, Anga gauravata and other various signs and symptoms. In modern medical science Sthaulya is compared with Obesity and it is defined as excess of body fat that poses a health risk. It is caused by excess calorie intake, but endocrine disorders like hypothalamic disorders, Hypothyroidism, Cushing’s syndrome etc. can also be the cause of Obesity. Here in the case study a female patient of age 44 years presenting with clinical features of Sthaulya and was treated with madhutailik basti and Udvartana got relief within 15 days.

Keywords: Sthaulya, Madhutailik Basti, Udvartana, Obesity

1. INTRODUCTION

Sthauya is described by Acharya Charaka in Ashtaunindita Purusha Mayashankar (1981) and also listed in Shleshma Nanatmaj. Santarpan Nimmittaja, Atinindita, Ati Brimhana Nimmittaja and Bahu Dosh Janita Vikara. Acharya Charak listed eight defects underlying Sthauya Purusha, Ayurhasa, Javoparodha, Alpa-Vyavayitva, Daurbalya, Daurgandhya, Swedbadha, Ati-Trisha, Ait-Kshudha Mayashankar (1981). Moreover, Acharya Sushruta has emphasized on metabolic disturbances (Dhatwagnimandya) in the etiopathogenesis of Sthauya. In modern medical science Sthauya is compared with Obesity.
Obesity is a state of excess adipose tissue mass. Obesity should not be defined by body weight alone, as muscular individuals may be overweight by arbitrary standards status and risk of disease is the body mass index (BMI), which is equal to weight/height² in kg/m². Book-Dennis et al. (2021) A person with a BMI of 30 or more is generally considered obese Joshi and Seth (2021). Obesity in India has reached epidemic proportions in the 21st century, with morbid obesity affecting 5% of the country’s population Obesity (2021). According to ICMR-INDIAB study 2015, prevalence rate of obesity and central obesity are varying from 11.8% to 31.3% and 16.9%-36.3% respectively. Ahirwar and Mondal (2019) Guru & Aptarpana Chikitsa & Shodhana is mentioned as line of treatment for Sthoulya in Ayurveda alongside varied formulations like Udwartana, Basti Murth (2001) A present article about a case study of a female patient of sthaulya was treated with madhutailik basti and Udvartana got relief within 15 days.

2. CASE REPORT

History of personal illness

The present case study is successful Ayurvedic management of a case of Sthauyla (Obesity). A 44-year-old female patient came to us with chief compliant of

<table>
<thead>
<tr>
<th>SR.NO</th>
<th>CHIEF COMPLAINTS</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kshudrashwas (difficulty in respiration)</td>
<td>30 days</td>
</tr>
<tr>
<td>2</td>
<td>bharvrudhadi (increase in weight)</td>
<td>2 months</td>
</tr>
<tr>
<td>3</td>
<td>Trushna (thrust)</td>
<td>2 months</td>
</tr>
<tr>
<td>4</td>
<td>Daurbalya (general weakness)</td>
<td>2 months</td>
</tr>
<tr>
<td>5</td>
<td>Kshudha</td>
<td>2 months</td>
</tr>
</tbody>
</table>

History of past illness

patient was not a known case of hypertension, diabetes mellitus, hypothyroidism, PCOS. no any history of drug allergy hysterectomy done before 6 months

History of personal illness

The patient was normal 2 month back. Increasing in weight, dourabalyanubuti (general weakness) in primary stage after that patient have symptoms like Kshudrashwas (difficulty in respiration). To overcome this, she came to our hospital for the treatment.

3. ASTAVIDHA PARIKSHA

Nadi (pulse) = 74/min.  
Mutra (urine) = 3-4 times in a day  
Shabda (speech) = prakrut  
druk = prakrut  
Mala (stool) = Asamyak pravruti  
Jeevha (lounge) = Eshat saam.  
sparsh =Amusima shit  
Akruti = sthula.
Genral examination
pulse- 74/min
Blood Pressure = 120/70 mm/Hg.
hight- 165 cm
Temp – 99 F
Respiration rate- 20
weight – 77kg

Dashavidha pariksha

1. Prakruti – Vatkaphj
2. Vikruti –medodhatu drushti
3. Sara –Madhya
4. Samhanana – Pravara
5. Pramana – Adhik
6. Satmya – Madhyama
7. Satva – Madhyama
8. Aharashakti– Madhyama
9. Vyayamashaki – Madhyama
10. Vaya- Madhyama

Srotas parikshan

1) Pranavaha: - Nasa /Hridaya/Phuphusa/Mahasrotas - prakrut
2) Annavaha: - Jiwha Danta DantamoolVamparshwa Aamashaya- prakrut
3) Udakvaha: - TaluKloma- prakrut
4) Rasavaha: - HridayaNadiDashdhamanya- prakrut
5) Raktavaha: - Yakrit PleehaRaktavahi dhamanya- prakrut
6) Mansavaha: - SnayuTwak- prakrut
7) Medovaha: - Vrukka - prakrut
            Vapavahan – vrudhi
            Sphika – vrudhi
8) Asthivaha: - Medodhatu – vrudhi
            Jaghana - vrudhi
            Danta - prakrut
9) Majjavaha: - AsthiSandhi- prakrut
10) 10)Shukravaha: - Medhra/Vrishan
            Stana-stana lambanam
11) Artava & Rajovaha: - Tryavarta Yoni-prakrut
12) 12)Mutravaha: - VrukkaBastiGavinee- prakrut
13) Purushavaha: - Pakwashya Guha- prakrut
14) Swedavaha: - Meda Lomakupa-Aati-sweda
15) Manovaha: - Nidra Smriti - prakrut

Hetu Sevana

1. Aharatmak– Atibhojana (Overeating), Guru Aharasevana (excessive consumption of heavy food) like non-veg eating Motton, chicken, Madhura Aharasevana (Sweet food), Sheeta Aharasevana (Excessive consumption of cold diet) like ice-cream, Snigdha Aharasevana
(Excessive oily food), Gramya Rasa sevana (Usage of domestic animal’s meat & soups), Sarpi, Ikshu, dadhi seven etc

2. **Viharatmak**– Avyayama (no exercise), Avyavaya, Divasvapa, Sukha Shaiya, Snana Sevana, Gandhamalyanu Sevana, Svpna Prasangat

3. **Mansik**– Harshanityavat, Achintan, Mansonivrti, Priyadarshana, Saukhyena

**Samprapti:** Mayashankar (1981)

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**4. SAMPRAPTI GHATAKA**

The following factors play a major role in Samprapti of Sthalya.

**Dosha:** - Kapha – Kledaka  
Vata – Samana, Vyana  
Pitta – Pachaka  

**Dushya:** - Meda, Rasa Dhatu  

**Shrotas:** Medovaha Shrotas, Rasavaha Shrotas  

**Shrotodusti:** Margavarodha  

**Agni:** Jatharagni, Rasa and Meda Dhatvagni, Parthiva, Apya Bhutagni  

**Udbhavasthana:** Amapshaya  

**Roga Marga:** Babha  

**Prasara:** Rasayani  

Ama Dhatvagni Mandyajantit Ama, Jatharagni Mandyajanit Ama  

**Adhishthana:** Whole Body (Particularly Vapavahana and Medodhara Kala)

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**5. MATERIALS AND METHODS**

**5.1. METHODS**

Centre of study: I.P. D of panchkarma dept. Of Ayurvedic hospital.  
Method of sampling& study design: Simple Clinical Single case study.
5.2. MATERIALS
basti and udavartana treatment given to the patient

Table 2

<table>
<thead>
<tr>
<th>sr/no</th>
<th>Dravya</th>
<th>Matra</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Madhu</td>
<td>2-Prasruta, 1-karsha</td>
</tr>
<tr>
<td>2</td>
<td>Saindhava</td>
<td>1-Karsha</td>
</tr>
<tr>
<td>3</td>
<td>Taila</td>
<td>2-Prasruta, 1-karsha</td>
</tr>
<tr>
<td>4</td>
<td>Shatapushpa choorna</td>
<td>1/2-Pala</td>
</tr>
<tr>
<td>5</td>
<td>Erandamoola kwatha</td>
<td>4-Prsruta, 2-karsha</td>
</tr>
</tbody>
</table>

Methods

Basti chart –

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Date</th>
<th>Basti Dana kala</th>
<th>matra</th>
<th>Pratyagama</th>
<th>Lakshanas</th>
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<tr>
<td>1</td>
<td>18/09/2018</td>
<td>11AM</td>
<td>60ML</td>
<td>after 1hr</td>
<td>Savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>2</td>
<td>19/09/2018</td>
<td>9.30 AM</td>
<td>320ML</td>
<td>after 5min</td>
<td>Savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>3</td>
<td>20/09/2018</td>
<td>9.30 AM</td>
<td>60ML</td>
<td>after 3 hrs</td>
<td>Savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>4</td>
<td>21/09/2018</td>
<td>10:00 AM</td>
<td>320ML</td>
<td>after 15min</td>
<td>Savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>5</td>
<td>22/09/2018</td>
<td>10.30 AM</td>
<td>60ML</td>
<td>after 3hrs</td>
<td>Savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>6</td>
<td>23/09/2018</td>
<td>9.30 AM</td>
<td>320ML</td>
<td>after 5min</td>
<td>Savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>7</td>
<td>24/09/2018</td>
<td>10.30 AM</td>
<td>60ML</td>
<td>after 6hrs</td>
<td>Savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>8</td>
<td>25/09/2018</td>
<td>11:00 AM</td>
<td>320ML</td>
<td>after 15min</td>
<td>Savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>9</td>
<td>26/09/2018</td>
<td>10:30 AM</td>
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<tr>
<td>10</td>
<td>27/09/2018</td>
<td>10:00 AM</td>
<td>320ML</td>
<td>after 5hrs</td>
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<td>after 3hrs</td>
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</tr>
<tr>
<td>14</td>
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<td>60ML</td>
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</tr>
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<td>15</td>
<td>3/10/2018</td>
<td>9.30 AM</td>
<td>60ML</td>
<td>after 5hrs</td>
<td>Savat sasneha purish nirgamana</td>
</tr>
</tbody>
</table>

6. OBSERVATION AND RESULTS
After the treatment of 15 days, there was significant decrease in sign and symptoms of sthaulya Clinical examination of the patient's revealed regression of

- No Kshudrashwas
- bharvruddhi less
- No Trushna
- No Daurbalya
- Kshudha less

Criteria for assessment:

Subjective criteria

<table>
<thead>
<tr>
<th>Lakshanas</th>
<th>0 day</th>
<th>7th day</th>
<th>15th day</th>
<th>30th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Kshudrashwas</td>
<td>++</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>2) bharvruddhi</td>
<td>++</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>
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Objective Criteria: -

<table>
<thead>
<tr>
<th>Parameters</th>
<th>0 day</th>
<th>7th day</th>
<th>15th day</th>
<th>30th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Body Weight</td>
<td>77 kg</td>
<td>75 kg</td>
<td>74.5 kg</td>
<td>74 kg</td>
</tr>
<tr>
<td>2) Body Mass Index</td>
<td>28.5</td>
<td>27.7</td>
<td>27.5</td>
<td>27.4</td>
</tr>
<tr>
<td>3) Waist to Hip ratio</td>
<td>108/114</td>
<td>107.5/113</td>
<td>107/112</td>
<td>106/111</td>
</tr>
<tr>
<td>4) Skin fold Thickness</td>
<td>4 cm</td>
<td>4 cm</td>
<td>3.5 cm</td>
<td>3.5 cm</td>
</tr>
<tr>
<td>5) Mid Arm circumference</td>
<td>38 cm</td>
<td>37 cm</td>
<td>37 cm</td>
<td>36.5 cm</td>
</tr>
<tr>
<td>6) Chest circumference</td>
<td>99 cm</td>
<td>98 cm</td>
<td>98 cm</td>
<td>97.5 cm</td>
</tr>
<tr>
<td>7) Abdominal Girth</td>
<td>105cm</td>
<td>104cm</td>
<td>104cm</td>
<td>103.5cm</td>
</tr>
<tr>
<td>8) Thigh circumference</td>
<td>63cm</td>
<td>62cm</td>
<td>62cm</td>
<td>61.5cm</td>
</tr>
</tbody>
</table>

7. DISCUSSION

Acharya Sharangadhra has mentioned madhutailik basti as dipana, bruhana, vrushaya, balavanakara, it is mentioned that madhutailik basti can be given in disease like gulma, medovrudhhi, krumi, pliha and udavarta. Basti is not only best for Vata disorders it also equally effective in correcting the morbid Pitta, Kapha and Rakta. Murthy (2001) Charaka has considered, Basti therapy as half of the treatment of all the diseases, while some authors consider it as the complete remedy for all the ailments. Mayashankar (1981) Sushruta describes that Udvartana helps to restore the deranged Vayu of the body to its normal condition. It liquefies Kapha and Meda, Shashtri (2009) gives smoothness and cleanness to the skin and imparts firmness to the limb. Triphala also having Medakaphahar properties along with it enhances agni and ultimately it helps in increasing lekhan and dhatwagni so the samprapti is broken for further meda preparation.

8. CONCLUSION

Panchakarma eliminates vitiated Doshas, improves power of digestion and enhance metabolism. Panchakarma treatment like Udwartana, along with Basti best way to manage such condition. In above case this therapy resulted in the marked relief in all the criteria’s of Sthoulya. So, we can say that Panchakarma treatment diet control and regular exercise can give best results in obesity (Sthoulya).

REFERENCES


World Health Organization (n.d.).