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

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ABSTRACT

The disease Sthaulya has been mentioned by Acharya Charaka in Ashtauhindita 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 calorieintake, 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 Udvardana got relief within 15 days.

Keywords: Sthaulya, Madhutailik Basti, Udvardana, Obesity

1. INTRODUCTION

Sthaulya is described by Acharya Charaka in Ashtauhindita Purusha Mayashankar (1981b) and also listed in Shleshma Nanatmaj. Santarpan Nimmittaja, Atinindita, Ati Brimhana Nimmittaja and Bahu Dosha Janita Vikara. Acharya Charak listed eight defects underlying Sthaulya Purusha, Ayurhasa, Javoparodha, Alpa-Vyavayitva, Daurbalya, Daurgandhya, Swedbadha, Ati-Trisha, Ait-Kshudha Mayashankar (1981c). Moreover Acharya Sushruta has emphasized on metabolic disturbances (Dhatwag-nimandya) in the etiopathogenesis of Sthaulya. In modern medical science Sthaulya 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 stan-
A case study of madhutailika basti and udvartana in medoroga with special reference to obesity


2. CASE REPORT

History of personal illness
The present case study is successful Ayurvedic management of a case of Sthaulya (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>bharvrudhdi (increase in weight)</td>
<td>2 month</td>
</tr>
<tr>
<td>3</td>
<td>Trushna (thrust)</td>
<td>2 month</td>
</tr>
<tr>
<td>4</td>
<td>Daurbalya (genral weakness)</td>
<td>2 month</td>
</tr>
<tr>
<td>5</td>
<td>Kshudha</td>
<td>2 month</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 month

History of personal illness
The patient was normal 2 month back. Increasing in weight, dourabalyanubuti (genral 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

\[ \text{Nadi (pulse)} = 74/\text{min.} \quad \text{Maal (stool)} = \text{Asamyak pravrutti} \]
\[ \text{Mutra (urine) = 3-4 times in a day} \quad \text{Jeevha (tongue)} = \text{Eshat saam.} \]
\[ \text{Shabda (speech) = prakrut} \quad \text{Sparsh} = \text{Anushna shit} \]
\[ \text{Druk} = \text{prakrut} \quad \text{Akruti = sthila.} \]

General examination

- Pulse: 74/min
- Blood Pressure: 120/70 mm/Hg
- Height: 165 cm
- Temperature: 99°F
- Respiration Rate: 20
- Weight: 77kg

Dashavidha pariksha

1. Prakrut - Vatakaphi
2. Vikrut - 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/Phupphusa/Mahasrotas - prakrut
2. Annavaha: Jiwa Danta DantamoolVamarpshwa Aamashaya - prakrut
3. Udakvaha: TaluKloma - prakrut
4. Rasavaha: Hridaya Nadi Dashdhamanyaa - prakrut
5. Raktavaha: Yakrit Pleeha Raiktavahi dhamanya - prakrut
6. Mansavaha: SnayuTvak - prakrut
7. Medovaha: Vrukkha - prakrut
   Vapavahan - vrudhhi
   Sphika - vrudhhi
8. Asthvaha: Medodhatu - vrudhhi
   Jaghana - vrudhhi
   Danta - prakrut
9. Majjavaha: AsthiSandhi - prakrut
10. Shukravaha: Medha/Vrishan
    Stan-stana lambanam
11. Artava & Rajovaha: Tryavarta Yoni-prakrut
12. Mutravaha: VrukaBastiGavinee - prakrut
13. Purishavaha: Pakwashya Guda - 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 mutton, 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, Svapna Prasangat

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

Samprapti: Mayashankar (1981d)

4. SAMPRAPTI GHATAKA

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

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

Dushya: - Meda, Rasa Dhatu

Strotas: - Medovaha Strotas, Rasavaha Strotas

Strotodusti: - Margavarodha • Sanga • Amatah

Agni - Jatharagni, Rasa and Meda Dhatvagni, Parthiva, Apya Bhutagni

Udbhavasthana: - Amashaya

Roga Marga: - Bahya

Prasara: - Rasayani

Ama Dhatvagni Mandyajanit Ama, Jatharagni Mandyajanit Ama

Adhishthana: Whole Body (Particularly Vapavahana and Medodhara Kala)
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>
<thead>
<tr>
<th>sr/no</th>
<th>Dravya</th>
<th>Matra</th>
</tr>
</thead>
<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>Shatapushpachoodana</td>
<td>1/2-Pala</td>
</tr>
<tr>
<td>6</td>
<td>Erandamoolakwatha</td>
<td>4Prsruta, 2-karsha</td>
</tr>
</tbody>
</table>

Methods

<table>
<thead>
<tr>
<th>SrNo</th>
<th>Date</th>
<th>BastiDana kala</th>
<th>Praty agama</th>
<th>Lakshanas</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>18/09/2018</td>
<td>11 AM</td>
<td>60 MI</td>
<td>after 1 hr savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>2</td>
<td>19/09/2018</td>
<td>9.30 AM</td>
<td>320 MI</td>
<td>after 5 min savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>3</td>
<td>20/09/2018</td>
<td>9.30 AM</td>
<td>60 MI</td>
<td>after 3 hrs savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>4</td>
<td>21/09/2018</td>
<td>10 AM</td>
<td>320 MI</td>
<td>after 15 min savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>5</td>
<td>22/09/2018</td>
<td>10.30 AM</td>
<td>60 MI</td>
<td>after 3 hrs savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>6</td>
<td>23/09/2018</td>
<td>9.30 AM</td>
<td>320 MI</td>
<td>after 5 mins savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>7</td>
<td>24/09/2018</td>
<td>10.30 AM</td>
<td>60 MI</td>
<td>after 6 hrs savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>8</td>
<td>25/09/2018</td>
<td>11 AM</td>
<td>320 MI</td>
<td>after 15 mins savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>9</td>
<td>26/09/2018</td>
<td>10.30 AM</td>
<td>60 MI</td>
<td>after 5 hrs savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>10</td>
<td>27/09/2018</td>
<td>10 AM</td>
<td>320 MI</td>
<td>after 5 mins savat sakwatha purish nirgamana</td>
</tr>
<tr>
<td>11</td>
<td>28/09/2018</td>
<td>9.30 AM</td>
<td>60 MI</td>
<td>after 2 hrs savat sasneha purish nirgamana</td>
</tr>
<tr>
<td>12</td>
<td>29/09/2018</td>
<td>10 AM</td>
<td>320 MI</td>
<td>after 14 mins savat sakwatha purish nirgamana</td>
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<tr>
<td>13</td>
<td>01/10/2018</td>
<td>9.30 AM</td>
<td>60 MI</td>
<td>after 3 hrs savat sasneha purish nirgamana</td>
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<tr>
<td>14</td>
<td>02/10/2018</td>
<td>11 AM</td>
<td>60 MI</td>
<td>after 4 hrs savat sasneha purish nirgamana</td>
</tr>
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<td>15</td>
<td>03/10/2018</td>
<td>9.30 AM</td>
<td>60 MI</td>
<td>after 5 hrs 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 patients revealed regression of

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

Criteria for assessment

<table>
<thead>
<tr>
<th></th>
<th>0 day</th>
<th>7th day</th>
<th>15th day</th>
<th>30th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Kshudrashwas</td>
<td>++</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>2)</td>
<td>Bharvruddhi</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>3)</td>
<td>Trushna</td>
<td>++</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>4)</td>
<td>Daurbalya</td>
<td>+++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>5)</td>
<td>Kshudha</td>
<td>++</td>
<td>++</td>
<td>+</td>
</tr>
</tbody>
</table>

Table 4: Subjective 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>

Table 5: Objective Criteria

7. DISCUSSION

Acharya Sharangadhras has mentioned madhutailik basti as dipana, bruhana, vrushaya, balavanakara, it is mentioned that madhutailik basti can be given in disease like gulma, medovrudhi, krumi, plipha and udavarta. Basti is not only best for Vata disorders it also equally effective in correcting the morbid Pitta, Kapha and Rakta. P. K. R. S. 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 (1981a) Sushruta describes that Udvartana helps to restore the deranged Vayu of the body to its normal condition. It liquefies Kapha and Meda, AD (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