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Case Study

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EFFECT OF VIRECHANA ON STHOULYA - A CASE STUDY

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ABSTRACT

Nowadays, lifestyle disorders are on the rise due to a sedentary lifestyle. Exposing oneself to modernization, science, and technology development unknowingly invited a number of diseases, out of which Sthoulya is one. Obesity leads to negative effects on health; it reduces life expectancy and also increases health problems. Obesity is seen in people of all age groups. Mostly, obesity is more prevalent in people with high socioeconomic status, specifically in urban communities. Obesity is a high-risk factor for complications like hypertension, osteoarthritis, cardiovascular diseases, diabetes mellitus, infertility, a certain type of cancer, and immunological disorders. In Ayurveda, obesity can be compared with *Sthoulya*. Pathological

disturbance in Kapha and Pitta dosha is a major factor in Sthoulya. Ayurveda manages these disorders (Sthoulya) holistic with in approach diet. lifestyle, medication. and Shodhankarma. So, Ayurvedic internal medicine, along with the Shodhan procedure, were selected for the case study, which achieved the best results. Virechana is the best Shodhan Karma in the Vatta and Pitta Vyadhi. The line of treatment planned was Deepana, Pachana, and Snehpana, followed by Virechana.

KEYWORDS: Obesity, Sthoulya, Shaman & Virechana Chikitsa.

INTRODUCTION

WHO declared obesity as a global epidemic giving rise to the new term Globesity. WHO predicted that 13% of the world's adult population was obese in 2016. It is one of the most serious public health problems of the 21st century.^[1]

Obesity has come to be an epidemic in modern times, and it is fundamental to understand the consequences of obesity. The prevalence of weight troubles is large in city areas than in the rular population of India.^[2]

In Ayurveda, Sthoulya (obesity) is stated in Medoroga, and it is due to dysfunction of Meda dhatvagni is considered a metabolic disorder. Further, Sthoulya (obesity) is described in the twelfth chapter of the Charak Samhita, which is the Ashtaunindita Purusha adhyaya.

In Ashtaunindita Purusha adhyaya of Charak Samhita, it is said that life is ruined in an obese person, and also enthusiasm decreases in an obese person.^[3]

Sthoulya is often one of the santarpanothha vyadhi ones among the asthaninditapurusha and additionally kaphaj nanatmaj vyadhi treatment for it is apatarpan and langhan which can be done by shaman and shodhana karma. The treatment of Sthoulya in Ayurveda is as follows i.e., Nidanasya pariyarjan, Gurucha apatarpan chikitsa, Satata karshan, Santarpanothhaa vikar chikitsa, langhana chikitsa, and Pathyapathya. [4]

AIMS AND OBJECTIVES

- 1. To develop the concept of obesity.
- 2. To treat the obesity with the help of ayurvedic management.

MATERIALS AND METHODS

The study based on the literature review of relevant Ayurvedic original text with commentaries necessary and valid interpretation.

The description of Sthoulya is obtained by searching various medical research database like Pubmed, Google scholar and other natural research database.

Case presentation

A 35 year/male old patient, Hindu by religion, occupatio-employe, reported to Panchkarma OPD, GAC OSMANABAD on 21 November 2021 with complaint of increase weight. On history his general health was good. Both physical and laboratory investigation like blood test were within normal range only there was marked raised in lipid profile. Considering the history and examination patient was planned to post for snehapan followed by virechana karma.

Past histoy- No h/o HTN, DM

Family history- No h/o similar problem

Personal history

Diet- Non vegetarian

Appetite- good

Bowel – constipation

Micturation- 4/5 times/ day

Sleep- sound sleep

General examination

Built – moderate

Temperature- 98.F

Respiratory rate- 22/min

Pulse rate- 78 /min

B.P- 160/100

Weight- 160kg

Tongue - coated

Systemic examination

CVS-S1 S2 Normal

CNS- well oriented, conscious

RS- normal

P/A-tender

Treatment

After proper deepana, pachana followed by snehapana patient was administered virechana.

Method of Virechana Procedure

There are three stages-

- 1. Purva Karma
- 2. Pradhan karma
- 3. Paschat karma

1. Purva karma

Patient was administered with musta churna^[5] + trikatu churna^[6] 2.5 gm twice a day and triphala churna^[7] 3gm HS for 7 days for Deepan Pachana. Same time was administered with Sarwang Udwartan with Triphaladi churna for seven days. Three days later, samyak rukshan lakshanas appeared in the patient. [8] After that patient was posted for Shodhan Purva Snehapan with Triphala ghrut for 4 consecutive days with initial dose of 30ml then raised to 50ml on second, third and fourth day. After the appearance of Samyak Snigdha Lakshanas^[9] after fourth day on Snehapana patient advised Sarawang Snehana and Swedana by bashpa sweda for next 2 days. Two days Vishram kala was given. Thereafter on third day in morning time at 8.00am Virechana was performed.

2. Pradhan karm

On the day of *Virechana*, before administration of *Virechana Yoga*, *Snehana* and *Swedan* has been given at morning. Pulse, B.P, and temperature were recorded. The appropriate time for administration of *Virechana dravya* was 8.00am on empty stomach. *Virechana Yoga* was *Abhayadi Modak*^[10] 3 *vati* with *Triphala Kwathaa+Aragwadh kwatha* 150ml. patient was given *Manuka phant* repeatedly in little quantities. Number of *vegas* were counted after administration of *virechana dravya*. Patient had 21 *Vegas*. After 21 *vegas*, *samyak virechana lakshanas* were seen.

3. Pashchat karma

Patient had 21Vega with Kaphant and attained Pravara vegiki Shuddhi patient was observed for complication whole day. No complications were observed. Later person was advised to follow Samsarjan karma. i.e peyadi samsarjan karma^[11] for 7 days.

Investigations

Investigatios	11/01/2021	30/03/2021	18/08/2021	24/1/2021
Sr.cholestrol	159	178	187	122
Sr. triglycerides	205	159	168	144
HDL	42	49	75	42
LDL	76	79	33.6	51
VLDL	41	41	38.4	28.80

Observations

	Before	After	After	After Samsarjan
	trearment	Snehapana	Virechana	krama
Height	160CM	160CM	160CM	160CM
Weight	108 KG	104.300KG	101KG	99KG
BMI	42.18	40.74	39.45	38.67

RESULTS

After *deepan pachan* it was found that patient feeling light and his enthausiam had increase. The patient lost his weight and BMI decreased after *virechana*.

DISCUSSION

Before the administration of *Snehapana*, the normal status of *agni* is essential. *Deepan* and *Pachana* increases the metabolism and digestion of *Aama*, respectively. *Sneha* will not undergo digestion properly if *agni* is not in normal condition, leading to complications.^[12]

Musta is katu rasatmak and has deepan pachana properties, and trikatu also has deepan pachana properties. [13]

For *Vamana* and *Virechana*, *snehpana* is the most important *Purvakarma*. *Sukshama*, *Sara*, *Snigdha*, *Drava*, *Picchila*, *Guru*, *Shita*, *Manda*, and *Mrudu*^[14] are *Sneha Dravyas*, which have opposite properties to *Rukshana Dravyas*. According to *Charaka*, *Snehapana* helps bring the *Doshas* from *Shakha* to *koshta*.

Abhyanga and Svedana perform after 5th day of Snehapana. Abhyanga softens morbid humors & localizes them. To liquefy the vitiated Vata Doshas, which are spread throughout the body, Svedana is the best karma. Because of svedana, vitiated Doshas are made quickly expelled out with the help of Pradhan karma, i.e., Virechana.

Doshas are expelled out easily without any obstacles and easily come to the *amashaya* where the *virechana* evacuates them.

After performing *shodhana*, *samsarjna krama* is carried out, which are sets of rules and regulations due to elimination of *doshas samsarjan* from the body after *samshodhan krama agni* become weak, *samsarjan krama* increases *agni* gradually that's why we do *samsarjan karma*.

CONCLUSION

Sthoulya is a santarpanothhaa vyadhi which can be easily cured with panchakarma treatment plan along with shamana aushadhi. Virechana is the best way to manage such conditions along with nidan parivarjana. In above case this therapy resulted in marked relief sthoulya and showed remarkable changes in reducing the weight of patient.

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