

## THE ROLE OF *MANSAMEDOPACHAK KADHA* AND *PATYA-APATYA* IN MANAGEMENT OF *STHAULYA* – A SINGLE CASE STUDY

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### ABSTRACT

*Ayurveda* has always emphasized maintaining the health and prevention of diseases by following a proper diet and lifestyle regimen rather than treatment and cure of the diseases. *Ayurveda* describes *Traya upastambhah*, three pillars for a healthy life are *Aahar* (proper diet), *Nidra* (proper sleep), and *Brahmacharya* (celibacy). According to National Family Health Survey, 13 percent of women and 9 percent of men in India are overweight or obese. In *ayurveda*, obesity or overweight has been described as *Sthaulya* or *Medoroga* in *Santarpanotha Vikara*. i.e the disease caused by over-nourishment.

**Hypothesis:** Is *mansamedopachak kadha* effective in management of *sthaulya* w.s.r. to overweight? **Objective:** 1. To elaborate the concept

*sthaulya* according to *Ayurveda*. 2. To evaluate the effect of *mansamedopachak kadha*.

**Method:** A single case study of 48 year female patients diagnosed with *sthaulya*, she treated with *mansamedapachak kadha* as *shamana chikitsa* and *pathya-apathya*. **Result:** Significant relief in sign and symptoms of *sthaulya* and reduction in body weight upto 3 kg in one month duration. **Conclusion:** For every disease in *ayurveda* is *nidan parivarjan* and role of *pathya* and *apthya* is first line of treatment and *mansamedopachak kadha* has *kaphaghna*, *medoghna* properties. So we can conclude this study will be taken for large number of patients and result can be drawn from observations.

## INTRODUCTION

The global problem, obesity in Ayurveda has been described as *Sthaulya* or *Medhoroga* in classical texts by most of *Acharyas* under the caption of *Santarpanotha Vikara*, which are due to excess intake of *Guru*, *Madhuraadi Ahara* and lack of exercise etc. giving rise to *Medo Vruddhi* obstructing *Vata* in *Koshta* causing *Pitta (Agni) Vruddhi*, since all *Tridosha* will be hampered this condition burn the patient like forest fire burn the forest.

In Ayurveda, obesity has been described as *Sthaulya* or *Medoroga* in *Santarpanotha Vikara* i.e., the disease caused by over nourishment. *Acharya Charaka* has dealt in detail about the *Sthaulya* under the context of *Ashtauninditeeya Adhyaya*.<sup>[1]</sup> Person having heaviness and bulkiness of the body due to excessive collection of fat is called *Sthula* and the condition is called *Sthaulya*. *Acharya Charaka* mentioned that a person in whom excessive and abnormal increase of fat tissue (*Medodhatu*) along with *Mamsadhatu* is found which results in pendulous appearance of buttocks, belly and breasts and whose increase bulk is not matched by a corresponding increase in energy is called *Sthula Purusha*.

### *Ashta Mahadosha*

1. *Ayushohrasa* (Diminution of lifespan)
2. *Javoparodha* (Lack of interest in Physical activity)
3. *Kricchra Vyavaya* (Difficulty in having coitus)
4. *Dourbalya* (Debility)
5. *Dourgandhya* (Unpleasant smell from the body)
6. *Swedaabadha* (Excessive sweating)
7. *Kshudhatimatra* (Excessive hunger)
8. *Pipasatiyoga* (Excessive thirst)

**Bheda:** *Vagbhata* has explained three types of *Sthaulya* for better management

1. *Hina Sthaulya*
2. *Madyama Sthaulya*
3. *Adhika Sthaulya*,<sup>[4]</sup>

Obesity is an increase in body weight beyond the limitations of skeletal and physical requirements as a result of excessive deposition of adipose tissue.<sup>[8]</sup> It is not just a cosmetic concern, it's a medical problem that increases the risk of other diseases and health problems such as heart disease, diabetes, high blood pressure and certain cancers.

Overweight and obesity are defined as abnormal or excessive fat accumulation that persons a risk to health. Obesity is often expressed in terms of body mass index (BMI). Body mass index (BMI) is a simple index of weight for height that is commonly used to classify overweight and obesity in adults. BMI is calculated by measuring an individual's weight in kg and dividing his/her weight in meters square ( $\text{kg/m}^2$ ). According to WHO classification of overweight BMI more than or equal to 25 considered as Overweight and 30 is considered as Obese.<sup>[2]</sup>

In Ayurveda management of diseases is divided into three parts i.e., *Nidanaparivarjana*, *Shodhana* and *Shamana*. Here in presenting single case study managing overweight or obese through *Shamana* therapy.

### Case presentation

#### Case Report Chief Complaints

The present case study is on management of *Sthaulya* (overweight or pre obese) through *Shamana chikitsa*. A 48 year old female having overweight reported to *kayachikitsa* outpatient department (OPD) Arogyashala Rugnalaya Panchvati, Nashik on 08/09/2022 with chief complaints of

- Excessive weight gain in the last 2 years
- Increased perspiration with foul smelling in the body in the past 2 years
- Excessive hunger in the last 1 year
- Excessive thirst in the last 1 year
- Feeling of laziness from 1 year
- Inability to do day to day activities since last 5 months.

#### Associated Complaints

Mild pain in bilateral knee joint and low back region.

#### History of Present Illness

A female patient aged about 48 years had weight of 60 kg before 2 years. During pregnancy she was about 65kg, after delivery she had normal weight, for about 2 months. Then gradually increase in weight along with increased perspiration with foul smelling in the body. As the day progress she developed excessive hunger and lack of interest to do work was feeling drowsy throughout the day. For this she undergone thyroid profile investigation found normal value. Last 5 months she is complaining of inability to do day

to day activities and mild pain in bilateral knee joint and low back region for this she consulted nearby physician took medication, did not get satisfactory relief. For better management she approached Ayurvedic treatment and admitted in Arogyashala Rugnalaya Panchvati, Nashik on 08/09/2022.

**Name-** XYZ

**Bowel habit** – Regular

**Age** – 48 years

**Appetite-** Increased

**Marital status** – Married

**Menstrual history** – Regular

**Occupation** – Pharmacist

**Weight** -70 kg

**Bala** – *Madhyam*

**Height** – 158 cm

**Sleep** – Sound

**Addiction-** none

#### **On Examinaton**

**SpO<sub>2</sub>** – 98% on Room air

**BP** – 130/80 mmHg

**PR** – 90/min

**RR** – 19/min

#### **Systemic Examination**

**CNS** – conscious and oriented to time, place, person

**CVS-** S1 and S2 heard, no added sounds

**RS** – air entry bilaterally equally heard

**P/A** – soft, non-tender

**Table 1: Showing the Ashtavidha Pareeksha.**

<b>Nadi</b>	<i>Kapha vata</i>
<b>Mala</b>	Incomplete evacuation
<b>Mutra</b>	Normal, 3-4 times per day 1-2 times per night
<b>Jihwa</b>	<i>Sama</i>
<b>Sabda</b>	<i>Prakrutha</i>
<b>Sparsha</b>	<i>Prakrutha</i>

<b>Drik</b>	<i>Prakrutha</i>
<b>Aakriti</b>	<i>Sthula</i>

Table 2: Showing the Nidana.

<b>Hetu</b>	<i>Guru, Madhura, Sheeta, Snigdha, Navanna, Dadhi, Ikshu Guda Vikara Sevana, Mamsa, Diwaswapna, Harshanitya, Achinta..</i>
<b>Poorva roopa</b>	Nothing significant
<b>Roopa</b>	<i>Udara Lambana, Alasya, Swedadikya, Atitrishna, Nidradikya</i>
<b>Upashaya</b>	Nothing significant
<b>Anupashaya</b>	Nothing significant

Table 3: Showing the Samprapthi Ghataka.

<b>Udbhava Sthana</b>	<i>Amashaya</i>
<b>Vyakta Sthana</b>	<i>Sarva Shareera</i>
<b>Adhistana</b>	<i>Medo Dhatu</i>
<b>Roga Marga</b>	<i>Bahya</i>
<b>Agni</b>	<i>Teekshnagni</i>
<b>Dhatwagni</b>	<i>Mandha</i>

## MATERIAL AND METHODS

### 1. Kashaya prepration

*Mansamedopachaka Kashaya Churna* of 25gms pack, to prepare *Kashaya* by adding 200ml of water and boiling it until the water part reduce to 25ml. Advised to take at 7AM and 7PM with fresh *Kashaya* preparation each time.<sup>[5]</sup>

Table 4: List of ingredients in *Mansamedopachaka Kashaya*.

<b>Sr. No.</b>	<b>Drug Name</b>	<b>Latin Name</b>	<b>Rasa</b>	<b>Virya</b>	<b>Vipaka</b>	<b>Guna</b>
1.	<b>Nimba sal</b>	<i>Azadirachata indica</i>	<i>Tikta, kashaya</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Laghu, ruklsha, pittakapha shamak</i>
2.	<b>Guduchi</b>	<i>Tinisporea cordifolia</i>	<i>Tikta, katu</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Laghu, tridosha shamak</i>
3.	<b>Aragwadh</b>	<i>Cassia fistula</i>	<i>Madhura</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Guru, snigdh, sanstran</i>
4.	<b>Nagarmotha</b>	<i>Cyperus scariosus</i>	<i>Tikta, Katu</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Pachan, Trishna shaman, Pitakapha shaman</i>
5.	<b>Kutaj sal</b>	<i>Holarrhena antidysenterica</i>	<i>Tikta, katu, kashaya</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Ruksha, Pitakapha shamak</i>
6.	<b>Triphala</b>	-	<i>Panchrasa</i>	-	-	<i>Ruksha, sara,</i>

			(kashaya pradhan Lavana varjit			Tridoshaghna
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**Triphala:** It is the combination of *Haritaki*, *Vibhitak*, *Amalaki* in equal proportion. It is regarded as one of the best of *Rasayana Drugs*, *Pramehaghna*, *Kledaghna* and *Medoghna*. Antihypercholesterolaemic effect of Triphala induced the cholesterol reducing effect on atherosclerosis. It has also Antioxidant action.

**Musta:** Hepatoprotective effect, Antioxidant Antidyslipidemic, Anti-inflammatory, Anti-obesity and cardioprotective. Its tubers hexane extract was found to cause significant reduction in weight gain without affecting food consumption or inducing toxicity.

**Kutaj:** Anti-amoebic and Antimicrobial activity. It has anti-bacterial and anti-inflammatory action. It is also known to possess hypoglycaemic and antiobesity activity.

**Aargwadha:** Hypocholesterolemia, Hepatoprotective, Antioxidant. The methanolic extract of the leaf of cassia fistula was found to exhibit hypoglycemic effect.

**Nimba:** Hypolipidemic, Hypoglycemic, Cardio protective, Immunostimulant activity. It helps in lower the blood cholesterol level. It has anti -bacterial and anti-inflammatory action.

**Guduchi:** Hepatoprotective effect, Antioxidant, anti-inflammatory action., Antihyperglycemic.

## 2. Patya and Apathya advised

**Table 5: Showing Pathya and apathya ahara in Sthaulya.**

Ahara Varga	Pathya	Apathya
<b>Shuka Dhanya</b>	Puran Shali, Kodrava, Shyamaka Yava, Priyangu, Laja, Nivara, Koradushaka, Prashatika,	Godhuma, Naveena Shali
<b>Shami Dhanya</b>	Mudga, Rajamasha, Kulatha, Chanaka, Masura, Adhaki, Makusthaka	Masha
<b>Shakha Varga</b>	Patola, Patrashaka, Shigru, Vrutaka, Katutikta, Rasatmaka, Vastuka, Trapusha Vartaka, Evaruka, Adraka, Mulaka, Surasa, Grajjana	Kanda, Shaka Madhura Rasamtaka
<b>Phala Varga</b>	Kapittha, Jambu, Amalki, Ela, Bibhitaki, Haritaki, Maricha, Pippali, Erand Karkati, Ankola, Narang, Bilvaphala.	Madhura Phala
<b>Drava Varga</b>	Honey, Takra, Ushnajala, Tila & Sarshapa	Dugdha Varga, Ikshu

	<i>Tail, Ashava Arista, Surasava, Jeerna Madhya</i>	<i>Vikara</i>
<b>Mamsa Varga</b>	<i>Rohita Matsy</i>	<i>Aanupa, Audaka, Gramya Mamsa Sevana</i>

Table 6: Showing *Pathya* and *apathya vihara* in *Sthaulya*.

<i>Pathya</i>	<i>Apathya</i>
<i>Shrama</i>	<i>Sheetala jala sevana</i>
<i>Jagarana</i>	<i>Diwaswapna</i>
<i>Nitya bhramana</i>	<i>Avyayama</i>
<i>Vyayama</i>	<i>AVyavaya</i>
<i>Vyavaya</i>	<i>Ati shayana</i>

Table 7: Showing *Pathya* and *apatya manasika* in *Sthaulya*.

<i>Pathya</i>	<i>Apathya</i>
<i>Chintana</i>	<i>Achintana</i>
<i>Shoka</i>	<i>Harshita</i>
<i>Krodha</i>	<i>Manaso nivrutti</i>

## OBSERVATION AND RESULTS

Table 8: Showing before and after treatment signs and symptoms.

Sr. no.	Symptoms	Before treatment	After treatment
1	<i>Ati Kshudha</i> (Excessive hunger)	+++	++
2	<i>Ati Pipasa</i> (Excessive thirst)	+++	+
3	<i>Swadabadha</i> (Excessive sweating )	+++	-
4	<i>Alasya</i> (Feeling of laziness)	+++	-
5	<i>Daurbalya</i> (Inability to do day to day activities)	+++	-

(+++ ) severe presentation of symptoms, (++) moderate presentation of symptoms, (+)Mild presentation of symptoms, (-) no symptoms)

Table 9: Showing before and after treatment Quantitative data- Anthropometric.

Quantitative data- Anthropometric	Before treatment	After treatment
Weight	70kgs	67kgs
Height	158 cms	158 cms
BMI	28	26.8
Right mid arm circumference	26 cms	26 cms
Left mid arm circumference	25.5 cms	25.5 cms
Waist circumference	102 cms	100 cms
Abdominal circumference	89 cms	88 cms
Mid calf circumference	29 cms	29 cms

## DISCUSSION

*Samprapthi Vighatana*

Firstly *Nidana Parivarjana* by advising *Pathya Ahara* and *Vihara*. Secondly, all drugs of



*Mansamedopachaka Kashaya's Doshakarma* is either *Tridoshahara*, *Dwisoshahara* along with *Kapha* also reduces *meda*, since *Sthaulya* is the *Kapha Pradhana Tridosha Vyadhi*, this property of drugs helps in reducing *Kapha*. *Sthaulya* is the *Santarpana Janya Vyadhi* with *Kapha* and *Medo Dhatu Pradhana* in nature to counter act the same, the most of drugs in the *Kashaya* are *Ruksha Pradhanyata* by its *Guna*.

Drugs like *Guduchi*, *Musta* have *Deepan* and *Ama pachana* action. Due to *amapachana*, the *viated kapha* and *kleda in meda dhatu* gets reduced. Drugs like *Triphala* improves *meda dhatwagni*, so *pachana of vikruta meda dhatu* occurs i.e. *sara-kitta vibhajan of meda dhatu* occurs in proper way. Also *Tripahala* has *strotoshodhak* activity so it helps in proper nourishment of *uattar dhatu*. Drug like *Aragwadh* has *sanstran property* i.e. laxative property which helps to remove *Pittaka* and *kapha doshas* and *mala* from *koshta*. *Nimba sal* and *kutaj sal* are having *kashaya* and *Ruksha guna* which helps to reduce *kleda in meda dhatu* and also reduces *kapha dosha*, as a result *lekhana of vikruta meda dhatu* occurs. So collectively, *mansmedopachaka kashaya* has *meda dhatwagni deepan*, *pachana* and *lekhana of vikruta meda dhatu* properties.

## CONCLUSION

*Mansamedopachaka Kashaya* contains eight drugs. These drugs contain various medicinal properties and hence used in the treatment of various disorders especially *Sthaulya*. These drugs also have good source of various biologically active phytoconstituents. In the present review an attempt has been made to provide a collective knowledge on therapeutical and pharmacological applications of *Mansamedopachaka Kashaya* and its constituent drugs.

So *Mansamedopachaka Kashaya* may be a better choice in the management of *Sthaulya* as it not only helps to reduce signs and symptoms of *Sthaulya* but also reduces the chance of development of Metabolic Syndrome by reducing weight and insulin resistance. The present research also proved that there is a major role in *Agni* and *Ama* in pathogenesis of *Sthaulya* and drugs having *Dipana Pachana*, *Ama Pachaka*, *Kaphamedohara* and *Srotoshodhaka* action is highly effective.

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