

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 5.990

1410

Volume 4, Issue 11, 1410-1415.

Case Study

ISSN 2277-7105

TO EVALUATE THE EFFICACY OF LEKHANA BASTI & UDVARTANA IN THE MANAGEMENT OF POST SURGICAL OBESITY: A CASE STUDY

Dr. Bhingardive Kamini B.1*, Dr. Sarvade Dattatray², Dr. Santoshkumar Bhatted³

¹PG Scholar, Dept. of *Panchakarma*, NIA, Jaipur.

²PG Scholar, Dept. of *Dravyaguna*, NIA, Jaipur.

³Asso. Prof., & HOD, Dept. of *Panchakarma*, NIA, Jaipur.

Article Received on 09 Sep 2015,

Revised on 29 Sep 2015, Accepted on 19 Oct 2015

*Correspondence for Author

Dr. Bhingardive Kamini B.

PG Scholar, Dept. of Panchakarma, NIA, Jaipur.

ABSTRACT

Obesity is a most common multimodal disorder. Overweight or obesity is defined as abnormal or excessive fat accumulation that may impair health. Obese persons are more prone to develop cardiac diseases, D.M, osteoarthritis etc. The worldwide prevalence of obesity more than doubled between 1980&2014, in 2014 more than 600 million people were obese. In Northern India obesity is most prevalent in urban population (male 5.5%, female 12.6%). The available modern medication both medical and surgical treatment have its own limitations and associated with several adverse effects. In *Ayurveda* obesity can be correlated with *Sthoulya*. Hence a diagnosed case of obesity was treated with *Lekhana Basti* and *Udvartana*. A female

patient of age 62 years with registration no. 582 was admitted in NIA hospital with complains of increased weight, BMI - 46.6, B/L knee joint pain with swelling and difficulty in walking undergone hysterectomy 25 yrs ago. At the time of admission patient weight was 112 kg (BMI - 46.6) after completion of *Panchakarma* procedure patient lost 4 kg wt (BMI – 45).

KEYWORDS: Obesity, *Sthoulya*, *Lekhana Basti* and *Udvartana*.

INTRODUCTION

Obesity is the state of excess adipose tissue mass. Large scale epidemiological study suggest that all metabolic, cancer and cardiovascular morbidity begin to rise when BMI > 25, suggesting that the cut off for obesity should be lowered. The most important cause of obesity is an energy imbalance between the calories consumed and calories expended which leads to

the accumulation of fat.^[1] The decrease in oestrogen level in menopausal women is associated with the loss of subcutaneous fat and an increase in abdominal fat.^[2] A reduction in ovarian hormones at the menopause leads to diverse functional and endocrinological disturbances, among them an increase in body weight and a decrease in basal metabolism, which leads to greater weight gain.^[3]

Acharya Charaka has clearly defined the Sthoulya in Ashtauninditeeya Adhyaya. A person is called as obese whose body has increased fat and muscles, has pendulous buttocks, abdomen and breast and suffers from deficient metabolism and energy. Acharya Charaka further explains that continuous intake of Guru aahar and Madhur Rasa aggravate Kapha Dosha and Meda Dhatus due to similar properties and this increased Meda obstruct the Strotas. Because of this obstructed Vata moving in the Kostha becomes hyperactive and stimulates Agni. This Agni digests food rapidly and vitiated or hyperactive Vata absorbs it rapidly. So a person requires frequent and heavy food resulting in sthoulya. [4]

All the *Acharyas* accepted *Sthaulya* as the *Santarpanottha vyadhi* and it should be treated by *Apatarpana chikitsa*. So we can say that the *guru* and *Apatarpana dravyas* can control obesity easily. According to Dictionary English to Sanskrit by Sir Moniar Williams, the meaning of the word obesity is given as '*Medaswita*' and signs and symptoms of obesity nearly resembles with that of *Medorog*. Thus the comparison of *Medorog* with obesity is totally justifiable. These are present in particular proportion in the body and any change in their equilibrium leads to diseases. Any abnormal increase in *Medadhatu* causes the *sthoulya* (*Medorog*).

Obesity leads to other various complications like cardiovascular disease, Diabetes Mellitus, Reproductive disorders, Pulmonary disease, Gout, Infertility, Gall stones and Cancer, Bone, Joint, Cutaneous disease. Various formulations are documented in ayurvedic texts for this purpose in particular *Ruksha Basti* and *Udavartana* are advised as main line of treatment. So we had planned *Lekhana basti* and *udvartana*.

CASE REPORT

A 62 year old female Patient visited outpatient department (OPD) of National institute of ayurveda, Jaipur having H/O hysterectomy done 25 yrs back, presenting with signs and symptoms of *sthoulya* (Obesity) like inability to work, dyspnoea on exertion, thirst, sleepiness, laziness, laxicity of abdominal muscles ,excessive sweating, foul odour, low

vitality and vigor, dull mood and disfigurement of body with associated symptoms like bilateral knee joint pain, difficulty in walking. She was suffering from these symptoms from past twenty five years. Patient took allopathic medicine for it, but doesn't have a significant relief. She was examined on the above said subjective parameters and following objective parameters

Objective Parameters

- 1. Weight
- 2. BMI
- 3. Waist circumference
- 4. Hip circumference
- 5. Waist hip ratio
- 6. Body fat calculator (by Deurenberg& co-workers method >32% = obese)

Observation	Before	After	
Weight	112 kg	108 kg	
BMI	46.6kg/m2	45 kg/m2	
Waist circumference	128cm	128cm	
Hip Circumference	148.5cm	146cm	
Waist hip ratio	0.86	0. 87	
Body fat calculator	64.78%	62.86%	

Observation	Before (cm)		After (cm)	
(circumference)	Rt	Lt	Rt	Lt
Mid pt of upp.arm	40	38.5	38	36
Mid thigh	67	69	64	65
Mid calf	43.2	43	43.2	44

MANAGEMENT

Udvartana

Herbal powder massage in the direction of opposite to that of the hair is called as *Udvartana*. ^[6] *Udvartana* opens circulatory channels, facilitates the metabolic activity and improves complexion of the skin. By the virtue of these therapeutic effects one can obtain the benefits like *Kaphahara*, *Medasah pravilayanam*, *Sthirikaranamanganam*, *Twakaprasadakaram* etc. by the *Udvartana* therapy. ^[7] For this reason *Udvartana* was done with *Kolakullathhhadi Churna* ^[8] for 30 minutes for 15days.

Content of Kolakullathhhadi Churna are as follows:

Kola, Kullathha, Devadaru, Rasna, Masha, Aatasi Taila, Kushtha, Vacha, Shatapushpa, yavachurna. [9]

Basti Karma

Kala Basti was given in the schedule of 1Anuvasana +3 Niruha for 15 days.

Niruha Basti

The composition of the medicine administered in the form of *Basti* contains *Kwath* (herbal decoction), *Sneha* (medicated oil), *Madhu* (Honey), *Saindhava Lavana* (rocksalt) and *Kalka* (herbal paste).

Lekhana Basti^[10] was given in Kala Basti schedule (15 days) with the following contents.

Madhu -60gms

Saindhava lavana -05 gms

Triphala Taila -90ml

Triphala Kalka -30gms

Triphala kwatha -240 ml

Kasis Bhasma-2gm

Hingu-2gm

Yavakshaara-2gm

Gomutra-20 ml

Anuvasana Basti

Administration of medicated oil or other fat through the rectal route in a prescribed dose is called as *Anuvasana Basti*. In this case study *Triphala Taila* was used for *Anuvasana Basti*.

Shamana Aushadi

Palliative treatment with

- 1. Ashwagandha Churna 2gms + Shatavari 2gm+ Chopchini 500mg three times a day
- 2. Yograja Guggulu 2 pills (500 mgm) three times a day
- 3. Dashmool Kwath 40ml two times a day
- 4. Ajamodadi Churna 3gms+Shankha Bhasma 500mg three times a day.
- 5. ChandraprabhaVati -2 pill three times a day
- 6. Tarunikusumakara Churna 5gms at bed time.

DISCUSSION

Lekhana Basti and Udvartana were very encouraging in reduction of weight, B.M.I. and body circumferences.

In Lekhana Basti, Basti Dravya get absorbed from the colon and reaches at the cellular level. After reaching at cellular level, they perform the action of Samprapti Vighatana by virtue of its Rasa, Guna, Veerya, Vipaka. The drugs of Lekhana Basti have dominance of Katu-Tikta-Kashaya Rasa, Laghu-Tikshna-Shukshma Guna, Ushna Veerya and Katu Vipaka. Katu, Tikta, Kashaya Rasa reduces Kleda hence they cause depletion of the Meda Dhatu. It also reduces Kapha-Meda-Sweda Dushti and thus helps in Lekhana Karma. Laghu Guna is a Vayu, Agni and Akasha Mahabhuta pradhana. Reduction of over nourished Meda Dhatu is the main aim of Lekhana Karma which helps in Sthaulya. In this way Basti Dravyas reduces Kapha-Vata Dushti, increases Agni, digests the Ama, correct the Medodhatvagni Mandya, remove obstruction in Medovahasrotas. Thus, Lekhana Basti becomes helpful in reducing the Meda Dhatu in particular and weight in general.

In *Udvartana*, due to increased friction to all parts of the body, the increased *Meda* is depleted and the increased *ushma* / heat generated during *Udvartana* digested the *Ama*, removes the *srotorodha* reduces *Meda Dhatu* by liquefying and mobilizing it which will subsequently through circulation comes to the gut and eliminated by *Basti*. It removes the *Kleda* and dead skin their by improves the complexion and overcomes the foul smell in patients of obesity.

CONCLUSION

Lekhana Basti with modified schedule of more number of Niruha Basti and less number of Anuvasana Basti in Kala Basti schedule along with Udavartana helps to reduce Medo Dhatu in particular and weight in general to the moderate extent with overall well being and reduction in associated complains of Sthoulya like Daurgandhya, Daurbalya, Svedabada, Javoparodha.

REFERENCE

1. Kasper et.al, editors. Harrison's principles of internal medicine. New York: Mc Graw-Hill, 16th ed. Vol. 1, Chapt. 64, p.422.

- 2. M.J. Toth, E.T. Phoelman, D.E. Matthew, A. Tchrnof and M.J. Mac Coss, Effects of estradiol and progesterone on body composition, protein synthesis, and lipoprotein lipase in rats," American Journal of Physiology, 2001; 280(3): E 496-E501.
- 3. The North American Menopause Society (NAMS): Menopause Guidebook. United States of America 7th ed. 2012. http://www.menopause.org/publications/consumer-publications/-em-menopause-guidebook-em-7th-edition website.
- 4. Shukla V., Tripathi R.D., editors, Caraka samhita (Vaidyamanorama hindi commentory). Delhi: Chaukhamba Sanskrit pratisthan. Reprint, 2010; 1: Sutrasthana 21/5-8.P.301.
- 5. Kasper et.al, editors. Harrison's principles of internal medicine. New York: Mc Graw-Hill, 16th ed. Vol. 1, Chapt. 64, p.426-427.
- 6. Dr. G. Shriniwas Aacharya, Panchakarma Illustrated. Delhi: Chaukhamba Sanskrit prakashana. 1sted. Reprint, 2013; 160.
- 7. Dr. G. Shriniwas Aacharya, Panchakarma Illustrated. Delhi: Chaukhamba Sanskrit prakashana. 1st ed. Reprint, 2013; 160.
- 8. Shukla V., Tripathi R.D., editors, Caraka samhita (Vaidyamanorama hindi commentory). Delhi: Chaukhamba Sanskrit pratisthan. Reprint, 2010; 1: Sutrasthana 3/18. P.61
- 9. Shukla V., Tripathi R.D., editors, Caraka samhita (Vaidyamanorama hindi commentory). Delhi: Chaukhamba Sanskrit pratisthan. Reprint, 2010; 1: Sutrasthana 3/18. P.61.
- 10. Sharma A.R. editor, Sushrut samhita (Sushrut vimarshini hindi commentary), Varanasi: Chaukhamba Surabharati, Reprint, 2010; 2: Chikitsasthana 38/81, P.479.