

CASE STUDY ON MANAGEMENT OF STHOULYA (OBESITY) WITH AYURVEDA
TREATMENTSDHSK Hallala*¹ and Gurubasavaraj Yalagachin²¹PG Scholar, Department of Swasthavritta, SDM College of Ayurveda and Hospital, Hassan.²Associate Professor, Department of Swasthavritta, SDM College of Ayurveda and Hospital, Hassan.

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ABSTRACT

Sthoulya (Obesity) is a common lifestyle disorder in society. The global prevalence rate of Obesity in 2022⁵ is one in every eight people living with Obesity. In 2022, 890 million people and 160 million children and adolescents were living with Obesity. This case study is of a 38-year-old male patient suffering from weight gain for 10 years. He is taking regular allopathic medicines for Hypertension and does not have a known case of Diabetic, Cholesterol, or Thyroid disorders. On admission, his weight was 116Kg and his BMI was 40.61 Kg/m². He has undergone 14 days Of House Ayurvedic treatments from SDM Ayurvedic Hospital. The treatment procedures combined with Worm treatment, Dipana, Pachana, Shodana, Sneha pana, Udvarthana, Virechana, Abhyanga with sweda, walking exercise, yoga, pranayama, and pathya-apathya. After the 14-day treatments, he reduced his weight to 105.9kg and BMI to 37.07kg/m².

KEYWORDS: Sthoulya, Obesity, Udwarthana, Snehapana, Virechana.

INTRODUCTION

Obesity is a global burden in this era, Due to lifestyle changes, food habits, and mental conditions Obesity is increasing day by day.

Adults with a BMI of ≥ 25 kg/m² are classified as overweight or obese. A BMI >1 SD above the WHO median child reference values is considered overweight or obese in children. This text refers to both adult and pediatric obesity and overweight as having a high BMI. Despite its widespread use, BMI has established drawbacks. It is helpful as a screening tool for individuals and in assessing the prevalence of overweight and obesity at the population level, but it is a measure of size rather than health.^[5]

According to Obesity Federation Atlas 2024¹, Five million of the 41 million adult NCD-related fatalities that occur each year are caused by excessive BMI (≥ 25 kg/m²). Almost 4 of them, diabetes, stroke, coronary heart disease, and cancer account for over 4 million cases. Over 120 million adult person-years are lost to these four primary NCDs annually, and a high BMI is the primary cause of these losses. Approximately 75% of preventable adult deaths and illnesses are happening in middle-income nations. To put it simply, the majority of persons who die from NCDs have underlying high BMIs, and NCDs cause the majority of these fatalities and

affect people in developing and lower resource contexts. Based on current trends, it is anticipated that approximately 750 million children between the ages of 5 and 19 will be overweight or obese as defined by body mass by 2035. That translates to two out of every five children worldwide, most of whom will be from middle-income countries. These 750 million children are more likely to experience the early symptoms of non-communicable diseases while still in their early childhood due to their high BMI. 68 million children are projected to have high blood pressure from their high BMI in 2035, 27 million to have hyperglycaemia from their high BMI, and 76 million to have low HDL cholesterol from their high BMI. The youngsters will be entering adulthood already at risk for strokes, diabetes, and heart disease, even if the signs of these precursors to serious disease are mostly undetectable. Even with some admirable attempts to address this, obesity rates will keep rising and the number of deaths will keep rising in the absence of significant and concerted action.

CASE REPORT

A 38-year-old male patient lives in Shakaleshpur, Hassan. He is a businessman and approached SDM College of Ayurveda and Hospital on 04th July 2024 with chief complaints of increased body weight for 10 years and complaints about pain in his big toe and belching of his stomach.

History of present illness: the patient was healthy 10 years ago. Due to the consumption of high protein, non-vegetarian diets, dairy products, overeating, outside foods, bakery items, no exercise, and occasionally liquor consumption etc., tends to gain weight.

Medicinal history: 3 years ago, the patient was diagnosed with hypertension and started allopathic medications and regularly taking hypertension medicines. (Amlodipine 10mg morning).

No known cases of Diabetes mellitus, Cholesterol, and Thyroid problems.

Surgical History: Not done any surgeries.

Family history: Family history of Obesity present, patient's father is Obese.

Examinations

General Examinations

Pulse -76 beats/min, BP 130/80mmHg

Weight – 116kg

Height – 169cm

BMI –40.61kg/m²

Systemic Examinations

CVS – S1S2 normal, no abnormal sounds

CNS- Conscious well oriented

RS- Air entry clear, no wheezing or any abnormal sounds

Abdominal examination- Soft, non-tender abdomen

Ashtavidha pariksha

- Nadi – Kaphaj Pittaj
- Muthra – Samanya mathra, peetha varna, Sahaj pravriti
- Mala – Samanya
- Jivha – lipta,
- Shabda – Spasta
- Sparsha – Anushoshitha, Samanya
- Drik – Samanya
- Aakriti - Madhyama

Dashavidha Pariksha

- Prakriti- Sharirika- Kaphaj Pittaja, Manasika – Rajasika
- Vikrati – Prakriti samasamvaya
- Sara – Rasa, Raktha, Mamsa, Medas- Avara
- Samhanana – Madhyama
- Pramaanana – Madhyama
- Satmaya – Sawarasa
- Satva – Madhyama
- Ahara shakthi – Madhyama
- Abhyavarana shakthi – Madhyama
- Jarana shakthi – Madhyama

Investigations

Lipid profile – Total cholesterol -251mg/dl (Ref. range: 200-239mg/dl)

Serum Creatinine – 1.2 mg/dl (Ref. range: 0.7 -1.3mg/dl)

Uric acid – 8mg/dl (Ref. range:3.5-7.2mg/dl)

Total cholesterol is slightly high, Serum creatinine is close to the upper level and uric acid is slightly high.

Diagnosis According to Charaka Suthra 21 chapter,

मेदोमांसातिवृद्धत्वाच्चलस्फिगुदरस्तनः।
अथोपचयोत्साहो नरोऽतिस्थूल उच्यते॥९॥
Ca.Su 21

The person is considered too obese when there is an excessive increase in fat and muscle tissue in the region of the buttocks, abdomen, and breast, which become pendulous and suffer from deficient metabolism and energy.

On examination, this patient has had an excessive increase in fat and muscle tissues in the regions of the buttocks, and abdomen and he suffer from metabolism deficiencies. According to Ayurvedic principles, this is the “Sthoulya” condition.^[1]

This patient's BMI is 40.61 Kg/m². A BMI over 30 indicates Obesity, so this patient is diagnosed as Obese.^[7]

Samprapthi of Sthoulya of this patient

Due to the Nidana sevana, mainly Madura rasa, Guru, Snighda guna ahara, Aavyayama, Divasvapna, Kevala Medo Dhatu vriddhi takes place, which leads to Sroto Avarodha by Medas and Vayu restricted to Koshta and Jataragni vriddhi takes place (due to the consumption of food in high quantities) and Sthoulya (Atitrishna, Atikshudha, Swedadhikya, Alasya) occurs.^[2]

Treatments given

1. Sarvanga Udwarthana with Kola Kulatthadi Choorna followed by Sarvanga Parisheka by Dashamoola Qwatha and Dhanyamala.
2. Krimighna Aushada with Bandy Capsule.
3. Deepana and pachana with Amlant tablet, Chithrakadi Vati with Laja manda, Manibadra guda.
4. Sneha pana with Murchitha Taila (3days with 40ml, 70ml and 100ml).
5. Sansatjana Karma (Peya only in Sneha pana time).
6. Sarvanga Abhyanga with Brihat saindavadi taila followed by Bashpa sweda.
7. Virechana with Trivuth leha and Draksha Kashaya.
8. Yoga and Pranayama.
9. Physiotherapy.
10. Pathya (Mudgaamalaka Yusha, Takra, Yava rotika and palya, Vegetable soup, Mehari Kichadi).
11. Walking/exercise more than 45 minutes per day.

Pathya Apathya

Advice to take the following diet during the treatment period

8.00AM – Mudga Yusha 300ml

11.00AM – Takra 250ml

1.30PM – Yava rotika 2 + Palya

5.00PM – Vegetable Soup 250ml

8.00PM – Mehari Kichadi

During Snehapana period ganji only according to his appetite. After Snehapana and during Virechana ganji and laja manda given according to his appetite.

OBSERVATIONS

	Observation/ Signs and Symptoms	Before treatments	After treatments
1	Weight	116Kg	105.9Kg
2	BMI	40.61	37.05
3	Chest Circumference	127	119
4	Upper Abdominal circumference	124	113
5	Abdominal circumference	131	125
6	Lower Abdominal circumference	116	115
7	Hip Circumference	120	116
8	Left Middle Arm circumference	42	34
9	Right Middle Arm circumference	40	35
10	Left Middle thigh circumference	59	54
11	Right middle thigh circumference	64	53
12	Abdominal discomfort/belching	80%	0
13	Thumb pain	60%	20%

Discharge medications are prescribed as follows.

1. Kokilaksha Kashaya 15ml-0-15ml Before food – 30 days
2. Harithaki Choorna 100g + Pugatrim 100g - 0-0-5g with warm water – 30days
3. Amlant tab 0-1-0 Before food – 10 days
4. Decrin Plus 2-0-2 Before food – 30 days

DISCUSSION

The Ayurvedic samhitha discussed sthoulyas as a common metabolic condition. This condition is prevalent due to Unhealthy lifestyles, sedentary lifestyles, unhealthy eating patterns, urbanization, and psychological conditions. In this case, Udvarthana has done with kolakulaththadi choorna. Because Udvarthana removes Dosha from the body and performs Samprapti Vighatan simultaneously, it produces positive results in practically every metric. At the cellular level, pathogenesis is broken. There is also evidence of Udvarthana's impact on lowering psychophysical markers like weight, BMI, and serum cholesterol levels, as well as other scales like stress inventory, quality of life, and sleep. The combination of Ruksha Udvarthana with Kolkulaththadi Churna is crucial for weight loss. Pathya-Apathya is always concerned with the light diet which can be digested easily. The treatment plan with krimigna, dipana, pachana, shodana and shamana medicines with a diet plan combined with exercises and yoga successfully reduced weight. The results of this case show the successful management and prognosis of Obesity conditions with Ayurvedic treatments.

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