

## A Single Case Study on the Effect of Shodhananga Snehapana with Moorchitha Tila Taila Followed By Virechana Karma in Stoulya

Dr Ganesh Pai K<sup>1</sup> Dr Vijaymahanthesh Hugar<sup>2</sup> Dr Varsha Kulkarni<sup>3</sup>

PG Scholar, Department of PG Studies in Panchakarma, Government Ayurveda Medical college, Mysore, Karnataka, India

Associate professor, Department of PG Studies in Panchakarma. Government Ayurveda Medical College, Mysore, Karnataka, India

Professor and Head, Department of PG Studies in Panchakarma, Government Ayurveda Medical college, Mysore, Karnataka, India

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**ABSTRACT**-In today's era of modernization, sedentary lifestyles are spreading worldwide and very less importance is given for physical exercise. A sedentary lifestyle affects the human body through various mechanisms such as Metabolic disorder, musculoskeletal disorder, vascular disorder, as obesity is the result of such lifestyle. In current century, Obesity is the major challenge to combat in the global health sector affecting almost every country. The sign and symptoms of obesity closely resembles the Stoulya disease as told in Ayurveda. In the contemporary science, no effective treatment has been explained for Stoulya. In Ayurveda, as Stoulya is one of the lakshana of Bahudoshavasta, Shodhana is mentioned as a primary line of treatment which removes deeply rooted dosha. The present case study explains about the treatment of stoulya by Shodhananga Snehapana followed by Virechana. The significant weight loss has been observed in patient.

**KEY WORDS**-Obesity, Stoulya, Shodhana, Snehapana, Moorchitha Tila Taila

### I. INTRODUCTION-

The ultimate aim of medical science is to achieve good health. According to Ayurveda, Health is based on equilibrium state of Dosha, Dhatu, Mala and Prasanna Atma Indriya and Mana. In the 21<sup>st</sup> century due to the improper lifestyle, environment and irregular food habits people have become the victims of major lifestyle disorder such as Stoulya. In Ayurveda classics symptomatology of Stoulya is explained in terms of "Medo Mamsa Ati Vriddi, Chala Spik Stana Udara<sup>1</sup>, Tadvath Meda Tatha Shramam Alpe Api Chestite Shwasam<sup>2</sup>". The similar symptoms are seen in obesity.

Life style disorders are ailments that are primarily based on day to day habits of people when they get diverted from activities and they adopt sedentary life style. With the evolution of civilization man has become more and more prone to physical inactivities, modernization and automation made people lead to sedentary life style.

In 21<sup>st</sup> century, Obesity has become the challenge in global health sector affecting every country. Obesity in adulthood is a major risk factor for diseases like cardiovascular disease, stroke, diabetes etc.

Obesity is defined as abnormal or excessive fat accumulation in the body. specific causes for obesity are genetic, aging and pregnancy. Also some health condition can also lead to weight gain these includes PCOS, Cushing syndrome, Hypothyroidism<sup>3</sup>.

According to ICMR-INDIA study 2015, prevalence rate of obesity and central obesity are varying from 11.8 % to 31.3% and 16.9% -36.3%<sup>4</sup>.

Stoulya is one of the Santharpanotta Vyadhi<sup>5</sup> and which also comes under the Kaphaja Nanatmaja Vikara<sup>6</sup>. In Stoulya Srotorodha caused by Kapha and Meda which causes the Tiryak Gati of Vata which in turn it intensifies Agni<sup>7</sup>. increased Medo Dhatu causes Marga Avarana and gets accumulated causing lack of nourishment to Uttarottara Dhatu<sup>8</sup>.

Stoulya is one of the Lakshana of Bahudoshavasta<sup>9</sup>, Shodhana is prime line of treatment modality which remove Dosha from its root cause. Following Line of treatment adopted in stoulya is Nidanaparivrajana, Shodhana and Shamana. In this case

study, Shodhananga Snehapana followed by virechana line of treatment is adopted.

**A CASE STUDY-**

**Name-** xyz

**Age-** 30 yrs.

**Sex-** female

**Occupation-** housewife

**Main complaint-** c/o Increased body weight, fatigue on minimal work since 5 years

**Associated complaint-** c/o Pain in right knee joint

**History of present illness –**

A female patient was apparently normal 5 years back developed increased body weight and fatigue on minimal work. Patient also felt difficulty during

breathing after minimal work. Patient also complains of pain in right knee joint. Later patient incidentally found that increase in cholesterol value during lab investigation. For all these compliant he consulted our hospital.

**Aims and objectives –**To evaluate the efficacy of Shodhananga Snehapana with Moorchitha Tila Taila followed by Virechana Karmain hyperlipidemia.

**II. MATERIALS AND METHODS –**

**SOURCE OF DATA –**subject selected from opd and Ipd of government Ayurveda medical college Mysore.

**International classification of BMI**

BMI	GRADE	RISK
1) below 24.9 kg/m <sup>2</sup>	Healthy weight	
2) 25.9 kg/m <sup>2</sup> - 29.9 kg/m <sup>2</sup>	overweight	increased
3) 30.0 kg/m <sup>2</sup> - 34.9 kg/m <sup>2</sup>	Grade 1 obesity	high
4) 35.0 kg/m <sup>2</sup> - 39.9 kg/m <sup>2</sup>	Grade 2 obesity	Very high
5) Above 40 kg/m <sup>2</sup>	Grade 3 obesity	Extremely high

**Assessment criteria**

OBJECTIVE PARAMETER	SUBJECTIVE PARAMETER
a) Body weight	a) Ati Kshudha
b) BMI	b) Ati Sweda
c) waist circumference	c) Daurbalya
d) waist hip ratio	d) Daurgandya

**Anthropometry measurements-**

PARAMETERS	VALUES
1) Height	148.9 cm
2) Weight	80 kg
3) BMI	31 kg/m <sup>2</sup>
4) Waist hip ratio	0.93

**Lipid profile report-**

Total Cholesterol	208 mg/dl
Triglyceride	171 mg/dl
HDL	47 mg/dl
LDL	107 mg/dl
VLDL	34 mg/dl

**General examination**

Appearance	bulky
Built	endomorph
Nourishment	Well nourished

<b>Gait</b>	normal
<b>Pallor</b>	absent
<b>Icterus</b>	absent
<b>Clubbing</b>	absent
<b>Cyanosis</b>	absent
<b>Lymphadenopathy</b>	absent
<b>Edema</b>	absent

#### Systemic examination

**Cardiovascular system-** S1 and S2 sound heard, no added sound

**Respiratory System** – normal vesicular breathing sound heard

**Gastro intestinal system-** no tenderness, no organomegaly

**Central nervous system-** Well oriented

Higher mental function –intact, cranial nerves- intact

#### Dasha Vidha Pareeksha

<b>Prakruti</b>	Pitta Kapha
<b>Vikruti</b>	Kapha
<b>Dooshya</b>	Rasa, Mamsa, Meda
<b>Sara</b>	Pravara (meda sara)
<b>Samhanana</b>	Madhyma
<b>Satwa</b>	Madhyma
<b>Ahara shakti</b>	Pravara
<b>Vyayama shakti</b>	Avara
<b>Satmya</b>	Madhura rasa satmya
<b>Vaya</b>	Madhyma
<b>Pramana</b>	Pravara

#### Astasthan Pareeksha

<b>Nadi</b>	Pitta dosha, Mandooka gati
<b>Mala</b>	Srasta, Abadha
<b>Mootra</b>	Prakrita Varna
<b>Jihwa</b>	Alipta
<b>Shabda</b>	Prakrita
<b>Sparsha</b>	Prakrita
<b>Drik</b>	Prakrita
<b>Akrati</b>	Stoola

#### VITALS-

**BP-** 130/90 mm of hg

**Pulse-** 76/min

**Respiratory rate-** 18/min

#### NIDANA –SAMPRAPTI

**Nidana** – Ati Guru Snigdha Ahara, Ati Sampoorana Ahara, Divasvapna

**Poorva roopa-** Tadvath Medasa Tatha Shrama Alpepi Chestite Shwasa

**Roopa-** Chala Sphik Udara Stana, Daurbalya, Daurgandhya

**Samprapti-**

Ahraja Nidana –Atibhojana, Guru, Madhura, Snigdha Ahara Sevanna, Dadhi, Mamsa sevana by patient



Medho Dhatwagni Mandya -----Sangha in Medovaha Srotas



Marghavarodhajanya vata, Vimargagamana of Vata



Sarva Shareera Gamana of vata Jataragni Sandhookshana



Patient consumes more quantity of food ----Medoroga

**STUDY DESIGN**

Pre and post interventional design

**Treatment plan-**

- 1-Udwartana
- 2-Shodhanaga Snehapana
- 3-Virechana

**INTERVENTION –**

<b>Udwartana</b>	<b>Udwartana was done with the Triphala Choorna for 7 days</b>
<b>Shodhnanga Snehapana</b>	<b>Shodhananga Snehapana was done with Moorchitha Tila Taila, till Samyak Snigdha Lakshana, Snehapana was administered through Arohana krama.</b>
<b>Virechana</b>	<b>Virechana karma was given with Trivrith Lehya 60gm given with Ksheera 16 vegas were observed 5 days Samsarjana Karma was followed</b>

### RESULT

parameters	Before Treatment	After snehapana	After virechana
Body weight	80kg	76 kg	73 kg
BMI	31kg/m <sup>2</sup>	29.31kg/m <sup>2</sup>	27.88kg/m <sup>2</sup>
Waist hip ratio	0.93	0.92	0.91
triglyceride	Increased	Reduced	reduced
Serum cholesterol	Increased	Reduced	reduced

### III. DISCUSSION

Stoulya is one among the Santharpantha Vyadhi, and described under Astaninditiya Purusha. It involves Bahudoshavasta mainly Vata Kapha Doshas and Dushyais Medodhatu hence to counteract the Medodustijanya Vikaras prior to Shodhana, Rookshana Karma is advised.

In the current study, the subject was consumed Atisampoorana Ahara, Guru Snigdha AharaSevana, Beeja swabhava, Divaswapna are causative factors. The aggravated Meda combine with Kapha Dosha which does Sroto Avarodha, leads to impairment in proper gati of Vata further does the Atisandhookshna of Agni. The subject was presenting with the Lakshanas like Chala Spik Udara Stana, Atikshudha, Daurbalya. The subject was with Santharpantha Nidanas, related to Bahudoshavasta. Hence Shodhana line of treatment was adopted as it removes the deep seated doshas and corrects the Kayaagni. Thereby it prevents the reoccurrence.

Shodhananga Snehapana was administered with Moorchitha Tila Taila followed by Virechana was carried out, Tila Taila is the choice of Sneha in Stoulyais having Ushna, Teekshna, Sookshma, Sara, Srotovishodana property and it is best Vatakaphahara. Tila Taila by virtue of its action it counteracts the pathogenesis of Stoulya<sup>10</sup>.

As Hemadri explains "**Samyak Rasanam Vahanti Stoulyanam Tu Poornatvath<sup>11</sup>**"

InStoulya, there was an impairment in Uttarottara Dhatu Poshana because of Dhatu Poornata, Rasa Samhvana is not possible. Here Taila does the Srotoshodhakaaction thereby it removes the Dhatupoornata and attains Dhatu Samyata.

During Snehapana, the patient will be on complete lipid diet which causes accelerated fat metabolism leading to ketogenesis which promote mobilization of fatty acid from adipose tissue. Hence there will be reduction of adipose tissue deposition in the individual.

During Snehapana, Sneha which is composed almost entirely of fat, essentially no

carbohydrate is metabolized, almost all the energy of the body come from metabolism of fat. This process increases the rate of removal of fatty acid from adipose tissue. As a result, more quantity of fatty acid become available to the peripheral tissue cells to be used for energy and to the liver cells, where more of the fatty acid converted to ketone bodies. This process of increased ketone bodies, acetoaceticacid, acetone is termed as ketosis. Thus snehapana helps in reducing fatty acid in the body.

Lipid (sneha) are hydrophilic in nature, after appropriate oral administration of Moorchitha Tila Taila cells of body becomes saturated with fat. Then the lipid is transport to extracellular fluid by process of osmosis. That results in increased level of fatty acid in plasma. As there is a quantitative increase due to aqueous properties of lipid and liquefied metabolic waste brought from tissue. Extra amount of liquid reaches to gastro intestinal system later expelled by Virechana.

Virechana dravyas possess Sookshma, Vikasi, Vyavayi gunaits Agneya guna causes Vishyndana, Teekshna Guna disintegrates the accumulated Dosha located in Sookshma Srotas. Because of Vyavayi and Vikasi Guna rapidly reaches Anusrotas Scrapes the Morbid Doshas. Virechana actually improves metabolism by removing various toxic substance removing Sroto Upalepa.

During process of virechana, cellular fluid is drained into vascular compartment, from there it is drained into gastrointestinal system for the elimination. Virechana targeted to create a biochemical alteration as it modulates the fluid compartments of the body.

Tila taila also has very significant role in reducing cholesterol level, Moorchitha Tila Taila is a PUFA and it contain oxysterol which is known to inhibit HMG CO REDUCTASE activity which is rate limiting enzyme for biosynthesis for cholesterol.

#### IV. CONCLUSION

There is a misconception that after intake of Sneha, lipid level and weight increases. In this study with Moorchitha Tila Taila, weight and cholesterol level decreases. In current study Moorchitha tila taila as shodhananga Snehapana yields **significant result in obesity and hyperlipidemia.**

Further studies needed to evaluate the efficacy of moorchitha tila taila in the form of shamananga and brihmana snehapana in obesity and hyperlipidemia.

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