



Ayurveda

TO EVALUATE THE EFFICACY OF SHODHAN AND SHAMAN CHIKITSA IN MEDO ROGA (OBESITY)

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ABSTRACT

Medo Roga is abnormal and excess accumulation of *Meda Dhatu*. In contemporary medical science it is compared with obesity and it is defined as excess body and visceral fat that poses health risk. The treatment for obesity generally contains of dieting and physical exercise. Diet regimen may produce weight loss over the short term, but maintaining this weight loss is frequently difficult and often requires making exercise and a lower calorie diet a permanent part of an individual's lifestyle. The *Ayurveda* system of medicine must have the role in management of obesity without any side effects. So, the aim of this research work is to manage the obesity by using cheap, easily available and safe *Ayurveda Panchkarma* procedures and *Ayurveda* medicines. *Vaman, Virechan, Lekhana Basti* and *Varunaadi kwath* according to *Ayurveda* texts are used in this study. Primary aim of this case study is to evaluate, the comparative efficacy of *Vaman, Virechan, Lekhan Basti* and drugs administered through *Basti* and Orally.

KEYWORDS : Shaman chikitsa, shodhan chikitsa, vaman, virechan, lekhan basti, varunadi kwath

INTRODUCTION

Medo Roga is described under the title of *Santarpanjanita Vyadhi* in *Ayurvedic* text. Many research work were carried out on *Medo Roga* but very less number of works carried out regarding *Shodhan* therapy along with *Shaman* therapy. The most commonly used definition, established by the WHO in 1997 and published in 2000 defined obesity as a common chronic disorder of excessive body fat and has become a global epidemic which is present not only in the industrialized world but also in many developing and even in underdeveloped countries. According to W.H.O. 2016 more than 1.9 billion adults, 20 and older, were overweight. Of these over 300 million men and nearly 400 million women were obese¹. 35% of adults aged 20 and over were overweight in 2016, and 11% were obese. In 2016, more than 42 million children under the age of five were overweight. Overall more than one in ten of the world's adult population was obese and women more likely to be obese than men².

Commonly obesity is due to excessive eating and lack of adequate exercise. *Acharya Charaka* has quoted *Medo Roga (Sthoulya)* under the eight varieties of impendments which designated as *Astha-Nindita Purusha, Ati-Sthoulya* comprises one of them. *Acharya Charaka* also lists this problem under *Santarpanjanya Vyadhi*. He listed eight defects underlying- *Sthoulya Purusha, Ayuhrasa, Javoprarodha, Daurabalya, Dauragnhya, Krichhavyavayata, Swedabadh, Ati-trishna, Ati-pipasa*. As per *Charaka* In the case of fatty person, other *Dhatu* doesn't grow to the extent. In today's fast life incongruous food habit and relatively less exercise can be taken as major cause of obesity³. Obesity is a prime disease which is going to get more attention of scientists at world level. Increasing prevalence passes a serious risk for the development of diabetes mellitus, heart disease, hypertension, impotency, low backache, gall bladder disease, osteoporosis and certain types of cancer and many other grave complications. Obesity has reached epidemic proportion in India in the 21st century effecting more than 5% of total population. Approximately 2.3 billion adults were overweight and more than 700 million adults were obese till 2016. India is the third most obese country after U.S.A. and china. In allopathic, mainly hunger stopping drugs are prescribed for the treatment of obesity which is associated with severe side effects and surgical treatments are also in practices which are costly affair and poor acceptance by the patients. According to *Ayurveda Sthoulya* is one of the *santarpanotha Vyadhi* and line oftreatment of *Santarpanotha Vyadhi* is *Aptarpana*. In *Sthoulya Aptarpana* can be done mainly by *Shodhan* particularly *Ruksha* and *Tikshan Basti* (type of medicated enema).

Thus, considering above facts the present study is planned.

Specific line of treatment –

The specific line of treatment is also described in *Samhita* along with general line of treatment.

a). "रुचातिपणः चे ांस्थूलानां कशपनां प्रभत ।" (Ch.Su.21/20)

Though *Guru Dravya* is a causative factor of *Medo Vridhi* being possess same *Guna* and how it is recommended for treatment. On this statement *Chakrapani* has clarified that *Guru Dravya* being difficult for digestion maintains the power of *Tikshna Agni, Apatarpana* refer to non-nourishing foods. Like honey is *Guru*, maintain the stimulated *Agni* and due to its *Apatarpana* property reduces the *Meda*. So the *Ahara Dravya* which is difficult for digestion and having low in calories should be recommended for *Sthoulya*.

b). "ितातन्नभरनिनाभनश्लेष्ममेोहरान्दुणच ।

रुक्षोऽप्यावस्तयस्तीक्ष्णारुक्षणडितपनाभनच" ॥⁵

BASTI IN STHOULYA –

Basti has been glorified as the definitive therapy for the aggravated *Vata* and *Vatapradhana Vyadhi*. In *Sthoulya* along with *Kapha, Vata* is also a dominating *Dosha*.

So *Acharya Charaka* has specially prescribed *Ushna* and *Tikshna Basti* in *Sthoulya*.

Role of Ushna-Tikshna (Lekhana) Basti –

Our all *Acharaya* recommended *Asthapana Basti* especially *Lekhana Basti* for management of *Sthoulya*. *Charaka* has prescribed *Ruksha, Ushna* and *Tikshna Basti* for *Sthoulya* patients⁴. As per *Gangadhara* on above explanation, *Basti* itself is the complete treatment of *Vata* and further admixture of *Ruksha, Ushna* and *Tikshna Dravya* with *Basti* contribution to alleviate *Kapha* and *Meda*.

Acharya Sushruta has mentioned that *Niruha Basti* has *Shodhan* and *Lekhana* effect.

"भनरुहः शोधनो लेखी स्नेहको बृहणो मतः ।"⁵

Sharangdhara has recommended *Lekhana Dravya* for *Medoshodhan* and advocated *Lekhana Basti*²⁴³. His enumeration is as

"विलाकिाथ ्रोम्ि लेखनाः स्मृाः ।"⁶

I.e. the *Basti* prepared with *Triphala Kwatha, Gomuta, Madhu, Kshara* is named as *Lekhana Basti*. *Lekhana Basti* helps to remove abstraction of *Meda, Kapha* and *Kleda* from body by its *Virya* and helps to alleviate *Vata* and normalize the function of *Agni* and *Vayu*.

Drug for Lekhana Basti

The reference of *Lekhana Basti* was taken from *Sushruta Chikitsa*

Sthana 38/82.

The ingredients are as follows:

- *Triphala kwath* (Amalaki, Haritki, Vibhitki)
- *Gomutra*
- *Madhu*
- *Yava kshara*
- *Ushakaadigana Dravya* (*Ushaka, Saindhava, Shilajitu, Kasisa, Hingu and Tuttha*)

Importance of Basti Karma –

1. *Basti* is supposed to be half of the *Chikitsa* (Treatment)⁸ and it is called best for the *Vata Vyadhi / VataDosha*⁹.
2. *Vata* is the chief and dominant amongst the *Tridosha*¹⁰.
3. *Basti Chikitsa* is the first line of treatment for the elimination of *Vata Dosha* from the body¹¹. It eliminates vitiated *Vata Dosha* and regulates the normal functions of *Vayu* in the body.

Aims and objectives**Aim**

1. To determine the effect of *Shodhan* and *Shaman Chikitsa* in *Medo Roga*.

Objectives

1. To evaluate the efficacy of *Vamana Karma, Virechan Karma* and *Lekhniya Basti* in the management of *Medo Roga*.
2. To evaluate the efficacy of *Varunaadi kwath* in *Medo Roga*.
3. To compare the efficacy of *Vamana Karma, Virechan Karma* and *Lekhniya Basti* in the management of *Medo Roga*.

MATERIAL AND METHODS**Selection Of Patients**

Total 64 patients were screened for trial from OPD /IPD of *Ch. Brahm Prakash Ayurved Charak sansthan*, New Delhi. 60 patients were divided randomly into two groups (30 in each group) had completed the trial.

Group A: 30 patients were given *Shodhan Chikitsa (Vaman, Virechana and Lekhana Basti)*

GROUP B: 30 patients were given *Shodhan* along with *Shaman Chikitsa (Varunaadi Kwath Pana)*.

INCLUSION CRITERIA

1. The patients age between 20-50years.
2. The patients having clinical signs and symptoms of *Medo Roga*.
3. The patients having BMI not less than 25 and not more than 40kg/m².
4. The patients with control diabetes and control hypertension.

EXCLUSION CRITERIA

1. The patients below the age of 20 years and above 50 years.
2. Patients having hypothyroidism.
3. The patients with evidence of renal, hepatic and cardiac involvement.
4. Patients with long term steroid treatment.

Methods and preparation of Varunaadi Kwath-

The patients were instructed to prepare the fresh Kwath everyday 60 minutes before lunch and dinner. For this purpose, they were instructed to take 20 gm crude powder and mix it with 320ml of water and boiled it on medium fire till reduced to 40 ml.

Medicine and dose schedule

Procedure	Drug , Dose	Duration
<i>Deepan Paachan</i>	2 <i>Chitrakadi vati</i> twice a day after taking meal	3 day
<i>Snehapana</i>	<i>Mahatriphala Ghrita</i> as per <i>Koshtha</i> and <i>Agni</i> .(in morning with empty stomach 06.00AM)	3-7 days
<i>Abhyanga & Swedan</i>	<i>Abhyanga</i> with <i>Sarshapa taila</i> (30 min) and <i>Sarvang Sweda</i> (10-15 min)	1 day
<i>Vaman Karma (In Morning Kapha Kala)</i>	<i>Vaman Yoga- Madanphala (Antarnakmushti)+ Madhu(Q.S)</i> <i>Vamanopaga Dravya- Cowmilk, Yashiti Madhu Phanta and Lavanodaka</i>	1 Day

<i>Sansarjana Krama</i>	Diet as per <i>shuddhi</i> (from the evening of <i>Vaman</i> day)	3-7 days
<i>Snehapana</i>	<i>Mahatriphala Ghrita</i> as per <i>koshtha</i> and <i>Agni</i> .(in morning with empty stomach 06.00AM)	3 days
<i>Abhyanga & Swedan</i>	<i>Abhyanga</i> with <i>Sarshapa taila</i> (30 min) and <i>sarvang sweda</i> (10-15 min)	2 days
<i>Virechan Karma</i>	<i>Abhyadimodak</i> as per <i>Koshtha</i> and <i>Agni</i> (in <i>Pitta kala</i>).	1 days
<i>Sansarjan Krama</i>	Diet as per <i>shuddhi</i> (from the evening of <i>Virechan</i> day).	3-7 days
<i>Basti (Lekhana Basti)</i>	<i>Triphala Kwath</i> -400 ml. <i>Gomutra [Cow's Urine]</i> -150 ml. <i>Madhu</i> -50 gm. <i>Yava Kshara</i> -5 gm. <i>Shilajit</i> – 5gm. <i>Kasisa</i> – 5 gm. <i>Tuttha</i> – 5 gm. <i>Hingu</i> – 2 gm. <i>Katu Tail</i> – 50 ml.	8 days

ASSESSMENT CRITERIA

For assessing the changes, patient were examine at weekly interval. Suitable scoring method for the symptoms and signs were adopted. The efficacy of the therapy will assessed on the basis of subjective as well as objective criteria.

SUBJECTIVE CRITERIA

The detail of the score adopted for the main signs and symptoms are as follows-

1. CHALA-SPHIKA-UDAR-STANA (Flabbiness in Hip-Abdomen-Breast)

- Absence of chlatva - 0
- Little visible movement after fast movement- 1
- Little visible movement even after moderate movement- 2
- Movement after mild movement- 3
- Movement even after changing posture-4

2. UTSAAHANI (Lack of Enthusiasm)

- No alasya during working time-0
- During work with desire with initiation late in time-1
- Doing work without desire with lot of mental pressure and late in time-2
- No starting any work with own responsibility, doing little work very slowly-3
- Does not have any initiations and not wants to work even after pressure-4

3. ATINIDRA (Excessive sleep)

- Sleep upto 6-7hours/day-0
- sleep upto 8hours/day with angagaurva-1
- Sleep upto 8hours/day with jrumbha-2
- Sleep upto 10hours/day with tandra-3
- Sleep more than 10hours/day with tandra and klama-4

4. ATIPIPASA (Excessive thirst)

- Upto 1-1.5L water intake per day- 0
- Upto 1L excess intake of water- 1
- 1-2L excess intake of water - 2
- 2-3L excess intake of water- 3
- More than 3L intake of water- 4

5. ATKSHUDHA (Excessive hunger)

- Normal diet with lunch and dinner- 0
- Morning breakfast with lunch and dinner- 1
- Supplementary food with above mentioned articles- 2

6. ANGADAURGANDYA (Bad odor)

- Absence of bad smell- 0
- Occasional bad smell in the body removed after bath-1
- Persistent bad smell limited to close areas, difficult to suppress with deodorants- 2
- Persistent bad smell felt from long distance not suppressed by deodorants- 3

- Persistent bad smell felt from long distance even intolerable to the patient himself-4

7. ANGAGAURAVATA (Heaviness in body)

- No heaviness in body-0
- Feels heaviness in body but it does not hamper routine work-1
- Feels heaviness in body which hampers daily routine work-2
- Feels heaviness in body which hampers movement of the body-3
- Feels heaviness with flabbiness in all over body which causes distress to the person-4

8. SNIGDHANGATA (Oily body lusture)

- Normal snigdghata –0
- Oily luster of body in summer season –1
- Oily lusture of body in dry season –2
- Excessive oily lusture of body in dry season which can be remove with difficulty –3
- Persistence and profuse stickiness all over body –4

OBJECTIVE CRITERIA It

will assessed on –

1. Body Weight
2. Measurement of the following region's circumferencea.

Neck

b. Arm

c. Chest

d. Abdomen belly

e. Hip

f. Thigh

3. BMI

Criteria for overall Assessment of therapy

Shodhan and Shaman therapy were given to the patients and changes in subjective and objectives parameters were recorded. Total effect of therapy in each patient was evaluated after completion of trial.

Observations and results

A) Changes in ChalaSphika Udara Stana (BT & AT)

Changes in ChalaSphika Udara Stana in both groups

Grade	No. of Patients of Grade			
	Group A		Group B	
	BT	AT	BT	AT
Grade 4	2	2	3	1
Grade 3	1	0	11	4
Grade 2	13	4	11	13
Grade 1	14	22	5	8
Grade 0	0	2	0	4
Total	30	30	30	30

It was observed that, ChalaSphika Udara Stana has decreased more in Group B than in Group A.

B) Changes in Utsah Hani (BT & AT)

Grade	No. of Patients of Grade			
	Group A		Group B	
	BT	AT	BT	AT
Grade 4	0	0	0	0
Grade 3	6	0	6	0
Grade 2	14	6	16	1
Grade 1	10	17	7	16
Grade 0	0	7	1	13
Total	30	30	30	30

It was observed that, Utsah Hani has decreased more in Group B than in Group A.

C) Changes in Ati Nidra (BT & AT)

Grade	No. of Patients of Grade			
	Group A		Group B	
	BT	AT	BT	AT
Grade 4	1	0	0	0
Grade 3	10	1	15	0
Grade 2	13	4	12	0
Grade 1	3	12	3	17

Grade	3	13	0	13
Total	30	30	30	30

It was observed that, Ati Nidra has decreased more in Group B than in Group A.

D) Changes in Ati Pipasa (BT & AT)

Grade	No. of Patients of Grade			
	Group A		Group B	
	BT	AT	BT	AT
Grade 4	4	0	9	0
Grade 3	10	0	9	0
Grade 2	9	6	7	2
Grade 1	5	16	5	21
Grade 0	2	8	0	7
Total	30	30	30	30

It was observed that, Ati Pipasa has decreased more in Group B than in Group A.

E) Changes in Ati Kshudha (BT & AT)

Grade	No. of Patients of Grade			
	Group A		Group B	
	BT	AT	BT	AT
Grade 2	20	1	24	0
Grade 1	10	15	6	10
Grade 0	0	14	0	20
Total	30	30	30	30

It was observed that, Ati Kshudha has decreased more in Group B than in Group A.

F) Changes in Anga Daurgandhya (BT & AT)

Grade	No. of Patients of Grade			
	Group A		Group B	
	BT	AT	BT	AT
Grade 4	0	0	0	0
Grade 3	0	0	0	0
Grade 2	7	1	15	1
Grade 1	22	18	15	18
Grade 0	1	11	0	11
Total	30	30	30	30

It was observed that Anga Daurgandhya has decreased more in Group B than in Group A.

G) Changes in Anga Gauravata (BT & AT)

Grade	No. of Patients of Grade			
	Group A		Group B	
	BT	AT	BT	AT
Grade 4	0	0	0	0
Grade 3	5	0	4	0
Grade 2	13	5	20	1
Grade 1	12	14	6	17
Grade 0	0	11	0	12
Total	30	30	30	30

It was observed that, Anga Gauravata has decreased more in Group B than in Group A.

H) Changes in Snigdhangata (BT & AT)

Grade	No. of Patients of Grade			
	Group A		Group B	
	BT	AT	BT	AT
Grade 4	0	0	0	0
Grade 3	0	0	0	0
Grade 2	3	0	7	2
Grade 1	20	20	20	15
Grade 0	7	10	3	13
Total	30	30	30	30

It was observed that, Snigdhangata has decreased more in Group B than in Group A.

Average %Relief (Subjective parameters)

Sr. No.	Group	Avg. % Relief
1.	Group A	48.10
2.	Group B	61.65

Average Decrease (Objective parameters)

Sr. No.	Parameter	Average Decrease	
		Group A	Group B
1.	Arm Circumference (cm)	0.9	1.55
2.	Neck Circumference (cm)	0.72	1.15
3.	Chest Circumference (cm)	1.72	2.98
4.	Abdomen Circumference(cm)	2.53	3.92
5.	Hip Measurement (cm)	2.18	3.3
6.	Thigh Measurement (cm)	2.62	3.72
7.	Body Weight (Kg)	4.65	6.18
8.	BMI (Kg/m ²)	1.66	2.31

It was observed that Average improvement is more in Group B than Group A.

DISCUSSION

The disease *Medo Roga* is well recognized disease from the *Samhitakaal*. *Acharya Charaka* has mentioned *Atisthoulya* under *Ashta ninditiya Purusa and Santarpanjanya Vikara*. *Charak Samhita* has considered *Sthoulya* as a complicated health condition, duly recognizing it as a condition of *Nindita* (undesirable). It is not only one among the eight undesirable physical status, but also difficult to treat and most severe form of them. *Sushruta* has considered it as *Rasa Nimittaja Vyadhi*. Group A and Group B comprised 30 patients each of *Medo Roga* (Obesity). Patients of Group A were treated with *Shodhan Chikitsa (Vaman + Virechan + Basti)* while Patients of Group B were treated with *Shodhan Chikitsa (Vaman + Virechan + Basti)* along with *Shaman Chikitsa (Varunaadi Kwath)*.

CONCLUSION

The conclusion drawn from present clinical study-

1. *Medo Roga* (Obesity) is very prevalent disease in today's world which is causing physical, mental, and social impact on the suffering individual.
2. *Medo Roga* is common in middle age, females, married woman, housewife and educated people.
3. *Medo Roga* is commonly seen in middle class, people consuming vegetarian diet and urban people.
4. The incidence of *Medo Roga* is more among the people who are habitual of taking *Sheeta, Madhura, and Snigdha Ahaara*.
5. *Medo Roga* is common in *Madhyama Koshtha*, and *Pitta Kapha Prakriti*.
6. *Shodhan Chikitsa (Vaman + Virechana + Basti)* along with *Shaman Chikitsa (Varunaadi Kwath)* is significantly effective than *Shodhan Chikitsa (Vaman + Virechana + Basti)* alone in *Medo Roga* (Obesity). Finally, it can be concluded that *Panchakarma* along with *Shaman Chikitsa* could be best tools for management of *Medo Roga* and effective prevention of its complications.

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