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Ayurveda

ROLE OF *KSHARA BASTI* IN THE MANAGEMENT OF *STHOULYA* W.S.R. TO OBESITY- A CASE STUDY

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ABSTRACT **Background:** Lifestyle disorders such as *Sthoulya (*obesity) are increasing due to sedentary behaviours, dietary excesses, and lack of physical activity. In *Ayurveda*, *Sthoulya* results from the dysfunction of *Medodhatvagni*, leading to *Medovriddhi* (fat accumulation). Ayurveda offers holistic interventions like *Kshara Basti*, a specialized *Panchakarma* therapy, to manage such conditions. **Case presentation:** A 53-year-old male with Class I obesity (BMI: 34.9 kg/m²) underwent a 16-day Ayurvedic treatment including *Kshara Basti*, *Shamana Aushadhi*, and lifestyle modifications. Assessment was done pre- and post-treatment based on anthropometric and biochemical parameters. **Outcome:** The patient experienced a 5 kg weight reduction and a decrease in BMI from 34.9 to 32.8. Circumferences of the chest, abdomen, waist, and limbs showed notable reductions. **Conclusion:** *Kshara Basti,* combined with dietary and lifestyle modifications, proved effective in managing obesity in this case. *Panchakarma* detoxification through *Basti* therapy appears to be a viable integrative approach for *Sthoulya*.

KEYWORDS : *Sthoulya*, Obesity, *Kshara Basti*, Ayurveda, Panchakarma, *Medovriddh*

INTRODUCTION:

Obesity is characterized by an abnormal accumulation of adipose tissue, resulting from an increase in the size and/or number of fat cells [1]. It is typically measured using the Body Mass Index (BMI). Currently, obesity represents one of the most widespread forms of malnutrition globally. It is a chronic health issue affecting both children and adults in both developed and developing countries. Its prevalence is now surpassing traditional public health challenges such as undernutrition. Obesity significantly contributes to overall poor health. However, accurately determining the extent of this condition across various countries remains challenging due to the lack of standardized definitions and consistent data on obesity prevalence [2]. The prevalence of overweight was greater in females compared to males, and more common in urban areas than in rural regions. The lowest prevalence was observed among individuals with lower levels of education and those employed in agriculture or manual labor[3].

In 2008, obesity affected 1.3% of Indian men and 2.5% of Indian women aged over 20 years[4].

In populations undergoing transition, the earliest health issues linked to obesity tend to be high blood pressure, elevated cholesterol levels, and impaired glucose tolerance. Over time, more serious conditions like coronary heart disease and long-term complications from diabetes, such as kidney failure, begin to surface[5].

Eventually, developing countries are likely to experience mortality rates from these diseases similar to those seen in industrialized nations about three decades ago[6].

In *Ayurveda*, an individual who experiences a sense of heaviness and excessive body mass, particularly in the abdominal region, is referred to as *Sthoola*, and this condition or state is known as *Sthoulya*[7]. The term *Atisthoola* describes a person with an abnormal increase in fat and muscle tissue, often characterized by sagging of the buttocks, abdomen, and breasts, along with a lack of proportional physical strength or energy[8]. *Sthoulya* is considered a disorder arising from the dysfunction (*Vikriti*) of *Medodhatvagni*-the metabolic fire responsible for processing the *Meda Dhatu* (fat tissue). When this metabolic function becomes impaired (*Mandya*), it results in faulty metabolism and improper formation and accumulation of bodily tissues. This imbalance leads to *Medovriddhi* (increase in fat tissue), which presents clinically as *Sthoulya* (obesity)[9].

Patient Information

Age: 53 years
Sex: Male
Occupation: Sedentary office work
Chief Complaints: Progressive weight gain over 5 years, fatigue, bilateral knee pain.
Medical History: No history of Diabetes Mellitus, Hypertension, or Thyroid disorders
Family History: Negative for obesity
Lifestyle: Sedentary, *Avyayama* (no physical exercise), *Divaswapna* (daytime sleep), frequent intake of fried and sweet food

Clinical Findings

BMI: 34.9 kg/m² (Class I obesity)
Physical Exam: Bulky body build, over-nourished, normal gait, no edema or systemic signs
Vitals: BP 130/90 mmHg, Pulse 80/min
General Health: Sound sleep (disturbed due to knee pain), regular bowels, good appetite

MATERIAL AND METHODS

Day	Intervention	Observation
Day 1	Admission, baseline assessment	BMI: 34.9, Weight: 101 kg
Day 2–17	*Kshara Basti* administered	Daily monitoring
Day 17	Post-treatment assessment	BMI: 32.8, Weight: 96 kg
Day 47	Advised follow-up	Diet and *Shamana Aushadhi* continued

Diagnostic Assessment

Ayurvedic Diagnosis: *Sthoulya* due to *Medovaha Srotodushti*, *Kapha-Vata* predominance
Modern Diagnosis: Obesity Class I
Laboratory Investigations:

- **Lipid Profile:** Slightly elevated TC and LDL
- **Fasting Blood Sugar:** Normal
- **ESR:** Mildly elevated (38 mm/hr)
- Other hematological and renal parameters were within normal limits

Therapeutic Intervention

A. *Shodhana Chikitsa – Kshara Basti*

- **Duration:** 16 days (Kala Basti protocol)
- **Dose:** 550 ml/day
- **Timing:** Before meals (morning)

- **Procedure:** *Abhyanga* and *Swedana* followed by administration in *Basti* posture using classical methods.

Ashtavidha Pariksha:
- ***Nadi*** *Prakruta*
- ***Mala*** *Nirama Mala*
- ***Mutra*** *Prakruta*
- ***Jihwa*** *Alipta*
- ***Shabda*** *Prakruta*
- ***Sparsha*** *Anushna Sheeta*
- ***Drik*** *Prakruta*
- ***Aakruti*** *Sthoola*

Nidana Panchaka:
- ***Ahara*** *Madhura, Snigdha, Sheetahar like Payasam, Godhuma, Sharkara*
- ***Vihara*** *Avayayama Divaswapna*
- ***Porvaroopa*** Nothing significant
- ***Roopa*** Increased body weight *Atitrishna Atikshudha Swedadhikya*
- ***Upshaya*** Nothing significant
- ***Anupshaya*** *Santarpan ahara*

Samprapti Ghataka:
- ***Udbhava Sthana*** - *Amashaya*
- ***Vyakta Sthana*** - *Sarva Shareera*
- ***Adhisthana*** - *Medo Dhatu*
- ***Roga Marga*** - *Abhyantara*
- ***Agni*** - *Teekshagni*
- ***Dhatwagni*** - *Manda*
- ***Dosha*** - *Kapha And Vata*
- ***Dushya*** - *Rasa, Mamsa And Meda*
- ***Srotas*** - *Medovaha, Rasavaha*
- ***Sroto Dushti*** - *Sanga*
- ***Sadhya Asadhyata*** - *Krichrasadhya*

Laboratory-Investigations:-

HB	-	14.5gm%
W.B.C.	-	6,400 Cells/CMM
E.S.R.	-	38mm/hr.
Neutrophils	-	52%
Lymphocytes	-	44%
Monocytes	-	01%
Eosinophils	-	0.3%
Platelets	-	3.5lakhs/cm
R.B.C. Count	-	5.2 millions/CMM
F.B.S	-	99.8mg/dl

Shodhana chikitsha
***Kshara Basti* (Medicated Enema):**
- Dose- 550 ml/day
- Duration -16 days *(kala basti)*
- Timing -Before meal (in morning)

***Shamana Chikitsha* (Oral Medication):**
- *Medohara Guggulu* -2 Tab BD
- *Lekhniya Mahakshaya* (Decoction) -15ml BD

Ingredients Of *Kshara Basti*;

Ingredients	Quantity	Approximate weight
Saindhava lavana (rock salt)	*1 Aksha*	12 gm
Guda (jaggery)	*2 pala*	100gm
Satapushpa(Anethum sowa)	*1 aksha*	12 gm
Chincha (tamarindus indica)	*2 pala*	100 gm
Gomutra	*8 pala*	400 ml

Anthropometric Measurement Before And After Treatment

Observation	Before Treatment	After Treatment
Weight	101kg	96kg
BMI	34.9kg/m^2	32.8kg/m^2
Chest circumference	104cm	99.5cm
Abdomen circumference	116cm	108cm
Mid-arm circumference	Right hand-34cm left hand-33cm	Right hand-32cm left hand-30cm
Mid-thigh circumference	Right thigh-62cm left thigh-60cm	Right thigh-60cm left thigh-58cm
Waist circumference	112cm	106cm
Hip circumference	115cm	112cm

RESULTS:

The patient was admitted with a weight of 101 kg and a BMI of 34.9 kg/m², which decreased to 96 kg after 16 days of treatment. A total weight reduction of 5 kg was observed during this period. The patient was discharged with recommendations to continue *Shamana Aushadhis* (mild treatments), follow a proper diet (*Pthya Ahara*) and lifestyle regimen (*Vihara*), and follow up after 30 days.

DISCUSSION:

Kshara Basti is a specific type of *Niruha Basti* (decoction-based enema) traditionally indicated in conditions involving *Vata-Kapha imbalance, Ama* (toxins), and *Medo Vridhi* (obesity or metabolic dysfunction). In the present case, the administration of *Kshara Basti* showed notable therapeutic benefits, which can be attributed to the unique combination of ingredients selected for their *Teekshna (*sharp*), Ushna (*hot*), and Kshara (*alkaline*)* properties.

Rationale For Ingredient Selection

The ingredients used in this formulation serve distinct yet complementary roles. Each contributes to the *Basti*'s overall effectiveness by enhancing digestive fire (*Agni*), promoting *Srotoshodhana* (channel clearance), and enabling *Lekhana* (scraping) of morbid *Doshas* and excess fat.

- ***Saindhava Lavana* (Rock Salt):** This salt is known for *its Sukshma (*subtle*), Ushna (*hot*), and Teekshna (*sharp*)* qualities. These attributes facilitate the penetration of the *Basti dravya* into micro-channels (*Srotas*), thereby liquefying and disintegrating accumulated *Kapha* and other vitiated *Doshas,* making them easier to eliminate.
- ***Purana Guda* (Aged Jaggery):** Guda exhibits mild alkaline properties and functions as a *Mootra Shodhaka* (urinary cleanser) and *Rakta Shodhaka* (blood purifier). It enhances the palatability and absorptive properties of the *Basti.* Its light and non-obstructive nature supports deeper cellular penetration and retention of medicinal substances, improving therapeutic efficacy.
- ***Brihat Saindhavadi Taila* (Medicated Oil):** This oil provides a *Vatahara (Vata*-pacifying) and *Mrdukara* (softening) action. Its *Teekshna, Vyavayi* (spreading), and *Sookshma* (subtle) qualities facilitate deeper tissue penetration. Furthermore, it protects the rectal mucosa from irritation and aids in the elimination of compacted waste materials by lubricating and clearing obstructed channels.
- ***Chincha Kalka* (Tamarind Paste):** *Chincha* is used for its *Amla (*sour), *Ruksha* (dry), *Deepana* (digestive), and *Sara* (purifying) properties. It plays a role in *Ama Pachana* (detoxification) and *Kapha* balancing, assisting in the management of sticky, undigested metabolic waste.
- ***Shatahva Kalka (Ajwain* Paste):** *Shatahva* exhibits *Katu* (pungent), *Tikta* (bitter), *Snigdha* (unctuous), and *Ushna* (hot) properties. Its benefits include *Vata-Kapha Shamana, Vatanulomana* (restoring normal movement of *Vata*), *Agni Deepana* (digestive stimulation), and *Srotoshodhana*. It enhances the metabolic transformation of Ama and contributes to systemic detoxification.
- ***Gomutra* (Cow Urine):** *Gomutra* is known for its alkaline nature, diuretic action, and *Medo Lekhana* (fat-scraping) capabilities. Rich in copper and nitrogenous compounds, it supports the elimination of fat through enhanced renal function. The copper content specifically inhibits fat accumulation in tissues and organs.

Clinical Interpretation

The combined effects of these ingredients created a synergistic therapeutic outcome in the present case. The formulation demonstrated not only *Srotoshodhana and Lekhana* effects, but also contributed to the regulation of *Vata-Kapha doshas*, improved *Agni*, and enhanced systemic detoxification. The alkaline and *Teekshna* properties of the *Basti* were instrumental in breaking down morbid accumulations and promoting their excretion.

CONCLUSION

The treatment for *Sthoulya* was selected based on the signs and symptoms of the disease, with a tailored approach that included prescribed diet and physical exercises. Regular follow-ups are essential to ensure that the patient maintains an optimal weight. According to *Ayurvedic* texts, *Medoroga* (obesity) results from the disturbance of *Medodhatu* (fat tissue) and abnormal accumulation of *Kapha* and *Meda* in the body, caused by a weakened *Medo-Dhatvagni*

(digestive fire) and the resulting *Medovaha Srotodushti* (blockage in the fat channels)[12]. This condition is both treatable and preventable through lifestyle modifications such as a low-carb, low-fat diet, regular physical activity, and Ayurvedic therapies like *Shodhana* (cleansing) and *Shamana* (palliative treatment). Based on this discussion, it can be concluded that *Basti* treatment (a type of Panchakarma therapy) offers an effective solution for managing and preventing obesity. Most importantly, *Nidana Parivarjana* (avoidance of causative and triggering factors) plays a crucial role in preventing recurrence and ensuring sustainable management of obesity.

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