



Research Article

OBSERVATIONAL STUDY OF ROLE OF LEKHANA BASTI AND VIRECHANA KARMA IN STHAULYA (OBESITY)

Chaturvedi Sonal¹, Katara Pankaj²

¹Medical Officer (Shalya Tantra) Ch. Brahm Prakash Ayurved Charak Sansthan Khera Dabar New Delhi, India

²Assistant Professor in Panchkarmaka Department, Ch. Brahm Prakash Ayurved Charak Sansthan Khera Dabar Government of NCT Delhi N.D., India

*Corresponding Author Email: drpankajkatara@gmail.com

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ABSTRACT

Sthaulya (Obesity) is occurs as a result of lack of physical activity with increased intake of food. The industrialization, stress during the work. Dietary habits, lack of exercise and various varieties among the daily diet like fast food, refrigerator's food, increased amount of soft drinks and beverages, canned foods results into the clinical entity which we can call as Obesity. Acharya Charaka mentioned that a person in whom excessive and abnormal increase of Medodhatu along with Mamsadhatu is found which results into pendulous appearance of buttocks, belly and breasts and whose increase bulk is not matched by a corresponding increase in energy is called Sthula Purusha (obsessed Man). For this purpose 40 patients were selected in two groups (20 each), out of them 12 patients had left therapies during this observational study.

Keyword: Sthaylya, Obesity, Lekhana Basti, Virechana Karma.

INTRODUCTION

Sthaulya is an alarming health problem of modern society. It is a predominant metabolic disorder and described by Acharya Charaka in Ashtaunindita Purusha¹. Many theory and medicament put toward us for the management of the disease but till now perfect remedy for this problem is not found in modern medicine also. So people are expecting solution from Ayurveda. It is mentioned among Santarpana Janita Vyadhi in Ayurvedic text². In Sthaulya etiological factors mainly vitiate Meda- Kapha and Vata get Avarita by excessive Meda³. Thus if we used only Aptarpaka Dravya, it increases the vitiated Vata. Therefore, treatment should be planned considering vitiated Vata, Meda and Kapha⁴. Panchkarma is the prime tool of Ayurvedic therapies. Its mainly consider as Shodhana therapy. Acharya Charaka quoted that there is a chance of recurrence in disease treated by Shamana therapy but Shodhana therapy cures the disease from its root and there is no chance of recurrence⁵.

Aims and Objects

- To evaluate the efficacy of Virechana Karma in the Management of Sthaulya
- To evaluate the efficacy of Lekhana Basti in the Management of Sthaulya.
- To compare the efficacy of Virechana and Lekhana Basti in the Management of Sthaulya.

Selection of Patients

The Patients of Sthaulya attending the O.P.D and I.P.D of Ch. Brahm Prakash Ayurved Charak Sansthan Khera Dabar, New Delhi, India

Inclusion Criteria

- The patients whose age > 18 and < 60 years were selected.
- The patients having clinical signs and symptoms of Sthaulya.

- Standard height – Weight chart was also considered.
- B.M.I criteria were also followed for selection of patient.

Exclusion Criteria

- Patients below the age of 18 years and above 60 years.
- Patients with Hypothyroidism.
- Patients with long term Steroid treatment.
- Patients with severe Hypertension.
- Patients with evidence of Renal, Hepatic and Cardiac involvement.
- Patients with Diabetes mellitus.

Laboratory Investigation

- Hematological, Urine, Stool examinations.
- S. Cholesterol, S. Triglyceride. S. HDL, S. LDL, S. VLDL.

Groups of Patients

Group-I

In this group first Virechana Karma was performed by following herb's decoction as per classical method in 13 patients,

- Trivritta (*Operculina turpethum*) - 20 g
- Haritaki (*Terminalia chebula*) - 20 g
- Katuki (*Picrorhizza kurroa*) - 20 g
- Ichchhabhedhi Rasa – 250 mg

This dose varies according to Kostha, Agni and Bala of the patients.

Group-II

In this group total 15 Lekhana Basti was given in 12 patients in alternate day with the duration of one month as per classical method. Basti is prepared by following the method of Asthapana Basti. Contains of Basti was as follows:

- Agnimantha (*Gmelina arborea* linn.) + Trifla Kwatha⁶ - 300 – 500 ml
- Madhu (honey)⁷----- 40 ml
- Saindhava salt----- 10 g
- Mustard Oil----- 60 ml
- Kalka of Boya Beej and Yavakshara ----- 12 g
- Gomutra----- 150 ml

Diet and Exercise

Patients of both the group have been advised to adhere to the Pathya Ahara and Vihara prepared according to the principals of Ayurveda.

Table 1: Assessment of Therapy

<p>1. Angachalatva:</p> <ul style="list-style-type: none"> • Absence of Chalatra - 0 • Little visible movement after fast movement -1 • Little visible movement after moderate movement – 2 • Movement after mild movement – 3 • Movement even after changing posture - 4 	<p>2. Atikshudha:</p> <ul style="list-style-type: none"> • Person not at all taking food – 0 • Person taking food in less quantity once a day – 1 • Person taking food in less quantity twice in a day – 2 • Person taking food in moderate quantity twice in a day – 3 • Person taking food in normal quantity twice in a day – 4 • Person taking food in excessive quantity twice or thrice – 5
<p>3. Kshudraswasa:</p> <ul style="list-style-type: none"> • Dyspnoea after heavy work but relieved soon and up to tolerance -0 • Dyspnoea after moderate work but relieved later and up to tolerance - 1 • Dyspnoea after little work but relieved later and upto tolerance – 2 • Dyspnoea after little work but relieved later and beyond tolerance-3 • Dyspnoea in resting condition - 4 	<p>4. Daurgandhya :</p> <ul style="list-style-type: none"> • Absence of bad smell – 0 • Occasional bad smell in the body removed after bathing – 1 • Persistent bad smell limited to close areas difficult to suppress with deodorants -2 • Persistent bad smell felt from long distance is not suppressed by deodorants – 3 • Persistent bad smell felt from long distance even intolerable to the patient himself -4
<p>5. Atipipasa:</p> <ul style="list-style-type: none"> • Normal thirst – 0 • Up to 1 litre excess intake of water – 1 • 1 to 2 litre excess intake of water – 2 • 2 to 3 litre excess intake of water – 3 • More than 3 litre of water - 4 	

Table 2: Overall Assessment of Therapy

<25 %	Relief	Unchanged
25 - 50 %	Relief	Minor improvement
50 – 75 %	Relief	Moderate Improvement
>75 %	Relief	Marked improvement
100 %	Relief	Complete remission.

OBSERVATIONS

Table 3: Chief Complains Observed in 36 Patients of Sthaulya

Chief Complains	No. Of Patients		Total	%
	Group – A	Group –B		
Bharavridhi	17	19	36	100
Kshudraswasa	7	17	24	66.66
Angachalatva	11	15	26	72.22
Atikshudha	15	11	26	72.22
Daurgandhya	7	10	17	47.22
Atipipasa	14	11	25	69.44

Effect of Therapies

Table 4: Effect on Sign and Symptoms of 12 Patients of Virechana Group

Symptoms	Mean Score		% Relief	Mean	S.D.	S.E.	t	P
	B.T.	A.T.						
Bharavridhi	1.33	0.33	75.80	1.00	0.85	0.25	4.00	< 0.01
Kshudraswasa	0.91	0.50	45.05	0.41	0.66	0.18	2.27	< 0.05
Daurgandhya	2.08	0.83	60.09	1.25	0.75	0.22	5.68	< 0.001
Atikshudha	1.50	0.67	55.33	0.83	0.57	0.16	5.18	< 0.001
Atipipasa	2.36	1.79	24.15	0.57	0.53	0.20	2.83	< 0.05
Angachalatava	2.32	0.82	64.65	1.50	0.79	0.23	6.52	< 0.001

Table 5: Effect on signs and symptoms of 13 patients of basti group

Symptoms	Mean score		% Relief	Mean	S.D.	S.E.	t	p
	B.T.	A.T.						
Bharavridhi	1.23	0.38	68.29	0.84	0.80	0.22	3.81	< 0.01
Kshudraswasa	1.61	0.23	85.71	1.38	0.96	0.26	5.30	< 0.001
Daurgandhya	0.53	0.20	56.60	0.30	0.48	0.13	2.30	< 0.05
Atipipasa	1.38	0.69	50.00	0.69	0.75	0.20	3.45	< 0.01
Atikshudha	1.69	0.61	63.90	1.08	0.51	0.15	7.20	< 0.001
Angachaltava	2.38	1.71	28.15	0.67	0.78	0.22	2.96	< 0.05

Table 6: Overall Effect of Therapy Observed in Virechana Group

Assessment	No. Of Patients	%
Complete Remission	0	0
Marked Improvement	0	0
Moderate Improvement	5	41.66
Minor Improvement	5	41.66
Unchanged	2	16.66

Table 7: Overall Effect of Therapy Observed in Basti Group

Assessment	No. Of Patients	%
Complete Remission	0	0
Marked Improvement	3	23.07
Moderate Improvement	7	53.84
Minor Improvement	2	15.38
Unchanged	1	7.69

DISCUSSION

Sthaulya is a Dushya Dominant Vyadhi. There is an involvement of all the three Doshas in Sthaulya but the vitiation of Kapha-Vata and Meda of prime importance. Etiological factor mainly Vitiates Kapha-Meda. This vitiated Meda obstructs the path of Vata and causes its Avarana which results in provocation of Vata. Thus remaining in the Kosta Vata causes Atikshudha, which increases gravity of the disease and makes the Sthaulya Kritichsadhaya. Lekhana Basti by virtue of its Lekhana property reduces Meda and simultaneously pacifies the Vata by affecting its seat Pakvasaya, so here Lekhana Basti is selected for the treatment of Sthaulya. Virechana is also mentioned in the treatment of Samtarpana Janita Vyadhi⁸. So here attempt has been done to evaluate the role of Virechana as well as Lekhana Basti in the Sthaulya and to compare the efficacy of both the Shodhana procedures. Basti provided better result because it eliminates Doshas from the body and simultaneously absorbed drug performs their action at cellular level⁹.

CONCLUSION

Obesity is the only one disease which is gaining more and more attention of scientists at global level. Charaka has mentioned Sthaulya under the caption of Santarpanajanya Vyadhi. He had suggested Ruksha, Tikshna and Ushna basti for the management purpose of Sthaulya. Basti provided better relief in almost all the parameters than Virechana group moreover it showed better result in overall effect of therapy, it can be explained by following conclusions

Probable Reasons for Better Result of the Lekhana Basti

- It may be due to change in route of administration.
- Basti not only eliminates Dosha from the body but through the colon (Pakvasaya) drug is absorbed and

reaches up to the micro channels of the body, which performs the action of Samprapti Vighatana at cellular level.

- This is an observational data so this study may perform in larger group of patients in future.

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