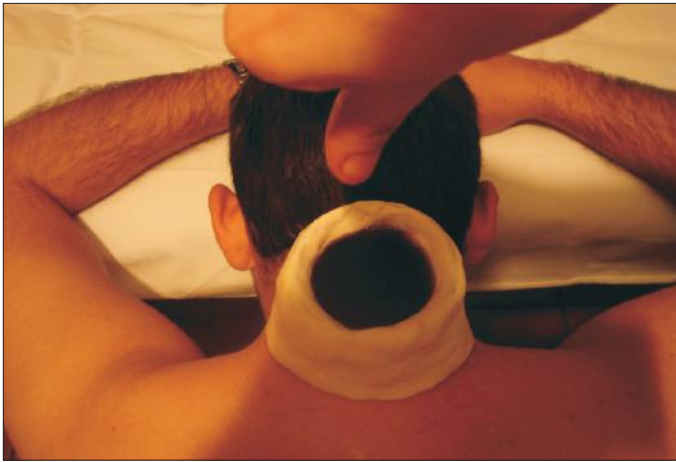


ROLE OF *LEKHANA BASTI* IN *STHOULYA*(OBESITY) – A CASE STUDY¹Dr Manali Ramesh Bansode and ²Dr Vaishali Pandurang Devgirikar¹PG Scholar Dept of Panchakartma,A.D.A.M.C.,Ashata.²Professor Dept of Panchakartma,A.D.A.M.C.,Ashata.**ABSTRACT:**

Sthoulya(Obesity) is the most common nutritional disorder in the present situation. With the possible complications it is not surprising that overweight is associated with multiple lifestyle Disorders. In *Ayurveda* too, obese person has been counted among the *Ashtau-ninditavyadhis* i.e. the 8 diseases which have been looked upon as a stigma in society. *AcharyaCharak* has mentioned Obesity in *Santarpan-janyavikar* i.e. diseases caused due to over-eating.The treatment which is mentioned in *Ayurveda* for Obesity consists of daily internal

medications, doing fasts in the form of light diet and *Shodhanchikitsa* which comprises of *Panchkarma* therapy-the most effective one in less time. In the context of *Panchakarma*, the types which are most commonly employed for the treatment of obesity is *Virechan*(purgation) and *LekhanaBasti*(enema for reducing weight). *LekhanaBasti* is a type of enema(given through the ano-rectal route) which contains *Ayurvedic* drugs which cause the excoriation of the excessive fat from the body. The drugs which are used in the preparation of *LekhanaBasti* are *Triphala* decoction, Honey, *Gomutra*, *Saindhav*, *Hing*, *Yavakshar*, *Kasis*, *Shilajatu* which are all fat-reducing by virtue of their properties .Thus, a single case study will be analysed here to study role of *lekhanaBasti* in *sthoulya*(obesity)

KEYWORDS:

Sthoulya, *Ashtau-ninditavyadhis*, *Santarpan-janyavikar*, *LekhanaBasti*.

INTRODUCTION

Obesity is the most common nutritional disorder in the present situation. With the possible complications it is not surprising that overweight is associated with an increased rate of mortality at all ages. Thus the diagnosis and effective treatment of obesity is literally of vital importance. *AcharyaCharaka* and *AcharyaVagbhatta* has illustrated that *Krishata* is better than *Sthoulya* because when *Sthulapurusha* affected by disease suffers more due to it as compare to *Karshya*. According to the modern science, obesity precipitates the disease like Hypertension, Osteoarthritis, Coronary heart disease, Diabetes mellitus etc. *AcharyaCharaka* included *AtisthulaPurusha* under the eight verities of impediments, which are designated as *NinditaPurusha*. *AcharyaCharaka* has dealt in detail about the *sthoulya* under the context of *ashtouninditeyaadhyaya*. While explaining the disease *sthoulya*, under the context of

Dwividhopakramaneeyaadhya, *AcharyaVagbhata* opines that the disease *sthoulya* develops due to *brimhana*. In *Sthaulya* etiological factors mainly vitiate *Meda*, *Kapha* and *Vata* get *Avarita* by excessive *Meda*. Thus if we used only *AptarpakaDravya* it increases the vitiated *Vata*. Therefore, treatment should be planned considering vitiated *Vata*, *Meda* and *Kapha*. It is a difficult task to reduce *Meda* and to pacify the *SamanaVata* at same time. *Panchkarma* can provide better solution to this problem. *Ayurvedic* classics have mentioned *LekhanaBasti* the *ShodhanaChikitsa* for *Sthaulya*. *LekhanaBasti* by virtue of its *Lekhana* property reduces *Meda* and simultaneously pacifies the *Vata* by affecting its seat *Pakvasaya*, so here *LekhanaBasti* is selected for the treatment of *Sthaulya*. So here attempt has done to evaluate the role of *LekhanaBasti* in the *Sthaulya*. This disease is very stubborn in nature, keeping all this in mind, clinical study was carried out with following aim& objectives.

AIM AND OBJECTIVES:

1. To study the disease *Sthaulya*.
2. To evaluate the efficacy of *LekhanaBasti* in the management of *Sthaulya*.

CASE DISCUSSION:

A 36-year-old female patient presented to our Institute hospital with chief complaint of *Medovridhhi* at the sites of abdomen, buttock, chest, arms, thigh & whole body, shortness of breath on exertion, Excessive Thirst, Hunger& Sleep, Unable to perform physical work. For the above complaints she went to multiple institutes and took many types of medicines and therapies like body spa. On arrival, her general condition was good. The patient was systemically alright.

There was no any medicinal as well as surgical illness. There was only weight gain and increased BMI. Her weight was 84.50kg, BMI- 33.42. Meanwhile, initial and routine blood investigations were sent to the lab. These initial haematological reports like CBC, urine routine and microscopic, LFT, KFT, Lipid profile, blood sugar level were in normal limits. On the basis of visual inspection, clinical diagnosis of *sthoulya* was made.

MATERIALS & METHODS:

Research Design: Present study was a single case study, was administered *Lekhanabasti* for 10 days. As per methods of preparation mentioned in *Ayurvedic* classics.

METHODS OF LEKHANABASTI

The duration of *lekhanabasti* was 10 days. In this course 3 *Anuvasanabasti* with *tilataila* (120ml in single dose) and 8 *Nirooha bastis* (680ml) with *lekhanabasti* were administered.

The *Anuvasanabasti* was administered, on that morning after evacuation of bowels and bladder, patient was advised to take light food at 9.30 am. Then patient was subjected for *abhyanga* to *nabhi*, *kati*, *prusta*, and *parshwa* and *sweda* for about twenty minutes. Then the patient was asked to lie down on the table in the left lateral position, with the left knee extended, right limb flexed and resting on the left knee. The head was supported by the patients left hand. The plastic glycerine enema syringe, with a capacity of 120ml and plane rubber catheter of size no.12 were used for the purpose of *Anuvasanabasti*. The anal orifice and the inserting end of the syringe were smeared with oil for lubrication. The *eaema* syringe filled with *tilataila* was gently inserted to about 4 inches in to the rectum parallel to the spinal column. Simultaneously the patient was asked to take deep breaths. The enema syringe was removed with some of the drug still remaining in the syringe to prevent the entry of air into the colon. Then the patient was asked to turn to the supine position and his buttocks were gently patted and his palm and soles were rubbed. Patient was asked to remain in the same position for 10 minutes. The patient was watched for the evacuation of the

drug. After evacuation they were allowed to take hot water bath and then light food.

The course was started with 1st *Anuvasanabasti* of *tilataila* and then it was given after 4 days. The *NiroohaBasti* was started on 2nd day of the course. The *Niroohabastidravya* was prepared at the time of administration. First 50 ml of *Madhu* and 10 grams of finely powdered *saindhavalavana* was taken in the mortar and are mixed. Then 100 ml of *tilataila* was added slowly till they get properly mixed. Then 20 gms of *Ushakadiganadravyakalka* was added and are mixed. After that 400 ml of *Triphalakhwatha* mixed into the mortar. Finally 100 ml of filtered *Gomutra* was added slowly and all were mixed well till it gets a uniform consistency. This was filtered and indirectly warmed in a boiling water vessel to make it lukewarm. The *Niroohabasti* was given in the similar manner to that of *Anuvasanabasti*. Like all *Niroohasit* was administered before taking food. The *poorva* karma, *pradhana* karma and *paschat* karma were similar to that of *Anuvasana*. The patient was advised to remain on the table till he feels the urge of defecation. After defecation they were allowed to take hot water bath and then light food. The quantity of *lekhanaBasti* administered was 680 ml a day.

CRITERIA FOR ASSESSMENT:

Improvement is assessed once in 5 days for 10 days with following assessment Criteria during & after study period.

1. Decrease in signs and symptoms of *Medoroga* with the help of grading.
2. Changes in Weight and BMI

1. Anthropometric measures :

- a. Weight in Kg
- b. BMI (Body Mass Index)

ASSESSMENT GRADE:

Measures improvement grade

	Mild	Moderate	Maximum
a. Weight	Up to 1 kg	1-2 kg	2-3 kg
b. BMI	Less than or equal to 1	1-2	2-3

OBSERVATION & RESULTS:

Parameter	Baseline day (Pre Treatment)	On 5th Day	On 10 th Day (Post Treatment)	Result
a. Weight	84.50kg	83.02kg	81.34kg	Maximum improvement
b. BMI	33.42	32.83	32.17	Moderate improvement

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* obstruct the path of *Vata* and causes its *Avarana* which results in to provocation of *Vata*. Thus remaining in the *KosthaVata* causes *Atikshudha*, which increases gravity of the disease and make the *SthualyaKritchhsadhaya*. Due to obstruction by *MedaVyanaVayu* could not transport nutrient to other

Dhatu so Medadhātu is increased and *Uttardhatu decreased* so treatment modality should be planned considering vitiated *Meda, Kapha* and *Vata*. *LekhanaBasti* is one of them. The drugs used in *lekhan basti* like *triphala, Gomutra* is having *lekhan* property, and specially work on excessive fat present in body. Just like how the water which is sprinkled on the roots of a tree nourishes the whole tree, in the same way the enema or the *LekhanBasti* given through the anal route goes into the intestine and from there the active properties of the *basti* spread into the whole body and helps in removing excessive fat from the body. This therapy causes the reduction of excessive fat from all over the body right from the top to the bottom.

CONCLUSION:

Treating obesity has become a problem since safe drugs are not available for long term therapy. In present study *lekhanabasti* was administered to the patient for 10 days. After the study, confirmed that *lekhanabasti* have its own role in the management of *sthoulya*, as the patient shows marked reduction in weight and BMI. Further detail study of each drug and its mode of action is to be studied on number of patients.

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