IAMJ

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL



Impact Factor: 6.719

Case Report

ISSN: 2320-5091

INTEGRATED AYURVEDIC APPROACH IN THE MANAGEMENT OF OBESITY WITH LUMBAR SPONDYLOSIS – A SUCCESSFUL CASE STUDY

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https://doi.org/10.46607/iamj4412012024

(Published Online: January 2024)

Open Access © International Ayurvedic Medical Journal, India 2024 Article Received: 16/12/2023 - Peer Reviewed: 30/12/2023 - Accepted for Publication: 15/01/2024.

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INTRODUCTION

In Ayurveda, Obesity (*Sthaulya*) is described as excessive accumulation of *Meda* (fat/adiposetissue) and *Mamsa* (flesh/muscle tissue) leading to flabbiness of hips, abdomen, and breast. It is considered as one of *Santarpanottha Vikaras* (disease due to consumption of excessive

calories) in *Ayurveda*¹. Obesity has emerged as a global health challenge and is linked with several comorbidities and various risk factors that has a negative impact on physical, mental, and social wellbeing of a person.² Obesity itself is associated with high mechanical stresses on the body and high tissue inflammation³, resulting in various Musculo skeletal disorders of spine including osteoarthritis, intervertebral disc disease (IVDD), sciatica & Low back pain.⁴ It is also one of the major risk factors for Cardiovas-

cular heart disease, Diabetes Mellitus, Hypertension, Sleep apnea syndrome etc. This case study explores the effectiveness of an integrated & comprehensive *Ayurvedic* approach in addressing obesity and lumbar spondylosis in a patient, which included complex treatment approaches like Diet & lifestyle Modification, *Ayurvedic* daily routine (*dinacharya*), Antiinflammatory & Pain-relieving medications, Instant pain management.

targeted therapies & detoxifying *Panchkarma* procedures along with metabolism boosting elements that also aid in weight loss. Thus, highlighting the holistic nature of *Ayurveda* incombatting the dual challenges & promoting overall wellbeing.

CASE HISTORY -

A 41-year-old female patient came to OPD with

complaints of excessive body weight, lowerbackache radiating to Right Lower limb with numbness, burning & tingling sensation, Right heel pain, Neck pain, bilateral lower limb swelling, and difficulty in standing after sitting, for 2-3 years. History of present illness – The Patient used to have a sedentary lifestyle with excessive junk food, untimely food, lack of physical activity & late sleeping habits. She used to stay awake whole night most of the time and binge eat. And that is how slowly she started gaining weight. 3 years ago, she fell in her home and got back pain radiating to right lower leg thatslowly got severe. She showed to other allopathic doctors but only got symptomatic relief, that's when her sister advised to visit an ayurvedic clinic for her treatment. k/c/o - DM / HTN / Hypothyroidism / IHD h/o/addiction - wine /vodka twice a week n/h/o - any Surgery

n/h/o – fall/trauman/h/o – any allergy

- O/E P 70/min, BP 130/90mmhg, Spo2 99 %
- 1. Bilateral Pedal Oedema +++
- 2. SLR Positive
- 3. Pump Handle test Negative
- 4. Waist circumference 40 inches 5.

BMI -36.3⁵

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Investigation – MRI of LS spine – 26/06/23

Early changes of Lumbar Spondylosis. Diffuse posterior Intervertebral disc bulge at L2-L5 and S1 USG (A+P) – 26/06/23 Grade 1 fatty liver Uterine Intramural fibroid Left small Para ovarian cyst. Lipid Profile – total cholesterol – 220mg/dl, Serum triglycerides – 200mg/dlSerum vitamin D3 - 14 Other investigations – WNL

Table no 1	-ASHTHA	VIDHA	PARIKSHA ⁶
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Nadi	Vaat Kapha, Mand Gati
Mala	2-3times, Sabandh
Mutra	4-5 Times A Day
Jivha	Saam
Sparsha	Ushna
Druta	Pitabha
Aakruti	Sthool
Agni	Manda

Table no 2 - DASHVIDHA PRIKSHA⁷

Prakriti	Kapha Pradhan Vaat
Vikruti	Meda, Kapha, Vata
Sara	Meda, Mansa, Rasa
Samhanan	Uttam

Praman	Sthool
Satmya	Madhyam
Sattva	Alpa
Ahara Shakti	Alpa
Vyayam Shakti	Alpa
Vaya	Madhyam

Table no 3 – SAMPRAPTI GHATAK⁸

Dosha	Kapha Pradhan Tridosh
Dushya	Medas
Adhishthana	Sarva Sharir
Strotas	Medovaha, Swedavaha
Agni	Dhatvaagni Mandya
Ama	Saama
Strotodushti	Sanga
Udhbhawasthan	Amashaya
Sadhya Asadhyata	Kruccha Sadhya

THERAPEUTIC FOCUS -

The line of treatment was focused on reducing the musculoskeletal pain and improving the reduced digestive fire (*mandaagni*). It included the *Medo –Kaphahar* pacifying drugs, *vatashaman & anulomana, panchkarma*, dietary & lifestyle modification, *Vyayama, Yoga & Pranayam* to improve stability, flexibility & Strength.

Treatment was planned considering the following criterias.

- 1. DEEPAN PACHAN (AGNI + DHATU Level)
- 2. SHOTHA NASHAN
- 3. VAATA SHAMAN (SHAMAN + INSTANT PAIN MANAGEMENT)
- 4. SHODHAN CHIKITSA
- 5. RASAYAN APUNARBHAVA CHIKITSA

Table no -4 – Medicinal treatment from 7/6/23 to 6/10/23

AUSHADH YOGA	MATRA/DOSE	ANUPANA	DURATION
Musta+Shunthi+Parpatak	5GM	Siddha jal in 1litre	21 days
		water	7/6/23-28/6/23
Aampachak vati	250MG twice a day,	Koshna jal	1 month
	adhobhakta		7/6/23-7/7/23
Trikatu churna	1g twice a dayprag bhakta	Koshna jal	15 days
			7/6/23-21/6/23
Trayodashang guggulu	250mg twice a day,	Koshna jal	1 month
	adhobhakta		7/6/23-7/6/23

doi:10.46607/iamj441201	12024 IAI	MJ January 2024	www.iamj.in 274
	adhobhakta		11/7/23-21/8/23
Aarogyavardhini vati	250mg twice a day,	Koshna jal	40days
	bhakt		7/7/23-6/10/23
Kanchnar guggulu	250mg twice a day, prag-	Koshna jal	3 months
	bhakta	jal	7/6/23-7/9/23
Punarnaavshthak kwath	20ml twice a day prag-	Mix with 100ml Koshna	3 months
	adhobhakta		7/6/23-7/9/23
Cap Palsynorm	125mg thrice a day	Madhu + Koshna jal	3 Months

Lakshaadi guggulu 250mg twice a day,adhobhakta		Koshna jal	2 months 10 days28/7/23-6/10/23
Varunaadi kwath	20ml twice a day prag- bhakta	Mix in 100mlkoshna jal	45 days 21/8/23-6/10/23

Table no 5 – Pain management & <i>Panchkarma</i> Interventions
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Therapy	Purpose
1. Cupping therapy / Alabu Chikitsa ⁹ On 3/7/23 & 2/8/23	To alleviate stiffness spasm and Pain overCervical, thoracic & lumbar area. Also, to improve blood circulation at thearea, and reduce the intense pain.
	2 sessions done in an interval of 1 month
2. Viddhakarma chikitsa ¹⁰ On	For intense pain over both Heels & at thesite of sciatic nerve,
3/7/23, 2/8/23 & 3/9/23	3 sessions done in an interval of 1 month.
3. Erand mulaadi Niruha basti ¹¹ –	To pacify vata & eliminate toxins from thebody & also as Lekhan karya.
15 DAYS	A - Sahcharaadi tail (60ml) + Saindhav(3g)N - Erandmulaadi kadha (500ml)
(6/7/23-21/7/23)	2 Niruha & 1 Anuvasan given.
4. Sarvang Snehan + Bashpa Swedan ¹² 15 days (6/7/23-21/7/23)	Detoxify, relax, rejuvenate & nourish themuscles, alleviate the vitiated doshas & expel the toxins.
5. Kati Basti – 15 days (6/7/23- 21/7/23)	To reduce pain, stiffness & inflammation associated with lumbar spondylo- sis.donewith <i>Kottamchukkadi</i> + <i>Murivenna Oil</i>
6. Abhyanga & Udvartan ¹³	Sesame oil masaage followed by Triphalaadi churna udvartan to promotecircula-
Daily Early Morning 3 months 15 days	tion, tone & nourish muscles & reduce excessive fat
(21/6/23-6/10/23)	
7. Murivenna oil45days (21/8/23-6/10/23)	Massage at painful area followed by local heat fomentation to reduce pain, pacify <i>vata</i> .
	, & nourish muscles

Sr.No	Guidelines
1	Waking up early every day, following ayurvedic dinacharya, warm sesame oil massage, followed by
	triphaladi churna Udvartan
2	Herbal infused drink of Mustaadi yoga, throughout the day.
3	Stretching & loosening exercises, 8-12 rounds Suryanamaskar, pranayama & meditation
4	Eat only & only when intensely hungry, for light hunger can have Rajgira Laddoo, khakhra, ½ serving of fruit
5	Include millets like jowar, Ragi and barley in Lunch & Kulitha, drumsticks etcSoups in dinner
6	Have early & light dinner like Dalia, Soups, brown Rice Veg Khichdi.
7	Shatpavali after every meal. Warm water after 30 minutes of food.
8	Forty-five minutes of brisk walking every day, dividing into morning & eveningwalks
9	Go to bed by 10pm followed by 10 minutes of meditation & gratitude.

Table no 6 – Diet, Yoga & lifestyle modification

OBSERVATION & RESULTS -

Table no – 7 - Assessment criteria for Pain, Stiffness & Difficulty in walking.

Score							
0							
1							
2							
3							

Table no 8 – Subjective parameters assessment

SUBJECTIVE PARAME- TERS	BEFORE TREATMENT	AFTER TREATMENT
Lower backache radiating to right lower limb with numb- ness, tingling & burning sen- sation	3	1
Neck pain	3	0
Right heel Pain	3	0
Difficulty in Standing afterSit- ting	3	0
Delayed Periods	3	3

Table no 9 - Objective criteria assessment

Assessment Parameters -Ob-	Before Treatment	After Treatment		
jective				
Slr Test	Positive At 60 Degrees	Negative		
Waist Circumference	101.6cm	86.36cm		
Weight (Kg)	93kg	75kg		
Bmi	36.3	29.3		

Table no 10 – follow ups in every 15 days.

FOLLOWUP	0 Day	15	1	45	2	75	3	105	4 months8TH
		days	Month	days	months	Days	months	days	
		1ST	2ND	3RD	4TH	5TH	6TH		
								7TH	

WEIGHT	93	90	88	86	84	82	80	78	75
(KG)									

BEFORE TREATMENT

AFTER TREATMENT



BEFORE TREATMENT



DISCUSSION

The patient, presenting with both conditions of Obesity & Lumbar spondylosis, was given apersonalized Ayurvedic intervention, emphasizing on antiinflammatory herbs, dietary &

lifestyle modifications, detoxifying Panchkarma procedure, Yoga & breathing techniques¹⁴, and targeted Pain management modalities to address lumbar spondylosis and incorporating metabolismboosting elements for effective weight management. She not only lost massive 18kg in 4-month duration, but all her severe lumbar pain, heel pain, & leg pain reduced drastically. The Pain Management through Cupping therapy¹⁵ & *vidhha karma¹⁶* really alleviated the pain & helped her in continuing the exercises & yoga efficiently. The breathing exercises & meditation helped her focus on the goal, be consistent &

AFTER TREATMENT

gave a positive outcome in overall health.

Panchkarma Shodhan through Erandmulaadi niruha basti¹⁷ is a treatment of choice for lumbar spondylosis & sciatica¹⁸ like symptoms which not only pacifies the vitiated vata dosha but also acts as a lekhan karya helping to expel the toxins, cleanse & heal the root cause. Kati basti is ideal for lumbar region pain, stiffness & inflammation. Soothing & healing at the intervertebral disc level. The patient lost further 5 kgs solely through the Ayurvedic diet, Yoga & lifestyle.

modification. Currently she weighs 70kg & is very happy to lead a confident & Pain free life only because of integrated Ayurvedic treatment.

CONCLUSION

doi:10.46607/iamj4412012024

The case study highlights the positive and unbelievawww.iami.in 277

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ble outcomes achieved through *Ayurvedic* interventions, including gross weight reduction, improved mobility, and a notable reduction in musculoskeletal pain associated with lumbar spondylosis.

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Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Samin Shaikh & Sunil Bhaskare: Integrated ayurvedic approach in the management of obesity with lumbar spondylosis – a successful case study. International Ayurvedic Medical Journal {online} 2024 {cited January 2024} Available from: http://www.iamj.in/posts/images/upload/272_278.pdf