



AYURVEDIC MANAGEMENT OF STHOULYA – A CASE REPORT

Shrilatha Kamath T¹, Venupriya Mishra²Professor and Head¹, PG Scholar²

Department of PG Studies in Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Kuthpady, Udupi- 574118, Karnataka, India.

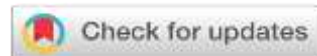
Corresponding Author: venupriyamishra@gmail.com<https://doi.org/10.46607/iamj3611032023>

(Published Online: March 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 08/02/2023 - Peer Reviewed: 22/02/2023 - Accepted for Publication: 09/03/2023.



ABSTRACT

Sthoulya can be understood under *medovaha srootovikara*. This *srootovikara* is due to *mithya ahara* and *vihara sevana* which have become more common in this pandemic era. Obesity is widely regarded as a pandemic with potentially disastrous consequences for human health. Obesity is not a single disorder but a heterogeneous group of conditions with multiple causes. It involves complex links between metabolic, genetic, physical activity, and social-culture factors. Among the many causes, polycystic ovarian syndrome affects about 10% of women of reproductive age and is often associated with obesity. This article is a case report of a 22-year-old girl who presented with increasing weight associated with irregular and delayed menstruation. On USG she was found to have a bilateral PCOS pattern. Based on the clinical finding's treatment principles adopted were *Agnideepana*, *Abhyantara snehana*, *Bahya Snehana*, and *Swedana*, *Virechana*, followed by *Samsarjana krama* and *Shamana Aushadhis*. After 3 months of internal medications, weight reduced markedly, and menstruation was normal.

Keywords: *Sthoulya*, Obesity, PCOS.

INTRODUCTION

Obesity in adolescents is prevalent worldwide. Overall, about 13% of the world's population (11% of men and 15% of women) were obese in 2016.^[1] Pol-

ycystic ovary syndrome (PCOS) is associated with menstrual irregularity, hirsutism, multiple cysts in the ovaries, and most often with obesity and has serious

metabolic and reproductive health implications. It has recently been estimated in two populations that 18.5–26% of adolescent girls have PCO, thus making it a relatively common syndrome. In women, the risk of PCOS is increased among those who are obese, and similarly, it is elevated among obese adolescents.^[2] Obesity is a condition characterised by an excess of body fat. In its simplest terms, obesity can be considered to result from an imbalance between the amount of energy expended through exercise and bodily functions.^[3] People who are obese are likely to develop a range of chronic conditions such as Dyslipidaemia, Diabetes, PCOS, etc. For adults WHO defines overweight is a BMI greater than or equal to 25; and obesity is a BMI greater than or equal to 30, where 30.1-34.9 is class 1 obesity, 35.0-39.0 is class 2 obesity, and BMI greater than 40 is considered as class 3 obesity.^[4] The Western Pacific Region office of WHO recommends that Asians with, BMI > 23.0 is overweight and those >25.0 is obese.^[5] In the classics, *Sthoulya* is explained under *santarpanjanya vikara* and has been mentioned in *Ashtaninditiya purusha* chapter. This disorder is due to factors like *Avyayama*, *Divaswapna*, excessive intake of *guru*, *Madhura*, and *snigdha dravya*. Excessive *Vridhhi of Koshtasthit Samana Vayu* causes *Ati Sandhukshana of Jatharagni* leading to *tikshnagni*. Hence food gets digested faster making the person crave to consume excess food. This causes accumulation of *medas* in various body parts such as buttocks, stomach, and breasts. There is *avarodha* of *srotas* by *medas* which causes *Shaithilyata* of other *Dhatus* as they do not get nourished properly. The treatment principle advised is *Guru cha Atarpana*.^[6]

Sushruta mentions that due to apathyakara ahara vihara, there is the formation of *Ama Rasa*. This *Madhura Bhavayukta Ama Rasa* moves within the body and causes *Srotosanga* due to its *snigdha guna* leading to *Sthoulya*.^{[7]*}

AIM AND OBJECTIVE

Exploring the efficacy of shodhana and shamana aushadhis in Sthoulya (Obesity due to PCOS).

CASE REPORT

A female patient of 22 years N/K/C/O DM, HTN, and Thyroid disorders came with complaints of increased body weight and associated complaints of irregular and delayed menstruation with occasional spotting for 1 year. She also complained of body hairs (on the face and chest) and tiredness on walking. The onset of weight gain was gradual and progressive in nature until last year when she put on 5 kgs in one year.

Dietary Habits- Regular intake of junk foods such as ice cream and chocolate in excess.

Family History- Father of the patient is obese.

Occupational History- The patient is a software engineer and has a habit of sitting in one place for more than 8 hours.

Menstrual History- Age of Menarche- 13 years

Cycle-Irregular

Interval- 40 days

Duration- 5-6 days

Pain- Severe, associated with vomiting and dizziness.

Spotting- present occasionally

Personal History:

Diet – Vegetarian and Non-Vegetarian

Sleep – Sound

Bowel – Normal

Appetite – Increased

EXAMINATION:

General Examination

Built: Endomorph

Height: 167.64 cm

Weight: 89kg

BMI: 31.9kg/m²

Pallor: Absent

Icterus: Absent

Clubbing: Absent

Cyanosis: Absent

Lymphadenopathy: Absent

Edema: Absent

Systemic Examination

Cardiovascular System: S1S2 Heard

Respiratory System: Air Entry Bilaterally Equal, Normal Vesicular breath sounds heard.

Gastro-Intestinal System: P/A Soft, No Organomegaly felt.

Central Nervous System: Conscious and Well Oriented to time, place, and person

Higher Mental Function-Intact

Cranial Nerves-Within normal limits

Investigation

FLP	
Total cholesterol	210mg/dl
Serum triglyceride	260mg/dl
HDL	52mg/dL
LDL	106 mg/dL
VLDL	52mg/dL
TC/HDL ratio	4.0

USG REPORT OF ABDOMEN

Bilateral Polycystic ovarian disease with POD fluid. Central echogenic stroma measuring 5 to 7 mm (about 7 to 8 in number). The right ovary measures 35 mm×30 mm (8cc). The left ovary measures 37 mm×32 mm (8.5cc).

Intervention

Virechana was selected in this case for *shodhana*. The patient was administered *deepana pachana* be-

fore *snehapana* and *virechana karma*. For *snehapana guggulu tiktaka grita* was selected. The dose of *Sneha* was calculated based on her *agni*, *snehapana* was given in *arohana krama* until *samyak snigdha lakshana* were attained, followed by *abhyanga* and *Bashpa sweda* for three days. *Virechana* was administered with *Trivrut leha*. The patient attained eight *vegas* and was advised with *samsarjana krama*. *Shamana aushadhis* were advised for 3 months.

TABLE NO1- Snehapana Dose

DAY	DOSE
1	50ML
2	100ML
3	150ML
4	200ML

TABLE NO 2- Treatment Plan

SL NO.	KARMA	DRAVYA	DOSE	DURATION
1.	<i>Deepana and pachana</i>	<i>Chitrakadi vati</i>	4-4-4	Before food for two days
2.	<i>Sneha pana</i>	<i>Guggulu Tiktaka ghruta</i>	Day1- 50ml	Day4- 200ml
3.	<i>Sarvanga abhyanga</i>	<i>Brihat saindhava taila</i>	45 mins	3 days
4.	<i>Bashpa sweda</i>	-	30 mins	3 days
5.	<i>Virechana</i>	<i>Trivrut leha</i>	50gm with milk	Morning (empty stomach)
6.	<i>Samsarjana karma</i>	<i>Avara shodhana</i>	-	3 days

SHAMANA AUSHADHIS

1. *Dashamoola Kashaya* 15 ml TID A/F
2. *Cap Shatavari* 2 TID
3. *Nityananda Rasa* 2 TID

Subjective criteria

Lakshanas of *Sthoulya* were assessed by scoring. Scoring was done based on the severity of the symptoms.

Absence of symptoms- 0

A mild degree of symptoms- 1

A moderate degree of symptoms- 2

Severe degree of symptoms- 3

SYMPTOMS	BT	AT
1. Tiredness on walking	3	1
2. Heaviness of body	3	1
3. Lack of interest in activities	2	0
4. Excessive sleep	2	2
5. Excessive sweating	3	2
6. Excessive hunger	3	1
7. Excessive thirst	2	1

Some other Subjective Parameters:

PARAMETERS	BT	AT
Cycle	Irregular	Regular
Duration	5-6 days	3-4 days
Spotting	Present	Absent
Dysmenorrhea	Present	Present

Objective criteria

PARAMETERS	BT	AT
Weight	89 kgs	84 kgs
BMI	31.9 kg/m²	30.1 kg/m²
USG FINDING	PCOD morphology present	PCOD morphology absent.
Hirsutism	Present	No change

RESULT

On the day of admission, the weight of the patient was 89 kg which was reduced to 84 kg on the day of discharge. A normal menstruation pattern was restored where the cycle reduced to 32 days with an

average flow of 3-4 days without clots. There was a significant change in the USG report after treatment wherein the PCOD morphology completely resolved. However, there was no change in dysmenorrhea and hirsutism.

USG REPORT BEFORE TREATMENT USG REPORT AFTER TREATMENT



DISCUSSION

Shoulya is a *santarpanotha vyadhi* and its main line of treatment is *apatarpana* which can be achieved by *sodhana*. *Virechana* is beneficial as it helps to initiate the weight loss mechanism. Also, as this involves *Bahudoshavastha*, *sodhana* in the form of *virechana* is the best as it will improve the *dhatwagni* by clearing *srotorodha*.

Deepana pachana was done because of *agni dushti* with *Chitrakadi vati*. Patient was subjected to *snehapana* with *Guggulu tiktaka grita* which is *kapha* and *Medahara* due to its *tikta, kashaya rasa, laghu, ushna tikshna sukshma* and *sara guna, ushna veerya* and *katu vipaka*. It is also *tridosahara*.^[8] *Abhyanga* procedure enables the drug penetration to different dhatu, along with *nirharana* of *vikrita dosha* leading to *sharira laaghavata*.^[9] *Brihat saindhavadi taila* was used for *abhyanga* which has *amapachana* and *Srotovishodhana* properties and most of the drugs in it are *katu* in *rasa, laghu* in *guna, ushna veerya* and *katu vipaka*.^[10] *Baspa sweda* removes the *srotorodha* due to its *ruksha guna* and helps to liquefy the *medas* and mobilize it. *Virechana karma* was administered with *Trivrut leha* which possesses *ushna, tikshna, sukshma, vyavayi, and vikasi guna*^[11] by which the morbid dosha are expelled from the *koshta*. After *shodhana* based on the number of *vegas* attained *samsarjana krama* was adopted as it plays a major role in gradually increasing the *agni*. The patient was advised with *Dashamoola kwatha* which has *vatahara*

DISCUS-

and *sothahara* properties.^[12] *Shatavari* also has *sothahara* and *gulma nashaka* properties.^[13] *Nityananda rasa* has *kaphavatahara* properties and destroys *meda dhatugata vikara*^[14] and proved very beneficial in resolving PCOD.

CONCLUSION

The treatment given that is *virechana* and *shamana aushadhis* showed a significant amount of difference in subjective and objective parameters in the management of *shoulya* and PCOS hence proving the efficacy of ayurvedic treatment in various lifestyle disorders.

REFERENCES

1. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
2. Vilmann L, S, Thisted E, Baker J, L, Holm J, -C: Development of Obesity and Polycystic Ovary Syndrome in Adolescents. *Horm Res Paediatr* 2012;78:269-278. doi: 10.1159/000345310
3. Brian R. Walker, Nicki R. Colledge, Stuart H. Ralston, Ian D. Penman(Editor). Davidson's principles of practise of medicine: 22nd edition. Edinburgh: Churchill Livingstone Elsevier;p101
4. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
5. Brian R. Walker, Nicki R. Colledge, Stuart H. Ralston, Ian D. Penman(Editor). Davidson's principles of practise of medicine: 22nd edition. Edinburgh: Churchill Livingstone Elsevier;p117
6. Vaidya Yadavji Trikamaji Acharya, Agnivesha, *Charaka Samhita*,

- with *Ayurveda* Dipika Commentary by Chakrapani, Sutra sthana, 21st chapter, verse no. 5-8, Chaukhamba Publication New: Delhi; Reprint 2020, p.116.
7. Vaidya Yadavaji Trikamji Acharya, Sushruta Samhita, Narayanaram Acharya editors. Acharya Dalhana. Sushruta Samhitha with Nibandha Sangraha commentary. Chaukhamba Sanskrit Sansthan: Varanasi; 2019. p.73.
 8. Chikitsa sthana: *Ashtanga Hridaya Sarvanga sundara vyakhya*. 21st chapter/57-60th verses; Krishnadas Academy, Varanasi:1995
 9. A. G. Shrinivas. Panchakarma illustrated. 1st edition. New Delhi: Chaukhamba Sanskrit Pratishthan; Reprint 2009 p.102.
 10. Chakradatta Of Sri Chakrapanidatta With the “Vaidyaprabha Hindi Commentary by Dr. Indradeva Tripathi, Chaukhamba Sanskrit Bhavana: Varanasi, Reprint 2010. Chapter 21 Amavatarogathikara, p170
 11. Vagbhata, Ashtanga Hridayam, Sarvanga sundari commentary of Arunadatta, Ayurveda Rasayana commentary of Hemadri, Edited by Bhishagacharya Harisastri Paradakara vaidya, Choukhamba Orientalia: Varanasi, Reprint 2020. Chapter 2, p.742
 12. Kaviraj Govind Das Sen, Bhaishjyarnavali, edited with ‘Siddhiprada’ Hindi commentary by Prof. Sidhhi Nandan Mishra, Chaukhamba surabharati Prakashan: Varanasi, 2019; p733.
 13. J.L.N Sastry, Dravyaguna vigyana, Chaukhamba Orientalia: Varanasi, reprint edition 2016; p.540
 14. Kaviraj Govind Das Sen, Bhaishjyarnavali, edited with ‘Siddhiprada’ Hindi commentary by Prof. Sidhhi Nandan Mishra, Chaukhamba surabharati Prakashan: Varanasi, 2019; p812.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Shrilatha Kamath T & Venupriya Mishra: Ayurvedic Management of Sthoulya – A Case Report. International Ayurvedic Medical Journal {online} 2023 {cited March 2023} Available from: http://www.iamj.in/posts/images/upload/697_702.pdf