

Case Study of Role of Madhutailika Basti on Medoroga W.S.R.to Obesity**Dr. Priya Kadu (Dubey)**

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Abstract:

In Modern medical science Medoroga may be compared with Obesity. Enlargement of cell in its size or an increase in number or both leads to abnormal growth of adipose tissues which is known as Obesity. In Sharangdhara Samhita Madhutailika basti by virtue of its hypolipidemic drugs (lekhanadravyas) reduces Medas and pacify the Vata by affecting its seat of Large intestine (Pakvashaya). To assess the effect of Madhutailika Basti on Obesity (Medoroga), 30 patients are enrolled for weight reduction through detoxification (samshodhan) therapy, I got desirable result in patients, out of these patients, one single case study is taken for the discussion topic and it is on Kalbasti. This course is designed as 3 days for Ama pachana and 16 days for Kalbasti followed by Sthanik snehana and swedana. Assessment therapy was done on subjective & objective parameters and it is concluded that Madhutailika Basti has significant role in the management of Medoroga. Satisfactory result was found on both parameters. During interval period Janu Basti was advised for the management of knee pain by using Sahacharadi taila.

Introduction

Good health According to Ayurveda is achieved by having SharirDosh, Dhatu and Mala in particular proportion. Meda or fat is one of these Dhatus, which serves many purposes, important of which is to create and maintain body-heat, which keeps us alive. Meda also protects delicate structure of our body from any injury.¹

In Ayurveda, Medoroga is considered as excess fat deposition & in modern parlance it is correlated to overweight/ obesity. Acharya Charak had described obese person (Atisthula purusha) has been considered as one of the Asthaninditapurusha in sutra Sthan chapter 21. According to Charak, apart from the genetic factors, diet like Kapha enhancer (shleshmakar, abhishayandi) & lifestyle like sedentary, Hypersomnia (avyayam, divaswap) are the main contributing factors in the aetiopathogenesis of Obesity (Medoroga).²

Acharya Sharangdhara has described in uttarkhanda. When describing Madhutailika Basti and its phalashruti it is stated as this Basti is use in Medoroga⁸ therefore it is decided to do

detoxification (Shodhan chikitsa) in the form of Madhutailika Basti.

Internal purification procedure like Madhutailika basti do the strotas shodhan, sampraptivighatan is found to be effective in the reduction of body weight & other associated complaints of obesity. Weight loss with help of shodhan chikitsa is not a difficult task but to maintain that reduced weight is difficult. Pathya, Apathya was explained as Nidan Parivarjan for maintaining that reduced weight.

2. Case History

A Female age 48 years visited Panchakarma O.P.D. Rani Dullaiya Smriti Ayurved P.G. College & Hospital, Bhopal (M.P) on 01/11/2021 for weight reduction as because of bharvrudhdhi she was having bilateral knee joint pain. Her associate symptoms were breathing difficulty while climbing, profuse sweating, kshudha aadhikya, atipipasa and dourbalya and no any history of DM/HTN/TSH.

Ashtavidha pariksha:**Nadi** – 74/min**Jiwha**- Saam**Druk** - prakrut**Mutra**- prakrut**Shabda**- Spashttha**Akriti**- Stul

Mala – aprakrut, (Irregular, Constipated).

Sparsh- Anushna

Assessment Criteria:

The assessment of overall effect of the therapy was based on the following grading -

Subjective parameters-Clinical symptoms of the patient as described in CharakSamhita⁵.

1. UtsahaHani / Aalasya
2. Atikshudha
3. Atipipasa
4. Atisweda
5. Dourbalya
6. Dourgandhya

Table 1: Subjective Parameter

Subjective Parameter	Observations	Scale
1. Alasya/ Utsahahani	No Alasya (doing work satisfactorily with proper vigour in time)	Grade 0
	Doing work satisfactorily with late initiation	Grade I
	Doing work unsatisfactorily under mental pressure and takes time	Grade II
	Not starting work on his responsibility and doing little work very slowly	Grade III
	Does not take any initiation not want to work even after pressure	Grade IV
2. Atikshudha – (on the basis of Aharmatra)	Normal appetite 2-3 times daily	Grade 0
	Excess appetite 2-3 times daily	Grade I
	3-4 times daily	Grade II
	4-5 times daily	Grade III
	More than 5times daily	Grade IV
3. Atipipasa	Normal thirst	Grade 0
	Up to 1liter excess intake of water	Grade I
	1to 2 litre excess intake of water	Grade II
	2-3 litre excess intake of water	Grade III
	More than 3liter intake of water	Grade IV
4. Atisweda	Sweating after heavy work and fast movement or in hot season	Grade 0
	Profuse sweating after moderate work and movement	Grade I

	Sweating after little work and movement	Grade II
	Profuse Sweating after little work and movement	Grade III
	Sweating even at rest or in cold season	Grade IV
5. Daurbalya / Alpavyayam	Can do routine exercise	Grade 0
	Can do moderate exercise without difficulty	Grade I
	Can do only mild exercise	Grade II
	Can do mild exercise very difficulty	Grade III
	Cannot do even mild exercise	Grade IV
6. Daurgandhya	Absence of bad smell	Grade 0
	Occasional bad smell from the body which removed after bathing	Grade I
	Persistent bad smell limited to close areas difficult to suppress with deodorants.	Grade II
	Persistent bad smell felt from long distance and is not suppressed by deodorants.	Grade III
	Persistent bad smell felt from long distance even tolerable to the patient himself.	Grade IV

Objective Parameters

1. Body weight
2. Waist – Hip ratio (≤ 0.8 in Women & ≤ 1 in Men.)
3. BMI (BMI or Quetelet’s Index)
 $BMI = \frac{\text{Weight in kg}}{\text{Height in meter}^2}$

According to the BMI, patients can be divided into different degrees of obesity as follow: BMI classification:

1. Overweight: 25-29.9 kg/m²
2. Obesity (Class I): 30-34.9 kg/m²
3. Obesity (Class II): 35-39.9 kg/m²
4. Obesity (Class III or morbid obesity): $>40\text{kg/m}^2$.

Special Examination-

Weight- 80 kg, Height – 152 cm

BMI³ – 34.6 kg/m^2 (wt. In k.g/ Ht. in M²)

Waist Hip Ratio⁴ – W.H.R. = W.C./H.C. (44/42) = 1.04

Laboratory investigations

RBS, Blood lipid profile.

Lab. Reports were found Normal. Her BMI was 34.6 which comes under class I Obesity.

3. Material & Methods

Madhutailika Basti: was given in following manner Purva Karma: Deepanapachana with sunthichurna (2gms TDS) for 3 days. Pradhan Karma: For 16 days kalbasti Niruha Basti: Madhutailika Basti⁶ Anuvasana Basti: Tila taila⁹

Kal	Niruha- Abhukta Anuvasan- Adrapaninambhojan (immediately after meals)
Duration	Amapachan for 3 days Kalbasti for 16 days
Follow up	26 th day 1 st follow up 33 th Day 2 nd follow up

4. Observation & Result

It was observed that with the help of Basti Patient has reduced 11 kg. weight in 45 days, apart from this patient got significant result in subjective parameters. Also in Basti kal Patient’s diet was laghusupachya Ahara and in Vihara divaswap and ratri jagaran varja. During the interval of Basti course Janu Basti with Sahacharadi Taila was advised for 7 days. Overall result after Clinical Evaluation has revealed as follows -

Table 2:

Material / Drugs of Madhutailika Basti:

Drugs	Quantity
Madhu	160 ml
Saindhva	10gm
Eranda Mul Kwatha	320ml
Tila Taila	160ml
Madhanphal churna	5gm
Shatpushpachurna	30ml

Table 5:

Clinical Evaluation was done on the basis of grading of symptoms.

Basti is given in below manner⁷

Table 3: Basti

Day	1st	2nd	3rd	4th	5th	6th	7th	8th
Basti	A	A	N	N	A	N	N	A
Day	9th	10th	11th	12th	13th	14th	15th	16th
Basti	N	N	A	N	N	A	A	A

Visit Symptoms	Before Treatment	After Treatment
Alasya/utsah hani	Grade II	Grade I
Ati kshudha	Grade III	Grade I
Ati pipasa	Grade I	Grade 0
Ati sweda	Grade III	Grade I
Shwasakchrata	Grade II	Grade I
Daurbalya	Grade I	Grade 0
Daugandhya	Grade I	Grade 0
Bharvridhi	80kg	69 kg

As given in Chakar samhita sidhhi sthan the order of Basti is 2 days Anuvasan Basti followed by Niruha basti. Acharya Charak has mentioned if Kapha and Pitta dosha is increased then give Anuvasana basti on 5th day this will help Kapha and Pitta dosha to aggravate (utklesh) and Niruha basti will do shaman. Last 3 basti is given to prevent vata prakop. Hence we given the basti in this manner.¹⁰

Table 4:

Duration and doses:

Drug	Niruha- Madhutailika niruha basti as Lekhan Basti. (no. of basti 8) Anuvasan with Murchitaila taila (no. of basti 8) Sthanik Snehan with til taila and Sthanik Swedan with Triphala kwath Nadi Sweda
Dose	Niruha – 685 ml Anuvasan - 80 ml

5. Discussion

Medoroga (Obesity) is one among the major diseases that falls under the category of santarpajanya vyadhi. This condition can lead to the association of many other disorders in its course. Hence, it gains high significance from the medical point of view.

Acharya Sharangdhara has described in uttarkhanda. When describing Madhutailika Basti and its phalashruti it is stated as this Basti is use in Medoroga⁸. Keeping this point in mind here this Basti is used in Obesity. As mentioned in shushruta samhita Qualities of Tila taila are vyavayi, sukshma, tikshnoshna, lekhan gunas⁹ it enters sukshmastrotas does kshapana karya for meda due to kshapana of

meda, the person becomes krisha. Probable action of Madhutailika Basti is on the bases of its ingredients which are virudha guna of shleshma, that removes the obstruction & deplete fat, because of that vata anuloman occurs, works as Tikshna agni upashaya, other channels get cleared & nourishment of all Dhātu, in this manner Sampraptivighatan of Medoroga (Obesity) takes place.

6. Conclusion

On the bases of subjective & objective parameters it is concluded that Madhutailika Basti has significant role in the management of Medoroga. In this patient before treatment BMI was 34.6 (class I Obesity) after treatment it was 29.8(over weight) and observed improvement in other subjective parameters as well.

References

1. "Traditional herbal remedies practiced by the Herbal Healers in the tribal region of Maharashtra India". By Kamble SY, Sawnar PS, Patil SR, Pawar SG and Singh EA in International general of life sciences, 2014, vol. 2(4)-334-340.
2. 2 Sharma R.K. & Dash B. carak Samhita Sutrasthana 21/4, Choukhamba Sanskrit series varanasi (India), 2004.
3. WHO / Obesity, www.who.int. (Assessment date – 09th June 2021)
4. www.who.int (Assessment date –2019)
5. Sharma R.K. & Dash B. carak Samhita Sutrasthana, vol. 1, 21/4, Choukhamba Sanskrit series varanasi (India), 2004.
6. Sharangdhar Samhita with Jivanprada Savimarsha Hindi vakhya Samhita by Dr Shi. Shaulaja Shriwastav. Pub. By Chaukhamba Sanskrit Pratishthana reprinted in 2015, pg. no. 387.
7. Charak Samhita; with Savimarsha Vidhyotini Hindi comm. of Pandit Kashinath Pandey and Dr. Gorakhnath Chaturvedi. Pub. By Chaukhamba Sanskrit Pratishthana reprinted in 2015, pg. no. 867
8. Sharangdhar Samhita with Jivanprada Savimarsha Hindi vakhya Samhita by Dr Shi. Shaulaja Shriwastav. Pub. By Chaukhamba Sanskrit Pratishthana reprinted in 2015, pg. no. 387. (Sha.Sam.Uttar.29.30.31)
9. Sushrut samhita, Vaidya P.V. Sharma Chaukhamba Surbharti Prakashan, Varanasi, reprint-2010; Su.112: 368.
10. Charak Samhita; Acharya Vidhyadhar Shukla and Ravidatta Tripathi. Pub. By Chaukhamba Sanskrit Pratishthana (Sidhisthan chapter no 1, pg. no. 880).