

A REVIEW ON ROLE OF MUSTADI KWATHA IN THE MANAGEMENT OF STHAULYA W.S.R. TO OBESITY

Dr. Arun Kumar Sharma*¹ and Dr. Sujata²

¹Associate Professor, P.G. Dept. of Kayachikitsa, Gurukul Campus, U.A.U. Haridwar.

²P.G. Scholar, P.G. Dept. of Kayachikitsa, Gurukul Campus, U.A.U. Haridwar.

ABSTRACT

Ayurveda being the life science, always promotes well being and balance. It provides ways of optimizing energy through diet and lifestyle, with specific emphasis on warm, hearty and whole foods and a daily routine. But in current scenario, most of the diseases are result of disturbed and deranged life style and dietary habits. These disorders are categorized in '*santarpanajanya*' (overnutritional) and '*aptarpanajanya*' (undernutritional) diseases. Sthaulya is one among santarpanajanya disorders. Sthaulya can be compared to obesity in modern parlance. Many theories have been put forward with many new hypotheses describing this disorder in Ayurveda as well as in modern medical science. But still there is enough scope to work out on its etio-

pathological and management aspect. This is because in modern medical science, its management aspect still remains symptomatic with troublesome side effects. With these many side effects and short term benefits in modern system of medicine, Ayurveda can provide a very good holistic treatment option. One such preparation might be Sthaulyapakarshaniya kwatha which has properties like *Aampachana*, *Medoshoshana* and *Vata-kaphashamana*.

KEYWORDS: Ayurveda, Santarpanajanya vyadhi, Sthaulya, Medoshoshana, Aampachana.

INTRODUCTION

The word "Sthaulya" is derived from the root 'Sthula prabrimhane' in which 'Pra' means 'Prakrishta'(excessive); and 'Brimhan' means 'Growth of the body'. In Ayurveda, sthaulya has been described since very early days in various samhitas, sangraha-granthas, nighantus,

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*Corresponding Author

Dr. Arun Kumar Sharma

Associate Professor, P.G.

Dept. of Kayachikitsa,

Gurukul Campus, U.A.U.

Haridwar.

etc. Acharya Charaka has mentioned the disease under *ashtau-nindita purushas*. It is described in Charak samhita as follows-

A state in which person has excessive and abnormal increase of *medodhatu* along with *mamsadhatu*, which results in pendulous appearance of buttocks, belly and chest is *sthaulya*. Their increased bulk mass is not equal to a corresponding increase in energy.

Also '*Ashtamahdoshas*' are described in Charaka Samhita for *Sthula-purusha* (obese). These are as follows-

- *Daurbalya* (General weakness)
- *Swedabadha* (excessive sweating)
- *Kshudhatiyoga* (excessive hunger)
- *Pipasatimatra* (excessive thirst)
- *Swapna-krathana* (Snoring)
- *Daurgandhya* (Foul smell from body)
- *Kshudra-shwasa* (Breathlessness)
- *Krichhravyavayata* (Sexual dysfunction)
- *Javoparodha* (*early ageing*)

Sthaulya can be compared to obesity in modern parlance. Obesity is a state of excess adipose tissue mass. It is a disease of caloric imbalance that results from an excess intake of calories above their consumption by the body. The main cause of obesity is sedentary lifestyle, stress etc. These in addition to obesity is also providing platform for so many complications like hypertension, diabetes mellitus, osteo-arthritis, infertility, impotency as well as psychological disturbances like stress, anxiety, depression etc. Thus, the mortality and morbidity are more in obese person compared to others.

Etiopathogenesis

In Ayurveda, the root cause of all the disorders is considered to be '*nidana-sewana*' (following unwholesome diet and regimen). Acharya Madhavakar mentions 3 specific *nidanas* for *sthaulya* i.e, *avyayama* (sedentary lifestyle), *divaswapna* (sleep during day time) and *kaphaj-aahara* (the diet which increases mucous). When someone follows such diet and lifestyle for long, formation of *madhurtara-annarasa* (juicy fluid with sweet taste) occurs in his/her digestive tract. While it's further processing, this *annarasa* is responsible for the excess formation of *meda-dhatu* (adipose tissue). Due to excessive accumulation of *meda*,

pathway of *vata* gets covered. Such *avritta vata*, is unable to flow free in body channels; so it shifts towards *koshtha* (middle part of body). After reaching there, it accelerates the *agni* (digestive fire) and which cause early digestion of eaten food. In such condition patient feels hunger again and again and so that eats frequently. Thus he/she gets trapped in obesity.

According to modern medical science, there are two important hormones that shape our appetite and hunger signals are leptin and ghrelin. Leptin and ghrelin seem to be the big players in regulating appetite, which consequently influences body weight/fat. When we get hungrier, we tend to eat more. When we eat more, obviously, we maintain our body weight or gain that weight back. Both leptin and ghrelin are peripheral signals with central effects. In other words, they're secreted in other parts of the body (peripheral) but affect our brain (central). Leptin is secreted primarily in fat cells, as well as the stomach, heart, placenta, and skeletal muscle. It decreases hunger. Ghrelin is secreted primarily in the lining of the stomach and it increases hunger. Both hormones and their signals get messed up with obesity.

Leptin tells the hypothalamus that we have enough fat, so we can eat less or stop eating. In that case, when someone have a lot of fat making a lot of leptin, somehow magically stop eating or start losing weight once their leptin levels were high enough. But unfortunately that never happens. This is because, in obese people brain does not respond to leptin, so they keep eating despite adequate fat stores; a concept known as leptin resistance.

Treatment with Mustadi Kwatha

There are various treatment modalities for *sthaulya*. Both the *shodhana* therapies and *shamana* therapies are mentioned for *sthaulya*. Since, the pathogenesis of *sthaulya* is due to the vitiation of 'agni', 'vata' and 'meda', the treatment also should be accordingly. It should be *vatashamaka*, *agnisamyakara* and *medoshoshaka*. The treatment is opposite in nature and is very difficult to treat. So, today there is a need to find the drug which is cost effective, easily available and easy to follow. One such preparation might be *Mustadi kwatha* which has few ingredients that are easily available. It has been mentioned in *Charak Samhita*, the ancient text of Ayurveda. It has the properties like *Aampachana*, *Medoshoshana* and *Vata-kaphahar*.

It contains following drugs in equal proportion

Nagarmotha (*Cyperus rotundus* Linn.), Aaragwadha (*Cassia fistula* Linn.), Patha (*Cissampelos pareira* Linn.), Haritaki (*Terminalia chebula* Linn.), Bibhitaka (*Terminalia*

bellirica Roxb.), Aamala (*Emblica officinalis* Gaertn.), Devdaaru (*Cedrus deodara* Loud.), Gokshuru (*Tribulus terrestris* Linn.), Khadira (*Acacia catechu* Willd.), Nimba (*Azadirachta indica* A.Juss.), Haridra (*Curcuma longa* Linn.), Daruharidra (*Berberis aristata* DC.), Kutajjatwak (*Holarrhena antidysentrica* Wall.).

As *samprapti vighatana* (breaking pathway of etiopathogenesis) is thought to be the actual line of treatment in Ayurveda for any disease. So we must go just opposite to that of etiopathogenesis by taking into account for following points –

- *Nidana-parivarjana* (avoiding unhealthy diet and regimen) should be the first step.
- Use of medicines bitter in taste to counteract the *madhurtara annarasa* of digestive tract.
- Already accumulated excess *meda* (fat) should be scraped out with the help of exercise, diet and medicines.
- Use of *vatanulomana* (vata-regulating) drugs for accumulated vata in koshtha.
- Intake of heavy food (by nature) at the time of hunger, to prolong the duration of digestion.
- Intake of appetite suppressant herbs.

All ingredients of mustadi kwatha fulfill all the above principles as per their ras, guna, virya and vipaka. All these properties are listed in table 1.

Table 1: Properties of contents of mustadi kwatha.

S.N	Drug	Part to be used	Rasa	Guna	Virya	Vipaka	Karma
1.	Musta	Bulb	Tikta, Katu, Kashaya	Laghu, Ruksha	Sheeta	Katu	Kaphapittashamak, Aampachana
2.	Aaragwadh	Pulp of pods	Madhura	Guru, Mridu, Snigdha	Sheeta	Madhur	Vatapitta-shamaka Vatanulomana
3.	Patha	Root	Katu	Laghu, Tikshna	Ushna	Katu	Tridosha-shamaka Aampachana
4.	Haritaki	Fruit	Pancharas (lavanvarjit)	Ushna	Laghu, Ruksh	Madhur	Tridosha-shamaka Vatanulomana
5.	Bibhitaka	Fruit	Kashaya	Ruksh, Laghu	Ushna	Madhur	Tridosha-shamaka, Meda-shoshana
6.	Aamala	Fruit	Panchrasa (lavanvarjit)	Guru, Ruksh, Sheeta	Sheeta	Madhur	Tridosha-shamaka
7.	Devdaaru	Heartwood	Tikta, Katu, Kashaya	Laghu, Snigdha	Ushna	Katu	Vatakaphaghna
8.	Gokshuru	Whole plant	Madhura	Guru, Snigdha	Sheeta	Madhur	Vatapittashamaka, Agnimandyakara
9.	Khadira	Stem bark	Tikta, Kashaya	Laghu, Ruksha	Sheeta	Katu	Pittakapha-shamak Meda-shoshana
10	Nimba	Root, Leaves	Tikta,	Laghu	Sheeta	Katu	Pittakaphashamak,

			Kashaya				Medashoshana, Aampachana
11	Haridra	Rhizome	Tikta, Kashaya	Ruksha, Laghu	Ushna	Katu	Tridoshashamaka Meda-shoshana
12	Daruharidra	Root	Tikta, Kashaya	Laghu, Ruksha	Ushna	Katu	Pittakaphashamak, Medashoshana
13	Kutaja	Stem bark	Tikta, Kashaya	Laghu, Ruksha	Sheeta	Katu	Pittakaphashamak, medashoshana

METHOD OF PREPARATION OF KWATHA

Mixture of coarse powder of all dry herbs is to be taken in amount of 10 grams. After adding 16 times of water, it should be allowed for boiling in an open mouthed container on low fire. Boiling should be continued till it reduces to one-fourth. Then after filtering, it can be given to patient in lukewarm form. Each time fresh kwatha (decoction) should be prepared same as above.

DOSE OF DRUG: 40ml BD, empty stomach.

DO's & DONT's DURING TREATMENT

PATHYA AAHARA (Wholesome diet)

Grains: Yava (Barley); Kodrava (kodo millet); Sanva; Neevaraka; Dhaan ki laja (puffed rice).

Pulses: Kulthi (horse gram); Chana (brown chickpeas); Masoor (red lentils); Moong (Petite yellow lentils); Arhar (split pigeon peas).

Vegetables: Brinjal [in form of Baingan-bharta (mashed eggplants)]; Parval (pointed gourd).

Oil: Mustard oil.

Beverages: Madhudaka (honey mixed water), Manda (rice water), Takra (buttermilk), hot water.

PATHYA VIHARA (Wholesome regimen)

Exersice; dry powder massage, hot water bath; local application of paste made from heartwood of Eagle-wood tree; ratrijagarana (Shortening sleep hours in night); chinta (Taking tension in day-to-day life).

APATHYA AAHARA (Unwholesome diet)

Grains: Naveen shali & godhuma (new rice or wheat, obtained within a year after extraction from field).

Pulses: Urad (Black gram).

Dairy products: Milk; Curd; Ghee; Khoa (Thickened milk, obtained by regular heating).

Beverages: Coffee; Tea; Juice especially sugarcane juice; cold water.

Others: Sugar; Sweets; Fried and oily food; Gur (jaggery); drinking water after meal.

APATHYA VIHARA (Unwholesome regimen)

Sedentary lifestyle; oil massage; cold water bath; achintana (living tension free life); diva-shayana (Sleep during day time).

DISCUSSION

Fact – Ayurveda has a holistic approach in health management and is self-sufficient for the management of all disorders. The study of *sthaulya* and obesity can be concluded with the fact that factors responsible for this disease are aahar and vihar, so it should be considered as a lifestyle disorder. So modification in diet, coupled with a reasonable amount of exercise is necessary along with medications.

Scope of practical application

- A separate kitchen should be there in I.P.D. to prepare fresh kwatha each time.
- Proper arrangements are necessary in I.P.D. so that patient can follow the advised regimen.
- There must be a separate O.P.D. to teach patients about diet and exercise.
- Proper availability of pathya dravyas should be confirmed, as in present scenario it is a difficult task.
- There is a lot of scope for discovering more aahariya-apathya dravyas (unwholesome diet).

CONCLUSION

According to Ayurveda, the series of pathological changes that occurs at very first to the manifestation of disease, is known as Samprapti; and measures which break the pathogenesis bring about *Samprapti vighatana* and preciously termed as *Chikitsa* (treatment). ‘Mustadi kwatha’ can play efficient role in *samprapti vighatana*. It may give better results when used in conjugation with shodhana therapy.

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