



Assess The Efficacy of Shaman Snehapana of Lekhanataila in the Management of Sthaulya W.R.T. Obesity.

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ABSTRACT:-

Sthaulya is one of the increasing disease in today's life style. Many *Shodhana* therapies are used in practise to treat this *Vyadhi*, but every patient is not ready for *Shodhan* therapy and also it is per day time consuming procedure. So in present study *Shamana Snehapana* of *Lekhana Taila* is given to 10 patients, in Madyam Matra i.e. 30ml for 28 days. It is found that *Snehapana* of *Lekhana Taila* gives remarkable results subjectively and objectively. Though the treatment takes long duration to give result, it is economical and patient's per day time is also saved.

Keywords: *Sthaulya, Vyadhi, Shodhana, Shamana, Snehapana, Lekhana Taila.*

INTRODUCTION:- Ayurveda is a holistic approach of life and in ayurveda many *kashtasadhya* diseases and their treatments are described like *Shodhana* and *shamanachikitsa*^[1].

According to Ayurveda *Sthaulya* is described under the heading 'Ashtaninditiya'. Prevalence of *Sthaulya* is increasing day by day due to junk food, desk work, unhealthy lifestyle. There are many therapies available for treating *sthaulya* like *Shodhana*, Diet plan, Exercise, Yoga, oral hormonal medicines etc. In Ayurveda *shodhana* therapy mainly indicated in management of *sthaulya* but this therapy is not economical, patient have to follow so many diet regimens and takes minimum 15 days.

In today's life-style patient is not easily convinced for *Shodhana* therapy because of time limitations. So *Shamana Snehapana* of *Lekhanataila* was selected in present study.

AIMS AND OBJECTIVES :-

1. To assess the efficacy of *Shamana snehapana* of *Lekhanataila* in the management of *Sthaulya*.
2. To study the disease *Sthaulya* according to modern and ayurvedic concepts.

Selection of patients:- The patients of *sthaulya* attending the OPD and IPD of SSAM and H of Panchakarma department were selected for study.

MATERIALS AND METHODS :-

Material : Drug used for present study was *Lekhanataila* which was prepared as per classical *Snehapakavidhi*^[2] and the contents of the *taila* were selected from *Lekhaniyamahakashaya*^[3] as per mentioned in *Charakasamhita*.

Quantity of contents of *Lekhanataila* per liter is given in chart below.

Table no.1.Contents of Lekhana Tail.

Sr.no	Drugs	Latin name	Quantity
1	Musta	Cyperusrotundus	200mg
2	Kushtha	Saussurealappa	200mg
3	Haridra	Curcuma longa	200mg
4	Daruharidra	Berberisaristata	200mg
5	Vacha	Acoruscalamus	200mg
6	Ativisha	Aconitum heterophyllum	200mg
7	Katuka	Picrorhizakurrao	200mg
8	Chitraka	Plumbegozelanica	200mg
9	Karanj	Holopteliaintegrifolia	200mg
10	Hemavati	Iris ensata	200mg
11	TilaTaila	Sesamumindicum	1liter

Method :

Route of Administration : Oral

Drug :-Lekhanataila.

Dose :-In MadyamMatra i.e.30ml after proper digestion of food taken during the earlier meal.

Anupana :-Ushnodaka

Duration :-28 days

Sample Size :- 10

Follow up :- On 14th and 28th day.

Inclusion criteria

1. The patients having clinical signs and symptoms of Sthaulya
2. The patients whose age above 15 and below 50 years were selected.
3. Standard height and weight chart was also considered
4. BMI criteria were also followed for selection of patients

Exclusion criteria

1. The patients whose age is below 15 and above 55 years.
2. Patients with Diabetes mellitus
3. Patients with long term steroid treatment.
4. Patients with hypothyroidism.
5. Patients with evidence of renal hepatic and cardiac involvement.

Assessment criteria:-

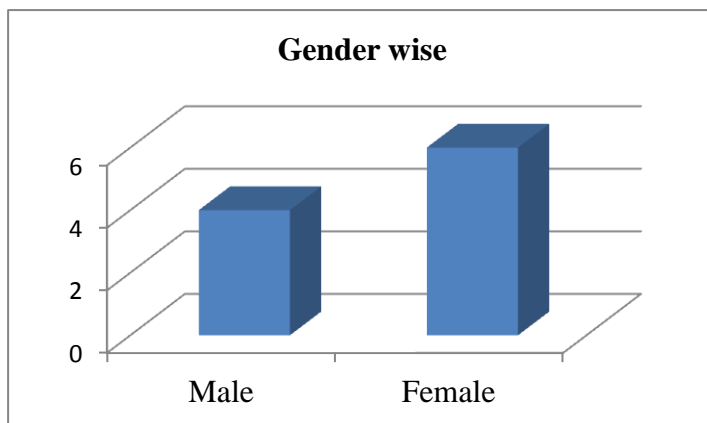
Subjective parameters^[4]

1. Javoparodha (Utsahahani)
2. Kruchavayayata
3. Daurbalya
4. Daurgandhya
5. Swedabadha (Atisweda)
6. Kshudhaatimatra (Atikshudha)
7. Atipipasa

Objective parameters

1. Body Mass Index (BMI)^[5]=Weight in kg÷ (Height in meter)²
2. Waist hip ratio (WHR)^[6]=Waist ÷Hip

OBSERVATIONS :-



Tableno.2 Gender wise distribution of patients : Number of female patients suffering from Sthaulya was more than number of male patient probably due to lack of exercise, health negligence etc.

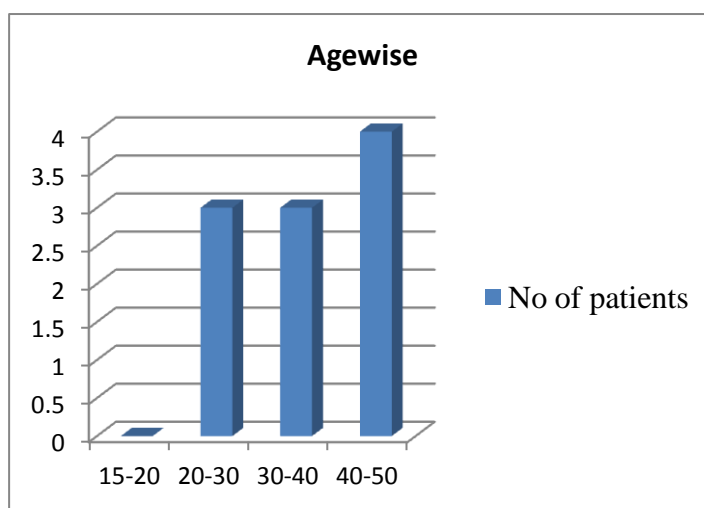


Table no. 3 Age wise distribution of patients : Patients of age group 40 to 50 years are more prone to Sthaulya than other because of Vataprakopakala.

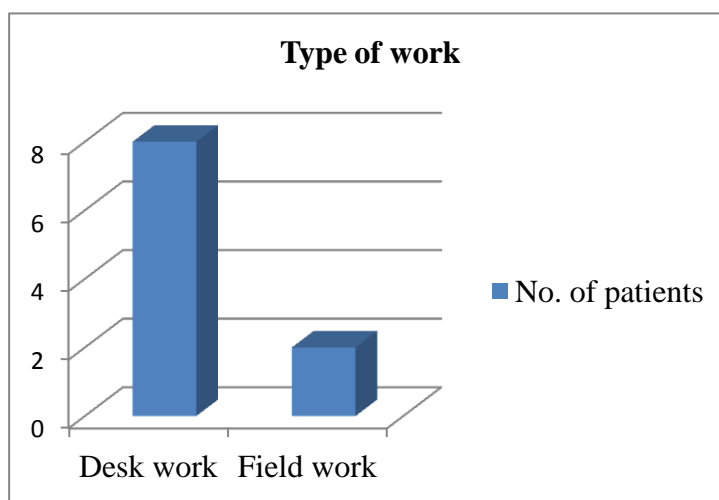


Table no. 4. Occupation wise distribution of patients:Patients doing desk work are more prone to Sthaulya. Probably because of less physical efforts.

Table no.5. Observations found in Subjective parameters Before Treatment(BT) and After Treatment(AT)

No	Javoparodha		Karuchchh vyavayata		Daurbalya		Daur-gandhya		Sweda badha		Kshudha atimatra		Ati pipasa	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1	2	0	2	1	2	0	1	0	2	0	3	1	2	0
2	3	1	2	1	2	0	2	1	3	2	3	1	2	1
3	2	1	2	0	1	0	2	0	2	0	2	1	1	0
4	2	0	3	1	2	0	1	0	2	1	2	0	1	1
5	2	0	2	1	2	1	2	0	2	1	2	0	1	0
6	2	1	1	0	2	0	1	0	2	1	2	1	2	0
7	1	0	3	1	3	1	2	1	2	1	3	1	3	2
8	2	1	3	1	2	0	2	0	2	0	2	1	2	0
9	2	1	1	0	2	0	1	0	2	1	3	1	2	0
10	2	1	2	0	2	1	1	1	3	1	2	1	2	1
σx	2	0.6	2.1	0.6	2	0.3	1.5	0.3	2.2	0.8	2.4	0.8	1.8	0.5

Table no.6. Observations found in Body Mass Index and Waist Hip Ratio

Sr. No	Body Mass Index(kg/m ²)		Waist Hip Ratio	
	BT	AT	BT	AT
1	30.22	29.33	1.04	0.98
2	40.77	40.07	0.93	0.9
3	33.3	32.39	0.89	0.86
4	33.33	32.05	0.92	0.88
5	28.14	27.31	0.94	0.9
6	27.4	26.16	0.9	0.86
7	29.49	28.64	0.95	0.92
8	30.37	29.53	0.95	0.92
9	28.1	27.28	0.94	0.9
10	28.3	27.35	0.9	0.86

RESULTS:-

Table no.7. Percentage of relief in Subjective parameters.

No.	Subjective Parameters	BT	AT	X	Percentage of relief.
1	Javoparodha(Utsahahani)	2	0.6	1.4	70
2	Kruchavayayata	2.1	0.6	1.5	71.42
3	Daurbalya	2	0.3	1.7	85
4	Daurgandhya	1.5	0.3	1.2	80
5	Swedabhadha (Atisweda)	2.2	0.8	1.4	63
6	Kshudhaatimatra	2.4	0.8	1.6	66.66
7	Atipipasa	1.8	0.5	1.3	72.22

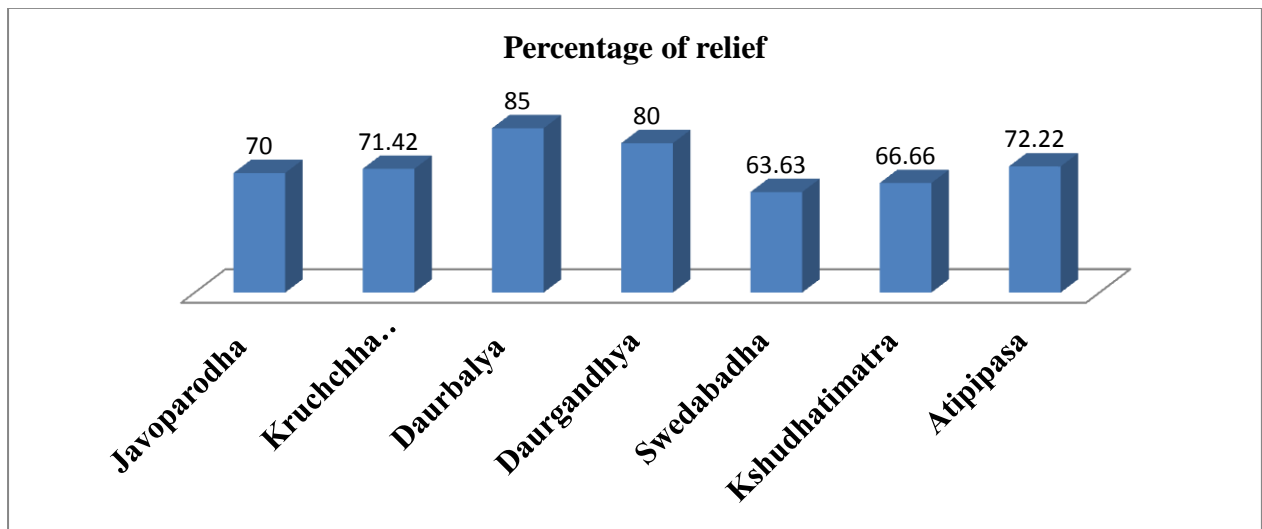
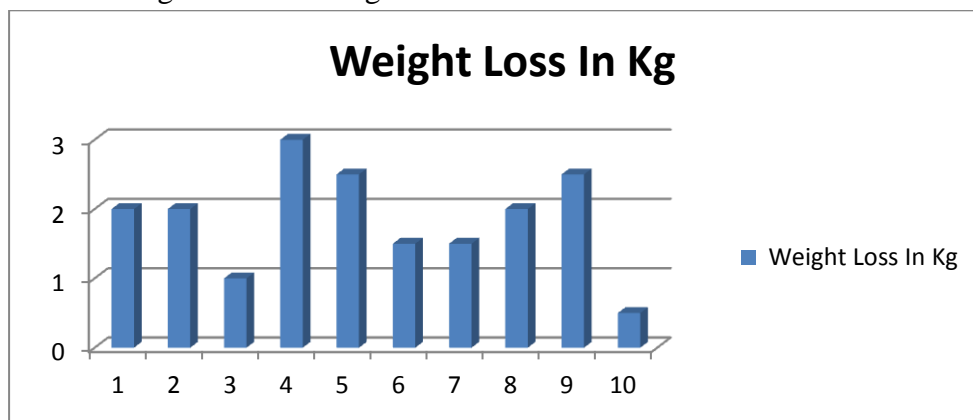


Table no.8. Patient wise Weight Loss in Kilograms.



DISCUSSION:-

Abhyantara Snehapan is divided according to their Karma as

- 1.ShodhanSnehapan
- 2.Shaman Snehapan
- 3.Bruhan Snehapan

Shaman Snehapan -In this type of Snehapana when Sneha is administered with an intention to normalize the aggreavateddos has without expelling them out. It has been explained by Hemadri that if Shaman Sneha is administered after the digestion of previous diet(Jirnaahare,)vitiated doshas doesn't expels out of sharir but the Sneha pacifies the doshas.

Shodhan and Shaman karma depends on the Matra,Kala,Anupan of the given Sneha.

Table.9. The difference between Shamanasnehapana and Shodhansnehapana

Shamanasnehapana	Shodhanasnehapana
<p>Merits</p> <ul style="list-style-type: none"> • Less time consuming per day • Economical • Less number of drugs are Required in less quantity • No need of Paricharaka • No need of Panchakarma setup • No strict diet regimens 	<p>Merits</p> <ul style="list-style-type: none"> • Mulachchedana • Total duration of therapy is less. • More effective

Demerits	Demerits
<ul style="list-style-type: none">• Punarudhbhava is possible.• Total duration of therapy is more	<ul style="list-style-type: none">• More time consuming per day• Costly• More number of drugs• Required in more quantity• Many Paricharakas needed• Panchakarma setup needed• Strict diet regimens.

Thus as above comparison we can say that except demerits of Punarudhbhava, Shaman Snehapan proves to be beneficial. Especially we can advise it, when the given patient is contraindicated for the Shodhan therapy.

Probable Mode of action of Lekhantaila Snehapan

Contents of the Lekhanataila were selected from Lekhaniya Mahakashaya. So they were Lekhan in gunasi.e.they scrap the Medadhatu. Also most of them were tikshna, ushna, ruksha and also vataghna in nature.

In Sthaulyasampraptivataprakopa, medadushti and dhatvagnimandya are main causative factors^[7] and Lekhanataila causes kapha, vata, medaghna effect.

Thus by administering Lekhantaila in Shaman module, Sthaulyasampraptibhanga may be done by controlling the vata, reducing the kapha-meda and correcting dhatvagnimandya

CONCLUSION :-

- ✓ Shaman Snehapan may be the Treatment of choice when the patient is contraindicated for Shodhan Chikitsa.
- ✓ Shamanasnehapana of Lekhanataila was found effective in Sthoulya subjectively and objectively.

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