



Case Study

APPRAISAL OF *KALP CHIKITSA* IN THE MANAGEMENT OF GRADE II OBESITY: A CASE REPORT

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ABSTRACT

Obesity is a great concern for one and all. It is increasing rate in developing country leading to epidemic as the dietary habits of Asians have been westernized rapidly in past few years. The present case report evaluates the efficacy of *Medohar guggulu kalp chikitsa* in obese patient. A 49 years old man came with complaint of increase weight from last 3 years and pain in bilateral knee joints for 6 months. Though Ayurveda advocates the different modalities of treatment in Obesity viz., *Sthaulya*. In present case, *Kalp chikitsa* with *Medohar guggulu* was administered to patient for 10 days followed by structured diet for another 10 days. The patient responded well to prescribed treatment and effective results were achieved. Patient lost 9.5kg of weight in 20 days without any complications. This unique ancient modality of treatment could be boon for managing lifestyle disorders and also to relieve the ill effects of condition in long term.

INTRODUCTION

Obesity is a common manageable and preventable disease that is characterized by a state of excess adipose tissue mass. The fundamental cause of obesity is an energy imbalance between calories consumed and calories expended. The pandemic of obesity reflects changes in both energy intake and energy expenditure in today's so called "Obesogenic Environment".<sup>[1]</sup> Obesity leads to adverse metabolic effects on insulin, cholesterol, triglycerides and blood pressure. The WHO now considers obesity to be a global epidemic and acknowledges that obesity is a worldwide problem.<sup>[2]</sup> Although the health risks of obesity are largely reversible, it is a major problem for many to lose weight which imparts more psychological upset than physical. In Ayurveda, obesity vis-a-vis *Sthaulya* is well-explained with all aspects from aetiology to its management and described as a health conditions with laxity and mobility in either or all of buttocks, breasts and abdomen due to excess of fat.<sup>[3]</sup>

It is caused by the vitiation of *Medovaha srotas* (~channels of fat) after *Nidaan sevana* (~etiological and predisposing factors) i.e., physical inactivity, day-sleep, excessive intake of heavy diets or diets having high caloric value<sup>[4]</sup> and included under eight undesirable conditions of the body.<sup>[3]</sup>

*Medohar Guggulu* (MG) as the name denotes is best known for reduction of *Dushita meda* (~vitiated fat). The modality of treatment i.e., *Kalp chikitsa* (KC) advised in this case is unique, effective and time tested. In *Kalpa* method of therapy patient's adaptability to a drug improves slowly during its gradual increase and a peak dose by adequate concentration to treat the disease which tolerated by the patient and then gradual decline in the dose concluded to starting dose.<sup>[5]</sup> This prevents the rebound phenomenon and the withdrawal effect of medicine. This case study, hence, is unique in its entirety as holistic approach comprised of herbal medicine and diet was taken in managing the obese case.

**Objective Methods of Estimating Obesity:** Body Mass Index (BMI), Waist Circumference, Hip Circumference and Waist to Hip Ratio are most common methods. The table no. 1 and 2 showing cut-offs for mentioned methods.

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**Table 1: Showing classification of Overweight and Obesity by Body Mass Index for Asian- Indians**

Classification of Overweight and Obesity		
	Obesity Class	BMI (Kg/m <sup>2</sup> )
Underweight		<18.5
Normal		18.5-22.9
Overweight		23.0-24.9
Obesity	I	25.0-29.9
	II	30.0-34.9
Extreme Obesity	III	>35

**Table 2: BMI Cut-offs for Asian-Indians (According to WHO and IOTF Guidelines\*)**

<p><b>Body Mass Index</b>            Overweight : 23kg/m<sup>2</sup> (as opposed to 25*)            Obese : 25kg/m<sup>2</sup> (as opposed to 30*)</p> <p><b>Waist Circumference</b>            Males : 90cm            Females : 80cm</p> <p><b>Waist-to-hip ratio</b>            Men : 0.88            Women : 0.80</p>
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**Patient Information:** A 49 year old man, married, Indian, working in a corporate company presented with complaint of increase weight and pain in bilateral knee joint. No relevant past history was present.

**Personal History:** Appetite: Irregular

Bowel habit: Constipated

Diet: Predominantly outside food

**Therapeutic Intervention:** MG *Kalp chikitsa* (each tablet of 700mg) was administered to the patient followed by dietary regimen. The schedule of administrations presented in table no. 3 and table no. 4.

**Table 3: Showing details of Interventions**

Schedule	Administration	Observations
Day 0	<i>Trivrut avleh</i> 10gm morning at 7:30 am	Bowel - 6 times ( <i>Kosthashuddhi</i> achieved)
Day 1 & 2	2 tablets MG BID	Bowel - Normal, Twice
Day 3 & 4	4 tablets MG BID	Bowel - Normal, Once
Day 5 & 6	6 tablets MG BID	Bowel - Loose, Twice
Day 7 & 8	4 tablets MG BID	Bowel - Loose, Twice
Day 9 & 10	2 tablets MG BID	Bowel - Normal, Once
Day 11 to 15	Only milk diet	Bowel - Normal till 13 <sup>th</sup> day then constipated
Day 16	Moong Dal soup	Bowel - Constipated
Day 17	Moong Dal soup	Bowel - Normal, Once
Day 18	Gruel	Bowel - Normal, Once
Day 19	Khichdi	Bowel - Normal, Once
Day 20	Normal Diet	Bowel - Normal, Twice
Special Instruction to patient: Chew the tablet and swallow with lukewarm water. Whenever feel thirsty, only drink lukewarm water.		

**Table 4: Showing dietary regimen during treating period**

Schedule	Diet
Day 1 to 10	<ul style="list-style-type: none"> <li>• 6:30 am - A glass of lukewarm water</li> <li>• 8:00 am - MG with lukewarm milk (300ml)</li> <li>• Milk intake whenever feel hungry</li> <li>• 6:30 pm - MG with lukewarm milk (300ml)</li> <li>• Patient took Moong dal soup in dinner (on 3<sup>rd</sup> day, 8<sup>th</sup> day and 10<sup>th</sup> day)</li> </ul>
Day 11 to 15	<ul style="list-style-type: none"> <li>• Only milk diet was given (whenever feel hungry)</li> <li>• Evening snack : 250gm of Papaya fruit</li> </ul>
Day 16	<ul style="list-style-type: none"> <li>• 400 ml of Milk</li> <li>• Moong dal soup lunch and dinner</li> <li>• 250gm of papaya/apple in evening</li> </ul>
Day 17	<ul style="list-style-type: none"> <li>• 400ml of milk</li> <li>• Moong dāl soup lunch and dinner</li> <li>• 250 gm of Papaya/apple in evening</li> </ul>
Day 18	<ul style="list-style-type: none"> <li>• 400 ml of milk</li> <li>• Gruel lunch and dinner</li> <li>• 250 gm of papaya/apple in evening</li> </ul>
Day 19	<ul style="list-style-type: none"> <li>• 400ml of milk</li> <li>• Khichdi lunch and dinner</li> <li>• 250 gm of papaya/apple in evening</li> </ul>
Day 20	Normal Diet, meal twice a day
Special Instruction to patient: Chew the tablet and swallow with lukewarm water. Whenever feel thirsty, only drink lukewarm water.	

### Follow-up and Outcome

Patient was assessed objectively during the course of treatment and dietary interventions. The parameters assessment showed in table no. 5. Patient tolerated Ayurvedic treatment well and was amenable. No unanticipated events were observed.

**Table 5: Showing assessment of objective criteria**

Parameters	Day 0	Day 5	Day 10	Day 15	Day 20
Weight (in Kg)	93.2	91	88.5	85.7	83.7
BMI (kg/m <sup>2</sup> )	31.59	30.84	30	29.05	28.37
Right mid arm circumference (in cm)	34	33	33	31	30
Waist circumference (in cm)	109	106	103	101	98
Hip circumference (in cm)	118	116	112	111	110
Waist to hip ratio	0.92	0.91	0.91	0.90	0.89

### DISCUSSION

Patient presented with malady of increase weight and pain in bilateral knee joint. Ayurvedic configuration of vitiated *Dosha* showed dominance of *Kapha* and *Vata* and Ayurvedic assessment confirms the scourge as *Santarpanjany vikara* i.e., disorder results from the living in Obesogenic Environment.

There are many Ayurvedic prescriptions for *Santarpanjany vikara* (~disease of affluence), named to

obesity for now. Out of them, MG was well known to be effective for weight loss from time immemorial. It contains *Trikatu* (*Maricha*, *Pippali*, *Sunthi*), *Triphala* (*Amla*, *Vibhitak*, *Haritaki*), *Trimad* (*Chitrak*, *Musta*, *Vidanga*) and *Shodhita guggulu*. All contents of MG are effective in breaking the pathogenesis of obesity on Ayurvedic principles. *Trikatu* correct vitiated *Agni* (biological fire) and also make the bioavailability of

herb better; *Triphala* described as best *Medohar* compound; *Trimad* correct the local environment of Gastrointestinal tract and *Guggulu* clears the blockage of channels. Overall, this combination of drugs i.e., MG is best known for weight reduction. Clinical studies also substantiate the fact of its weight reducing property.<sup>[6,7]</sup>

Considering this appropriate Ayurvedic medicine along with diet regimen were advised to the patient. MG was decided to given as *Kalp Chikitsa* (KC). In KC, dose of medicine is increased upto a particular dose and then it must be tapered off to the starting dose in a span of time and in that particular period a diet must be peculiar. Before starting the KC therapy, patient was given *Trivrut avleh* to achieve *Kosthshuddhi* (evacuation of vitiated *Doshas* from Gastro-intestinal tract). KC with MG helps in achieving the desire result as they exhibit the blockage of fat production, increase the basal metabolic rate and also check the calories and help to pull off portion control. Milk is considered as Very Low Calorie Diet (VLCD) and diets containing low-energy-dense foods have been shown to control hunger and thus to result in decreased caloric intake and weight loss.<sup>[8]</sup>

So, overall target to reduce weight was achieved with MG in KC form along with milk diet. Still to be noted that the decision of how aggressively treat the patient and which modalities to use is determined by the patient's risk status, expectations, complacency and available resources. Not all patients who are adjudged obese by BMI alone need to be treated, as exemplified here because moderation in KC therapy varies as per condition and compliance of the patient.

However, patients who present with obesity-related co-morbidities and who would benefit from weight loss intervention should be managed proactively. Therapy for obesity always begins with lifestyle management and may include pharmacotherapy to initiate the process of fat loss and to achieve better result in less time.<sup>[8]</sup>

## CONCLUSION

Obesity could be effectively cured with some herbal medicines administration along with diet regimen. This case study presented the effective result of MG *Kalp chikitsa* followed with dietary regimen in managing the obese patient. Further studies are needed to validate the prescribed modality to substantiate the effect of aforesaid which would be beneficial for afflicted population.

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