AN OVERVIEW OF AYURVEDIC MANAGEMENT OF STHAULYA W.S.R OBESITY

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ABSTRACT
Due to rapid modernization in recent years, presence of nutritional abundance and sedentary lifestyle, metabolic disorders have emerged rapidly. Obesity is one of the nutritional lifestyle disorder affecting both developed and developing countries. Obesity is a disorder characterized by increased body weight and excess fat deposition. Obesity is the root cause of overconsumption of calories and reduced physical activity which lead to serious health complications. Multifactorial in nature in which environmental, lifestyle and genetic factors play an equally important role in its etiology. Ayurveda is one of the most ancient sciences of world describing basic and applied principles of health, disease and its management. In Ayurveda, obesity has been described under the caption Sthaulya. Sthaulya is mentioned under Santarpanjanyavikara (over nourishment of body). Sthaulya is among one of the 8 unwanted diseases mentioned by Acharyas. Using fatty diet, decreased physical activity and hereditary factors contribute to its etiology ultimately causing derangement of Agni of Medadhatu. This produces excess of Meda or fat. Sufficient focus has been given in the management of Sthaulya in form of diet and drugs to control the disease in Samhita. Ayurvedic treatment is addressed by correction of dietary patterns in form of Nidana Parivarjana and Pathya Aahar –Vihara and Aptarpana Chikitsa to correct vitiated Dosha and Agni. Obesity is a preventable lifestyle disorder which can be easily addressed by keeping an initial check on one’s dietary pattern. Medicine usage play a secondary role, keeping at par various metabolic disorders like diabetes, hypertension etc. It fulfills the first and foremost motto of Ayurveda which is prevention of disease being less expensive and more approachable than treatment.

KEYWORDS: Sthaulya, Agni, Meda, Pathya, Aptarpana.

INTRODUCTION
Obesity is a state of excess adipose tissue mass and increased body weight in a person. Obesity happens when there is chronic excess of nutrient intake relative to energy expenditure. Obesity is a disease where a person has accumulated abnormal and excessive body fat. A person taking high calorie diet than required and not performing adequate physical activities to burn those calories end up storing excess fat in the body. Distribution of adipose tissue depots in body has serious implications of morbidities. Obesity is a heterogenous group of disorders whose etiology lies in lifestyle, social and environmental, and genetic factors.[1] Features are pendulous appearance of a person and symptoms like shortness of breath, increased sweating, joint pains, inability to cope up on slight exertion etc. Psychological problems like low self esteem, low confidence are also a part and parcel of this disease. Long time morbid obesity leads to occurrence of various health problems like diabetes, hypertension, osteoarthritis, stroke etc. obesity is rapidly emerging as a pandemic worldwide. Its incidence has tripled since 1975. Statistics has shown that 39%of adults aged above 18 years are overweight in 2016 and 13% were obese worldwide. In India, according to national family health survey-3 (NHFS-3), 13% of women (15-49yrs) and 9% of men (15-49yrs) were overweight or obese in country in 2005-2006. Most widely used method to quantify obesity is BMI (body mass index) which is equal to weight/height² (kg/m²). BMI of 30 or more is used as a threshold for obesity for both men and women. BMI25 or more is termed as overweight indicating rising of morbidities at a slower rate. Overweight is a state of for active therapeutic interventions. Modern scientists use BMI classification as an important parameter to assess overweight and obesity in an individual. This BMI classification differs slightly in Asian subcontinent due to high risk factors and morbidities involved.[2]
In Ayurveda, obesity is mentioned under the heading Sthaulya. Sthaulya is a disease resulting due to excessive intake of sweet food by a person.[3] A person having a sweet tooth, always crave for sweet and dairy products, end up accumulating excess fat in his body. This tendency is particularly seen in Kapha dominant individuals proven by epidemiological data. Kaphaj Purush are more overweight or obese as compared to other Prakriti Purush. Acharya Charak has classified Sthaulya as a Santarpananjya Vikara (over nourishment of body).[4] In context of body, 8 types of person are regarded as contempt by society. Sthaulya is one of them. In comparison to Atikarshya Purush (excessively lean) Sthaulya is considered more disadvantageous because of tedious workup and bad prognosis.

**Etiopathogenesis**

Sthaulya happens in a person when one indulges in over eating, intake of heavy, cold, sweet, fatty diet, day sleeping, no physical activity, no indulgence, living an elated life, lack of mental work and Beeja Dosha.[5] All these factors lead to increased Kapha Dosha and Vikriti Meda due to Sadharmata. Beeja Dosha (genetic factors) play an important role in social context, obese parents tend to have obese or overweight children due to same environmental and dietary habits. Intake of Madhur Aahara by a person having particularly Guru and Snigdha Guna leads to formation of Aam (improperly digested) in Amashaya, spreads in body, increased Sneha in Aahar leads to Medadhatwagni Mandya which in turn produces more Meda.[6] As a general Siddhant in Ayurveda, Agnimandya of a Dhatu hampers the formation of its next Dhatu and a major part of its constituents are converted into its Mala. Same cycle happens in Medadhatwagni Mandya as Sneha is the Mala of Medo Dhatu and formation of Dhatu next to Meda like Asthi, Majja and Shukra are hampered or these are formed in inadequate amount to sustain bodily functions. This Vikrita Meda obstructs body channels in Koshta causing increased Saman Vayu and Tikshagni. Combination of inadequate Dhatu formation and channel obstruction by Vikrit Meda produces a variety of symptoms. So, Sthaulya is a Kapha Pradhan Tridoshaj Vyadhi involving Kledaka Kapha, Samana Vayu, Vyana Vayu and Pachak Pitta along with Medadhatwagni Mandya and Tikshna Jatharagni producing excess of Meda and Mansa Dhatu in a person with morbidities.

<table>
<thead>
<tr>
<th>Who Classification</th>
<th>Worldwide BMI</th>
<th>Asian BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>&gt;= 25kg/m²</td>
<td>&gt;= 23kg/m²</td>
</tr>
<tr>
<td>Obese</td>
<td>&gt;= 30kg/m²</td>
<td>&gt;= 25kg/m²</td>
</tr>
</tbody>
</table>

**Clinical Features**

Features of Sthaulya can be divided into subjective and objective types. Subjective symptoms are one experienced by the person and explained in his own language. Objective signs are features as noted by a physician.

**Objective signs**

Due to increased Meda and Mansa Dhatu in the body, there is a pendulous appearance of a persons buttocks, abdomen and breast and lack of enthusiasm. A person energy is not proportional to his body built.

**Subjective symptoms**[7]

- Increased hunger (Atikshudha)
- Increased thirst (Atipipasa)
- Perspiration (Atisweda)
- Breathlessness (Atiswasa)
- Sleepiness (Atinidra)
- Difficulty to perform heavy work (Aayas Ashamata)
- Sluggishness (Jadata)
- Short lifespan (Alpaaayu)
- Decreased body strength (Alpabala)
- Bad body odour (Douganghnya)
- Unclear voice (Gadgada)

In context of body, Acharya Charaka has mentioned 8 Dosa (unwanted) of Sthaulya Purush,[9]

- Aayu Shaya (decreased life expectancy)
- Java Uprodha (laziness)
- Kricha Vyavaya (difficulty in sex)
- Dourbalya (weakness)
- Dourgandhya (smelly body)
- Sveda Abadha (perspiration)
- Ati Shudha (increased appetite)
- Ati Pipasa (increased thirst)

**Treatment**

Sthaulya is a Santarpana Janya Vikara, so Aptarpana Chikitsa is to be followed to get rid of excess fat or Meda. Aptarpana Chikitsa include 3 procedures namely Langhana, Rukshana and Swedana.[9] Langhana Chikitsa include both Shodhana and Shamana procedures and medicine. Shodhana Chikitsa is employed in situations where Bala (strength) of Rogi is excellent and Dosa are also vitiated in great extent. Balvana Rogi is able to bear Tikshna Guna of purifactory procedures. Madhyma Bala Rogi are treated with Shamana procedures,.[10]


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(dryness) in body show their effect by virtue of its 3 Guna, Rukhsa (dry), Vishada (non slimy) and Khara (rough).\[13\] Aahara and Aushad with these properties helps in controlling excess of Sneha in body thus controlling the vicious cycle of conversion of excess of Sneha into Meda.

Rigorous physical and mental activities are also an important part of Sthaulya Chikitsa. One should be exercising, indulging in sex, awakening in night, travelling, sun bathing on a frequent basis. This will help in keeping in check the increased Kapha Dosha in body often seen in lethargic and sluggish persons.

Mental exertion like Chinta, Krodha, Shoka help in decreasing Tamo Guna in mind and increasing Satva Guna stated as one of the etiological factor in Sthaulya by Acharya Bhavmishra.\[14\]

In dietary regime, using Katu, Tikta and Kashaya Rasa Aahar a is helpful in pacifying Kapha. Aushad and Aahara with Ruksha and Chedaniya properties are to be taken. Ruksha Guna corrects Snigdata In body to stop further conversion into Meda and Chedaniya Guna clears channel obstruction by Vikrita Meda, as a result next Dhatu in line can be formed.

Acharya Charaka has stated Aahar with properties of “Guru Aptarpana” is to be the best chosen diet by a Sthaulya person.\[15\] Food articles with Aptarpana properties are to be made Guru (heavy) during food preparation and processing. This helps in two ways, a person eats less because of delayed digestion of ingested food and Aahara taken produces Ruksha and Laghuta in body correcting increased Kaptha and Meda.

**Pathya**

<table>
<thead>
<tr>
<th>Shooka</th>
<th>Yava, Yavaka, Udalaka, Shyamaka, Priyangu, Prashatika, Kodrava</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shami</td>
<td>Munga, Chana, Arhar, Makushta, Masura, Kulathi, Rajmasha, Harenu</td>
</tr>
<tr>
<td>Shaka</td>
<td>Kalaya, Tanduliyaka, Trapusa, Alabu, Kusumbha, Patrashaka</td>
</tr>
<tr>
<td>Phala</td>
<td>Vrikshamala, Shami, Vartaka, Patola, Amalakai, Kapitha, Jamuna</td>
</tr>
<tr>
<td>Dravya</td>
<td>Asava, Arishta, Jagala, Yavasura, Jirna Madya, Til Tail, Sarshapa Tail</td>
</tr>
<tr>
<td>Kritaana</td>
<td>Manda, Peya</td>
</tr>
<tr>
<td>Aahar Upyogi</td>
<td>Maricha, Adrika, Hinga, Sarshapa, Haldi</td>
</tr>
</tbody>
</table>

**Apathya**\[16\]

- Bathing
- Rasayana Sevan
- Sukha Sheela

- Shali-Gaudhom
- Shira- Ikshu Vikriti
- Ati Sneha Sevana
- Matsya Mamsa
- Diva Nidra
- Sugandgit Dravya Dharan
- Madhur Aahar
- Bhojan Paschat Jalapana

**Single Herbs**

<table>
<thead>
<tr>
<th>Guduchi</th>
<th>Triphala</th>
</tr>
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<tbody>
<tr>
<td>Vidanga</td>
<td>Trikatu</td>
</tr>
<tr>
<td>Shunthi</td>
<td>Bilvadi panchmoolo</td>
</tr>
<tr>
<td>Loha basma</td>
<td>Shilajita</td>
</tr>
<tr>
<td>Agnimantha</td>
<td>Kshara</td>
</tr>
<tr>
<td>Aguru lepa</td>
<td>Lekhaniya mahakshaya[17]</td>
</tr>
</tbody>
</table>

**Lekhaniya Mahakshaya**

<table>
<thead>
<tr>
<th>Musataka</th>
<th>Kushita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haridra</td>
<td>Daruharidra</td>
</tr>
<tr>
<td>Vacha</td>
<td>Ativisha</td>
</tr>
<tr>
<td>Katurohini</td>
<td>Chiktraka</td>
</tr>
<tr>
<td>Chiribilva</td>
<td>Haimvati</td>
</tr>
</tbody>
</table>

**Compound preparations**

<table>
<thead>
<tr>
<th>Amritadi Gugulu</th>
<th>Loha Arishta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dashang Gugulu</td>
<td>Loha Rasayana</td>
</tr>
<tr>
<td>Navaka Gugulu</td>
<td>Triphaladi Tail</td>
</tr>
<tr>
<td>Trayushanadi Gugulu</td>
<td>Mahasugandhi Tail</td>
</tr>
<tr>
<td>Chavayadi Sattu</td>
<td>Vidangadi Churna</td>
</tr>
<tr>
<td>Vyoshadi Sattu</td>
<td>Vidhanadi Loha</td>
</tr>
<tr>
<td>Medohara Lepa</td>
<td>Haritakiadi Lepa</td>
</tr>
</tbody>
</table>

**Complications**\[18\]

- Visarpa (erysipelas)
- Bhagandara (fistula)
- Jwara (fever)
- Atisara (diarrhea)
- Meha (diabetes)
- Arsha (piles)
- Shalipada (filariasis)
- Apachi
- Kamala (jaundice)

**CONCLUSION**

Sthaulya or obesity is a nutritional disorder of excess fat or Meda Dhatu accumulation in body due to increased consumption of Kapha Vardhak Aahar and Vihar. WHO Criteria for diagnosis in Asian subcontinent is slightly different than worldwide being >=23kg/m² considered as overweight and...
>=25kg/m² considered as obese. Ayurveda always adopts a holistic approach while addressing any disease, not only focusing on giving medicines. Treatment protocols include Guru Aptarpana Aahar, Ruksha-Ushna-Tikshan-Chedaniya Aushad, purificatory measures like Vaman, Virechan, Rakta Mokshana and incorporating physical and mental activities in daily schedule of an obese person. Sthaulya is a preventable metabolic lifestyle disorder which urges a person to adopt a healthy lifestyle explained by Acharya’s in various Ayurvedic texts to prove first motto of Ayurveda i.e., prevention of disease.

REFERENCES
1. Harrison's Principle of Internal Medicine Part-1;2016;422
2. www.nhp.gov.in/disease/noncommunicabledisease/obesity

Cite this article as:

Source of support: Nil, Conflict of interest: None Declared

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