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A review of Ayurvedic management of *Sthaulya Vyadhi* (Obesity)

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ABSTRACT

First line of treatment for any disease is *Nidanasya Parivarjana*. *Sthaulya Chikitsa-Langhana* (fasting), *Langhana-Pachana* (fasting and digestive drugs) and *Doshavasechana* (elimination) is considered as the line of treatment in *Sthaulya*. *Sthaulya* is a *Santarpanotha Vyadhi* and is best treated by *Apatarpana* and *Langhana* measures, which can be achieved by *Shodhana* as well as *Shamana* treatments. In conventional medicine, sedentary life style is the major cause of morbid accumulation of fat in the body leading to metabolic syndrome.

Key words: *Sthaulya, Santarpana, Apatarpana, Langhana, Shodhana, Shamana.*

INTRODUCTION

The word *Sthaulya* (Obesity) is delivered from root “*Sthu*” with the addition of the suffix “*Ach*”; which stands for thick or solid^[1] “*Sthula Paribrumhane*”^[2] “*Sthulasya Bhava Sthaulya*”.^[3] Among *Shadvidha Upakrama*, *Langhana* and *Rukshana* therapy are more suitable for management of *Sthaulya*. *Vagbhata* includes all therapies under two main headings i. e. *Langhana* and *Brimhana*, *Langhana*, the line of treatment^[4] for *Sthaulya* has been further divided into *Samsodhana* and *Samshamana*.^[5] The pathogenesis of *Sthaulya*, due to *Meda- Dhatwagni Mandya* there is excessive accumulation of fat that leads to obstruction of *Medovaha Strotasa*. Due to this there is *Vimargagamana* of *Vata Dosha*.

The *Vimargaga Vayu* in *Koshta* ultimately increases the *Jatharagni* leading to an increase in appetite. This cycle goes on and on. But because of the obstruction created by *Medovha Strotas* all other *Dhatu*s remain malnourished and only *Meda Dhatu* increases.

AIM AND OBJECTIVE

To study about Management of *Sthaulya* vis a vis Obesity in Ayurvedic and Modern literature.

Treatment Principal

In *Sthaulya* etiological factors mainly vitiate *Meda-Kapha* and *Vata* get *Avarita* by excessive *Meda*. Thus, if we use only *Aptarpaka Dravya*, it increases the vitiated *Vata*. Therefore, treatment should be planned considering vitiated *Vata, Meda* and *Kapha*. *Lekhana Basti* is mentioned by different ayurvedic texts, for the treatment of *Santarpanotha Vyadhi, Kaphaja Roga* and *Kaphavrita Vata*. The word ‘*Lekhana*’ itself indicates its action that is “*Lekhanam Patlikaranam*” - scarifying helps in reduction of fat. *Sharangadhara* considered *Lekhana* in a wide sense as *Deha Visoshanam, Dhatun - Malan Va Dehsya Vishoshya Lekhayechha Yat Lekhanam* i.e., the process of drying up or desiccation of all excess *Dosha, Dhatu* and *Mala*. *Basti* denotes *Karma* in which the drugs are administered through the anal canal and it stays for a certain period of time and then they draw the waste substances from all over the

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body in to the colon and eliminate them out of the body by producing movements in the colon resulting in to the pleasant effect.

The ideal *Shamana* in the treatment of *Sthaulya* is usage of *Vata*, *kaphahara*, and *Medohara* properties. Oral administration of various drugs like *Shilajatu*, *Triphala*, *Guggulu Prayoga*, *Madhvambu Prayoga*, *Gomutra Prayoga* etc. has been indicated. In the treatment of *Sthaulya*, the drug administration for the purpose of *Karshana*, should be *Pragbhakta* (before meal). *Trayushnadya Loha* is a popularly used oral medicine, mentioned in *Yogaratanakara* as *Shamanoushadhi* for *Medoroga Chikitsa*.

Apatarpana Chikitsa

Apakarshana means depleting treatment or the expulsion of unwanted harmful substances from the body. This includes *Bahya Apakarshana* with the help of *Shastra* and *Abhyantara Apakarshana*, which is the *Shodhana* line of treatment. It is also correlated to *Langhana* (starvation, thinning therapies, and lightening therapies). This treatment is preferred in those who are suffering from diseases having their origin in over nutrition or saturation.

Types of Apatarpana

It is of 3 types viz.

- Langhana* (Fasting)
- Langhana-Pachana* (Fasting and Digestive drugs)
- Doshavasechana* (Elimination)

1. Langhana

- It means fasting.
- Langhana* is the therapy which creates *Laghavata* (lightness) in our body. It is a type of *Apatarpana*.
- Langhana* is indicating when the doshas are mild, just as a little amount of water in a tank absorbed by the wind and sun, the mild vitiated *Doshas* also comes to normal with the help to fasting.
- It increases the power of digestion as well as *Samana Vata* in the body.

2. Langhana-Pachana

- Both fasting and digestive drugs are indicated when the *Doshas* gets aggravated moderately.
- To dry up the tank which contains medium quantity of water, some dust and sand also required along with the above factors like wind and sun.
- Similarly, both fasting and digestive drugs are essential to manage moderately vitiated *Doshas*.

3. Doshavasechana

- When *Doshas* are high, expulsion or elimination is the only way.
- Just as, the crops in the field don't grow well unless the excessive water drain out.

Langhana Chikitsa

In gross meaning, it indicates the whole procedure of producing lightness in the body.

Types of Apatarpana (Langhana)

a) Acharya Charaka

- Apatarpana* (3 types) - *Langhana*, *Langhana-Pachana*, *Doshavasechana*
- Langhana* (10 types) - 4 *Shodhana*, *Pipaasa*, *Maruta*, *Atapa*, *Pachana*, *Upavasa*, *Vyayama*

b) Acharya Vagbhata

- Langhana* (2 types): *Shodhana*, *Shamana*
- Langhana* (12 types):

Shamana - *Pachana*, *Deepana*, *Kshuta*, *Truta*, *Vyayama*, *Atapa*, *Maruta*

Shodhana - *Niruha*, *Vamana*, *Kayavireka*, *Shirovireka*, *Asravisruti*

The whole *Langhana Karma* can be implemented as *Shodhanaroopi* and *Shamanaroopi Langhana*.

There are ten types of Langhana:

- Vamana* (vomiting)
- Virechana* (use of laxatives)
- Niruha* (kind of enema)

4. *Nasya*
 5. *Pipasa* (Thirst)
 6. *Maruta* (Air)
 7. *Atapa* (Sunrays)
 8. *Pachana* (use of digestive drugs)
 9. *Upavasa* (fasting)
 10. *Vyayama* (Exercise)
- Among the first 4 types of *Langhana Shodhana Chikitsa* is given to the patients who are having strong physic, powerful, vitiating *Kapha*, *Pitta*, *Rakta*, *Mala* along with *Vayu*.
 - **Patients having medium body strength** and suffering from vomiting due to vitiated *Kapha* and *Pitta*, *Atisara* (dysentery), *Hrudroga* (heart disease), *Visuchika*, *Alasaka*, *Jwara* (fever), *Vibandha* (obstruction), *Gaurava* (heaviness), *Udgaara* (belching), *Hrullasa* (nausea), *Arochaka* diseases use *Pachana Dravyas* for *Langhana*.
 - **Patients having low body strength** and suffering from above mentioned diseases but of low severity then thirst and fasting is used for *langhana*.

So, for treating *Sthaulya Vyadhi* first line of treatment is *Apatarpana* (which creates *Laghu Guna* that is opposite to *Guru Guna* of *Sthaulya*). In present era where fast food and junk food is the main cause of diseases, it is very important to follow *Apatarpana* therapy as a treatment for *Sthula* condition.

Langhana-Pachana or Shamana Chikitsa: The therapy which could not excreted the *Dosha* from body could not disturb the equation of balanced *Dosha* and simultaneously bring equilibrium to imbalance of *Dosha* is called *Shamana* and is of Seven types i.e., *Pachana*, *Dipana*, *KsudhaNigraha*, *TrushaNigraha*, *Vyayama*, *Atapa Sevana* and *Maruta Sevana*.^[6]

Among the *Sat Upakramas*, *Langhana* and *Ruksanacana* be administered for *Samshamana* purpose having *Ruksa Guna* dominance in them.^[7]

Alleviation of *Vata*, *Pitta* and *Kapha* especially *Saman Vayu*, *Pachakapitta* and *Kledaka Kapha* along with

depletion of *Medo - Dhatu* by increasing *Medodhatvagni* is main goal of treatment in *Sthaulya*. Administration of *Guru* and *Apatarpana* articles which possess additional *Vata Sleshma* and *Meda Nasaka* properties is considered as an ideal for *Samshamana* therapy.^[8]

Gangadhar added *Guru*, *Ruksa* and *Ushna* properties, most suitable to alleviate *Vata*, *Sleshma* and *Meda* at ones. *Katu*, *Tikta* and *Kasaya Rasa* can be used for treatment of *Sthaulya* and *Dasavidha Langhana* therapy is mentioned or the same by *Charaka*.^[9]

Besides that, *Sushruta* has included regional treatment and narrated *Pascima Maruta* i.e., winds from Western direction as *Meda Visosana* due to its *Ruksha* property.^[10]

In *Ashtanga Samgraha* usage of *Laghu*, *Ushna*, *Ruksa*, *Tikshna*, *Sara*, *Kathina*, *Vishada*, *Khara* and *Sukshma Guna* are suggested for *Sthaulya* management as they possess *Kaphanashaka* and *Sthaulyahara* actions.^[11]

Charaka mentioned *Lekhaniya Dashemani Dravyas*.^[12]

While in 38th chapter of *Sushruta Sutra*, various groups of drugs like *Varunadi Gana*, *Sala Saradi Gana*, *Rodhradi Gana*, *Arkadi Gana*, *Muskadi Gana*, *Trushana* etc. are described as *Medonashaka*.^[13]

Doshavasechana or Shodhana Chikitsa

The therapy in which the vitiated *Dosha* are eliminated from the body after mobilizing them from their respective sites through *Urdhva* or *Adhomarga* is known as *Shodhana*. In the process of *Shodhana*, what is done is the *Apakarshana* of *Dosha*. All diseases can be broadly classified into two categories, *Santarpanotha Vyadhi* and *Apatarpanotha Vyadhi*. Over indulgence in nutritive foods, where there is a positive energy balance is considered as *Santarpana* and the best line of treatment of *Santarpanotha Vyadhi* is *Apatarpana Chikitsa*. Since, *Sthaulya* is a *Santarpanotha Vyadhi* the main line of treatment has to be *Apatarpana*.^[14] There are four types of *Shodhana* by which *Langhana* can be achieved. Hence, they are grouped as *Shodhana Rupi Langhana*. They are

Vamana, Virechana, Niruha Basthi and Shiro Virechana.^[15]

Though Purvakarma like Snehana, Swedana and Anuvasana Vasti are contraindicated in Medoroga. The Sneha, which is having the properties of Meda and Kaphahara, Lekhana, Ushna, & Tikshnaguna are to be selected for Snehana.^[16]

Vamana: Most of the texts have prohibited the use of Vamana Karma in Sthoola as this is a procedure prescribed to expel out the Utklistha Kapha but at the same time it aggravates Vata.

Virechana: This procedure is prescribed for the treatment of Pittaja Vikara and Pitta Sthanagata Vata Vikara, as its action is seen in Pakvashaya in the form of Vatanulomana.

Basti: In the context of Sthaulya, texts have explained about the administration of Niruha Vasti. Lekhana Basti is one particular basti which has been explained as it is Kapha and Medohara in action.^[17] This can be adoptable in Sthaulya to counteract both the vitiated Agni and Vata. This procedure is explained in detail.

Dose, duration and method of treatment

Prag Bhakta i.e., intake of medicine before meal is insisted for Krsikarana purpose.^[18]

It has been further elaborated by Sarangdhara and advised to take Lekhana drug on empty stomach in early morning and before meal.^[19]

Further it has been emphasized to consider Agni Bala, Deha Bala, Dosha Bala and Vyadhi Bala prior to fixation of dose and duration of treatment for Sthaulya.^[20]

It has been advised by Charaka to follow constant and prolonged therapeutic intervention for management of Sthaulya.^[21]

Pathya / Apathya Ahara Varga

1. Suka Dhanya (Cereal grain) -

Pathya: Purana Shali, Kodrava, Shyamak, Yava, Priyangu, Laja, Nivara, Oradushaka, Jurna, Prashatika, Anguni.

Apathya: Godhum, Naveen Dhanya (Shali)

2. Shami Dhanya (Pulses) -

Pathya: Mudga, Rajamasha, Kulatha, Chanaka, Masur, Adhaki, Makusthaka.

Apathya: Masha, Tila

3. Shaka Varga (Vegetables) -

Pathya: Patol, Shigru, Vrutnaka, Katutikta, Rasatmak etc., Evaruka, Adraka, Mulaka, Surasa, Grajjan.

Apathya: Kanda, Shaka.

4. Phala Varga (Fruits) -

Pathya: Kapittha, Jambu, Amalki, Ela, Bibhitaki, Haritaki, Maricha, Pippali, Erand Karkati, Ankola, Narang, Bilvaphala.

Apathya: Madhura Rasatmak

5. Drava Varga -

Pathya: Honey, Takra, Shnajala, Tila & Sarshapa Tail, Ashava Arista, Surasava, Jeerna Madhya.

Apathya: Milk preparations (Dugdha, Dhadhi, Sarpi), Ikshuvikara

6. Mamsa Varga -

Pathya: Rohita Matsya

Apathya: Aanupa, Audaka, Gramya Mamsa Sevana

Pathyakar Vihara & Apathyakar Vihara

Pathya: Shrama, Jagarana, NityaBhramana, Ashwa - Rohana, HastyavaRohana, Vyavaya.

Apathya: Sheetal Jala Sevan, Diwaswapa, Avyavaya, Avyayam, Ati Ashana, Sukha Shaiya.

Dietary management of Sthaulya - Two important factors

Ahara Vidhi Vidhana: Method of intake of Pathyaka Ahara in a proper manner.

Ahara Vidhi Visheshayatana: The causative factors responsible for the wholesome and unwholesome effect of the methods for diet intake.

Ahara Vidhi Vidhana

It's used first by Charaka in Vimanasthana 1st chapter. One should eat food, which is hot, unctuous, in due

measure, after the digestion of previous food, and non-antagonistic in potency. It should be eaten in a congenial place, provided with all accessories, neither too hurriedly, nor too leisurely, without talking or laughing with full concentration and having proper regard to oneself.

1. **Usnam Asniyat** - The qualities that are achieved by taking hot food.
2. **Snigdham Asniyat** - The qualities achieved by eating unctuous food.
3. **Matravat Asniyat** - Food taken in optimum quantity needed is termed as *Matravat*. The benefits of proper quantity of food mentioned by *Chara Acharya*.
4. **Jirne Asniyat** - The next diet should be taken only after the proper digestion of previous food.
5. **Virya Aviruddham Asniyat** - Articles of diet that are opposite to the body elements tend to disagree with the system and they are termed as '*Viruddha Ahara*'.
6. **Iste Dese, Ista Sarva Upakaranam Asniyat** - To eat in a congenial place provided with all the necessary appurtenances is needed for sound psychological condition during meals.
7. **Na Atidrutam Asniyat** - The food should not be taken too hurriedly.
8. **Na Ativilambitam** - Food should not be taken too leisurely,
9. **Ajalpan, Ahasan, Tanmana Bhunjita** - Food should be eaten without much talking and laughing.

Yoga and Pranayamas: *Sarvangasana, Halasana, Pacchinottanasana, Dhanurasana, Hakrasana, Bhujangasana*, etc.

Treatment of Obesity^[22]

Principles of management of obesity aim to improve comorbidities and try to prevent further deterioration. The planning tools consist of thorough history, physical examination, clinical investigations, diagnostic criteria and treatment plan.

Lifestyle management^[22]

Obesity prevents to three essential elements of lifestyle: dietary habits, physical activity, and behaviour modification.

1. Diet Therapy

The primary focus of diet therapy is to reduce the overall calorie consumption. The NHLBI guidelines recommend initiating treatment with a calorie deficit of 500–1000 kcal/d compared to the patient's habitual diet. This reduction is consistent with a goal of losing approximately 1–2 lb per week. This calorie deficit can be accomplished by suggesting substitutions or alternatives to the diet. Examples include choosing smaller portion sizes, eating more fruits and vegetables, consuming more whole-grain cereals, selecting smaller cuts of meat and skimmed dairy products, reducing fried foods and other added fats and oils, and drinking water instead of caloric beverages.

The dietary recommendations include, maintaining a diet rich in whole grains, fruits, vegetables, and dietary fibre; consuming two servings of fish high in omega 3 fatty acids per week; decreasing sodium to <2300 mg/d; consuming 3 cups of milk per day; limiting cholesterol to <300 mg/d; and keeping total fat between 20 and 35% of daily calories and saturated fats to <10% of daily calories.

2. Physical Activity Therapy

The combination of dietary modification and exercise is the most effective approach for the treatment of obesity, as exercise alone is only moderately effective for weight loss; Maintenance of weight already lost can be very effective by exercise alone.

3. Behavioural Therapy

Cognitive behavioural therapy such as self-monitoring techniques (e.g., journaling, weighing, and measuring food and activity); stress management; stimulus control (e.g., using smaller plates, not eating in front of the television or in the car); social support; problem solving; and cognitive restructuring to help patients

develop more positive and realistic thoughts about themselves.

Pharmacotherapy^[23]

Adjuvant pharmacologic treatments should be considered for patients with a BMI >30 kg/m² or with a BMI >27 kg/m², who present with added concomitant obesity-related diseases and for whom dietary and physical activity therapy has not been successful. The most thoroughly explored treatment is suppression of appetite via centrally active medications that alter monoamine neurotransmitters. A second consideration is to reduce the absorption of selective macronutrients from the gastrointestinal tract. These two mechanisms form the central principle for all currently prescribed anti-obesity agents.

Surgery^[24]

Bariatric surgery can be considered for patients with severe obesity (BMI ≥40 kg/m²) or those with moderate obesity (BMI ≥35 kg/m²) which may be associated with a serious medical condition. Surgical weight loss functions by reducing caloric intake and, depending on the procedure, macronutrient absorption.

DISCUSSION

A person is said to be *Sthula* if there is excessive increase in the *Mamsa* and *Medodhatu*, leading to pendulous appearance of the spik, *Udara* as well as *Sthana*. In patients suffering from *Sthaulya*, the increased *Agni* and vitiated *Vata* are incriminated to cause voracious eating. In *Sthaulya*, *Kapha*, *Vata* and *Medas* are the major pathological factors. Accordingly, the treatment is planned to negate the deleterious influence of *Kapha* and *Medas* in the body. *Sthaulya* is a *Santarpanottha Vyadhi* and is best treated by *Apatarpana* and *Langhana* measures, which can be achieved by *Shodhana* as well as shamana treatments. In *Kashyapa Samhita* has given some new aspects of the disease while narrating *Medasavidhatri Chikitsa* and suggested *Raktamokshana* (bloodletting) as one of the best treatments for *Medasavidhatri* i.e., obese frostier mother.

CONCLUSION

Langhana (fasting), *Langhana-Pachana* (fasting and digestive drugs) and *Doshavasechana* (elimination) is considered as the line of treatment in *Sthaulya*. *Basti* is said to be the preferred line of treatment in *Sthaulya*. The *Medodhatu* and *Medovaha Srotas* are invariably involved in this disease & thereby *Basti* is considered to be the prime treatment. The treatment of *Margavarana* due to *Kapha* & *Medas* accumulation is said to be the basic pathology of *Sthaulya* which is said to be handled with *Basti Karma*. The *Shodhana* is considered to be the best treatment to nullify the *Samprapthi* of *Avaranajanya Kapha-Vata Vyadhi* which ensures *Malanisharaka*. Since the patients of *Sthaulya* are considered to be *Dehabala* they can be administered with milder form of *Basti* in terms of *Malanisharaka*. Here *Lekhana Basti* was selected for the same purpose along with *Trayushnadya Loha Vati*.

REFERENCES

1. Radhakanta Dev: Shabda Kalpa Druma, Panchamakanda: Nag Publishers, Delhi, Pp - 555, Page no 452.
2. Amarasimha: Amarakosha, nanartha varga : Asian Educational Services, Pp – 664, Page 610.
3. Takravachaspathi Taranath : Vachaspatyam, Volume VI, Chowkhamba Sanskrit series Pp : 5442, Page no.5356.
4. Vagbhata, Ashtanga Samgraha, commentaries of Sasilekha Sanskrit of Indu, edited by Dr. Shivprasad Sharma, Chaukhambha Sanskrit Series Office, Varanasi, 3rd edition, 2012, Pp:965, Page no.184.
5. Vagbhata, Ashtanga hrudayam, commentaries of Sarvangasundari of Arunadatta and Ayurvedrasayana of Hemadri, edited by Paradakara Hari Sadashiv Shastri, Varanasi, Chaukhambha Surbharti Prakashan, 2007, Pp :956, Page no.223.
6. Vagbhata, Ashtanga Samgraha, commentaries of Sasilekha Sanskrit of Indu, edited by Dr. Shivprasad Sharma, Chaukhambha Sanskrit Series Office, Varanasi, 3rd edition, 2012, Pp:965, Page no.183.
7. Agnivesha, Charaka Samhita, redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, edited by Trikamji Jadavji, Varanasi, Chaukhambha Surbharati Prakashan, 2008, Pp: 738, Page no.120.

8. Agnivesha, Charaka Samhita, redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, edited by Trikamji Jadavji, Varanasi, Chaukhambha surbharati prakashan, 2008, Pp: 738, Page no.117.
9. Agnivesha, Charaka Samhita, redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, edited by Trikamji Jadavji, Varanasi, Chaukhambha surbharati prakashan, 2008, Pp: 738, Page no.122-123.
10. Susrutha. Susrutha Samhita (Nibandha Sangraha commentary by Dalhana). Yadava ji Trikam ji Acharya. & Acharya Rama Narayan, editors. 9th ed. Varanasi: Chaukhambha Orientalia; 2007, Pp: 824, Page no.98.
11. Vagbhata, Ashtanga Samgraha, commentaries of Sasilekha Sanskrit of Indu, edited by Dr. Shivprasad Sharma, Chaukhambha Sanskrit Series Office Varanasi, 3rd edition, 2012, Pp:965, Page no.9.
12. Agnivesha, Charaka Samhita, redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, edited by Trikamji Jadavji, Varanasi, Chaukhambha surbharati prakashan, 2008, Pp: 738, Page no.122-123.
13. Susrutha. Susrutha Samhita (Nibandha Sangraha commentary by Dalhana). Yadava ji Trikam ji Acharya. & Acharya Rama Narayan, editors. 9th ed. Varanasi: Chaukhambha Orientalia; 2007, Pp: 824, Page no.164-169.
14. Agnivesha, Charaka Samhita, redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, edited by Trikamji Jadavji, Varanasi, Chaukhambha surbharati prakashan, 2008, Pp: 738, Page no.121.
15. Vagbhata, Ashtanga hrudayam, commentaries of Sarvangasundarii of Arunadatta and Ayurvedrasayanaa of Hemadri, edited by Paradakara Hari Sadashiv Shastri, Varanasi, Chaukhambha Surbharti Prakashan, 2007, Pp :956 , Page no.251.
16. Agnivesha, Charaka Samhita, redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, edited by Trikamji Jadavji, Varanasi, Chaukhambha surbharati prakashan, 2008, Pp: 738, Page no.688.
17. Vagbhata, Ashtanga hrudayam, commentaries of Sarvangasundarii of Arunadatta and Ayurvedrasayanaa of Hemadri, edited by Paradakara Hari Sadashiv Shastri, Varanasi, Chaukhambha Surbharti Prakashan, 2007, Pp :956 , Page no.279.
18. Vagbhata, Ashtanga hrudayam, commentaries of Sarvangasundarii of Arunadatta and Ayurvedrasayanaa of Hemadri, edited by Paradakara Hari Sadashiv Shastri, Varanasi, Chaukhambha Surbharti Prakashan, 2007, Pp :956 , Page no.179.
19. Sharangadhara. Sharangdhara Samhita. Brahmanand Tripathi, editor. 1st ed. Varanasi: Chaukhamba Surabharathi Prakashan; 2011. Purva khanda, 4/10, Pp: 578, Page no.15.
20. Susrutha. Susrutha Samhita (Nibandha Sangraha commentary by Dalhana). Yadava ji Trikam ji Acharya. & Acharya Rama Narayan, editors. 9th ed. Varanasi: Chaukhambha Orientalia; 2007, Pp: 824, Page no.238.
21. Agnivesha, Charaka Samhita, redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, edited by Trikamji Jadavji, Varanasi, Chaukhambha surbharati prakashan, 2008, Pp: 738, Page no.117.
22. Kasper, Braunwald, Fauci, Hauser, Longo, Jameson, Harrison's Principles of Internal Medicine- Volume I, 17th edition, McGraw-Hill Book Co-Singapore for manufacture and export Pp2703, pg no. 470,471.
23. Kasper, Braunwald, Fauci, Hauser, Longo, Jameson, Harrison's Principles of Internal Medicine- Volume I, 17th edition, McGraw-Hill Book Co-Singapore for manufacture and export Pp2703, pg no. 472.
24. Kasper, Braunwald, Fauci, Hauser, Longo, Jameson, Harrison's Principles of Internal Medicine- Volume I, 17th edition, McGraw-Hill Book Co-Singapore for manufacture and export Pp2703, pg no. 473.

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