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 Santarpanottha 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”. 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[³] for Sthaulya has been further divided into Samsodhana and Samshamana.[⁴] The pathogenesis of Sthaulya, due to Meda- Dhatwagni Mandya there is excessive accumulation of fat that leads to obstruction of Medovaha Strotas. Due to this there is Vimargagama of Vata Dosha.

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 Apatarpana 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 Mal. 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 body.
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 Yogaratnakara 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.

a) Langhana (Fasting)

b) Langhana-Pachana (Fasting and Digestive drugs)

c) 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 Shodhanaroo pi and Shamanaroopi Langhana.

There are ten types of Langhana:

1. Vamana (vomiting)

2. Virechana (use of laxatives)

3. 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 Sthulu 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 Ruksanacan 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 Shlesha and Meda Nasaka properties is considered as anideal for Samshamana therapy.[8]

Gangadhar added Guru, Ruksa and Ushna properties, most suitable toalleviate Vata, Shlesha 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 regimonial 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 Sthauyahara actions.[11]

Charaka mentioned Lekhaniya Dashemani Dravyas.[12]

While in 38th chapter of Susruta 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 Apatarpanotthra Vyadhi. Over indulgence in nutritive foods, where there is a positive energy balance is considered as Santarpana and the best line of treatment of Santarapanotha Vyadhi is Apatarpana Chikitsa. Since, Sthaulya is a Santarpanothe 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, Dosh 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, Til

3. Shaka Varga (Vegetables)

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

Apathya: Kanda, Shaka.

4. Phala Varga (Fruits)

Pathya: Kapiththa, 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, Nityabhramama, Ashwa - Rohana, HastayavaRohana, Vyavaya.

Apathya: Sheetal Jala Sevan, Diwaswapa, Aavyavaya, Aavyayam, 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 Visheshyatana: 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:** Sarwngasana, Halasana, Paccinottanasana, Dhanurasana, Hakrasana, Bhujangasana, etc.

**Treatment of Obesity**

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

**Lifestyle management**

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\textsuperscript{[23]}

Adjuvant pharmacologic treatments should be considered for patients with a BMI >30 kg/m\textsuperscript{2} or with a BMI >27 kg/m\textsuperscript{2}, 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\textsuperscript{[24]}

Bariatric surgery can be considered for patients with severe obesity (BMI ≥40 kg/m\textsuperscript{2}) or those with moderate obesity (BMI ≥35 kg/m\textsuperscript{2}) 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 Santarpanotttha 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.

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