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Ayurvedic and Modern Approach towards Ashta Dosh of Atisthauilya: A Review

Bhumika Dewangan¹, Sanjay Shukla², Rupendra Chandrakar³

¹Post Graduate Scholar, Dept. of Roga Nidana Evam Vikriti Vigyana, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India.

²Reader & Guide, Dept. of Roga Nidana Evam Vikriti Vigyana, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India.

³Reader & Co-guide, Dept. of Samhita Evam Siddhant, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India.

ABSTRACT

Obesity is one of the major metabolic disorders now days due to sedentary lifestyle and diet habit along with stressful life. This affects the person physical, mental, and social well being. *Atisthauilya* is a disease that is described in almost all the *Ayurveda* text. *Atisthauilya* is describes under *Ashtauninditya Purush* by *Acharya Charak* which is correlated with obesity as there are similarities in their symptoms. Obesity is a major metabolic disorder which has high mortality and morbidity. This article aims to concentrate on elaboration of *Ashta Dosh* of *Atisthauilya* given by *Acharya Charaka* along with its modern pathophysiology and the *Pathya Apathya* (diet regime) that should be followed to manage *Atisthauilya*.

Key words: *Atisthauilya*, *Ashta Dosh*, *Obesity*, *Medo Dhatu*.

INTRODUCTION

The word *Atisthauilya* is derived from two words *Ati* and *Sthula*. *Ati* means excessive and *Sthu* means bulky. "*Sthauilyam Sthulasya Bhava*" means state of heaviness of body parts.^[1] It is a condition of the body that results from vitiated *Meda Dhatu*.^[2] In *Ayurveda*, *Acharya Charak* has described *Astaunindita Purusha* in chapter 21 of *Charaka Sutra Sthana* which has a resemblance to metabolic disorder. Only *Acharya Charak* has described and elaborated the pathophysiology of *Ashta Dosh* of *Atisthauilya*. *Sthauilya* is also included under *Shleshma Nanatmaja*^[3], *Bahu Dosh Janita*^[4], *Ati Brihana Nimittaja*^[5], *Santarpana*

Nimittaja Vyadhi.^[6] *Sushruta* has described *Sthauilya* as *Dhatvaagni Mandyajan Vikara*^[7] (metabolic disease). *Vagbhata* has describe the pathogenesis of *Sthauilya* on the basis of formation of *Ama*. *Madava Nidana* has elaborated the pathophysiology of this disease on the basis of increase *Meda*.^[8] *Yogratnakar* has also adopted the name *Medo Roga* to explain *Sthauilya*.^[9] Various etiology of *Sthauilya* has been mentioned in *Ayurveda* text such as *Atisampurna* (overeating), *Avyayama* (lack of physical exercise), *Avyavaya* (lack of sexual activity), *Diwaswapna* (day sleeping), *Guru-Madhur-Sheeta-Snigdha Sewan* (excessive consumption of heavy-sweet-cold-unctuous food, *Harshnityaad* (excessive joy), *Achintanad* (lack of worries), *Beeja Dosh* (hereditary).^[10] The specific sign of *Sthauilya* are *Medo-Mansa Ativridhi*, *Chalsphik-Udara-Stana*, *Ayathopchaya-Utsaha*.^[11] The world obesity atlas 2022 published by the world obesity federation predicts that one billion people globally including 650 million adult, 340 million adolescent and 39 million children i.e. 1 in 5 women and 1 in 7 men will be living with obesity by 2030.

Address for correspondence:

Dr. Bhumika Dewangan

Post Graduate Scholar, Dept. Of Roga Nidana Evam Vikriti Vigyana, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India.

E-mail: bhumikadewangan21@gmail.com

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MATERIALS AND METHODS

This article is based on literary review from *Ayurveda Samhita* and text available in the library of Govt.

Ayurveda College, Raipur (C.G). Text book referred are Charak Samhita, Sushrut Samhita, Vagbhatt Samhita, Madhav Nidana, Bhaishjya Ratnavali along with commentaries, other Ayurvedic journals, articles and websites.

AIM AND OBJECTIVE

To study the detail description of *Ashta Dosha* in *Atisthaulya* given by *Acharya Charaka* and its probable modern pathophysiology.

Samprapti (Pathogenesis)

Due to obstruction of *Srotas* by *Meda*, the *Vata* moving mainly in the stomach augments the *Agni* and absorbs the food. Thus, the obese person digests the food speedily and craves for food tremendously. Over eating produces excess production of *Meda Dhatu*, this leads to *Sthaulya*.^[12] According to *Acharya Sushruta*, *Ahara Rasa* circulating in the body in a stage of partial metabolism remains *Madhura* and is converted into *Medas* and this process thus makes them obese.^[13]

Due to etiology, *Shleshma Vriddhi* occurs that causes *Jathar Agni Mandata* this results in *Madhur Rasa Pradhana Aam Nirman* having excessive *Anna Rasagat Sneha* this results in *Meda Vriddhi* and *Srotas Avarodha* in the *Koshta* causes *Vaata Vriddhi* in the *Koshta* ultimately *Agni Vriddhi* then repeated absorption of *Ahara Rasa* causes increased hunger, therefore excessive consumption of food. Hence *Meda Vriddhi* results in *Sthaulya*.

Ashta Dosha of Atisthaulya^[14]

- 1) *Ayush Hrash* (decreased life span)
- 2) *Javoparodha* (diminished activity or deranged movement)
- 3) *Kriccha Vyavaya* (difficulty in intercourse)
- 4) *Daurbalya* (general debility)
- 5) *Daurgandhya* (foul smell from the body)
- 6) *Swedabadh* (excessive perspiration)
- 7) *Kshuda Atimatra* (excessive appetite)
- 8) *Pipasa Atiyoga* (excessive thirst).

Role of adipocytes in causing obesity^[15]

Adipocytes secrete many hormones (adipokines) with effects on the brain, pancreatic beta-cells, the liver, skeletal muscle and the cardiovascular system. The major function of adipocytes is energy homeostasis, insulin resistance and inflammation. In obesity hypertrophic adipocytes accelerate a chronic, proinflammatory profile with altered secretion of adipokines, thereby exacerbating cardiometabolic disease.

Important adipokines are leptin, resistin, adiponectin, adiponin, angiotensinogen, interleukin-6, fasting induced adipose factor, tumor necrosis factor- α , plasminogen activator inhibitor-1(PAI-1), tissue factor.

In obesity leptin, PAI-1, Tissue Factor, TNF, IL-6 increases only adiponectin decreases.

Ayurvedic and scientific explanation of Ashta Dosha^[16]

Ayush Hraash - among all the *Dhatus* only *Meda Dhatu* grow as a result of which longevity diminished.

Pathophysiology - accumulation of excessive morbid fat in the body passages leads to imbalanced supply of nutrients and building elements to the tissues. Deprivation of nutrition leads to cell damage consequentially leading to tissue depletion. This leads to manifestation of life threatening disorder which can ultimately end up in death.

Javoparodha - diminished activity, sluggishness and deranged body movements are due to looseness, tenderness and heaviness of *Meda*.

Pathophysiology - Increase in adipocytes, increases inflammatory cells. This heightened inflammatory cell can lead to a higher risk of developing depression. Depression may lack the energy or desire to exercise or take part in other activities. Also due to impaired adipokines there is decrease in fatty acid oxidation and glucose uptake in skeletal muscles which results in diminished activity.

Kriccha Vyavaya - difficulty in sexual intercourse is due to inadequate semen along with obstruction in its normal path by *Meda*.

Pathophysiology - fat cells convert a male hormone known as androstenedione into a female hormone called estrone. Estrone affects the metabolism of the part of the brain that regulates ovarian and testicular function.

Daurbalya - only *Meda Dhatu Vriddhi* and *Kshaya* of other *Dhatu*s leads to deranged metabolism owing to malnourishment of the succeeding *Dhatu*s (i.e., *Asthi* and *Majja*) leads to *Daurbalya*.

Pathophysiology - In obesity, FFA, TNF- α , resistin increases and adiponectin decrease. This variation results in insulin resistance. Due to Insulin resistance, uptake of glucose inside the cell gets inhibited, ultimately no production of energy which results in generalized body weakness.

Daurgandhya - foul smell from the body is due to inherent defect in *Medas* and general nature of *Meda* followed by excessive perspiration. Also, there is involvement of *Swedavaha Srotas* hence excessive *Sweda* occurs which is the *Mala* of *Medo Dhatu* and it's a characteristic of *Sweda*.

Pathophysiology - obese person required additional exertion for doing task. Sweat may get stuck in thick skin layers which in turn gives bacteria a chance to thrive thus produces bad odour.

Swedabadh - when *Meda* is associated with *Kapha*, which is fluid, multitudinous and heavy then it cannot with stand physical exercise leading to excessive sweating.

Pathophysiology - it is probably due to the reduced heat loss caused by the thick subcutaneous adipose tissue layer, which may lead to a compensatory response characterized by the excessive production of sweat.

Kshudatimatrata - *Avaran* of *Saman Vayu* causes increase of *Vata* in *Koshta* that leads to increase in digestive fire thus result in excessive hunger.

Pipasaatiyoga - excessive appetite and thirst is due to enhanced digestive fire along with excess presence of *Vata* in *Koshta*.

Pathophysiology - in obesity, leptin concentration in the blood is elevated, promoting a central and peripheral leptin resistance that renders the elevated leptin futile in curbing appetite and obesity.

Pathya Apathya^[17]

Pathya

Aharaj - *Purana Shali Chawal, Munga Daal, Arhara Daal, Kulattha, Yava, Kodo, Shuddha Shilajit, Patrotta Shak, Ruksha Padartha, Chana, Masoor, Madhu, Dhaan Khali, Takra, Madya, Chingat Machali, Bangan, Triphala, Guggula, Lauka Bhasma, Trikatu, Sarso Tail, Til Taila, Ushna Jal, Prag Bhojana Varipana.*

Viharaj - *Lekhan Basti, Chinta, Shrama, Ratri Jagaran, Maithuna, Ubatana, Langhan, Dhoop Sevan, Bhraman, Virechan, Vaman, Atparpana, Agru Lepa.*

Apathya

Aharaj - *Sheetal Jalpaan, Rasayan Aushadh Sewan, Nava Shali Chawal, Godhum, Such Sheeltaam, Ksheer, Ikshu Vikar, Mash (Urad), Matsya Mansa, Madhur Sewan.*

Viharaj - *Snehan Kriya, Diwa Shayana, Sugandhit Dravya Dharan (e.g., garland / sandal / perfumes), excessive water intake after meal.*

CONCLUSION

Ashta Dosha are the morbidity that can be found in *Atisthaulya* which leads to the study of the disease in detail. *Atisthaulya* not just changes the appearance of a person but also worsens the health of a person hence, assessment of *Ashta Doshas* in *Atisthaulya* is helpful for the management of the same. *Acharya Charak* has referred to *Sthaulya* under the caption of *Santarpanotha Vikara* and it should be treated with *Atparpana*. *Acharyas* have described *Sthaulya* as hard to cure disease because its management is *Chikitsaupkrama Virodhi*. So, *Nidana Parivarjana* has always turned out to be an effective method to manage and treat the patient suffering from *Sthaulya*. Regulating the lifestyle of an individual will help in the *Pachan* of *Vikrita Meda* and consequently enhance the

Poshan of other *Dhatus* to maintain the body equilibrium.

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