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Overview of *Sthaulya* (Obesity) management In Ayurveda

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ABSTRACT

Globally, there is a greater correlation between overweight and obesity and mortality than underweight. An epidemic-like chronic health issue that affects people all around the world is obesity. Over 135 million people in India suffered from obesity. In *Sthaulya*, a *Dushya* dominant condition, there is an excess of *Medodhatu* production due to *Medodhatvagni Mandya*, which leads to obesity. One of the main diseases of the modern period is obesity. According to the World Health Organisation, obesity is one of the most ignored public health issues that impact people of all ages worldwide. The primary causes of obesity include sedentary lifestyles, increased fast food consumption, and decreased physical activity. In *Ayurveda*, numerous *Acharyas* have described *Sthaulya* (Obesity), which is attributed to *Santarpanajanya Vyadhi*.^[1] Numerous medicinal preparations, medications, including *Pathya-Apathya*, *Dinacharya*, *Yogasana*, and are detailed in *Ayurvedic* texts and have been shown to significantly reduce and prevent this worldwide problem. An attempt has been made to examine obesity from both an *Ayurvedic* and a modern perspective, as well as to determine whether *Ayurveda* offers any plausible remedies for obesity. This article sheds light on the classification, etiopathology of *Sthaulya*, including its signs and symptoms, therapeutic care using medication, and preventive measures like *Nidan Parivarjan*, *Pathya-Apathya*, and *Dinacharya*, *Apatarpan Chikitsa* etc. should be done.

Key words: *Sthaulya*, *Obesity*, *Medodhatvagni Mandya*, *Santarpanajanya Vyadhi*, *Apatarpan Chikitsa*, *Pathyaapathya*.

INTRODUCTION

Now a days, Obesity is a major global issue. because of the rise in popularity of fast food and changes in lifestyle. Previously considered a lifestyle disorder, the World Health Organisation has now categorised it as a disease. Any person whose body mass index (BMI) is

30 kg/m² or higher is considered obese by the World Health Organisation. In 1997, the World Health Organization's press stated that obesity has so many different and severe effects that it should be considered one of the most significant but underappreciated health issues of our day, maybe having an even greater negative influence on health than smoking. In both industrialised and emerging nations, the prevalence of obesity is rising.^[3]

Obesity is associated with *Sthaulya* or *Medoroga* in *Ayurveda*. According to *Acharya Charaka*, it is regarded as one of the eight disgusting situations (*Ashta Nindit Purush*). He considered it as *Kapha Nanatmaja Vikar* and *Santarpanjanya Vyadhi*.^[4]

According to *Acharya Sushruta*, it is as *Rasa Nimittaja Vyadhi* and result of disrupt *Medovaha Srotas*.^[5]

Obesity is a condition where *Medodhatvagni Mandya* causes an abnormal increase in *Vikruti* of *Medodhatu*.

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Excessive *Mamsa* and *Meda* buildup resulting in breast, abdominal, and hip flabbiness. It is classified as *Sthaulya*.

An abnormal and excessive build-up of fat in adipose tissue is called obesity. It results from consuming more calories than the body needs each day, with the extra calories being turned into fat and stored in the body.

MATERIALS AND METHODS

Information about obesity has been compiled from several *Ayurvedic* text books. Like *Charaka Samhita*, *Sushrut Samhita*, *Asthang Hridayam*, *Asthang Sangraham*, etc.

Additionally gathered using a number of search engines, including PubMed, Scopus, Medline, and Google Scholar.

These references underwent thorough comparison and analysis.

Classification^[6]

Disease classification should be based on several factors, such as onset, severity, chronicity, histology, and distribution of fat, in order to facilitate diagnosis, prognosis, and straightforward care. which are listed below.

1) On the basis of onset

- a. Insidious
- b. Gradual
- c. Rapid

2) On the basis of BMI

- a) Below 18.5 - Underweight
- b) 18.5-24.9 - Normal weight
- c) 25.0-29.9 - Pre obesity or Overweight
- d) 30.0-34.9 - Obesity class 1
- e) 35.0-39.9 - Obesity class 2
- f) Above 40 - Obesity class 3

3) On the basis of severity

- a. Mild

- b. Moderate
- c. Severess

4) On the basis of etiological factors

- a) Physiological: Observed temporarily during puberty and pregnancy.
- b) Pathological: It can be further divided into three viz:
 - Exogenous
 - Endogenous
 - Idiopathic

5) On the basis of Fat distribution

- a) Generalized : Generalized obesity is usually seen in exogenous Obesity.
- b) Central type : Involving only the neck and trunk.
- c) Superior (Buffalo type) : Involving the face, neck arms and upper part of trunk.
- d) Inferior type : Involving lower part of trunk and legs.
- e) Girdle type (Gynoid Obesity) : Involving hips, buttock, abdomen and with a fatty apron.
- f) Breachers of trochanteric type : Involving the buttocks.
- g) Lipomatous type : Multiple lypomatosis with localized deposits of fat over the body.

6) Histopathological classification

- a) **Hypertrophic Obesity** : Involves enlargement of fat cells, hypertrophic obesity tends to correlate with an android fat distribution and this is more often associated with metabolic disorder such as diabetes mellitus, Hypertension, Coronary artery diseases and Hyperlipidemia.
- b) **Hyperplastic Obesity** : The total no. of fat cells is increased in Hyperplastic Obesity.

7) According to Etiology:

- a) Physiological - Observed temporarily during pregnancy delivery and lactation.

- b) Idiopathic - Obesity is labelled idiopathic after all possible cause of weight gain have been investigated and ruled out.
- c) Water salt retention - Characterized by sudden increase of body weight which responds promptly to diuretics therapy.
- d) Dermis disease - Obesity associated with symmetrical tender and painful lumps over the body.
- e) Hyper insulinism - Obesity observed in cases of pancreatic tumor associated with attacks of spontaneous hypoglycemia or in diabetic children over treated with insulin.

Etiology (Nidana)^[7,8]

Aharaj Nidana

- *Adhyashan* (eating while the preceding meal is still being digested)
- *Atibruhana* (consuming calorie-dense meals)
- *Madhura Ahara* (overuse of sweet flavours in food).
- *Sheeta* (meals that are cold).
- *Snigdha Ahara* (fatty food)
- *Navanna* (grain just harvested).

Viharaj Nidana

- *Avyayam* (insufficient physical activity)
- *Avyavaya* (absence of sex)
- *Diwaswapna* (Daytime sleep)
- *Asana sukha* (extended periods of sitting)
- *Swapnaprasangat* (oversleeping)
- *Harshnitya* (the state of constant joy).

Manasika Nidana

- *Achintana* (stress-free)
- *Mansonivritti* (mind relaxation)
- *Saukhya* (Happiness).

Others

- *Beejdosha* (faulty genes)
- Consumption of excessive sweets by the pregnant mother.

Purvarupa (Prodromal symptoms)

Symptoms that develop prior to the illness's full presentation.

Among these are:

1. Excessive sleep
2. Fatigue
3. Lethargic behaviour
4. A strong bodily odour
5. body heaviness
6. The bodily part's laxity.

Rupa (Symptoms)^[9]

When a person accumulates excessive fat in the breast, belly, or buttocks, it is said that they have *Sthaulya*.

According to the classics, *Atisthool* person have following symptoms-

1. *Javoparodha* (restricted or impeded mobility (affected by excessive fat accumulation).
2. *Krichhvyavaya* (difficulty in sexual activity or impotence (caused by *Medas* blocking the semen route).
3. *Dourrbalya* (debility as a result of *Dhatus* imbalance).
4. *Swedadhikya* (excessive perspiration due to vitiated *Medas* and *Kapha Dosha*).
5. *Dourgandhya* (an offensive bodily odour)
6. *Pipasa* and *Khudha Adhikya* (Severe thirst and hunger).
7. *Ayushohrasa* (reduction in lifespan).

Samprapti (Pathogenesis)^[10]

Nidana Sevana



The *Kaphadi Doshas'* vitiation



Enhanced *Meda dhatu* blocks the abdomen's *Vata Dosha* pathways.



*Vata Dosh*a stimulates *Agni* in *Koshta*, which leads to the urge for excessive food intake and rapid food digestion.



Consumption of a larger amount of food



Sthaulya

Chikitsa (Treatment)

1. *Nidana Parivarjana*

Aharatmak, *Viharatmak*, and *Mansik Nidana* should all be avoided.

2. *Aptarpana Chikitsa*^[11]

Sthaulya is *Santarpanjanya Vikar* since *Aptarpana Chikitsa* is considered, it is advisable to practice it in order to lose excess fat.

Obese people should eat heavy, difficult-to-digest foods (lower in carbohydrates and fat), as this will suppress their hunger.

Three steps of the *Shat Upkrama* are included in *Aptarpana Chikitsa*:

- a) *Langhan*
- b) *Rukshana*
- c) *Swedana*.

3. *Sanshodhana*

- *Vaman*
- *Virechan*
- *Shiro Virechana (Karshan Nasya)*
- *Niruh Basti*.

Vamana (Medicated Emesis) and *Virechana* (Medicated Purgation) are two aspects of *Samshodhana* therapy that should be administered to all obese patients with excess *Dosha* and excess *Bala* (More strength). *Acharya Charaka* also suggests *Ruksha*, *Ushna*, and *Tikta Basti* (Enema including hot, bitter, and dry medications).

One type of external therapy recommended by *Bahya Shodhana* (traditional medicine) for managing obesity is *Ruksha Udvartana*, or dry powder massage.

4. *Sanshamana*

- *Upavasa*
- *Pachana Aushadhi*
- *Vyayam*
- *Maruta sevana*
- *Atapa sevana*
- *Pipasa*.
- *Udvartana*

5. *Single drug*

- *Gugglu*
- *Vacha*
- *Patla*
- *Amlaki Churna*
- *Arjuna Churna*
- *Gambhari*
- *Musta*
- *Vidanga*
- *Bilva*
- *Shunthi*
- *Shilajatu*
- *Gomutra*
- *Kshara*
- *Madhu*
- *Rasanjana*

6. *Formulation*

- *Navaka Gugglu*
- *Dasang Guggulu*
- *Arogyavardhini Vati*
- *Medohara Guggulu*
- *Amritadi Guggulu*

- Triphla Churna
- Brihata Panchamula
- Loha Arista
- Phaltikadi Kwath
- Chavyadi Sattu
- Triphaladi Tailam
- Shilajatu Rasayan

7. Lekhaniya Mahakashaya

- Vacha
- Chitrak
- Kustha
- Mustaka
- Chitrak
- Katuki
- Daru haridra
- Haridra
- Chirbilva
- Hemvatya

Pathya-Apathya^[12]

Pathya Aahar (Do's)	Pathya Vihar (Do's)
Mudga, Masura, Yava, Rajmasha, Kulattha, Patola, Takra, Madhu, Ushnodaka	Nitya Langhana (Reducing therapy used regularly) Chintana (Critical Thinking) Shrama (Working Hard) Krodha (Anger) Shoka (Despairing) Vyavaya (Sexual activity) Jagarana (Late nights)
Apathya Aahar (Dont's)	Apathya Vihar (Dont's)
Navanna, Shali, Masha, Godhuma,	Avyayama (Less activity) Avyavaya (Less pleasure) Swapna Prasanga (Oversleeping)

Taila, Madhuraphala	Sukha Shaiyya
Navnita,	Nitya Harsha (Happiness)
Ikshu,	Achintana,
Ghrita,	Manaso Nivritti
Dadhi	Sheetala Jala Snan (Taking a bath with cold water)
Anupa Mamsa	Divaswapa (Day-slumbering).
Audaka Mamsa.	

CONCLUSION

Sthaulya (Obesity) has been referenced by *Charaka* in the *Santarpanottha Vikara*, and *Apatarpan Chiktta* (reducing therapy) is the recommended treatment. The main treatment for obesity is increasing physical activity and decreasing daily calorie intake. The classical *Nidanas* of *Sthaulya* are currently undergoing a transformation. Stress levels rising, unhealthy eating patterns, and a decline in exercise awareness are increasingly being identified as the main contributing reasons. The percentage of people in society who suffer from *Sthaulya* is rising daily, thus people need to be made aware of the illness and its serious side effects before it spreads to an epidemic proportion. *Ayurvedic* treatment is based on the *Trisutra* of *Ayurveda*, which consists of *Aahar*, *Vihar*, and *Aushadhi*. Only until the aetiology, symptomatology, aggravating and relieving variables, and pathophysiology of the disease are understood can the diagnosis and treatment be made.

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