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# Obesity : An Ayurveda Prospective

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## ABSTRACT

Obesity is widely regarded as a pandemic, with potentially distress consequences for human health. In developing countries, average national rate of obesity is low, but these figures may distinguish higher rates of obesity in urban communities. There is increasing public awareness of the health implications of obesity. Many patient are seeking medical help for their overweight, other present with one or more of the complications of obesity, and increasing numbers are being identified during health screening examinations. WHO states that, about 250 million cases of obesity are being reported every year. Many efforts are being made to find out a reliable remedy for this burning problem, so many concepts and medicine are introduced by modern practitioner but they are not free from side effects. In *Ayurveda*, *Sthaulya* (obesity) is a condition where, due to aggravation of *Doshas*, there is improper transformation of nutrition, more of *Medodhatu* is formed and inappropriate nutrition goes to nourish other *Dhatus* of body. In *Ayurveda*, this condition is managed with multiple concepts of correcting the states of *Dhatu* and *Doshas*. Many *Medohara* drugs have been mentioned and can be used but the selection of the drug should be made accurately on the basis of patients physiology and with respect to *Dosha*, *Desha*, *Kala* etc. Therefore here an attempt is made, to understand *Sthaulya* (Obesity) from both modern and *Ayurvedic* concepts and to discuss the management of the condition from *Ayurvedic* point of view.

**Key words:** *Ayurveda*, *Sthaulya*, *Dosha*, *Dhatus*, *Medodhatu*, *Medohara*, *Desha*, *Kala*.

## INTRODUCTION

Obesity is a multi factorial and common condition around the globe, but is ignored until some complications related to it is seen. It is also called as "New World Syndrome".<sup>[1]</sup> Obesity is a metabolic syndrome, considered to be present when sufficient body fat has accumulated to adversely affect the health. Although, it is often viewed as increased body

weight, a lean but very muscular individual may be overweight without having increased adiposity. Although not a direct measure of increased body weight, the most widely used method to measure obesity is in terms of body mass index (BMI). Obesity can be in any age group and is more common in women, and the rising prevalence in children is of great concern.

### Causative factors

It can be caused due to inherited defects in genes, environmental causes like high energy diets, less physical activity or sedentary lifestyle, endocrine diseases and due to certain drugs.

### Fat Distribution in obesity

Abnormal excess fat accumulation in adipose tissue gets distributes in body especially around waist and trunk (abdominal, central or android obesity) or peripherally around the body (gynoid obesity).<sup>[1]</sup>

The visceral fat deposits, contributes to the formation of Adipokines that are atherogenic and counter

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balanced by anti-inflammatory and antiatherogenic adipocyte hormones, such as adiponectin, and acylation protein. These Adipokines, may enhance Hypertension in Obese person.<sup>[2]</sup>

### Morbid effects of Obesity

Obesity generally contributes to multiple co-morbid conditions, some of which has been mentioned below. Psychological and emotional stress is commonly seen in overweight people. It is also associated with neurological abnormalities, gastrointestinal diseases and enhanced biliary secretion which may lead to higher incidence of cholesterol gallstone.

- **Endocrine and metabolic diseases** like metabolic and insulin resistance syndrome.
- **Cardiovascular disease** such as Hypertension, Coronary heart disease, Thromboembolic disease etc.
- **Pulmonary diseases** like restrictive lung disease, Obstructive Sleep Apnoea.
- **Musculoskeletal disease** such as Gout and Osteoarthritis.
- **Liver diseases** like Nonalcoholic Steatohepatitis.
- **Genitourinary diseases** in women like Amenorrhoea, Infertility.

Other features like Skin rashes, Psychosocial changes, Pregnancy related condition such as Neural Tube Defect etc can also occur.

### Assessment and management aspect for obesity in Modern Medicine

Apart from Body Mass Index, Circumference of mid arm, chest, and thigh measurements, skin fold thickness, are used to assess obesity. Investigation to rule out obesity associated co-morbid conditions are done. Classification of weight can be made to rule out risk of diseases associated with obesity. According to WHO classification, BMI from 25-29.9 (pre-obese), 30-34.9 (Class I overweight), 35-39.9 (Class II overweight), more than 40 (Class III overweight).<sup>[3]</sup>

Management of obesity includes, Lifestyle modification, Diet therapy, Pharmacotherapy with Centrally Acting Anorexiants medications which affects satiety like Sibutramine, Peripherally Acting Medications like Orlistat. Surgery includes Bariatric surgery for severe obesity conditions.

### Ayurvedic understanding of Obesity

A person having heaviness and bulkiness of the body due to excessive collection of fat is called *Sthula* and the condition is called as *Sthaulya*. Acharya Charaka mentioned that a person with excess and abnormal increase of *Medadhātu* (fat) along with *Mamsadhātu* (muscle tissue) which results in pendulous appearance of buttock, belly, and breast area and having increased bulk not matched by corresponding increase in energy is said to be as a *Sthula Purusha*.<sup>[4]</sup> *Medovaha Srotas Dushti* (vitiation of channels carrying fat tissue) leads to eight types of conditions, which were regarded as contempt by society, *Sthaulya* is one among them.<sup>[5]</sup>

### Nidana (Causative Factors)

The *Nidana* of *Sthaulya* can be broadly classified under, *Aharatmaka Nidana* like, food that is heavy to digest, excessive eating, having meal before the digestion of previous meal, *Viharatmaka Nidana* such as lack of physical exercise, day time sleeping, sedentary lifestyle, *Bijadoshaja Nidana* (genetic factors)<sup>[6]</sup> and others like *Manasika Nidana* (psychological factors) also play important role. Acharya Susruta mentioned that, quality and quantity of *Ahara* (food) is an important component involved in causing *Sthaulya*.<sup>[7]</sup>

### Physiology of Meda Dhatu

In the sequel of seven *Dhatus* (tissue) explained in *Ayurveda*, *Medodhatu* is the fourth *Dhatu* which is produced from the *Mamsa Dhatu*. *Medodhatu* can be compared with fat-depots and *Rasa Raktagata Sneha* (fat present in blood) with triglyceride or cholesterol. *Medodhatu* forms *Poshaka* part which is mobile and can be compared with cholesterol/lipid which circulates in blood and another part is immobile in nature called *Poshya*, which is stored in

*Medodharakala (Udara, Sphik, Stana)* and can be compared with adipose tissue.

Due to above mentioned causative factors, the taken food do not get properly digested and leads to the formation of *Ama* (improperly digested food), which in turn provides proportionally more nourishment to *Medodhatu* and hence other *Dhatus* remain under nourished which leads to *Sthula* (obese) condition. This all causes obstruction in *Medovaha Srotas*, in turn vitiates *Vata* and this vitiated *Vata* moves into the *Koshta* (bowel) and hence *Jatharaagni* (digestive fire) will increase many folds. This causes increase in appetite as the taken food will get digested quickly and keep on increasing *Medadhatu* and *Ama* and finally leads to *Sthaulya*.<sup>[8]</sup>

The manifestation of *Sthaulya* comprises of excessive thirst, increased sweating, breathlessness on mild exertion, difficulty in performing heavy work, decreased body strength. *Acharya Charaka* have mentioned features like excessive appetite and thirst, generalized body weakness, reduced interest towards any work and foul odour of the body which may be due to increased sweating tendency.

#### Chikitsa (Treatment Aspect)

Management of *Sthaulya* includes, *Nidana Parivarjana* (avoiding causative factors), Lifestyle changes, *Shodhana* (cleaning of body) along with medications. Proper diet and physical exercise is an important part of treatment.

*Acharya Vagbhat* mentioned that, in *Sthula* people, due to improper metabolism, the formed *Dhatus* like *Mamsa, Shonita* (blood), *Asthi* (bone tissue) etc. are *Durbaddha* (abnormal)<sup>[9]</sup> therefore, *Shodhana* on the basis of *Bala* (strength) of patient is adopted to remove the accumulated toxins and toxic metabolites from the body and then medicine is selected, starting from milder to medicines with more potency so that it is better tolerated by the patient. *Udwartana* (dry powder massage) and *Takradhara* (therapeutic use of medicated buttermilk) with *Vamana* (therapeutic emesis) and *Virechana* (therapeutic purgation) can be adopted and then *Medohara Dravya* (fat reducing

medicines) like *Guggulu* preparations or other oral medicines can be given.

As obesity is generally related with multiple co morbidities therefore, risk factors should be assessed while planning a treatment. Depending on the *Avastha* of patient and cause involved, *Guru Aptarpana Chikitsa* can be given. *Vatahara Annapana* like *Yava, Sattu* etc. can be given. *Rooksha Udwartana* with *Triphala Churna, Sudarshana Churna* etc. can be adopted. *Teekshna, Lekhana Basti* with drugs like *Trikatu*, etc. are mentioned by *Acharyas* for the management of *Sthaulya*.

*Guduchi (Tinospora cordifolia)*, being a *Rasayana* improves immunity and improves metabolism, helps in burning more fat. *Musta (Cyperus rotundus)* due to its *Tikta Katu Rasa, Laghu Ruksha Guna*, burns and metabolizes fat and has anti obesity activity.

*Shilajatu (Asphaltum)* has been mentioned by *Acharyas* as one of an effective *Medohara* drug which has *Rasayana* properties.

Body cleaning with *Panchakarma* procedures are found effective like *Vamana, Virechana, Lekhana Basti*.

*Guggulu (Commiphora mukul)* preparations like *Navaka Guggulu* etc. are mentioned with multiple references in *Samhitas*, is known to have analgesic, anti-inflammatory and antihyperlipidemic action.<sup>[10]</sup>

#### DISCUSSION

Due to multiple *Nidanas* mentioned, symptoms occur on the basis of system or organ involved, symptoms like *Kshudra Swasa* has been told by *Madhavanidana*<sup>[11]</sup> which is seen as a co-morbid condition like restrictive lung disease in obesity, that prevents lung to expand fully with breathing cycle. Initially as the *Meda Avrita Vata* circulates in *Antra* (intestine) do *Agniapradeepana*, the taken food is digested faster and patient tends to eat more in this stage due to increased hunger, and at this *Aaharakaal Atikramana* stage if more food is taken can lead to *Sthaulya*, and if person do not eat much food can leads to multiple co morbidities and diseases.<sup>[12,13]</sup> In the later stages of the diseases the

*Agni* (digestive fire) gets reduced, resulting in improper metabolism. More of the *Medadhātu* is formed and other *Dhātus* do not get considerable nourishment, and all this leads to *Durbadha Dhātu* (inappropriate quality of *Dhātus*) formation.

## CONCLUSION

Since there can be multiple cause for obesity, to find the definite cause is a challenging task. The evaluation and treatment is often aimed at proper screening for which, National Heart Lung and Blood Institute guidelines has been laid and the primary goal of the therapy is to improve obesity related risk of co-morbidities. In *Ayurveda*, *Vatashamaka Ahara*, *Ruksha Udwartana* (dry powder massage), body cleaning *Panchakarma* procedures like *Teekshna Lekhana Basti*, *Vamana*, *Virechana* are adopted. Oral medication like *Guggulu (Commiphora mukul)* preparations, *Triphala* etc. are mentioned. Hence appropriate diagnosis and screening for the risk factors should be made and treatment should be planned accordingly.

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