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AN OVERVIEW OF AYURVEDIC MANAGEMENT OF STHAULYA W.S.R OBESITY

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ABSTRACT

Obesity is a significant burden on global healthcare. Among non-communicable diseases, obesity (*Sthaulya*) vividly prevails in both developed and developing country due to the change in the life style (*Aahara*, *Vihara and Manasika*) and working conditions. It is major global issue and emerging health problem in developing countries such as India. In Ayurveda, *Sthaulya* (Obesity) belong to *Santarpanajanya Vyadhi* and described by many *Acharyas*. In Ayurvedic text many drugs, medicinal preparations *Pathya* – *Apathya*, *Yogasana* and *Dinacharya* are described which have significant result in prevention and cure of this global issue. An effort has been made to understand Obesity through Modern and *Ayurvedic* perspective and to find out the likely solutions for obesity through *Ayurveda*. This article reflects light on etiopathology of *Sthaulya*, its sign & symptoms, preventive

methods like *Nidan Parivarjan*, *Dinacharya*, therapeutic management along with medicine, diet, *Pathya Apathya*, nonpharmacological methods like exercise and *Yogic kriyas*. Incidence of Obesity is increasing among the adult population due to changes in lifestyle and behavioural patterns of the people. *Sthaulya* is included under *Ashtau Nindita* (Eight undesirable conditions), the *Shleshma Nanatmaja*, *Santarpana Nimittaja*, *Ati-Bruhmana Nimittaja* and *Bahu Dosha Janita Vikara*. *Sushruta* mentioned *Dhatvaagnimandya* (Metabolic disturbances) as a reason of *Sthaulya*. Obesity is a concerning epidemic worldwide. According to WHO in 2014, 266 million men and 375 million women were

estimated to be obese worldwide. 39% of adults aged 18 years and over were overweight in 2016, and 13% were obese. Worldwide obesity has nearly tripled since 1975. In 2016, more than 1.9 billion adults were overweight. Of these over 650 million were obese. [2] Sthaulya is among one of the 8 unwanted diseases mentioned by Acharya Charaka. To correct vitiated Doshas and Agni through Ayurvedic treatment, Nidana Parivarjana, Pathya Aahar-Vihara and Aptarpana Chikitsa should be done.

KEYWORD: Sthaulya, Aptarpana, Meda, Agni, Langhan, Rukshana.

NIRUKTI

A person having heaviness and bulkiness of the body due to extensive growth especially in Udaradi region is termed as "Sthula" and the state (Bhava) of Sthula is called "Sthaulya". [3] Obesity comes from Latin word 'Obesus' meaning fat.

DEFINITION

A person having pendulous appearance of Sphika (Hip), Udara (Abdomen) and Stana (Chest) due to the inordinate increase of fat (Meda Dhatu) and flesh (Mamsa dhatu) and with reduced enthusiasm towards life is called Atisthula. [4] According to the modern science, Obesity is defined as an accumulation of excess body fat (Adipose tissue) that is of sufficient magnitude to impair health.

CLASSIFICATION

Acharya Vagbhata classified Sthaulya in the context of indications of Langhana Upakrama as Adhika, Madhyama and Hina Sthaulya. [5] Vagbhata's classification can be correlated with modern science as given below.

- 1. *Hina Sthaulya*(Underweight- (B.M.I. 25-30 kg/m2)
- Without any secondary disease and complication
- Duration less than 1 year
- 2. *Madhyam Sthaulya*(Obesity class 1 & 2- (B.M.I. 30-40 kg./m2 Obese)
- Without any secondary disease but with least complication
- Duration between 1-5 year
- 3. *Adhika Sthaulya*(Severe Obese- B.M.I. > 40 kg./m2 Very Obese)
- With secondary disease and complication
- Duration of more than 5 year.

TYPE OF OBESITY

- A. According to Body Fat Distribution
- Central obesity-Increased accumulation of fat in the trunk and in the abdominal cavity/Intra-abdominal. It is associated with a greater risk for several diseases than generalized obesity.
- 2. Generalized Obesity-Excess accumulation of fat diffusely in the subcutaneous tissue.
- B. Clinical classification of obesity
- 1. Stage 0-No apparent Obesity-related risk factor
- 2. Stage 1-Presence of obesity-related sub-clinical risk factors, mild physical symptoms.
- 3. Stage 2-Prequence of established obesity -related chronic disorders
- **4. Stage 3**-Stabalized end-organ damage.
- **5. Stage 4**-Severe (End stage) disabilities

ETIOPATHOGENESIS

According to Ayurveda

Due to the imbalance between the energy consumption in the diet and energy expenditure through exercise and bodily functions.

Nidana of Sthaulya is basically classified in four groups

- 1. Aharaja Nidana
- 2. Viharaj Nidana
- 3. Manasika Nidana
- 4. Beejadusti

Aharatmaka Nidana	Viharatmaka Nidana	Manasa	Other	
Adhyasana (eating when	Avyayam	Achintana	Intake of sweet substances	
previous meal is not	(lack of physical	(no worries)	by mother during	
digested)	exercise)		pregnancy	
Atisampurana (binge eating)	Avyavaya	Manasonivritti	Beejadosha	
	(lack of sexual	(relaxation of the	(Defective genes)	
	intercoarse)	mind)		
Ati Brimhana	Divaswapana (sleeping	Saukhya	Amarasa (indigestion)	
(eating food high in calories)	during day time)	(happiness)		
Guru ahara	Asana sukha		Snighda, Madhura Basti	
(food heavy to digest)	(long time siting)		sevena (enema which	
			contain Oily and sweet	
			drugs)	
Madhura ahara (excessive	Bhojanottarasnana		Tail abhyanga (oil	
use of food sweet in taste)	(after taking food idle		Massage)	

	sitting)	
Snigdha ahara	Swapnaprasangat	Snigdha Udvartana
(oily food)	(excessive sleep)	(powder massage with oily
		drugs)
Sheeta	Harshanitya (always	
(cold food)	being cheerful)	
Navanna	Sukh sayya	
(recently harvested grain)	(comfortable bedding)	
Atyanavmadyapan (excessive	Priyadarshana	
use of freshly prepared	(constantly seeing those	
alcohol)	things which are liked)	
Paya vikara		
(milk and its product)		
<i>Iksuvikara</i> (sugarcane and its		
product)		
Guda		
(jaggery)		
Udada(black gram)		

According to modern science

- 1. Genetic aspect-Obesity is polygenic disorder.
- 2. Environmental Contribution-Increased sedentary behaviour result in reduced activities of daily living.
- 3. Body weight dysregulation Dysregulation of a complex interplay of both hormonal/endocrine and neural mechanism that control appetite and satiety.

SYMPTOMS

Subjective symptoms^[6]

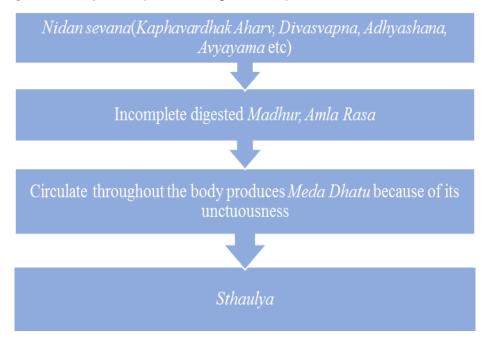
- ✓ Increased hunger (*Atikshudha*)
- ✓ Increased thirst (*Atipipasa*)
- ✓ Perspiration (*Atisweda*)
- ✓ Breathlessness (*Atiswasa*)
- ✓ Sleepiness (*Atinidra*)
- ✓ Difficulty to perform heavy work (*Aayas Ashamata*)
- ✓ Sluggishness (*Jadata*)
- ✓ Short lifespan (*Alpayu*)
- ✓ Decreased body strength (*Alpabala*)
- ✓ Bad body odour (*Dourgandhya*)
- ✓ Unclear voice (*Gadgada*)

THE CARDINAL SYMPTOMS AND EIGHT-FOLD DOSA

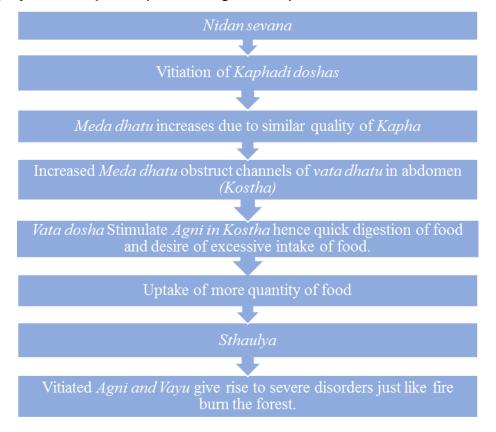
Cardinal Symptoms of Sthaulya	Eight-fold dosha of Sthaulya ^[7]		
Medomamsaativruddhi (excessive	Ayushohrasa (Shortening of lifespan)		
accumulation of Meda and Mamsa			
Chalasphik, Udara, Stana (flabby buttocks,	Javoparodha (lack of interest in physical		
abdomen, breasts due to excessive fat	activity /sluggish movement)		
deposition)			
Ayathopachaya-anutsaha (improperly	Kricchravyavaya (difficulty in sexual		
formed Medodhatu causes utsahahani in the	intercourse)		
individual)			
	Dourbalya (weakness)		
	Dourgandhya (unpleasent odour from the body		
	/foul smell from the body)		
	Sweda atipravrithi (over sweating)		
	Kshudhatimatra (to much hunger)		
	Pipasatiyoga (excessive thirst)		

SAMPRAPTI(ETIOLOGY)

1. Samprapti chakra of Sthaulya according to Acharya Sushruta



2. Samprapti chakra of Sthaulya according to Acharya Charaka^[8]



DIAGNOSIS

Specific Criteria to measure obesity

1. Body Mass Index- It is defined as a person's weight in kilograms divided by the square of his / her height in meters (kg/m²).

Body mass Index= Body weight (In kg)

Hight (in metres) ²

BMI (Body Mass Index) according to Body Mass Index^[9]

WHO Classification	BMI(Kg/m²)	Risk of comorbidity
Overweight	25-30	Mildly increased
Obese18.5-24.9	>30	
Class-I 25.0-29.9	30-35	Moderate
Class-II >30.0	35-40	Severe
Class-III 30.0-34.9	>40	Very Severe

- 2. Age specific weight for hight table
- 3. Skinfold Measurement
- 4. Waist Circumference-

Normal range of Waist circumference: Men: 94–102 cm;

Women: 80-88 cm

- 5. Waist/Hip ratio- (>0.55 is obese)
- 6. Lab Investigation

Lipid Profile

Blood glucose

Blood Pressure

TREATMENT

1. Nidan parivarjana

The first line of treatment of obesity is to avoid all the *Aharatmak*, *Viharatmak* and *Manasika* nidan described in text.

2. Aptarpana Chikitsa^[10]

Sthaulya is Santarpanjanya Vikar that's why Aptarpana Chikitsa should be followed to get rid of excess fat.

Chikitsa sutra of Sthaulya

"गुरु च अपतर्पण चेष्टम् स्थौत्यं चरक सूत्र २१/२०

Heavy food which is hard to digest (Less carbohydrate) and non- saturating(less fat) but lower down the appetite is suitable for obese person.

Aptarpana chikitsa includes 3 procedure of Shat Upakramas that is[11]

- Langhan
- Rukshana
- Swedana
- *i.* Langhan Therapy Langhan are of 10 types

Sanshodhana	Sanshamana
Vaman	Pachana Aushadi
virechan,	Upavasa
Shiro virechana(Nasya)	Vyayama
Niruh basti	Maruta sevana
	Atapa sevana
	Pipasa

Sanshodhana Chikitsa applied where bala of rogi and rog is of great extent. Rogi able to bear Shodhana (purification) process and Doshas of roga are vitiated in very much amount.

Sanshamana Chikitsa applied where bala of Rogi and Roga are of less extent and patient not able to bear Shodhana process that's why rogi treated with Shamana Chikitsa. Vitiation of Doshas are in less amount.

- ii. Rukshana Therapy- Rukshana (dryness causing) therapy is that which causes dryness, roughness, and coarseness. Regular use of substances having pungent, bitter and astringent tastes, indulgence in women, use of oil-cakes of mustard and tila (sesame), buttermilk, honey and similar things tend to induce dryness and reduces the excessive *Meda* formed in body.
- iii. Swedana Therapy- Swedana (sudation) therapy possesses hot, acute, flowing (unstable), unctuous, dry, minute (subtle), liquid, stable and heavy qualities which result in rapid conversion of excess of Sneha into Meda.

3. Shodhana Chikitsa

- i. Vaman
- ii. Virechana
- iii. Anuvasana basti- contraindicated in Obesity
- iv. Niruh Basti-Lekhana basti with drugs having Tikshna, Ushna and Ruksha properties.

4. Shamana Chikitsa

- i. Pachana Aushadi-
- ii. Upavasa- Due to aggravated Agni in obese person it is not possible to do continuous fasting there for according to Acharya Dalhana Intermittent fasting should be done. Due to unavailability of carbohydrate in body, accumulated fat is used for energy.
- iii. Vyayama- Physical activity increases people's total energy expenditure, which help in energy balance and weight lose. According to Acharya Charak Vyayam bring lightness, stability, mitigation of doshas and strength in body [12]
- iv. Maruta sevana
- v. Atapa sevana- Animal studies suggest that chronic exposure to UVR could prevent obesity and cardiometabolic dysfunction.
- vi. Pipasa
- vii. Udvartana Chikitsa- Triphala Churna, Kutaja Bark Churna, Amalaki Churna

5. Single drugs

1.	Shilajatu	2.	Vacha
3.	Vidanga	4.	Daruharidra
5.	Musta	6.	Guggulu
<i>7</i> .	Amlaki Churna	8.	Guduchi,
9.	Sunthi	10.	Gomutra
11.	Loha Churna	12.	Rasanjana
13.	Madhu	14.	Kshara

6. Lekhaniya Mahakashaya

1.	Mustaka	2.	Kustha
3.	Haridra	4.	Daru haridra
5.	Vacha	6.	Ativisha
7.	Katuki	8.	Chitrak
9.	Chirbilwa	10.	Hemavatya

7. Compound Formation

1.	Brihat Panchmula	2.	Amritadi Gugulu
3.	Navaka Gugulu	4.	Loha Arista
5.	Dashang gugulu	6.	Chavayadi Sattu
7.	Trayushanadi Guggulu	8.	Medohar Guggulu
9.	Chavayadi Guggulu	10.	Triphaladi Tail

PATHYA (DO'S) AND APATHYA (DONT'S)

	Pathya (Do's)	Apathya (Dont's)
Cereals	Old Rice, Bajara, Maize	Newly harvested Rice,
Cereais	Old Rice, Bajara, Maize (Makka), Barley Chickpea (chana), Pigeon pea (Arahara), Green gram (munga), Kulattha Brinjal, Paravala, Drum stick(sighru) Butter milk, Cardamom, Amalaki, Mustard oil, Luke warm water, priyagu, Guggulu, Lauha bhasma, Silajatu, Intake of water before meal, Food substances with pungent, bitter taste Physical exercise, night awakening, worry, massage,	
	1 , , , ,	
Pulses	pea (Arahara), Green gram	Black Gram
	(munga), Kulattha	
Fruits & vegetable	Brinjal, Paravala, Drum	Potato
Fruits & vegetable	stick(sighru)	Potato
	Butter milk, Cardamom,	
	Amalaki, Mustard oil, Luke	
	warm water, priyagu,	Milk curd meat fish
Others	Guggulu, Lauha bhasma,	
Others	Silajatu, Intake of water	
	before meal, Food	intake of water after mear
	substances	
	with pungent, bitter taste	
	Physical exercise, night	
	awakening, worry, massage,	
Life style	with medicated paste/	Bathing with cold water, day
	powder (<i>Udvartana</i>),	sleeping, Luxurious,
	lightening (Langhan),	lifestyle, Oil massage
	sunlight exposure, walking,	
	Aptarpana, Bathing with	

	luke warm water.	
	Squat double Jump,	
	Mountain Climbers, Jump	
Exercise	Rope,	
	Bodyweight Balance,	
	Cycling	
	Bhadrasan, Vjrasan,	
	Vakrasana, Kapalbhati,	
	Pranayama (Anulomvilom,	
Yoga Asan	Suryabhedi, Bhastrika,	
	Ujjayi, Brahmri),	
	Trikonasana, Makarasana,	
	Uttanpadasana,	

CONCLUSION

Sthaulya is due to Kapha Vardhak Ahar and increased sedentary behaviour which result in excess fat or Meda Dhatu accumulation in body. It is the metabolic disorder which can be prevented by regulating calory intake and calory expenditure. Indulge in physical activity will also help in great extent to lose weight. Treatment protocol includes Aptarpana Chikitsa (Langhana, Rhukshana, Swedana), Shodhana Chikitsa (Vamana, Virechana, Niriha basti, Udvartana), Sanshaman Chikitsa includes (Pachana, Upavasa, Vyayam, Atap sevana, Marut sevana, Pipasa) incorporating physical activity, Yoga in daily schedule of Obese person.

Since obesity is highly prevalent disease major action should be taken by educating people with different aspect of obesity like causes, prevention, diet and complication.

Modification in lifestyle like changing eating habits and involving physical exercise in daily routine can prevent obesity at great extent.

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