

OBESITY FROM EYE OF AYURVEDA: REVIEW ARTICAL**Dr. Snehal Suhas Deshpande^{1*} and Dr. Alok Kumar Asthana²**

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Article Received on
14 February 2023,

Revised on 06 March 2023,
Accepted on 27 March 2023

DOI: 10.20959/wjpr20235-27313

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ABSTRACT

Obesity is frequently referred to as a pandemic with possibly negative health effects on people. Although the overall national rate of obesity in developing nations is low, these numbers may show higher rates of obesity in metropolitan areas. The public is becoming more and more aware of how obesity affects health. Numerous patients seek medical attention for their obesity, and a rising percentage are found to have one or more of its problems during routine health screenings. According to the WHO, around 250 million instances of obesity are reported each year. In an effort to discover a lasting solution to this pressing issue, numerous theories and treatments have been developed by modern practitioners, but they are not without risks. Sthaulya (fat) is a condition in Ayurveda where there is an erroneous transformation

of nutrition due to the aggravation of Doshas, more Medodhatu is generated, and inappropriate nutrition is used to nourish other Dhatus of the body. This condition is treated in accordance with several Ayurvedic theories that aim to correct the conditions of Dhātu and Doshas. Many Medohara medications have been listed and can be used, however the drug choice should be accurate based on the patient's physiology and with consideration for Dosha, Desha, Kala, and other factors. As a result, this article makes an effort to explain Sthaulya (obesity) from both modern and Ayurvedic conceptions and to explore the condition's therapy from an Ayurvedic perspective.

KEYWORDS: 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”.^[1] 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 distributed in body especially around waist and trunk (abdominal, central or android obesity) or peripherally around the body (gynoid obesity).^[1] The visceral fat deposits, contributes to the formation of Adipokines that are atherogenic and counter Balanced by anti-inflammatory and antiatherogenic adipocyte hormones, such as adiponectin, and acylation protein. These Adipokines, may enhance Hypertension in Obese person.^[2]

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).^[3] 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 Medadhatu (fat) along with Mamsadhatu (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.^[4] Medovaha Srotas Dushti (vitiation of channels carrying fat tissue) leads Sthaulya is one of eight different conditions that were depreciated by society.^[5]

Nidana (Causative Factors)

The Sthaulya Nidana can be generically categorised as Aharatmaka. nidana, such as difficult-to-digest food, overeating, and eating before a prior meal has been digested Viharatmaka Nidana such as lack of physical exercise, day time sleeping, Sedentary lifestyle, Bijadoshaja Nidana (genetic factors)^[6] 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.^[7] 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. Adipose tissue can be compared to medodharakala (Udara, Sphik, Stana). Due to the aforementioned contributing reasons, the consumed food is not correctly digested, resulting in the creation of Ama (inadequately digested food). As a result, Medodhatu receives proportionally more nutrition than the other Dhatus, which causes Sthula (obesity)

state. This all results in obstruction in the Medovaha Srotas, which in turn vitiates Vata and leads it to move into the Koshta (bowel), increasing Jatharaagni (digestive fire) by many folds. Since the food will be digested more quickly, Medadhatu and Ama will continue to rise, which eventually results in Sthaulya, boosting the hunger.^[8] Its 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)^[9] 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. Due to its Tikta Katu Rasa and Laghu Ruksha Guna, Musta (*Cyperus rotundus*) burns and metabolises fat and possesses 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.^[10]

DISCUSSION

Due to the numerous Nidanas discussed, symptoms vary depending on the system or organ involved. Madhavanidana^[11] has described symptoms like Kshudra Swasa, which is considered a co-morbidity 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 Agnipradeepana, the taken food is digested faster and patient tends to eat more in this stage due increased appetite, and at this Aaharakaal Atikramana stage, taking in more food could result in Sthaulya, while not eating enough could result in many co morbidities and diseases.^[12,13] In the later stages of the diseases the Agni (digestive fire) gets reduced, resulting in improper metabolism. More of the Medadhatu is formed and other Dhatus do not get considerable nourishment, and all this leads to Durbadha Dhatu (inappropriate quality of Dhatus) 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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