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# QUATERNARYPREVENTIONOFOBESITY: AYURVEDICAND YOGICINSIGHT

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## **ABSTRACT**

Prevalence of overweight and obesity is increasing worldwide at an alarming rate in both developed and developing countries. Obesity occurs due to imbalance between intakeof energy and its expenditure resulting in positive energy balance, which is characterized by the abnormal growth of the adipose tissue, resulting in an increase in the body weight to the extent of 20% or more of the standard weight for theperson' sage, sex andheight. Obesity is normally caused by a sedentary lifestyle. Till now noperfect medical solution is available for itscure, anditcould only be prevented by adopting correct lifestyle. This paper advocates concept of quatenery prevention of obesity asper ayurveda andyoga.

**KEYWORDS:** Aastangayoga, Swasthavritta, Obesity, Sthoulya.

## INTRODUCTION

In India obesity is emerging as an important health problem, paradoxically co– existing with significant malnutrition prevailing in different sections (classes) of the population. In today's scenario, food is plenty and majority of theworld's population overeats regularly, with resultant fat storage. Sthaulya is included under eight undesirable conditions (Ashtau Nindita), Shleshma Nanatmaja, Santarpana Nimittaja, Atinindita, AtiBruhmana Nimittaja, and Bahu Dosha Janita Vikara. Moreover Sushruta inferred that in Sthaulya, Jatharaagni is Tikshna, Bhutaagni is Manda and Dhatvaagni is disturbed in the irrespective functions.

## MATERIAL AND METHODS

Literature regarding obesity is reviewed from various classical texts of Ayurveda (Samhitas), Yogic science, research journals, web sites and from western medical books in context with obesity are collected. All Compiled matter is reorganized and critically analyzed for the discussion and trial has been made to draw conclusions on ideal lifestyle to prevent obesity and reduce weight.

## EPIDEMIOLOGY & HEALTHASSOCIATEDRISKS

Current estimates suggest that the global prevalence of obesity has increased by two fold from 1980 to 2014. 27 Amajor proportion of Diabetes, Ischemic Heart Disease, Hypertension, Ischemic Stroke, Osteoarthritis, and Cancer burden may beattributedto Over weightand Obesity.

### **Causes**

1. Sedentary lifestyle 2. Excessive and frequent intake of food. 3. Excessive intake of oily, sweet, cold, heavy food items. 4. Lack of physical andmental activity/Lack of exercise. 5.Day sleeping. 6. Children of obese parents are likely to be obese.

Symptoms: 1. Breathlessness even on little exertion / physical activity. 2. Lack of interest indoing work. 3. Profuse sweating with foul body odor. 4. Excessive hunger. 5. Feeling of tiredness. 6. Excessive sleep.

## **Assessing overweight Obesity**

According to the National Institute for Health and Clinical Excellence (NICE), Overweight and Obesity are assessed using Body Mass Index (BMI). It is defined as aperson's weight inkilograms dividedby thesquareofhis /her height inmeters (kg/m2). It is usedbecause, formostpeople, BMI correlates with their proportion of body fat, as a person having BMI of 25 to 29.9kg/m2 is considered' Overweight' and' Obesity' as a BMI of 30kg/m2 or more 29.9.

## **Quaternary Prevention of Obesity**

The World Health Organization (WHO) defines the meaning of prevention as: "approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability". These preventive stages are primordial prevention, primary prevention, secondary prevention, and tertiary prevention. Combined, these strategies not only aimto prevent the onset of disease through risk reduction but also down stream complications of amanifested disease.

## Primordial prevention of Sthaulya (obesity)

Primordial prevention is the prevention of occurrence of risk factors in population groups in which they have not yet appeared. This canbe the perfect type of prevention in diseases like Sthaulya and it is achieved through individual and mass education of Yogic principal of astanga yoga and swasthavritta. In yoga, Yamas and Niyamas specify the recommended behaviors while interacting within and without. Yamas are the recommended behaviors that one should follow while dealing with others. Niyamas are recommended practices or routines related to oneself. There are five Yamas – ahinsa, satya, asteya aparigraha, brahmacharya, and five Niyamas – tapas, swadhyaya, shaucha, santosha, and Ishwara-pranidhan. Involving them in lifestyle will prevent person from indulging in all causative factor of obesity. Emphasis has been given in Swasthavritta to dincharya, ritucharya aahar and Sadvrutta which includes adaptations of good habits for lifetime tobring lifestyle changes including diet, exercise and weight reduction. Use of proper dietaryhabitsasper Ashtavidhaahar vidhivisheshayatana and Dwadash Ashan Pravichar (eight and twelve dietary rules) from childhood, regular exercise (Vyayam) till the appearance of features of Ardhashakti Vyayam (exercise till increased rate of respiration, perspiration, feel of freshness) asapartof Dincharya (daily regime). This canbedoneas cultural practice only can be a strong stepin preventing obesityat primordial level.

## **Primary Prevention of Sthaulya (obesity)**

It is action taken prior to the onset of disease which removes possibility that a disease will ever occur infuturelife. This group isadvisedto make certainchanges insocio-economic, behavioural, food patterns, habits, sleep cycle and lifestyle. This includes modification in lifestyle as per guidelines of Yogic culture and Ayurvedic classical texts such as Asana, Pranayama, pratyahara, Sadvritta (good lifestyle practices), non-suppression of natural urges, NidanaParivarjana (avoiding causativefactors) and soon afterrecognizing Purvaroopa(early signs) of Sthaulya.

## **Secondary prevention of Sthaulya (obesity)**

Secondary prevention involves measures which aretakentostop theprogress of a disease at its incipient stage and prevent complication. Yogic shatkriya esp.kunjal kriya, special asana and yogic diet are such measures. Inayurveda measures which reduce meda and kapha, for example heavy exercise, ruksa udavartana, ratri jagarana, Pramitashana (adequate quantity of food), Langhan (fasting), Atimaithun (excess sexual activity)etc. are use-ful forpatients of

Sthaulya. Use of certain medicines such as Triphala, Amalki Takrarishta, Madhu (Honey), Shunthi, Kshar, Lohabhasma, mustha, Shilajatu.

## **Tertiary prevention of Sthaulya (obesity)**

It includes all measures that reduced is orders and minimize suffering of the patient due to disease. Ayurveda has restricted roleat this level. Shodhan Chikitsa (Body purificatory methods): Being a syndromic condition (Bahudoshasya Lakshana) samshodhana therapy is highly recommended for Sthaulya patients possessing stamina and strength. Ruksa, Usna and Tiksna Basti are also suggested by Charaka. Ruksa Udvartan is the bahya Shodhan (External purificatory Method) indicated for the management of sthaulya. Shamana Chikitsa Rukshana and Langhan can be given for shaman purpose having Ruksa Guna dominance in them. Administration of guru and apatarpana articles which possess additional vata shleshma and medo nashaka properties is considered asanideal for sanshamana therapy. Pragbhaktai.e intake of medicinebefore meal is insisted for krushikarana purpose. It has been further explained by Sharangdhara and advised to take Lekhana drug on empty stomach in early morning and before meal. In yoga pranayama, pratyahara andantrangyoga increasemental capabilities toreverseany condition. Inshortsfollowing preventioncan beenlisted for prevention of obesity

### Do's.

- 1. Thedietary rules should be followed strictly like "aharmatra agnibal apekshini" assaid by acharya charaka i.e. one should consume food in correspondence with his agni (digestivefire) only.
- 2. Faultydietaryhabitslikeadhyashana, vishamashanandsamashan shouldbeavoided.
- 3. Drink enoughwater beforemealsonly andless water after meals.
- 4. Intakeofregular andbalanceddiet.
- 5. Useoflukewarmwater (Ushnodaka) fordrinking.
- 6. Use of Barley (Yava), Sorghum (Jowar), Indian gooseberry (Amla), Honey (Madhu) and Butter milk (Takra)
- 7. Use of Green gram (Moong), Horse gram (Kulathi), Bengal gram (Chana) and Spilt Red Gram(Arhar) 5. Plenty of green leafy vegetables and fruits
- 8. Fibrous fooditems
- 9. Brisk walking andjogging infreshair everydayinearly morning
- 10. Regularexercise

11. Practice of Yoga & Naturopathy inconsultation with thespecialist

Don'ts.

- 1. Frequent and excessive intake of oily /heavy food items
- 2. Sleeping indaytime(Diva-swapna)
- 3. Sleeping immediately after taking meals
- 4. Cannedfoodproducts
- 5. Sedentary lifestyle.
- 6. Junkfoodlikeburger, pizza, colddrinksandfriedfooditems

### YOGICMANAGEMENT

Shauch (External hygiene) and Santosh (satisfaction) which are the sub types of Niyam of Ashtang yoga should be taken as guideline inprevention of obesity. Symptoms like Swedabadha (Excessive sweating), Sweda daurgandhya (Foul smell) can be avoided byshauch (snana). Another thing which is tobekept in mind is that Santosh i.e. oneshould behappy or satisfied with limited food.

Kriyas: Kunjal, Kapalbhati "Kunjal kriya". is first mentioned in Hatha Yoga as a type of Antardhauti, which is also known as "Gajakarani" in Hatha Yoga Pradipika. The process Kunjal mainly actson Amashaya (prime seat of Kapha) and Annavaha Srotas. It rectifies Jatharagni and Dhatugata Amagetsexpelledresulting inhalting ofpathogenesis of Sthaulya.

Selected Asanas: Surya Namaskar, Tadasana, Katichakrasana, Konasana, Pavanmuktasana, Ardha Padmasana, Padmasana, Pascimottanasana, Halasana, Bhujangasana, Shalabhasana, Dhanurasana, Naukasana, Navasana, Parvatasana, Vakrasana, Padahasthasna, Vajrasana, Shashankasana, Sarvangasana, Ardhamatsyendrasana, Shavasana.

Pranayama: Nadishodhana, Suryabhedi, Bhastrika.

Meditation: Breath awareness (BAW) and relaxation techniques viz. Instant relaxation technique (IRT), quick relaxation technique (QRT), deep relaxation technique (DRT) and cyclic meditation (CM).

### CONCLUSION

Obesity is the great problem for our society because it originates due to irregular life style disorders i.e., day to day activities. Quaternary prevention of obesity must be included in everyone's life for promotion of health and prevention of obesity. There is nospecific treatment for obesity, Yoga therapy, vyayamand proper dietary guidance can play crucial role in prevention of obesity. Life style modifications as per given inclassical texts i.e following dinacharya, ruksha udavrtana in context with sthaulya can be useful in avoiding sthaulya. Rutunusar Shodhana procedures like vamana in vasanta rutu according to classical methods will definitely help in preventing obesity. Further one can use above mention preventive guidelines along with some medicinal formulationtocombat with obesity.

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