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Review Article

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DIET AND LIFESTYLE TOWARDS OBESITY-A REVIEW

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ABSTRACT

According to World Health Organization and the National Institutes of Health if body mass index $\ge 30 \text{ kg/m}^2$ as well as those who are overweight (body mass index of 25-29.9 kg/m²) suffer from lifestyle disorders like obesity which let them to the edge of pool of diseases like OA, heart diseases. For that first thing which a person should think of is change in the way of life. Lifestyle modification, also referred to as behavioural weight control, includes 3 chief mechanism: Diet and **lifestyle modifications.** This tale review will help in maintain lifestyle. Diet modifications mentioned by Acharya's. Hence an attempt has made to recollect all those references which are mentioned in Ayurveda.

INTRODUCTION

Obesity is accumulation of excess fat in the body which may lead to negative effects on health, reduced life expectancy and/or increased health problems.

A major proportion of Diabetes, Ischemic Heart Disease, Hypertension, Ischemic Stroke, Osteoarthritis, and Cancer burden may be attributed to Overweight and Obesity.

In Ayurveda, Atisthaulya (Obesity) is described as excessive accumulation of Meda (fat/adipose tissue) and Mamsa (flesh/muscle tissue) leading to flabbiness of hips, abdomen, and breast. It is considered as one of Santarpanottha Vikaras (disease due to consumption of excessive calories) in Ayurveda. Medodushti (disorders of fat metabolism) may be one of the risk factors for Ischemic Heart Disease (IHD).

CAUSES

- 1. Increased intake of energy-dense foods that are high in fat, carbohydrates
- 2. Overeating and Irregular food habits
- 3. Lack of Physical activities due to sedentary life style
- 4. Genetics, endocrine disorders, Medical Reasons or Psychiatric illness
- 5. Day time sleeping

SYMPTOMS

- 1. Difficulty in breathing, even on little exertion / physical activity.
- 2. Lack of attention in doing work.
- 3. Profuse sweat with foul body odour.
- 4. Excessive lack of food.
- 5. Feeling of weariness.
- 6. Excessive sleep

Different socio-economic factors have affecting large number of piece of the population due to unhealthy food, diet and lifestyle. Even though a dietary plan enthused by the principles of the Diet is linked with numerous health compensation and has been established to exert a preventative effect towards numerous pathologies, including obesity, it is used in decreasing additional nutritional models that are often produce by educational and communal changes. Diet is not just a food model, but also as the most suitable regime for illness evasion, a sort of total way of life plan for the pursuit of healthcare sustainability. Obesity is one of the most serious public health troubles of the 21st century. The most common method used to define obesity is the BMI (weight/height squared in meters). If a person's BMI are 30 or above is careful to be obese. In this review we focus on the dissimilar factor that cause obesity and on the dissimilar obtainable treatment strategies. The mechanism behind weight gain is based on the energy intake of an individual. Positive energy equilibrium leads to gain weight. With rapid economic growth, urbanization and westernization usual diets high in fibres were replaced by diets high in sugar and fats which are high in energy and lead to a positive energy balance and therefore gain weight. Also, energy high food prices have declined most important to greater than before consumption of the latter. Fast foods which sell low quality/ energy high foods for a convenient price are an example of this phenomenon. Daily choices also power the prevalence of obesity. For instance, eating out often can expose individuals to larger portions eventually leading to the phenomenon of portion distortion. Physical activity

affects the energy balance of an individual along with dietary choices. Increase in physical activity, as shown in different studies, promotes weight loss. Combine low-fat diet with either vigorous exercise or simple lifestyle activity has been proven to be the best modality for weight loss. There are three main management strategies that can be followed in order to lose weight:[1-4]

- 1. LIFESTYLE CHANGES
- 2. MEDICATIONS
- 3. SURGERY

NUTRITION BRIEF

As many countries knowledge rapid financial growth, urbanization and epidemiological changes, food preference and ease of use tend to also change foremost to dietary transitions. Diets high in sugar, fat and animal products replaced traditional diets that were based on complex carbohydrates and fibre. These transitions in general encourage a positive energy balance, since caloric intake is exceeding caloric output, thus resulting in weight gain and on long-term obesity. At the same time, homogenization and westernization increased the energy density of the global diet. Additionally, the numerical elevation in large local supermarkets and fast food outlets rapidly led to dislocation of fresh food markets and promote the use of high processed/energy-dense food. [5] Furthermore, a well-known decline in cost of lowquality/energy high foods caused a reduction in dietary intake of grain and greater than before world average energy intake greatly. Eating choice and Behaviour Eating choices are made on the basis of taste, cost, convenience, and, to a lesser degree, healthfulness and diversity. Eating out; a common time saving and convenient habit, has coincided with the increasing prevalence of obesity, especially if it is done on a frequent basis. [6] In general, food prepared away from home is higher in total energy, total fat, saturated fat, cholesterol and sodium, contains less fibre and calcium and is overall of poorer food quality than at-home food. Additionally, those who eat out more, on average, have been found to have a higher BMI. [7] Increased incidence of eating prepared food in mixture with the rising portion sizes, are likely contributor to the rising commonness of obesity. Large portion tend to add to energy intake at a meal, with no increase in satiety. Increased quantity for the same amount of money for smaller portions has lured people, as it offers more value for money. However, exposure to larger food portion sizes contributes to 'portion distortion' among consumers. People who knowledge portion distortion consider larger portions as an appropriate amount to consume at a single occasion. In this essence, passive overconsumption is likely to occur. [8] Finally, usual

snacking is not clearly associated with obesity. The high energy density of ordinary snack foods, however, collective with an increased snacking frequency may promote weight gain and obesity.

AVOID TAKING FAST FOOD

Fast Food has been classified as the most rapidly expanding sectors of the US food distribution centre. [9] Percentage of caloric intake from fast food has increased by fivefold over the past three decades. Also, the frequency of consuming fast food has increased; about 30% of children to more than 50% in college students use fast food daily. [10] Many aspects of fast food make it the prime suspect to the associated increases in overweight and obesity. Fast food is highly attractive for consumers due to convenience, low cost, abundant menu choices, flavour and taste. However, it contains large amounts of sugar, fats, carbohydrates, less minerals and vitamins (micronutrients), it is low in fibre, high in glycaemia load and excessive in portion size. [11] Thus, if we see the long term effect of obesity, increased fast food consumption is associated with exceeding of daily energy requirements resulting in obesity.

DISCUSSION

LINE OF TREATMENT ACCORDING TO AYURVEDA

- 1. Langhan (Fasting),
- 2. **Ama pachan** (oral use of digestives to augment the fat metabolism),
- 3. **Ruksha Udwartan** (Dry medicated powder massage),
- 4. Heavy and non-nourishing diet/items like Honey, salad etc are advised.
- 5. Physical exercises, mental work is also recommended.

INDICATIONS

- 1. Intake of low-fat and low-calorie food items.
- 2. Intake of proteins to stay longer without food.
- 3. Intake of Steamed/boiled and baked vegetables rather than fried.
- 4. Take normal small meal to avoid food cravings.
- 5. Drink skimmed milk instead of complete milk.
- 6. Take Healthy foods such as oatmeal, walnuts, salads, bitter gourd (Karela), barley (Yava drumstick (Shigru), (antioxidant), wheat, Green gram (Moong dal), honey (Madhu), Indian Gooseberry (Amla), pomegranate (Anar) and snake gourd etc and skimmed Buttermilk.

- 7. Include cabbage in daily meal. It will stop the conversion of sugars to fat.
- 8. Use warm water for drinking.
- 9. Include lemon in diet and drinks.

CONTRAINDICATIONS

- 1. High carbohydrate vegetables like potato, rice etc and Salty foods or excessive salt in meals
- 2. More sugary or sweet products, more dairy products, fried and oily foods, fast foods, excess salt.^[12]

CONCLUSION

Nature of Obesity is Krichchrasadhya (Difficult to cure) has been describing by most of the Ayurvedic classics. Along with that treatment is also mentioned which work on strotas. Main thing which can be beneficial is diet and lifestyle modifications which bring us to the indications told by our acharya's. Hence the attempt has been conducted.

REFERENCES

- 1. Charaka Samhita Sutrasthana Adhyaya 21/3,116.
- 2. Vagbhata, Ashtang Sangraham Sutrasthana Adhyaya 24/15, First Edition, CCRAS, New Delhi, 1991, 294.
- 3. familydoctor.org editorial staff (2013) Surgery for Obesity familydoctor.org.
- 4. Charaka Samhita (1) Sutrasthana Adhyaya, 21/9,117.
- 5. Charaka Samhita (1) Sutrasthana Adhyaya, 21/4,116.
- 6. Sushruta, Sushruta Samhita Sutrasthana Adhyaya, 15/32, 7 th Ed., Chaukhambha Orientalia, Varanasi, 2002, 73.
- 7. Charaka Samhita (1) Sutrasthana Adhyaya 28/7,178.
- 8. Charaka Samhita (1) Chikitsasthana Adhyaya 6/57,448.
- 9. Charaka Samhita (1) Nigdansthana Adhyaya 8/33,229.
- 10. Ashtang Sangraham (4) Sutrasthana Adhyaya 24/9, 292.
- 11. Charaka Samhita (1) Sutrasthana Adhyaya 22/18,121.
- 12. Sheba Medical Center (2017) Adjustable Gastric Band in Israel Sheba Medical Center.