

THE STUDY OF AHARA, VIHARA AND MANAS HETU OF STHOULYA

Vd. Hankare Sandip Baban*¹

Assistant Professor, Department of Rognidan and Vikruti Vigyana, Indian Institute of Ayurveda Research and Hospital, Rajkot, Gujarat, India.

Article Received on
21 March 2022,

Revised on 11 April 2022,
Accepted on 01 May 2022

DOI: 10.20959/wjpr20225-25251

***Corresponding Author**

**Vd. Hankare Sandip
Baban**

Assistant Professor,
Department of Rognidan
and Vikruti Vigyana, Indian
Institute of Ayurveda
Research and Hospital,
Rajkot, Gujarat, India.

ABSTRACT

Now a day Sthoulya (Obesity) has become a big problem through-out the world. The world population is estimated at about 6.5 billions. There are more than a billion over weight people in the world. This data reflect the world wise distribution of obesity and in India according to NHFS data of 2007- 12.1 percent male and 16 percent female are obese. Obesity is one of the secondarily cause of dislipidemia. Dyslipidemia is a widely accepted risk factor for coronary artery disease and is an important feature of metabolic syndrome. In the 21 st. century, continuous changes in the dietary habits, behavioural pattern, environment and sedentary life have made man the victim of many diseases. Sthoulya is one of them. Sthoulya is one of the most effective disease which affect someone social, physical and mental features. According to the above sutra, Nidan parivarjana that is avoidance of hetu is the first step of a treatment for curing of the

disease. Hence, by minimizing such hetu, one can easily subside the disease further. Sthoulya (Obesity) can be prevented if effective care is taken in terms of avoidance of predisposing factors. So this observational study may help to identify the most commonly involved nidana in causation of Sthoulya (Obesity) which in turn may help for initiating preventing measures. So for that purpose, the study of ahar, vihar and manas hetu of sthoulya, in current era is being presented in this paper.

INTRODUCTION

As we know the aim of Ayurveda is to maintain the health of healthy and to cure the diseased one. Ayurveda gives prime importance to Preventive aspect. So to prevent the disease we

have to know the causative factors which are responsible for the disease. Ayurveda the science of life explains Trisutra in the form of Hetu, Ling and Aushadha. Here Hetu refers to causative factor; Ling refers to Lakshana and Aushadha refers to Chikitsa and prime importance is given to Hetu and Ling which contributes Vyadhi pareeksha and then to Chikitsa, i.e. “Rogam adou pareekshayet tatho anantara chikitsa” In an age old Ayurvedic classics five tools have been explained for upalabdhi of vyadhi, which are known as Nidan-Panchak. These are Hetu, Poorvaroop, Roopa, Upashaya and Samprapti, which are subjective as well as objective, which are the concept and principles to be applied to understand vyadhi. Without the knowledge of Nidan-Panchak the planning of Chikitsa is a difficult task. Among five, the Hetu is most important tool to know; because by understanding the causative factors of the disease one can avoid complications or prognosis of that disease. This verse highlights the importance given to sthoulya or obesity even by gone centuries. An emaciated person was considered boon rather than an obese person from the point of view of treatment because complications were common in stoulya rogi.

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 “Sthoulya”. Obesity is a state in which there is generalized accumulation of excess fat in the body leading to increased body weight in excess of 20% of desired weight for age and height. “Sthoulya” (Obesity) is such a disease, which provides the platform for so many hazards like Hypertension, chronic heart disease, diabetes mellitus, osteoarthritis, infertility, impotency as well as psychological disorders like stress, anxiety, depression etc. Obesity is one of the secondarily cause of dislipidemia. Dyslipidemia is a widely accepted risk factor for coronary artery disease and is an important feature of metabolic syndrome. Obesity especially visceral obesity causes insulin resistance and is associated with dyslipidemia, impaired glucose metabolism, and hypertension all of which exacerbate atherosclerosis. The primary dyslipidemia related to obesity is characterized by increased triglycerides, decreased high density lipoprotein levels and abnormal low density lipoprotein composition. We can equate the symptomatology of Sthoulya with the obesity merely all the characteristic features and complications of obesity itself says that it is Sthoulya. Obesity is a leading preventable cause of death worldwide, with an increasing prevalence in adults and children, and authorities view it as one of the most serious public health hazard of 21 st century. It’s like a sword hanging over one’s head tied in a weak thread which can strike at any time and create numerous difficulties and boundless miseries.

Sthoulya (Obesity) can be prevented if effective care is taken in terms of avoidance of predisposing factors. So this observational study may help to identify the most commonly involved nidana in causation of Sthoulya (Obesity) which in turn may help for initiating preventing measures.

NIDANA

There are so many etiological factors of sthoulya roga described by Ayurvedacharyas in their Samhitas which are related to all aspects of life and affect the body from outside and inside also.

In context with Sthoulya, All the causative factors described in Ayurvedic classics can be classified into four groups:

1. Aharatmaka Nidana
2. Viharatmaka Nidana
3. Manasika Nidana
4. Anya Nidana

For better understanding these causes are being tabulated as follow:

I) Aharatmaka Nidana

Table.no.3: List of Aharatmaka Nidana of Sthoulya.

SR.NO	AHARATMAKA NIDANA	CH	SU	AS	AH	MN	BP	YR
1.	Ati sampurana	+	-	+	-	-	-	-
2.	Adhyashana	-	+	-	-	-	-	-
3.	Guru Aharasevana	+	-	+	-	-	-	-
4.	Madhura Aharasevana	+	-	+	+	-	+	+
5.	Sheeta Aharasevana	+	-	+	-	-	-	-
6.	Snigdha Aharasevana	+	-	+	+	-	+	-
7.	Sleshmala Aharasevana	+	+	-	-	+	+	+
8.	Navannasevana	+	-	-	-	-	-	-
9.	Nava madya sevana	+	-	-	-	-	-	-
10.	Mamsa sevana	+	-	+	+	-	-	-
11.	Paya Vikar sevana	+	-	+	+	-	-	-
12.	Guda Vikara sevana	+	-	-	-	-	-	-

II) Viharatmaka Nidana

Table.no.4: List of viharatmaka nidana of Sthoulya.

SR.NO	VIHARATMAKA NIDANA	CH	SU	AS	AH	MN	BP	YR
1	Avyayama	+	+	+	-	+	+	+
2	Avyavaya	+	-	+	-	-	-	-
3	Divaswapa	+	+	+	-	+	+	+

4	Sukha saiyya sukhairata	+	-	+	+	-	-	-
---	-------------------------	---	---	---	---	---	---	---

III) Manasika Nidana

Table.no.5: List of manasika nidana of Sthoulya.

SR.NO	MANASIKA NIDANA	CH	SU	AS	AH	MN	BP	YR
1	Harshnityatvat	+	-	+	+	+	-	-
2	Achinta	+	-	+	+	-	-	-

IV) Anya Nidana

Table.no.6: List of Anya nidanas of Sthoulya.

Sl no	ANYA NIDANA	CH	SU	AS	AH	MN	BP	YR
1	Amarasa	-	+	+	+	-	+	-
2	Bijadosha	+	-	-	-	-	-	-

I) AHARATMAKA NIDANA

-Role of Eating Habits and Cultural Factors in sthoulya

Ati Sampurna and **Adhyashana** can be considered as faulty eating habits. Ati Sampurana means excess food intake in a single meal, while Adhyashana means frequent food intake before digestion of a previous meal.

Obesity arises only when the intake of food is in excess of the physiological needs. It has been found that rapid eating might influence obesity because eating faster permits, a greater intake of food before post ingestive satiety occurs. Eating with a group may cause people to linger over their food, eating more than they would alone. Eating in late nights makes gain in weight.

-Role of Dietary Causes in Sthoulya

On the basis of Samanya Vishesh Siddhanta (Cha. Su. 1/44), the excessive consumption of dravyas of similar substance (Dravya samanya), similar quality (Guna samanya); or similar in action (Karma samanya) helps in the over production of dhatu. In the same way the growth of Meda dhatu is observed by excessive consumption of fatty substance due to Dravya Samanya in both of them. If either one or two or all the three properties are similar, then such substances boost up the growth of the dhatus, the result is Dhatu Vruddhi.

Previously mentioned dietary causes are having specific Rasa, Guna, Virya, Vipaka, Karma and the Panchabhautic composition and so they cause over growth and accumulation of Meda Dhatu.

Table no.7: Dietary Causative Factors of Sthoulya.

Rasa	Guna	Virya	Vipaka	Karma	Panchabautika Composition
Madhura	Guru Sheeta Snigdha Sthira Sandra Sthula Slakshna Picchil Manda	Sheeta	Madhura	Brihana Santarpana Rasayana Vrishya Abhishyandi	Parthiva and Apa Mahabhautic Particles.

Thus, above given Rasa, Guna, Virya, Vipaka and Panchabhautic composition are responsible etiological dietary factors of Sthoulya.

- Composition of Diet

- Guru and Snigdha Ahara

Guru and Snigdha are the properties of Meda, which is the body fat. It can be said that Guru and snigdha are guna samanya for body fat while Aja meda, Vasa etc. are dravya samanya for the meda dhatu i.e. body fat. As is said in Cha. Su. 20/8 Meda is the seat of Shlesma and moreover Meda and Shlesma possesses similar properties. So, Shlesma ahara can cause genesis of excess fat in the body by Ashrayashryibhava and Samanya Vriddhi Karanam concept. (Cha. Su. 1/44).

In Cha. Su. 1/89, Ghrita, Taila, Vasa Majja have been mentioned as causative factors of sthoulya and Ghrita has been mentioned as Medovivardhana (Cha. Su. 27/272). This is an indication of saturated fat in the genesis of Sthoulya.

-Madhura Rasa Sevan

Madhura rasa is considered as Meda aggravating factor and causative factor of sthoulya by all the Ayurvedic texts. Ikshu Vikara.i.e. different type of Sugars,Carbohydrates, Sweet fruits, Shali, Shastika, Godhuma etc cereals which provides starch and proteins are the main sources of Madhura Rasa.

According to Ayurveda

Excess intake of Madhura Rasa Bhutagni Increased Meda

(Prithvi + Jala) —————→ (As it is the seat of Kapha) and (Prithvi + Jala)

According to Modern Science,

Conversion of carbohydrates to fats —————> They are more saturated & have higher melting point.

-Gramya Udaka Anupa Mamsa, Matsya and Anda (egg)

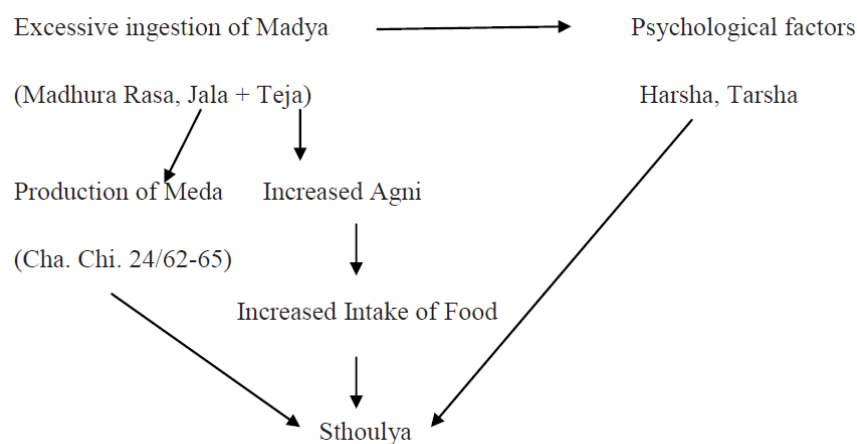
Mamsa has been mentioned as the best diet for growth of muscle and body (AH. Su. 14/31). Meat, Egg, Fish, etc. are rich source of fat and protein. Thus dietetic fat is converted into body fat.

-Godhum, Mamsa etc. Cereals and Beans

Yava and Godhum are considered as beneficial for sthula and Krisha (AH. Su. 14/33). Navanna, Shali, Masha are large store of carbohydrates, starch and proteins, hence excess indulgence of these food may lead to obesity.

-Madya sevan (Role of Alcohol)

Nava Madya has been described as causative factor of sthoulya. Different type of Madya like Varuni (Cha Vi. 5/16), Sura and Gaudika (Su. Su. 45/175, BP.Pu. 6/20-24) are described as etiological factors of sthoulya. Excess alcohol may cause extreme harm to the body. (Cha. Chi 24/21-25)



Alcohol contains carbohydrate and provides some extra energy with each unit of drink. Apart from that wrong notion that nutritionally rich food is necessary to prevent side effects of alcohol tends alcoholic to take high caloric diet, which promotes overeating and subsequently obesity in alcoholics. Excessive intake of alcohol disturbs the liver metabolism, and liver plays an important role in fat metabolism, fatty tissue absorbs very little alcohol. The chief claim of alcohol as a food is due to the fact that it will help to support life if given along with other food, the same thing has been mentioned by Charak. (Cha. Chi. 24/62-65)

II) VIHARATMAKA NIDANA

-Role of Regimental Causes in Sthoulya

Sharirika cheshta or physical activity is termed as vihara. These physical activities are possible with the consumption of calories, which are reserves. But in absence of vyayam, excessive sleep, physical and mental relaxation, there is diminished want of energy; hence this unused or excessive energy is converted into meda which is stored in different parts of the body.

-Avyayam (Physical Inactivity)

The voluntary and rhythmical body movement which promotes physical fitness and body strength is termed as vyayam i.e. physical exercise (Cha. Su.7/32)

Shusruta has defined vyayam as the body movements which can cause tiresomeness (Ayasa) in body (Su. Chi24/50) Avyayam can cause opposite actions of vyayama in the body like Gaurava, Sharira Shaithilyas, Agni vikriti, Alasya, Dosha vridhhi, Dukha Ashahishnuta etc. Avyayam is one at the main cause for aggravation of Kapha. Hence, aggravation of Kapha and there by genesis at Meda is a pathway of etiopathology of Sthoulya.

-Avyavaya

Avyavaya is also kapha aggravating factor which is considered as causative factor for Sthoulya.

-Diwaswapa and Atinidra

Diwaswapa is Kapha aggravating factor and particularly possess Abhishyandi property which leads to blockage in all body channels. During Nidra and Diwaswapa physical activity diminishes which further provokes Kapha leading to meda deposition. Moreover decline in metabolic rate during sleep is an important factor for genesis of excess fat by excess sleep.

-Asana Sukha

Asana sukha is also kapha aggravating factor which is considered as causative factor for Sthoulya. It also falls under restricted physical activity. In present society Asana Sukha i.e. prolonged siting in comfortable chair is very common in businessman, Govt. servants and most of the white collar Jobs.

III) MANASIKA NIDANA

-Role of Psychogenic Causes in Sthoulya

Achintana, Harshanityata are the psychological factors described by Ayurvedic texts. These factors are Kapha aggravating factors, which in turn aggravates Meda in people with these type of psychological well being and jolliness who indulge more in worldly pleasure, over eating, sedentary habits and physical inactivity, which are well established cause of sthoulya.

IV) ANYA NIDANA

-Beeja Svabhava (Genetic Factor)

Only Charaka Samhita has defined Beejadosha as one of the cause of sthoulya. According to Charak, defect in Beejabhagavayava i.e. part of Beeja, which resembles with chromosomes and genes may lead to defective development of that organ. In Bhava prakasha it has been mentioned that decreased proportion of Meda and increased proportion of sukra in Beeja at the time of conception results in development of potent and lean body and conversely increased proportionate of meda and decreased proportion of sukra predisposes towards development of stout but weak body (Ma. 40/5-6). These type at genetic disease are considered as incurable. Apart from that overnutrition during pregnancy, particularly with madhura rasa is mentioned as predisposing factor for birth of a obese child, which indicates role of environmental and hereditary cultural factors in genesis of Sthoulya (Cha Sa. 8/29).

-Ama Annarasa (Ama Dosha)

Ama Anna Rasa is mentioned as root cause of Sthoulya in (Su. Su. 15/32). Rasa has been considered as a causative factor for Sthoulya and Karshya. In the presence of Ama Anna rasa, further intake of Madhura rasa tends to convert in Madhur Ama Rasa which leads to formation of Meda due to similarity and specific action of food. Here Dalhana has explained that due to specific type of diet (Vishista Aharavasat), unknown mechanisms (Adrastavat) and due to obstruction of various body channels by Meda (Medas srotorodhat) it leads to formation of Meda at the cost of other Dhatu. (Su. Su. 15/32). These type of mechanism can be correlated with metabolic and endocrine factors of the obesity. In etiopathogenesis of obesity numerous metabolic and endocrinopathic changes are involved.

BIBLIOGRAPHY (AYURVEDIC TEXTS)

1. Amarkosha Teeka (Namalingnushashan), Comm. By Bhanuji Dixit, Edit by pt. Shivadatta, 6th Edi, Mumbai.

2. Ayurveda ka vaijnanika itihās P.V. Sharma, 1987.
3. Arunadatta: Sarvanga Sundari Vyākhyā & Hemadri Ayurved rasayana Teeka on Ashtanga Hridaya, Editor Pt.Hari Sadashiv Shastri, Chaukhambha Surbharti prakashan Varanasi.
4. Astanga Hridya Vidyotani Teeka by Atridev Gupta, 10th edition, 1992.
5. Astanga Samgraha- Indu Teeka, Edited by A.D. Athavale, Pune, 1982.
6. Ayurvedic Kriya Sharir Vd.Ranjeetrai Desai, 1902.
7. Bangasen Samhita Edi by R.K.Roy, Prachaya Prakash, Varanasi, 1983.
8. Bhela Samhita: Samsakarana by G.D. Shukla, Chaukhambha, 1959.
9. Bhaisajya Ratnavali edited by Shri Govind Das with Chandra Prabha comm. by Jayadev Vidyolankara, Motilal Banarasidas publication, Delhi.
10. Bhava prakash Nighantu: Comm. by Vishwanath Diwedi, Motilal Banarasidas publication, Delhi.
11. Bhava prakash- Edited by Dr. G.S.Pandey, Chaukhambha Bharati Acedemy, Varanasi, 10th Edition.
12. Chakradatta: Indradev Tripathi. Choukhambha Sanskrit samsthan Varanasi reprint edition, 2005.
13. Charaka Samhita, with Chakrapani teeka comm. by Vd. Jadavji Trikamji, Acharya, Chaukhambha Surbharati Prakashan, Reprint edition, 2009.
14. Charaka Samhita Vidyotani Hindi comm. by R.D.Shastri, Part-1 & Part-2, Chaukhambha Bharati Academy, Varanasi, Reprint Edition 2001 & 2004.
15. Harita Samhita.
16. Nidan-32nd Edi.- Madhavkar with Madhukosha and Vidhyotani comm, edited by S.Shastri & Y.Upadhyay, Chaukhambha Samskit Samsthan, 2002.
17. Ashtanga Sangraha, Saroj Hindi Comm., Edi. by Dr.Ravidutta Tripathi, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint, 1999.
18. Research in Ayurveda by Dr. M.S. Baghel, 2005.
19. Sushruta Samhita with Ayurvedatatvasandipika edited by KJ. Ambikadutta Shastri, Chaukhambha Sanskrit Samsthan, Reprint 2005 & 17th Edi., 2003.
20. Sharangadhar: Sharangadhar Samhita; Brahmananda Tripathy, Chaukhambha surbharti Varanasi, edition 2008.
21. Yogaratnakar Edi. By Laxmipati Shastri Chaukhambha Sanskrit Series Varanasi, 1973.