

## A CONCEPTUAL STUDY OF *STHAULYA* AND ITS CORRELATION WITH *JATHRAGNI* – A LITERARY REVIEW

Dr. Sumit, PG Scholar\* and Prof. Dr. M. B. Gaur, HOD

PG Department of Kriya Sharir, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar,  
New Delhi, India.

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### \*Corresponding Author

Dr. Sumit

PG Scholar, PG Department  
of Kriya Sharir, Ch. Brahm  
Prakash Ayurved Charak  
Sansthan, Khera Dabar,  
New Delhi, India.

### ABSTRACT

*Sthaulya* is the most frequent and earliest known metabolic condition in humans. There is an alarming increase in the number of cases of *sthaulya* over the globe. *Sthaulya* may be linked to obesity in western medicine. As far back as 1500 B C, *Acharya charaka* referred to it as *medoroga*, which translates to "adipose tissue afflictions." In *ayurveda*, descriptions of *sthaulya* are scattered in different *ayurvedic* classics, but in *charak Samhita* special attention is given to this disease. *Agni* in *Ayurveda* is defined as the entity which is responsible for all digesting, absorbing and assimilation of ingested food, which is inexorable for the maintenance of life in the human beings. Normal condition of *agni* is responsible for strength, health, longevity and vital breath.<sup>[6]</sup>

Impaired *Agni* is the root of all imbalances and diseases and, an intensified state of *agni* is found in *sthool* individuals. Classically published review of *sthaulya* through the discernment of conventional territory like *Charak Samhita*, *Sushrut Samhita* with the existing commentaries and correlation with contemporary knowledge was done. The *ayurvedic* concept of this information on the subject regarding classification, characteristics features have been made in this paper. The aim and objective of this paper is to review the known concept of the *Ayurveda* about *sthaulya* and its preventive & supportive management and assessment of *agnibala* in *sthaulya*.

**KEYWORDS:** *Sthaulya*, obesity, *medoroga*, adipose tissue, *medovaha srotos*, *jatharagni dhatvagnis*, *medogni*, *bhutagnis*.

## INTRODUCTION

Humans are the most intelligent animate being on the earth. Through his infinite intelligence, he has produced advance technology which augmented for sophisticated life and is successful in containing many diseases. Among these circumstances, men forget the law of nature. Here we would like to say about diet & dietary rules. Forgotten of these important things, man diverted to mother of all diseases means obesity. The oldest and most common metabolic disorder of human is obesity. It may be defined as an abnormal growth of the adipose tissue due to an enlargement of fat cell size (hypertrophic obesity) or an increase in fat cell number (hyperplastic obesity) or a combination of both. In *ayurveda*, *acharya charaka* described it under *medoroga* called *sthaulya*. It is defined as owing to an excessive increase of fat and muscle tissue, the buttock, abdomen, and breast become pendulous and his strength is rendered disproportionate with his physical growth.<sup>[1]</sup>

In contemporary science, Obesity can be quantified using the body mass index [BMI = weight in kilograms divided by the height in metres squared (kg/m<sup>2</sup>)].

### Quantifying obesity with body mass index (weight/height<sup>2</sup>)<sup>[2]</sup>

BMI (kg/m <sup>2</sup> )	Classification*	Risk of obesity comorbidity
18.5-24.9	Normal range	Negligible
25.0-29.9	Overweight	Mildly increased
> 30.0	Obese	Moderate
30.0-34.9	Class I	Severe
35.0-39.9	Class II	Very severe
> 40.0	Class III	

According to WHO overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. Worldwide, overweight and obesity cause more deaths than underweight. Worldwide at least 2.8 million people die each year as a result of being overweight or obese, and an estimated 35.8 million (2.3%) of global DALYs (disability-adjusted life year) are caused by overweight or obesity according to WHO statistics. This is also an emerging health problem in India. 22 million Indians are obese, especially abdominally obese.

Changes in calorie intake and expenditure are at the root of this noncontagious epidemic. Average daily dietary energy intake per person raised from 2350 kcal in the 1960s to 2800 in the 1990s, according to estimates.<sup>[3]</sup> This is especially true when it comes to sugary beverages

and high-fat foods. Occurrences of obesity have been linked to a decrease in physical activity as well as an increase in time spent in front of the watching television.<sup>[4]</sup>

*Agni* in *ayurveda*, is reflected in the concept of *pitta*. *Agni* is defined as the entity which is responsible for all digestive and metabolic processes in the human beings. Power of *agni* or normal condition of *agni* is responsible for strength, health, longevity and vital breath.<sup>[5]</sup> One lives long, free from disorders if the *agni* is functioning properly (*yukte chiram jivayati anamayah*). Indeed, according to *ayurveda*, when *agni* is extinguished, death soon follows. Impaired *Agni* is the root of all imbalances and diseases. There are 13 types of *agni* in our body (1 *jatharagni*, 7 *dhatvagni*, 5 *bhutagni*), and *jatharagni* is considered to be the root or chief among all these categories of *agni*<sup>[6]</sup> in *charka samhita*; it is stated that, an intensified state of *agni* is found in *sthool* individuals.<sup>[7]</sup> So, this particular review article will focus on assessment of *agnibala* in *sthaulya*, the known concept of the *Ayurveda* about *sthaulya* and its preventive & supportive management.

### Correlation of *sthaulya* and *agnibala*

Most of the *acharya* have described bad prognosis of the *sthaulya*. *Acharya charaka* has designated the *sthula purusha* as a *ninditapurusha*. There are eight doshas (defects) inherent in them – shortening of lifespan, hampered movement, difficulty in sexual intercourse, debility, foul smell, over sweating, too much hunger and excessive thirst.<sup>[8]</sup> *Kapha*, *meda*, *ama*, and *agni* are the main components, whose derangements is responsible for *sthaulya*. In this disease *jatharagni* is found to be in hypofunctional state. Depression of *medodhatvagni* is caused by aggravated *kapha* and *madhur rasa*. *Ama* results in *apakva meda*, which ultimately leads to manifestation of *sthaulya*. Here one of the points to be noted that *mandagni* and *tikshnagni* are seen in the *samprapti* of *sthaulya* but the condition of *mandagni* is primary, while *tikshnagni* occurs in later stage. Here, *jatharagni* is found in excessive condition whereas *medodhatvagni* is found in *manda* condition. It is due to *avarana* of *vayu* in *kostha*.

### AIMS AND OBJECTIVES

To highlight the concepts of *agni* and *sthaulya* along with classification, characteristics features, complication, prognosis, have been made in this paper.

## MATERIAL AND METHODS

This review article highlights the wisdom of ancient Indian literature and some historical view of the *sthaulya* and *agnibala* elucidated by the *acharyas*. The appropriate websites and journals providing evidence regarding the obesity will also be reviewed.

## HISTORY

Each time of this world has its own history. In this context we would like to know the history of *sthaulya* from *veda* to till now. We divided this period from *veda* till now into four stages like.

**1. Vaidic kala** – In *rigveda meda & vapa* are mentioned and appreciated exercise and hard works in context of health. In *yajurveda*, a disease named *upachita* just like *sthaulya* is mentioned. The words *medina*, *meda*, *pivasi* are used as synonyms in *atharvaveda*. *Sthulani* is mentioned in *swetaswatar upanishada*.

**2. Samhita kala** - The golden era of *ayurvedic* history *sthaulya* has been classified under *astanindita purusha* in *charak samhita*. Its causative factors, mainly exogenous and hereditary component *bijado shabhagavayava* along with its pathology, sign & symptoms, prognosis & management have been narrated in detail. *Sushrut* has narrated the etiopathogenesis of *sthaulya* on the basis of an endogenous entity, elaboration of line of treatment & various remedies in the form of *yoga & lepa* are described for its management at different places.

**3. Samgraha kala** - *Acharya Vriddha Vagabhatta & Vagabhatta* has elaborated the etiopathogenesis of *sthaulya* on the basis of *ama* & dysfunction of the process of *dhatu parinaman*. *Sthaulya* is counted as a disorder of *shleshma dosha* seated in *medo dhatu* in *ashtang sangraha*.

**4. Adhunika kala** - This is from 19th century till date. In this period the systemic & scientific study of various diseases including obesity has been illustrated in so many texts. Some *ayurvedic* texts references & modern historical review is presented here. In *bhaishajya ratnawali* the treatment of *medoroga* & full detail of *pathyapathya* is mentioned in *medoroga chikitsa prakarana* in 39th chapter. In *rastantra sar samgraha* all the compound preparations used in obesity are compiled.

## LITERATURE REVIEW

**Nidan:** - All the *nidana* (causative factors) mentioned in *ayurvedic* classics can also be classified into 4 groups.<sup>[9]</sup>

- *Aharatmaka Nidana*
- *Viharatmaka Nidana*
- *Manas Nidana*
- *Anyā Nidana*

### ***Purvarupa***<sup>[10,11]</sup>

*Purvarupa* of *sthaulya* has not been mentioned by any *Acharya*. But as per the direction given in *vata vyadhi & urakshata chikitsa* chapter the initial manifestation of *sthaulya* related symptoms can be considered as premonitory symptoms as follows. *Charaka* has described the symptoms of *medovaha srotodusti* as *purvarupa* of *prameha* which can be considered as *purvarupa* of *sthaulya*; because *bahu & abaddha meda* are the two components vitiated in pathogenesis of *prameha* as well as *sthaulya*. the symptoms of *medovahasrotodushti* like *atinidra, tandra, alasya* etc. are also signs of *sthaulya*. hence, initial stage of these signs & symptoms can be considered as a *purvarupa* of *sthaulya*. In modern science premonitory symptoms of obesity have not been described so overweight & its related initial or mild symptoms can be taken premonitory symptoms.

### ***Rupa***

The inordinate increase of fat & flesh is disfigured by pendulous buttocks, abdomen & breast and that increased bulk reduces the corresponding increase in energy. So, the person has less enthusiasm in his physical activity. Besides these, cardinal symptoms & disabilities of *sthaulya* are.<sup>[12]</sup>

1. *Ayushohrasa* (Diminution of life span)
2. *Javoparodha* (Lack of enthusiasm)
3. *Krichhra Vyavaya* (Difficulty in sexual act)
4. *Daurbalya* (General debility)
5. *Daurgandhya* (Foul smelling of body)
6. *Swedabadha* (Distressful sweating)
7. *Kshudhatimatra* (Excessive hunger)
8. *Pipasatiyoya* (Excessive thirst)

**Classification:** - No clear-cut classification of *sthaulya* is found in the *ayurvedic* classics. *acharya vagbhatta* in *ashtanga hridaya* describing “*langhanaupakrama*”, graded *sthaulya* as<sup>[13]</sup>

1. *Hinastshaulya* 2. *Madhyamsthaulya* 3. *Adhikasthaulya*

### ***Samprapti***<sup>[14,15,16,17,18,19]</sup>

- *Acharya charaka* has counted *sthaulya* under *kapha nanatmaka vyadhi*.
- Others also considered as *Kaphaja Vyadhi*.
- According to *Sushruta* excessive intake of *madhur*, *amla*, *snigdha*, *guru*, *picchila* and *abhishyandi ahara* and *vihara* like *diwaswapna*, *avyayama* leads to vitiation of *kapha*.
- Physiochemical properties of *meda* and *kapha* are same. So, it may be evident that vitiation of *kapha* causes provocation of the process of *meda sanchaya*. Because most of *sthaulya* symptoms are similar to *kapha vriddhi*, the vitiated *kapha* with *ama* creates *medovaha srotosanga* which leads to *vimarga gamana* of *vayu* specially *samana* and *vyana vayu*.

#### ➤ *Pitta*

- Though obese persons have very few *pittaja lakshanas* but most obese persons have *tikshnagni*. If we look into the symptoms of *sthaulya*- *atikshudha*, *atipipasa*, *swedadhikya*, *daurgandhya* have been ascribed in *pitta vyadhi lakshana*.

#### ➤ *Vata*

- *Vata* generate two pathogenic conditions in *sthaulya*. First when the *srotas* being obstructed by fat, the *vata* moves into stomach, stimulates *jatharagni* which increases the appetite, digests the food and absorbs the nutrients. second inactiveness of *vyana vayu* is responsible for improper circulation and distribution of *dhatu*. Because of *sanga* in *medovaha srotas* the nutrients cannot be carried by *vyana vayu* to their respective *dhatu* and again excess intake of *medo poshaka ahara*, *meda vriddhi* postulated with the evidence of *agni samdhukshana* and improper distribution of fat in the body proves the involvement of *vyana vayu*.

### **(2) *Dushya***

The disease process is not possible without *dosha dushya sammurchana*. *sthaulya* is a *dushya pradhan vyadhi* and we can clearly see the excessive production of *meda dhatu*. Here *rasa*, *mamsa*, *meda*, *majja* and *shukra dhatu* are *dushya*, as *kapha* is seated in. On the basis of *ashraya-ashrayee bhava* vitiation of *kapha* also lead to vitiation of *saumya dushya*. Moreover, in *sthaulya* excessive nourishment of *medodhatu* in presence *tikshna jatharagni*, produces excessive *poshaka annarasa* which has *madhura*, *snigdha guna*. Due to this

excessive production of *dhatu poshakansha*, particular *dhatu* is increased in quantity and quality.

### (3) Srotas

- *Srotas* are the micro channels of the body which carry the nutrients after metabolic transformation into respective *dhatu*. The *srotodusti lakshana* and *dushya dushti lakshana* are same.

The *srotas* carrying the fat forming element get vitiated in consequences of lack of exercise, sleeping in daytime, excessive consumption of fatty diet and over indulgence in *varuni madya*.

*Meda dhatu* is produced due to intake of specific type of diet. That *meda vridhhi* creates *sanga* in *medovaha srotas* and *margavarodha* vitiate the *vata*. Due to that *avrita vata* the *dhatu poshakamsa* cannot reach to the respective *dhatu* and over production of *meda* takes place.

### (4) Agni

- *Sharir Agni* has been classified as. (a) *Jatharagni* (b) *Bhutagni* (c) *Dhatvagni*

(a) **Jatharagni:** Hyperactive stage of *jatharagni* is present in *sthula* person. That's why he easily digests even very heavy meal in a very short time period and has voracious hunger all the time. Due to *tikshnagni*, over production of *anna rasa* take place which lead to *sthaulya*.

(b) **Bhutagni:** *Bhutagni* makes the ingested food homogenous to body. It takes place in *adhoamashaya*, which may be *yakrit* which plays a great role in function of *bhutagni paka*. The process of *bhutagni paka* is not limited to gastrointestinal tract, but it extends up to the *dhatu* level also. In *sthaulya*, *meda* is consisting of *prithvi* and *jala mahabhuta*. The ingested food with predominance of *prithvi* and *jala* causes over growth of *meda* that led to *sthaulya*.

### (c) Dhatvagni w.s.r. to Medasagni

The term *dhatu* stands for support and *poshan* or to nourish. The term *agni* stands for *pitta*, the *ushma* inside our body. So, the term *dhatvagni* refers to *agni* which is situated in *dhatu* and takes part in metabolic transformation of nutrient substances.

The seven kinds of *dhatvagni* corresponding to the seven species of *sharir dhatu*. Each one of the seven *agni* are responsible for bringing about the transformation of appropriate nutrient



substances present in *ahara rasa* into corresponding *poshaka* or *asthayi dhatu* or precursor *dhatu*. So, the same is built up as part concerned *poshya* or *sthayi dhatu*.

#### ▪ **Dhatvagni Paka**

After *avasthapaka*, the *upadana rasa* absorbed from the *adhomashaya* which in potential form, are the elements which are *vijatiya* to the body. So, they must be converted to *sajatiya*. this transformation or conversion is called *paka* which is brought about by specific kind of *ushma*, associated with specific *dhatu*. The term *dhatu ushma* stands for *agni* concerned with the formation of *dhatu* known as *dhatvagni*. i.e. the *ushma* present in *dhatu* is a part of *jatharagni* and is controlled by it, known as *dhatvagni*. Hypofunction (*manda*) of specific *versa*. In the state of *agnimandya*, *kshaya* of further *dhatu* take place. In *sthaulya* due to hypofunction of *medadhatvagni*, *meda poshaka dhatu* cannot transform into further *dhatu* and also the hyperfunction of *jatharagni* causes accumulation of more *medodhatu* in dependent part of the body in the form of *sthayi dhatu* but in *malarupa* due to excess *vridhhi*.

#### **Samprapti Ghataka of Sthaulya**<sup>[20,21,22,23]</sup>

*Dosha*: *Kapha*- *Kledaka*, *Pitta* - *Pachaka*, *Vata* - *Samana*, *Vyana*

*Dushya*: *Rasa*, *Meda*

*Srotas*: Especially *Medovaha*, *Rasavaha*

*Srotodusti*: *Sanga*, *Vimargagaman*

*Agni*: Initially *agnimandya*, Later *teekhnagni*

*Adhisthana*: Complete body, *Sphika*, *Udara*, *Stana*, especially *Vapavahan* and *Medodhara Kala*. *Udbhava Sthana*: *Aamashaya*

*Vyaktisthana*: *Sarvanga*, specially *Sphika*, *Udara*, *Shtana*

*Rogamarga*: *Bahya*

*Prasara*: *Rasayani*

*Ama*: *Jatharagnimandya janit ama*, *Dhatvagnimandya janit ama*

*Svabhava*: *Chirkaaleen*

#### **Upadrava**

It is a state which manifests in the later period of a disease, in which *dosha* are situated in *gambhir dhatu*. It is due to negligence and continued practice of unwholesome regimen. *Charaka* narrated those two complicating elements, *agni* and *vata*, are the special workers of the havoc, regarding to chronic consistence of *sthaulya*. They burn up the obese as the forest fire burns up the forest.<sup>[24]</sup> *Kala vyatikrama* has been explained as later stage of life by



*gangadhara*. *Prameha* is the most frequent complication of *sthaulya* due to similarity of *nidana* and *dosha-dushya*. Moreover, *bahu* and *abaddha meda* are mentioned as main pathological factors for genesis of *prameha*.

According to *Sushruta*, *prameha pidika*, *visarpa*, *vidradhi*, *upadrava* may result due to vitiation of *meda* specially *badha meda*. Because of *sthanasamshraya* of the three *dosha* & *rakta* in *medodhatu*, *granthi*, *apachi*, *alji*, *galganda* are appeared.

Because of *swedabadha* and ignorance of personal hygiene, *bahya krimi* can affect, so *Jantavah* (parasitic disease) (B.P. & Y.R) has been mentioned as *upadrava* of *sthaulya*. Occurrence of *kustha* by *bahya krimi* is well known. Hence *jantavah* & *kustha* like complications may take place due to *swedabadha* & vitiated *meda*. *Meda* is described as seat of *medogata kustha* & *krichha sadhya shvitra*. *prana vikriti*- obese persons are more susceptible of *swasa*, *kasa*, *sanyasa* like *upadrava* due to *prana vikriti* (low immunity).

According to contemporary science, health consequences of obesity include: •Metabolic syndrome • Non-alcoholic steatohepatitis. • Cirrhosis. • Sleep apnoea. • Osteoarthritis. • Psychosocial disadvantage. Obesity has adverse effects on both mortality and morbidity; life expectancy is reduced by 13 years amongst obese smokers.

### Prognosis<sup>[25]</sup>

As per the criteria about the knowledge of *sadhyasadyata*, *sthaulya* is *krichha sadhya vyadhi*. *charaka* has described the bad prognosis of *sthaulya* as means if an obese person is not duly managed, he is prone to death due to excessive hunger, thirst and complications.

- *Sukha Sadhya*: *Jatotara Hina Sthaulya* having duration 1 to 5 years without any complications or secondary disease can be considered as *sadya*.
- *Kriccha Sadhya*: *Jatotara Madhyama Sthaulya* having duration of 5 to 10 years with least complications but without secondary disease can be considered as *Krichha sadhya*.
- *Asadya*: *Sahaja Sthaulya* is *Asadya*. *Jatotara Adhika Sthaulya* having duration of more than 10 years in presence of complication & secondary disease can be considered as *asadya*.

### STHAULYA CHIKITSA<sup>[26,27,28]</sup>

The process by which disturbed *dhatu* of the body gets balanced is termed as *chikitsa*. In *sthaulya*, increased *medo dhatu* & *kapha* creates disturbance in rest of *dhatu* & *dosha*. This

imbalanced state is the main contributory factor for the genesis of *sthaulya*. The general measures put forth to combat *dhatu vaishamya* is to avoid/give up *vishama hetu* & to acknowledge the *sama hetu*.

- Our great *Acharya* has maintained mainly three basic treatment principle as *vyadhi pratikara sutra* for all type of *vyadhi* which is applicable for *sthaulya* also as below.

(1) *Samshodhan / Apkarshan*

(2) *Samshaman / Prakritivighata*

(3) *Nidan Parivarjan*

## DISCUSSION

The origin and depletion of the seven *dhatu*s are interconnected. To avoid the condition of *sthaulya*, it is therefore mandatory to keep all the *dhatu*s in optimum quantity by taking adequate diet, and not just concentrating on the constituents affecting the quantity of *meda dhatu*. The children of obese parents are more prone to develop overweight in future. They must therefore be frequently monitored for the estimation of obesity and a special care to be taken while preparing their diet chart. *Yoga* and *pranayam* keep a control on obesity by burning excess fat, improving circulation, promoting sweating, clearing obstruction of many channels, affecting endocrinal secretions and increasing lung capacity. Introduction of *pathya aahar-vihar*, *langhan dravyas* and other *dravyas* and *yoga* mentioned should be done keeping the *prakriti* of the person and *yukti* of administration into consideration. Accepting a new schedule and rejecting non-essential ones must be done in *padanshik* manner. One should be conscious of not developing the risk factors of obesity like diabetes, hypertension, etc. including depression. Obesity being a lifestyle disorder can be easily conquered if fought with strong determination and patience.

The cause of obesity as described in modern science can be described as follows. The number of fat cells remains the same until death. Their number is more in obese person than a lean person. Once an obese person becomes thin, then the number of fat cells remains the same and they just become empty. These empty fat cells create an urge to the obese person to eat more so as to fill these fat cells. Repeated overeating beyond satiety for long duration results in setting a stage when the person does not receive satisfaction in normal amount of food resulting in overeating, and hence obesity. A home where the dinner table is always laden with eatables may also influence obesity. Thus, home environment matters a lot. For a

depressed and socially isolated person, food may act like a sedative and soon he becomes a prey to obesity. A decrease in BMR may result in increase in weight. This may happen due to many reasons such as hormonal imbalances or lack of exercises.

*Samprapti* of *sthaulya* can be divided in two categories.

1. This is according to *charaka samhita* in which there is just increased *jatharagni* which causes maximum ingestion and leads to maximum absorption of *prithvi* and *jala mahabhuta* dominant factors in the body leading to increased *medodhatu* in the body.
2. This is according to *dalhana* in which there is a state of *medodhatvagni mandya* which leads to excessive formation of improper *medodhatu* leading to *sthaulya*.

Here, *jatharagni* is found in excessive condition whereas *medodhatvagni* is found in *manda* condition. It is due to *avarana* of *vayu* in *kostha*. So, person indulges more in food, which produce excessive *meda* and vitiated cycle go on. This cycle is broken (*samprapti vighatana*) by *katu rasa* & *ushna-virya pradhana* drugs like *vacha churna* which decreases *meda* by its *lekhana*, *shoshana* and *kaphanashaka* properties, *kaphanashaka* properties due to *agni* and *vayu mahabhuta* dominance in them.

In pathogenesis of *sthaulya* vitiation of *vata* due to obstruction of *meda* and acuteness of *agni* in *koshtha* are main factors for *atikshudha* and *sthaulya*. *sthaulya* is a disease occurring due to *tikshnagni*.

*Guru* and *apatarpana* drugs are considered as the best for its management. Hence, safe alternate *Ayurvedic* anorexiant can play a definite role in the management of *medoroga*. Some anorexiant drugs are described in *charaka samhita* describing the time of treatment for *bhasmaka* disorder.

Treatment of obesity is difficult and patients need motivation. Psychological understanding and behavioural advice are essential weapons and dieting alone will not help one to reduce weight, exercise is also essential.

### Causes of vitiation of *agni*

- ❖ Dietetic Indiscretions – Excessive fasting, over eating, irregular eating, heavy, cold, dry, putrid food, dehydrated, excess liquid intake.
- ❖ Dietetic Incompatibilities – Diet not compatible to habitat, climate, body constitution, digestive capacity, quantity, combination etc.

- ❖ Improper Administration of *shodhana* Therapies - esp. *vamana*, *virechana*, *basti*, *snehana*.
- ❖ Suppression of manifested natural urges.
- ❖ Sedentary lifestyle (Lack of physical activity).
- ❖ Incompatible Activities – Exercise after *snigdha* (unctuous) diet, exercise or sexual indulgence during indigestion.
- ❖ Unhygienic conditions and emaciation as a result of chronic disease affliction.
- ❖ Psychological factors – Mental tensions, emotional instabilities like anger, fear, anxiety, lust, greed, jealousy, depression etc.

## CONCLUSION

- ❖ Obesity is one of the *santarapanajanya vyadhi*, originated as a result of deteriorated life style which includes daily sedentary routine and junk food habits. Obese persons are considered one among the *astha-nindita purushas*.
- ❖ *Sthaulya* is a metabolic syndrome and it is *dushya* dominant *vyadhi*, comparable with obesity.
- ❖ In *ayurveda* it is believed that all the diseases or pathology occurs mainly due to impairment of *agni*, as entire digestive and metabolic activity is governed by *agni*. Hence all the efforts of a physician should be to maintain the *agni* in the optimum form. It is often addressed to be the essence of all the therapeutic interventions.
- ❖ The treatment of obesity includes six steps as patient counselling, behaviour modification, dietary management, exercise therapy, pharmacotherapy and surgical treatment.
- ❖ Film & fashion industries are now giving emphasise on slim-trim body. So numerous high-profile persons are forced to reduce weight.

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