



ORIGINAL RESEARCH PAPER

Ayurveda

OBESITY – A CRITICAL REVIEW

KEY WORDS: Sthaulya, Obesity.

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ABSTRACT

Due to rapid modernization in recent years, presence of nutritional abundance and sedentary lifestyle, metabolic disorders have emerged rapidly. Obesity is one of the nutritional lifestyle disorder affecting both developed and developing countries. Obesity is a disorder characterized by increased body weight and excess fat deposition. Obesity is the root cause of overconsumption of calories and reduced physical activity which lead to serious health complications. Multifactorial in nature in which environmental, lifestyle and genetic factors play an equally important role in its etiology. Ayurveda is one of the most ancient sciences of world describing basic and applied principles of health, disease and its management. In Ayurveda, obesity has been described under the caption *Sthaulya*. *Sthaulya* is mentioned under *Santarpanjanyaavikara* (over nourishment of body). *Sthaulya* is among one of the 8 unwanted diseases mentioned by *Acharyas*. Using fatty diet, decreased physical activity and hereditary factors contribute to its etiology ultimately causing derangement of *Agni of Medadhatu*. This produces excess of *Meda* or fat. Sufficient focus has been given in the management of *Sthaulya* in form of diet and drugs to control the disease in *Samhita*. Ayurvedic treatment is addressed by correction of dietary patterns in form of *Nidana Parivarjana* and *Pathya Aahar –Vihara* and *Aptarpana Chikitsa* to correct vitiated *Dosha* and *Agni*. Obesity is a preventable lifestyle disorder which can be easily addressed by keeping an initial check on one's dietary pattern. Medicine usage play a secondary role, keeping at par various metabolic disorders like diabetes, hypertension etc. It fulfills the first and foremost motto of Ayurveda which is prevention of disease being less expensive and more approachable than treatment.

Obesity is a state of excess adipose tissue mass and increased body weight in a person. Obesity happens when there is chronic excess of nutrient intake relative to energy expenditure. Obesity is a disease where a person has accumulated abnormal and excessive body fat. A person taking high calorie diet than required and not performing adequate physical activities to burn those calories end up storing excess fat in the body. Distribution of adipose tissue depots in body has serious implications of morbidities. Obesity is a heterogenous group of disorders whose etiology lies in lifestyle, social and environmental, and genetic factors. Features are pendulous appearance of a person and symptoms like shortness of breath, increased sweating, joint pains, inability to cope up on slight exertion etc.

Psychological problems like low self esteem, low confidence are also a part and parcel of this disease. Long time morbid obesity leads to occurrence of various health problems like diabetes, hypertension, osteoarthritis, stroke etc. obesity is rapidly emerging as a pandemic worldwide. Its incidence has tripled since 1975. Statistics has shown that 39% of adults aged above 18 years are overweight in 2016 and 13% were obese worldwide. In India, according to national family health survey-3 (NHFS-3), 13% of women (15-49yrs) and 9% of men (15-49yrs) were overweight or obese in country in 2005-2006. Most widely used method to quantify obesity is BMI (body mass index) which is equal to weight/height (kg/m). BMI of 30 or more is used as a threshold for obesity for both men and women. BMI 25 or more is termed as overweight indicating rising of morbidities at a slower rate. Overweight is a state of for active therapeutic interventions. Modern scientists use BMI classification as an important parameter to assess overweight and obesity in an individual. This BMI classification differs slightly in Asian subcontinent due to high risk factors and morbidities involved

Who Classification

	Worldwide BMI	Asian BMI
Overweight	>= 25kg/m	>= 23kg/m
Obese	>= 30kg/m	>= 25kg/m

In Ayurveda, obesity is mentioned under the heading

Sthaulya. *Sthaulya* is a disease resulting due to excessive intake of sweet food by a person. A person having a sweet tooth, always crave for sweet and dairy products, end up accumulating excess fat in his body. This tendency is particularly seen in Kaphadominant individuals proven by epidemiological data. Kaphaj Purush are more overweight or obese as compared to other Prakriti Purush.

Acharya Charakhas classified *Sthaulya* as a *SantarpanaJanya Vikara* (over nourishment of body). In context of body, 8 types of person are regarded as contempt by society. *Sthaulya* is one of them. In comparison to *Atikarshya Purush* (excessively lean) *Sthaulya* is considered more disadvantageous because of tedious workup and bad prognosis.

Etiopathogenes: Etiopathogenes is *Sthaulya* happens in a person when one indulges in over eating, intake of heavy, cold, sweet, fatty diet, day sleeping, no physical activity, no indulgence, living an elated life, lack of mental work and Beeja *Dosha*.] All these factors leads to increased *Kapha Dosha* and *Vikrit Meda* due to *Sadharmata*. *Beeja Dosha* (genetic factors) play an important role in social context, obese parents tend to have obese or overweight children due to same environmental and dietary habits. Intake of *Madhur Aahara* by a person having particularly *Guru* and *Snigdha Guna* leads to formation of *Aam* (improperly digested) in *Amashaya*, spreads in body, increased *Sneha* in *Aahar* leads to *Medadhatwagni Mandya* which in turn produces more *Meda*.] As a general *Siddhant* in *Ayurveda*, *Agnimandya* of a *Dhatu* hampers the formation of its next *Dhatu* and a major part of its constituents are converted into its *Mala*. Same cycle happens in *Medadhatwagni Mandya* as *Sneha* is the *Mala* of *Medo Dhatu* and formation of *Dhatu* next to *Meda* like *Asthi*, *Majja* and *Shukra* are hampered or these are formed in inadequate amount to sustain bodily functions. This *Vikrita Meda* obstructs body channels in *Koshta* causing increased *Saman Vayu* and *Tikshagni*. Combination of inadequate *Dhatu* formation and channel obstruction by *Vikrit Meda* produces a variety of symptoms. So, *Sthaulya* is a *Kapha Pradhan Tridoshaj Vyadhi* involving *Kledaka Kapha*, *Samana Vayu*, *Vyana Vayu* and *Pachak Pitta* along with *Medadhatwagni Mandya* and *Tikshna Jatharagni* producing excess of *Meda*

and Mansa Dhatu in a person with morbidities.

Clinical Features:

Features of Sthaulya can be divided into subjective and objective types.

Subjective symptoms are one experienced by the person and explained in his own language. Objective signs are features as noted by a physician.

Objective signs Due to increased Meda and Mansa Dhatu in the body, there is a pendulous appearance of a persons buttocks, abdomen and breast and lack of enthusiasm. A person energy is not proportional to his body built. Subjective symptoms

- Increased hunger (Atikshudha)
- Increased thirst (Atipipasa)
- Perspiration (Atisweda)
- Breathlessness (Atiswasa)
- Sleepiness (Atinidra)
- Difficulty to perform heavy work (Aayas Ashmata)
- Sluggishness (Jadata)
- Short lifespan (Alpaayu)
- Decreased body strength (Alpabala)
- Bad body odour (Dougandhya)
- Unclear voice (Gadgada)

In context of body, Acharya Charaka has mentioned 8 Dosh (unwanted) of Sthaulya Purush

- Aayu Shaya (decreased life expectancy)
- Java Uprodha (laziness)
- Kricha Vyavaya (difficulty in sex)
- Dourbalya (weakness)
- Dourgandhya (smelly body)
- Sveda Abadha (perspiration)
- Ati Shudha (increased appetite)
- Ati Pipasa (increased thirst)

Treatment:

Sthaulya is a Santarpana Janya Vikara, so Aptarpana Chikitsa is to be followed to get rid of excess fat or Meda. Aptarpana Chikitsa include 3 procedures namely Langhana, Rukshana and Swedana. Langhana Chikitsa include both Shodhana and Shamana procedures and medicine.

Shodhana Chikitsa is employed in situations where Bala (strength) of Rogi is excellent and Dosh are also vitiated in great extent. Balvana Rogi is able to bear

Tikshna Guna of purifactory procedures. Madhyama Bala Rogi are treated with Shamana procedures. Shodhana treatment like Vaman, Virechan, Raktamokshan, Basti, Dhumpana, Swedana and Rukshana Udvartana.

Shamana Chikitsa includes Vyayama, Upvasa, Pipasa, Pachana, Maruta and Aatapa Sevan. Rukshana drugs producing Rukshata (dryness) in body show their effect by virtue of its 3 Guna, Rukhsa (dry), Vishada (non slimy) and Khara (rough). Aahara and Aushad with these properties helps in controlling excess of Sneha in body thus controlling the vicious cycle of conversion of excess of Sneha into Meda.

Rigorous physical and mental activities are also an important part of Sthaulya Chikitsa. One should be exercising, indulging in sex, awakening in night, travelling, sun bathing on a frequent basis. This will help in keeping in check the increased Kapha Dosh in body often seen in lethargic and sluggish persons. Mental exertion like Chinta, Krodha, Shoka help in decreasing Tamo Guna in mind and increasing Satva Guna stated as one of the etiological factor in Sthaulya by Acharya Bhavmishra. In dietary regime, using Katu, Tikta and Kashaya Rasa Aahara is helpful in pacifying Kapha. Aushad and Aahara with Ruksha and Chedaniya properties are to be

taken. Ruksha Guna corrects Snigdha In body to stop further conversion into Meda and Chedaniya Gunaclears channel obstruction by Vikrita Meda, as a result next Dhatu in line can be formed. Acharya Charaka has stated Aahar with properties of "Guru Aptarpana" is to be the best chosen diet by a Sthaulya person.

Food articles with Aptarpana properties are to be made Guru (heavy) during food preparation and processing. This helps in two ways, a person eats less because of delayed digestion of ingested food and Aahara taken produces Rukshata and Laghuta in body correcting increased Kapha and Meda.

Pathya - Shooka, Yava, Yavaka, Udalaka, Shyamaka, Priyangu, Prashatika, Kodrava, Shami, Munga, Chana, Arhar, Makushta, Masura, Kulathi, Rajmasha, Harenu Shaka Kalaya, Tanduliyaka, Trapusa, Alabu, Kusumbha, Patrashaka, Phala, Vrikshamala, Shami, Vartaka, Patola, Amalakai, Kapitha, Jamuna, Dravya, Asava, Arishta, Jagala, Yavasura, Jirna Madya, Til Tail, Sarshapa Tail, Kritaana Manda, Peya Aahar Upyogi, Maricha, Adraka, Hingu, Sarshapa, Haldi

Apathya-

Bathing, Rasayana Sevan, Sukha Sheela shali Gaudhom, Shira, -Ikshu Vikriti, Ati Sneha Sevana, Matsya Mamsa, Diva Nidra, Sugandgit Dravya Dharan, Madhur Aahar, Bhojan Paschat Jalapana.

Single Herbs:

Guduchi, Triphala, Vidanga, Trikatu, Shunthi, Bilvadi panchmoola, Loha basma, Shilajita, Agnimantha, Kshara, Aguru lepa, Lekhaniya mahakshaya, Lekhaniya Mahakshaya, Musataka, Kushta, Haridra, Daruharidra, Vacha, Ativisha, Katurohini, Chiktraka, Chirbilva, Haimvati,

Compound preparations:

Amritadi Gugulu, Loha Arishta, Dashang Gugulu, Loha Rasayana, Navaka Gugulu, Triphaladi Tail, Trayushanadi Gugulu, Mahasugandhi Tail, Chavayadi Sattu, Vidangadi Churna, Vyoshadi Sattu, Vidhanadi Loha, Medohara Lepa, Haritakiadi Lepa.

Complications

- Visarpa (erysipelas)
- Bhagandara (fistula)
- Jwara (fever)
- Atisara (diarrhea)
- Meha (diabetes)
- Arsha (piles)
- Shalipada (filariasis)
- Apachi
- Kamala (jaundice)

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