

Ayurveda and Sthaulya (obesity) : a review
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ABSTRACT –

Obesity is the complex, multifactorial type of nutritional metabolic disease. It occurs due to imbalance between intake of 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 the person's age, sex and height. There are more than 1 billion overweight adults and of them, at least 300 million are obese. Prevalence of overweight and obesity is increasing worldwide at an alarming rate in both developed and developing countries. Obesity is normally caused by a sedentary lifestyle. Till now no perfect solution is available for its cure, so its study at different prevention levels is necessary. In present review article etiopathology of *sthaulya*, its sign & symptoms, preventive methods like *nidan parivarjan*, *dinacharya*, therapeutic management along with medicine, diet, *pathya apathya*, nonpharmacological methods like exercise and *yogic kriyas*

have been studied in detail. Ayurveda being a holistic health science constitutes preventive aspects as well as treatment aspects of disease *Sthaulya*. The preventive aspects of obesity have been taken under the heading *Swasthavritta*.

Keywords: *Sthaulya*, Prevention, *Nidan parivarjan*, *Pathya-Apathya*, *Vyayam*, *yogic kriyas*

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 the world's population overeats regularly, with resultant fat storage. *Sthaulya* is included under eight undesirable conditions (*AshtauNindita*), *Shleshma*

Nanatmaja, *Santarpana Nimitaja*, *Atinindita*, *AtiBruhmana Nimit-taja*, and *Bahu Dosha Janita Vikara*. More over *Sushruta* has given emphasis on metabolic disturbances (*Dhatvaagnimandya*) in the *etiopathogenesis* of *Sthaulya*.⁷ The patient of *Sthaulya* exhibits very strange

phenomenon. Their appetite is excessive⁸ and whatever they eat is quickly digested, which indicates hyper- functioning of the *Jatharaagni*. Besides this, the patient suffers from laziness, may be due to under supply of energy, which may be due to hypo- functioning of *Bhutaagni*. Further *Dhatvaagni* also seems to be disturbed, as in *Sthaulya* patient mainly *Medo-Dhatu* is formed and there is deficiency of other *Dhatu*.⁹ Hence, it can be inferred that in *Sthaulya*, *Jatharaagni* is *Tikshna*, *Bhutaagni* is *Manda* and *Dhatvaagni* is disturbed in their respective functions. The Obesity is a physical state where Hypertension, Osteoarthritis, Diabetes Mellitus, Cardio Vascular accidents, impotency and many other grave complications frequently converge. Many institutions and Medical schools are making efforts to find a perfect remedy for this burning problem.

MATERIAL AND METHODS

Literature regarding obesity is reviewed from various classical texts of Ayurveda (Samhitas), research journals, web sites and from western medical books and prevention levels of diseases mentioned in community medicine science in context with obesity are correlated with *Ayurvedic Swasthavritta* with reference to *sthaulya* (Obesity). Data has been collected. Matter is also collected regarding the *pathya Apathya* and *Vyayam, yoga* in *Sthaulya* and all Compiled matter is reorganized and critically analyzed for the discussion and trial has been made to draw conclusions

Problem Magnitude:

According to the Centre for Disease Control and Prevention (CDC), more than 72 million adults are obese and no state has an obesity rate less than 15 % - the

national goal. Among U.S. adults, obesity has ballooned exponentially from forty-six percent to sixty-four percent of the population between 1980 and 2000. Etymology (*Vyutpatti*) of Word *Sthaulya* The word *Sthaulya* is delivered from root "Sthu" with suffix "Ach", which stands probably for thick or solid or strong or big or bulky. According to *Vachaspathyam*, the word *Sthaulya* means heaviness of the body.¹⁰ According to *Amarakosha*, it stands for excessive growth of the body.¹¹ As per *Hemachandra*, *Sthaulya* indicates the state of over nutrition of body or dullness of intellect. According to *Kautilya*, the word "*Sthulata*" means largeness or bigness or bulkiness or stoutness of body.

NIRUKTI OF STHAULYA:

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 "*Sthaulya*".¹²

Definition (*Vyakhya*) of *Sthaulya*

Sthula is defined as a person, "who on account of the inordinate increase of fat and flesh, is disfigured with pendulous, buttocks, belly and breasts and whose increase bulk is not matched by a corresponding increase in energy".¹³ *Sthaulya* can be correlated to obesity. Excess deposition of adipose tissue is obesity. A recent National Institute of Health consensus conference defined obesity as BMI

> 27 kg / m². Now a day's obesity is defined as BMI > 25 kg / m².

BMI = Actual weight in kg. / (Height in metre)²

According to Parks, obesity may be defined as an abnormal growth of the

adipose tissue. It is in three ways

- Enlargement of fat cell in size i.e. Hypertrophic obesity.
- Increase in the number of fat cell i.e. Hyperplastic obesity.
- A combination of both.

Nidana (etiological Factors) of Sthaulya
Various causative factors of Sthaulya related to different aspects of life that affect the body from outside and inside are described in classical texts of Ayurveda. The hereditary (Beeja Dosh), dietetic, regimen and psychological factors cause Sthaulya as per Charaka Samhita¹⁴.

Aetio-pathogenesis of Sthaulya:

All the *Nidana* described by various *Acharyas* for *Medoroga* can be classified under four broad categories as follows^{15,16}

1) Aharaj Nidana (dietary):

Madhura Aharasevana (excessive sweet intake), *Guru Aharasevana* (heavy digestible food), *Santarpana*, *Adhyashan*, *Snigdha Aharasevana*, *Navanna sevana* (new seed), *Nava Madyasevana* (new alcohol), *Mamsa Sevana*, (Non vegetarian), *Dadhi*

Sevana, (yoghurt), *Ikshu Vikara Sevana*, *Guda Vikara Sevana* etc. *Viharaj Nidana* (life style related): *Avyavaya* (lack of sexual life), *Avyayama* (lack of physical exercise), *Diwaswaap* (day time sleep), *Swapnaprasangat* (long sleep), *Gandhamalyanusevana* (using perfumes, garlands), *Bhojanottara nidra* (sleeping after meal), *Asana Sukham* (excessive sitting), *Bhojanottar snaana* (bathing after taking the meal) etc.

2) Manas Nidan (Psychological factors):

Achintanat (lack of tension), *Harshnityatvata* (uninterrupted cheerfulness), *Manasonivritti* (mental relaxation), *Priyadarshana* (watching of

beloved), *Saukhyena* (complete happiness) etc.

3) *Anya Nidana* (other causative factors): *Amarasa* (free radicals), *Bijadoshaswabhava* (hereditary), *Snigdha Madhur Basti Sevana* (administration of Unctuous & Sweet enema), *Snigdha Udvartana* (unctuous unction), *Tailabhyanga* (oil massage).

The causes of obesity are distributed in three main groups according to modern medicine.

Exogenous: Where the chief causes are excessive appetite or over eating, dietary habits, drinking habits and smoking.

Endogenous: Where endocrine factors are also important.

Miscellaneous: A number of factors are known to be associated with obesity like age, sex, occupation, socioeconomic factors, psychogenic factor, environment factors, constitution, drugs, hypothalamic trauma, physical activity, caloric balance and heredity.

The etiological factors described by *Acharyas* can be categorized broadly under 4 categories-

1. *Guru*, *Madhur*, *Snigdha* and *Sheeta Guna* predominant diet.
2. *Avyayaam*, *Avyavaya*, *Achintana*, etc are the *Khavaigunyakara* (*Srotodushtikara*) entities.
3. *Atibhojana*, *Atimadhura*, *Atisnigdha* etc are the *Agnimandyakara* entities.
4. *Beejadosha*.

SAMPRAPTI:

In *Samprapti* (pathogenesis) of *Sthaulya*, all the three *Doshas* are vitiated especially *Kledaka Kapha*, *Pachaka Pitta*, *Samana* and *Vyana Vayu* are the responsible factors for proper digestion and metabolism of food at the level of

alimentary tract and body tissue. *Dushti* of these Tri-Dosha components results in indigestion metabolic deformity and formation of Ama at tissue level as well as alimentary tract. *Sthaulya* is a *dushya* dominant disorder. Due to excess Agni more *Annarasa* is produced and the quality of diet i.e. Guru, Madhur, Snigdha, Sheeta Guna dominance *Dhatu Poshakansha* is formed in more quantity. At start the *Rasagata*, *Raktagata* and *Mamsagata Sneha* also increase production of *Medodhatu*. But due to

medodhatwagni- *mandya* this condition worsens and nourishment of further *dhatu* doesn't happen properly. Due to binge eating, *rasa*, *rakt*, *mamsa-gat sneha* tends to increase. Patient shows the symptoms of *rasavridhhi* and *kaphavridhhi*. eg. *angagaurav*, *alasya*, *tandra* and *nidradhikya*. *Medadhatu* gets increase with physical signs like *chalsphik-udar-stana*, *kshudra shwas*, *swedadhikya* etc. and finally lands into *Sthaulya*.

SAMPRAPTI GHATAKA:

Table 1: The factors playing vital role in *Samprapti* of *Sthaulya*

<i>Dosha</i>	<i>Kapha – Kledaka, Pitta - Pachaka, Vata - Samana and Vyana.</i>
<i>Dushya</i>	<i>Rasa and Meda Dhatu</i>
<i>Agni</i>	<i>Jatharagni, Bhutagni, Rasa and Medadhatvagni</i>
<i>Srotasa</i>	<i>Medovaha, Mamsa, Rasavaha, Swedavaha Srotasa</i>
<i>Srotodushti</i>	<i>Sanga (Margavarodha)¹</i>
<i>Adhithana</i>	<i>Sarvanga⁷</i>
<i>Udbhavasthana</i>	<i>Amashaya</i>
<i>Prasara</i>	<i>Rasayani</i>
<i>Roga Marga</i>	<i>Bahya</i>
<i>Vyakti Sthana</i>	<i>Sarvanga specifically Udara, Sphika, Stana and Gala pradesha.</i>

PURVARUPA OF STHAULYA

There is no any clear evidence of *Purvarupa* of *Sthaulya* in our classics. As per basic principles of Charaka, the weak manifestation of *lakshana* should be supposed as *Purva rupa* of the corresponding disease.¹⁸ Based on this view, features of *Kapha vridhhi* like *Alasya*, *Angashaitilya*, *Madhurasyata*, *Atinidra*, *Atipipasa* etc. may be considered as *Purva- rupa*.

ASHTAUDOSHA OF STHULA

Acharya Charaka has described eight despicable personalities (*Doshas*) of obese which are as follows¹⁹:

1. *Aayushohrasa* (*Decreasing life span*)

2. *Javoparodha* (*Slowness in movement*)
3. *Kricchavyavayata* (*Difficulty in sex*)
4. *Daurbalya* (*Weakness*)
5. *Daurgandhyam* (*Bad odour*)
6. *Svedabadha* (*Excessive sweating*)
7. *Kshudatimatra* (*Excessive hunger*)
8. *Atipipasa* (*Excessive thirst*)

LAKSHANAS OF STHAULYA

According to different Acharyas, *Lakshanas* of *Sthaulya* are *Chala Sphika* (Excess fat on buttocks), *Chala Udara* (Excess fat on abdomen), *Chala Stana* (Excess fat on chest), *Ayatha Upachaya* (Disproportionate body)²⁰, *Anutsaha* (Lack of enthusiasm), *Kshudra shwasa* (Dyspnoea), *Nidradhikya* (Excessive sleep), *Gatrasada* (Numbness of limbs),

Gadgadadhvani (Slurred speech), *Krathana* (Sudden catch of breath), *Alpaprana* (Less energy), *Sarvakriyasu Asamarthata* (Incapable of doing any work), *Alpavyavaya* (Lack of sexual urge), *Kasa* (Cough), *Shvasa* (Asthma), *Snigdhagata* (Unctousness in body), *Udaraparshva vridhhi* (Excess accumulation on abdomen and chest), *Alasya* (Laziness), *Ama* (Free radicals), *Moha* (Delusion), *Saukumarata* (Cannot sustain difficulty), *Anga shaithilya* (Looseness in parts) and *Alpabala* (Lack of power).

Signs of Obesity

- Weight – 20 % increased above desired weight.
- B.M.I. – above 30 in males and above 28.6 in females are called obese.
- Skin fold thickness – Obesity is indicated by a reading above 20 mm in a man, and above 28 mm in a woman.
- Waist hip ratio – When W.H.R. is above 0.8 in males and above 0.8 in females, the type of obesity is android; i.e. man pattern obesity and when W.H.R. is below this it suggest ganoids type i.e. female pattern obesity.
- In obese person possibility of fungal infection is greater in the skin fold areas.
- In fatty women menstrual disturbance and sterility is also observed.

Symptoms of Obesity

General lassitude, day time hypersomnolism and dyspnoea on exertion are the main symptoms of obesity

Pathogenesis of Obesity:

Obesity is a state of excessive accumulation of adipose tissue; it is difficult to draw sharp demarcating line between the physiological and pathological states. Obese individuals have an increase in number and / or size of adipose cells which suggests hyperplasia and/or hypertrophy of adipocytes either due to functional demand in particular age or sex or due to increase in energy intake or decrease in energy expenditure influenced by hypothalamic, genetic, endocrine, behavioural, psychological or iatrogenic component. Adult onset obesity is predominantly characterized by adipose cell hypertrophy with minimum hyperplasia. Apart from the increase in size of normal depots like the subcutaneous tissue the omentum retroperitoneal tissues and epicardium and adipose tissue, the fat may get deposited in the tissues, where it is normally absent. Excessive lipid deposition, diminished lipid mobilization and diminished, lipid utilization are the three main components in pathogenesis of Obesity

Classification of Sthaulya:

For diagnosis, prognosis and easy management of disease classification is essential but no exact classification of Sthaulya is found in the classics. In Ashtanga Hridaya and Ashtanga Sangraha three types of Sthaulya i.e. Adhika, Madhya and Hina have been mentioned in the context of indications of Langhana upakrama.²¹

Vagbhata's classification can be correlated with modern as given below -

1. Hina Sthaulya (Over weight)
 - BMI 25 to 29.90 Kg / m²
 - Duration of less than 1 year.
 - Without any complications or

secondary diseases

- with less than four undesirable effects
2. Madhyam Sthaulya (Obesity Class 1 & 2)
- BMI - 30 to 34.99 kg / m²
 - With least complications without any secondary diseases.
 - With less than 8 undesirable effects.
 - Within duration of 1 to 5 years.
 - Ati Sthaulya (Severe or morbid obese)
 - BMI > 40 kg / m²
 - With systemic complications or secondary disease.
 - With all eight undesirable effects.
 - With more than 5 years duration.

Sadhya – Asadhyata(Prognosis):

In case of Sthaulya, most of the Acharyas have described bad prognosis and Sahaja Sthaulya is considered untreatable. Charak also emphasized the fact that the management of Sthaulya is more difficult than Karshya²². As per modern, the prognosis is poor, if untreated it tends to progress. It is easy for an obese person to decrease up to 5 kg of weight, (this accounts for short time success of number of different slimming cures) it is difficult to gain further losses. The researches have shown that it is difficult for the patients to maintain their reduced weight. Upadrava of Sthaulya (Complications)

Even though Acharya Charaka has not described the Upadravas separately, he mentions that untreated Sthaulya can lead to many diseases. Other Acharyas also have mentioned different complications like Prameha (Diabetes),

Pramehapidika (Carbuncles), Jvara (Fever), Bhagandara (Fistula), Vidradhi (Abscess), Vatavikara (Diseases due to Vata dosha), Udara roga (Ascitis), Urustambha (Stiffness of thigh), Shwasa (Asthma), Apachi (Tumour), Kasa (Cough), Sanyasa (Coma), Kushtha (Skin disorders), Visarpa (Erysipelas), Atisara (Diarrhoea), Arsha (Piles), Shlipada (Filariasis), Kamala (Jaundice), Mutkrichhra (Dysurea) and Ajirna (Indigestion).²³ Management of Sthaulya

1. NIDANPARIVARJAN

a) AharajaNidanaprivarjan

The base line treatment for sthauya is to avoid factors (Hetus) which are responsible for the causation of the disease. Nitya langhan therapy and langhana even in shisira ritu is advised for obese patients by Vagbhata²⁴. Sthauya and Karshya depend upon the quality and quantity of Ahararasa. On the basis of Samanya Vishesh Siddhanta²⁵ the excessive food consumption of similar substance (Dravya Samanya), similar quality (GunaSamanya) or similar in action (Karma Samanya) results in over production of Dhatu. In the same pattern increased intake of Aharatmaka Nidana which is mentioned above causes over production of Medodhatu.

B) VIHARAJANIDANPARIVARJAN

All the Aharaja Nidana finally decreases physical activity, which increases Kapha and leads accumulation of Meda. Viharaja Nidana like Divaswapna having Abhishyandi quality leads to blockage of the micro channels (Srotas) of the body, specifically in Medovaha srotas. Moreover, reduced metabolic rate during sleep is a crucial factor in producing excess fat.

C) AUSHADHI PARIVARJAN

Frequent use of Rasayan (Rejuvenating) and Vrushya Dravya (Aphrodisiacs) causes sthau-lya. It has been clear from different research studies that through rectum and large intestinal mucosa amount of nutrients may be

absorbed and is assimilated. Hence, over use of Brum-hana and Vrishya Basti may cause Sthaulya. Hence to prevent obesity one should restrict its use.

Table 2: Diet regimen (pathya apathya) for obese

AHARA VARGA	PATHYA	APATHYA
Shuka Dhanya	Yava, Venuyava, kodrava, nivar, Jurna	Godhuma, Navanna, Shali
Shami Dhanya	Mudga, Rajmasha, kulattha, Chanak, masur, Adhaki	Masha, Tila
Shaka Varga	Vruntak, Patrashaka, Patola	Madhurshaka, Kanda
Phala	Kapitha, Jamun, Amalak	Madhurphala
Dravya	Takra, Madhu, Ushnodaka, Til tail, Sarshap tail, Arishtha Asava, Jirnamadya	Dugdha, Ikshu Navnit, Ghrita Dadhi
Mamsa	Rohitmatsya	Anupa, Audaka Gramya

Table 3: Pathya – Apathya Vihara (Physical Regimen)

Pathya	Apathya
Shrama (Labour)	Sheetala Jala Snana (Cold bath)
Chintana (Worry)	Swapna Prasanga (Excessive sleep)
Jagarana (Night awakening)	Divaswapa (Day sleep)
Vyavaya (Intercourse)	Avyayama (Not exercising)
Nitya Bhramana (Regular walking)	Avyavaya (Avoiding sex)
Shoka (Grief)	Sukha Shaiya (Comfortable bed)
Harshakshaya	Achintana (No worries)
Krodha (Anger)	Nityaharsha (Always happy)

- Use of Madhu (honey), Spices- Fenugreek, turmeric, cumin, mustard, asafoetida, curry leaves, ginger, black pepper, clove, cinnamon is advised.
- Avoid sweet, sour, salty and oily food as it aggravates Kapha and Meda (Sweet foods means not only sugar containing items but also rice, wheat, pasta, breads, and sweet milk products), Cakes,

cookies, Pastries, Chocolates and other bakery products.

STHAULYA AND SWASTHAVRITTA

Swasthavritta has a great strength in preventing Obesity by intervention in its cycle of pathogenesis as early as possible beginning from the avoidance of risk factors of the disease. Measures for prevention of Sthaulya (obesity) can be classified as:

1. Common measures:

It include properly observing Dinacharya and Ritucharya sadavritta, self control and knowledge of various factors affecting health, good habits, avoiding food in excess quantity (Atyashana), apathy aacharana, virudhashana, avoiding Diva Swapna (Sleeping in day time), doing regular exercise and many others.

2. Extraordinary measures:

This includes Pramitashana (adequate quantity of food), Langhan (fasting), Heavy exercise, Ruksa udavartan.(application of dry powder to body), Ratri jagarana (late night work), Atimaithun (excess sexual activity), Adhik Adhayana (excess study), Chinta (worries).Use of certain medicines such as Triphala,(Haritaki-Terminalia chebula, Bibhitaki-Terminalia bellerica, Amalaki- Embelica officinalis), Takrarishta, Madhu (Honey), Shunthi, Kshar, Lohabhasma, Nagarmotha (cyperus rotundus), Shilajit (mineral pitch).

The role of Swasthavritta in obesity can be studied at various prevention levels²⁶ i.e. at primordial, primary, secondary and tertiary prevention.

Primordial prevention of Sthaulya (obesity) through Swasthavritta

Primordial prevention is the prevention of occurrence of risk factors in population groups in which they have not yet appeared. This can be the perfect type of prevention in diseases like Sthaulya and it is achieved through individual and mass education of regular exercise (*Vyayam*) till the appearance of features of *ArdhashaktiVyayam* (exercise till increased rate of respiration, perspiration,

feel of freshness) as a part of Dinacharya (daily regime). This can be done as cultural practice. Emphasis has been given in Swasthavritta to Sadavritta which includes adaptations of good habits for lifetime to bring lifestyle changes including diet, exercise and weight reduction. Use of proper dietary habits as per Ashtavidha ahar vidhivisheshayatana²⁷ and Dwadash AshanPravichar²⁸ (eight and twelve dietary rules) from childhood only can be a strong step in preventing obesity at primordial level. Primary prevention of Sthaulya (obesity) through Swasthavritta

It is action taken prior to the onset of disease which removes possibility that a disease will ever occur in future life. This group is advised to make certain changes in socio-economic, behavioural, food patterns, habits, sleep cycle and lifestyle. This includes modification in lifestyle as per guidelines of Ayurvedic classical texts such as Sadvritta (good lifestyle practices), non suppression of natural urges, NidanaParivarjana (avoiding causative factors) and so on after recognizing Purvarroopa (early signs) of Sthaulya.

Secondary prevention of Sthaulya (obesity) through Swasthavritta

Secondary prevention involves measures which are taken to stop the progress of a disease at its incipient stage and prevent complication. Such 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 useful for patients of Sthaulya. Use of certain medicines such as Triphala, Amalki Takrarishta, Madhu (Honey), Shunthi, Kshar, Lohabhasma, mustha, Shilajatu. Tertiary

prevention of Sthaulya (obesity) through Swasthavritta

It includes all measures that reduce disorders and minimize suffering of the patient due to disease. Ayurveda has restricted role at this level.

Shodhan Chikitsa (Body purificatory methods):

One can use Shodhan upakramas as mentioned by Ayurveda classics for prevention of sthaulya as a part of swasthavritta. For example elimination of Kapha dosha in its prakopa kaal (Vitiating time) in Vasant ritu(Spring season). Being a syndromic condition (Bahudoshasya Lakshana) samshodhana therapy is highly recommended for Sthaulya patients possessing stamina and strength. Ruksha, Usna and Tikshna Basti are also suggested by Charaka. Ruksha Udvartan is the bahya Shodhan (External purificatory Method) indicated for the management of sthaulya.

SHAMANA CHIKITSA:

Rukshana and Langhan can be given for shamana purpose having Ruksha Guna dominance in them. Alleviation of Vata, Pitta and Kapha especially Saman Vayu, Pachaka pitta and Kledaka kapha along with depletion of medodhatu by increasing medodhatvagni is main goal of treatment in Sthaulya. Administration of guru and apatarpana articles which possess additional vata shleshma and medo nashaka properties is considered as an ideal for shamana therapy. Pragbhakta i.e intake of medicine before meal is insisted for krushi-karana purpose. It has been further explained by Sharangdhara and advised to take Lekhana drug on empty stomach in early morning and before meal. Acharya Charaka has mentioned Lekhaniya

dashemani29dravyas(a group of 10 drugs), these drugs mainly perform the Lekhana Karma(scraping) of excess and abnormal Meda, causing weight reduction as well as relief in other signs and symptoms. Rasanjana is mentioned as the best for the treatment of Sthaulya, while Guggulu is mentioned as the best for the disorder of Vata and Medodhatu

Miscellaneous Ayurvedic Drug formulations:

In Ashtanga Hridaya Gomutra Haritaki, Rodhrasava, Navaka guggulu, Amruta guggulu, Vardhamana Bhallataka Rasayanaetc. are the compounds mentioned in the management of Sthaulya. Bhava Prakasha has mentioned the remedies for Medohara purpose, Chavyadi Saktu, Triphaladya churna, Mulak churna, Erandapatra Kshara, Badaripatra Peya, Dashanga guggul, Tryushanadi guggul, Loha Rasayanan, Lauharishta etc.

Prevention of Sthaulya through Yogic Shuddhi kriyas:

“Kunjal kriya” 30 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 acts on Amashaya (prime seat of Kapha) and Annavaha Srotas. It rectifies Jatharagni and Dhatugata Ama gets expelled resulting in halting of pathogenesis of Sthaulya. Among ShatkarmaKunjal Kriya is included in Dhautikarma. Kunjal Kriya is not a mere stomach cleansing procedure, apart from that, it also has systemic effects. Kunjal Karma has been considered as one of the best treatments for the Kaphaja disorders like Sthaulya.

1. Yoga Asana

Some yogasanas which are found to be preventive in sthaulya are

Suryanamaskar (Sun Salutations), Pawanuktasana (Wind Liberating Pose), Utthanpadasana (Raised Leg Pose) Dvichakrikasan (Bicycling), Padvruttasan (Leg rotation), Naukasana (Boat Pose) and Pranayama (breathing exercises).

2. **Shauch** (External hygiene) and Santosh (satisfaction): which are the sub types of Niyam of Ashtang yoga should be taken as guideline in prevention of obesity. Symptoms like Swedabhadha (Excessive sweating), Swedaudargandhya (Foul smell) can be avoided by shauch (snana). Another thing which is to be kept in mind is that Santosh i.e. one should be happy or satisfied with limited food.

3. Dietary rules:

- The dietary rules should be followed strictly like “aharmatra agnibalapekshini” as said by acharya charaka i.e. one should consume food in correspondence with his agni (digestive fire) only.
- Faulty dietary habits like adhyashana, vishamashan and samashan should be avoided.
- Drink enough water before meals only and less water after meals.

CONCLUSION:

Manasika factors along with genetic predisposition plays a vital part in occurrence of Sthaulya. There is no specific treatment for obesity, Yoga therapy, vyayam and proper dietary guidance can play crucial role in prevention of obesity. Obesity occurs more in female than male. Life style modifications as per given in classical texts i.e following dinacharya, rukshaudavrtana in context with sthau-lya can be

useful in avoiding sthau-lya. Rutunusar Shodhana procedures like vamana in vasanta rutu according to classical methods will definitely help in preventing obesity. Further one can use these preventive guidelines along with some medicinal formulation to combat with obesity.

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