# **YOGIC MANAGEMENT FOR OBESITY**

Prof(Dr.) Kanchan joshi (SGRR University, Dehradun (Uttarakhand)

Bijendra Singh (Assistant Professor, SGRR University)

Akash Baliyan (Msc student SGRR University, Dehradun (Uttarakhand)

# ABSTRACT

The epidemic of overweight and obesity presents a major challenge to chronic disease prevention and health across the life course around the world. Fueled by economic growth, industrialization, mechanized transport, urbanization, an increasingly sedentary lifestyle, and a nutritional transition to processed foods and high calorie diets over the last 30 years, many countries have witnessed the prevalence of obesity in its citizens double, and even quadruple. Rising prevalence of childhood obesity, in particular, forebodes a staggering burden of disease in individuals and healthcare systems in the decades to come. A complex, multifactorial disease, with genetic, behavioral, socioeconomic, and environmental origins, obesity raises risk of debilitating morbidity and mortality. In the present study, the efficacy of certain yogic procedures is studied on the basis of subjective and objective parameters of obesity.

Key words : Obesity, Overweight, Yogasana, Pranayama, Kapalbhati.

# **INTRODUCTION**

Obesity may be described as a bodily condition characterised by excessive deposition or storage of fat in adipose tissue. It usually results from consumption of food in excess of physiological needs. Obesity is common among people in Western countries and among the higher income groups in India and other developing countries.

Obesity can occur at any age in either sex. Its incidence is higher in persons who consume more food and lead sedentary lives. Among woman, obesity is liable to occur after pregnancy and at menopause. A woman usually gains about 12 kg weight during pregnancy. Part of this is an increase in the adipose tissue which serves as a store against the demands of lactation.

Obesity is a serious health hazard as the extra fat puts a strain on the heart, kidneys and liver as well as the large weight bearing joints such as hips, knees and ankles, which ultimately shortens the life span. Overweight persons are susceptible to several diseases like coronary thrombosis, heart failure, high blood pressure, diabetes, arthritis, gout and liver and gallbladder disorders.

Obesity is commonly defined by the body mass index (BMI). BMI of  $30 \text{ kg/m}^2$  or higher is considered as obese. This distinguishes it from being overweight as defined by a BMI of 25 kg/m<sup>2</sup> or higher. Body mass index is a measurement criteria which compares weight and height of the person to categorize him/her as over weight, pre obese or obese.

BMI = weight (in kg)

Height (in metre)<sup>2</sup>

#### **CAUSES FOR OBESITY**

The main causes are related to life style:-

1. <u>Diet</u>: Diet is the chief cause of obesity most oftenly over eating that is the intake of calories beyond the body's energy requirements.

2. <u>Inactivity</u> : Sedentary people are more likely to gain weight because they do not burn calories through physical activities

3. <u>Certain Medications</u> : Corticosteroids, tricyclic antidepressants and anti psychotic medicines can lead to weight gain

4. <u>Medical problems</u> : Hypothyroidism and excess production of hormones by adrenal glands cause obesity. Arthritis can lead to decrease activity which may result in weight gain

# **Clinical Complications of Obesity**

The obese body provides a fertile soil for various diseases.

a) **<u>Cardio vascular disease and hypertension</u>** : The heavy deposition of lipids and cholesterol in the coronary arteries due to obesity causes hypertension and increased risk of cardio vascular disease such as myocardial infarction.

b) **<u>Diabetes</u>**: Obese body increase insulin resistance which leads to glucose in tolerance and creates the risk of diabetes.

c) <u>Osteo arthritis</u> : The burden on knees and other joints caused due to excess body weight leads to joints pain intern develops risk Osteo arthritis.

d) <u>**Psychological problems**</u> :Sleep disturbance, body shape dissatisfaction, eating disorders, depression and frustration are also causes due to obesity.

As modern medicine is showing its own limitations due to adverse drug effects and lacking in proper management of obesity, medical world is looking for the best alternative treatment options like Ayurveda and Yoga.

# YOGIC CONCEPT OF OBESITY:

Modern human has numerous conveniences at his disposal to give physical comfort and sensual pleasure. But ultimately instead of peace, rest and happiness he gets lots of physical, mental and emotional tension. Yoga offers men a conscious process to solve the problem of daily life and evoke the hidden potential in a systemic and scientific way.

Yoga shastra believes in three principle causes for the occurrence of disease -

- 1. Purva Janama Vriti (deeds of previous birth)
- 2. Manasika karma (Psychological measures)
- 3. Sharirika karma (Physical measures)

Kleshas such as Raga, Dwesha, Abhinivesha lead to Chitta Vikshepas and causes Manasika Vikaras like Kama, Krodha, Lobha, Moha, Ahamkara. These play intergral role for sharirika Vyadhi.

Ahara Mithya Yoga (Improper dietary habits), Jivan Charya(life style), Vegadharana (suppression of natural urges) all these leads to a series of disease like obesity.

In Yogic classical texts, the importance of balanced diet which is of the quantity sufficient to one's needs, is very rightly described. In Gheranda Samhita and Shiva Samhita, due importance is given to Mitahara before starting Yogic procedure.

In Ayurveda also, Charaka also admits the importance of Mitahara and the other Yogic classical texts like Hatha Yoga Pradipika and Patanjali Yoga Sutra, and Ashtanga Yoga Yama and Niyama are emphasized before starting Yoga.

# YOGIC MANAGEMENT OF OBESITY

- 1) Yama and Niyama : This will help to have a controlled behavior and would help to pacify the wandering mind and in turn help control over the eating and other habits of a person.
- 2) Shodhana Kriyas : Kapalbhati, Kunjal, Agnisara, Nauli.
- 3) Suryanamaskar
- 4) Sukshma Vyayama : Pawan mukatasana series 1,2
- 5) Yogasana : Tadasana, Katichakrasana, Urdhwa hastottanasana, Pawanamuktasana, Sarvangasana, Matsyasana, Halasana, Bhujangasana, Dhanurasana, Uttan Padasana, Paschimottanasana, Ardha Matsyendrasana, Ushtrasana, Mandukasana, Shavasana.
- 6) Pranayam : Nadishodhana, Suryabhedi Pranayama, Bhramari, Shitali, Bhastrika.
- 7) Special practice : Yoga nidra
- 8) Dhyana (Meditaton) : Om Chanting , Om Meditation.

# **YOGIC DIET**

**Dietary Management** 

The Yogic diet, popularly known as Satvic diet is the most preferred diet in obese condition. Satvic diet contains more of fresh fruits and vegetables in its natural form, soup etc. Rajasik foods like fried food items, spicy foods, soft drinks and beverages, fast food etc. should be limited. Tamasik foods like non-vegetarian foods items; alcoholic drinks etc. must be avoided.

Hathapradipika and Gherand Samhita emphasis on conducive and agreeable food as well as Mithara i.e. control diet which is pure, soft and fills only of half of the stomach and is palatable. Such a food improves the functions of both body and mind. Yoga recommends the food which nourishes the elementary substances (sapta dhatu) of the body.

# <u>Treatment</u>

The person should undertake a juice fast for 7 to 10 days. Juices of Lemon, grapefruit, oranges, pineapple, cabbage, celery may be taken during this period.

After juice fast, the patient should spend a further four or five days on an all fruit diet, taking meals of fresh juicy fruits such as oranges, grapefruit, pineapple and papaya lemon.

Thereafter, he may gradually embark upon a low calorie well balanced diet of three basic food groups, namely –

- i) Seeds, nuts and grains
- ii) Vegetables
- iii) Fruits, with emphasis on raw fruits, vegetables and fresh juices.

#### Some important points while having food:

- i) Chew your food to a pulp or milky liquid until it practically swallows itself.
- ii) Never eat until hungry.
- iii)Enjoy every bite or morsel, savouring the flavour until it is swallowed.
- iv) Do not eat when tired, angry, worried, and at meal time refuse to think or talk about unpleasant subjects.

#### **PREVENTION OF OBESITY**

- 1) Have a regular meals at fixed interval.
- 2) Do not read or watch television while eating.

- 3) Try to keep healthy snacks at home like fruits, vegetables and sprouts instead of cakes, biscuits, fried snacks and other fast foods.
- 4) Have control over carbohydrate intake.
- 5) Person can take sauna baths, steam bath and heavy massage to reduce weight.
- 6) Physical activity.

#### CONCLUSION

Person suffering from obesity should make every effort to follow dietary habits and avoid sedentary lifestyle as well as avoid negative emotions such as anxiety, fear, hostility, insecurity and develop a positive outlook on life through Yoga.

Yoga is supposed to play a vital role in promotion of physical and mental health and treating many other disorders. So, a regular practice of yoga 30 to 60 minutes daily is useful for health and altering obesity is must

#### REFERENCES

1. K Alaguraja and Dr. P Yoga, (2017) Influence of yogasana practice on flexibility among obese adolescent school boys, International Journal of Yoga, Physiotherapy and Physical Education, 2(7), pp. 70-71.

2. K Alaguraja and Dr. P Yoga, (2019) effect of yogic practice on resting pulse rate among School students, Indian Journal of Applied Research, 9(7), pp. 43-44.

3. K. Alaguraja and P. Yoga (2018), Effect of core stability training on dynamic strength among college male students, International Journal of Yogic, Human Movement and Sports Sciences, 3(2), pp. 436-437.

4. Jackson, C. (2004). Healing ourselves, healing others: first in a series. Holistic Nursing Practice, 18(2), 67-81.

5. Vrinte, J. (2002). The perennial quest for a psychology with a soul: An inquiry into the relevance of Sri Aurobindo's metaphysical yoga psychology in the context of Ken Wilber's integral psychology. MotilalBanarsidass Publ.

6. A. Suman kumar and T. P. Yokesh, (2019) Isolated and combination of yoga with callisthenic exercise and their influence on performance variables among school level football players, Journal of information and computational Science, 9(8), pp. 349-355.

7. Dr. P Yoga, R Balamuralikrishnan and K Alaguraja (2018) Influence of cyclic meditation on selected physiological parameter, International Journal of Advanced Education and Research, 4(1), pp. 17-18.

8. P. Yoga,(2011) "Effect of varied integrated modules of yogic practices on white blood cell count among women type ii diabetic patients". International journal of Physical Education Sports Management and Yogic Sciences, 4(1), pp. 33-36.

9. Ranjith VP and P. Yoga, (2019), Effect of yogic practice on resting pulse rate amongcollege men handball players, International journal of Applied Research, 9(4) pp. 59-60.

10. P Yoga (2014), Effect of varied integrated modules of yogic practices on white blood cell count among women type II diabetic patients, International Journal of Physical Education Sports Management and Yogic Sciences, 4(1), pp.33-36.

11. Eckel RH, Krauss RM; American Heart Association call to action: obesity as a major risk factor for coronary heart disease. AHA Nutrition Committee Circulation, 1998; 97(21): 2099–2100.

12. Taki Y, Kinomura S, Sato K, Inoue K, Goto R, Okada K et al.; Relationship between body mass index and gray matter volume in 1,428 healthy individuals. Obesity (Silver Spring), 2008; 16(1): 119-124.

13. Stanek KM, Grieve SM, Brickman AM, Korgaonkar MS, Paul RH, Cohen RA et al.; Obesity is associated with reduced white matter integrity in otherwise healthy adults. Obesity (Silver Spring), 2011; 19(3): 500–504.

14. Ho AJ, Raji CA, Becker JT, Lopez OL, Kuller LH, Hua X et al.; Obesity is linked with lower brain volume in 700 AD and MCI patients. Neurobiol Aging, 2010; 31(8):1326–1339.

15. Gorospe EC, Dave JK; The risk of dementia with increased body mass index. Age Ageing, 2007; 36(1): 23–29.

16. Matteoni CA, Younossi ZM, Gramlich T, Boparai N, Liu YC, McCullough AJ; Nonalcoholic fatty liver disease: a spectrum of clinical and pathological severity. Gastroenterology, 1999; 116(6): 1413–1419.

17. Renehan AG, Tyson M, Egger M, Heller RF, Zwahlen M; Body-mass index and incidence of cancer: a systematic review and meta-analysis of prospective observational studies. Lancet, 2008; 371(9612): 569–578.

18. Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL et al.; Harrison's Principles of Internal Medicine. 17th edition, New York, McGraw-Hill, 2008: 74-75.

19. Agnivesha; Charaka samhita, revised by Charaka and Dridhabal, with commentary of chakrapanidatta, edited by Yadavji Trikamaji Acharya, Chaukhambha Sanskrit sansthana, Sutrasthan 21/21, Varanasi, 5th edition, 2001.

20. Foster GD et al. Randomise trial on low carbohydrate diet on obesity. N Engl J Med., 2003; 348: 2082-2090.