



CONCEPTUAL STUDY OF STHOULYA W.S.R TO OBESITY

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ABSTRACT:

In Ayurveda, *Sthoulya* has been described since early days in various *Samhita*'s, *sangraha*'s etc. *Acharya Charaka* described *Sthoulya* among the *ashtaninditha purusha*. *Sthoulya* is becoming a burning problem in today's era. The dietary habits, sedentary lifestyle's, stress etc. is the predisposing factors. *Sthoulya* is becoming a difficulty to person's life which is hampering the physical activity, sexual life, various metabolic and psychological disturbances. *Kapha* and *pitta* vitiation are the major contributing factors for the manifestation of *Sthoulya*. In Ayurveda, *shodanagna snehapana* followed by *virechana*, *nidana parivarjana* also *pathya-apathya* is the line of treatment of *sthoulya*. Conservative management of *sthoulya* through ayurvedic principle provides significant relief and improves quality of life. Commonly, obesity is due to the excessive eating and lack of exercises. So, in obesity the concept of "prevention is better than cure" is well acceptable.

KEYWORDS: *Sthoulya*, Obesity, Assessment of obesity, *Sthoulya chikitsa*, *pathya-apathya*

MATERIALS AND METHODS:

An effort was made to collect & interpret various references pertaining to Obesity along with its Ayurvedic correlation as *sthoulya*, across relevant texts and internet.

INTRODUCTION:

Sthoulya (obesity) is one among the diseases of modern era, which refers to an excessive accumulation of body fat resulting more than 20% excess of expected body weight. Changes in the dietary habits and lifestyles like excess intake of junk foods, soft drinks, lack of physical activity, stress during works, and due to endocrine disorders, metabolic disorders including type II DM, HTN, Hyperlipidemia are referred as lifestyle disorders and obesity is one among them ^[1].

The prevalence and number of obesity cases is steadily increasing nowadays. In India obesity and overweight has reached epidemic proportions affecting 5% of countries population. 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 are caused by overweight or obesity ^[2].

Obesity can be compared with *sthoulya* as the excessive increase of *meda* and *mamsa dhatu* causes pendulous movement of abdomen, buttocks, and breasts. This improperly formed *Medodhatu* causes altered configuration and *utsahahani* in the individual; such person is called *Atisthula* ^[3] and is described as *medoroga* or *sthoulya roga*, and *sthoulya* is one of the *santharpanotha vyadhi* ^[4] and one among the *astaninditha purisha* ^[5] also as *kaphaja nanatmaja vyadhi*. In India, abdominal obesity is one of the major risk factors of CVD ^[6] And line of treatments includes *Apatarpana* ^[7] and *Langana*, which can be done by *Shamana* and *shodana karma*. *Pathya-apathya* and life style modifications play an important role in the management of *sthoulya*.

NIDANA ^[8]- All the etiological factors can be classified into four groups:

1) **AHARATHMAKA NIDANA**- It includes *atisampuranam*, *Guru*, *Madhura*, *sheeta snigda ahara sevana*. *Ahara rasa* plays major role in the increasing *medodhatu* in *sthoulya*. *Acharya Susurutha*, mentioned *sthoulya* and *karshya* depend on the quality and quantity of *ahararasa* ^[9].

2) **VIHARTHMAJA NIDANA**- it includes *avyayama*, *avyavahara* and *diwaswapna*. It indicates that the decreased physical activity which aggravates *kaphadosha* and leading to the *medas* deposition in body. *Divaswapna* having *abhishyanda* property which leads to *medovaha srothas* blockage.

3) **MANASIKA NIDANA**- It includes *harshanityatvat*, *achinthanat*. These two psychological factors are *kaphadosha* aggravating and hence leading to the *medas* deposition in body.

4) **BEEJA DOSHAJA NIDANA**- over nutrition particularly with *Madhura rasa* during pregnancy is mentioned as a causative factor for birth of obese child ^[10].

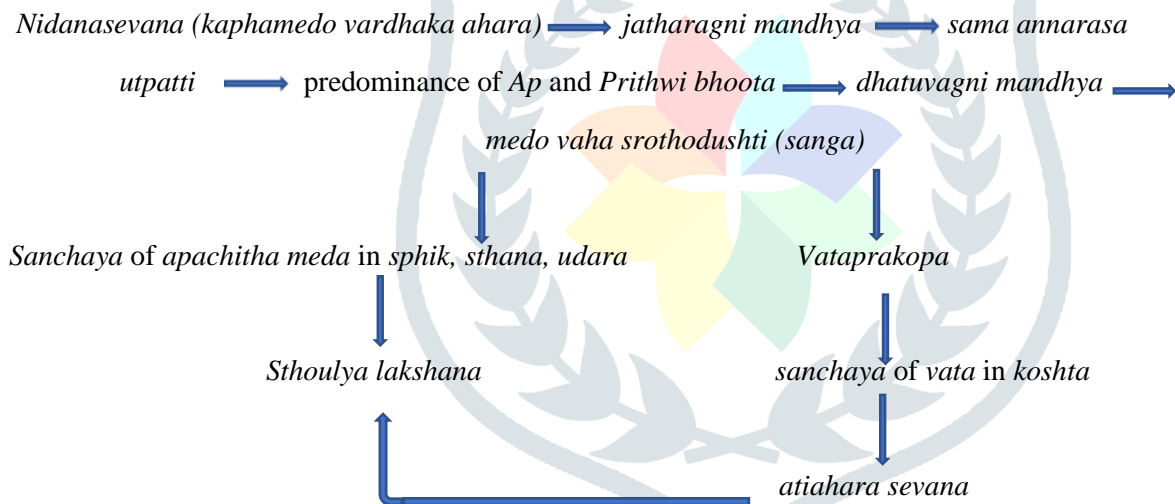
PURVARUPA :

Acharya charaka, explains similar *samprapthi* of *Prameha* and *medoroga* due to *kapha* and *medodushti* in both. So *purvarupa* of *prameha* and *medovaha srotodusthi lakshanas* ^[11] can be considered as *purvarupa* of *sthoulya*. *Atinidra*, *Alasya*, *Tandra*, *Visrasharira gandha*, *Angagourava*, *Angashaithilya*, *Atisweda* are explained.

RUPA :

Cardinal symptoms of *sthoulya* as *medomamsa ativrudhi*, *chala sphik udara* and *sthana*, *ayathaopachaya*, *anutsaha* are the *prathyathma lakshanas* ^[12]. Besides these 8 harmful effects of *sthoulya* as- *Asta mahadosha* ^[18].

SAMPRAPTHI :



According to charaka, due to *avarana* in the *srothas* by *medas*, there will be *vridhi* of *koshtashit samanavayu*, which causes *atisandhukshana* of *jatharagni*. The increase in *jatharagni* leads to rapid digestion of consumed food and having more cravings. This is due to the increased *agni* causing *dhatu pachana* leading to various complications. Because of these other *dhatu* are not nourished properly causing *shaithilya* of *dhatu* prior to *medodhatu*

SAMPRAITHI GHATAKA :

Dosha: kapha vata

Dushya: meda, later other *dhatu*s

Ama: jatharagni vishamatha, *medodhatvagni mandhya*

Agni: jatharagni, *medo dhatvagni*

Srothas: medovaha

Srothodusthi: sanga

Udhbava sthana: amashaya

Vyaktha sthana: sarvanga, especially in *sphik, udara, sthana, gala*

Roga marga: *bahya* and *abhyanthara*

Swabhava (vyadhi prakara): *chirakari*

Prasara: *sarva deha* (especially wherever *medodhara kala* is present)

Adisthana: *vrukka* and *vapavahana*

Sadhya asadhyata: *kruchrasadhya*

ASSESSMENT OF OBESITY-

According to ayurveda- In Ayurvedic texts, diagnostic methods includes both subjective and objective types, in *astavidha pariksha*, *Sthoulya* is diagnosed by *akrithi pariksha*, *pramana pariksha*, and *samhanana pariksha* can be correlated with objective criteria of diagnosis like measurement of height, weight, various girth measurements, skin fold thickness. Acharya charaka explains anthropometry of body under *dashavidha pariksha*, which provides a relative measurement and objective criteria of *sthoulya* patient.

According to modern- Obesity can be assessed by following tool ^[13]: body mass index. waist circumference, waist/ hip ratio, relative weight, skin fold thickness.

The classification of obesity includes-

Underweight < 18.5 kg/m²,

Normal weight 18.5-24.9 kg/m²

Overweight 25-29.9 kg/m²

Obesity (class I) 30-34.9 kg/m²

Obesity (class II) 35-39.9 Kg/m²

Morbid obesity (class III) > 40kg/m²

Body mass index- BMI describes relative weight of height. BMI is calculated as weight in kg divided by height in meter square.

Adhika sthoulya, BMI > 40kg/m²

Madhyama sthoulya, BMI 30-40 kg/m²

Hina sthoulya, BMI 25-30 kg/m²

CHIKITSA :

In the *Sthoulya* general principle of treatment includes *Nidana parivarjana-Samshodhana-Samshamana*. Charaka explains treating *asthithula* people is very difficult because, after applying *karshana* therapy, there is aggravation of already aggravated *jatharagni* and *vata*. And if *brimhana* therapy is applied, it will further increase *meda*. Acharya Vagbata mentioned that *karshya* is better than *sthoulya* because for *sthoulya* exact remedy is difficult ^[14].

Shodhana-In Ayurveda *sthoulya* is explained under *bahudoshavastha*, hence *shodana* can be done. It is of two types *bahya* and *abhyanthara*. *Bahya shodana* includes *ruksha udvarthana* ^[15] and *abhyanthara shodana* includes *vamana*, *virechana*, *lekana basthi* ^[16], *shirovirechana* and *rakthamokshana*.

Shamana chikitsa is explained in seven different ways such as; *deepana*, *maruthsevana*, *kshudha nigraha*, *pachana*, *atapasevana*, *trusha nigraha*, *vyayama*. In *santharpana janya vyadhis*, *amashayoktha vyadhis*, *shleshma pradhana vyadhis*, *rasapradoshaja vyadhis* *langana* therapy is advisable. In *santharpanajanya vyadhi*, *amashotha vikara*, *shleshmika vikara*, and in *rasaja vikara* all seven types of *lanagana* can be applied.

Nidana parivarjana is most important in the management of *sthoulya*. To stop the further progress of disease, factors which are responsible for diseases should be avoided.

PATHYA-APATHYA¹⁷:

In the treatment of *sthoulya* diet *pathya* is most important and charaka advices *vata kapha* and *medahara anna pana* for *sthoulya*

Table 1: Pathya-Apathya - Ahara

AHARA VARGA	PATHYA	APATHYA
Shuka dhanya	<i>Purana shali, yava, laja, priyangu</i>	<i>Naveenashali, ghoduma</i>
Shami dhanya	<i>Mudga, rajamasha, kulatha, adhaki</i>	<i>Masha, Tila</i>
Shaka varga	<i>Patola, shigru, katutiktha, adraaka</i>	<i>Kandashaka, madhura</i>
Phala varga	<i>Kapitha, jambu, amalaka, ela, haritaki</i>	<i>Madhura phala</i>
Drava varga	<i>Madhu, takra, ushnajala, tila, sarshapa taila, asava-arishtha</i>	<i>Dugdha varga</i>
Mamsa varga	<i>Rohita matsya</i>	<i>Anupa, audaka, gramya mamsa</i>

Table 2: Pathya-Apathya- VIHARA.

PATHYA	APATHYA
<i>Shrama</i>	<i>Sheetha jala sevana</i>
<i>Jagarana</i>	<i>Diwaswapna</i>
<i>Nitya bhramana</i>	<i>Avyayama</i>
<i>Vyayama</i>	<i>Avyavaya</i>
<i>Vyavaya</i>	<i>Ati ashana</i>

Table 3: Pathya-Apathya- MANASIKA.

PATHYA	APATHYA
<i>Chinta</i>	<i>Achinta</i>
<i>Shoka</i>	<i>Nitya Harsha</i>
<i>Krodha</i>	<i>Manaso nivriti</i>

DISCUSSION:

Sthoulya is an abnormal and excess accumulation of medodhatu. A current world health study claims that obesity is included among the top ten selected risk to health. It has many complications like HTN, DM, OA, Infertility as well as psychological disturbances like stress, depression and so on. The Bijadosha (heredity component) besides Aharatmaka, Viharatmaka and Manasa factors in cause of Medoroga. Alleviation of vata, pitta and kapha along with depletion of medodhatu by increasing medodhatvagni is the main aim of treatment of medoroga. By adopting the simple life style and healthy food habits (pathya-apathya) anyone can enjoy the life optimally without having lifestyle diseases.

CONCLUSION:

Sthoulya is a *santharpana nimitaja vyadhi* can be easily treated by proper lifestyle management and *shodhana samana* treatment plans. It is caused by excessive indulgence in oily and fatty food and sedentary life style; psychological factors along with genetic predisposition. Among treatment *shodananga snehapana* followed with *virechana* is the best way to manage along with *nidana parivarjana*. Sthoulya is a metabolic disorder, which is described by charaka in *Astanindita purusha*. Kapha prakruthi persons are more prone to become obese. Some herbal drugs like *musta*, *triphala*, *guggulu* possesses *kapha-medohara* and *vatagna* in properties. So, Ayurvedic line of management provides equal beneficial for the promotion and preservation of health in a sthoulya person through the removing toxic wastes and balancing morbid matters and correction of agni.

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