



Concept Of *Sthoulya* In *Ayurveda* And Its Management With Special Reference To Obesity

Dr. Samarth Kamble¹ Dr. Vibhavari Kokane² Dr. Viraj V. Shukla³

1. PG Scholar, Department of *Kayachikitsa*, Late Kedari Redekar *Ayurvedic Mahavidyalaya*, Gadhinglaj, Kolhapur, Maharashtra, India.
2. Guide & Professor, Department of *Kayachikitsa*, Late Kedari Redekar *Ayurvedic Mahavidyalaya*, Gadhinglaj, Kolhapur, Maharashtra, India.
3. Head of Department of *Kayachikitsa*, Late Kedari Redekar *Ayurvedic Mahavidyalaya*, Gadhinglaj, Kolhapur, Maharashtra, India.

Abstract:

The prevalence of *Sthoulya* (obesity) is increasing worldwide in all age groups.

Sthoulya is a burgeoning global problem due to change in life style, Faulty diet pattern and lack of Exercise which lead to Hypertension, Diabetes mellites, Ischaemic heart disease and other metabolic disorders.^{1,2}

According, to the *Ayurveda sthoulya* is described by different *Acharya's* in their own way and *charakacharya* has described *sthoulya* among the *ashtaninditiyapurusha*, *santarpanjanyarogas. s. Madhavnidankar, charakacharya* and other *samhitakaras* comment on *sthoulya* that this disorder is caused due to *medodhatavagnimandya*.³ So depending upon the told factors therapy and treatments should be carried out. So looking upon the importance of this disorder the selected article is presented.

Key words- *Sthoulya*, *Ayurveda*, obesity

Introduction:

In a present situation *sthoulya* has become the major leading cause for different vital diseases. This has caused due to junk foods, alcohol and sedentary lifestyles. One in every five Indian men and women is suffering from either overweight or is obese. According to WHO, worldwide obesity has been doubled since 1980. In 2014, more than 1.9 billion adults, 18 years and older were overweight and over 600 million were obese. 39% of adults aged 18 years and over were overweight in 2014 and 13% were obese.⁴

According to *Ayurvedic Samhitas Sthoulya* is a *Santarpanjanya Vyadhi* which is described in *Ashtonindatiya Adhyaya* in *Sutrasthana* of *Charaka Samhita* in detail. In *Sthoulya* disease mainly *Medovaha Strotas* is affected due to which there is overgrowth of *Medodhatu* and this process eventually manifests as Obesity disease. The prevalence of *Sthoulya* (obesity) is increasing worldwide in all age groups.

Sthoulya hetu (causes):^{5,6}

Acc. to *Charakacharya* ▪ Intake of heavy, sweet, cold and fatty diet ▪ Lack of physical exercise ▪ Abstinence from sexual intercourse ▪ Indulgence in day sleeping ▪ Exhalation or excessive cheerfulness ▪ Lack of mental work ▪ Genetic defect or hereditary one

Samprapti:

Due to excessive accumulation of *Meda* in the body *Vata* gets obstruction to its normal movement as a result *Vata* is specially confined to *Kostha* leading to stimulation of digestive power and absorption of the food. Digestion of consumed food become very fast due to enhanced *Agni* that's person eats more and more amount of food. In case of delay in taking food, he is afflicted with some serious disorders because it digest the *Dhatus*. The *Agni* and *Vata* are the two most troublesome and complicating and burns the obese individual like the forest fire burning forest. In the event of excessive increase of fat, *Vata* etc which may lead to development of severe disorders and destroy the life of an individual instantaneously.

Purvarup:

- 1) *Medsanchiti* (Excessive fat accumulation)
- 2) *Udarvridhhi* (Bellyfat)
- 3) *Aalasya* (Lazyness)
- 4) *Swedati Pravritti* (Excessive Sweating/Diaphoresis)
- 5) *Shramashwas* (Dyspnea on exertion)

Rupa(symptoms):⁵

The over obese has eight defects:-

Ayushorhas (Shorting of life span)

Javoparodhah (Deranged movement)

Kruchhavyavayta (Difficulty in sexual inter course)

Daurbalya (General debility)

Daurgandhya (Foul smell from the body)

Swedavrodh (Excessive sweating)

Kshudhitmatra (Excessive hunger)

Pipasa (Excessive thirst)

Upadrava(Complications):

- 1) *Prameha* (Diabetes Mellitus)
- 2) *Prameha pidaka/ Vidradhi* (Abscess)
- 3) *Hridrog* (Ischaemic Heart Diseases)
- 4) *Pakshaghat* (Cerebro Vascular Accident)
- 5) *Raktadab* (Primary Essential Systemic Hypertension)
- 6) *Vrikkavikar* (Chronic Kidney Diseases)
- 7) *Arsha* (Haemorroid)
- 8) *Atisar* (Irritable Bowel Syndrome)
- 9) *Kamala/ Yakrutavridhhi* (Fatty Liver)

Chikitsa Sidhhant (Treatment):

The actions, which bring the equilibrium of Dhatu is known as Chikitsa.⁷

Acharya Charaka has further stated the scope of the term Chikitsa. According to him, “Chikitsa aims at the radical removal of the causative factors of the disease, and also at the restoration of the *Doshika* equilibrium”. While describing the *Chikitsa of Sthoulya*, Charaka has said that it is very difficult to treat *Atisthoola* people because, if *Karshana* therapy is applied then it leads to further aggravation of already aggravated *Jathragni* and *Vayu* and if *Brimhana* therapy is applied it further increase the *Meda*. General principles of management of any disorder is ;

Thus, in any disorder management is divided into 3 parts.

1.Samshodhana

2.Samshamana

3.Nidana Parivarjana

Sthoulya management is explained in detail as follows;

□ *Bahya Chikitsa*

Ruksha Udvartana is the *Bahya Parimarjana Chikitsa* which is indicated for the management of *Sthoulya*. *Acharya Charaka* has mentioned *Rooksha Udavartana* for *Sthoulya*. And *Acharya Vagbhata* has mentioned the benefits of *Rooksha Udavartana* as it is *Kaphahara, Medasa Parivilayana, Sthirikarnam Angam etc.*

□ *Samshodhana*

Shodhana is the therapy in which the *Dosha* which are vitiated are eliminated after mobilizing them from their respective sites by *Adha Marga* or *Urdhva Marga* from the body .

Samshodhana therapy is highly recommended for *Sthoulya* management by *Charaka* being a syndromic i.e. *Bahudosha Lakshanas*. *Atisthoulya* patients with *Adhika Dosha* and *Bala* should be treated by *Samshodhana* therapy according to *Vagbhata*.

Description of various *Poorva Karma* and *Pradhana Karma* of *Shodhana* for *Sthoulya* given by various *Acharya* is as follows:

□ *Snehana*

For the patients of *Sthoulya*, *Snehana Karma* is always restricted. However, *Lekhaniya, Medohara* properties and *Sthulatvahara Karma* of *Taila* are described in *Ayurveda*. So, usage of *Taila* is recommended.

□ *Swedana*

For obese patient, *Sweda* is contraindicated but if essential *Mrudu Sweda* can be given, as it is advised. *Anagneya Sweda* mentioned by *Charaka* can also be adopted, it is given in *Sutrasthana*.

□ *Vamana*

Most of the texts have prohibits the use of *Vamana Karma* due to inability to bear the potency of medicine and therapy causing *Pranaparodha* (life threatening condition).

□ *Virechana*

Though *Virechana* has not been recommended for patients of *Sthoulya* but *Virechaka Dravya* mentioned in *Ayurvedic* texts like *Haritaki, Katuki, Aragvadha, Trivruta, Danti Dravanti etc.*, which have *Medonashaka* property could be applied to the patients of *Sthoulya*. Practically also *Virechana Karma* seems to be beneficial for the *Sthoulya* management.

□ *Basti*

Acharya Charaka suggested *Ruksha, Ushna & Tikshna Basti* for *Chikitsa* of *Sthoulya*. In *Ayurvedic texts* a number of *Basti Kalpa* are also mentioned but *Lekhana Basti* is considered as the best therapy for *Sthoulya/Medovridhhi*.

□ *Raktamokshna*

Raktamokshana is recommended by *Maharshi Kashyapa* and *Bhavamishra* for the treatment of *Sthoulya* in *Chikitsasthana, Medasvi Dhatri Chikitsa*. *Charaka* has also mentioned *Raktamokshana* for treatment of *Santarpana Janya Vyadhi* including *Atisthoulya*.

□ *Nasya*

The use of *Triphaladi Taila Nasya* in the patients of *Medovridhhi* has recommended by *Acharya Sushruta*.

□ *Samshamana*

The therapy, which does not do *Shodhana* of the *Dosha*, not disturb the equation of balanced *Dosha* and simultaneously bring equilibrium of imbalance of *Dosha* is known as *Samshamana Santarpana Janya Vyadhi, Shleshmika Vikara, Amashayotha Vikara, Rasaja Vikara- Langhana* is advisable and it is the best remedy for the *Sama* state of disease. *Charaka Samhita* has given treatment of *Sthoulya* in following words.

i.e., Administration of *Guru* and *Apatarpana* articles which possess additional *Vata, Shleshma* and *Medonashaka* properties are considered as best for *Shamana* therapy. *Chakrapani* has explained that *Guru* property is essential to alleviate vitiated *Agni* by suppressing the *Atikshudha*. Along with *Guru Dravya, Apatarpana Dravya* provides non-nourishment and thus helps to reduce the *Meda*. Such as, *Madhu* possess *Guru* and *Ruksha* properties, hence it is ideal for management of *Sthoulya*.

The drugs planned for *Sthoulya* should have *Deepana & Pachana* property to enhance *Agni*. They should also be *Amapachaka* as obstruction of *Medovaha Srotas* by *Ama* is main factor for *Medoroga*.

The drugs must have *Rookshna & Chedana* property to produce *Srotovishodhana*. Along with these *Teekshna, Ushna, Rooksha, Guna Dravya* are advised as they are opposite to *Manda, Snigdha & Sheeta Guna of Kapha & Meda*.

Again, it is told that the causative factors of *Karshya* i.e., *Ruksha Annapana Prayoga, Langhana, Pramitashana, Shoka, Nidra Vega Vinigraha, Ruksha Udavartana, Krodha* etc. can be practiced as line of treatment for *Sthoulya*.

Some important references about *Shamana Chikitsa* of *Sthoulya* are mentioned as follows;

Some *Samshamana* Yoga like *Guduchi*, *Triphala*, *Mukshika*, *Bhadramusta*, *Takrarishta*, *Vidangadi Lauha*, *Bilvadi Panchmula* and *Shilajatu* with *Agnimantha Svarasa* are advised for prolonged period.

□ In *Charaka Samhita*, drugs and preparations like *Karshana Yavagu* of *Gavedhuka*, *Lekhaniya Mahakashaya*, *Bibhitaka*, *Venuyava* and *Madhudaka* are advocated as *Medonashaka* and *Lekhana*.

□ *Akasha* and *Vayu Mahabhuta* dominant *Dravya* are attributed to have *Laghavakara* action, so these can be used for management of *Sthoulya*.

□ *Katu* and *Kashaya Rasa* are having *Karshana*, *Upchayahara* properties, while *Tikta Rasa* is having *Lekhana* and *Medo Upshoshana Karma*.

DISCUSSION:

At the end of study concluded that *Sthoulya* is *Santarpanjanya vyadhi* and also *Kashtsadhya vyadhi*. *Kapha*, *Meda* and *Vata Dosha* are the main *dosha* and *dushya* responsible for *Sthoulya* manifestation.⁸ According to modern can co-related with Obesity and caused by improper lifestyle and food habits. *Ayurveda* is the science of life which explain about longevity and health mentioned by *Ahar* and *Vihar*.

CONCLUSION:

Sthoulya / Obesity is caused by improper lifestyle and food habits. So in *Ayurveda* given some tips for prevention of *Sthoulya* like,

- 1) Regular exercise
- 2) Avoid *Divasvap* (do not sleep during day time)
- 3) *Snehan Swedan* regularly
- 4) *Udvartan*, etc

Nidan Parivarjan is the main treatment firstly we should apply. *Kapha Pradhana Prakriti* persons are more prone to *Sthoulya*. *Kapha*, *Meda* and *Vata Dosha* are the main *Dosha* and *Dushya* responsible for *Sthoulya* manifestation. *Sansodhan* and *Sanshaman Chikitsa* should be given in patients of *Sthoulya*.

REFERENCES:

1. Harison T. R. Harison's Principle of Internal Medicine Evaluation and Management of Obesity, In: 416 Vol- II ed 19th:p.2392
2. Chauhan S., Manohar R., Ramnihor T. J., Ramesh K. D. Concept of *Sthoulya* in *Ayurveda* and its management with *Pathya Apathya*. *J Ayurveda Integr Med sci* 2024;1:84-89.
3. Chaudhary J. P. *Ayurvedic Management Of Sthoulya (Obesity)*. Sri Ganganagar College of *Ayurvedic Science and Hospital*, Sriganganagar Rajasthan.
4. WHO. Obesity and Overweight [Internet]. Available from: <https://www.who.int/news-room/factsheets/detail/obesity-and-weight>.
5. Sharma PV. *Charaka Samhita Part 1. Chaukhambha Orientalia*, Varanasi; 2004. 9th ed. *Sutra Sthana* 21/3:144.
6. Sharma PV. *Charaka Samhita Part 1. Chaukhambha Orientalia*, Varanasi; 2004. 9th ed. *Sutra Sthana* 28/1:229.
7. Patil S. *Sthoulya Review With Special Reference To Obesity*. M.A.M. Sumatibhai Shah *Ayurved Mahavidyalaya*, Malwadi, Hadapsar, Pune, Maharashtra, India
8. Sharma AK. *Kaya Chikitsa*, Part 3rd. *Chaukhambha Orientalia*, Delhi; 2011. P. 174-177, 180.

