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Review Article on *Sthaulya* w.s.r. to Obesity.

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ABSTRACT:

Introduction- Obesity is frequently referred to as a pandemic with possibly negative health effects on people. Although the overall national rate of obesity in developing nations is low, these numbers may show higher rates of obesity in metropolitan areas. According to the WHO, around 250 million instances of obesity are reported each year. In an effort to discover a lasting solution to this pressing issue, numerous theories and treatments have been developed by modern practitioners, but they are not without risks. *Sthaulya* (fat) is a condition in Ayurveda where there is an erroneous transformation of nutrition due to the aggravation of *Doshas*, more *Medodhatu* is generated, and inappropriate nutrition is used to nourish other *Dhatus* of the body. This condition is treated in accordance with several *Ayurvedic* theories that aim to correct the conditions of *Dhatu* and *Doshas*.

Material & Methods- The current study's data came from primary and secondary sources, including literature assessments of important *Ayurvedic* Samhitas and manuscripts, as well as widely distributed research articles.

Result- Many *Medohara* medications have been listed and can be used, however the drug choice should be accurate based on the patient's physiology and with consideration for *Dosha*, *Desha*, *Kala*, and other factors.

Discussion- This article makes an effort to explain *Sthaulya* (obesity) from both modern and *Ayurvedic* conceptions and to explore the diagnosis and treatment from an *Ayurvedic* perspective.

Keywords: Obesity, *Sthaulya Roga*, *Shodhana*, *Dhatus*, *Medodhatu*

INTRODUCTION

Obesity is a multifaceted, widespread disorder that is often disregarded until some of its effects become evident. Another name for it is "New World Syndrome".¹ Obesity is

a type of metabolic syndrome that is thought to exist when body fat levels have increased to the point that they are harmful to health. Although it's sometimes mistaken for having gained weight, being overweight can also occur in



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people who are slim yet have a lot of muscle. The most common way to assess obesity is in terms of body mass index (BMI), despite the fact that it is not a direct indicator of increased body weight. Obesity can affect people of any age and is more prevalent in women. The increased frequency of obesity in youngsters is quite concerning.² Symptoms includes a person's pendulous appearance and symptoms involve shortness of breath, excessive sweating, joint pain, and an inability to handle light exercise, among others. Low self-esteem and low confidence are two psychological issues that are closely related to this illness. Long-term morbid obesity increases the risk of developing a number of health issues, including diabetes, hypertension, osteoarthritis, and stroke.³ Body mass index (BMI), which is equal to $\text{weight}/\text{height}^2(\text{kg}/\text{m}^2)$, is the most used way to measure obesity. Obesity is classified as having a BMI of 30 or higher in both men and women. A BMI of 25 or higher is considered overweight and indicates a slower rise in morbidities. The condition of being overweight calls for aggressive therapeutic interventions. Today's experts utilise BMI classification as a crucial measure to evaluate an individual's overweight and obesity. The elevated risk factors and associated morbidities on the Asian subcontinent cause a little variation in this BMI classification.⁴ Obesity is discussed in Ayurveda under the term *Sthaulya*. It is a condition that develops as a result of a person consuming excessive sweet foods.⁵ A person with a sweet tooth who constantly craves sweets and dairy items ends up gaining too much body fat. According to epidemiological research, persons who are *Kapha* dominant tend to exhibit this propensity more than other types. When compared to the other *Prakriti Purush*, *Kaphaj Purush* is more overweight or obese. *Sthaulya* is categorised as a *Santarpana Janya Vikara* (over nourishment of body) by Acharya *Charak*.⁶ Eight different categories of people are seen with contempt by society when it comes to their bodies. They include *Sthaulya*. *Sthaulya* is thought to be more unfavourable than *Atikarshya Purush* (excessively lean) due of a time-consuming workup and a poor prognosis.

MATERIAL & METHODS

To examine the idea of an Ayurveda approach to *Sthaulya* (obesity) and its applicability in manifestation and consequences of the *Sthaulya*, many Ayurveda books, journals, research papers, articles, and legitimate websites are reviewed.

Review Of Literature

Obesity

Weight gain that is abnormal or excessive and poses a risk to health is what is meant by the terms "overweight" and "obesity." Overweight is defined as a body mass index (BMI) of 25, and obesity as a BMI of greater than 30. According to the global burden of illness, the problem has reached epidemic proportions, with over 4 million people dying annually as a result of being overweight or obese in 2017. The prevalence of overweight and obesity in both adults and children is rising. Globally, the prevalence of overweight or obesity among children and adolescents aged 5 to 19 more than quadrupled from 4% to 18% between 1975 and 2016. In every continent, with the exception of sub-Saharan Africa and Asia, more people are obese than underweight today, which is one side of the double burden of malnutrition. Overweight and obesity, once thought to be problem exclusively in high-income nations, are now sharply increasing in low- and middle-income nations, especially in metropolitan areas. The bulk of overweight or obese kids are found in emerging nations, where the rate of growth has outpaced developed nations by more than 30%.⁷

Nidana (Causative factors) of Obesity

The *Charaka Samhita* describes the hereditary component (*Bijadosha*), in addition to dietary, physical, and psychological variables, in the aetiology of obesity. In addition to these, elements that may vitiate *Kapha* (one of the body's three humours) and *Meda* (fatty tissue) may also be believed to be causes of obesity. In addition to other factors, *Dhatvagni Mandya* (Weak digestive fire at the level of body tissues) is the primary cause of *Sthaulya*.⁸ Exogenous factors in the context of obesity include diets and exercise routines that are *Meda*-potentiating, while endogenous factors include the body's own components such as *Dosha* (the body's three humours), *Dhatu* (body tissues), *Mala* (excreta), *Srotas* (body channels), and others.⁹

These factors are-

1. *Aharatmaka Nidana* (Dietetic Causes)
2. *Viharatmaka Nidana* (regional Causes).
3. *Manasa Nidana* (Psychological factors).
4. *Anya Nidana* (Other).

Table 1: Causative factors of *Sthaulya* (Obesity)

Pathogenesis of *Sthaulya* (Obesity)

Sthaulya occurs in a person when they overeat, consume a

heavy, cold, sweet, fatty food, day slumber, engage in no physical activity, refrain from indulging, live an ecstatic life, lack cerebral work, and have *Beeja Dosh*.¹⁰ Due to *Sadharmata*, all of these variables cause an increase in *Kapha Dosh* and *Vikrit Meda*. Due to similar environmental and dietary habits, obese parents frequently have obese or overweight children. *Beeja Dosh* (genetic variables) plays a significant impact in social context. When a person with *Guru and Snigdha Guna* consumes *Madhur Aahara, Aam* (inadvertently digested food) forms in the *Amashaya* and spreads throughout the body. Increasing *Sneha* in the *Aahar* causes *Medadhatwagni Mandya*, which creates more *Meda*.¹¹ A *Dhatu's Agnimandya*, which is a generic *Siddhant* in Ayurveda, prevents the creation of its subsequent *Dhatu* and causes the majority of its elements to become its Mala. The same cycle occurs in *Medadhatwagni Mandya* as *Sneha* is the Mala of *Medo Dhatu*, preventing the creation of *Dhatu* adjacent to *Meda such Asthi, Majja, and Shukra* or causing them to form in insufficient quantities to support bodily functions. By blocking bodily pathways in *Koshtha*, this *Vikrita Meda* increases *Saman Vayu and Tikshagni*. Numerous symptoms are caused by the interaction of *Vikrit Meda's* channel obstruction and insufficient *Dhatu* development. Therefore, *Sthaulya* is a *Kapha Pradhan Tridoshaj Vyadhi* involving *Kledaka Kapha, Samana Vayu, Vyana Vayu, and Pachak Pitta* as well as *Meda Dhatwagni Mandya and Tikshna Jatharagni* causing excess of *Meda and Mansa Dhatu* in an individual with morbidities.

Rupa (Sign & Symptoms)

Charaka has enlisted the following symptoms as cardinal symptoms of Obesity.

- *Medomamsa Ativriddhi* (Excessive growth of Muscle & Fat tissue),
- *Chala Sphik-Udara- Stana* (Pendulous Buttocks-Abdomen-Breast),
- *Ayatha Upachaya Utsaha* (Disproportionate strength with his physical growth).
- Besides these cardinal symptoms, eight disabilities of *Atisthaulya* (Morbid Obesity). i.e. *Ayusho Hrasa* (Deficient in longevity), *Javoparodha* (Less energy levels), *Krichchra vyavaya* (Difficult during Sexual Intercourse), *Daurbalya* (Weakness), *Daurgandhya*(Bad Smell), *Swedabadha*(More Sweating), *Ati Kshudha* (ExcessiveHunger) and *Ati Pipasa* (Excessive Thirst) are

the most prominent clinical features of Morbid Obesity narrated by *Charaka*.¹²

Diagnosis¹³

Specific criteria for diagnosis of obesity:

1. Age specific weight for height table
2. Body Mass Index (BMI)
3. Skinfold Measurements
4. Body girth measurement

Upadrava (Complications)¹⁴

Chronic consistence of Obesity leads to the deformity of several systems, and organs thus ultimately leading to death. The following complications are described in Ayurveda- *Amaroga, Apachi, Arsha, Atisara, Bhagandara, Jwara, Kamla, Kasa, Kustha, Mutra Kriccha, Prameha, Prameha Pidika, Shlipada, Sanyasa, Udararoga, Urusthambha, Vatavikara, Vriddhi*

Management Through Ayurveda

Chikitsa (Aspect of Treatment) *Nidana Parivarjana*, lifestyle modifications, and *Shodhana* (body cleanliness) are all part of the treatment of *Sthaulya*, in addition to medication. Exercise and a healthy diet are crucial components of treatment. Acharya *Vagbhat* stated that the *Dhatu's* such as *Mamsa, Shonita* (blood), *Asthi* (bone tissue), etc. that are formed in *Sthula* people due to improper metabolism are *Durbaddha* (abnormal). Therefore, *Shodhana* is adopted based on the patient's *Bala* (strength) to remove the accumulated toxins and toxic metabolites from the body, and then medication is chosen, starting from milder to medicines with more potency In addition to *Medohara Dravya* (fat-reducing medications), such as *Guggulu* preparations or other oral medications, *Udwartana* (dry powder massage), *Takradhara* (therapy use of medicated buttermilk), *Vamana* (therapeutic emesis), and *Virechana* (therapeutic purgation) can be used. Risk factors should be considered while developing a treatment plan because obesity is typically associated with numerous co-morbidities. *Guru Aptarpana Chikitsa* can be administered based on the patient's *Avastha* and the underlying cause. You can provide *Vatahara Annapana* such as *Yava, Sattu*, etc. It is possible to adopt *Rooksha Udwartana* with *Triphala Churna, Sudarshana Churna*, etc. Acharyas mention *Teekshna, Lekhana Basti* with

medications like *Trikatu*, etc. for the treatment of *Sthaulya*. As a *Rasayana*, *Guduchi* (*Tinospora cordifolia*), which boosts immunity and metabolism, aids in fat burning. Due to its *Tikta Katu Rasa* and *Laghu Ruksha Guna*, *Musta* (*Cyperus rotundus*) burns and metabolises fat and has anti-obesity properties. Acharyas listed *Shilajatu* (Asphalt) as one of the powerful *Medohara* drugs with *Rasayana* qualities. It has been discovered that *Panchakarma* treatments including *Vamana*, *Virechana*, and *Lekhana Basti* are excellent for cleaning the body. *Samhitas* make several references to *Guggulu* (*Commiphora mukul*) preparations like *Navaka Guggulu*, which are known to have analgesic, anti-inflammatory, and anti-hyperlipidaemic effect.^{15,16}

Pathya & Apathya of Obesity¹⁷

Pathya (Do’s)

- Take low-fat and low-calorie food items.
- Take more proteins to stay longer without food.
- Steamed/ boiled and baked vegetables rather than fried.
- Take frequent small meals to avoid food cravings.
- Drink skimmed milk instead of whole milk.
- Take Healthy foods such as – oatmeal, walnuts, salads, bitter gourd (Karela), drumstick (Shigru), barley (Yava), wheat, Green gram (Moong dal), honey (Madhu), Indian Gooseberry (Amla), pomegranate (Anar) and snake gourd etc and skimmed Buttermilk.
- Include cabbage in daily meal. It will stop the conversion of sugars to fat.
- Use warm water for drinking.
- Include lemon in diet and drinks.

Apathya (Dont’s):

- High carbohydrate vegetables like – potato, rice etc.
- More sugary or sweet products, more dairy products, fried and oily foods, fast foods, excess salt.
- Salty foods or excessive salt in meals.

DISCUSSION

Medovridhhi and *Kapha* aggravation are brought on by the *Ahara* and *Viharatmaka Nidanas* stated for *Sthoulya*. These elements are causing people who are genetically predisposed to gaining weight (*Beejadusti*) to become obese.¹⁸ When seen through the lens of modern medical science, the concept of *Santarpaka* (over nutrition), *Ahara*, and *Vihara* can be understood to mean that the main ingredients of *Nidanas* are nothing more than calorie-dense foods and sedentary lifestyles. With a rise in BMI, an obese person's life expectancy drops correspondingly.¹⁹ There

will be a higher likelihood of problems like stroke and IHD occurring as a result. Therefore, *Sthaulya* prevention is crucial. All of the various preventive measures outlined in modern research are applicable to obesity. The primary goal of obesity prevention is to educate the public generally about the various facets of the condition, such as its causes, consequences, and prevention. Since childhood is where obesity first appears, lifestyle changes such as altered eating habits, physical activity adoption, and addiction prevention can be made.²⁰ The greatest benefit of primary prevention is seen in those with a favourable family history. You can adopt this degree of preventive by following a restricted diet, engaging in regular exercise, and avoiding a sedentary lifestyle. After obesity manifests, secondary prevention can be used to stop the disease's advancing stages. Regular exercise, nutrition management, and a variety of therapeutic techniques are used to reduce and lessen the consequences.²¹ Purifying therapies are used to reduce limitations and reduce impairments. As a result, these serve as efficient tertiary preventive measures.

CONCLUSION

Since there can be multiple cause for obesity, to find the definite cause is a challenging task. The main objective of the therapy is to reduce the risk of co-morbidities associated with obesity. Prevention is the most important key factor for this disease. Patients should be educated to follow the life style changes recommended by Ayurveda. Ayurveda follows include *Vatashamaka Ahara*, *Ruksha Udwartana* (dry powder massage), and *Teekshna Lekhana Basti*, *Vamana*, and *Virechana* for bodily cleansing. *Triphala*, *Guggulu* (*Commiphora mukul*) preparations, and other oral medications are mentioned. As a result, a proper diagnosis and screening for risk factors should be performed, and therapy ought to be planned accordingly.

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Table 1: Causative factors of *Sthaulya* (Obesity)

<i>Ahartmaka</i>	<i>Viharatmaka</i>	<i>Manasa</i>	<i>Anyā</i>
<i>Adhyashana</i> (Taking food after lunch or dinner)	<i>Avyayama</i> (No Exercise)	<i>Harshanityatva</i> (Happiness)	<i>Amarasa</i> (Indigestion)
<i>Atisampurna</i> (Binge eating)	<i>Avyavaya</i> (No sexual activities)	<i>Atichintana</i> (No worries)	<i>Snighda, Madhura Basti Sevana</i> (Enema which contain Oily and sweet drugs)
<i>Ati Brimhana</i> (Over nourishment)	<i>Diwaswapa</i> (Day sleeping)	<i>Manasonivritti</i> (Idle Mind)	<i>Tailabhyanga</i> (Oil Massage)
<i>Guru Ahara Sevana</i> (Taking food which is heavy to digest)	<i>Sukha Shayya</i> (Very comfortable bedding)	<i>Priyadarshana</i>	<i>Snigdha Udvartana</i> (Powder massage with oily drugs)
<i>Madhura Ahara Sevana</i> (Excessive use of Sweets)	<i>Atisnana Sevana</i> (Excessive Bathing)		
<i>Shleshmala Ahara Sevana</i> (Food which will increase <i>Kapha</i>)			