

International Journal of Medical Research and Pharmaceutical Sciences Volume 5 (Issue 8): August 2018 ISSN: 2394-9414 DOI- 10.5281/zenodo.1402451 Impact Factor- 4.174 Sthembre (Obosity): An Ayuryodia Perspective

**Sthaulya (Obesity): An Ayurvedic Perspective Dr. Dhanashree Ashok Mahajan**<sup>\*1</sup> & **Dr.Sharayu A. Kore**<sup>2</sup> <sup>\*1</sup>M.D. Scholar (Dravyagunavigyana), <sup>2</sup>M.D. (Dravyagunavigyana), H.O.D department of DravyagunaVigyana

## Abstract

*Keywords: Sthaulya, Obesity, Ayurveda, Med.*  Overtime the ancient times, *Ayurveda* has proved to be the best choice for *Sthaulya Vyadhi*. Overweight and obesity contribute to many diseases; the health implications of obesity are grave often fatal. A definition of *Swastha Purusha* according to *Ayurveda*is, 'A healthy body is the only one media to achieve the ultimate goal among the *Chaturvidha Purushartha*'.*Atisthula* comprise sin *Nindit Purusha*.Therefore it is important for everyone to maintain a healthy weight, healthy mind in the right manner.

## Introduction

Obesity by definition is the state of being grossly fat or overweight. Obesity is when person is carrying too much body fat for their height and gender. According to the WHO, a person is considered to be obese if they have a body mass index (BMI) of 30 or greater. Obesity is defined as a condition where one is at least 20% more than the ideal body weight. Obesity is normally caused by a sedentary lifestyle, lack of physical activity and irregular diet and sleep pattern and stress. Over the time, overweight and obesity contribute to the diseases like heart attacks, stroke, arteriosclerosis, hypertension and diabetes. Mental afflictions like mood swings and even depression – the health implications of obesity are grave and often fatal. Therefore, it is important for everyone to maintain a healthy weight but in the right manner.

In the *Ayurveda Charakachary a*has explained- A person having pendulous appearance of *Sphik* (Hip), *Udara* (Abdomen) and *Stana*(Chest) due to excess deposition of *Meda* (fats) along with reduced zeal towards life called "*Atisthula*". Many theories have been put forward with many new hypotheses, describing the exact pathogenesis of Sthaulya. One becomes corpulent like a boar by not minding about business, saturating diet and indulegence in sleep.

# Literary Review

In Ayurveda, Sthaulyahas been described since very early days in various Samhitas, SangrahaGrant has, Nighantu etc. Charaka has described Stahulya amongst the eight most unwanted diseases in Sutrasthana 21 i.e. 'Ashtaunindit Purusha'.

**Vedic Period:** References like *Medas, Medini*and *Pivasi*are available in *Atharva-Veda* with detailed description of anthropology and anthropometry. *Meda* and *Vapa* are mentioned in *Rig-Veda* and *Yajur-Veda*; '*Upachita*' disease has also been described in this reference of *Yajurveda*. In context of health *Veda* appreciates exercise and hard work and has advised to strengthen and harden body like a stone, so that it becomes free from hazards of flabbiness of the body and obesity.

Samhita Period: Charaka has described Sthaulya. Sushruthas narrated the etiopathogenes is of SthaulyaRogaon the basis of an endogenous entity being caused due to "DhatvagniMandya". Sthula and Atisthula words are used in Kashyapa Samhita.

Kashyapa has given some new aspects of management while narrating MedasviDhatriChikitsai.e. treatment of obese frostier mother.

# International Journal of Medical Research and Pharmaceutical SciencesVolume 5 (Issue 8): August 2018ISSN: 2394-9414DOI- 10.5281/zenodo.1402451Impact Factor- 4.174

*Bhela*has described *Sthaulya*as a disorder of vitiated *Meda.Madhava Nidana*has elaborated the symptomatology of *Sthaulya*and new symptoms of it like *Moha*.

*Vagbhatta* has explained *Sthaulya*on the basis of formation of *Aam*and disturbance of the process of *Dhatu Parinamana* i.e. inter cellular metabolism and mechanism.

Ashtanga Hridayaand Ashtanga Sangrahahave mentioned Sthaulya. But after observing challenging nature of the disease they concluded in the Sutrasthana that there is no treatment of excessive obesity.

In Sharangdhara Samhita, Sthaulyais described by the name Medo-Dosha.

**Period of modernization:** Hemadri has advised to take YavanalChurna, Madhukjalam, Dandahataas Takra, Agnimanthas Tarkariand Yavaksharin the management of Sthaulya.

*Bhavamishra*hasgivenmore emphasis on risk factors, morbidity and other additional regimonial and beahvioral therapies.

Yogaratnakar has mentioned rasa preparation in Medorogadhikara.

#### Etymological Derivation of *Sthaulya*(Obesity):

The word "Sthaulya" is derived from Moola Dhatu "Sthu-SthoolaBrihani" with the edition of "Ach" Pratyayarespectively which means thick or solid or strong.

'Obesity' word is derived from Latin term 'obesus'. Ob-by reason of; Obesusu- having eaten; Obesity- grossly fat.

#### Synonyms of *Stahulya*(Obesity):

Medasvita, Medovriddhi, Medurata, Medapushietc terms used for extensive growth of Medo-Dhatuwithout risk factor; Sthaulya, Sthulata, Medorogaetc for extensive growth of Medodhatuwith minimum risk factors; Ati-Sthaulya, Medodosha, Medodushti, Medovikar, Jatharyafor morbid obesity; Tundika, Mahodara, Sthulodara, JatharaUnnatietc for android obesity.

Adiposity, Overweight, Fatness, Turgidity, Hypertrophy, Stoutness, Plumpness etc are the synonym of the word 'Obesity'.

## Definition

According to *Ayurveda*: A person having pendulous appearance of *Sphika*(Hip), *Udara* (abdomen) and *Stana* (Chest) due to excess deposition of *Meda*alongwith *Mansa Dhatu* and having unequal or abnormal distribution of *Meda*with reduced zeal towards life is called "*Atisthula*".

According to Modern view: Obesity is the an abnormal growth of adipose tissue due to an enlargement of fat cell size or an increase in fat cell number or a combination of both; it also defined as an increased in body weight, beyond the limitation of skeletal and physical requirement as a result of excessive accumulation of fat.

## Classification of *Sthaulya*



International Journal of Medical Research and Pharmaceutical Sciences Volume 5 (Issue 8): August 2018 DOI- 10.5281/zenodo.1402451 Impact Factor- 4.174

There is no such clear classification of *Sthaulya*found in our classics. From the references, *Sthaulya*may be classified as-

# Charak-

- 1. Sthula
- 2. Atisthula

## Sushrut-

- 1. Sthaulya
- 2. Medoroga

## Vagbhatta-

- 1. Adhika
- 2. Madhya
- 3. Hina

# Sharangdhara-

1. MedoDosha

## Diagnosis

According to Ayurveda diagnostic methods described are subjective as well as objective type. Sushrutahas mentioned it as "ChakshuIndriyaVigneya Bhava". According to this over nutrition condition (Sthaulya) and under nutrition condition (Karshya)both can be diagnosed by inspection only. AyurvedicPramanaParikshaand SamhananParikshacan be correlated with objective criteria of diagnosis like measurement of hight, weight, various girth measurements and skin-fold-thickness. Charakacharyahas been mentioned anthropometry of body, under the caption of DashavidhaPariksha.

## **Etiological Factors-**

Hereditary component (*Beejadosha*) besides dietetic; regimonial and psychological factors; components which may vitiate *Meda Shleshma*; *Dhatwagnimandya*; substance which increase those *Bhavas* (qualities) which it inherits are-*Dravya* fatty material like *Mamsa*, *Guna Sheeta*, *Snigdha*, *Guru* and *Karma Diwaswapna*, *Avyayama*, Over eating (*Atibhojan*), excessive consumption of heavy food (*Guru aharsevan*), Excessive Sweet food intake (*Madhura Ahar Sevan*), Excessive consumption of cold diet (*Sheetaharsevan*), Excessive consumption of unctuous food (*Snigdhaaharsevan*), Usage of fresh grains (*Navannasevan*), Usage of fresh alcoholic preparation, Usage of domestic animal's meat, Excessive use of curd, Usage of sugarcane(*Ikshu*), excessive use of rice(*Shali*), Excessive use of Pahasioulusmunga (*Masha Sevan*), Excessive wheat (*Godhuma*), Usage of aquatic animal's meat (*Audaka rasa sevan*).

## Purvarupa

Purvarupa of Sthaulyais not described, so according to Charaka the weak manifestation of Rupa (Symptoms) may be considered as Purvarupa of concerned disease like Alasya, Angashaithilya, Madhurasyata, Atinidra, Atipipasa etc.

## Rupa (Symptoms)

Aayushoharso, Javoprodha, Kricchavyavayata, Daurbalya, Daurgandhya, Swedbadha, Kshudhitmatram, Atipipasa, chalasphika, chalaudara, chalastana, kshudra shwas, nidraadhikya, gatrasada, Alpavyavaya, UdarparshavVriddhi, Alasya, Moha.

## Samprapti (Etiopathogenesis):



International Journal of Medical Research and Pharmaceutical Sciences

Volume 5 (Issue 8): August 2018 ISSN: 2394-9414 DOI- 10.5281/zenodo.1402451 Impact Factor- 4.174 In pathogenesis of *Sthaulya*, all the three Doshas are vitiated, especially *KledakKapha*, *Pachak Pitta*, *Saman*and*Vyaan 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. Due to excess hunger and thirst, *Annarasa*is formed and specificity of diet dominance dhatu *poshakansha* is formed in more quantity. Initially the *rasagata*, *raktagata*and *mansagata Sneha* starts increasing andalso increases the production of *Medadhatu*. Due to *Medodhatwagnimandya*t his condition worsens and nourishment of further *dhatu*doesn't happen properly. Patient showsthe symptoms of *Rasavriddhi*, *kaphavriddhi*. *Medadhatu*increases with physical signs and finally lands into *Sthaulya*.

#### Upadrava-

If Sthaulyais left untreated many diseases may be arisen out. Prameha, Pramehapidika, Jwara, Bhagandar, Vidradhi, Vatakara, Udara Roga, Urustambha, Shwasa, Apachi, Kasa, Sanyasa, Kushtha, Visarpa, Atisara, Arsha, Shilpada, Kamala, Mutrakriccha, Ajirna.

#### Sadhya – Asadhyata

Regarding Sthaulya, most of the Acharyas have described bad prognosis and Sahaja Sthaulyais considered incurable.

#### SthaulyaTreatment-

The first line treatment of *Sthaulya* is to avoid those factors which are responsible for the causation of *Sthaulya*. *Nitya Langhan*therapy and *Langhana*even in *ShishirRitu*. *ShadavidhaUpakrama*, *Langhana*and *Rukshana* therapies are more suitable for management of *Sthaulya*.

Therapy, including Vaman, Virechana, RukshaNiruha, Raktamokshana and Shirovirechana. Being a syndromic condition (Bahudoshalakshanam) Sanshodhana therapy is highly recommended for Sthaulya Patients possessing stamina and strength. RukshaUdavartanais the BahyaShodhana indicated for the management of Sthaulya. Snehana Karma is always restricted for the patient of Sthaulya; however, on exigency usage of Tailais recommended.

The therapy which neither expels the *Doshas* from body nor disturbs the homeostasis of *Doshas* is called *Shaman* and is of seven types. Among these seven *UpakramasDipana, Pachana, Langhana* and *Rukshana* can be administreted. Management of *Sthaulya* is quite difficult because both *Agni* and *Vayu* are in aggravated state.

PaschimaMaruti.e. wind from western direction is MedaVishoshakadue to its RukshaProperties. Katu, Tikta, Kashaya Rasa, Laghu, Ushna, Ruksha, Tikshna, Sara, Kathina, Vishada, Khara, SukshmaGunasand DashavidhaLanghanatheropycan be used for the treatment of Sthaulya.

Intake of medicine before meals is insisted. It has been further elaborated to take *Lekhana*drugs on empty stomach in early morning and before meals.

**Medications-** Kulittha, Satu, Mudga, Madhu mishritJala, upper liquid watery part of curd, Takra, Arishta, Mustadikwatha, Agnimantha Moola kwatha, Vyoshadisattu, Kanchanarguggulu, Trifalaat udanakalwithGhrit, Trifala guggul, Medoharguggulu;

Guduchi, Haritaki, Musta or Trifalawithhoney;

BrihatPanchamoola, Shilajeetaor Gugguluwith AgnimanthaSwarasa;

Vidanga, Shunthi, Yavakshara, Satu and Amalaki Churna with honey;

*Trikatu, Kutaki, Shigru*root*twaka, Ativisha, Hingu, Sauwarchala, Jiraka, yavani, Dhanyaka, Chitraka, Hridra, Daruharidra, Hapusha, Patha*rootand *Kembukachurna* with ghee and oil, *Shodashagunasatu* flour and honey. This the Mangement of *Sthaulya* by oral administration of mentioned drugs.



International Journal of Medical Research and Pharmaceutical Sciences

DOI- 10.5281/zenodo.1402451 Impact Fa	actor- 4.174
DUI- 10 5781/760000 1407451 Impact E	actor- 4.1/4

# Discussion

The obesity management should be gradual, well-engineered process involving diet, a tailor-made fitness regime, counselling and effective *Ayurvedic*interventions and medications. Each individual's body differs from each other and needs a separate medication designed according to their *Dosh-Dushti*. Prevention of obesity by studying the ancient method can be helpful to decrease the chronic and acute risk factors.

## Conclusion

- In pathogenesis of *Sthaulya*, *Agni* and *Medo dhatu* are two main responsible factors.
- It has been mentioned by AcharyaCharakain AshtaunindityaPurushadhyaya.
- Sthaulya is another term, which is used for the disease Medoroga.
- *Madhavkara*has described *Medoroga*under the individual entity and used *Medosvina*, *Atisthula*and*Sthula*words as the synonyms.
- *Charaka*has mentioned the *Beejadosha*as one of the important etiological factors besides other of the disease.
- The term 'Sthula' itself indicates the deposition of Prithvi and JalaMahabhutadominant factor in the body.
- Nidanaof Sthaulyais divided in 4 categories viz. Aharatmak, Viharatmak, Manasaand Anya.
- Most of the symptoms are related to abundant growth of *Medodhatu*in the Body.
- In the disease *Sthaulya, agni*occurs in the tikshna form; *Jatharagni* is found in excessive condition whereas *Medodhatvagni* found in *manda*condition; due to *Avarana*of *Vayu*.So the human indulges into eating more food, which produces excessive *Meda*; therefore, the vitiated cycle goes on.
- The cycle is interfered by the Tikta, katu, Kashaya rasa and Rukshaguna Pradhan Drugs; Panchavidha Kashaya kalpnaand Pnachakarma.

## References

- 1. Vd. YadavjiTrikamjiAcahrya, 2008, Charak Samhita of Agnivesha elaborated by Charak and Dridhabala with Ayurved-Dipika Commentary by Chakrapanidatta, Chaukhambasurabharatiprakashana, Varanasi.
- 2. Sahastrayogam, ChaukhambaSanskrita Pratishthan2012
- 3. Dr. Ganesh Krishna Garade, published 1891, edition 2001 SarthaVagbhata, Anmol Prakashan, Pune.
- 4. Dr.K.H.Krishnamurthy1st edition-2000, BhelSamhita, chaukhamba, Varanasi
- 5. RAmvallabha Shastri, 1981, Harit Samhita, PrachyaPrakashana.
- 6. Shri. Brahmashankar Mishra Shastri, 1961, Bhavaprakasha, Vidyotani commentary, ChaukhambaPrakashana, Varanasi.
- 7. Shri. Priyagadatta Sharma, 1976,5<sup>th</sup> edition, Sharangdhara Samhita, Chaukhamba, Varanasi
- 8. Prof. Yadunandana Upadhyaya (Revised edited by) Sri. Sudarshana Shastri, 29<sup>th</sup> edition-1999, Madhavanidana of sriMadhavakara with the 'Madhukosha' Sanskrit commentary by Sri. Vijayrakshita and Srikanthadatta with the 'Madhukosha' Sanskrit commentary by sri. Vijayarakshita and Srikanthdatta with the 'Vidyotini' Hindi commentary and notes, part-1& part-2; Chaukhamba Sanskrit Sansthana, Varanasi.
- 9. Sri. Satyapalabhishagacharya, 8<sup>th</sup> edition 2002, the Kashyapa Samhita by VriddhaJivaka revised by Vatsya with Sanskrit introduction by Nepal rajgurupt.Hemaraja Sharma with the Vidyotini Hindi commentary and Hindi translation, Chaukhamba Sanskrit Sansthana, Varanasi.
- 10. .Prof. Siddhi Nandan Mishra, 2007, Bhaishajyaratnavaliof KavirajGovindadasSen edited with 'Siddhiprada' Hindi commentary; ChaukhambaSurbharatiPrakashana, Varanasi.
- 11. Prof. Dr. A. P. Deshpande, Prof. Dr. R.R. Javalagekar, Prof. Dr. S. Ranade, edition -Jan 2001, Dravyagunavidyana part 1&2, Anamolprakashan, Pune 2.
- 12. Prof.Vd. Y. G. Joshi, 2001, Kayachikitsa; Pune, sahitya vivarana
- 13. SeidellJ.c.- Narrow Hips and broad waist circumferences independently contribute to risk to N.I.D.D.M.- J. Internal Med.- 1997, 242, 401- 406.
- 14. <u>www.google.com</u>

<sup>©</sup>International Journal of Medical Research and Pharmaceutical Sciences

International Journal of Medical Research and Pharmaceutical Sciences Volume 5 (Issue 8): August 2018 ISSN: 2394-9414 DOI- 10.5281/zenodo.1402451 Impact Factor- 4.174 15. www.eMedicine.com

- 15. www.ewedicine.com 16. <u>www.Wikipedia.org</u>
- 17. <u>www.ncbi.nlm.nih.gov</u>
- 18. <u>www.pubmed.org</u>