

Review Article

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



ROLE OF AYURVEDA IN THE MANAGEMENT OF OBESITY (STHAULYA): A LITERARY REVIEW

Sanjivani Narsingrao Kadam 1*, Gurunath D Khanolkar 2

¹ PG Scholar, Anatomy Department, R A Podar Medical College, Worli, Mumbai, India ² Associate professor, Anatomy Department, R A Podar Medical College, Worli, Mumbai, India

Received on: 11/08/23 Accepted on: 28/12/23

*Corresponding author

E-mail: Sanjivani.kadam12@outlook.com

DOI: 10.7897/2277-4343.1406162

ABSTRACT

In this era, most people are suffering from lifestyle disorders like cardiovascular diseases, asthma, chronic obstructive pulmonary diseases, diabetes mellitus, etc. unhealthy diet, wrong sleeping patterns, less physical activity, stress all these things are leading people towards lifestyle disorders. The occurrence of these diseases is directly linked to the day-to-day habits of an individual. People are inclined towards a sedentary lifestyle that can lead to various chronic diseases, which can have life-threatening consequences. Today's generation has become physically inactive due to the modernization and development of multiple technologies, which leads people towards a sedentary lifestyle. Obesity (Sthaulya) is one of the lifestyle disorders which is more complex and invites several complications like hypertension, multiple joint pain, diabetes mellitus, fatty liver, etc. In Ayurveda, it is described under the term medoroga. In Charaka Samhita Acharya Charaka has described sthaulya under ashoninditiya purusha. The main factor in sthaulya vyadhi is the abnormal function of med-dhatvagni. A metabolic disorder occurs due to an imbalance between the intake of energy and its expenditure, which results in the growth of adipose tissue and increased body weight. Ayurveda is one of the most ancient sciences which describes fundamental and applied principles of health disease and its management. There are many drugs, various formulations, pathya-apathya, dincharya, rutucharya, and yoga which are helpful in the treatment and prevention of obesity. Ayurveda has preventive and treatment aspects about sthaulya (obesity), which this article studies. The objective of this study is to study the effectiveness of ayurvedic management in obesity, to study obesity, to study sthaulya, study medoroga.

Keywords: Sthaulya, Obesity, Lekhana basti, Shuddha guggulu, Shuddha shilajatu

INTRODUCTION

Obesity

Obesity is a condition that occurs when a person has excess weight or body fat that might affect the health of the person. Obesity is expressed in terms of BMI, i.e., body mass index, which is expressed in units of kg/m². A BMI of 30 or more in males and 28.6 or more in females indicates obesity.¹ According to WHO (2016), there are around 2 billion adults currently living with overweight, of which 650 million are considered to be affected by obesity. That equates to 39% of adults aged 18 or over living with overweight and 13% living with obesity. Overeating, lack of exercise, hereditary predisposition, idiopathic or genetic are some of the causes of obesity.² In Ayurveda, obesity is described as Sthaulyaroga or Medoroga.

Sthaulya

According to Acharya Charaka, sthool is one of the ashtonindit purusha.³ It is also a medopradoshaj vyadhi.⁴

Causes of sthaulya

- Overeating
- Use of food that is heavy, sweet and cold
- Lack of exercise and sex act
- Day sleep
- Continuous cheerfulness
- Lack of mental exercise
- Inherited tendency ⁵

According to Acharya Sushruta, sthaulya is due by aam-ahar ras.⁶

Effect of sthaulya

- In obese people, only fat keeps increasing and not the other body elements.
- There is a shortening of life span
- Flabbiness
- Excessive sweating
- Tenderness and heaviness of fat
- The paucity of semen and obstruction of genital passage by fat
- Sex activity becomes difficult ⁷

Symptoms of atisthualya

- Medomamsa ativruddhi
- Chala sphik, udar, sthana
- Anutsaĥa
- Ayatha
- Upachaya 8

Asthadosha of atisthool

- Ayushohrasa
- Javoparodha
- Kricchavyavaya
- Daurbalya
- Daurhandhya
- Swedabadha
- Kshudhatimatra

Pipasatiyoga ⁹

Pathogenesis of sthaulya

According to Acharya Charaka, in sthool purush, there is only an increase in medodhatu, which is excessive and improper. It further obstructs the channels of Vata dosha, which in turn causes vrudhhi of koshtgat agni, i.e. jatharagni. This increased jatharagni leads to rapid digestion of consumed food, and a person demands more food. If food is not given to the person with increased jatharagni, it causes dhatupachan. That's why a person eats more and more and further increases the formation of excessive and improper medodhatu. ¹⁰

According to Sushruta Acharya, Shleshmavardhak ahar, adhyashan, avyayam, and divaswap, it led to forming aam rasa, i.e. apachit ahar rasa. This madhur gunyukta ahar rasa moves within the body. Due to its atisnigdha nature, it causes the formation of medodhatu and leads to sthaulya.¹¹

Ayurvedic management in sthaulya (Obesity)

Ahara

Guru and apatarpan ahara: In sthool person, we should give guru ahara, i.e. which is not easily digested and takes a more extended period for assimilation. Guru gunatmak ahar is mostly Vata dosha shamak, which is helpful in vitiated Vata dosha in obesity. This guru ahara is made up of apatarpan dravyas, which reduce excessive fat.¹²

Vataghna, Shleshmamedohara ahara

Guduchi (*Tinospora cordifolia*), Bhadramusta (*Cyperus rotundus*) and Triphala sevan

Vidang (Embelia ribes), Nagar (Cyperus rotundus), Kshara,

Kal-loharaja and madhu (Honey)

Bilvadi panchamool prayoga and madhu

Shilajatu and Agnimantharasa (Clerodendrum phlomidis) param

Yava: Amalek churna prayoga- shreshta¹³

Takraarishta prayoga: It has dipaniya, pachaniya, balya and Kapha-Vata anulomak properties. So, it is used in sthaulya to control vitiated Kapha and Vata doshas.¹⁴

Makshik prayoga: Makshik has ruksha guna and has lekhaniya karma, so it is used in medovruddhi.¹⁵

Triphala churna: Triphala churna contains three dravyas: Haritaki, Bibhitaki, and Amalaki. According to their properties, each drug has a remarkable effect on medodhatu. It balances all the doshas. It decreases excessive meda.

Haritaki (*Terminalia chebula*): Pancharasatmak has madhura vipaka and ushna virya. It is ruksha and laghu in nature. Assimilation of medodhatu is one of its main functions. When there is excessive sweating due to increased medodhatu, Haritaki is used to cure this condition.

Due to increased medodhatu, other dhatus can't get proper nourishment. In this condition, Haritaki is given with honey. 16

Bibhitaki (*Terminalia belerica*): Also, it is pancharasatmaka and madhur vipaki. According to some Acharyas, it has katu vipak. It is ushna viryatmka. It has properties similar to Haritaki. Used in Kapha-Vatatmak vikara.¹⁷

Amalaki (*Emblica officinalis*): It is pancharasatmak except lavana. Having madhur vipaka and sheet (cold) virya. It increases dhatvagni, which acts on increased medodhatu. It assimilates mala and medodhatu and decreases excessive sweating. ¹⁸

Shuddha Guggulu (*Commiphora mukul***):** It is laghu, ruksha. It tikta rasatmak, ushna. It balances all doshas. It has lekhaniya karma. ¹⁹

Shuddha Shilajatu (Mineral pitch): It oozes out from the Himalayan mountains. It has katu tikta rasa, ushna virya and katu vipaka. It is used in medoroga. It acts on increased medo dhatu and converts this medodhatu into other dhatus. Honey and water are used as anupan with Shilajatu.²⁰

Vihara

Prajagar, Vyavay, Vyayam, Chinta.²¹

Vyayam (Exercise)

It increases physical activity and pachakagni, which acts on increased medodhatu, causing a reduction of meda.²²

Udvartan

In sthaulya, ruksha udvartan is given, a combination of herbal powder and water. For udvartan Triphala, Musta (*Cyperus rotundus*), Neem (*Azadirachta indica*), Haridra (*Curcuma longa*), and Daruharidra (*Berberis aristata*) are used. This process melts the medodhatu.²³

Ushna snan

It brings cheerfulness which is absent in sthaulya. It also reduces the excessive sweating.²⁴

Panchakarma

Lekhana basti

Basti therapy is used in aggravated Vata and Vatapradhan vyadhi. As we have seen in sthaulya vyadhi and Kapha, Vata is also dominating. Lekhan helps to remove the impediment of meda, Kapha, and kleda by its virya. Triphala kwatha, gomutra, madhu, Yavakshara, and Ushakadi gana are used as content of lekhan basti.²⁵

Madhutailik basti

It contains Arand kwatha, madhu, tail, Shatpushpa, saindhava lavana. It has a medonashak effect.²⁶

Yoga and sthaulya

An ancient practice involving physical posture, concentration, and deep breathing. In sthaulya, it brings out physical activity with the help of different asanas and shatakarmas. It increases burning calories and reduces weight. With the help of pranayama, kapalbhati, suryanamaskara, pawanmuktasana, bhujangasana, dhanurasana we can manage obesity.²⁷

Pathya-Apatha in sthaulya (Obesity)²⁸

Pathya

Yav, Yavaka, Mudga, Kulathat, Prashantika, Priyangu, Patol, Amalki, Madhu-udak, Arishta, Shrama, Jagaran, Vyayam, Vyavay, Chinta, Shok, Krodh.

Apathya

Godhum, Navanna, Dugdha, Navneet, Ghrita, Anup mansa, Madhur phala, Masha, Tila, Diwaswap, Avyayam, Acinta, Nitya harsha.

DISCUSSION

Sthaulya (obesity) is a metabolic disorder which is described by Acharya Charaka in Ashtoninditiya adhyaya of sutrasthana. Lack of physical activity, faulty food habits, a sedentary lifestyle, and genetics play significant roles in obesity. In staulya vyadhi, Kapha dosha and Vata dosha get vitiated. There is an excessive and improper increase in medodhatu. Also, there is increased jatharagni; due to this, a person demands more and more food. If food is not given to that person, then this increased jatharagni causes dhatupachan. Ayurvedic ahara, like guru-apatarpan, is given in sthaulya, which is not easily digested. Vihara karmas help reduce excessive fat and increase physical activity. Several Ayurvedic preparations, like Guggul, Shilajatu, Triphala, and herbal drugs, are adequate in sthaulya. Yoga plays a vital role in the management of obesity. Ayurvedic management, i.e. Ayurvedic medicines, Ayurvedic procedures like basti, udvartan, snan etc., diet, and pathya-apathya are helpful in sthaulya. By following dinacharya and sadvrutta, we can control the excessive increase in medodhatu. All these Ayurvedic management balances the tridoshas in sthaulya (obesity). By adopting a healthy lifestyle, eating healthy food, and following proper dinacharya and sadvrutta, we can avoid many lifestyle disorders like obesity.

CONCLUSION

Various dietary and lifestyle factors are involved in the aetiology of obesity. This study shows that by adopting a healthy lifestyle and with the help of various Ayurvedic kalpa and pathya-apathya procedures, we can easily manage obesity. This will create balance in tridoshas. Ancient Ayurvedic knowledge regarding sthaulya can be utilized to manage obesity.

REFERENCES

- Golwalla AF, Golwalla ASPI, Medicine for Students, 12th Edition, Empress Court, Churchgate, Mumbai-400020, 1951, p 397
- 2. World obesity, prevalence of obesity, www.worldobesity.org
- 3. Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/3, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 300
- Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 28/15, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 430
- Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/4, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 300
- Shastri A., Sushruta Samhita volume 1, Sutrasthan 15/37, Chaukhamba Sanskrit Sansthan Varanasi, 2016, p 81
- Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/5, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 300
- 8. Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/9, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 301
- Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/6, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 300

- Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/5,6,
 Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 301
- 11. Shastri A., Sushruta Samhita volume 1, Sutrasthan 15/38, Chaukhamba Sanskrit Sansthan Varanasi, 2016, p 81
- 12. Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/20, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 303
- Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/21,22,23, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 303
- 14. Mishra S., Bhaishajyaratnavali, 9/65, Chaukhamba Surbharati Prakashan Varanasi, 2017, p 322
- Shastri A., Sushruta Samhita volume 1, Sutrasthan 45/132,141, Chaukhamba Sanskrit Sansthan Varanasi, 2016, p 233
- Bodas D., Dravyaguna shastra, Trutiyavruti, Maharashtramitra Mudranalaya,77, shukravar petha, Satara-2., 1980, p 351
- Bodas D., Dravyaguna shastra, Trutiyavruti, Maharashtramitra Mudranalaya,77, shukravar petha, Satara-2., 1980, p 243
- Bodas D., Dravyaguna shastra, Trutiyavruti, Maharashtramitra Mudranalaya,77, shukravar petha, Satara-2., 1980, p 35
- 19. Khandal S, Rasa-Bhaishajyakalpana vigyana, Publication scheme Jaipur India, 2004, p 423
- Bodas D, Dravyaguna Rasashastra, Dvitiyavruti, Maharashtramitra Mudranalaya,77, shukravar petha, Satara-2., 1980, p 369,372
- Shukla V. et al, Charaka Samhita volume 1, Sutrasthan 21/28, Chaukhamba Sanskrit Pratisthan Varanasi, 2013, p 304
- Tripathi B., Ashtanga Hridaya Samhita volume 1, Sutrsthana 2/10, Chaukhamba Sanskrit Pratisthan Delhi, 2019, p 30
- 23. Tripathi B., Ashtanga Hridaya Samhita volume 1, Sutrsthana 2/15, Chaukhamba Sanskrit Pratisthan Delhi, 2019, p 32
- 24. Tripathi B., Ashtanga Hridaya Samhita volume 1, Sutrsthana 2/16, Chaukhamba Sanskrit Pratisthan Delhi, 2019, p 32
- 25. Shastri P, Sharangdhara-Samhita, 7th edition, Chaukhamba Orientalia, Varanasi, 2008, p 334
- Tripathi B., Sharangdhara Samhita Uttarkhanda 6/31, Chaukhamba Surbharati Prakashan Varanasi, 2017, p 240
- Choudhary B, Sarma BP. Study of Lagerstroemia speciosa (L.) pers as a hypoglycemic agent, Guwahati University Assam (PhD. Dissertation), 2014
- 28. Borkar DB., Yoga Ratnakar, Medorogaadhyaya, Rajesh Raghuvanshi Publication Uttarakhanda, 2005, p 178-186

Cite this article as:

Sanjivani Narsingrao Kadam and Gurunath D Khanolkar. Role of Ayurveda in the management of Obesity (Sthaulya): A Literary Review. Int. J. Res. Ayurveda Pharm. 2023;14(6):29-31 DOI: http://dx.doi.org/10.7897/2277-4343.1406162

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.