

IMPORTANCE OF NIDAN IN THE MANAGEMENT OF STHAULYA WITH SPECIAL REFERENCE TO OBESITY**Dr. Gondekar Shruti Y.*¹ and Dr. Garje Pramod F.²**¹PG Scholar, ²Guide and HOD

Department of Rognidan Evum Vikriti Vigyan, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra, India.

***Corresponding Author: Dr. Gondekar Shruti Y.**

PG Scholar, Department of Rognidan Evum Vikriti Vigyan, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra, India.

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ABSTRACT

Obesity is metabolic disease caused by accumulation of excess fat in the body. Obesity often express in terms of body mass index- BMI. Obesity mostly brings significant risk at different stages of life. A major proportion of disease like diabetes, ischemic heart disease (IHD), hypertension, ischemic stroke, ostioarthritis and CA burden may attributed to Obesity. The wrong dietary habits leads to poor metabolism and then overweight. Ayurvedic text describe the eight nindya prakrutis and staulya is one of them. According to Ayurveda sthaulya vyadhi or medoroga is one of the santarpanoththa vikara. There are various different treatment modalities mention in the ayurvedic text for sthaulya. Ayurveda also tells the pathyapathya, dinacharya, rutucharya for healthy living. The pathology of obesity never happen suddenly it take time for the samprapti development. Obesity can be revert by understanding the nidana and further samprapti can be break.

KEYWORDS: Sthaulya, Medoroga, Prakruti, Pathyapathya, Nidanpanchak.**INTRODUCTION**

Continuous changing life styles, environment and dietary habits made man the victim of many diseases. Sthaulya is one of them. sthaulya is one which affects ones social, physical and mental features.

Obesity is normally caused by a sedentary lifestyle, lack of physical activity and irregular diet, sleep pattern and stress. Overweight and Obesity contribute to Diseases like, Heart attacks, Stroke, Arteriosclerosis, Diabetes, Mental Retardation/affection like Mood swings and even depression. Obesity being the Risk factor for these Diseases and hence prevention of obesity will decrease the chances of such disease. A definition of swastha purusha as given by Charak and Sushruta Su. 15/48. A healthy body is the only one media to achieve the ultimate goal among the 'Chaturvidha purushartha'. Acharya Sushruta also said that Madhyama sharira is the best but Ati sthaulya and Ati krush are always affected with some complaints. Acharya Charak has thrown light on the eight varieties of impediments which are designated as Nindita Purusha. Atisthaulya comprises one of them. The weight loss process should be a gradual one or else, it could lead to ill Health. Crash diets or crash fitness programs may see to vary dramatically after weight but in the long run, this produce adverse effect. Sthaulya is classified on the basis of onset, severity, clinicalcondition, BMI, etiological factors, Fat distribution, and histopathology. The physiology of the body depends

upon the structural and functional homeostasis of Dosha, Dhatu, Mala, and Agni along with Atma, Indriya and Mana.^[1] Vitiation or imbalance of any of the above mentioned components leads to the development of disease.^[2] Assessment of obesity can be detected by visual inspection. However, a number of factors need to be considered on arriving at conclusion. Some of simple mehods of assessment are – BMI, body weight, weight and height ratio, skin- fold thickness, waist/hip ratio used in the clinical practice.

Objective- To find holistic approach for obesity through nidanpanchakview.

Material and method- Data collected from samhita and research paperand articles.

Literature- The causative factors known for a disease is called Nidana for that particular disease. Nidan is the first step and foremost step of the manifestation of disease and it gives the particular knowledge about the pathogenesis of disease. Ayurvedic acharyas have described so many etiological factors of Sthaulya Roga in the Samhitas which are related to all aspects of life and affect the body from outside and inside also. The hereditary component (Beeja Dosha) besides dietetic, psychological factors in the causation of Sthaulya is described by Charak Samhita. These are mostly of exogenous type. Except these factors, the components

which may vitiate Meda and Shleshma could be considered as causative factors of Sthaulya. Endogenous types of causes are mentioned by Acharya Sushruta and Vagbhatta. Dhatwagni-mandya is main cause besides other components in etiopathology of Sthaulya according to Ashtang sangraha. Charak has defined Beeja Dosha.^[3] As one of the cause besides other, other texts have humbly followed the Brihatrayi's description regarding. In context with Sthaulya, exogenous causes are Meda potentiating diet and regimens where as Dosha, Dhatu, Mala, Srotas etc. come under the endogenous factors. A substance will increase those Bhavas(qualities) which it inherits; they are of three types –

- 1) Dravya Samnya
- 2) Guna Samnya and
- 3) karma samanya

Acharya charaka has mentioned the nidana of sthauilya.^[4] Further all the causative factors described in ayurvedic classics can be classified into 4 groups.

1. Aharaj nidan (dietary causes)
2. Viharaj nidan (life style factors)
3. Manas nidan (psychological factors)
4. Other causes-Bijasvabhava (genetic factor)

❖ **Aharaj nidan (dietary causes)**

- Atibhojana (Overeating)
- Guru Aharasevana (excessive consumption of heavy food)
- Madhur, sheet, snigdha Ahara sevana
- Navanna Sevana (Usage of fresh rice)
- Nava Madya sevana (Usage of fresh alcoholic preparation)
- Gramya Rasa sevana (Usage of Domestic animal's meat and soups)
- Paya Vikara Sevana (Excessive usages of milk and its preparations)
- Dadhi Sevana (Excessive use of curd)
- Sarpi Sevana (Excessive use of ghee)
- Sleshmala Ahara sevana (Kapha increasing food)
- Ikshu Sevana (Usage of sugarcane) and Guda Vikara Sevana (Usage of Jaggery's preparation)
- Mamsa Sevana (Excessive use of meat)
- Shali sevana (Excessive use of rice), Masha Sevana (Excessive use of Phaseolus mungo) and
- Godhuma Sevana (Excessive wheat use)

❖ **Viharaj nidan (life style factors)**

- Avyayaam
- Avyavaya
- Divaswapa
- Sukha Shaiya
- Gandhamalyanu Sevana
- Svapna Prasanga

❖ **Manas nidan (psychological factors)**

- Harsh

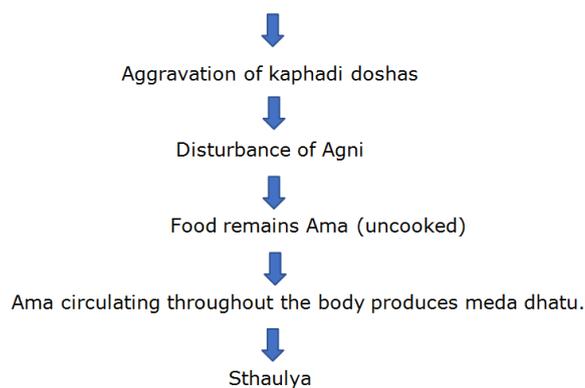
- Achintan
- Mansonivruti
- Priyadarshana
- Saukhyen

❖ **Other causes-Bijasvabhava (genetic factor)**

- Aamrasa
- Snigdha-Madhura Basti sevana
- Tailabhyanga
- Snigdha udvartana
- Beejadoshasvabhavat (Heridetary)

Samprapti of sthauilya

Nidan sevan (aharaj, viharaj and manasik)



Obesity Modern Perspective^[5]

Onset of obesity is characterized predominantly by adipose cell hypertrophy with minimum hyperplasia. Apart from the increase in size of normal depots eg. The subcutaneous tissue, the omentum, the retroperitoneal tissues and epicardium, adipose tissue in obesity may be extended to the tissues, where it is normally absent.

Excessive lipid deposition, diminished lipid mobilization and diminished lipid utilization are the three main components in pathogenesis of obesity. Excessive lipid deposition is due to increased food intake, hypothalamic lesions, adipose cell hyperplasia or hyper lipogenesis.

Increased food intake in the form of carbohydrates, proteins and fats by metabolic process lastly converts into fats and gets stored in fat depots. Diminished lipid metabolism is due to either decrease in lipolytic hormones, abnormality of autonomous innervating thyroxine and adrenaline which stimulates mobilization of unsaturated fatty acids from adipose tissue, abnormality of these two causes diminishes lipid mobilization, increases lipid deposition and ultimately leads to obesity.

Diminished lipid utilization is either due to ageing, defective lipid oxidation, defective thermogenesis or inactivity. Diminished lipid utilization is the main pathology in middle age obesity.

Pathogenesis of obesity^[6]: There are 3 main factors in the pathogenesis of obesity

1. Excessive lipid disposition
 2. Diminished lipid metabolism
 3. Diminished lipid utilization
1. Excessive lipid disposition: is due to increased food intake, Hypothalamic lesions, Adipose cell hyperplasia or hyperlipogenesis. Increased food intake in the form of carbohydrates, proteins and fats by metabolic process lastly gets converted into fats and gets stored as fat depots.
 2. Diminished lipid metabolism: is due to either decreased lipolytic hormones or abnormality of autonomous innervations. Thyroxin and adrenaline stimulate mobilization of unsaturated fatty acids from adipose tissue, abnormality of these two causes diminished lipid mobilization and excessive lipid deposition which ultimately leads to obesity.
 3. Diminished lipid utilization: is due to ageing, defective lipid oxidation, defective thermo-genesis or inactivity. It is the main pathology in middle age obesity.

DISCUSSION

1. On the basis of Samanya Vishesh Siddhanta the excessive food consumption of similar substance (Dravya Samanya), similar quality (Guna Samanya) or similar in action (Karma Samanya) create to the over production of Dhatu.
2. Viharatmaka Nidana like Divaswapna having Abhishyandi property leads to blockage of the micro channels (Strotas) of the body, specifically in Medovaha strotas.
3. Reduced metabolic rate during sleep is an important factor for genesis of excess fat.
4. Due to adaptation of modern lifestyle, a person has reduced his physical activity and instead of that, the mental work is increased. As a result now a days the diseases caused by psychogenic factors are seen extensively more.

CONCLUSION

- Obesity being the Risk factor for many diseases and hence prevention of obesity done by nidana parivarjan.
- As prevention is better than cure the knowledge of nidana of sthaulya helps us to stay away from sthaulya.
- The proper knowledge of the hetus-causative factors helps us for early diagnosis of the patient.
- Hence by avoiding all the causative factors which resembles for manifestation of disease can treat the disease in its own way.

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