

AYURVEDIC MANAGEMENT OF STHOULYA (OBESITY)

*¹Dr. J P Chaudhary, ²Dr. Kavita and ³Dr. Anupam Pathak¹PG Scholar Department of Swasthavritta and Yoga, Sri Ganganagar College of Ayurvedic Science and Hospital, Sriganganagar Rajasthan.²PG Scholar Department of DravyaGuna, Sri ganganagar College of Ayurvedic Science and Hospital, Sriganganagar Rajasthan.³Professor and H.O.D. Deptt. of Swasthvritta and Yoga, Sri ganganagar College of Ayurvedic Science and Hospital, Sriganganagar Rajasthan.

*Corresponding Author: Dr. J P Chaudhary

PG Scholar Department of Swasthavritta and Yoga, Sri Ganganagar College of Ayurvedic Science and Hospital, Sriganganagar Rajasthan.

Article Received on 01/09/2021

Article Revised on 21/09/2021

Article Accepted on 12/10/2021

ABSTRACT

Ayurveda is one of the most ancient medical science among the world. It describes the conceptual study of different disease with reference to its own principles and approaches. According, to the Ayurveda 'sthoullya' is described by different acharya's in their own way and charakacharya has described sthoulya among the 'ashtaninditiyapurusha', 'santarpanjanyarogas'. Obesity is the most common metabolic disorder found in the recent years. Commonly the obesity due to lack of exercise and excessive intake of fatty foods. Madhavnidankar, charakacharya and other samhitakaras comment on sthoulya that this disorder is caused due to 'medodhataavagnimandya'. 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.

KEYWORDS: Sthoulya, Obesity, Sthoulyachikitsa, Virechana.

INTRODUCTION

In the recent years 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.

DEFINITION

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents risk of health. A crude population measure of obesity is the body mass index (BMI).

BMI

- Body mass index is a simple index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults
- Overweight is a BMI of 27.3 or more in women and 27.8 or more in men
- Obesity is the BMI of 30 or more for either sex.

The International Classification of adult underweight, overweight and obesity according to BMI.

CLASSIFICATION	BMI
1. Underweight-	<18.50
➤ Severe thinness	<16.00
➤ Moderate thinness	16.00 - 16.99
➤ Mild thinness	17.00 - 18.49
2. Normal range	18.50 - 24.99
3. Overweight	>25.00
4. Pre-obese	25 - 29.99
5. Obese-	
➤ Obese class-I	30.00 - 34.99
➤ Obese class-II	35.00 - 39.99
➤ Obese class- III	>40.00

Definition of Sthoulya

According to Ayurveda: The *meda*, *mansadhātu* gets vitiated and gets lodged in *nitamba*, *stana* and *udara* region. Due to this these regions move during any activity done by person. There is improper growth and development of that organ whereas, the patient also becomes lethargic. That person is said to be sthoulya.

Following are the *nidana* (factors) which lead to the obesity;

- *Atisampuranada* i.e. unhealthy food,

- *Guru, madhur, atisnigdha dravya* i.e. to eat fatty foods
- *Avyayam* i.e. lack of exercise
- *Avyvaya* i.e. lack of coitus
- *Diwaswapa* i.e. sleep during daytime
- *Harshanitya* i.e. to remain always happy without any tension and without any mental illness.
- *Beeja swabhavat* i.e. hereditary obesity, when the obesity comes through maternal or patrenal genes.

According to the modern science etiology of obesity is complex,

- Age- can occur at any age
- Sex-women have higher rate of obesity than men
- Genetic factor- there is a genetic component in the etiology of obesity
- Physical inactivity
- Socio-economic status
- Psychological factors are deeply involved in the etiology. Over-eating may be the symptom of depression, anxiety and frustration.
- Familial tendency, obesity frequently runs in the families
- Alcohol
- Education
- Smoking
- Drugs

Classification of Sthoulya

Vagbhata has classified the *sthoulya* into three different categories based upon the symptoms shown -

- **Adhik sthoulya:** When there is presence of undesirable symptoms with secondary complications then the person is said to be *adhika sthoulya*.
- **Madhyam sthoulya:** When the person is said to have less than 8 desirable symptoms with no any major secondary complications, then their is said to have *madhyam sthoulya*
- **Hina sthoulya:** Without any complication, less than four undesirable symptoms without any secondary disease, is said to be *Hina sthoulya*.

Samprapti of Sthoulya (pathogenesis)

Vitiation of the components of the body is required to form any of the disease.

Following are the components for obesity-

Nidana (Madhura rasa, Avyayama, Diwaswapa)



Medo dhatu vriddhi (Meda dhatu gets increased)



Stroto avarodha by meda (All strotas get avarodha by the meda)



Vata specially Confined to Koshtha and causes Jatharagni Vriddhi



Sthoulya

Considering all the above nidana, samprapti and assesment of obesity it becomes easy to carry forward the treatment.

Chikitsa of Sthoulya

According to Acharya vagbhata *Karshya vyakti* is better than *sthoulya vyakti*; because there is no such treatment for *sthoulya*. Due to *bruhana, agni* and *vayu* decreases but this leads to increase in *meda*, whereas due to *langhanameda* decreases but *agni* and *vayu* increases rapidly.

The chikitsa of sthoulya can be carried out by the following steps;

Langhana chikitsa

Langhana is an ayurvedic therapy due to which there occurs lightness in ones body. *Langhana* is also called as *karshan* or *apatarpan chikitsa*.

According to ayurveda sthoulya patient priorly has to be started with langhana therapy, langhana chikitsa is the basic chikitsa for sthoulya.

Benifits of langhana

- Indriya prasannata-improve efficacy of sense organ
- Mala utsarajan-easy urination and defecation
- Deha laghuta-lightness of body
- Ruchi and Kshudha- increase in appetite
- Hrudashuddhi
- Tandranash
- Deha laghuta is one of the symptom seen in langhana therapy. This indicates decrease in the meda (fat) from the body.

Sanshodhana chikitsa

Sanshodhana therapy is one of the acquired therapy in the ayurveda. According to the samhitakars there are two types of chikitsa (treatment) namely *sanshodhana* and *samshaman* chikitsa. Samhitakars talking about the importance of sanshodhana say that, the doshas which are devastated by shaman chikitsa are again aggravated by the few exposure to the disease initiative factors but if the same doshas are removed from the body with the help of samshodhana chikitsa they will never be aggravated. Acharya charaka has told *sanshodhana yogyavyakti* i.e. the people who are eligible to perform the sanshodhana chikitsa. In that context he has specifically mentioned sthoulya vyakti should perform this therapy to acquire positive benefits. According to Acharya Vagbhata Sanshodhan is one of the important treatment for the sthoulya chikitsa.

Following are the panchakarma procedures which should be done in sthoulya chikitsa

Snehana: Snehana is usually contraindicated where there is increase in meda and kapha dosha. In the atishoulyata these factors are usually increased and mainly the rukshana i.e. langhana chikitsa is needed. But

there is exception for this rule Til tail i.e. Til oil can be administered orally in this treatment.

Swedana: There is profuse sweating in Atisthoulya, hence swedana is contraindicated in sthula person. Vyayama is mentioned in the management of sthula and medasvi purusha.

As told above Ayyayama is one of the cause for development of obesity. Vyayama is among one of the ten niragni sweda told by Charakacharya. Defining the benefits of vyayam ashtanga hridayakar has told that due to this there occurs laghuta in the body.

Virechana: *Virechana* is defined as removal of unwanted toxic materials from the body in downward direction i.e. through guda marga (anal way). Sthoulya is one of the *santarpanjanya vyadhi* and shows *Bahudoshavastha*. Different shodhana modalities have been told for treatment of sthoulya such as virechana, basti etc. Virechana is easy amongst them and have less complications. Secondly, virechana is one of the aptarpantmak treatment for the santarpanjanya vyadhis. Due to these reasons virechana is the good procedure for the treatment of sthoulya which gives the best results. Virechana can also be administered in *Atisthoulyaupadravas*. Simialrly, vataroga is mentioned in the upadravas of Atisthoulya. There is combination of meda, kapha and vata in the sthoulya hence virechana with the help of *Erandatail* is administered. According to Charkacharya, laghuta i.e. lightness in the body is one of the symptom seen after administration of virechana procedure.

Basti: The *basti* is the *panchakarma* procedure where the formulated medications are pushed inside our body through anal opening, vaginal opening or through the urethral opening. According to the modern science, this can be compared with the enema procedure. For the treatment of the *sthoulya*, *lekhana basti* is the most preferable basti as in this type of basti the excessive doshas are scrapped out of the body.

Sanshaman Chikitsa: *Shaman chikitsa* is one of the chikitsa in ayurveda where the vitiated doshas in the body are suppressed and removed with the help of medications

Following are the shamana therapies performed in sthoulya patients;

A.Udvartana; *Udvartana* is the procedure where powdered medications are rubbed over the body towards the direction of heart. It helps to liquify the meda and kapha from the body and makes the body stronger. Udvartana can be performed with the help following dravyas;

- *Ubtana-1:* This mixture contains *haridra*, *lodhra*, *neemba leaves*, *karanja bark and peel of dadima fruit*.

- *Ubtana-2:* This mixture contains *shirisha*, *nagakeshara and lodhra*.
- *Ubtana-3:* This mixture contains *priyangu*, *lodhra*, *khas and chandana*.

The specific drugs used in these mixtures such as *lodhra* act as *medohar*, *neemba* act on *meda dhatu*.

Rasoushadhis

Rasaoushadhis are the ayurvedic drugs which have purified metallic compounds involved in them. Following are the *rasoushadhis* can be helpful in sthoulya chikitsa;

Trimurtirasa: The *rasoushadhi* shows the combination of *shudha para(mercury)*, *shuddha gandhak and loha bhasma* in equal quantities with other different herbal constituents. The above drug has to be taken with honey which is then used under *medarogadhikar*.

Trushanadiloham: Combination of *sauwarchala and saindhava* with other herbal drugs such as *trushana* etc helps in decrease in medo quantity which is main factor of sthoulya.

Murtirasa: *Shuddha mercury, shuddha gandhak and loha bhasma* when taken in quantity *one masha* with honey helps in reduction of sthoulya.

Medoharrasa: *Shuddha para, shuddha gandhak and powdered form of vayavdinga* when taken in equal quantity with honey decreases the *medoroga*.

Rasabhasmayoga: When *parad bhasma* mixed with honey is taken in 1 *ratti* quantity decreases the *meda* induced *sthoulya*.

Vadvagnirasa: *Shuddha para, shuddha gandhak, tamra bhasma and shuddha hartal* when mixed with milk reduces the obesity efficiently.

Vidangadi lauham: *Vaydinga, shunthi, lauha bhasma and amla* when mixed in equal quantity and taken with honey decreases the obesity.

Sthularajgajkesari rasa: *Rasasindoor (1 part), rajat(silver) (2 parts), swarna makshik (3 parts), abhrak bhasma (4 parts), tamra bhasma (5 parts), lauha bhasma (6 parts), swarna bhasma (7 parts)* when formulated together and taken with ginger decoction helps in reduction of obesity very quickly.

Rasoushadhis in Bruhatrayis

FORM	CHARAK	SUSHRUTA	VAGBHATA
Single dravyas	Shilajatu	Shilajatu	Shilajatu
Compound	Shilajatu, loha	Shilajatu, loha	Shilajatu
Preparations	Bhasma, kshara	Bhasma, kshara	Vidangadi loha

Properties of shilajatu: It is *tikta, katu and madhur rasatmak* act as rasayan drug whereas it mainly act as *meda chedkar* i.e., it reduces the quantity of meda dhatu from the body, According, to Ashtang hridaykar the *shilajatu* is used in *sthoulya* treatment. Other than above formulations the different formulations can also be used in the treatment of *sthoulya* as those halepin extraction of *kleda*, meda from the body. *Chandana* (Sanctalum album), *haridra* (Curcuma longa), *daruharidra* (Berberia aristata), *ativisha* (Aconitum heterophyllum) and few other such drugs of *tikta rasa*. Some combination of *katurasatmak* dravyas such as *panchakola* i.e. mixture of *chitraka* (Plumbago zeylinica), *shunthi* (Zingiber officinale), *pippali* (Piper longum), *pippalimula* and *hingru* (Ferula narthax).

Sushrutokta Gana:- There are different types of *gana* i.e combination of different drugs which act similarly told by sushrutacharya. So, there are specific *gana* which can be used in *sthoulya* treatment.

Arkadi gana, ushakadi gana, varunadi gana.

Pathya-Apathya: In case for treatment of *sthoulya* diet i.e. *pathya* is the most important which an individual should follow.

According to ayurveda, *nidanaparivarjana* is the first step to cure any type of disease. So in *sthoulya*, *madhura rasa sevan* is the *nidana* for *sthoulya*.

Pathya: Usage of *katu, tikta and kashayrasatmaka dravya* leads to the *shoshana* i.e. decrease in the *sneha, meda and kleda* from the body. Intake of *kulittha, satu* (cooked rice), *jondhale* (jowar), *moonga*, honey mixed in water, *buttermilk, virechana, vyayama* are the few *pathya* to be followed by obese person.

REFERENCES

- Fact sheet provided by the WHO regarding obesity and overweight [updated on June 2016] www.who.int/mediacentre/factsheets/fs31
- Definition told by WHO. Source; internet
- BMI source: Adapted from WHO 1995, WHO 2000 and WHO 2004. The international classification adult underweight, overweight and obesity according to BMI.
- Source: Adapted from WHO1995, WHO 2000 and WHO 2004.
- Charak samhita of Agnivesha sutrasthana chapter 21 shloka no. 09, written by Sri Narayana shastri published by Chaukhamba Prakashana.
- Charak samhita of Agnivesha sutrasthana chapter 21 shloka no. 04, written by Sri Narayana shastri published by Chaukhamba Prakashana.
- Parks textbook of Preventive and social medicine by K.Park chapter no.6 'Epidemiology of chronic non-communicable Diseases and Conditions'
- Ashtang hridaya by shrimadbhagvata; sutrasthana chapter no.14 shloka no.12, 13 and 14 written by Dr.Brahmanand Tripathi and published by chaukhamba prakashan.
- The conceptual study of *sthoulya* w.s.r to obesity review article published in International Journal of Ayurveda and pharma research.
- Ashtang hridaya by shrimadbhagvata; sutrasthana chapter no.14 shloka no.31 written by Dr.Brahmanand Tripathi and published by chaukhamba prakashan.
- Ashtang hridaya by Shrimadbhagvat; sutrasthana chapter no.14 shloka no.02 written by Dr. Brahmanand Tripathi and published by chaukhamba prakashan.
- Ashtang hridaya by shrimadbhagvata; sutrasthana chapter no.14 shloka no.11 written by Dr. Brahmanand Tripathi and published by chaukhamba prakashan.
- Agnivesha susankruta Charak Samhita sutrasthana chapter no.20 'importance of *sanshodhana*' written by Sri Narayan shastri.
- Charak Samhita of Agnivesha sutrasthana chapter no. 16 shloka no.13 written by Shri Narayan shastri.
- Ashtanga Hridaya of Vagbhata, sutrasthana chapter no.14 shloka no. (12, 13,14) by Dr.Brahmanand Tripathi published by Chaukhamba Prakashan.
- Charak samhita of Agnivesha sutrasthana chapter no.13 shloka no. 10-12 written by Shri Narayan Shashtri.
- Ashtanga Hridaya sutra sthana chapter no.02 versus No.09 'vyayama vidhana' by Dr. Brahmanand Tripathi.
- Agnivesh "Charaka Samhita", Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Reprint 2004, Choukhambha Samskrit Samsthana, and Varanasi U.P., 738, 122.
- Agnivesh "Charaka Samhita", Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Reprint 2004, Choukhambha Samskrit Samsthana, and Varanasi U.P., 738, 97.
- Charak Samhita of agnivesha sutra sthana chapter no. 23 shlokas no.8-11 published by choukambha prakshana.
- Charak Samhita of Agnivesha sutra sthana Chapterno. 13 shlokas no. 13 published by Chaoukhamba prakshana.

22. Ashtang Hridaya sutrasthana chapter no. 02 shloka no.15 'Udvardana guna' written by Dr.Brahmanand Tripathi.
23. Ayurvediya Bhaishajya Ratnakar formulation, 506(1), 507(2), 508(3): 172.
24. Bharat Bhaishajya ratnakar 'medorogadhikar' written by Shri Nagindas Chaganlal shah rasvaiddya sangruhit.
25. Rasaratna sammucchaya chapter no.02 shloka no.115.
26. Ashtanga Hridaya chikitsa sthana chapter no.12 shloka no. 35 by vd.Garde published by chaukhambha prakshana.
27. Sartha vagbhata sutra sthana chsprt no. 11 shloka no. 28,29 written by Vd.Garde and published by chaukhambha prakshana.
28. Sartha vagbhata sutra sthana chapter no.11 shloka no. 30 written by Vd.Garde amd published by chaukhambha prakshana.
29. Sushruta samhita sutrasthana chapter no.38 written by Vd.P.G Athavale 'sushrutokta gana'.
30. Sartha vagbhata sutra sthana chapter no.10 shloka no. 6,7,8,9 published by chaukhambha prakshana.
31. Sartha vagbhata sutra sthana chapter no.10 shloka no.15, 17, 20 published by chaukhambha prakshana.
32. Sartha vagbhata sutra sthana chapter no.14 shloka no. 21, 22 published by chaukhambha prakshana.