



Ayurveda Understanding of *Sthaulya* (Obesity) - Short Communication

*Nurjahan Tajoddin Mujawa¹, Manasi Mahesh Kulkarni²,
Sulbha Dnyanoba Kalame³, Vaishali Gautam Andure⁴

Assistant Professor¹ H.O.D. and Professor^{2,3,4}

Sai Ayurved College, Vairag, Solapur, Maharashtra, India

*Corresponding Author Email : noorjahanmujawar@gmail.com

Abstract

Obesity is generally caused by many factors and among them sedentary lifestyle is most common. No perfect solution is available though it is an emerging global problem. WHO estimated obesity as a global epidemic giving rise to a new term as Globesity. Ayurveda has considered Obesity as *Sthaulya* and *Medoroga*. *Sthaulya* is a predominant metabolic disorder. It is described by Charak in *Ashta Nindita purusha*. *Sthaulya* is one among the lifestyle disorders that causes impaired health. It can leads to many systemic disorders like Hypertension, Type 2 Diabetes mellitus, atherosclerosis, infertility, hepatic steatosis/ fatty liver, endocrine abnormalities, obstetric complications, osteoarthritis of weight bearing joints, certain types of Cancers and psychological illness. Prevalence of *sthaulya* is increasing faster in India than worldwide.it has become essential to understand etiopathogenesis and management of *sthaulya* because of its frightful consequences. In Ayurvedic literature, many remedies, techniques and drugs are described to treat the *Sthaulya* and its complications. It can be managed by *nidan parivarthana*, *ahar*, *vihar* and *aushadhi*.

Keywords:

Ahar, Aushadhi, Medorog, Nidan Parivarjana, Sthaulya, Vihar.

PUBLISHER

MUDITA PUBLICATION

ADDRESS:

CHEMBUR, MUMBAI

EMAIL

ayurlog33@gmail.com

WEBSITE

www.ayurlog.com

INTRODUCTION:

In today's era of urbanisation, Obesity is known as one of the important lifestyle and metabolic disorders. It is because of improper dietary habits such as over eating and intake of highly processed food stuffs (junk foods). This leads to accumulation of fat in the body causing obesity. Obesity is targeting more and more people each day, especially in developed countries, where approximately one in six adults are suffering from obesity. Obesity is a state in which there is generalized accumulation of excess fat in the body leading increased body weight of more than 20% of the required weight and may cause adverse effect on health, leading to reduced life expectancy or increased health problems.

Obesity has been described by the term *sthaulya roga* in various Ayurvedic classics. *Sthaulya* is the excess accumulation of *meda*. Charaka has considered *sthoulya* as *santarpana nimmitaja vikara*. Susrutha has described the *nidana*, *porvaroopa*, *samprapti*, *roopa*, etc of *sthoulya* as *rasa nimittaja vyadhi* [1] and considered *meda* vitiation as the etiological factor. In *Astanga sangraha*, *sthoulya* is described as a disorder of *slesma dosha* seated in *medo dhatu*.

Nirukti:

Sthoulya means- *Bruhane eti kavikalpadrumah* [2]

The person is called as over-obese who due to excessive increase of fat and muscles, has pendulous buttocks, abdomen and breasts and suffers from deficient metabolism and energy.

Paryaya:

- *Charak* – *Atishtoul*, *Medasvi*³(*ch.su.21/9*)
- *Sushrut* - *Atisthoul*
- *Vagbhata*- *Stavim*⁴

Nidana: [5]

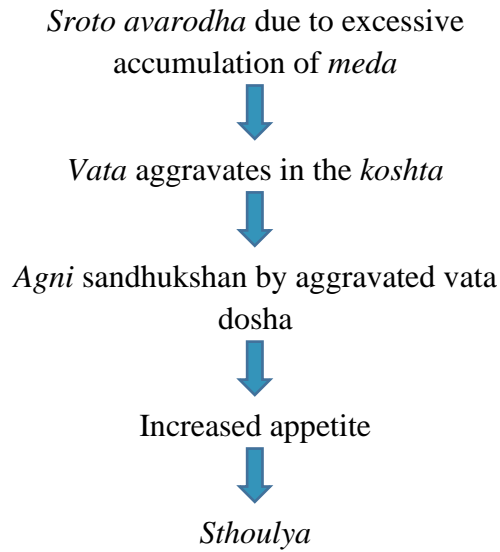
Due to factors like excess intake of food, excess of *guru*, *madhur*, *sheet*, *snigdha* food, lack of exercise, lack of sexual activity, sleep in day time, no mental stress etc.

Acc. to acharya Sushruta, *ahara rasa* is the main cause of *sthoulya*. Due to factors like

- *Avyayam*: Not exerting physically or lack of exercises.
- *Divaswapna*: Sleeping in day time (the afternoon).
- *Shleshmal ahar sevan*: The diet which causes an increase in the *kapha dosha*.
- *Shelsham vardhak vihar sevan*: Life style, which causes an increase in the *kapha dosha*.
- *Avyavay*: Not indulging in copulation.
- *Harshanitya*: Enjoying happiness always.
- *Achintan*: Not thinking of anything or worrying less.
- *Bijaswabhav*: Nature of seeds i.e spermatozoa or ovum at the time of fertilization or due to heredity.
- Few other causes like insufficient sleep, endocrine disruptors, increased use of medications that could cause weight gain (e.g. atypical antipsychotics), over eating, genetic influences etc.

Samprapti: ^[6]

Due to *nidana sevana*, there will be excess of *medas dhatu* formation and leads to *sroto avarodha*. Due to this, the *vayu* which is present in *kostha* leads to *agni dusti* and does the *shoshana* of food in excess. The *pachana* of *ahara* takes place soon and the person will be hungry again & in turn consumes more food.

**Samprapti Ghataka:**

- *Dosha* : *Kapha Pradhana tridosha*
- *Dushya* : *Rasa, Meda Dhatu*
- *Agni* : *Jatharagni & Medodhatwagni*
- *Srotas* : *Medovaha srotas, Udakavaha, Swedavaha*
- *Sroto Dushti*: *Sanga and AtiPravritti*
- *Adhithana*: *Sphik, Stana & Udara*
- *Udbhav Asthana*: *Amasaya*
- *Sancharasthana*: *Rasayani*
- *Roga Marga* : *Bahya*

Purvarupa:

Purvaroopa of *sthaulya* are not mentioned in our classics but *lakshans* of *kapha vridhhi* can be considered as *purva roop* like *Anga gauravata, Alasya, Tandra, Shaithilya*

Roopa: ^[7]

- *Medo Mamsavidhi lakshana*
- *Chalaspik*
- *Chalaudara*
- *Chalastana*
- *Ayatha upachaya*
- *Anutsaaha*

Pratyatmak lakshana (specific features) of sthaulya:

Chalastana (Pendulous breast), *Chala Udara* (Pendulous abdomen), *Chala Sphik* (pendulous buttock), *Ayothopachaya* (Disproportionate growth of body), *Anutsaha* (Lack of enthusiasm) etc.

Characteristic features of sthaulya:

Meda gets deposited in and around the belly in all individuals. Hence when a person becomes obese, stomach bulges out & the hips, belly, breasts sag down. An Obese person is not active. Generally, females have more body fat than male.

According to Acharya Charaka, 8 kinds of defects are common in obese individuals. ^[8]- (ch.su21/4]

1. *Ayushrhas*- Shortening of life-span.
2. *Javoprodh*- Hampered movement
3. *Kruchravayavayata* - Difficult in sexual intercourse.
4. *Dourbalya*- Debility
5. *Dourgandhya*- Foul smell
6. *Ati Sweda*- Over sweating

7. *Kshudha atimatra* - Too-much hunger
8. *Pipasatiyog*- Excessive thirst

Updrava (Complications):

Updravas are not told separately by *charak acharya* but if untreated it may lead to many diseases like *prameha*, *prameha pidaka*, *jwara*, *bhagandara*, *vidradhi* etc.

Sadhyasadhyata (Prognosis):

Charaka and *Vagbhata* have mentioned *sthaulya* as *asadhya*. The *sthaulya* is difficult to treat compared to *karshya*.^[9]

Pathya (Do's): *Shrama (Hardwork)*, *jagran (aweking)*, *vyavaya (indulgence of sex)*, *nitya bhramana (Regular walk)*, *chintana*, *shoka(grief)*, *krodha(Anger)*

Apthya (Dont's): *sheetalajala (cold water)*, *snana (bath)*, *divaswapna (day sleep)*, *avyayama (lack of exercise)*, *suchsshaiyya(comfortable bedding)*, *nitya harsha (always enjoying happiness)*, *achintana(not thinking of anything)*.

Chikitsa: [9]

Etiological factors of *sthaulya* are vitiation of, *meda*, *kapha* and *vata*. Therefore, treatment should be planned considering vitiated *Vata*, *Meda* and *Kapha*. Ideal treatment for *sthaulya* is usage of *vata*, *kapha hara* and *medohar* properties i.e. *aptarpana (langhana)*. *Langhana* can be achieved by four types of *Shodhana* They are *Vamana*, *Virechana*, *Niruha Basthi* and *Shiro Virechana*. *Vamana*: Most of the texts have prohibited the use of *Vamana Karma* in *Sthoola* as this is a procedure

prescribed to expel out the *Utklistha Kapha* but at the same time it aggravates *Vata*. *Virechana*: This procedure is prescribed for the treatment of *Pittaja Vikara* and *Pitta Sthanagata Vata Vikara*, as its action is seen in *Pakwashaya* in the form of *Vata Anulomana*.

Basti:

In the context of *Sthaulya*, texts have explained about the administration of *Niruha Vasti*. *Lekhana Basti* is one particular *basti* which has been explained as it is *Kapha* and *Medohar* in action. This can be adoptable in *Sthaulya* to counteract both the vitiated *Agni* and *Vata*.^S

Shamana:

Shamana in the treatment of *Sthaulya* is the usage of *Vata*, *kaphahara*, and *Medohar* properties. Oral administration of various drugs like *Shilajatu*, *Triphala*, *Guggulu Prayoga*, *Madhvambu Prayoga*, *Gomutra Prayoga* etc. has been indicated.

DISCUSSION:

Obesity is a result of over intake of *madhura*, *snigdha dravya* and *adhyashana*, along with *avyayama*, which explains high energy intake and low energy expenditure. *Shodhana* (purification) and *shaman* (palliative) therapy modalities can be employed to treat *sthaulya*. Educating the patients regarding lifestyle (*dincharya*, *rutucharya*), diet habits, conscious tracking of do's and don'ts are highlighted as both preventive and curative aspects of obesity treatment. Further exploration of other treatment modalities and

their validation through research is necessary.

Management of obesity includes prevention of obesity and its complications. In today's era Prevention of obesity can be achieved by three elements those are dietary habits, exercise, behavioral changes

1. Dietary habits:

The primary focus of diet therapy is to reduce the overall calorie intake which includes eating more fruits and vegetables, consuming more whole grain cereals, selecting smaller cuts of meat and skimmed dairy products, reducing fried foods and other added fats and oils.

2. Exercise:

The combination of dietary habit modification and exercise is the most effective treatment of *sthaulya* (obesity).

3. Behavioral changes:

Stress management; stimulus control (e.g., using smaller plates, not eating in front of the television or in the car); social support.

CONCLUSION:

“Longer is the size of the belt Shorter is the span of life”. *Sthoulyta* is a life-threatening condition which leads to a number of critical diseases affecting day to day life. To keep the human body healthy one should be free from obesity by adopting *Dincharya* and *Rutucharya* and *Pathya Apathya*. Identification of the causes at proper time and their effective management can avoid the manifestation of obesity.

Limitations of this study: This article makes an effort to explain *sthaulya* (obesity) from both ayurvedic and modern concepts to explore the

diagnosis and treatment from ayurvedic perspective .This study gives support decision makers looking to understand the impact of *sthaulya* (obesity) on health.Further clinical trials should be carried out to evaluate the different modalities of treatment protocol for *sthaulya*(obesity).

Conflict of interest: Author declares that there is no conflict of interest.

Guarantor: Corresponding author is guarantor of this article and its contents.

Source of support: None

How to cite this article:

Mujawar N.T., Literary review of Ayurveda Understanding of *Sthaulya* (Obesity) - Short Communication. Int. J. AYUSH CaRe. 2024;8(2): 51-54

REFERENCES:

1. Borkar DB. Sarth Sushrut Samhita, Marathi Translation, Sutra sthan chapter no.15 shloka no.37 publication, Rajesh Publication 26 Girija Society MIT road, Kothrud Pune-38. p- 60.
2. https://play.google.com/store/apps/detail?id=org.shrutijha.sanskrit_sanskrit [Last Accessed on 24 April 2024]
3. Kale VS. Charak Samhita, Marathi Translation, Chapter no.21 shloka no.9 Chaukhamba Sanskrit Pratishtan, Varanasi. Reprint 2019, p-308.
4. Gadgil DP, Joshi Y, Kulkarni S. Ashtanga Hridaya Sutrasthana of Vagbhata Marathi translation Sutrasthana Chapter no. 14 Shloka no.33 Reprint ed. 2017, Manikarnika Publication, Chinchwadgoan Pune 2017 p-. 251.
5. Ibid, Kale VS. Charak Samhita, p-307.
6. Ibid, Kale VS. Charak Samhita, p-308.

7. Kale VS. Charak Samhita, Marathi Translation, Chapter no.21 shloka no.9 Chaukhamba Sanskrit Pratishthan, Varanasi. Reprint 2019, p-308.
8. Ibid, Kale VS. Charak Samhita, p-307.
9. Ibid, Kale VS. Charak Samhita, p-308-309.
10. Gupta RP, Khuntia B.B. A review of Ayurvedic management of Sthaulya Vyadhi (Obesity). J Ayurveda Integr Med Sci 2023; 04: 166-172.

Conflict of Interest: None

Source of funding: Nil

Cite this article: <https://www.ayurlog.com/index.php/ayurlog/article/view/1221>

*Ayurveda understanding of Sthaulya (Obesity) - Short Communication
Nurjahan Tajoddin Mujawa, Manasi Mahesh Kulkarni,
Sulbha Dnyanoba Kalame, Vaishali Gautam Andure*

Ayurlog: National Journal of Research in Ayurved Science- 2024; (12) (03): 01-06