

STHAULYA- A CONCEPTUALIZED STUDY -A REVIEW ARTICLE**Purnima Sangwan**

Assistant Professor M.D, (AYU)

Dept of Swasthavritta, Babamastnath University, Asthal Bohar, Rohtak, Haryana, India

ABSTRACT

Ayurveda is a science of prevention and treating the cause not merely the sign and symptoms of a disease. *Sthaulya* i.e. obesity is a chronic disease and also a symptom of many conditions and described as one among *ashtaninditapurusha*. It has a worldwide prevalence due to irregular eating habits and sedentary life style. So before to treat the obesity its *samprapti* must be clearly known. The *samprapti* of *medoroga* which mention in our classics is completely scientific and reliable. But as we can see in modern science still they only making the theories 'about the pathogenesis of obesity hence a effort is made to correlate both and understand both in a better way and to make a treatment plan of a obese patient according to *Nidana* and BMI, as these both are important factor according to that a physician Must plan: Physical activity, Diet control, Pharmacology, *Panchakarma*, and specific *pathya-apathy* and the importance of *nidanaparivarjana* for *sthaulya* according to its specific condition. Hence this work is intended to discuss the detail about the relation of *ayurveda* and modern *samprapti* of *sthaulya* a possible combine relation in between them and some basic principles to treat the obesity according to BMI and specific *pathya-apathy* for *sthaulya* according to its specific cause and condition.

Key words: *Sthaulya, Samprapti, BMI, Pathya, Apathya.***INTRODUCTION**

Obesity is most prevalent worldwide form of malnutrition, a primary public health problem in both “developing and developed” countries¹. In INDIA, obesity is affecting 5% of country’s population. In US, 25 to 35% of population are suffering from obesity. It affects both adult and children. Women have high prevalence than men. Approximately 44% of women and 29% of men report at a given time that they are trying to lose weight. With a current medical treatment of obesity there is a high failure rate of over 95%, experts believe obesity is about 33% genetic and 66% environmental. According to *ayurveda Atisthaulya* is considered as *asthanindita purusha*.² **Medomamsaativridditavachchlasaficakud-**

harasthana³. It is defined as the increase and accumulation of *medodhatu* in the body. It implies the abnormal growth of adipose tissue due to Enlargement of size of fat cells i.e. Accumulation: **Hypertrophic obesity** and Fat cell increase in number: **Hyperplastic obesity**⁴.

TYPES OF OBESITY:

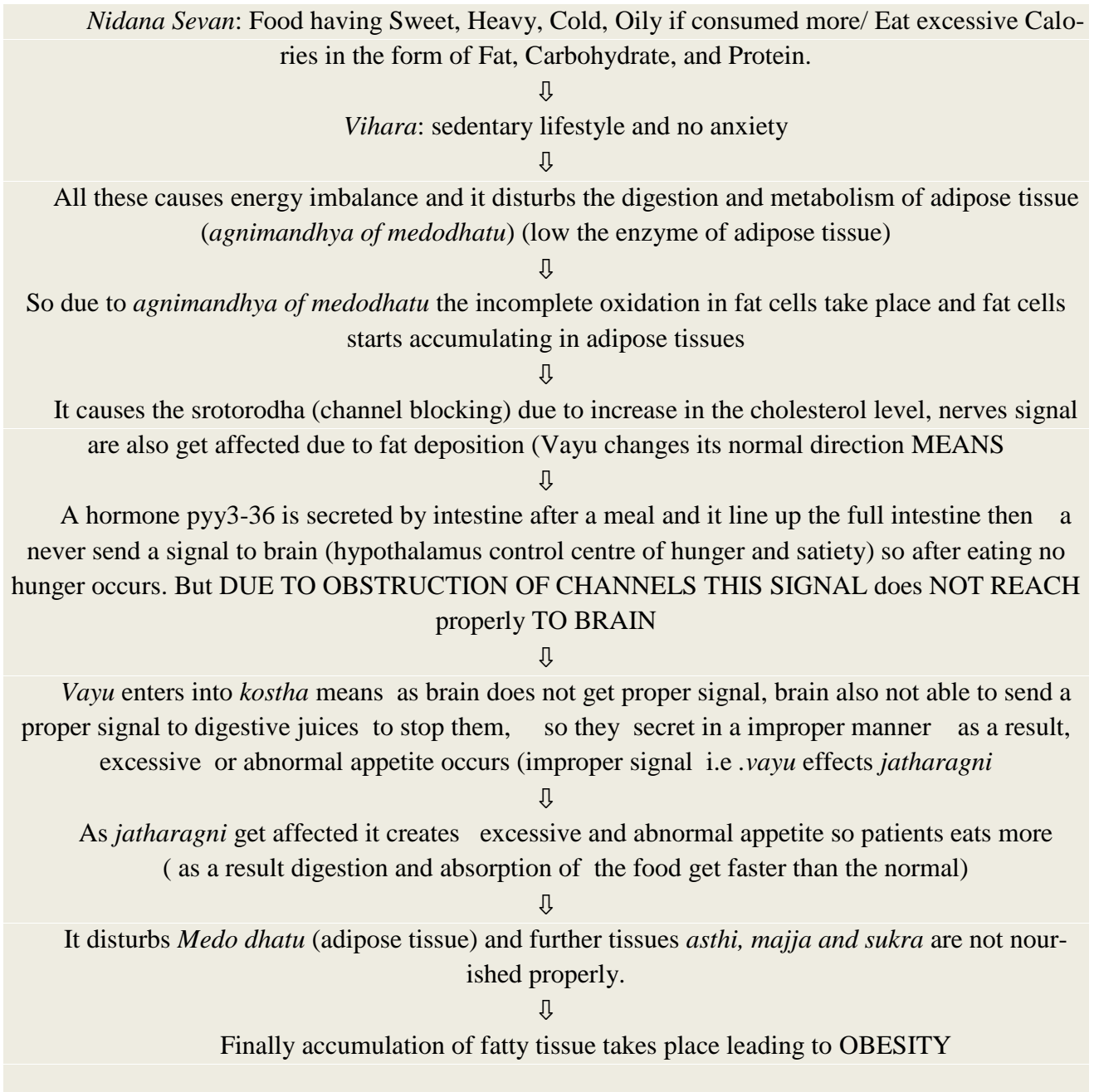
- Abdominal obesity/upper body obesity/apple shape obesity: The fat cells of upper body mainly involves like abdomen, chest and arm.
- Gluteal femoral obesity /lower body obesity /pear shape obesity: The fat cells of lower body involves like hip and thighs.

CAUSES⁵:

1. Eating habits (*Adhyasana* , *Guru*, *Madhura*, *Sheeta* and *Singdha*)
2. Physical inactivity (*Avyayama*, *Divas-wapna*)

3. Pshychological factors (uninterrupted cheerfulness, lack of mental exercise)
4. Genetic factors.

PATHOGENESIS: AYURVEDA V/S MODERN:



ASHTASTHAULYADOSHA:

1. *Ayuhriaas*
2. *Javouprodh*
3. *Krichchavyavay*
4. *Daurbalya*
5. *Svedbadha*
6. *Daurgandhya*
7. *Kshudhaatimatra*
8. *Pipasa atiyoga*

COMPLICATION⁶:

1. *Alpa Prana* (Low vitality of activities)
2. *Jwara* (fever)
3. *Premeha* (diabetes) and *premeha pidika* (carbuncle)
4. *Bhagandara* (Fistula in Ano)
5. *Vidradhi* (Abscess)
6. *Vatika* Disorders

CIKITSA:

- As *vagbhata* says there is no easy treatment for *atisthoulya*⁷As *atisthaulya purusha* always suffering from some of the other diseases, so always we should treat them⁸
- *Chikitsa sutra* is : *Nidana parivarjana*
- *Chikitsa* of *Medodhatu* ,*Vatadosha*, *Kaphadosha*
- *Guru* and *apatarpana* food
- *Apatarpana* (*Langhana*– This is of two types
 - 1) *Sodhana: vamana, Virechana, Vasti.*
 - 2) *Shamana: Dipana, Pachana, Ksut, Trut, vyayama, Atapa, Maruta.*
- *Dinacharya* : *Abhyanga, vyayama, udvartana*⁹
- *Pathya* which helps to maintain the good health and in other words which prevent the body from disease but the *pathya* is not always *pathya* in every condition as it depends on six other factors. Like *Matra, Kala , Kriya, Bhumi , Deha, Dosha*¹⁰.

SOME BASIC PRINCIPLES ARE:

- **Screenings of Patient :**
- 1. To selection of a patient

2. Taking the full history of patient
3. Diagnose the type and cause of obesity.
4. To decide the specific health supervision for a specific patient.

➤ **Setting a realistic goals :**

❖ **THE BASIC PATHYA AND AS WELL AS CHIKITSA ARE FOLLOWING:**

1. Behaviour modification of patient
2. Physical activity
3. Diet control
4. Pharmacology
5. *Panchakarma*
6. *Pathya (vihara)*

❖ **EACH POINT SHALL DISCUSS IN THE FOLLOWING TABLES:**

1.BEHAVIOUR MODIFICATION :-			<i>BMI : 25.0 Overweight</i>	<i>BMI: 27.0 or 30 high wt.</i>	<i>BMI : 35 or 40 ex- cessive wt</i>
1. <i>Self monitoring</i> -			DO	DO	DO
a) Keep a food diary and record all food intake. b) Measure weight daily.					
2. <i>Reward your self</i> -					
a) Chart your progress. b) Make an agreement with yourself					
2. PHYSICAL ACTIVITY :-			Advised	Same	1. It is a complicated type of obesity. More chances of associated complaints and related chronic diseases like heart diseases, diabetes, hypothyroidism etc. 2. So better to advise moderate Aerobic exercises
1. Aerobic exercises - do at early morning			start from		
Benefit	Moderate	Vigorous	moderate		
Important	2 hours and 30 min.(150 Min / week	1 hour and 15min.(75 Min./week	and then		
Greater	5 hours (300 min/week	2 hours and 30 min.150 min/week	start vigor- ous		
A.E are	Waking, Water aerobics, Cycling on level ground, Playing double tennis	Jogging, Running, Swimming, Cycling fast or on hill, Playing Single tennis, Basket ball			
2. <i>Muscle strengthening activity/ vyayama</i> ¹¹			Advised	Advised	Advise carefully . Avoid in heart disease Hypertension etc
By this all major muscles like legs, hips, back, chest, abdomen, shoulder, and arms should workout. Exercise like lifting weights , Push ups and Pull ups , Heavy gardening , Yoga					
3. <i>Breathing exercise :- Pranayam</i>			Advised	Advised	Advised
4. <i>Atapa</i> ¹²			Advised	Advised	Advised
5. <i>Abhyanga</i> : it is not involve passively to reduce weight, but after start losing weight as skin loss its lax and wrinkled so to prevent that it should be done.			Advised	Advised	Advised carefully
6. <i>Lepa</i> ¹³ : <i>Hartaladi yoga ,Shirishadi lepa</i>			Advised	Advised	Advised
3. DIET MANAGEMENT			A.H men-	Can be	Can be advised

1 .Stimulus control : These all are nothing but a control of thirst and hunger	tioned it should advised		
2.Slow down eating :	Advised	Advised	Advised carefully.
A) Drink a glass of water before each meal ¹⁴ . Drink sips of water between bites of food. B) Try to be last one to finish food .			
3.Fasting ¹⁵	Advised	Advised	Advised
4. Giving <i>Dipana</i> and <i>Pachana</i>	Can be	Must advised	Can be
4. PHARMOCOTHERAPY	If need then advised	Can be advised	Must advised According to patient condition
Many ayurvedic drugs are given which are safe and effective LIKE <i>Guduchi satva</i> , <i>Haritaki churna</i> , <i>Vidangadiyoga</i> , <i>Navaka guggulu</i> . , <i>Loha rasayan</i> , <i>Amrita guggulu</i> , <i>Loharistha</i> .			
5.PANCHAKARMA :	Can be advised	Can be advised	Must advised according to patient condition
a) <i>Ruksha Udvartana</i>			
b) <i>Vamana</i> , <i>Virechana</i> c) <i>lekhan vasti</i>			
6. <i>PATHYA</i> in obesity but it become <i>apathya</i> according to patient conditions (<i>dosha</i>)			
a). Eat the food which digest slowly and half filled stomach	Advised	Advised	Advised
b)Honey with water or milk.	Advised	Advised	Advised
c)Eat <i>ushna</i> , <i>katu</i> , <i>tikta</i> , <i>kashaya</i> , <i>ruksha</i> *	Advised	Advised	Carefully Advised
d) <i>Takra</i> (butter milk) , <i>raktashali</i> *	Advised	Advised	Advised
e)Greengram , horse gram , cowgram*	Advised	Advised	Advised
f) <i>Yava</i> , brinjal , <i>Ragi</i> *	Advised	Advised	Advised
g) <i>Sarshap taila</i> , <i>tila taila</i> *	Advised	Advised	Carefully Advised
h) <i>Trikatu</i> , <i>Triphala</i> , <i>Shilajatu</i> , <i>Lohabhasma</i> *	Advised	Advised	Advised
* ¹⁶			

CONCLUSION

- The *samprapti of medoroga* which mention in our classics is completely scientific and reliable.
- As *atisthoulya purusha* always suffer from some or the other diseases, so we should treat them accordingly.
- Change the full lifestyle of a patient by proper medication, *Pathya* and by proper

Dinacharya give motivation and to educate the people because there is a no magic pill for obesity.

- Take an anxiety of your daily diet and lifestyle, to prevent obesity.

REFERENCES

1. K.park, textbook of preventive and social medicine,17th edition, Published by Bannarsidas Bhanot, Jabalpur, 2002, page -298

2. Dr. Brahmanand Tripathi ,Caraka samhita of agnivesha, hindi commentary,1ST Edition, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2000,Page -398 ,ch.su21/3.
3. Dr. Brahmanand Tripathi ,Caraka samhita of agnivesha, hindi commentary,1ST Edition, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2000,Page -401 ,ch.su21/9
4. K.park ,textbook of preventive and social medicine,17th edition, Published by Banarsidas Bhanot ,Jabalpur, 2002,page -298
5. Dr. Brahmanand Tripathi ,Caraka samhita of agnivesha, hindi commentary,1ST Edition, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2000,Page -399 ,(ch.su21/4)
6. Kaviraja Ambikadutta Shastri, Susruta-samhita of Maharsi susruta,hindi commentary, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2010,Page 81- ,Su.Su 15/37)
7. Dr. Brahmanand Tripathi ,Astanga Hridayam of srimadvagbhata, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2011,Page - 195, ah.sh14/31
8. Dr. Brahmanand Tripathi ,Caraka samhita of agnivesha, hindi commentary,1ST Edition, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2000,Page –402 ch.su21/16).
9. Dr. Brahmanand Tripathi ,Caraka samhita of agnivesha, hindi commentary,1ST Edition, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2000,Page – 404(ch.su21/21)
10. Dr. Brahmanand Tripathi ,Caraka samhita of agnivesha, hindi commentary,1ST Edition, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2000,Page –408 ch.su24/46)
11. Dr. Brahmanand Tripathi ,Astanga Hridayam of srimadvagbhata, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2011,Page -192 ,AH.SU14/13):
12. Dr. Brahmanand Tripathi ,Astanga Hridayam of srimadvagbhata, Published by Chaukhamba Sanskrit Pratishthan, Varansi,2011,Page -192 , AH.SU14/13
13. Shri Govinda Dasji ,Bhaisajya Ratnavali English translated by Dr.Kanjiv Lochan , Published by Chaukhamba Sanskrit-samsthan,varansi,2006,Volume-2, page-127,ch-47
14. Shri Govinda Dasji ,Bhaisajya Ratnavali English translated by Dr.Kanjiv Lochan , Published by Chaukhamba Sanskrit-samsthan,varansi,2006,Volume-2 page129,ch-47/68)
15. Shri Govinda Dasji ,Bhaisajya Ratnavali English translated by Dr.Kanjiv Lochan , Published by Chaukhamba Sanskrit-samsthan,varansi,2006,Volume-2 page-128,ch-47 /64)
16. Shri Govinda Dasji ,Bhaisajya Ratnavali English translated by Dr.Kanjiv Lochan , Published by Chaukhamba Sanskrit-samsthan,varansi,2006,Volume-2 page129,ch-47 /64-68

CORRESPONDING AUTHOR

Dr. Purnima Sangwan

Assistant Professor M.D (Ayu)

Dept Of Swasthavritta,

Babamastnath University,

Asthal Bohar, Rohtak, India

Email: dr.purnimasangwan15@gmail.com

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