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Role of Swasthavritta and Nidana in Management of Sthoulya (Obesity).

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Abstract:

Around the world, obesity, diabetes and cardiovascular diseases are affecting the health and wellbeing of millions of people due to incorrect lifestyle like, unhealthy diet, sedentary lifestyle, stress, etc. Obesity can lead to many serious health problems like, heart diseases, diabetes, etc., which can cost millions to treat and can reduce life expectancy. Modern drugs for the treatment include appetite suppressants and lipase inhibitors, which has its own side effects. Ayurveda advocates healthy lifestyle through ahar, vihar, aushadh and different kind of karmas to prevent all kind of diseases. By following the lifestyle as described in *swasthavritta* in Ayurveda, one can prevent himself from obesity and reduce its risk which will be discussed in full paper.

Key Words: obesity, Sthoulya, body mass index (BMI), lifestyle disorders.

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INTRODUCTION:

Sthoulya (Obesity) is defined as abnormal or excessive fat accumulation that presents a risk to health. A crude population measure of obesity is the body mass index (BMI), a person's weight in KG, divided by square of his/her height in Meters.

BMI- more than 25 is overweight

BMI- more than 30 is obese

Sthoulya is included under eight undesirable conditions (Ashtau Nindita)[1], Shleshma Nanatmaja[2], Samtarpana Nimittaja [3], Atinindita [4], Ati Brihmana Nimittaja [5] and Bahu Dosh Janita[6] Vikara. Moreover Sushruta has emphasized on metabolic disturbances (Dhatvaagnimandya) in the etiopathogenesis of *Sthoulya*. [7] The patient of *Sthoulya* exhibits very strange phenomenon. Their appetite is excessive[8] and whatever they eat is quickly digested, which indicates hyperfunctioning of the Jatharaagni. Besides this, they suffer from laziness, may be due to under supply of energy, which may be due to hypo functioning of Bhutaagni. Further Dhatvaagni also seems to be disturbed, as in *Sthoulya* mainly Medo-Dhatu is formed and there is deficiency of other Dhatu. [9] Hence, it can be inferred that in *Sthoulya*, Jatharaagni is Tikshna, Bhutaagni is *Manda* and Dhatvaagni is disturbed in their respective functions. On the basis of the above-mentioned facts of pathogenesis of *Sthoulya*, it can be said that Apart from prescribing treatment to *Sthoulya*, Ayurveda also emphasizes on an ideal method of healthy living with yoga ahar, vihar & yoga.

METHODS & MATERIALS

In different ayurvedic texts, various treatments are mentioned as medohar, aptarpaniya, karshniya and lekhnika. [10]

Treatment:

Treatment includes – 1) Nidan Parivarjan, 2) Sanshodhan, 3) Sanshaman

1) **Nidan Parivarjan** – It says that the root cause of samprapti process, nidan must be avoided for best management of the disease. The following nidan should be avoided.

Nidan of sthoulya-

- a) Aharatmak nidan (dietary)
- b) Viharatmak nidan (regimens)
- c) Manas nidan (psychological)
- d) Anya nidan (other factors)

2) **Samshodhana** – Aggravated doshas are eliminated after mobilizing them from their respective sites by urdhva or adhaha marga from the body is known as shodhana therapy.

Two types- a) abhyantar shodhan- vaman, virechan, nasya, basti, raktamokshan

b) bahya shodhan- udavartan, avagah, parishek, lepan, etc.

3) **Shaman therapy**- This therapy can be implanted through seven different ways- deepan, pachan, kshudhanigraha, trishanigraha, vyayam, atapasevan, and marutsevan.

Compound drugs: Triphala guggul, varunadi ghanvati, medohar guggul, navak guggul, arogya vardhini, mahasudarshan ghan vati, etc.

Following the regimens advised in dincharya & ritucharya.

Yoga and Pranayama- Paschimottanasan, halasan, bhujangasan, trikonasan, sarvangasan, etc.

DISCUSSION**Aharatmak nidan (dietary)****A) Quantity of food intake**

Excess quantity of food intake without considering the status of Agni (digestive fire) is one of the important causes of *Sthoulya*. Maharshi Charaka has mentioned *Atisampurana* as the cause of *Sthoulya*. [11]

B) Water intake immediately after food

Intake of water immediately after having food results in the stoutness of the body. Taking little quantity of water in the mid of the meals is best to maintain the healthy status of body. [12]

C) Liking for sweet taste food

Intake of *Madhura Ahara* (sweet food) is mentioned as cause of *Sthoulya*. [13]

D) Frequency of taking dairy foods items weekly

Intake of milk and milk products causes *Kapha* and *Medo Vridhhi* which is an important cause of *Sthoulya*

E) Intake of Ghee and Ghee based sweets

Ghrta is *Madhura*, *Shita* and increases *Kapha* *Dosha*. [14] Excess intake of Ghee is mentioned as a causative factor for *Sthoulya*. This is also one of the important causes of *Sthoulya*.

F) Frequency of fatty food intake

This is also found that people prefer to take oily and fried food in all the three times that is breakfast, lunch and dinner. In Ayurvedic classics *Snigdha Ahara Sevana* (intake of unctuous food) is mentioned as etiological factor for *Sthoulya* [15]

Viharatmak nidan (regimens)**A) Occupation**

The occupational status of a person determines his/her life style. Nowadays housewives are

making use of electronic machines and gadgets for most of the household works due to which the physical activity is minimized. Another reason may be as the females are more involved in caring family members and due to that they neglect their own health needs. Similarly private sector employees are having sedentary type of occupation which is associated with higher risk of *Sthoulya*

B) Socio-economic status

Previously it was considered that *Sthoulya* is a disease of affluent society but the trend have changed and *Sthoulya* can be seen even in lower as well as middle class people. This is due to the fact that obesity is related with faulty lifestyle including dietary habits and not specifically with the income and socio economic status

C) Avyayam

The energy balance model of adiposity stipulates that weight gain occurs if caloric intake exceeds energy expenditure. [16] Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat.

D) Involvement in physical activity

Involvement in physical activities has decreased overtime due to technological advancement. Lack of physical activity and sedentary life style is mentioned as the cause of *Sthoulya*. [17,18] Maximum patients rarely or never do exercise or brisk walk or *Yoga, Asana* etc., Even to cover the short distance they prefer vehicles instead of walking. To maintain the perfect healthy state of body, our energy expenditure should be in accordance to our food intake but here, most of the patients were found to be involved in fatty food intake, that also in excess quantity but their involvement in physical activity is very less and

that was found to be the strong etiological factor for *Sthoulya*.

E) Sleep pattern

Like proper diet, proper sleep is also essential for the maintenance of the body. Corpulence and emaciation are specially conditioned by proper and improper sleep and diet.[19] Excess sleep and day sleep are mentioned as the causes of *Sthoulya*. [20,21,22] Sleeping in Sukha Shayya (comfortable soft bed) is also an etiological factor for *Sthoulya* [23]

Manas nidan (psychological)

The rapid increase in the prevalence of obesity suggests that psychological and behavioural factors, rather than biological factors, are primarily responsible for this trend.[24] Obesity is a psychological as well as physical problem. Individuals who suffer from psychological disorders (e.g., depression, anxiety, and eating disorders) feel more difficult in controlling their consumption of food, exercising an adequate amount and maintaining a healthy weight. Food is often used as a coping mechanism by those with weight problems, particularly when they are sad, anxious, stressed, lonely and frustrated.

Anya nidan (other factors):

A) Age and gender

It is observed that majority of the patients are in between 20-40 years age group. It is due to the increasing trend of sedentary lifestyle among new generation which contributes to increase in incidence of *Sthoulya*. According to Ayurveda Madhyama Awastha (middle age) is the stage of life when absolute development of Dhatu (fundamental tissue) takes place. Modern evidences also supports the same observations i.e., excess weight gain usually achieved during middle age.[25] A number of physiological processes are believed to

contribute to an increased storage of fat in females. Females have a tendency to channel extra energy into fat storage while males use more of this energy for protein synthesis.

B) Family history

It is important to note a fact that, the ancient physicians were able to recognize the role played by one's heredity causing obesity and technically termed the genetic predisposition of obesity as Beeja-svabhava of *Atisthaulya*. Maharshi Charaka has clearly mentioned Beeja svabhava as an etiological factor of *Sthoulya*. [26] Role of the genetic and chromosomal abnormalities in the pathogenesis of Obesity has also been proved by the modern science. Moreover the offspring inherit the physical and eating habits of their obese mother or father which leads to the excessive weight gain, that can be explained by genetics. [27,28]

CONCLUSION

We need to reassess entire lifestyle (sadvritta) if we want to avoid problems associated with obesity. Modern drugs have lot of complications hence it is better to follow Ayurvedic principles for healthy lifestyle. Along with aharatmak, viharatmak & manasik nidan parivarjan, we can combine this healthy lifestyle with safe & effective treatment of Ayurveda and proper diet, yoga to prevent and manage *Sthoulya* (obesity). As Ayurveda believes in prevention is better than cure, if we follow yoga ahar & vihar mentioned in Swasthvritta, one can prevent the *Sthoulya*.

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REFERENCES

- [1] Shastri Rajeshvardatta., editor. 3. 1/21. Varanasi: Chaukhambha Bharati Academy; 2005. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Sutrasthana, Astauninditiya Adhyaya; p. 407.
- [2] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan, Maharoga Adhyaya. 1/20(17):404.
- [3] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan , Samtarpaniyam Adhyaya. 1/23(6):426.
- [4] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan , Astauninditiya Adhyaya. 1/21(3):407.
- [5] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan , Langhana Brihniya Adhyaya. 1/22(38):432.
- [6] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan , Chikitsaprabritiya Adhyaya. 1/16(13-6):320-1
- [7] Acharaya Vaidya Yadavji Trikamji, Acharaya Narayan Ram., editors. 32. Vol. 15. Varanasi: Chaukhambha Orientalia; 2007. Sushruta, Sushruta Samhita, Sutrasthana, Dosha Dhatu Mala Kshaya Vriddhi Vijnaniyam Adhyaya; p. 73.
- [8] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan, Astauninditiya Adhyaya. 1/21(5-6):411.
- [9] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan , Astauninditiya Adhyaya. 1/21(4):409.
- [10] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan , Astauninditiya Adhyaya. 1/21(22-4):415. Edition. Varanasi: Chaukhambha Surabharati Prakashana;; 2008. p. 73. Ch. 15, Ver. 32.
- [21] Acharya Y.T, editor. Charaka Samhita of Agnivesha, Sutra Sthana. Reprint
- [11] Shastri Rajeshvardatta., editor. Charaka Samhita, Chaukhambha prakashan , Samtarpaniyam Adhyaya. 1/23(6):427
- [12] Acharya Y.T, editor. Sushruta Samhita of Sushruta, Sutra Sthana. Reprint Edition. Varanasi: Chaukhambha Surabharati Prakashana; 2008. p. 246. Ch. 46, Ver. 438.
- [13] Acharya Y.T, editor. Charaka Samhita of Agnivesha, Sutra Sthana. Reprint Edition. Varanasi: Chaukhambha Orientalia; 2007. p. 116. Ch. 21, Ver. 4.
- [14] Acharya Y.T, editor. Sushruta Samhita of Sushruta, Sutra Sthana. Reprint Edition. Varanasi: Chaukhambha Surabharati Prakashana; 2008. p. 204. Ch. 45, Ver. 496.
- [15] Acharya Y.T, editor. Charaka Samhita of Agnivesha, Sutra Sthana. Reprint Edition. Varanasi: Chaukhambha Orientalia; 2007. p. 116. Ch. 21, Ver. 4.
- [16]. Rosenbaum M, Leibel R, Hirsch J. Obesity. New England Journal of Medicine. 1997;337:396-407
- [17] Acharya Y.T, editor. Charaka Samhita of Agnivesha, Sutra Sthana. Reprint Edition. Varanasi: Chaukhambha Orientalia; 2007. p. 116. Ch. 21, Ver. 4.
- [18] Acharya Y.T, editor. Sushruta Samhita of Sushruta, Sutra Sthana. Reprint Edition. Varanasi: Chaukhambha Surabharati Prakashana; 2008. p. 73. Ch. 15, Ver. 32
- [19]. Acharya Y.T, editor. Charaka Samhita of Agnivesha, Sutra Sthana. Reprint Edition. Varanasi: Chaukhambha Orientalia; 2007. p. 119. Ch. 21, Ver. 5
- [20] Acharya Y.T, editor. Sushruta Samhita of Sushruta, Sutra Sthana. Reprint Edition. Varanasi: Chaukhambha Orientalia; 2007. p. 116. Ch. 21, Ver. 4.
- [22] Acharya Y.T, editor. Charaka Samhita of Agnivesha, Sutra Sthana. Reprint

Edition. Varanasi: Chaukhamba Orientalia; 2007. p. 122. Ch. 23, Ver. 4-5.

[23] Acharya Y.T, editor. Charaka Samhita of Agnivesha, Sutra Sthana. Reprint Edition. Varanasi: Chaukhamba Orientalia; 2007. p. 116. Ch. 21, Ver. 4.

[24] Wadden T. A, Brownell K. D, Foster G. D. Obesity: Responding to the global epidemic. *Journal of Consulting and Clinical Psychology*. 2002;70:510–25.

[25] Williams PT. Evidence for the incompatibility of age-neutral overweight and age-neutral overweight and age-neutral physical activity

standards from runners. *Am J Clin Nutr*. 1997;65:1391–6. rakashan, Varanasi Volume 1, 2016, p. 521

[26] Acharya Y.T, editor. Varanasi: Chaukhamba Orientalia; 2007. Charaka Samhita of Agnivesha, Sutra Sthana. Reprint Edition; p. 116. Ch. 21 Ver. 4.

[27] Cardon LR, Carmelli D, Fabsitz RR, Reed T. Genetic and environmental correlations between obesity and body fat distribution in adult male twins. *Hum Biol*. 1994;66:465–79

[28] Maffeis C. Aetiology of overweight and obesity in children and adolescents. *Eur J Pediatr*. 2000;159(Suppl 1):35–44.

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