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# Concept of Sthaulya (Obesity) and its management in Ayurveda

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***Abstract***: *Sthaulya* (obesity) is a significant lifestyle disorder recognized in Ayurveda since ancient times, characterized by excessive accumulation of *Meda* (fat) and *Mamsa* (muscle) *Dhatu*, predominantly in the abdominal region, leading to disproportionate body growth and compromised vitality. Ayurveda, with its holistic vision, categorizes *Sthaulya* as a *Kaphaja Nanatmaja Vyadhi* and *Santarpanajanya Vyadhi*, emphasizing its origin from improper nourishment and lifestyle practices. Classical texts like *Charaka Samhita* and *Sushruta Samhita* extensively detail the etiopathogenesis, symptomatology, and management of *Sthaulya*, reflecting its deep-rooted presence in Ayurvedic doctrine.

The etiological factors (*Nidana*) include consumption of heavy, unctuous, sweet, and cold foods (*Guru*, *Snigdha*, *Madhura*, *Sheeta Ahara*), lack of physical activity (*Avyayama*), excessive sleep (*Atinidra*), psychological relaxation (*Achinta*, *Nitya Harsha*), and improper eating habits (*Adhyashana*, *Atisampurnata*), all of which aggravate *Kapha* and impair *Agni*, leading to metabolic derangements like *Medodhatvagnimandya*. The condition progresses through *Srotorodha* (obstruction of channels), *Ama* formation, and derangement of *Dhatvagni*.

Ayurvedic management is rooted in *Apatarpana* (depletion therapy), involving threefold interventions: *Nidana Parivarjana* (eliminating causative factors), *Shodhana* (purification through *Panchakarma*), and *Shamana* (palliative therapies). Diet and lifestyle modifications, including use of *Yava*, *Takra*, *Madhudaka*, regular *Vyayama*, and avoiding *Divaswapna*, are foundational. Therapeutic procedures like *Ruksha Udvartana*, *Vamana*, and *Lekhana Basti*, along with formulations like *Triphala*, *Trikatu*, and *Guggulu* preparations, support sustainable management.

This review highlights Ayurveda's multi-pronged and individualized approach to *Sthaulya*, integrating metabolic correction, detoxification, and rejuvenation, aiming not only at weight loss but overall health restoration.

***Keywords*** **- *Sthaulya*, Ayurveda, Obesity, Lifestyle disorder**

**Introduction:**

**Historical Context and Definition**: References to corpulence and stout bodies are found in ancient texts like the Rigveda ("*Sthavira*")[1], Yajurveda ("*Medaswi*", "*Astavirupa Purusha*", "*Upachita*"), Samaveda ("*Sthavira*")[2], and Atharvaveda ("*Medas*", "*Balasa*", "*Medaswata*")[3]. The *Agni Purana* describes three body types—*Krisha* (thin), *Madhya* (medium), and *Sthula* (corpulent)—emphasizing the role of diet, sexual activity, and sleep in *Sthaulya* management. The *Brihat-Trayi*, including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, provides comprehensive descriptions of *Sthaulya*. In *Charaka Samhita*, *Sthaulya* is discussed in the 21st chapter of *Sutrasthana* as a *Shleshma Nanatmaja Vyadhi*[4], *Brihananimittaja Vyadhi*, and *Samtarpananimittaja Vyadhi*. *Sushruta Samhita*, in its 15th chapter of *Sutrasthana*, links *Sthaulya* to vitiation in *Medovaha Srotas* and *Dhatvagnimandya* (impaired metabolic function).[5]

*Sthaulya* is defined as a condition where there is an excessive accumulation of *Meda Dhatu* and *Mamsa Dhatu*, especially in the abdominal region, leading to pendulous buttocks, belly, and breasts, without a corresponding increase in energy or vitality. It is considered one of the eight despicable conditions or "*Astha Mahagada*"[6].

**Causative Factors (*Nidana*) and Pathogenesis (*Samprapti*)**

Ayurveda attributes *Sthaulya* to both exogenous and hereditary factors. Key lifestyle and dietary factors include:

- **Excessive Intake**: Consumption of heavy, sweet, cold, and fatty foods (*Guru*, *Snigdha*, *Madhura*, *Sheeta Ahara*), especially those rich in carbohydrates and proteins like new cereal grains, wheat, meat, eggs, fast food, and cold drinks. Excessive intake of "*Nava Madhya*" (new alcohol) is also a contributing factor.[7]

- **Improper Eating Habits**: "*Atisampurnata*" (over-satiety, excessive food intake in a single meal) and "*Adhyasana*" (frequent food intake before digestion of the previous meal) lead to "*Ama*" (undigested toxins) formation. [8]

- **Sedentary Lifestyle (*Viharatmaka Nidana*)**: Lack of physical exercise (*Avyayama*), daytime sleeping (*Divaswapna*), excessive sleep (*Atinindra*), comfortable seating (*Asana Sukha*), bathing after meals (*Bhojanottara Snana*), and constant indulgence in pleasant sensory experiences (*Gandhamala Sevana*) reduce energy expenditure and aggravate *Kapha*. [9]

- **Psychological Factors (*Manasika Nidana*)**: Lack of worry (*Achinta*), constant happiness (*Nitya Harsha*), and a relaxed mindset also contribute to obesity.[10]

The pathogenesis of *Sthaulya* revolves around the vitiation of *Doshas*, *Dhatus*, *Agni*, and *Srotas*.

- **Dosha Involvement**: *Sthaulya* is primarily a "*Kaphaja Nanatmaja Vyadhi*" due to aggravated *Kapha Dosha*. However, *Pitta* and *Vata* also play significant roles. Vitiated *Kapha*, along with *Meda*, obstructs the channels, leading to symptoms like excessive sweating (*Swedabadhan*), foul body odor (*Daurgandhya*), increased thirst (*Atipipasa*), and excessive hunger (*Kshudha Atimatrama*). The obstruction of "*Medovaha Srotas*" by excess *Meda* aggravates *Vata Dosha*, leading to increased appetite and rapid digestion. [11]

- **Dhatu Involvement**: The key *Dhatu* involved is *Meda*, along with *Mamsa* and *Rasa*. Abnormal "*Dhatwagni*" (cellular metabolic fire) leads to improper deposition of *Meda Dhatu*. The term "*Rasa Pradoshaja Vikara*" indicates pathological consequences from a vitiated *Rasa Dhatu*, which is the initial nourishing fluid. Impaired "*Medodhatwagni Mandya*" (weak fat metabolic fire) results in the formation of "*Abaddha Medas*" (immature and unutilized fat), which accumulates in the body. [12]

- **Agni Involvement**: "*Agni Vaishamya*" (imbalanced digestive fire) is considered the epicenter of *Sthaulya*. Impaired "*Jatharagni*" (main digestive fire) and "*Dhatvagni*" lead to improper digestion, formation of *Ama*, and accumulation of *Meda Dhatu*. The obstruction of "*Samana Vayu*" (responsible for digestion) by *Kapha* and *Meda* intensifies *Jatharagni*, causing frequent hunger and rapid food digestion, further fueling fat accumulation. [13]

- **Srotas Involvement**: The "*Medovaha Srotas*" (channels transporting fat tissue) are crucial. Their obstruction by *Ama* and excess *Meda* disrupts nutrient circulation and waste elimination, leading to stagnation and fat accumulation. [14]

**Signs and Symptoms (*Rupa* and *Purvarupa*)**

The premonitory symptoms (*Purvarupa*) of *Sthaulya* include excessive thirst (*Pipasa*), lethargy (*Alasya*), dryness of mouth, palate, and throat (*Mukhatalukanthashosha*), unpleasant body odor (*Vishram Sharirgandha*), increased sleep (*Nidra*), drowsiness (*Tandra*), and excessive sweating. [15]

The classical symptoms (*Pratyatma Lakshana*) of manifest *Sthaulya* (*Vyakti Avastha*) include: [16]

- *Chala Sphika Udara Stana*: Pendulous buttocks, abdomen, and breasts due to excessive fat.
- *Ayatha Upachaya*: Abnormal and disproportionate body growth.
- *Anutsaha*: Lack of enthusiasm and energy.
- *Ayushohrasa*: Shortened lifespan.
- *Javoparodha*: Inability to perform physical activities.
- *Kruchra Vyavayata*: Loss of libido or difficulty in sexual activities.
- *Daurbalya*: Weakness.
- *Atikshudha* and *Atipipasa*: Excessive hunger and thirst.
- *Daurgandhya* and *Sweda*: Foul body odor and excessive sweating.
- *Kshudra Swasa*: Shortness of breath.

*Sthaulya* is associated with complications like *Prameha* (diabetes), *Pramehapidika* (diabetic carbuncles), *Bhagandara* (fistula-in-ano), *Jwara* (fever), *Kasa* (cough), *Kushtha* (skin diseases), and *Udara* (abdominal disorders). "*Sahaja Sthaulya*" (hereditary obesity) is considered incurable.

**Ayurvedic Line of Treatment (*Chikitsa*)**

The management of *Sthaulya*, classified as a "*Santarpanotha*" disease (arising from over-nourishment), primarily focuses on "*Apatarpana*" (depletion therapy) and is divided into three main approaches: *Nidana Parivarjana*, *Shodhana*, and *Shamana*. The general principle is "*Guru Cha Atarpana*", meaning consuming heavy (but low-calorie) and non-nourishing substances. [17]

**1. *Nidana Parivarjana* (Avoidance of Causative Factors)**

This is the fundamental step, focusing on correcting diet (*Ahara*) and lifestyle (*Vihara*).

- **Ahara (Dietary Modifications)**: [18]
    - Avoid foods with *Madhur* (sweet), *Amla* (sour), *Lavana* (salty) tastes, and *Guru* (heavy), *Sheeta* (cold), *Snigdha* (unctuous), *Manda* (slow), *Sthira* (stable), and *Slakshana* (smooth) *Gunas*, as they increase *Kapha* and fat.
    - Replace wheat with *Yava* (barley), which is lighter and aids weight management.
    - Substitute rice with millets like *Koradhusha* (kodo millet), *Shyamaka* (barnyard millet), and *Uddalaka* (foxtail millet).
    - Replace milk and cold drinks with *Takra* (buttermilk), which improves digestion.
    - Use *Tilataila* (sesame oil) instead of groundnut or routine oils, as it reduces *Kapha* and *Meda*.
    - Consume *Madhudaka* (honey water) as an *Anupana* (post-meal drink) to maintain metabolism.
    - Daily intake of *Triphala* and *Gomutra* (cow's urine) is recommended as cost-effective *Rasayanas* to improve metabolism and support weight management.

- **Vihara (Lifestyle Modifications)**: [19]
    - *Vyayama* (Physical Exercise): Regular physical activity is crucial to balance energy expenditure and reduce *Kapha*.
    - *Ratri Jagarana*: Avoiding *Divaswapna* (daytime sleep) and maintaining a proper sleep-wake cycle helps prevent *Kapha* aggravation.
    - Adopting *Swasthavritta*: Following ideal daily (*Dinacharya*) and seasonal (*Ritucharya*) regimens.

**2. *Panchakarma* (*Shodhana Chikitsa* – Purification Therapies)**

- *Ruksha Udvartana* (Dry Powder Massage) [20]
- *Vamana* (Therapeutic Emesis) [21]
- *Virechana* (Therapeutic Purgation) [22]
- *Lekhana Basti* (Scraping Enema) [23]
- *Swedana* (Fomentation) [24]
- *Taila Paan* (Oil Consumption with *Lekhana* and *Medohara* properties) [25]

**3. *Shamana Chikitsa* (Palliative Therapies)** [26]

- Herbal and Polyherbal Formulations: *Amrutadya Guggalu*, *Tryushnadya Guggalu*, *Triphaladi Taila*, *Trikatu*
- *Rasayana Dravyas*:
    - *Loharasayana*
    - *Trayushanadya Loha*
    - *Bhallataka Kshoudra Rasayana* (with *Madhu* and *Ghrita*)

**Conclusion**

Ayurveda offers a holistic and comprehensive approach to the management of *Sthaulya*, addressing the root causes through dietary and lifestyle modifications, purification therapies (*Panchakarma*), and a range of herbal and rejuvenating medications. The emphasis on individualizing treatment based on *Dosha* predominance, *Agni* status, and overall strength highlights Ayurveda's nuanced understanding of obesity and its commitment to restoring overall well-being.

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