

STHOULYA --A Case Study**Dr.Debasis Kundu**

Assistant professor of Rachana Shareera,
J.D.Ayurvedic Medical College & Hospital, Aligarh, U.P.

ABSTRACT:

Sthoulya is an abnormal and excess accumulation of medodhatu. Frequent and excess intake of foods which increase the Kapha and Medodhatu, sedentary life style, lack of mental and physical exercise are the most common etiological factors. Sthoulya can also occur due to beejadosha ie, hereditary causes. In medical science sthoulya can be compared with obesity. Obesity is one of the world's oldest metabolic disorder. It is so common now, in replacing the traditional public health concerns including undernutrition. It is a chronic disease, prevalent in both developed and developing countries and affecting children as well as adults. It is one of the most significant contribution to ill-health. Not only reduces the life span of an individual but also leads to life threatening complications like Stroke, Ischaemic Heart Disease (IHD), etc. Dieting includes right choice of food substances which fulfil the energy requirements without increasing the body fat. Prevention can be done initially in early stage of life by adopting the regimens mentioned in Ayurvedic classics. In Ayurveda, healthy lifestyle through Ahara, Vihara, Aushadha and different kinds of karmas to prevent the all kinds of disease and also advocates treatment for obesity is based on Guru (diet fulfilling energy requirements) and Apatarpana (diet reducing body fact) Chikitsa Siddhanta (treatment modality).

Keywords: Obesity, Sthoulya,

INTRODUCTION:

Obesity is a common but often underestimated condition of clinical and public health importance in many countries around the world. Its general accepted by many societies as a sign of

well-being or a symbol of high social status, and the denial by health care professionals and the public alike that it is a disease in its own right, have contributed to its improper identification and management and the

lack of effective public health strategies to combat its rise to epidemic proportions.

Obesity is an abnormal accumulation of fat usually 20% or more over an individual's ideal body weight. People are generally considered obese when their body mass index (BMI) is 30 kg/m², with the range 25-30 kg/m², defined as overweight¹. In Ayurveda, obesity (Medo- roga) is described as a condition in which buttocks; abdomen and breast become flabby due to fat accumulation and move while walking².

According to the World Health Organization (WHO), obesity is classified as chronic and severe disease in developed and developing countries, affecting both adults and children. Recent research data suggest that the global incidence of obesity has increased more than 75% since 1980, while the last twenty years has tripled in developing countries and particularly, in low-income countries³. More than 1.1 billion adults are overweight, of which 312 million are obese. According to estimates of the International Obesity Task Force, 1.7 billion people are exposed to health risks related to body weight, while the increase in Body Mass Index(BMI) is responsible for more

than 2.5 million deaths annually, which is expected to double by 2030.^{4,5,6}

The incidence of obesity varies significantly among the different geographical regions of the planet. In Europe, higher incidence of obesity occurs in Central, Eastern and Southern regions compared to those of Western and Northern, while England is the country facing an explosion in rates of obesity⁷.

Regarding Greece, the studies that have been carried out report different incidence rates of obesity, although all converge at the same endpoint: that our country faces serious obesity problem. Greece ranks in the first positions among the developed European countries in rates of obesity and this finding underpins the spread of the problem in the Greek population, particularly after the formal abolition of the typical Mediterranean diet.^{8,9}

Although obesity is a threat for public health, its underlying etiology has not been fully understood. According to the literature, obesity is a result of the interaction of genetic factors, which determine the body weight by 25-40% and environmental factors.^{8,9}

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and excess intake of food which increases the Kapha and Medodhatu, sedentary lifestyle, lack of mental and physical exercise are the most common etiological factors. Sthoulya can also occur due to Beejadosha ie. Hereditary causes.

Diet and life style play an important role in management of obesity. Indulgence in physical work and use of low calorie food are mentioned in the treatment of Medo-roga. Various herbs such as Triphala- Haritaki, Vibhitaki and Amalaki (Terminalia chebula, Terminalia bellirica and Emblica officinalis), Jayapala beeja etc, used by obese person.

Data Sources

This article is based on review of Ayurvedic and Modern texts along with research work of obesity and its management. Different Ayurvedic classical books as Charaka Samhita, Sushruta Samhita, Astanga Samgraha, Astanaga Hridaya, Ayurveda Sara Samgraha, etc were references to fulfill this part. Also the data collected from the traditional flow-core practioners.

EPIDEMIOLOGY

There is presently a global epidemic of obesity in all age groups and in both developed and developing countries. In

1995, there were an estimated 200 million obese adults worldwide. As of 2000, the number of obese adults had increased to over 300 million. In developing countries, it is estimated that over 115 million people suffer from obesity related problems.¹⁰ a rapid increase in childhood obesity has also been reported.^{10,11}

Once the obese state is established, as yet incompletely understood physiological processes maintain the new weight at a set level. Leptin, a protein hormone expressed predominantly by adipocytes, is believed to play a major role in this complex mechanism of weoght maintenance. Leptin normally acts on receptors in the hypothalamus of the brain to inhibit food intake by counteracting the effects of potent feeding stimulants such as neuropeptide Y, while promoting the synthesis of α MSH, an appetite suppressant.¹² obese individuals, compared with their lean counterparts, having higher leptin levels¹³, suggesting a 'leptin resistance' rather than a deficiency in obese states.

Obesity being a major risk factor for cardiovascular disease has become a major health hazard and its prevalence

is rising in India due to unhealthy, processed food and sedentary life.

Obesity in Ayurveda

Obesity has been named as Atisthula and Medo-roga in Ayurveda. It is described under the Santarpanottha Vikara(disease occurring due to high calorie diet and lack of physical exercise)¹⁴. Acharya Charaka described the causes of Obesity¹⁵ as

1. Overeating (Atisbhojana)
2. Indulgence in high calorie diet (Guru, Snigdha, Madhura)
3. Not performing physical and mental exercises (Avyayama, Achinta)
4. Inheritance (Beeja-dosha)

In present time, a combination of excessive food intake and lack of physical activity are considered the main cause of obesity. A limited number of cases are primarily due to genetics, medical reasons or psychiatric illness.

Sthaulya (obesity) is considered as one of the eight types of undesirable conditions as described by Acharya Charaka. He has also mentioned 8 reasons explaining why obese person should be considered as unhealthy.

- An obese person is prone to many diseases so life expectancy is decreased. (Ayurhrasa)

- He is not enthusiastic for any kind of work (Javoparodha).
- Sexual life is also affected (Krichravayavayata).
- In-spite of being overweight, he feels weakness (Daurbalya).
- He may have bad body odour (Daugandhya).
- He sweats more and can't tolerate hunger and thirst (Swedabadha, Kshutpipasadhikya)

CASE STUDY:-

40 years old female patient came to hospital with complaints of gain in weight, difficult in walking, standing and sitting, exertion on little work, breathlessness, discomfort, fatigue, pain in knee joints since 1 to 2 years. The patient was diagnosed as Obese (Sthoulya).

Weight was 85 kg, height 5 inch
Material & methods:

25 seeds of Jayapaala Beeja mixed with 1/4th kg of Triphala Churna, this mixture is given at night, 1 tea spoon with luke warm water for 3 months.

Jayapaala (Croton tiglium) is having Katu rasa, Ushna Veerya, does the Rechana / Virechana karma, Kapha-vata shamaka

Hareetaki – *Terminalia chebula*, it is ushna veeryatmaka, Anulomanakaraka, Udara roghna.

Kashaya Pradhana lavana varjita pancha rasa Kashaya rasa ,
ruksha- Kaphashamaka

Amla rasa- Vatanashaka

Madhura, Tikta rasa- pitta nashaka

On whole hareetaki is tridoshaghna.

Vibhitaki- *Terminalia bellirica*

Ushna veerya, Kaphanashaka, vatanashaka, Bhedana.

Amalaki- *Emblica officinalis*

Kashaya, ruksha – kaphanashaka

Amla – vatashamaka

Madhura, sheeta- pitta nashaka

Does the Tridosha shamana.

Dry Amalaki does the Tridosha shamana.

Probable mode of action of drug –

The mixture of Jayapala and Triphala churna does the Rechana karma and Anulomana and also helps in clearing the channels.

PATHYA (what to do): Munga, Kultha, Arhar, Parvala, Amalaki, Yava, Kodrava, Prashatika, Priyangu, Yavaka etc. should be used in daily routine. Madhu panaka should be used after meal. Regular exercise should be done.

APATHYA (what to avoid): Any food substance or activity which increases kapha and meda should be avoided.

Results:

We follow the patient every 15 days interval with strictly follow the pathya & apathy. After 3 months later patient body weight is 65kg.

DISCUSSION:

Incidence of obesity is increasing day by day due to increase in energy dense foods and decrease in physical work. Being overweight and obese can have a serious impact on physical and mental health. Obesity can reduce life expectancy by upto 9 years. Obese children and young people face the same health risks as adults. So here trial was made to see the effect of Triphala churna and Jayapala Beeja Churna. 6kg weight loss seen within one month and near about 20 kg within 3 months.

CONCLUSION:

Obesity is public health and policy problem because of its prevalence and health effects. Efforts should be done to change the factors that cause excess food energy consumption and inhibit physical activity. Sthoulya is a disorder of santarpanottha nidana with the involvement of mainly medo dhatu and

kapha pradhana tridosha. The main line of treatment is nidana parivajana and apatarpana. Ayurveda provides first line of help in dealing with people with a genetic predisposition to obesity and in the management of the risk factors. Ayurveda has a better role to play in the prevention of obesity.

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**Corresponding author:
Dr. Debasis Kundu**

Assistant professor of Rachana Shareera,
J.D. Ayurvedic Medical College & Hospital, Aligarh, U.P.
Email: debasis.kundu100@gmail.com

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