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**“A COMPREHENSIVE REVIEW OF STHAULYA WITH SPECIAL REFERENCE TO OBESITY”****Dr. Leena Kapgate<sup>1</sup>, Dr. Yogesh Kumre<sup>2</sup>, Dr Archana S. Dachewar<sup>3</sup>**

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**ABSTRACT:**

**Purpose:** Obesity is characterised by an excessive accumulation of body fat, typically 20% or more above an individual's ideal body weight. In Ayurveda, this condition is referred to as Medo Roga or Sthaulya. The root cause of obesity lies in the overconsumption of fatty and fried foods, combined with a sedentary lifestyle, which results in the deposition of excess fat within the body's channels (Srotas). Ayurvedic management involves a combination of internal medicines and detoxification therapies (Shodhana), which are tailored based on the specific imbalance of Doshas. Procedures such as Vamana (therapeutic emesis), Virechana (purgation), Basti (medicated enema), and Udvartana (herbal powder massage) are employed effectively to address obesity. Alongside therapies, proper dietary management (Pathya-Apathya) and lifestyle modifications play a critical role in achieving sustainable results. Obesity (Sthaulya) serves as a precursor to several health issues, including hypertension, diabetes mellitus, and psychological conditions such as stress. It significantly contributes to higher rate Despite its prevalence, obesity remains one of the most overlooked public health challenges globally.

Despite its prevalence, obesity Interestingly, its prevalence varies Interestingly, its prevalence varies based on socio-economic factors—being more common among the less educated in affluent nations, whereas in developing countries, dictionaries, Sthaulya is classified under Santa In Ayurvedic texts, Sthaulya is classified under Santarpanjanya Vikara (diseases caused by over-nourishment) and is associated with a The Ayurvedic approach focuses not only on eliminating the root causes of obesity but also on restoring the balance of the doshas to ensure overall health and well-being.

**KEY WORDS:-** Obesity, Sthaulya, Lifestyle disorder, Shodhan, Shaman**Corresponding Details:****Dr. Leena Kapgate**

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## INTRODUCTION

In Ayurveda, Sthaulya (obesity) is defined as the excessive accumulation of Meda (fat tissue) and Mamsa (muscle tissue), resulting in a pendulous appearance of the hips, abdomen, and breasts. Various Acharyas (ancient Ayurvedic scholars) have described this condition in detail. Acharya Charaka classified Sthaulya under the Ashtanin ditapurusha<sup>(1)</sup>, the eight undesirable or unwholesome types Charaka classified Sthaulya under the Ashtanin ditapurusha of individuals. It is also categorised under Santarpanajanya Roga<sup>(2)</sup>, which refers to diseases caused by over-nourishment. Charaka identified Ati-Sthaulya<sup>(3)</sup> (excessive obesity) as one of these eight conditions (Ashtaninditiyapurusha). Additionally, Acharya Charaka mentioned Sthaulyas theas frequent or excessive consumption part of Maharogadhya<sup>(4)</sup>, emphasising its significance as a major health concern. ion of foods that increase Kapha Dosha, a sedentaryAdditionally, the primary causes include.

In modern science, obesity is defined as the excessive accumulation of body fat (adiposessedentary lifestyle, and a lack of both mental and physical activity. to a degree that it adversely affects health. Sthaulya (obesity Sthoulyamay also arise due to Beeja Dosha, which refers to hereditary or genetic factors come a significant burden on global healthcare, particularly among non-communicable diseases.<sup>(5)</sup> It is prevalent in both developed and developing countries due to changes in lifestyle and working conditions. Obesity has emerged as a major public health challenge in developing nations like India. According to a 2016 global estimate by the World Health Organisation (WHO), over 1.9 billion adults aged 18 years and older were classified as overweight. Of these, approximately 650 million adults were identified as obese.<sup>(6)</sup>

Controlling body weight fundamentally involves maintaining a long-term balance between the calories consumed and the calories burned. While some 2 individuals manage to achieve this balance without much conscious effort, the rising rates of overweight and obesity in modern society suggest that weight management is challenging for many. Therefore, it's essential for individuals to develop effective strategies and techniques to successfully manage their body weight. The prevalence of Santarpanottha Vikaras (diseases resulting from excessive nutrition) is on the rise. Among the contributing factors, Medodushti (disorders of fat metabolism) plays a significant role in various health issues. Ayurveda offers numerous effective medicines and therapies documented in classical texts for the treatment of Sthaulya (obesity).

## MATERIAL AND METHOD :

The literature related to Sthaulya (obesity) has been reviewed from various classical Ayurvedic texts (Samhitas), research journals, relevant websites, and modern medical literature. Data has been compiled from these sources for a comprehensive understanding.

## REVIEW OF LITERATURE

### HISTORICAL REVIEW

Vaidika Kala(6000B.C)

Veda: Known as the oldest texts of Indian science and culture, the Vedas serve as a comprehensive repository of various forms of knowledge. There are four Vedas: the Atharvaveda, the Rigveda, the Yajurveda, and the Samaveda. Within these texts, the condition referred to as "Medorogais is described in detail.

Atharvaveda - The words like Medas, Medini, and Pevasi are available in Atharvaveda. The description of Pramana Sharira and their measurements are also found in detail in the Atharvaveda.<sup>(7)</sup>

Rigveda- The words Medaand Vasaare mentioned in Rigveda <sup>(8)</sup>

Yajurveda - The terms "Meda" and "Vasa" are referenced in the Yajurveda. Additionally, a condition called Upachitais described within this text.<sup>(9)</sup>

1) SamhitaKala (200 B.C.-400 A.D.)• Charaka

- Samhita (2 B.C.) - Acharya Charaka, regarded as the Father of Indian Medicine, conducted some of the earliest scientific studies on Sthaulya. This condition is referenced in the context of Ashta Nindita Purusha within the Charaka Samhita. The Charaka Samhita provides a detailed account of the causes and contributing factors of Sthaulya, including its Nidana, Rupa, Samprapti and Chikitsa.<sup>(10)</sup>

- Sushruta Samhita (2 A.D.): -Medoroga is classified as a Rasanimitaja vyadhi, and its Nidana, Rupa, Samprapti, and Chikitsa are thoroughly described in Ayurvedic texts. Sushruta discusses the pathogenesis of SthaulyaRoga, attributing it to an endogenous factor linked toDhatvagni.

Mysuru. Additionally, the term Jatharya has been introduced as a new synonym for Sthaulya. Sushruta provides a comprehensive outline of treatment strategies for Sthaulya.<sup>(11)</sup>

- Samgraha (6 A.D.) and Hridaya (7 A.D.): A different perspective on Medoroga is presented in the "Sutrasthana Dvidividhopakramaniya Adhyaya," where Sthaulya is described as a Vyadhi resulting from Atibrihana. Both Vriddha Vagbhatt <sup>(12)</sup> and Vagbhatta <sup>(13)</sup> delve into the aetiopathogenesis of Sthaulya, linking it to the formation of Ama and the disruption of Dhatu Parinamana, which involves intercellular metabolism and the functioning of Agni.

- Kashyapa Samhita (6 A.D.): Kashyapa presents new management strategies in his discussion of Medasvi Dhatri Chikitsa, recommending Raktamokshana as one of the most effective treatments for Medasvidhatri.<sup>(14)</sup>, BhelaSamhita (7th A.D.): refers to an obese mother.

- Bhela Samhita (7th A.D.): Theexisting Bhela Samhita is considered controversial and

incomplete. Within this text, Sthaulya is described as a disorder arising from vitiated Meda in the chapter on Samashana Paridhaniya .<sup>(15)</sup>

- Harita Samhita (10-12th A.D.): Harita Samhita lacks a comprehensive description of Sthaulya and does not introduce any new concepts related to Madhava Nidana (7th A.D.): Madhava Nidana provides a detailed account of the pathophysiology of the condition.<sup>(16)</sup>
- Madhava Nidana (7th A.D.): Madhava Nidana provides a detailed account of the pathophysiology of Sthaulya. Additionally, Madhava Kar elaborates on the symptomatology of Sthaulya, introducing new symptoms, such as Moha .<sup>(17)</sup>
- Samhita.<sup>(18)</sup> (13th Century): - In this text, Sthaulya is referred to as an Upadhatu of Meda.<sup>(19)</sup>. The Sharangadhara Samhita specifies a sequential Dhatu-utpatti Kala of one month for the development of Sevandhatu.<sup>(20)</sup>. Additionally, Sthaulya is described as a characteristic associated with Shleshma Prakriti.<sup>(21)</sup>.

Chakra Datta:- pathyapathya of Sthaulya disease are described in Chakra Datta: In the Inchikitsa

Adhyaya 36th chapter of this text, the medications along with the bed .<sup>(22)</sup>

- Vangasena Samhita:- In Chapter 39 (Medorogadhikar) of the Vangasena Samhita, the etiology, pathogenesis, clinical features, and treatment of Sthaulya (obesity) are described in detail.<sup>(23)</sup>
- Bhava Prakasha:- In Chapter 39 (Sthaulya Adhikar) of the Chikitsa Prakaran of Bhava Prakasha, a detailed account of the causes, pathogenesis, symptoms, and management of Medovridhi (excess fat accumulation) is provided.<sup>(24)</sup>

## DISEASE REVIEW STHAULYA -AN AYURVEDIC PERSPECTIVE

Vyutapatti:- The term "Medorog" is derived from the root "Sthu" with the suffix "Ach." Literally, it refers to anything bulky, solid, or heavy.<sup>(25)</sup>. Additionally, "Medorog" is connected to the word Sthula, which originates from the Sanskrit root Sthula Paribrihane, meaning increase or growth.

Nirukti:- A person characterised by a heavy and bulky body, particularly in the abdominal region (Udaradi), is referred to as "Sthula," and this condition is identified as "Medorog."<sup>(26)</sup> (Medoroga).

Paribhasa (Definition): - According to "Madhukosha," Medorog is defined as the vitiation of Medo Dhatu, leading to an increase of Meda in the body. Acharya Charaka provides a detailed definition of obesity (Medorog) in the Ashtaninditiya Adhyaya.<sup>(27)</sup>. According to his description, an individual is classified as obese (Atisthoola) if there is an excess accumulation of fat and muscle in the body. It is an excess accumulation of fat and muscle in the body, sagging buttocks, abdomen, and breasts, along with a noticeable decline in metabolic function and energy levels.

## NIDAN

The Nidana of Medoroga can be viewed from two perspectives: Bahya Karanas, which include dietary factors that promote fat accumulation, and Abhyantara Karanas, encompassing Dosha, Dhatu, Mala, and Srotas. Mala, and bly, Charak identifies Beejadosh as one of the contributing factors alongside other causes. All the Nidanans described by various Acharyas for Medoroga can be classified under four broad categories:

1. Aharatmaka Nidana
2. Viharatmaka Nidana
3. Manas Nidana
4. Anya Nidana

## PURVARUPA OF STHAULYA

Purvarupa refers to the early symptoms that present before the full onset of a disease. However, none of the Ayurvedic texts explicitly detail the Purvarupa associated with Sthaulya (obesity). Acharya Charaka, in the Nidana Sthana, describes a similar pathogenesis for both Prameha and Sthaulya, attributing it to the vitiation of Kapha and Meda. Consequently, the Purvarupa of Prameha and the symptoms of Medovaha Srotodushti can be regarded as indicative of the early signs of Sthaulya.<sup>(28)</sup>

1. Atinidra
2. Tandra
3. Alasya
4. Vistrasharigandha
5. Angagaurava
6. Angasaithilya
7. Atisweda etc.

## RUPA / LAKSHANA OF STHOULYA

Charaka: The characteristics that emerge following the full manifestation of a disorder are referred to as the rupa of that specific condition. Maharshi Charaka has identified several key features, or pratyatma lakshana.<sup>(29)</sup>, of Sthaulya, which include the following:

1. Medomamsaativridhi
2. Chalasphika ( Pendulous movement of buttock)
3. Chalaudara ( Pendulous movement of abdomen)
4. Chalastana ( Pendulous movement of breast)
5. Ayatha Upachaya ( Disproportionate body)
6. Anutsaha ( Lack of Enthusiasm)

In addition to these primary symptoms, Charaka, Sushruta, and the Ashtanga Samgraha also

describe eight other prominent features of Sthaulya, known as the Ashta Dosha of obesity. These include Ayusyahrasa (reduced lifespan), Javoprodha (decreased physical endurance), Kricha Vyavayata (difficulty in physical exertion), Daurbalya (weakness), Daurgandhy unpleasant body odourant), Sveda Svedabadha (excessive sweating), Ksudha Atimatrata (excessive hunger), and Pipasa Atiyoga (excessive thirst). These clinical features are critical for identifying and diagnosing Sthaulya.

### Samprapti

According to Charaka, due to Avarana (obstruction) of all the Srotas (channels) by the meda, there is a Vriddhi of Kosthasthit Samana Vayu, which in turn causes Ati Sandhuksh. The increase in Jatharagni lead storapid digestion of consumed food and leaves the person craving for more increase in Jatharagni lead storapid digestion of consumed If, for any reason, an individual does not consume enough food, the increased Agni can lead to Dhatu pachan, potentially resulting in various complications. However, the persistent hunger drives individuals to eat more, perpetuating a cycle. This creates a vicious cycle that results in the excessive formation of improperly developed Medo Dhatu, accompanied by various symptoms. Due to this Srotorodha, the nourishment of other Dhatus is compromised, leading to Shaithilya (flabbiness associated with excess water element) in the Dhatus preceding Meda Dhatu and depletion of those following it. 30. Sushruta states that the consumption of Kaphavardhaka Ahara, along with practices such as Adhyasana, Avyayama, swapna, contribthe formation of Aama Rasa, or Apachit Adya Rasa Dhatu to the formation. The presence of Madhur Bhavayukta Aama Rasa circulating in the body, along with its Snigdhansha, results in Srotosanga, which ultimately leads to Sthaulya.

Samprapti Ghatakas:-

Dosha: Kapha: Kledak, Pitta: Pachaka., Vata: Samana, Vyana.

Dushya: Rasa, Mamsaand Medadhatu.

Agni: Jathragni, Rasaand Meda Dhatvagni.

Srotas: Medavahasrotas, Rasavahasrotas, Swedavaha Srotas, Udakavaha Srotas.

Sroto Dushti: Sanga.

Adhistan: Par., ticularly Vapavahana and Medadhatu kala

Udhbhavasthana: Amashya

Sancharasthana: Rasayani

Rogamarga: Bahya

Vyaktsthana: Sarvanga specifically Sphika Udara, Stana and Gala.

Complication<sup>(31)</sup>

Visarap [Erysepellas]

Bhangandher [Fistulain Ano]

Jwara [fever]

Aatisar [Diarrhoea]

Prameha [Diabetes]

Arsha [Piles]

Shlipada [Filariasis]

Apachi [Alands]

Kamla [Jaundice]

### Chikitsa (Treatment)

The general principles of managing any disorder in Ayurveda include:

Nidana Parivarjan (Avoidance of cause ative factors)

Sanshodhan (Detoxification or purification)

Sanshaman (Palli ative treatment)

### Nidana Parivarjana

Both Charaka and Sushruta emphasize the importance of Nidana Parivarjana in disease management. Sushruta, in particular, highlights it as a crucial aspect of treating any disorder. This principle is succinctly captured in the Sankshepta Kriyayoga Nidana Parivarjanam sutra from Sushruta. According to the principle of Samanya Vishesh Siddhant, the excessive intake of substances with similar properties (Dravya Samanya), similar qualities of food (Guna Samanya), and similar actions of food (Karma Samanya) can lead to the overproduction of Dhatu.<sup>(32)</sup> In addressing obesity, it is essential to steer clear of specific dietary and lifestyle factors, referred to as Ahara and Vihara. The concept of Nidana Parivarjana Chikitsa emphasises the importance of avoiding all dietary (Aharatmaka), lifestyle (Viharatmaka), psychological (Manasika), and other causal factors (Anya Nidana) that contribute to the development of a disease. For conditions such as Sthaulya (obesity), it is crucial to refrain from consuming foods that are excessively sweet (Ati Madhura), heavy (Guru), or oily (Snigdha), as well as to limit habits such as excessive daytime sleeping (Divaswapna) and overindulgence (Atiharsha).



## Samshamana Therapy

Shamana refers to a therapeutic approach that does not involve the purification (Shodhana) of the doshas. Instead, it aims to maintain the balance of the doshas while promoting harmony and equilibrium in cases of imbalance. Langhana is recommended for conditions arising from excess (Santarpana Janya Vyadhi), digestive disorders (Amashyotha Vikara), disorders related to mucus (Shleshmika Vikara), and those caused by the influence of rasa (Rasaja Vikara). It is particularly effective for managing diseases in a state of equilibrium. Therefore, all ten types of Langhana can be utilised for individuals with Sthaulya, based on their specific strengths and conditions (Rogi-Roga Bala). Medicines intended for treating Sthaulya should possess Deepana and Pachanaproperties to stimulate Agni. They must also have Amapachaka qualities, as the presence of Amaobstructing the Medovaha Srotas is a primary contributor to Medoroga. Additionally, these drugs should exhibit Rukshna and Chedana properties to facilitate Srotovishodhana. It is advisable to include substances with Tikshna, Ushna, and Ruksha qualities, as these counteract the Manda, S nigdha and Sheeta qualities associated with Kapha and Meda. It is reiterated that the contributing factors to Karshya, such as the consumption of dry foods (Ruksha Annapana), Langhana practices, controlled eating (Prमितashana), emotional stress (Shoka), restraint of sleep (Nidra Vega Vinigraha), dry massage (Ruksha Udvartana), an anger (Krodha), can be employed as treatment strategies for Sthaulya. Certain formulations, such as Guduchi, Bhadramusta, Triphala, Takrarishtha, Mukshika, Vidangadi Lauha, Bilvadipanchmula and Shilajatu combined with Agnimantha Svarasa, are recommended for long-term use in managing Sthaulya. Substances that are primarily composed of the Akasha and Vayu Mahabhutas are noted for their lightening effects (Laghavakara), making them suitable for managing Sthaulya. Additionally, Katu and Kashaya Rasas possess properties that promote weight reduction (Karshana) and appetite suppression (Upchayahara) while Tikta Rasas known for its Lekhana and fat-absorbing (Medoupshoshana) actions. Therefore, drugs rich in Katu, Tikta, and Kashaya Rasas are effective for the treatment of Sthaulya.

## Samshodhana

Samshodhana refers to the expulsion of aggravated doshas. In individuals with severe obesity (Atisthaulya) who possess excessive doshas and adequate physical strength (Adhika Bala), Samshodhana therapy is recommended. This includes procedures such as Vamana (emesis), Virechana (purgation), Ruksha Niruha (dry enema), Raktamokshana (bloodletting), and Shirovirechana (nasal cleansing).

- Bahir Parimarjana chikitsa: Acharya Charaka discusses external purification therapies for managing Sthaulya, specifically recommending "Rooksha Udvartana" as an effective treatment. Vagbhatta highlights the advantages of Rooksha and Udvartana, noting their effects in reducing Kapha, promoting fat reduction (Medasa), enhancing body firmness (Parivilayana), and stabilising the body (Sthirikarnam angam)<sup>(33)</sup>. The Samhitakars emphasise the significance of Samshodhana by stating that while the doshas are reduced through Shaman

Chikitsamayre-accumulate due to exposure to disease-causing factors, doshas that are eliminated from the body through Samshodhana Chikitsa<sup>(34)</sup> will not return to an aggravated state. The following are the Panchakarma procedures recommended for the treatment of Sthaulya.

- **Swedana:** In cases of Atisthauilya, excessive sweating is common, making Swedana contraindicated for individuals with Sthula. Vyayama is recommended in managing Sthula and Medasviparusha. While Vyayama can contribute to obesity, regular Vyayama offers benefits, as the Ashtanga Hridaya states that this practice promotes lightness (Laghuta) in the body.
- **Virechana:** Virechana is defined as the removal of unwanted toxic material from the body in a downward direction, i.e., through Guda Marga (anal way). Sthaulya is one of the Santarpanjanya vyadhi and shows Bahudoshavastha. Different Shodhana modalities have been told for treatment for the Santarpanjanya Vyadhis. Due to these reasons, Virechan is the good procedure for the treatment of Sthaulya, which gives the best results. Virechana can also be used to treat the complications (Upadravas) associated with Sthaulya. Additionally, Vataroga is noted among the Upadravas of Atisthouilya. Given the combination of Meda, Kapha, and Vata in Sthouilya, Virechana is typically performed using Erandatail. According to Charkacharya, Laghuta, or lightness in the body, is a symptom observed following the administration of the Virechana procedure.
- **Basti:** Basti is a Panchakarma procedure in which specially prepared medications are administered into the body through the anal, vaginal, or urethral openings. For treating Sthaulya, Lekhana Basti is the preferred method, as it effectively eliminates excessive in the prSthaulya, Lekhana Bathi is the recommended approach since it successfully removes excessive doshas from the body. excessive doshas from the bodysaindhava salt, hing, yavakshara, kasis, and shilajatu, all of which possess fat-reducing properties. These components have qualities that counteract Meda and Kapha, promoting the reduction of excess fat. Additionally, Basti helps regulate Vayu and facilitates Kostasuddhi, which initiates proper metabolism by alleviating Vayu Avarana and nourishing the subsequent dhatus.<sup>(35)</sup>
- **Udavartana.<sup>(36)</sup>** : Udavartana is a procedure in which powdered medications are applied to the body, massaged in the direction toward the heart. This technique aids in liquefying Meda and Kapha, contributing to overall strength. Udavartana can be performed using the following substances. 1. This mixture contains Shrishya, Nagakeshara and Lodhra. 2. This mixture contains Priyangu, Lodhra, Khas and Chandana. 3. The mixture contains Haridra, Lodhra, Neem leaves, Karanjabarka, and peel of Dadima fruit. In these mixtures, specific substances such as Lodhara serve as Medohara while Neemacts as a promoter of at metabolism (Meda Dhatu Pachaka).
- **Ushnodaka Paana Baishajya ratnavali Jwaradhikara :** Water that has been boiled down to one-eighth or one-half of its original volume is referred to as Ushnodaka. This preparation is effective in reducing Kapha Vayu and Medas.

**Yoga:**

Specific yoga postures are effective in combating obesity and improving physical fitness:

1. SuryaNamaskara (SunSalutation)
2. Mayurasana (PeacockPose)
3. Sirsasana (HeadstandPose)
4. Halasana (PlowPose)

**PATHYA-APATHYA<sup>(37)</sup>****PathyakaAhar inSthaulya**

Ahar Varga	Pathya
ShamiDhanya (Pulses)	Kulatha, Chanaka, Masur Mudga,RajamashaAdhaki,Makusthaka
SukaDhanya (Cerealgrain)	Jurna,Prashatika,Kanguni Kodrava, ShyamakPuranShaliLaja,Nivara,Koradushaka,
ShakaVarga (Vegetables)	Patol, Vastuka, Trapusha, Vartaka, Patol, Patrashaka, Shigruvruntaka, Evaruk Patrashaka, Shigru,Vruntaka, K t tikta Rasatmak etc. Vastuka, Katutikta Rasatmak, Evaruka, Adraka, Trapusha, Vartaka, Evaruka, Adraka, Mulaka,Surasa. Mulaka, Surasa.
DravaVarga	Takra, Ushnajala, Tila & Sarshapa Tail,Surasava, Jeerna Madhya Asava, Arishta, Honey
PhalaVarga (Fruits)	Kapittha, Pippali, Erand Karkati Jambu, Bibhitaki, Haritaki, Maricha, Ankola, Narang, Bilvaphala. Amalki, Ela

**National Journal of Ayurveda & Yoga****PathyakaViharInSthaulya:**

Pathya	Apathya
Shrama	SheetalJala Sevan
Jagarana	Diwaswapa
Nitya Bhramana	Avyavaya
Ashwa Rohana	Avyayam
Hastyava Rohana	AtiAshana
Vyavaya	SukhaShaiya

## DISCUSSION:

In Ayurveda, the management of Sthaulya (obesity) involves two primary therapeutic approaches:

1. **Shodhana(PurificationTherapy):**
2. **Shamana(PacifyingTherapy):**

The substances (Dravya) used for treating Sthaulya typically possess Katu (pungent), Tikta (bitter), and Kashaya (astringent) tastes, along with Lekhana (scraping) properties. Most of the therapeutic agents used exhibit Kaphahara (Kapha-reducing), Vatahara (Vata-pacifying), and Medohara (fat-reducing) actions. These herbs and formulations improved digestion and prevented the formation of Ama (toxins). Pippali specifically enhances digestive strength, even in cases of ama accumulation.

Due to its Rooksha (dry) property, **Udvaartana** (dry powder massage) effectively clears blockages within the Srotas (body channels). Additionally, its diet adheres to the Ayurvedic treatment principle of Guru Cha Atarpana. (dry powder massage) is effective in clearing blockages within the Srotas (body channels) due to its Rooksha (dry) property. The diet adheres to the Ayurvedic treatment principle of Guru Cha Atarpana. **Navaka Guggulu**, a formulation containing Trikatu (Pippali, Maricha, Shunthi), Triphala (Amalaki, Bibhitaki, Haritaki), Chitraka, Musta, and Vidanga, demonstrates multiple. multiple. GugguluactsasaRasayana (rejuvenative)

and possesses Lekhana (scraping) effects, reducing Meda (fat), Kapha, Ama, and Vata. Triphala is particularly effective in decreasing Kleda (moisture), Meda, Kapha, and Vata. Triphala is Yoga plays a vital role in normalising fat metabolism; improYoga and pranayama play energy utilisation and promote overall physical and mental well-being. Exercise enhances the function of Dhatavagni (metabolic fire responsible for tissue metabolism), mobilises Medodhatu (fat tissue), and helps in achieving a well-toned and fit body.

## CONCLUSION

Substances (Dravya) with Katu (pungent), Tikta (bitter), and Kashaya (astringent) tastes, along with Lekhana (scraping) properties, are effective in drying and removing liquefied ordetoxified Kapha and Meda (fat tissue). KaphaandMost of these drugs exhibit Kaphahara (Kapha-reducing), Vatahara (Vata-pacifying), and Medohara (fat-reducing) actions. These properties support digestion and prevent Ama (toxins) formation. Pranayama helps in eliminating aggravated Kapha Dosha, reducing impaired Medoagni (fat metabolism), and correcting Ama Dosha. It also addresses Dhatvagni Mandya (weakened metabolic fire), thereby strengthening Medodhatvagni (fat tissue metabolism). The Laghu (light), Ushna (hot), and Teekshna (sharp) qualities of Basti (medicated enema) help clear obstructions in the Srotas (bodychannels) when absorbed through the in testinal mucosa. the intestinal mucosal cilita This facilitates the expulsion of morbid material from the entire body, effectively breaking the pathogenesis of obesity.

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