

**STHAULYA (OBESITY) IN AYURVEDA AND ITS MANAGEMENT WITH GUGGULU:
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ABSTRACT

Obesity is not because it runs in the family; it is because the lifestyle and concept responsible for the people turn obese. Sthaulya has been included by Acharya Charak among ashtauninditiya pursha. Obesity has become epidemic today and it is essential to understand the consequences of obesity. In a world where food supplies are intermittent, fat cells, residing within widely distributed adipose tissue depots, are adapted to store excess energy efficiently as triglyceride and, when needed, release stored energy as free fatty acids for use at other sites.^[1] This physiologic system, orchestrated through endocrine and neural pathways, permits humans to survive starvation for as long as several months. Recent study reveals that obesity and its related disorders occupying major share in the spectrum of health, disease and management.^[2] Fraction A in hypercholesterolemia. It is one of the disorders of non-communicable disease, which has laid down foundation stone of diabetes mellitus, metabolic syndrome, hypertension and others.^[3] The etio-pathogenesis, management and consequences of obesity are not very clear and it is still evolving in biomedical sciences. As a disease entity it is a multi-factorial metabolic disorders, very near to Medoroga/Sthaulya of Ayurveda.^[4] The prevalence of obesity is higher in urban areas than in rural populations of India, due to a steady erosion of the holistic way of life in the cities as well as the sedentary and overeating habit. The spiritual, psychological, and physical levels of human health and disease is given due importance in Ayurveda. The current understanding of adipose tissue as an endocrine organ coupled with the core principles drawn from Ayurveda may form a scientific basis for the management of obesity. Guggul is one of the oldest Ayurvedic herbs taken orally for a variety of diseases. The term "guggul" in Sanskrit means "protects against diseases. In course of the management of obesity Guggulu is a popular herbal drug which has been used as single form or compound form to treat several ailments since a long time in India.^[5] The oleo-gum or the resin of *guggulu* obtained from stem is the main part, which has been used for therapeutic uses.

KEYWORDS: Sthaulya (Obesity), Guggulu, Ashtanindita purusha, Non communicable disease.**INTRODUCTION**

Growing prevalence of obesity worldwide is an increasing concern surrounding the rising rates of Diabetes, Coronary and Cerebrovascular disease that pose a big threat in terms of health and financial hazards for the entire population of the world.

AIMS AND OBJECTIVES

To see the effectiveness of guggulu in the treatment of obesity according to various contemporary research and classical texts of Ayurveda.

MATERIALS AND METHODS

In this review article we searched several research database as well as Ayurveda classical texts like Brihatrayi, Nighantu, Sharangdhara Samhita, Bhaisajya Ratnavali etc. to see the most talked drug guggulu and its

role in the management of this disorder. Besides, we checked the modern mode of action of guggulu in terms of dissolution of the fat tissue that might be the mainstay of the treatment of obesity.

Obesity in Ayurveda

Charaka has described obesity as a disease of the fat tissue (Medoroga) leading to hugeness (sthoulyam). The prevalence of obesity is higher in urban areas than in rural populations of India, due to a steady erosion of the holistic way of life in the cities as well as the sedentary and overeating habit. The spiritual, psychological, and physical levels of human health and disease is given due importance in Ayurveda. The current understanding of adipose tissue as an endocrine organ and the concept derived from Ayurveda to get rid of it may form a scientific basis for the management of obesity.

Symptoms

1. *AtiShevida* [Excessive Sweating]
2. *SharamjanyaSwasa*[Breathlessness on mild exertion]
3. *AatiNindra*[Excessive sleep]
4. *KaryaDorblyta* [Difficulty to perform heavy work]
5. *Jadyatha*[Stuggishness]
6. *Alpaayu*[Short life span]
7. *Alpabala*[Decreased bony strength]
8. *Uathashahani*[Inertness]
9. *SharirDurgandhta*[Foul odour of the body]
10. *Gadgadtava*[Unclear voice]
11. *Kshudhavridhi*[Excessive hunger]
12. *AtiTrishna*[Excessive thirst].

Table 1: Complications of Obesity(Sthaulya) described in the texts of Ayurveda.

| No. | Updrava | Sushruta Samhita | Asthang Sangraha | Asthang Hriday | Yog Ratnakar | Bhav Prakash | Madanpal Nighantu |
|-----|---------------|------------------|------------------|----------------|--------------|--------------|-------------------|
| 1 | Prameha | - | + | + | + | + | - |
| 2. | Pramehapidika | | | | | | |
| 3. | Jvara | + | + | + | + | + | + |
| 4. | Bhagandara | + | + | + | + | + | + |
| 5. | Vidradhi | + | - | - | - | - | + |
| 6. | Vatavikara | + | - | - | - | - | + |
| 7. | Udar Roga | - | + | + | - | - | - |
| 8. | Urustambha - | - | + | - | - | - | - |
| 9. | Svasa | - | + | - | - | - | - |
| 10. | Apachi | - | - | + | + | + | - |
| 11. | Kasa | - | - | + | + | + | - |
| 12. | Sanyasa | - | - | + | - | - | - |
| 13. | Kushtha | - | - | + | + | + | - |
| 14. | Visarpa | - | - | - | + | + | - |
| 15. | Atisara | - | - | - | + | + | - |
| 16. | Arsha | - | - | - | + | + | - |
| 17. | Shlipada | - | - | - | + | + | - |
| 18. | Kamala | - | - | - | + | + | - |
| 19. | Mutrakricchra | - | - | + | - | - | - |
| 20. | Ajirna | - | - | + | - | - | - |

Epidemiology

In the era of urbanization, obesity has emerged as a serious health issue of both developed and developing nations and recognized as serious public health problems of the 21st century. It is recognized as one of the important lifestyle and metabolic disorders. It is a leading preventable cause of death world over. The incidence of obesity has been felt most dramatically in urban areas and gradually acquires its place in semi-urban and rural areas. WHO has predicted in 1997 that overweight and obesity may soon replace undernutrition and infectious diseases as the most significant cause of poor health. In 2005, WHO estimates that, at least 400 million adults (9.8%) are obese at world map, with higher rates among women than men. Obesity is the main reason for about 80% of type 2 diabetes, about 70% of cardiovascular diseases, and 42% of breast and colon cancers. At present, childhood-obesity is also running out of control. In the past two decades, the number of overweight children and adolescents has doubled.

Aetiology(Hetu)

Exogenous causes are meda (fat) potentiating diet and regimens, whereas dosha, dhatu, Mala, Srotas etc. come under the endogenous factors.

Pathogenesis of Obesity According to Ayurveda:- In the pathogenesis of sthauilya, all the three doshas are vitiated, especially Kledaka Kapha, Pacaka Pitta, Samana and Vyana Vayu are the Doshika factors responsible for the samprapti of sthauilya. Aama annarasa traveling in the body channels gets obstructed in the Medovaha Srotas owing to the khavaigunya due to bija svabhava or sharir shaithilya and combines with kapha and meda, decreasing the medo dhatvagni which in turn gives rise to augmentation of meda. Vitiated Vyana Vayu propels this augmented meda dhatu to its sites viz. udara (abdomen), sphika (hip region), stana(breast), gala(neck) etc. resulting in sthauilya or ati Sthula. *Atisthauilya* (obesity) is considered as one of the eight despicable conditions as described by *Acharya Charaka*.^[6] A person in whom there is excessive accumulation of *Meda* (fat/adipose tissue) and *Mamsa* (flesh/muscle tissue) leading to flabbiness of hips, abdomen, and breast has been categorized as *Atisthula*.^[7] *Medas* is body tissue predominant in *Prithvi* and *Ap Mahabhutas* similar to *Kapha Dosh*.^[8] It is characterized by *Snighdha* (unctuous), *Guru* (heavy), *Sthula* (space occupying), *Picchila* (slimy), *Mridu* (tender/soft) and *Sandra* (dense) *Guna* (qualities). *Sneha* (oleation), *Sweda* (production of sweat), *Drudhatva* (compactness), and *Asthipushti* (nourishment of bones) are the main functions of *Medodhatu*. Consumption of *Guru* (heavy to digest),

Sheeta (cold), *Snigdha* (unctuous), *Madhuradi Kaphavardhaka* (sweet and *Kapha* increasing) drugs along with lack of exercise and sedentary life style result in excessive nourishment of *Medas* while other bodily elements (*Dhatu*s) are deprived of nourishment. Disproportionately increased *Medas* is accountable for several serious consequences reported in *Charaka Samhita* like *Ayuhrasa* (decrease of life span), *Javoparodha* (decrease in enthusiasm and activity), *Krichravayavayata* (difficulty in sexual act), *Dourbalya*

(decrease of strength), *Dourgandhya* (bad odor), *Swedabadha* (excess perspiration) and *Kshut Pipasadhikya* (excessive hunger and thirst). *Mandotsaham* (less activity referring to sedentary lifestyle), *Atisnigdham* (excessive intake of fatty substances), *Atisthaulyam* (gross obesity), and *Mahashanam* (excessive eating) constitute for causation of *Prameha* (urinary diseases including Diabetes) and these etiological factors may also initiate Dyslipidemia.

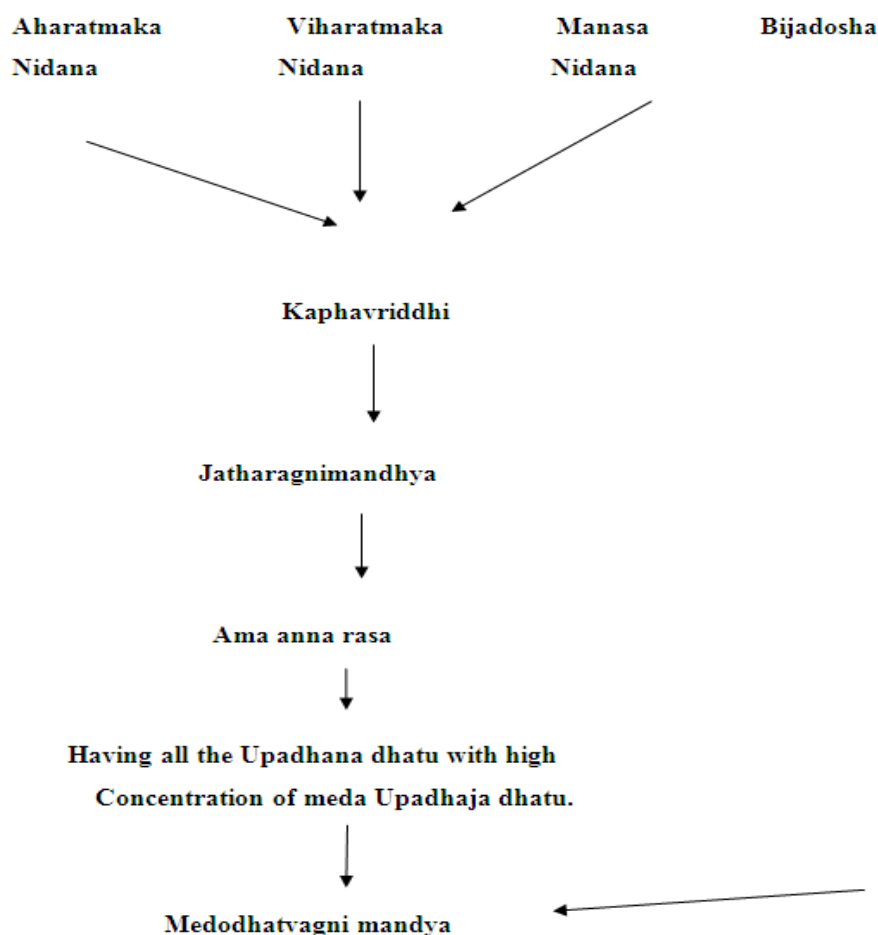
Table 2: Quantifying obesity with body mass index.

| BMI (kg/m ²) | Classification | Risk of co morbidities |
|--------------------------|----------------|------------------------|
| 18.5 – 24.9 | Normal range | Negligible |
| 25.0-29.9 | Overweight | Mildly increased |
| 30.0 | Obese | Moderate |
| 30.0 - 39.9 | Class 1 | |
| 35.0 - 39.9 | Class 2 | Severe |
| > 40.0 | Class 3 | Very severe |

In *Ayurveda*, Abnormal composition of *Medodhatu* is considered as *Medodosha* & subsequently as *Medoroga*. Derangement of *Agni* or digestive power leads to production of *Ama*, which disturbs *Dhatvagni* of *Medodhatu* & blocks the proper formation of further *Dhatu*. Improperly formed *Medodhatu* accumulates in the

body causing *Sihaulyaroga*. Accumulated *Medo* cause disturbance to the action of *Vata*, which cause increased appetite, due to *Chala-Guna* of *Vata*, patients therefore eat more & the entire food is abnormally converted into *Medodhatu*.⁶⁻

PROCESS OF SAMPRAPTI IN SCHEMATIC PRESENTATION



Pathyapathya

Charaka has mentioned a special type of diet, which is guru and apatarpana. It acts in two ways.

| Ahara varga | Pathya | Apathya |
|--------------|--|--------------------------------------|
| Shuka Dhanya | Yava Venuyava, Kodrava, Nivar, Jurna | Godhuma, Navanna Shali |
| Shami Dhanya | Mudga, Rajmasha, Masur, Adhaki Kulaththa, Chanak, | Masha, Tila |
| Shaka Varga | Vruntak, Patrashaka, Patola | Madhurshaka, Kand |
| Phala | Kapitha, Jamun, Amalak | Madhuraphala |
| Dravya | Takra, Madhu, Ushnodaka Til tail, Sarshap tail, Arishtha Asava, Jirnamadya | Dugdha, Ikshu Navnit, Ghrita Dadh |

One is the neutralization of Vayu and Agni by heaviness of the food, another is non-nourishing of the Medas rather it prevents the further formation of fat.

Regarding these properties following diet can be used Guggulu (Commiphora Mukul/Wightii)

Chemical Composition:^[9]

Steroids and sterols: Guggulsterone is the steroid which exhibits anti obesity and anti-inflammatory action.

Triterpenoids: Myrrhanone and myrrhanol are the terpenoids that have been reported to trigger anti-inflammatory potential.

Sesquiterpenoids: Cardinene has neuroprotective action.

Volatile oils: Limonine, eugenol, pinene and cineole.

Flavonoids: Quercitin exerts neuroprotective and anti-inflammatory actions.

Therapeutic effects of Guggulu

Antihyperlipidemic action

Guggulsterone, the bioactive constituent of Guggul, has been recognized as an antagonist at the nuclear farnesoid x receptor (FXR),^[10,11] is found to be a key transcriptional regulator for the maintenance of cholesterol and bile acid homeostasis,^[12,13,14] in the body system. It acts against removing excess cholesterol from the body by transforming it to bile acid through from the body.^[15] It is observed that treatment by Guggulu significantly increases (57%) bile acid secretion through fecal route.^[16] The cholesterol 7 α -hydroxylase (CYP7A1) is other rate limiting enzyme of bile acid synthesis from cholesterol in the liver.^[17]

Antioxidant action

The overproduction of nitric oxide is closely linked with oxidative stress, that lowers Glutathione,^[18] superoxide dismutase (SOD) and increases xanthine oxidase which are associated with the the pathogenesis of hypercholesterolemia, obesity, atherosclerosis and chronic inflammation.^[19] It was not until the 1990s when the

antioxidant activity of guggulsterone was first reported.^[20,21] It showed potent inhibitory activity against the production of nitric oxide^[22] and therapeutically beneficial to diseases related to the oxidative stress such as obesity etc.

Anti inflammatory action

The anti inflammatory activity of Guggul was documented in Ayurveda classics in terms of Shothaghna and further reported in 1960,^[23] and subsequently in 1977.^[24]

Fat lowering action

Due to enzyme breakdown property guggulu exerts, it is capable of reducing fat in mice, a study has been conducted.

Neuroprotective action

Guggulu extract fed to the mice has showed the neuroprotective effect of damaged glia cells.

Cardiotonic

Guggulu reduces drug related heart disease in mice.

Antitumor effect: Guggulu is found to exhibit anti tumor effect in rats.

DISCUSSION

Obesity has become epidemic today and it is essential to understand the consequences of obesity. It is one of the disorders of non-communicable disease, which laid down foundation stone of diabetes mellitus, metabolic syndrome, hypertension and others. In ayurveda, sthaulya and medoroga has been described as obesity.

From samprapti (Pathogenesis) it is clearly seen that not only does aharaaj but also viharaj, manas and bijdoshaj factors are associated with the jathragni mandya which ultimately results into the accumulation of medo and mamsa dhatu.

Although Charak has explained the complications (updravas) of sthoulya if not cared on time, drugs/herbs of antisthoulya property must possess the following characteristics:

Rasa – tikta, katu, madhura, kashaya

- Guna – laghu, teekshna, snigha, sukshma
- Veerya – ushna
- Vipaka – katu
- Karma – tridosha shamaka, vedanasthapana, lekshana, shoolahara, shothahara.

Besides, the popular remedial guideline narrated by Charak is guru apatarpan which appears quite scientific as guru acts against reducing vayu and agni and at the same time apatarpan is essential to cut off the meda dhatu. So, the treatment aims at decreasing the size of abdomen per se.

CONCLUSION

Ayurveda describes the aetiopathology of Medo roga (sthoulya or obesity), pathogenesis, risk factors, complications and its management. In addition to the dietary regimen, one of the best medications guggulu has tremendous potential to cut off the extra fat. Many researches and studies have been done in this regard in the past, however, the desired result can't be seen among the patients who take it. It might be because the guggulu they use may not be of pure kind. So, it is required to select the best raw herb prior to use it as a medication.

REFERENCES

1. S.K. Bhardwaj Pharmaceutical and clinical study of some Ayurvedic medicines w.s.r. to obesity, 2001.
2. Kotiyal JP, Bisht DB, Singh DS. Double blind cross-over trial of gum guggulu (*Commiphora mukul*).
3. Gaur SP, Garg RK, Kar AM, et al., *J Res Ayur Siddha*, 1985; 6(1,3,4): 20–35.
4. Chaturvedi V. Sthaulya (Medoroga) Ka Naidanika Adhyayan, 1989.
5. Verma SK, Bordia A., *Indian J Med Res*, 1986; 84: 626–34.
6. Kaviraj Atridevagupta Vagbhata 'Astangasamgraha with Hindi Commentary Vol -1, Published By Chaukhambha KrishnadasAcademy, Varanasi 2005, Page -183-184, A.S.sutra.
7. Kaya Chikitsa, part 3, Prof Ajay Kumar Sharma, Varanasi: Chaukhambha Publicers, edition-2013; 171.
8. Chakrapanidutta. In: Commentator, Sushruta Samhita, Sutra Sthana, Doshadhatumalakshayavruddhi Vijnaniya Adhyaya, 15/4. 8th ed. Vaidya Jadavji Trikamji Acharya., editor. Varanasi: Choukhambha Orientalia, 2005; 68.
9. Sarup p, Bala S, Kamboj S; Pharmacology and Phytochemistry of Oleo-Gum Resin of Commiphora wightii (Guggulu).
10. Urizar NL, Liverman AB, Dodds DT, Silva FV, Ordentlich P, Yan Y et al. A natural product that lowers cholesterol as an antagonist ligand for FXR. *Science*, 2002; 296: 1703-06.
11. Wu J, Xia C, Meier J, Li S, Hu X, Lala DS. The hypolipidemic natural product guggulsterone acts as an antagonist of the bile acid receptor. *Mol Endocrinol*, 2002; 16: 1590-97.
12. Ory DS. Nuclear receptor signalling in the control of cholesterol homeostasis: Have the orphans found a home? *Circ Res*, 2004; 95: 660-70.
13. Kalaany NY, Mangelsdorf DJ. LXR (farnesoid X receptor) and FXR (Liver X receptors): The yin and yang of cholesterol and fat metabolism. *Annu Rev Physiol*, 2006; 68: 159-91.
14. Cai SY, Boyer JL. FXR: A target for cholestatic syndromes? *Expert Opin Ther Targets*, 2006; 10: 409-21.
15. Russell DW. The enzymes, regulation, and genetics of bile acid synthesis. *Annu Rev Biochem*, 2003; 72: 137-74.
16. Kumari K, Augusti KT. Lipid lowering effect of S-methyl cysteine sulfoxide from *Allium cepa* Linn in high cholesterol diet fed rats. *J Ethnopharmacol*, 2007; 109: 367-71.
17. Fuchs M. Bile acid regulation of hepatic physiology: III. Regulation of bile acid synthesis: Austin MA, Hokanson JE, Edwards KL. Hypertriglyceridemia as a cardiovascular risk factor. *Am J Cardiol*, 1998; 81: 7B–12.
18. Waggiallah H, Alzohairy M. The effect of oxidative stress on human red cells glutathione peroxidase, glutathione reductase level and prevalence of anemia among diabetics. *N Am J Med Sci*, 2011; 3: 344-7.
19. Moncada S, Palmer RM, Higgs EA. Nitric oxide: Physiology, pathophysiology, and pharmacology. *Pharmacol Rev*, 1991; 43: 109-42.
20. Singh RB, Niaz MA, Ghosh S. Hypolipidemic and antioxidant effects of Commiphora mukul as an adjunct to dietary therapy in patients with hypercholesterolemia. *Cardiovasc Drugs Ther*, 1994; 8: 659-64.
21. Singh K, Chander R, Kapoor NK. Guggulsterone, a potent hypolipidaemic, prevents oxidation of low density lipoprotein. *Phytother Res*, 1997; 11: 291-94.
22. Meselhy MR. Inhibition of LPS-induced NO production by the oleogum resin of Commiphora wightii and its constituents. *Phytochemistry*, 2003; 62: 213-18.
23. Gujral ML, Sareen K, Tangri KK, Amma MK, Roy AK. Antiarthritic and anti-inflammatory activity of gum Guggul (Balsamodendron mukul Hook). *Indian J Physiol Pharmacol*, 1960; 4: 267-73.
24. Sharma JN, Sharma JN. Comparison of the anti-inflammatory activity of Commiphora mukul (an indigenous drug) with those of phenylbutazone and ibuprofen in experimental arthritis induced by mycobacterial adjuvant. *Arzneimittelforschung*, 1977; 27: 1455-57.