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A REVIEW ARTICLE ON OBESITY W.S.R. TO STHAULYA

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ABSTRACT

Among the world's oldest medicinal sciences is Ayurveda. It formulates and explains, in terms of its own ideas and methodologies, the fundamental and practical elements of the life process, health, illness, and its management. From the very beginning of Ayurveda, Sthaulya has been mentioned in several Samhitas, Sangraha Granthas, etc. Acharya Charaka mention that Sthaulya is one of the eight Nindita Purushas and Santarpanajanita Rogas. Sthaulya's study focuses on medovriddhi, which examines normal fat as a reflection of an endocrine imbalance rather than rational adiposity. Obesity is the most common nutritional issue in wealthy cultures. Patients have several problems over time. They are therefore more susceptible to many other diseases and are associated with comorbidities and mortality. Modern medicine is doing its best to overcome this problem, but it has limitations. The drug has its own complications. According to Ayurveda, excess accumulation of Medha and Mansa, which leads to sagging of the waist, abdomen, and chest, is called Sthaulya. Nidhan, Lakshana, Updrav, and different types of Chikitsa are mentioned in various classical texts.

KEYWORDS: *Sthaulya*, obesity, *meda*.

INTRODUCTION

Acharya Charaka mentioned eight underlying faults, namely Ayusho hrasa, Javoprodha, Krichchra Vyavaya, Dhaurvalya, Dhaurgandiya, Swedabadha, Ati-trisha, Atikshudha, and Staurya Purusha. Santarpan Janya Vikar, or excess nutritional disorder, is the classification given to Sthaulya. The first person to give a thorough account of Sthaulya was Aacharya Charaka. He describes Atisthula as one of the Aashtanindita Purusha. The symptoms that are mentioned today, such as difficulties doing physical labor, excessive perspiration, debility, and dysponea are similar to those of Lakshanas that have previously been discussed in the classical Samhitas under Sthaulya.

Obesity refers to a group of metabolic disorders that share the phenotype of excess adipose tissue in the body The causes of obesity are numerous and involve a complex interplay of genetic and Environmental factors. According to the etiology of obesity, contributing factors include excessive food intake, low energy expenditure, endocrine diseases (including Cushing's syndrome, hypothyroidism, and hypogonadism), medications, and neurological disorders.

The WHO World Health Report ranked obesity among the top 10 health risks. The incidence of diabetes, hypertension, angina, and myocardial infarction is higher in obese people, often due to heavy and excessive food intake, endocrine factors, morphology, and genetics. A BMI (body mass index) above 27 indicates increased health risks. The rapid spread of urbanization and industrialization and the dramatic lifestyle changes that come with it have led to an obesity pandemic even in developing countries.

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Definition of sthaulya

मेद्रोमांसातिवृधत्वाञ्चलरिंफगुदरस्तनः अयथोपचयोत्साहो नरोऽतिस्थूल उच्यते || च. सू. २१/९

A person is referred to as *Sthoola* if they exhibit an excessive and abnormal growth in *Medo Dhatu* and *Mamsa Dhatu*, which causes their breasts, abdomen, and buttocks to seem pendulous. There is no equivalent gain in energy to equal the increased mass.

Obesity definition

An excessive amount of body fat that is harmful to one's health is called obesity. Although the term "overweight" is more commonly used to refer to a minor degree of adiposity, the phrase "grossly overweight" is typically reserved for those who fit this description. A 20% excess above ideal weight poses a risk to one's health.

Nidan

अन्यायाम दिवास्वप्न श्रतेष्ताहार सेविनः। मधुरो अन्नरसः प्रायः रनेहान्मेदो विवर्धयेत्।

तदितस्थौल्यमतिसंपूरणादगुरुमधुरशीतरिनग्धोपयोगाद-व्यायामादव्यवायादिवास्वप्नाद्ध

र्षनित्यत्वादचिन्तनाद्वीजस्वभावाच्चोपजायते।

Following are the *nidan* which causes the obesity:

- Atisampuranada i.e. unhealthy food, Guru, madhur, atisnigdha dravya i.e. to eat fatty foods
- Avyayam i.e. lack of exercise
- Avyvaya i.e. lack of coitus
- Diwaswapana i.e. sleep during daytime
- *Harshanitya* i.e. to remain always happy without any tension and without any mental illness.
- Beeja swabhavat i.e. hereditory obesity, when the obesity comes through maternal or patrenal genes.

According to the modern science etiology of obesity is complex

- Age- can occur at any age
- Sex-women have higher rate of obesity than men
- Genetic factor- there is a genetic component in the etiology of obesity
- Physical inactivity
- Socio-economic status
- Psycological factors are deeply involved in the etiology. Over-eating may be the symptom of depression, anxiety and frustration.
- Familial tendency, obesity frequently runs in the families
- Alcohol
- Education
- Smoking
- Drugs.

Samprapti

मेदसांऽऽवृतमार्गत्वाद्वायुः कोष्ट विशेषतः । चरन संधुक्षयत्विनमाहारं शोषयत्यपि ॥९॥ तरमात स शीघ्र जरयत्याहारं चातिकाङक्षाति । विकारांश्रचा%नुते घोरान काश्चित्कालव्यतिक्रमात । Nidana sevana (Kapha medo vardhaka ahara)

Jatharagni mandta

Saama anna rasa Utpatti

Predominance of Apa & Prithvi bhoota

Datvagni mandya

Medho vaha srotodushti (sanga)

Sanchya of apachita meda in sphik satana, udara

Pthogenesis of obesity (Modern perspective)

Adipose cell hypertrophy with the least amount of hyperplasia is the hallmark of adult-onset obesity.

In addition to the increase in the size of conventional depots (e.g., in obesity, subcutaneous tissue, omentum, retroperitoneal tissues, and epicardium, as well as adipose tissue), it may be extensive to tissues where it is not normally present.

Three main components of the pathogenesis of obesity are excess lipid accumulation, reduced lipid mobilization, and reduced lipid intake. Increased food intake, hypothalamic abnormalities, adipocyte hyperplasia, or hyper adipogenesis can lead to excess lipid accumulation.

Due to metabolic development, increased food intake in the form of carbohydrates, proteins, and fats is ultimately converted into fat and stored in fat depots. The decline in lipid metabolism is due to a decrease in lipolytic hormones and abnormalities in the autonomic control of thyroxine and adrenaline, which stimulate the mobilization of unsaturated fatty acids from adipose tissue. These abnormalities lead to decreased lipid mobilization and increased lipid authentication, ultimately leading to obesity.

Aging, inefficient lipid oxidation, insufficient thermogenesis, and immobility contribute to decreased lipid utilization.

The main pathophysiology of obesity in middle age is a decrease in lipid utilization.

Rupa (Sign & Symptom) अतिस्थूलस्य तावदायुषो हासो जवोपरोधः । कृच्छ्रव्यवायता दौर्बल्यं दौर्गन्ध्यं स्वेदाबाधः ॥ क्षूद्रतिमात्रं पिपासातियोगश्चेति भवन्त्यष्टौ

दोषाः। (च.सू. २१/४)

According to acharya charaka

- Ayusho Hrasa (Lacking in longevity),
- Javoparodha (Fewer energy levels),
- Krichchra Vyavaya (Complexity during Sexual Intercourse),
- Daurbalya (Weakness),
- Daurgandhya (Awful Smell),
- Swedabadha (Additional Sweating),
- Ati Kshudha (Too much Hunger)
- Ati Pipasa (Excessive Thirst).

अतिस्थौल्यादितक्षुत्तृटप्रस्वेदश्वासनिद्धता। आयासक्षमताजाड्यमल्पायुर्बलवेगता॥ दौर्गन्ध्यं गद्गदत्वं च भवेन्मेदोऽतिपुष्पितः॥ (अ.सं.सू. २४/२३-२४)

According to acharya vagbhat following are the symptoms of obesity

- Aspashta bhashan (unclear voice)
- Alpa bala (Decreased body strength)
- Alpayu (short life span)
- Shwasa (dyspnoea)
- Nidra adhikya (Excessive sleepiness)
- Ayasa (Difficulty to perform heavy work)
- Ati kshudha evum atitrishna (Excessive hunger & polydypsea)
- Svedadhikya (Excessive perspiration)
- Jadyata (Sluggishness)
- Daurgandhya (foul smell).

Updrava (complications)

The Ayurvedic literature describes the following complications. स्थूलेस्युर्दुस्तरा रोगा विसर्पाः सभगन्दराः। ज्वरातिसारमेहार्शः श्ठीपदापाचीकामताः॥ (यो.र.)

- Apachi
- Arsha
- Atisara
- Bhagandara
- Jwara
- Kamla
- Prameha
- Shlipada
- visarpa

Complications Described in Contemporary Science Among them include

- diabetes
- heart disease
- arthritis
- cancer
- hypertension
- gallstones
- sleep difficulties
- piles and more.

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