



A REVIEW ARTICLE ON “STHOULAYA:

Dr. Rajesh Sharma*¹ and Dr. Raina Namartha²

¹Medical Officer BAMS.

²PG Scholar Final Year K.C Department.

*Corresponding Author: Dr. Rajesh Sharma

Medical Officer BAMS.

Article Received on 06/07/2018

Article Revised on 27/07/2018

Article Accepted on 17/08/2018

ABSTRACT

In process of modernization and rapid urbanization human beings are falling prey to various disorders-unhealthy food habits and lifestyle plays major role in causing many ailments including obesity. The prevalence of obesity world wide has dramatically increased during the last three decades. Obesity has significant effect on an individual's quality of life as well as these condition which involves multi-drug regimens which can be associated with a variety of side-effects. In Ayurveda, management of obesity through Ahara (Diet) and vihara has been described widely.

KEYWORDS: Sthoulaya, obesity, lifestyle, over weight.

INTRODUCTION

Obesity is very well said in Ayurveda by the name of sthoulya. Acharya Charaka, who may be called as Indian Hippocrates, described obesity as a disease of fat tissues (medo Roga) leading to sthoulaya. It has classified under “Asta Nindita Purusha”. (eight despicable personalities) and defined as excessive and abnormal increase of medodhatu along with mamsa dhatu resulting in pendulous appearance of buttocks, belly and breasts. The obese people have tendency to retain water in their body. Hence excess weight is both due to retention of water in their body and storage of fatty tissue.

Etiology

- 1) **Sedentary life style** – Physical inactivity is a major element in development of obesity. Physical inactivity may be due to internet addiction or ageing.
- 2) **Stress or psychological cause** – Emotional disturbances caused by stress from psychological and social environment. Stress may be induced by a number of routine disturbances as outburst activities.
- 3) **Dietary intake-** obesity in recent decades are more due to excess intake of food than physiological needs, rapid eating habit, junk food, high caloric fat diet and sweetened drinks.
- 4) **Age, sex and race-** However obesity occur in any age, but persons of middle age group are more prone to be an obese. Adolescent and middle age female are more prone to obesity

Prevention

It is defined as art and science of health promotion, disease, disability limitation and rehabilitation.

Ayurvedic Principles gives more importance to prevention of disease, rather than its manifestation. Hence forth for prevention of disease, Acharaya Charak ahs explained in Santarpaniya Adhayaya. General rule in swasthavrutta palana is adopted i.e. food and lifestyle. It includes dinacharya, Nishacharya, Rutucharya, Sadvritta, adharniya vegadharna, rasayan and vajikarna.

- Intake of katu, tikta, Kashaya Ahara.
- Consumption of more shaka varga dravya (leafy vegetables).
- Avoidance of adhyasana (Taking food before digestion of previous food.)

Management

- Regular exercise like brisk walk, running, swimming.
- Some of the asana and pranayama such as paschimottanasana, bhujangasana (cobra pose) pavanmuktaasana.
- Intake of low caloric diet such as millets and high fibrous vegetable such as cabbage, it takes long time to digestion.
- Regular intake of natural honey, as it has lekhana property.
- Use of single Ayurvedic drugs as:
 - ✓ Guggulu,
 - ✓ Guduchi,
 - ✓ Ginger,

- ✓ Chitraka,
- ✓ Trikatu,
- ✓ Shilajata,
- ✓ Agnimantha,
- ✓ Devadaru,
- ✓ Musta,
- ✓ Triphala etc. are responsible for reduction of body weight and fat.

CONCLUSION

Prevention is better than cure. The person suffering from obesity or prone to obesity should be encouraged to develop a healthy eating habit and to avoid the foods with high calories, high sugar contents. An emphasis on long-term weight control and maintaining good health rather than on short-term weight loss is required.

REFERENCES

1. Agnivesha. Charaka Samhita. redacted by charaka and Dridhabala. Ayurvedadipika commentary of Chakrapanidatta. edited by Trikamji Jadavji. Varanasi. Chaukhambha surabharati prakashan. Sutrastana, 2008; 21(9): 117.
2. Agnivesha. Charaka Samhita. redacted by charaka and Dridhabala. Ayurvedadipika commentary of Chakrapanidatta. edited by Trikamji Jadavji. Varanasi. Chaukhambha surabharati prakashan. Sutrastana, 2008; 21(9): 117.
3. Agnivesha. Charaka Samhita, redacted by charaka and Dridhabala. commentary of Chakrapanidatta. edited by Trikamji yadavji, Varanasi, Chaukhambha surabharati prakashan. Sutrasthana, 2008; 21(4-9): 116.
4. Agnivesha, Charaka Samhita. redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta. edited by Trikamji Jadavji. Varanasi. Chaukhambha surabharati prakashan, Sutrasthana, 2008; 21(4): 116.
5. Agnivesha, Charaka Samhita. redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, Edited by Acharya Trikamji Jadavji. Varanasi. Chaukhambha surabharati prakashan, sutrasthana, 2008; 21(17): 117.
6. Wikipedia. Obesity in India/ India facing obesity epidemic dated, http://en.vvikipediaorg/vviki/obesity_in_india; 2008.
7. Wikipedia, Obesity / obesity epidemic, <http://en.wikipedia.org/wiki/Obesity>.
8. <http://vu./ho.int/mediacentre/factsheets/fs311/en/>.
9. World health organizatioa obesity: preventing and managing the global epidemic, report of a who consultation. World health org tech rep ser, 894: i-xii, 1-253.
10. Sushruta, Sushruta Samhita. Edited by Acharya Yadavji Trikamji, Choukambha Sanskrit Sansthan. Varanasi, Sutrasthana, 1997; 15(37).
11. Agnivesha. Charaka Samhita, redacted by Charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta, edited by Trikamji Jadavji. Varanasi. Chaukhambha surabharati prakashan. Sutrasthana, 2008; 28(34): 180.
12. Agnivesha. Charaka Samhita, redacted by charaka and Dridhabala, Ayurvedadipika commentary of Chakrapanidatta. edited by Trikamji Jadavji. Varanasi. Chaukhambha surabharati prakashan, Sutrasthana, 2008; 7(45): 53.