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Role Of Swasthavritta In Preventing Sthaulya (Obesity)**Shikha¹, Yogeh Jakhar², Anupam Pathak²**¹PG Scholar, ² Sriganganagar College of Ayurvedic Science & Hospital, Tantia University, Sri Ganganagar**Abstract**

Because of modernization and inactive way of life, metabolic issues have risen quickly. Sthaulya is an abnormal and excess accumulation of Medodhatu. Sthaulya can be compared with obesity. As per World Health Organization (WHO) report currently half a billion people (12% of the world total population) are considered obese. For developing countries like India obesity is becoming public health priority. India is one of the capitals of diabetes and cardiovascular disorders. A way of living in present lifestyle which includes altered food habits, sleep pattern, stress, strain, working environment, pollution leads to various life style disorders like obesity, hypertension, cardiovascular accidents (CVA-stroke), diabetes mellitus, and tobacco-alcohol-nutrition induced cancers, arthritis etc. A healthy lifestyle promotes well being, building and proper maintaining of healthy bones, muscles and joints as well as helps in controlling weight. It increases self esteem; confidence reduces stress, strain and promotes physical, mental, social and spiritual well being. The aim of Swasthavritta is to maintain the good health of healthy person and to get rid of the disease of diseased person. Disease is the result of disturbance in homeostasis of Tridosha, Saptadhatu, Agni, Mala according to Swasthavritta. This article will deal about the role of Swasthavritta into Sthaulya (obesity).

Key word- Sthaulya, Obesity, Prevention, Lifestyle, Swasthavritta, Levels of prevention.**Corresponding Author:- Shikha, (PG Scholar),** Sriganganagar College of Ayurvedic Science & Hospital, Tantia University, Sri Ganganagar, Rajasthan.**Received – 29/08/2020****Revised- 20/09/2020****Accepted – 28/09/2020****INTRODUCTION**

Sthaulya is a condition wherein there will be Ayatopachaya of Shareera

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associated with abnormal increase in Medodhatu. CharakaSamhita gives one of the best definition of Sthaulya-

“Medomamsa Ativrudhatvat Chalasphik
Udara Sthana.

Ayathopachaya Utsahonaro
Atisthulauchyate”¹

The increase of Medo and MamsaDhatu causes flabbiness and thus movement of the abdomen, buttocks and breast. This improperly formed MedoDhatu causes Utsahahani in the individual; such a person is called Atisthula.

Lifestyle diseases (also sometimes called diseases of longevity or diseases of civilization) are diseases that appear to increase in frequency as countries become more industrialized & people live longer. They can include obesity, hypertension, cardiovascular accidents (CVA- stroke), diabetes mellitus, and tobacco-alcohol-nutrition induced cancers, arthritis etc. Diet and lifestyle are major factors thought to influence susceptibility to many diseases. Drug abuse, tobacco smoking, and alcohol drinking, as well as a lack of exercise may also increase the risk of developing certain diseases, especially later in life²⁻⁴. As per World Health Organization (WHO) report currently half a billion people (12 % of the world total population) are considered obese⁵. A malady related with the manner in which

an individual or gathering of individuals lives is called as way of life ailment. Life style disorders are going to take the form of epidemic in the 21st century, if proper preventive measures are not taken. Obesity can be seen as the first wave of a defined cluster of non-communicable diseases called "New World Syndrome," creating an enormous socioeconomic and public health burden in poorer countries. The World Health Organization has described obesity as one of today's most neglected public health problems, affecting every region of the globe⁶. According to the World Health Organization (WHO), there will be about 2.3 billion overweight people aged 15 years and above and over 700 million obese people worldwide in 2015. Overweight and obesity are the fifth leading risk of deaths, resulting in around 2.8 million deaths of adults globally every year. In addition, 44% of the diabetes burden, 23% of the ischemic heart disease, and between 7% and 41% of certain cancer burdens are attributable to overweight or obesity⁷. Sthaulya is included under eight undesirable conditions (AshtauNindita)⁸, ShleshmaNanatmaj⁹, Santarpana Nimittaja¹⁰, Atinindita⁸, AtiBruhmana Nimittaja¹¹, and BahuDosh Janita Vikara¹². Moreover Sushruta has given emphasis on meta-bolic disturbances

(Dhatvaagnimandya) in the etiopathogenesis of Sthaulya.¹³

The causes and comorbidities of overweight or obesity are rampant and have many commonalities among populations. Although identifying firm causes of this epidemic is a difficult task, the most obvious factors leading to overweight or obesity are excessive intake of energy-dense food, sedentary lifestyle, and lack of physical activity¹⁴.

The patient of Sthaulya exhibits very strange phenomenon. Their appetite is excessive and whatever they eat is quickly digested, which indicates hyperfunctioning of the Jatharaagni. Other than this, the patient experiences apathy, might be expected to under gracefully of vitality, which might be because of hypo working of Bhutaagni. Further Dhatvaagnialso seems to be disturbed, as in Sthaulypatient mainly Medo-Dhatuis formed and there is deficiency of other Dhatu⁸. Hence, it can be inferred that in Sthaulya, Jatharaagniis Tikshna, Bhutaagniis Mandaand Dhatvaagniis disturbed in their respective functions.

In this manner, the current investigation endeavors to reveal insight into obesity (Sthaulya) among populace and will bargain about the job of Swasthavritta at various levels expressed in present day preventive medication as

early stage, essential, optional and tertiary degrees of prevention of lifestyle disorders. Objectives of the study are to understand the preventive aspects mentioned in Swasthavritta and to improve health, lifestyle and to avoid the complications of Sthaulya.

Material And Methods-

Literature Search- Review of literature with respect to weight and levels of prevention has been gathered from different course books, diverse sites and from modern science. Matter is likewise gathered in regards to the Sthaulya and Ayurvedic preventive strategies from different traditional writings of Ayurveda (Samhitas), research diaries, sites and from western clinical books and avoidance levels of sicknesses referenced in network medication science in setting with heftiness are associated with Ayurvedic Swasthavritta concerning Sthaulya (Obesity). Information has been gathered. Matter is likewise gathered with respect to the Pathya Apathya and Vyayam, Yoga in Sthaulya and all Compiled issue is revamped and basically investigated for the conversation and preliminary has been made to make some productive inferences.

Etymology (Vyutpatti) of Word Sthaulya
The word Sthaulya is conveyed from root "Sthu" with postfix "Ach", which stands likely for thick or strong or solid or

enormous or massive. As per Vachaspatyam, the word Sthaulya implies greatness of the body.¹⁵ According to **Amarakosha**, it represents exorbitant development of the body.¹⁶ According to **Hemachandra**, Sthaulya indicates the state of over nutrition of body or dullness of intellect. According to **Kautilya**, the word "Sthulata" means largeness or bigness or bulkiness or stoutness of body.

Nirukti of Sthaulya - An individual having weight and cumbersomeness of the body because of broad development particularly in Udaradi district is named as "Sthula" and the state (Bhava) of Sthula is classified "Sthaulya".¹⁷

Definition (Vyakhya) of Sthaulya - Sthula is defined as a person, "who on account of the inordinate increase of fat and flesh, is disfigured with pendulous, buttocks, belly and breasts and whose increase bulk is not matched by a corresponding increase in energy"¹⁸. Sthaulya can be correlated to obesity. Excess deposition of adipose tissue is obesity. An ongoing National Institute of wellbeing agreement gathering characterized corpulence as BMI > 27 kg/m². Presently a day's weight is characterized as BMI > 25 kg/m².

BMI = Actual Weight in kg./ (Height in meter)²

According to Parks, weight might

be characterized as a strange development of the fat tissue. It is in three different ways :

- Enlargement of fat cell in size for example Hypertrophic heftiness (obesity).
- Increase in the quantity of fat cell for example Hyperplastic heftiness.
- A blend of both.

Table 1: The factors playing vital role in *Samprapti*

Dosha	Kapha- Kledaka Pitta- Pachaka Vata-Samana and Vyana
Dushya	Rasa and Meda Dhatu
Agni	Jatharagni, Bhutagni, Rasa and Medhadhatvagni
Srotasa	Medovaha, Mamsa, Rasavaha, Swedavaha Srotasa
Srotodushti	Sanga (Margavrodha) ¹⁹
Adhithana	Sarvanga
Udbhavsthana	Amashaya
Prasara	Rasayani
Roga Marga	Bahya
Vyakti Sthana	Sarvanga specifically Udara, Sphika, Stana and Gala pradesha

LITERATURE REVIEW:

Ayurvedic View: Sthaulya has been described as one of the Ashtauninditiya (eight most criticized) disease in Charak Samhita²⁰. When there is a movement of buttock, breast and abdomen (Nitamb, Udar and Stana) they become pendulous while walking due to excess of Meda (fat)

and Mansa, (muscles) the person remains in sad mood or depressed is called as Sthaulya Purush²¹. His strength is rendered disproportionate with his physical growth. Due to obstruction caused by Meda Dhatu, there is an obstruction to the movement of Vata. This Prakupit Vata enters in stomach increases appetite and absorption of food. So patient digests food quickly and become a voracious eater. If he does not get food, when he needs it, he can be subjected to many diseases of serious nature; even it may lead to sudden death²².

Nidana (Etiological Factors) of Sthaulya

- Various causative factors of Sthaulya related to different aspects of life that affect the body from outside and inside are described in classical texts of Ayurveda. The hereditary (Beeja Dosha), dietetic, regimen and psychological factors cause Sthaulya as per Charaka Samhita²³.

Aetio-pathogenesis of Sthaulya:- All the Nidana described by various Acharyas for Medoroga can be classified under four broad categories as follows:²⁴

- 1) Aharaj Nidana (dietary)
- 2) Viharaj Nidana (life style related)
- 3) Manas Nidan (Psychological factors)
- 4) Anya Nidana (other causative factors)

The causes of obesity are distributed in three main groups according to modern medicine.

Exogenous: Where the chief causes are excessive appetite or over eating, dietary habits, drinking habits and smoking.

Endogenous: Where endocrine factors are also important.

Miscellaneous: A number of factors are known to be associated with obesity like age, sex, occupation, socioeconomic factors, psychogenic factor, environment factors, constitution, drugs, hypothalamic trauma, physical activity, caloric balance and heredity.

Sthaulya is caused due to over intake of food (sweet, cooling and unctuous food), lack of physical exercise, abstinence from sexual intercourse, day sleeping, uninterrupted cheerfulness²⁵. Specific measures include avoiding specific etiological factors such as diet prorogating Kapha, Guru, Snigdha, Aatyashana, Adhyashana, Awyayam, Awyaway, Atinidra etc.

Modern View: Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. They are major risk factors for a number of chronic diseases, including diabetes, cardiovascular diseases and cancer. Once considered a problem only in high-income countries, overweight and obesity are now dramatically on the rise in low- and middle-income countries.²⁶

Body mass index (BMI) is a simple index

of weight-for-height that is commonly used to classify overweight and obesity in adults.

The WHO definition is:

- A BMI greater than or equal to 25 is overweight
- A BMI greater than or equal to 30 is obesity.

Etiology:

- Lack of neighbourhood walkways and safe spots for entertainment. Not having territory parks, trails, walkways, and reasonable gym makes it difficult for individuals to be genuinely dynamic.
- Work calendars. Individuals frequently state that they don't have the opportunity to be truly dynamic due to long work hours and time spent driving.
- Oversized food portions. Individuals are presented to immense food parcels in cafés, inexpensive food places, railroad stations, cinemas, grocery stores, and even at home. A portion of these suppers and bites can take care of at least two individuals. Eating enormous segments implies a lot of vitality admission. After some time, this will cause weight gain on the off chance that it isn't offset with physical movement.
- Lack of access to solid nourishments.

A few people don't eat well nourishments, for example, new products of the soil. or then again, for certain individuals, these solid nourishments are excessively expensive.

- Food publicizing. Individuals are encircled by promotions from food organizations. Frequently kids are the objectives of promoting for unhealthy, high-fat goodies and sweet beverages. The objective of these promotions is to influence individuals to purchase these highcalorie nourishments, and frequently they do.
- Decrease in physical action because of the undeniably stationary nature of numerous types of work, changing methods of transportation, and expanding urbanization.
- One explanation behind this is numerous individuals go through hours before TVs and PCs accomplishing work, homework, and relaxation exercises.
- In expansion, diminished physical action at work because of motorization, improved mechanized vehicle, and inclinations of review TV for longer length have brought about constructive vitality balance in individuals of the vast majority of the Asian countries²⁷.

- The pervasiveness of weight and stationary conduct was essentially more prominent in Trivandrum, Calcutta, and Bombay contrasted and Moradabad and Nagpur. Inactive conduct was fundamentally connected with heftiness contrasted and non-corpulent subjects in both genders, which might be because of more noteworthy financial improvement in metro cities²⁸.
- The extra weight of heftiness because of expanding stationary way of life, shoddy nourishment propensities in some urban and financially stable territories is truly disturbing.

Common health consequences of obesity: Obesity is a major risk factor for non-communicable diseases²⁹ like; Cardiovascular diseases (mainly heart disease and stroke), Diabetes mellitus, Musculoskeletal disorders, Some cancers (endometrial, breast, and colon), Gynecomastia, Menstrual abnormalities, Gall stones, Obesity hyperventilation Syndrome. Youth corpulence is related with a higher possibility of weight, sudden passing and handicap in adulthood but notwithstanding expanded future dangers, stout youngsters experience breathing challenges, expanded danger of breaks, hypertension, and early markers of cardiovascular infection, insulin

opposition and mental impacts. WHO has developed the "Global Action Plan for the prevention and control of non-communicable diseases 2013- 2020"

Swasthavritta and Sthaulya

Swasthavritta has a great potential in preventing all life style disorders. Obesity can be prevented by intervention in its cycle of pathogenesis as early as possible beginning from the avoidance of predisposing factors of the disease. Measures for prevention of Sthaulya (obesity) can be classified as:

1. General and
2. Specific measures.

General measures include properly observing Dinacharya and Ritucharyasadavritta, self control and knowledge of various factors affecting health, good habits, avoiding food in excess quantity (Atyashana), Apathy Aacharana, Virudhashana avoiding Diwa Swapna (Sleeping in day time), doing regular exercise and many others.

Prevention: Prevention is defined as the art and science of health promotion, disease prevention, disability limitation and rehabilitation³⁰.

Levels of Prevention:

- **Primordial Prevention:** Prevention of development of risk factors in countries or population group in which they have yet not appeared.

- **Primary Prevention:** Action taken prior to the onset of disease, which removes the possibility that a disease will ever occur.
- **Secondary Prevention:** Action which halts the progress of the disease at its incipient stage and prevents complications.
- **Tertiary Prevention:** All measures available to reduce to limit impairments and disabilities minimize suffering caused by existing departure from good health to promote patients adjustment to irremediable conditions.

Role of Swasthavritta in Primary prevention of Sthaulya (Obesity)

Prevention	Role of Swasthavritta
Primordial	This is the genuine sort of anticipation in way of life infections like Sthaulya and it is accomplished through individual and mass instruction of customary exercise (Vyayam) till the presence of highlights of Ardashakti Vyayam (practice till expanded pace of breath, sweat, feel of newness) as a piece of Dincharya (every day system). This should be possible through the methods for mass training and social practice. Accentuation has been given in Swasthavritta on Sanskar. Sadvritta incorporates great propensities to be follow for lifetime to bring way of life changes including diet, exercise and weight decrease. Utilization of appropriate dietary propensities according to AshtvidhAhar Vidhisheshayatan ³¹ , and DwadashAshan Pravichar ³² (eight and twelve standards for taking eating routine) from absolute starting point of life for example youth is again a solid measure in forestalling hazard variables of from developing way of life issues.
Primary	Primary prevention is action taken prior to the onset of disease which removes possibility that a disease will ever occur in future life. For this extensive surveys are conducted, free camps are arranged and high risk people are identified. This group is advised to make certain changes in socio-economic, behavioral, food patterns, habits, sleep cycle and lifestyle. This include modification in lifestyle as per guidelines of Ayurvedic classical texts such as Sadvritta (good lifestyle practices), non suppression of natural urges, NidanaParivarjana (avoiding causative factors) and so on after recognizing Purvaroop (early signs) of Sthaulya.
Secondary	Secondary prevention involves measures which are taken to halt the progress of a disease at its incipient stage and prevent complication. Such measures which reduce Meda and Kapha, for example heavy exercise, Ruksaudavartana, RatrijagaranaPrमितashana (adequate quantity of food),Langhan (fasting) Atimaithun (excess sexual activity ³³ etc. are beneficial for patients of Sthaulya. Use of certain medicines such as Triphala, AmalkiTakrarishtha, Madhu (Honey) ,Suntha, Kshar, Lohabhasma, Nagarmotha ,Shilajit.
Tertiary	It includes all measures that reduce or limit impairments and disabilities and minimize suffering of the patient due to disease. Ayurveda has limited role at this stage.

Lack of mental exercise. As a result of which consequences are³⁴:- Different Dhatus don't develop to the degree, fat develops, influenced life span, body development is hindered because of detachment, sexual act gets troublesome, little amount of seminal liquid, awful stench of the body, Kapha additionally increments as the fat is related with Kapha, individual can't withstand physical exercise inordinate hunger and thirst.

The treatment of Sthaulya includes³³:

1. Pramitashana (adequate quantity of food)
2. Langhan (fasting)
3. Heavy exercise.
4. Ruksaudavartan (application of dry powder to body)
5. Ratrijagarana (late night work)
6. Atimaithun (excess sexual activity)
7. AdhikAdhayana (excess study)
8. Chinta (tension)
9. Use of certain medicines such as Triphala, (Haritaki-Terminaliachebula, Bibhitaki- Terminaliabelerica, Amalaki- Embelicaofficanalis) Amalki (Embelicaofficanalis) Takrarishta, Madhu (Honey), Sunthi, Kshar, Lohabhasma, Nagarmotha (cyperusrotundus), Shilajit (mineral pitch).

Prevention of Sthaulya through Yogic Shuddhi Kriyas:

1. **Kunjaj kriya³⁵** - It is first referenced in Hatha Yoga as a sort of Antardhauti, which is otherwise called "Gajakarani" in Hatha Yoga Pradipika. The process Kunjal primarily follows up on Amashaya (prime seat of Kapha) and Annavaha Srotas. It corrects Jatharagni and Dhatugata Ama gets removed bringing about ending of pathogenesis of Sthaulya. Among ShatkarmaKunjaj Kriya is remembered for Dhautikarma. Kunjal Kriya is anything but a simple stomach purifying strategy, aside from that, it additionally has foundational impacts. Kunjal Karma has been considered as perhaps the best treatment for the Kaphaja issues like Sthaulya.
2. **Yoga Asana-** Some yogasanas which are discovered to be preventive in Sthaulya are Suryanamaskar (Sun Salutations), Pawan Muktasana (Wind Liberating Pose), Utthanpadasana (Raised Leg Pose) Dvichakrikasan (Bicycling), Padvruttasan (Leg revolution), Naukasana (Boat Pose) and Pranayama (breathing activities).
3. **Shauch (External hygiene) and Santosh (satisfaction)-** Which are the sub kinds of Niyam of Ashtang Yoga ought to be taken as rule in counteraction of weight. Manifestations like Swedabhadha

(Excessive perspiring), Sweda Durgandhya (Foul smell) can be maintained a strategic distance from by Shauch (Snana). Something else which is to be remembered is that Santosh for example one ought to be glad or happy with restricted food.

- 4. Dietary Rules** - The dietary guidelines should be followed carefully like "Aharmatra Agnibalapekshini" as said by Acharya Charaka for example one should expend food in correspondence with his Agni (digestive fire) as it were. Faulty dietary propensities like Adhyashana, Vishamashan and Samashan ought to be stayed away from. Drink enough water before dinners just and less water after suppers.

CONCLUSION

Obesity is a non-communicable disease is largely preventable. There is no specific treatment for obesity, Supportive environments and communities are fundamental in shaping people's choices, making the healthier choice of foods and regular physical activity the easiest choice (accessible, available and affordable), and therefore preventing obesity. Obesity occurs more in female than male. Life style modifications as per given in classical texts i.e following *dinacharya*, *ruksha Udavrtana* in context with *Sthaulya*

can be useful in avoiding *Sthaulya*. *Rutunusar Shodhana* procedures like *Vamana* in *Vasanta Ritu* according to classical methods will definitely help in preventing obesity and longevity can be increased.

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