Obesity Ayurvedic and Modern Point of View

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Santarpanottha vikaras (Diseases due to excessive nutrition) are increasing during current times. Medodushti (Disorders of fat metabolism) serves as one of the important etiological Fector in most of disorders including IHD so. What is staulya?

According to charak samhita Atistaulya is considered as one of the eight despicable condition. A person in Whom excessive accumulation of mada (Fat / Adipose tissue) and mamsa (Musde tissue) leading to flabbiness if Hips, abdomen and breast has been coterogised as ‘Atistaulya’

While according to WHO over weight and obesity is defined as Abnormal or excessive fat accumulation that presents risk to health. Accrued population measures of obesity is Body Mass Index (BMI) A persons weight in kilograms divided by the square of his or her heights in the meters.

A person with BMI 30 or more is generally considered OBESE. A person With BMI equal to or more then 25 is considered OVERWEIGHT.

Simply obesity is a lifestyle disease Which is spreading rapidly Worldwide. Individuals of all age, gender are affected by this disease.

Aetiological factors According to Ayurveda -

Medas is a body tissue prominent in prithvi and Ap mahabhutas, similar to kapha Dosha It is characterized by snighdha, Guru, sthula, picchila, sheeta, Mridu and Sandra guna consumption snighdha, madhuradi kaphavarthah drugs along with lack of exercise and sedentary lite. style result in excessive nourishment of medas while other bodily elements (Dhatus) are deprived of nourishment.

1) Avyavama - lack of exercise
2) Avavay - Not engaging in sexual activity
3) Diwaswapn - sleep during the day.
4) Harshnityat - Happy all the times
5) Achintanat - those who don’t do thinking work.
6) Bij swabhav - genetic and family resons.

According to modern scince

1) Neuro endocrinal disorders
   • hypothalamic disorder injury to ventromedial region of hypothalamus.
   • hypothyroidism.
   • cushing syndrome
   • PCOD
   • hyperinulinism.
2) Genetic syndromes
3) Drug induces obesity e.g chorticosteroids, anti. depressive Therapy.
4) Excess calorie intake and physical inactivity.
5) Psychological factor - ingestion of excess food from an emotional reaction.

Pathophysiology - According to Ayurveda

Staulya is a dusshya dominant disorder kledaka kapha, pachak pitta, saman & vyana vaya are doshik fectors responsible for samprapti of staulya.

According to ayurvedic concept sapat dhatvagni and panch bhutagni are based on Jatharagni physiologically Jatharagni nourishes subsequent Dhatvagnis and Bhutagnis Acuteness of Jatharagni and Ati kshudha are main fectors in pathogenesis of staulya. In staulya Jatharagni is increased but Medodhatvagni is diminished. so it causes excessive accumulation of Meda in body & results in Ati staulya.

According to Modern scince Hypothalamus has a set point regarding amount of body fat. If the body fat is lowered , the person develops vigorous appetite. He eats more until the set point is achieved. conversely, if the body fat amount exceeds the set point the appetite decreases till the body fat amount is restored. It may be noted that, this set point may alter in ones life time. thus, in a middle aged person, the set point may be elevated and the person gains weight.

This explains, why obesity is so difficult to eradicate.

Consequences of obesity

1) Diminishment of life span
2) Quick onset of senility
3) Difficulty in performing sex or copulation.
4) Debility
5) Bad smell in the body
6) Excessive hunger
7) profound thirst.
8) hypertension
9) Atherosclerosis.
10) Diabetes mellitus and hypoventilation syndrome.
The secret of losing weight is to burn off more calories than you consume.

So, pt. must learn to calculate the calories consumed as well as calories burnt, and maintain the balance everyday.

<table>
<thead>
<tr>
<th>Average consumption</th>
<th>Adult Male (6 kg)</th>
<th>Adult female (50 kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Light work (sedentary)</td>
<td>1600</td>
<td>1400</td>
</tr>
<tr>
<td>2) Moderate</td>
<td>2000</td>
<td>1600</td>
</tr>
<tr>
<td>3) Heavy work</td>
<td>2600</td>
<td>2200</td>
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**Burning of Calories**

1) ½ hour of walking - 130 calories
2) ½ hour of jogging or running - 300 to 350 calories.
3) ½ hour of light activity like writing, driving - 50 calories.
4) ½ hour of swimming - 250 calories
5) ½ hour of cycling - 150 calories
6) ½ hour of aerobic exercise - 250 calories.
7) 1 hour of no exercise or sleep - 60 calories.

**What to Eat?**

1) Start the meal with a large bowl of thim soup followed by a good volume of salads prepared with green vegetables.
2) Take rotis or phulks, without oil or ghee. Quantity should about 3/4th of the usual meal.
3) Bhaji should be prepared from green, leafy vegetables.
4) For morning and evening snacks take fruits, vegetables and low fat (skimmed milk), black tea without sugar has negligible calories.

**Yoga Tearary**

1) Meditation and pranayama prevent obesity and also to treat obesity.

**Drug Thropy**

1) Choorna - vidangadi choorna , chavyadi choorna etc.
2) Kashaya Triphala kashaya, Bilvadi kashaya, etc.
3) Vati Amirtadya guggulu, Navak guggulu etc.
4) Rasaushadhi Trimurari Ras etc.
5) Shodan chiktsa - Lekhan Basti with ushakadi gana.

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Lipoprotein a, a circulatory lipoprotein, was discovered in 1963 by the Norwegian physician Kaare Berg. Over the last 50 years, Lp(a) has evolved from an antigenic determinant in blood type to the strongest genetically determined risk factor for CAD. It is an LDL-like particle in which apoA is attached to apoB molecule via a disulphide bond. There are 34 different Lp(a) isoforms, depending on the size of the apoA.

The rate of secretion by liver determines the Lp(a) levels. Apolipoprotein A has a close homology with plasminogen, which makes this molecule important not only in the process of atherosclerosis but also in thrombosis. While Lp(a) promotes atherosclerosis by increasing smooth cell proliferation and enhancing LDL-C retention in the subintima, it promotes thrombosis by competitively inhibiting plasminogen and upregulating expression of plasminogen activator inhibitor (PAI).