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A Systemic review of Sthaulya and its Nidana- Parivarjan Chikitsa

Review Article

Amol C. Gulve^{1*}, Londhe PD², Makhare SR³

1. PG Scholar, 2. Associate Professor, 3. Assistant Professor
Department of Kayachikitsa, S.C.M. Aryangla Vaidyak Mahavidyalaya, Satara

*Corresponding author: **Amol C. Gulve**, Chandori, Tal: Niphad, Dist Nashik 422201
Mob nob: 8600113654; E-mail Id: amolgulve43@gmail.com

Abstract

Today, almost everyone is obese with losing weight. Obesity is defined as a condition where one is at least 20% more than ideal body weight. Obesity is normally caused by a sedentary lifestyle, lack of physical activity and irregular diet and sleep pattern, stress. Overweight and Obesity contribute to Diseases like, Heart attacks, stroke, arteriosclerosis, Diabetes, Mental Retardation/affection like Mood swings and even depression. Obesity being the Risk factor for these Diseases and hence prevention of obesity will decrease the chances of such disease. In spite of advanced technology and Researches the modern medicine is failing to give the result for obesity due to its multi-functional nature, like other diseases, obesity is mainly the result of factors like, heredity, environment or food, but it is difficult to change environment but relatively carry to change food habits and lifestyle. A definition of *swastha purusha* as given by *Charak* and *Sushruta* Su. 15/48. A healthy body is the only one media to achieve the ultimate goal among the '*Chaturvidha purushartha*'. Acharya *Sushruta* also said that *Madhyama sharira* is the best but Ati sthauila and Ati Krishna are always affected with some complaints. Acharya *Charak* has thrown light on the Eight varieties of impediments which are designated as *Nindita Purusha* (inferior person). Ati sthauilya comprises one of them. The present study deals with detail causes of *sthauilya* according to Ayurvedic classics and its *Nidana-parivarjan Chikitsa*.

Key words: *Sthauilya* , *Nidana panchak*, *Nidan Parivarjan*

Introduction

Today, almost everyone is obese with losing weight. Obesity is defined as a condition where one is at least 20% more than ideal body weight.

Obesity is normally caused by a sedentary lifestyle, lack of physical activity and irregular diet and sleep pattern, stress.

Overweight and Obesity contribute to Diseases like, Heart attacks, stroke, arteriosclerosis, Diabetes, Mental Retardation/affection like Mood swings and even depression.

The Health implications of Obesity are Grave, often fatal. There for, it is important for everyone to maintain a healthy weight but in the Right manner.

The weight loss process should be a gradual one or else, it could lead to ill Health. Crash diets or crash fitness programs may seem to vary dramatically after weight but in the long run, this produces an adverse effect. The weight management should be a gradual, well-engineered process involving diet, a tailor-made fitness regime, counseling and effective Ayurvedic intervention and medication. Scientific and technological progress has made men highly sensitive and critical, thereby giving rise to different types of Industrialization and communication is contributing towards a sedentary lifestyle in turn causing chronic and non-communicable diseases like DM, HTN, CA, IHD, CVA, Atherosclerosis, varicose veins etc.

Obesity being the Risk factor for these Diseases and hence prevention of obesity will decrease the chances of such disease. In spite of advanced technology and Researches the modern medicine is failing to give the result for obesity due to its multi-functional nature, like other diseases, obesity is mainly the result of factors like, heredity, environment or food, but it is difficult to change environment but relatively easy to change food habits and lifestyle.

An excess accumulation of energy in the form of body fat >25% in males and >30% in females is considered as obesity which is becoming a global health problem. It is the most common nutritional disorder in affluent society. The weight charts for men and women according to their height (B.M.I) are only rough indications of the state of overweight or obesity.

Obesity can be compared with MEDOROGA in Ayurveda and said that, comparatively it is easy to help an underweight person rather than an overweight person. The overweight/obese problem can either be due to an actual increase in fat component or due to malfunctioning. Body is made of seven

dhatu (fatty tissue) and other remaining tissues get malnourished, kapha gets accumulated in between when kapha increases in abnormal fashion, fat metabolism is hampered and persons become obese.

Obesity is the only one disease which is gaining more and more attention of scientists at global level. Many institutions and medical schools are making efforts to find a perfect remedy for this burning problem. Curiosity is one of the noblest instincts of man, the endless desire of man for his knowledge. By this time, many countries are making an effort into this field of Research.

A definition of *swastha purusha* (1) as given by Charak and Sushruta Su. 15/48. A healthy body is the only one media to achieve the ultimate goal among the 'Chaturvidha purushartha'. Acharya Sushruta also said that *Madhyamasharira* (2) is the best but *Atisthauila* and *Ati Krishna* are always affected with some complaints.

Acharya Charak has thrown light on the eight varieties of impediments which are designated as *Nindita Purusha* (inferior person). *Atisthauila* comprises one of them.

Literary Review

Ayurvedic Review:

a] *Samhita Kala: (200 B.C. - 400 A.D.)*

Charak Samhita: (2 B.C.)

In *Samhita kala*, *Charak Samhita* has described *Sthaulya* under "*Ashtau Nindita Purusha*"(3) (eight despicable personalities).

According to *Charak*, its causative factors mainly exogenous and hereditary component along with its pathology, sign and symptoms. Prognosis and management have been narrated in detail. *Ashta Dosha* of *Sthaulya* and its etiopathogenesis and pathophysiology of excessive hunger and thirst and complication due to its ignorance and definition and cardinal symptoms of *Sthaulya* are described in

detail *Madhyaam praamna Sharira* i.e. well built and well proportionate physique is considered as the best (1). Besides that, other aspect of *Sthaulya* and line of treatment has been described on various places in *Charak Samhita* like *Tail Sevana yoga* (4), *Svedana Ayogya* (5), *Sanshodhan Yoga Tatha Adhika Doshyukta Rogi* (6). It is also mentioned as disorder of *Shleshma Nanatmaja* (7), *Santarpana Nimittaja* (8), *Ati Brimhana Nimittaja* and *Sanshodhana Yoga* (6). Under the caption of *Praamna Pariksha*, *Gramya Ahara* and *Gramya Vasa* is mentioned as root cause of all illness due to flabbiness of body and excessive accumulation of *Meda*.

Sushruta Samhita: (2 A.D.)

In *Sushruta Samhita*, *Sushruta* has narrated the etiopathogenesis of *Sthaulya roga* on the basis of an endogenous entity being caused due to "*Dhatvagni mandya*".

Sthaulya is considered as the physical condition of the body, result of vitiated *Meda Dosha* (10), and as symptom of disrupt *Medovaha Strotas* (*Su.Sha.9/12*), and *Rasa Nimitaja disorders* (11). A new synonym "*Jatharya*" has been used in (*Chi 12/11*) for *Sthaulya*.

Further elaboration of line of treatment has been done by *Sushruta* and so many remedies described for the management of *Sthaulya* at different places which indicates fulminating condition of the disease in that time of society.

Kashyapa Samhita: (6 A.D.)

Kashyapa has given some new aspects of management while narrating *Medasvi Dhatri Chikitsa* and suggested *Raktamoksana* (blood letting) as one of the best treatment for *Medasvi Dhatri* i.e. obese frostier mother. Present available *Kashyapa Samhita* is incomplete and many chapters are missing on the basis of scattered reference about *Sthaulya*

available in this text, it can be presumed that there might be detailed description of this disease. *Sthula* and *Ati Sthula* word are frequently used at different places especially in description of Anthropology in *Sutra Sthana* which stands for largeness, bigness, bulkiness etc. *Ati Sthula* is classified under eight censurable physiques while describing the anthropology in *Su 28/6*. *Sthaulya* is one of the disorders where *Snehana Karma* is contraindicated, as it increases severity of disease. Despite of that in some condition it can be used with *Triphala*, *Lavana*, and *Vyosha*.

Bhela Samhita (7 A.D.) and Harita Samhita: (10-12 A.D.)

Present available *Bhela Samhita* and *Harita Samhita* are controversial and incomplete. Neither detailed description regarding *Sthaulya* is available nor has addition in concepts related to *Sthaulya* been done by *Harita*. In *Bhela Samhita* *Sthaulya* is described as a disorder of vitiated *Meda* in chapter on *Samshana Paridhaniya*.

Madhava Nidana (7 A.D.):

Madhava Nidana has elaborated the pathophysiology of this disease on the basis of fat tissue and fat deposit and mentions natural tendency towards android obesity (12). *Madhavakara* has elaborated the symptomatology of *Sthaulya* and new symptoms of the disease like *Moha* (12) have been included.

Ashtanga Sangraha (6 A.D.) and Ashtang Hridaya (7 A.D.):

Vruddha Vagbhatta and *Vagbhatta* have elaborated etiopathogenesis of *Sthaulya* on the basis of formation of *Aam* and disturbance of the process of *Dhatu Parinamana*. i.e. inter cellular metabolism and mechanism of respective *Agni*, which later on understood as process of metabolism in modern era.

In *Ashtanga Hridaya, Sutrasthana* Chapter 14 and in *Ashtanga Sangraha Sutrasthana* Chapter 24, they have mentioned various therapeutic and prophylactic measures to cure and prevent this disease and considered *Rasanjana* (13) as a drug of choice for *Sthaulya*. But after observing challenging nature of the disease they concluded that there is no treatment of excessive obesity (14).

Sharangdhara Samhita (13th Century):

In this text, *Sthaulya* was described by the name of *Medo- Dosh*. *Medo-Dosha* is only one type and it is due to aggravation and dominancy of *Vata*. In this text *Sweda* has been mentioned as *UpaDhatu* of *Meda* and *Mala of Rasana, Danta, Kaksha, Medhradi* as *Mala of Jatharastha Meda* (fat in abdomen and omentum) is nourished by *Vrikka*. i.e. role of renal – suprarenal gland was first time observed by him. Sequential *Dhatupaka Kala* of one month for seven *Dhatu* is mentioned in *Pu 6/10*. On this basis, *Medaparinamana Kala* can be calculated as 15 days and 108 minutes. Excessive intake of *Sneha* may speed up conversion period. *Sthaulya* was narrated as a characteristic of *Shleshma Prakriti*.

Definition of Sthaulya:

A person having pendulous appearance of *Sphika* (Hip), *Udara* (Abdomen) and *Stana* (Chest) due to excess deposition of *Meda* along with *Mamsa Dhatu* and also having unequal or abnormal distribution of *Meda* with reduced zeal towards life is called “*Atisthula*” (15)

In short it can be defined as "A person who due to extensive growth of fat and flesh is unable to work and disfigured with pendulous buttocks, belly and chest is called *Atisthula* and the condition is termed as *Ati Sthaulya*".

Classification of Sthaulya:

For the purpose of diagnosis, prognosis and easy management disease should be classified as per severity as well as chronicity. Hence, classification of *Sthaulya* is essential but there is no such clear classification is found in our classics. *Ashtang Sangraha, Ashtang Hridaya* and *Sharangadhara* have thrown little light regarding classification of *Sthaulya* as mentioned below. *Ashtang samghraha* and *Ashtang Hridaya* mentioned three types of *Sthaulya* i.e. *Adhika, Madhya* and *Hina* for better management while narrating the indication of *Langhana Upakram*. As per *Charak, Vamana* is contraindicated in *AtiSthaulya*. *Sushruta* has given contraindication of *Vamana* in *Sthaulya*, while it is indicated in *MedoRoga* and *Sharangadhara* accepted the view of *Sushruta*.

From the above references, *Sthaulya* may be classified as:

Charak:

1. *Sthula* 2. *Atisthula*

Sushruta:

1. *Sthaulya* 2. *MedoRoga*

Vagbhatta: Sharangadhara

1. *Adhika* 2. *Madhya* 3. *Hina*
1. *MedoDosh*

Nidana (Hetu):

The causative factors known for a disease is called *Nidana* for that particular disease. *Ayurvedas acharyas* have described so many etiological factors of *Sthaulya Roga* in the *Samhitas* which are related to all aspects of life and affect the body from outside and inside also. The hereditary component (*BeejaDosh*) besides dietetic, regimomial and psychological factors in the causation of *Sthaulya* is described by *Charak Samhita*. These are mostly of exogenous type. Except these factors, the components which may vitiate *Meda* and *Shleshma* could be considered as causative factors of *Sthaulya*. Endogenous types of causes are mentioned by *Acharya Sushruta* and

Vagbhatta. *Dhatwagni-mandya* is main cause besides other components in etiopathology of *Sthaulya* according to *Ashtang samgraha*. *Charak* has defined *BeejaDosha* (16) as one of the cause besides other, other texts have humbly followed the *Brihatrayi's* description regarding. In context with *Sthaulya*, exogenous causes are *Meda* potentiating diet and regimens where as *Dosha, Dhatu, Mala, Srotas* etc. come under the endogenous factors. A substance will increase those *Bhavas* (qualities) which it inherits; they are of three types –

- 1) *Dravya Samnya*
- 2) *Guna Samnya*

3) *Karma Samnya*

On the basis of this concept *Dravya* Fatty Material like *Mamsa Guna Sheeta, Snigdha, and Guru* etc. *Karma Divaswapna, Avyayam, Sukhasana* etc. which possesses the qualities same as *Meda* which increases *Meda* in the body. Many *Nidanas* described by various *Acharyas* for *Medoroga* can be classified under four broad categories:

- A. *Aharatmaka*
- B. *Viharatmaka*
- C. *Manasa Vyaparatmaka*
- D. Others

These are tabulated as follows –

Aharatma Nidana (Dietary):

<i>Nidana</i>	Ch.	Su.	A.H.	M.N	B.P.	Y.R.
<i>Atibhojana</i> (Overeating)	+	+	+	-	-	-
<i>Guru Aharasevana</i> (excessive consumption of heavy food)	+	-	-	-	-	-
<i>Madhur Aharasevana</i> (Sweet food)	+	-	-	-	+	-
<i>Sheeta Aharasevana</i> (Excessive consumption of cold diet)	+	-	-	-	-	-
<i>Sheeta Aharasevana</i> (Excessive consumption of cold diet)	+	-	-	-	-	-
<i>Snigdha Aharasevana</i> (Excessive consumption of unctuous food)	+	-	-	-	+	-
<i>Navanna Sevana</i> (Usage of fresh rice)	+	-	-	-	+	-
<i>Nava Madyasevena</i> (Usage of fresh alcoholic preparation)	+	-	-	-	-	-
<i>Gramya Rasa sevana</i> (Usage of Domestic animal's meat and soups)	+	-	-	-	-	-
<i>Paya Vikara Sevana</i> (Excessive usages of milk and its preparations)	+	-	+	-	-	-
<i>Dadhi Sevana</i> (Excessive use of curd)	+	-	-	-	-	-
<i>Sarpi Sevana</i> (Excessive use of ghee)	+	-	+	-	-	-
<i>Sleshmala Aharasevana</i> (Kapha increasing food)	+	+	-	+	+	+
<i>Ikshu Sevana</i> (Usage of sugarcane)	+	-	+	-	-	-
<i>Guda Vikara Sevana</i> (Usage of Jaggery's preparation)						
<i>Mamsa Sevana</i> (Excessive use of meat)	+	-	-	-	-	-
<i>Shalisevana</i> (Excessive use of rice)	+	-	-	-	-	-
<i>Masha Sevana</i> (Excessive use of <i>Phaseolus mungo</i>)	+	-	-	-	-	-
<i>Godhuma Sevana</i> (Excessive wheat)	+	-	-	-	-	-

Viharatmaka Nidana (Regimens):

Nidana	Ch	Su	A.H	M.N.	B.P.	Y.R.
<i>Avyayaam</i>	+	+	-	+	+	+
<i>Avyavaya</i>	+	-	-	-	-	-
<i>Divaswapa</i>	+	+	-	+	+	+
<i>Sukha Shaiya</i>	+	-	+	-	-	-
<i>Snana Sevana</i>	+	-	-	-	-	-
<i>Gandhamalyanu Sevana</i>	+	-	-	-	-	-
<i>Svapna Prasangat</i>	+	-	-	-	-	-

Manasa Vyaparatomaka Nidana (Psychological):

Nidana	Ch	Su	A.H.	M.N.	B.P.	Y.R.
<i>Harshanityavat</i>	+	-	+	-	-	-
<i>Achintan</i>	+	-	+	-	-	-
<i>Mansonivrutti</i>	+	-	+	-	-	-
<i>Priyadarshana</i>	+	-	-	-	-	-
<i>Saukhyena</i>	-	-	+	-	-	-

Anya Nidana (Others):

Nidana	Ch	Su	A.H.	M.N.	B.P.	Y.R.
<i>Aamrasa</i>	-	-		-	+	-
<i>Snigdha-Madhura Bastisevana</i>	+	-		-	-	-
<i>Tailabhyanga</i>	+	-		-	-	-
<i>Snigdha udvartana</i>	+	-		-	-	-
<i>BeejaDoshasvabhavat (Herideter)</i>	+	-		-	-	-

Role of Aharatomaka Nidana in Sthaulya:

Ahararasa plays a major role for increasing *Meda Dhatu* in *Sthaulya*. So, *Acharya Sushruta* has mentioned,

Means, *Sthaulya* and *Karshya* depends upon the quality and quantity of *Ahararasa*. On the basis of *Samanya Vishesh Siddhanta* (17) the excessive food consumption of similar substance (*Dravya Samanya*), similar quality (*Guna Samanya*) or similar in action (*Karma Samanya*) create to the over production of *Dhatu*. In the same manner increase intake of *Aharatomaka Nidana* which are described above causes over production of *Medodhatu*.

Role of Viharatmaka Nidana in Sthaulya:

All the *Aharatomaka Nidana* ultimately decreases physical activity, which aggravates *Kapha* and leads to *Meda* deposition. *Viharatmaka Nidana* like *Divaswapna* having *Abhishyandi* property leads to blockage of the micro channels (*Srotas*) of the body, specifically in *Medovaha srotas*. Moreover, reduced metabolic rate during sleep is an important factor for genesis of excess fat.

Role of Manas Vyapara in Sthaulya:

Due to adaptation of modern lifestyle, a person has reduced his physical activity and instead of that, the mental work is increased. As a result now a days the diseases caused by psychogenic factors are seen extensively more. *Acharyas* also

mentioned some psychogenic causes of *Sthaulya* in Ayurvedic texts, because *Sthaulya* is also considered under the group of psychosomatic diseases.

According to Charak:

Harshanitya and *Achintana* are two psychological factors mentioned by *Acharya Charak*, which are responsible for *Medavriddhi*. These factors are *Kapha* aggravating factors lead to *Meda* deposition. With this type of psychological well being and jolliness those people indulge more in worldly pleasure and excess energy stored in the form of *Meda*.

Role of BeejaDosha (16)

Acharya Charak has mentioned that *BeejaDosha* plays a major role for *Medovriddhi*. Defect of *Beejabhagavayava* i.e. part of *Beeja*, which resembles with Genes, may lead to defective development of that organ. Also, *Bhava Mishra* has mentioned that increased proportionate of *Meda* and decreased proportion of *Shukra* in *Beeja* at the time of conception predisposes towards development of stout but weak body. Moreover, over nutrition particularly with *Madhur Rasa* during pregnancy is mentioned as a causative factor for birth of obese child, which indicate role of hereditary factor in genesis of *Sthaulya*.

Other factors:

Rasayan Vrushya Dravya Atisevana (18)

Charak has mentioned *Rasayan* and *Vrushya dravyas* for the nourishment of *Karshya*.

Hence, excess indulgence of *Rasayan* and *Vrushya* drugs may cause *Sthaulya*. Again over indulgence of *Brimhana Basti*, *Taila Abhyanga*, *Snigdha Udavartana* (18) and *Su. Su. 15*, these all are causative factors of *Sthaulya*. Recently it is clear from various studies that through rectum and large intestinal mucosa amount of nutrients may be absorbed and is assimilated. Hence, over indulgence of *Brimhana* and *Vrushya Basti* may cause *Sthaulya*.

Purva Rupa:

Purvarupa of *Sthaulya* is not mentioned in our classics. According to *Charak*, wherever *Purvarupa* of disease are not mentioned, the weak manifestation of *Rupa* should be considered as *Purva rupa* of the concerned diseases.

Keeping the views of *Acharya Charak* in mind, *Lakshana* of *Kapha vriddhi* like *Alasya*, *Angashathilya*, *Madhurasayata*, *Atinidra*, *Atipipasa* etc. may be considered as *Purvarupa*.

Rupa:

Acharya Charak has described 8 specific *Rupas* which are as follows:

1. *Aayushohraso* 2. *Javoprodha*
3. *Kricchavyavayata* 4. *Daurbalya*
5. *Daurghandhayam* 6. *Svedabadha*
7. *Kshuditmatram* 8. *Atipipasa*

Rupa	Ch	Su	A.S.	A.H.	M.N.	B.P	Y.R
<i>Chala Sphika</i>	+	-	+	+	+	+	-
<i>Chala Udara</i>	+	-	+	+	+	+	-
<i>Chala Stana</i>	+	-	+	+	+	+	-
<i>Ayatha Upachaya</i>	+	-	+	-	+	+	-
<i>Anutsaha (lithargicity)</i>	+	-	+	-	+	+	-
<i>Ayushohrasa</i>	+	-	-	-	-	+	-
<i>Javoparodha</i>	+	-	-	-	-	+	-
<i>Kricch Vyavaya</i>	+	-	-	-	-	-	+
<i>Daurbalya (weakness)</i>	+	-	+	-	-	-	-
<i>Daurghandhya (foul smell)</i>	+	+	+	-	+	+	+

<i>Svedabadha</i>	+	-	-	-	-	-	+
<i>Kshudhatimatra (hungry)</i>	+	+	+	-	+	+	+
<i>Pipasatiyoga (thirst)</i>	+	+	+	-	+	+	+
<i>Kshudra swasa (dysnoea)</i>	-	+	+	-	+	+	+
<i>Nidraadhikya</i>	-	+	+	-	+	+	+
<i>Gatrasada</i>	-	+	-	-	+	+	+
<i>Gadgadvani</i>	-	+	+	-	-	-	-
<i>Krathana</i>	-	+	-	-	+	+	+
<i>Alpaprana</i>	-	+	+	-	+	+	+
<i>Sarvakriyasu Asamarthata</i>	-	+	-	-	+	+	-
<i>Alpavyavaya</i>	-	+	-	-	+	+	-
<i>Kasa (cough)</i>	-	+	-	+	-	-	-
<i>Shvasa</i>	-	+	+	-	-	-	-
<i>Snigdhangata</i>	-	+	+	-	-	-	-
<i>Udaraparshva Vriddhi</i>	-	+	-	+	+	+	-
<i>Alasya</i>	-	-	+	-	-	-	-
<i>Ama</i>	-	-	-	+	-	-	-
<i>Moha</i>	-	-	-	-	+	+	+
<i>Saukumarata</i>	+	+	-	-	-	-	-

Other *Rupa* of *Sthaulya (MedoRoga)* described by other *Acharyas* have been shown in the above tab

Samprapti:

Samprapti means the knowledge of the way in which a disease occurs and it deals with the process of manifestation of the disease by the vitiated *doshas*. In pathogenesis of *Sthaulya*, all the three *Doshas* are vitiated; especially *Kledaka Kapha, Pachaka Pitta, Samana* and *Vyana Vayu* are the responsible factors for proper digestion and metabolism of food at the level of alimentary tract and body tissue. *Dusti* of these Tri-Dosha components results in indigestion metabolic deformity and formation of *Ama* at tissue level as well as alimentary tract

Sthaulya is a *dushya* dominant disorder, in pathogenesis of *sthaulya*, all the three *doshas* are vitiated especially *Kledaka Kapha, Pachak Pitta, Saman Vayu & Vyan Vayu* which are responsible factors for proper digestion and metabolism of food at the level of alimentary tract.

Due to excess hunger and thirst, *annarasa* is formed and specificity of diet i.e. *guru, madhur, snigdha*; *sheet guna* dominance *dhatu poshakansh* is formed in more quantity. Initially the *rasagat, raktagat* and *mamsagat sneha* also increase the production of *medadhatu*. But due to *medodhatwagnimandya* this condition worsens and nourishment of further *dhatu*s doesn't happen properly.

Due to binge eating, *rasa rakt mamsagat sneha* starts to increase. Patient shows the symptoms of *rasavridhhi* and *kaphavridhhi*. eg. *angagaurav, alasya, tandra* and *nidradhikya*. *Medadhatu* gets increase with physical signs like *chal sphik-udar-stana, kshudra shwas, swedadhikya* etc and finally lands into *Sthaulya*.

The etiological factors described by *Acharyas* can be categorized broadly under 4 categories i.e.

1. *Guru, Madhur, Snigdha* and *Sheeta Guna* predominant diet.
2. *Avyayaam, Avyavaya, Achintana*, etc are the *Khavaigunyakara (Srotodustikara)* entities.

3. *Atibhojana, Atimadhura, Atisnigdha* etc are the *Agnimandyakara* entities.

4. *Beejadoshha.*

Due to good status of *Agni* excessive *Annarasa* is formed and the specificity of diet i.e. *Guru, Madhur, Snigdha, Sheeta Guna* dominance *Dhatu Poshakansa* is formed in more quantity. Initially the *Rasagata, Raktagata* and *Mamsagata Sneha* also increase production of *MedoDhatu*. But due to *Medodhatvagnimandya* (due to unavailability of getting *poshakansa* of *Medodhatvagni* nourished through *Jatharagni*) condition worsens and also further *Dhatu*s are not produced properly. All the works in human body to provide nourishment to *Dhatu*s, requires the time from one day, 6 days by *Charak*, one month by *Sushruta*. But in case of *Beeja Dosha* patients, it is *Khalekapota Nyaya* which becomes effective. Whatever diet is taken due to its specific affinity to *Meda Dhatu*, it directly converts to *Medo Dhatu*. This has been clearly mentioned by *Acharya Sushruta* and the commentator *Dalhana* clearly explains that bypassing two *Dhatu*s i.e. *Rakta* and *Mamsa* only *Meda Dhatu* is excessively formed in the patients of *Sthaulya*. *Acharya Charak* has divided *Nidanas* in 4 categories i.e. *Atisampurana, Avyayam, Harsanityatva and Beejaswabhaba*. If patient is having less number of etiological factors, *Sthaulya* will be less complicated and easily curable.

However if these factors gets association with *Beeja Dosha*, patient quickly reaches to *Atisthauilya* condition and it becomes incurable or *Yapya*. Hence while assessing *Sadhyasadyata*, Severity of etiological factors should be considered. So whenever *Rasa – Rakta – Mamsagata Sneha* starts to increase due to excessive eating and less calorie consumption, a pressure on *Dhatvagni* starts to build up.

Patient shows the symptoms of *Rasavridhhi (Rasagata Snehansa)* and

Kapha Vriddhi e.g. *Angagaurava, Alasya, Tandra* and *Nidradhikya* etc. Later on actual *MedoDhatu* gets clinical increase and this increase of *Meda* reflects with various physical signs like *Chala Sphika – Udara – Stana, Ksudra – Swasa, Swedadhikya* etc. and in later stages difficulty in performing all his daily activities. Further improper nutrition to *Asthi, Majja* and *Shukra Dhatu* may also take place.

Samprapti Ghataka:

The following factors play an important role in *Samprapti* of *Sthaulya (Medoroga)*.

Dosha : *Kapha – Kledaka,*

Pitta - Pachaka,

Vata - Samana and Vyana.

Dushya : *Rasa and Meda Dhatu*

Agni : *Jatharagni, Bhutagni*

Rasa and Medadhatvagni

Srotasa : *Medovaha, Mamsa,*

Rasavaha, Swedavaha Srotasa

Srotodushti : *Sanga*

(*Margavarodha*)(16).

Adhithana : *Sarvanaga*

Udbhavasthana : *Amashaya*

Prasara : *Rasayani*

Roga Marga : *Bahya*

Vyakti Sthana : *Sarvanga*

specifically *Udara, Sphika, Stana* and *Gala pradesha*.

Upadrava:

Acharya Charak has not described the *Upadravas* (19) separately but he

has reported that if *Sthaulya* is left untreated, many diseases may be arisen out.

Updravas mentioned by other *Acharyas* are as follows:

<i>Upadrava</i>	<i>C</i> <i>h</i>	<i>S</i> <i>u</i>	<i>A.</i> <i>H</i>	<i>M.</i> <i>N.</i>	<i>B.</i> <i>P.</i>	<i>Y.</i> <i>R.</i>
<i>Prameha (Diabetes)</i>	-	+	+	+	+	-
<i>Prameha pidaka</i>	+	+	-	-	-	+
<i>Jwara</i>	+	+	+	+	+	+

(Fever)						
Bhagandara (fissure)	+	+	+	+	+	+
Vidradhi	+	-	-	-	-	+
Vatavikara	+	-	-	-	-	+
Udara Roga (Ascites)	-	+	+	-	-	-
Urustambha	-	+	+	+	+	-
Shwasa (Dyspnea)	-	+	-	-	-	-
Apachi	-	-	+	+	+	-
Kasa (Cough)	-	-	+	+	+	-
Sanyasa (Coma)	-	-	+	-	-	-
Kushtha (Leprosy)	-	-	+	+	+	-
Visarpa (Erysipelas)	-	-	-	+	+	-
Atisara (Diarrihoea)	-	-	-	+	+	-
Arsha (Piles)	-	-	-	+	+	-
Shilpada (Filariasis)	-	-	-	+	+	-
Kamala (Jaundice)	-	-	-	+	+	-

Sadhya – Asadhyata: (20)

Regarding *Sthaulya*, most of the *Acharyas* have described bad prognosis and *Sahaja Sthaulya* is considered incurable. *Charak* also emphasized the fact that the treatment of *Sthaulya* is more difficult than *Karshya*.

Pathya-Apathya Ahara: i.e Nidan parivarjan chikitsa

Ahara Varga	Pathya	Apathya
	Yava, Venuyava, Kodrava Nivar, Jurna	Godhum, Navanna, Shali
	Mudga, Rajmasha, Adhaki, Kulatha, Chanak, Masur	Masha, Tila

Shaka Varga	Vruntak, Patrashaka, Patola	Madhurshaka, Kanda
Phala Varga	Kapitha, Jamun, Aamlak	Madhuraphala
Dravya	Takra, Madhu, Ushnodaka Til Tail, Sarshap Tail, Arishtha Asava, JirnAamdya	Dugdha, Ikshu Navnit, Ghrita Dadhi
Mamsa	Rohit Matsya	Anupa, Audaka Gramya

Pathya-Apathya Vihara:

Pathya	Apathya
Shram	Sheetala Jala Snana
Jagarana	Divaswapa
Vyavaya	Avyayam
Nitya Bhramana	Avyavaya, Svapna Prasanga
Chintana	Sukha Shaiya
Shoka	Nityaharsha
Krodha	Achintana, Mansonivritti

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