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## Health Consequences of *Medoroga* (Obesity) and its Management Through Ayurveda and Yoga

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### ABSTRACT:

Weight gain is a natural physiological process, but sometimes it increases to the point of development where it may impair health and invites a number of disorders with high morbidity and mortality. *Meda* which is the fourth one of the seven components of the body known as *Saptadhatu* is the contemporary term used against fat and the disease caused by this is *Medoroga* or Obesity. In *Charaka Samhita* it is described as one among *Astaninditiya* (Contemptible) *Purusa*. It is said that it is comparatively easy to help an underweight person, rather than an overweight person. The advancement of industrialization and communication is contributing towards sedentary life styles, in turn causes non-communicable diseases like obesity. It has always created problem owing to the state of helplessness due to limitation for enjoying an active life. It is associated with many serious and life threatening complications, such as Hypertension, Diabetes mellitus, Atherosclerosis, Ischemic heart disease, Cardio-vascular accidents, Myocardial infarction, etc. Obesity being the risk factor for these diseases and hence prevention of obesity will decrease the chances of such diseases. Through Ayurveda and Yoga practice we can achieve the healthy life.

**Keywords** – *Medoroga*, *Astaninditiya Purusa* Obesity, *Meda*, Ayurveda. Yoga.

### INTRODUCTION

In ayurveda classics it is described in different names such as *Medoroga*, *Sthaulya*, *Medovridhi* and *Atisthaulya*. *Medoroga* is due to the pathological condition when excess *Meda* accumulates and vitiated in the body<sup>1</sup>. In *Charaka Samhita* it is described as one among *Astaninditiya* (Contemptibles) *Purusa*<sup>2</sup>. A special chapter on *Medoroga* is described in *Bhavaprakash*<sup>3</sup> and *Yogaratanakara*<sup>4</sup>. Obesity is defined as an abnormal growth of the adipose tissue due to an enlargement of fat cell size (Hypertrophic obesity) or an increase in fat cell number (Hyperplastic

obesity) or a combination of both.<sup>5</sup>

Whatever the definitions, this is a condition where the natural energy reserve, stored in the fatty tissue of humans is increased to that point where it may impair health. In humans it is generally considered to be a leading cause of health problems. In India 1.3 percent males 2.5 percent females aged more than 20 years were obese in 2008<sup>6</sup>. Overweight which is the previous stage of obesity prevalence is higher among females than males and in urban areas than in rural areas.<sup>7</sup>



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### Etiology of *Medoroga*

In Ayurveda Etiology of *Medoroga* are<sup>8</sup>

- *Ati Sampurana* (Excess eating),
- Excessive *Guru* (Heavy), *Madhura* (sweet), *Sheeta* (cold), *Singdha* (fatty) foods in diet,
- *Avyayama* (lack of physical work),
- *Avyavaya* (Abstinence from sexual intercourse),
- *Diwaswapna* (sleeping during daytime),
- *Harshanitya* (uninterrupted cheerfulness),
- *Achintana* (lack of worries)
- *Beeja svabhava* (hereditary)

The etiology of obesity is complex and is of multiple causations. However, it is due to fat deposition in the body results from the discrepancy between energy consume and expenditure because of imbalanced diet, sedentary habits and genetic factors. Broadly it is divided as

#### Exogenous

- Dietary causes – Excess eating, Eating in between meals, Preference to sweets, Refined foods and fats etc.
- Regimental causes – Physical inactivity, Sedentary life style, Limited exercise etc

**Endogenous** – Endocrine factors, Genetic factors, Hypothalamic factors etc

**Miscellaneous** – Age, Sex, Occupation, Socioeconomic status, Psychogenic factors, Alcohol consumption, Giving up smoking, Drugs etc.

#### Assessment of obesity

*Chala Sphik Udara Sthana* (Pendulous Buttock, Abdomen and Breast) due to deposition of excessive fat, *Ayothopachaya* (disproportionate physical growth), *Anutsaha* (lack of strength).<sup>9</sup>

Although obesity can easily be identified at first sight, a precise assessment requires measurements and reference standards. The mostly used criteria are as follows<sup>10</sup>

- **Body weight** – Body weight though not an accurate measure of excess fat, is a widely used index for obesity.
- **Body mass index (BMI)** (Quetelet's index) – BMI is a number, based on both height and weight. This is the most common statistical estimate of obesity calculated by dividing the weight by the height squared. Its unit is therefore kg/m<sup>2</sup>.

**B.M.I.** = weight (kg) / height<sup>2</sup> (mt)

Classification of Adults according to BMI (Table 1)

- **Waist Circumference and Waist-Hip Ratio** – This is the waist circumference (in cm) divided by hip circumference (in cm). The waist circumference is usually measured half way between the superior iliac crest and the rib cage in the

mid axillary line, where as hip circumference is measured one third of the distance between the superior iliac spine and the patella. There is an increased risk of metabolic complications for men with a waist circumference >102cm and women with a waist circumference > 88cm. W.H.R. (>1.0 in men and >0.85 in women) indicates abdominal fat accumulation.

### Disease and Conditions for which Obesity is a Risk Factor

Charaka has described eight disabilities of an obese person<sup>11</sup>. These are

1. *Ayusahrasa* (decreased life span)
2. *Javoparadha* (lack of physical activity)
3. *Kricchra vyavaya* (less sexual capacity)
4. *Daurvalya* (generalized weakness)
5. *Daurgandhya* (bad body odour)
6. *Swedavavaddha* (excess/distressful sweating)
7. *Ksudhatimatra* (excess hunger)
8. *Pipasatiyoga* (excess thirst)

In *Bhavaprakasha* it is described that, a person with *Medoroga* suffers from various diseases<sup>12</sup>. These are

1. *Kustha* (skin disease),
2. *Bisarpa* (necrosis or gangrene)
3. *Bhagandara* (fistula-in-ano)
4. *Jvara* (fever)
5. *Atisara* (diarrhoea)
6. *Meha* (diabetes)
7. *Arsha* (haemorrhoids)
8. *Sleepada* (filariasis)
9. *Apachi* (lipomas)
10. *Kamala* (jaundice)
11. *Sweda daurgandha* (offensive odour of sweat)

### Management

The main goal is maintenance of appropriate body weight is essential for survival. General line of treatment includes *Nidana-parivarjana* and *Guru-Apatarpana* diet

#### *Nidana-Parivarjana*<sup>14</sup>

Avoidance of causative factors is the first line of treatment for all diseases. So the etiological factors mentioned in *Medoroga* i.e. dietary and regimental factors must be avoided. These are

1. Avoid excess eating, eating during indigestion or just after taking previous meal.
2. Avoid day sleeping; sleep in the night after one hour of your dinner.

3. Do regular exercises like brisk walking, running, swimming etc.
4. Avoid eating excess sweets. Have low fat /skim dairy products. Avoid product like chocolates, ice creams, cheese, etc.
5. Take non-vegetarian food like chicken, fishes, eggs, meats etc. in moderate quantity.
6. Try to minimize excess oil & ghee in cooking, avoid hydrogenated vegetable oils, Instead of frying things try to consume roasted things & change your cooking techniques a little. Grill or bake food instead of frying, cook vegetables without fat by steaming and boiling.
7. Don't consume excess alcoholic drinks.
8. Avoid aerated drinks and excess water after meal.
9. Intake of fat and carbohydrates should be restricted.

#### **Guru-Apatarpana diet<sup>15</sup>**

*Acharya Charaka* advised *Guru-Apatarpana* Ahara for *Medoroga*. The diet, which is *Guru* in nature but having *Apatarpana* action, is recommended. Example is Honey. The *Guru* nature of honey counteracts the action of *Tikshnagni* whereas its *Apatarpana* property reduces the *Meda* by *Lekhana* action.

The diet must be nutritionally adequate. A useful strategy to induce and maintain weight reduction is to educate the obese patient with regard to the caloric content of foods. The food content of the diet should drop below 30% of total calories. Emphasis should be on greater intake of fruits, vegetables and foods high in fiber.

#### **Specific line of treatment**

**Samsamana therapy** – This includes

1. *Pachana, Dipana*, which helps in digestion of *Ama* and *Apakwa Meda* by potentiating *Jatharagni, Bhutagni* and *Dhatwagni*.
2. *Kshudanigrahana* (control on eating habit),
3. *Trisnainigrahana*, it is advisable to take lukewarm water and also to take water before lunch instead of post lunch.
4. *Vyayama*, exercise helps to melt and eliminate excessive fats deposited in the fat depot
5. Different medicinal formulas also described in Ayurvedic texts such as, *Amrita guggulu, Dasanga guggulu, Tryusanadi guggulu, Loha rasayana, Loharista, vyosadi saktu, Triphaladyam tailam, Maha sugandhi taila<sup>16</sup>*

**Samsodhana therapy** – *Samsodhana* therapy is the process of eliminating *Doshas* through *Urdhwa* and *Adhah Marga* of the body. It comprises of two types *Bahya Samsodhana* and *Abhyantara Samsodhana*

- **Bahya Samsodhana** includes *Ruksha Udvartana, Avagaha, Pariseka, Lepana* etc. out of the several procedures described, *Udvartana* is widely accepted, due to its properties like *Vatahara* (alleviates *vata dosha*), *Kapha Meda Vilayana* (liquefies *Kapha* and *Meda*), *Angasthirikarana* (provides firmness to body), *Twak Prasadakara* (cleanses the skin)<sup>17</sup>. *Udvartana* destroys the vitiated *Vata-Kapha-Meda* and make the body stable. It increases luster and complexion of the skin<sup>18</sup>.
- **Abhyantara Samsodhana** includes *Vamana, Virechana, Niruha Basti, Nasya* and *Raktamoksana*. Because of its *Brimhana* action, *Anuvasana Vasti* is not recommended for *Medoroga*.

#### **Yoga**

The aim of Yoga is not just reduction of weight this is bound to happen as an outcome of our increased self-awareness. In *Yoga asanas* not only burn extra calories, but also to develop body awareness to understand the language of our body the way it works and what suits it best. From this understanding we can modify or adjust our diet and lifestyle to suit the needs of our body and mind.

**Surya Namaskar** (salutation to the sun) is most important for the treatment of obesity. *Surya Namaskar* is a complete practice itself because it is a combination of asana, pranayama, mantra and meditation. This practice has a unique influence on the endocrine and nervous system helping to correct metabolic imbalance that cause obesity. Being a dynamic practice it is also an excellent exercise equated to cycling jogging or swimming.

**Pawanamuktasana** help to remove extra fat from the abdomen hips and thighs. These practices are very good for strengthening the abdominal muscles which are usually very flaccid in the obese patient. It also helps to burn the extra fat tissue of the momentum which is fold of peritoneum in the abdomen very rich in fat tissue.

Practice of other asanas help in reducing abdominal fat are **Halasana, Paschimottasana, Dhaurasana, Sarvangasana, Matsyasana, Padhastasana**

The **pranayama** practices recommended for obesity are also the more dynamic forms which stimulate the metabolism they include **bhastrika, kapalabhati** and **suryabhedhi** which are performed along with balancing practices like **nadi shodhan, ujjayi, sheetali** and **sheetkari** are relaxing cooling practices which influence different hypothalamic centers which give control over thirst and the feeling of satisfaction with healthy quantities and qualities of food.

## CONCLUSION

From the above facts it is clear that obesity is life style disease. It decreases the quality of life and life span of human by producing lot of complication in life. Specific diet control like *Guru Apatarpana*, *samsodhana* therapies, healthy life style such as more physical activities, specific *asanas*, *pranayamas* will help to maintain the body weight, as a result of that reduce the complication of obesity and one can maintain a healthy life.

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**Table 1 Classification of Adults according to BMI**

Classification	BMI	Risk of comorbidities
Underweight	<18.50	Low (but risk of other clinical problems increased)
Normal Range	18.50-24.99	Average
Overweight	25.00	
Pre-obese	25.00-29.99	increased
Obese class I	30.00-34.99	Moderate
Obese class II	35.00-39.99	Severe
Obese class III	>40.00	Very severe

**Table 2 -Disease due to obesity**

Greatly increased <sup>13</sup>	Moderately increased	Slightly increased
Type 2 diabetes	CHD	Cancer (breast cancer in postmenopausal women, endometrial cancer, colon cancer)
Gall bladder disease	Hypertension	Reproductive hormone abnormalities
Dyslipidaemia	Osteoarthritis (Knees)	Polycystic ovary syndrome
Insulin resistance	Hyperuricaemia and gout	Low back pain
Breathlessness		Increased risk of anaesthesia complications
Sleep apnea		Impaired fertility
		Fetal defects associated with maternal obesity