

An Observational Study On Medo Roga (Sthaulya) - A Most Prevalent Lifestyle Disorder In India In The Present Era

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Abstract

One of the non-communicable diseases is obesity. In biomedical research, the etiopathogenesis, treatment, and effects of obesity are not fully understood and are continually developing. It is a multifactorial metabolic illness, and in Ayurveda, it is comparable to Sthaulyata or Medoroga. Jatharagni and Dhatwagni, in particular, Medodhatwagni, are vitiated by this illness. Dhatuparinama is impacted as a result, causing Medo Dhatu to develop improperly. Ama Dosha interacts with numerous Dhatus and forms at various levels. Simply put, Medodhatwagnimandyata results in excessive production of Sama Meda Dhatu, which in turn produces the Medo Roga. This Sama Meda builds up in the body and accumulates in different Srotases, which causes srotorodha and other issues. Sthaulya and the name Medo roga may be associated based on their clinical symptoms. The fourth Dhatu of the body, known as Medodhatu (Medas), is ubiquitous. It is mostly seen as a thick layer inside the udara (Abdomen), linked to its kalas, beneath the twak (Skin). The mula of this system is referred to as the Vrikka and Vapavahan. Slight obesity, also known as sthauilya, is when a person's weight or body size increases significantly owing to the buildup of extra fat. This condition is frequent in people over the age of 40, in women who have just given birth, and in women going through menopause. Overeating and faulty hormonal function are both attributable to disturbed appetite control mechanisms in the body, which cause excessive fat accumulation.

Keywords: Medoroga, Obesity, Nidan Panchak, Lifestyle etc.

INTRODUCTION

Obesity is a state in which the body's natural energy reserves have grown to an extent that it is linked to certain health issues or a higher death rate. In wealthy nations, it is thought to affect 30–50% of adults and 15–25% of children and adolescents. Around 257 million instances of obesity are recorded annually, affecting around 8% of the adult population, according to WHO's most recent study on the prevalence of obesity worldwide. India is following a pattern of progressively rising obesity rates in other emerging nations. Globally, due to the more sedentary character of many occupations, there has been a rise in the consumption of calorie-dense, high-fat meals as well as a rise in physical inactivity. Obesity is more common in women than in males, and it particularly rises after using an IUCD, birth control pills, after giving birth, and during menopause.¹

DEFINITION OF MEDA

Sthaulya is defined as an excessive and unnatural rise in meda dhatu and mamsa dhatu, which causes pendulous buttocks, a protruding abdomen, and protruding breasts. However, greater bulk is not accompanied by an increase in energy. Ayurveda refers to obesity as "Medoroga" and claims that it is easier to assist someone who is underweight than someone who is overweight²

TYPES OF MEDA

- **Baddha**, a fixed or confined entity Meda: Non-mobile fat that is deposited as fat in a variety of bodily parts, including muscles, omentum, and fat depots.
- **Abaddha Meda** (unbounded/moveable) - Lipids, which are mobile fat molecules that circulate in the body with blood, are unbound and movable (Cholesterol, Triglycerides, LDL, HDL & VLDL, etc.)

KARMA OF MEDA

According to Acharya Sushruta, the primary functions of Medo Dhatu are Snehana (oiliness/luster of skin, hair, and eyes, etc.), Sweda (sweat), Dridhatva (strength), Asthipusti (strengthening of bones), and Netra- Gatra Snigdhatva (oiliness of eyes and body).³

The Medo Dhatu comes in two varieties. Poshaka (nourishing) is one, while Poshya is another (which gets nourishment). Poshaka Medo Dhatu, the more mobile of the two, circulates throughout the body with Rasa-Rakta Dhatu to provide Poshya Medo Dhatu with nutrients. It is possible to see how the blood circulates with lipids and cholesterol using a variety of imaging methods. 5 Seconds Poshya Medo Dhatu, which is kept in Medodharakala, is immovable by nature. Udara (abdomen) and Anuasthi are the locations of Medodharakala (bones). Poshya Meda also has depots in Udara, Stana (breast tissue), and Sphika (buttocks). It is distinct from the Aetio-pathogenesis of the Sthaulya form of Sukshmabhaga (minute or nano part), which is in charge of the subsequent transformation of the Medo Dhatu.⁴

NIDANA OF MEDO ROGA

According to Acharya Charak's Asamanya-Vishesh Siddhanta, which states that the quality and amount of nutrients supplied to them determines whether or not Dhatu increases or decreases, another classification of the causes of Sthaulya may be made. Meda levels rise in the body as a result of excessive use of substances that are comparable to it (Guna samanya) and actions that have a similar effect (Karma samanya).⁵

Table No. 1 Nidana Of Medo Roga

Aharatmaka Nidana ⁶	Viharatmaka Nidana ⁷	Manasika Nidan ⁸	Anya Nidana ⁹
Santarpana, Adhyashana, Guru Aharasevana	Avyayama	Harshnityatvata	Bijadoshaswabhaba
Madhura Aharasevana	Diwaswaap	Saukhyena	Snigdha Madhur Basti Sevana
Madhura Aharasevana	Swapnaprasangat	Achintanat	Amarasa
Snigdha Aharasevana	Asana Sukham	Manasonivritti	Hormonal changes
Navanna sevanaa Atisampuraad, pistanna sevan	Gandhamalyanusevana		Removal of Bijakosha (ovary) and other surgical operations in women
Mamsa Sevana,	Gandhamalyanusevana		
Dadhi Sevana,	Bhojanottar snaana		
Ikshu Vikara Sevana	Atinidra		
Ikshu Vikara Sevana			

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ROOPA OF MEDO ROGA¹⁰

Due to being overweight, the patient has moderate dyspnea, thirst, tiredness, excessive sleep, bodily aches, excessive hunger, an awful body odor, the inability to work, and the inability to engage in sexual activity. Since meda is located in the abdominal wall of every living thing, their central bodies are likewise expanded. Eight Doshas (disabilities) of Medoroga have been mentioned in addition to these cardinal symptoms, along with their developed etiology, which is as follows:

- Ayushohrasa (Reduction in lifespan)
- Javoparodha (Lack of Enthusiasm)
- Kricchavyavaya (difficulty in the sexual act)
- Daurbalya (Debility)
- Daurgandhya (Body odor)
- Swedabadha (distressful sweating)
- Kshudhatimatrata (Excessive hunger)

SAMPRAPTI OF MEDO ROGA

If a person regularly consumes the Shleshmala diet (Madhura, Guru, Sheeta) without engaging in enough physical exercise and instead spends a lot of time sleeping or indulging in other vices. The body's kapha predominant Dosha increases as a result of the amarasa it creates, which in turn causes an Agni disturbance that results in the generation of ama. This Ama causes Medodhatwagni-Mandya by going straight to Meda Dhatu and causing Meda to expand and accumulate. Medovaha Srota Sanga, which results in Vata Margavrodha, is brought on by vitiated Kapha and Meda. This vitiated Vata circulates throughout the body, but mainly in the Kosta. This increased digestive fire (Jathragni Sandhukshana) then stimulates the Kshudhaadhikya and Shighra Jarana of the Ahara.¹¹

SAMPRAPTI GHATAKA

Dosha: Despite the fact that Medoroga is a Vyadhi with a strong Kapha predominance, Vata and Pitta play an important role as well. Therefore, the pathophysiology of Medoroga involves all three Doshas.

Udbhava Sthana- Amashaya

Vyakta Sthana -Sarva Shareera

Adhistana- Medo Dhatu.

Roga Marga- Bahya Dhatwangni -Mandha

Dushya -Rasa, Mamsa and Medo Dhatu

Sroto Dusti- Sanga

Sadhya Asadhyata- Krichha Sadhya

DUSHYA OF MEDO ROGA

Medoroga is a Dushya dominant ailment that, according to Acharya Sushruta, is characterized by excessive production of aberrant Meda Dhatu. Rasa, Mamsa, Meda, Majja, and Shukra Dhatus are where Kapha is seated. According to Ashrayashrayeebhava, vitiating Kapha also causes the aforementioned Dushyas to get vitiating. Additionally, Kapha and Meda share characteristics. Finally, the Meda Dhatu also experiences vitiation.¹²

SROTAS

Along with the Rasavah and other Srotasa, Medovah Srotas is largely involved in Medoroga. It is essentially a Sanga form of Srotodusti that also results in Vimargagamana of Meda Dhatu. Swedavah Srotas' participation is indicated by Atisweda and Daurgandhya. The participation of Udakavah Srotasa is implied by the presence of Ati Pipasa. Increased fat deposition inside the muscle (Vasa) is a sign that Mamsavah Srotasa is involved in the pathophysiology of Medoroga. Meda Dhatu's Vimargagamana is also. Swedavah Srotas' participation is indicated by Atisweda and Daurgandhya. The participation of Udakavah Srotasa is implied by the presence of Ati Pipasa.¹³

AGNI

All ailments are said to have their origin in Mandagni at the Jatharagni or Dhatvagni level. Ama is formed as a result of Mandagni. Disorders like Ajirna, Alasaka, and Visuchika occur as a result of Jatharagni derangement, whereas Medoroga results from Dhatvagni derangement.¹⁴

SADHYA ASADHTVA

Excessive medoroga development causes vitiation of the Vatadi Tridosa, which can lead to serious complications and occasionally even patient death. When a patient has an endocrine disorder or a Sahaj dosaj/Bijadosaj, the sickness is known as Krichhasadhya or Asadhya. Vyadhi is Sadhya when the patient is Balvaan and adheres to the right Dincharya Ratricharya Pathya Apathya Palana regulations.¹⁵

UPADRAVA

- Prameha Pidika Vidradhi,
- Visarpa,
- Bhagandara,
- Jvar,
- Atisaar,
- Arsha,
- Shleepad,
- Apachi,
- Kamla,

CHIKITSA UPAKRAMA¹⁶

- First Nidan Parivarjana
- Guru Apatarpana Chikitsa Karshana
- Samshodhana Chikitsa.
- Vihara Mutra-Purisha Virechaniya Aushadhi Prayoga, Samshaman chikitsa-Sharirika and Manasika Vyayam, Vata kapha nashak Ahara.

AVOID FOLLOWING THINGS IN MEDO ROGA

As they irritate Kapha and Meda, sweet, sour, salty, and greasy foods should be avoided. Rice, wheat, pasta, bread, and sweet milk products are all examples of sweet meals in addition to sugar. Pastries, cookies, cakes, and chocolates notably cheese cream, ice cream, and yogurt. The meal is fried, grilled, or especially red meat. Avoid packaged, processed, and fried restaurant meals like pizza, hot dogs, and burgers.

VIRUDDHA AHARA OR A COMBINATION OF FOOD

Yeast-containing bread, cherries, yogurt, and milk with meat, fish, and tart fruits. Sour fruits, melons, hot beverages, beef, seafood, mangos, and yogurt with milk, Eggs with milk, meat, cheese, yogurt, melon, fish, and bananas.

ADVICE IN MEDO ROGA

- Keep a consistent daily schedule.
- Get up before 6 a.m. Combine 1 glass of warm water with 2 teaspoons of honey and 2 teaspoons of lemon juice.
- Exercise for at least 40 minutes per day, four days a week.
- Toast with cooked apple, cooked barley, or oatmeal for a healthy, light breakfast.
- Boil some water with fresh ginger in it, and sip on it often all day.
- Make lunch the major course and keep dinner as light as you can.
- Avoid eating late at night and avoid sleeping throughout the day.
- Only eat after your previous meal has been digested. Or when you're famished.
- After eating, go for a stroll.

PATHYA AHARA IN MEDO ROGA

- Arishtha Asava, Jirnamadya Dugdha, Ikshu, Navnit, Ghrita Dadhi, Takra, Madhu, Ushnodaka Til tail, Sarshap tail, and Dravya.
- Yava, Venuyava, kodrava, Nivar, Jurna Godhuma, Navanna, and Skhali are Shuka Dhanya's musical instruments.
- Tila, Rajmasha, Mudga, K. Kulattha, Chanak, and Masha.
- Kanda, Patrashaka, Patola Madhurshaka, and Shaka Varga.
- Amalak Madhuraphala, Jamun, and Kapitha Phala.

PATHYA VIHARA IN MEDO ROGA

- Sharirika and Mansika Shrama
- Chinta,
- Rartijagarana,
- Strisevan,
- Pralepa,
- Langhan,
- Dhupasevan
- Walking,
- Apatarpana Karma,
- Exercise
- hot water baths
- Among the activities that may be done on animals and mountains.

APATHYA AHARA IN MEDO ROGA

Naveen Shali Dhanya, Godhuma, Chaval, Urada, Aaluka, Dugdha, Malai, Rabdi, Khir, Dahi, Mansa, Matsya varga, Egg, Navneeta, Ghrita, Guda, Raab, and drinking a lot of water and consuming oil right after eating.

APATHYA VIHARA IN MEDO ROGA

- Divashayan,
- Other such phrases might bring Nischintata long-lasting mental satisfaction.
- Shital Jalsnan,

DISCUSSION

The excessive use of fatty and greasy foods, sedentary lifestyles, Manasika variables, and genetic susceptibility all contribute significantly to the development of Sthaulya. Acharya Charaka noted that Sthaulya had a poor prognosis because, if improperly treated, they are vulnerable to dying from excessive thirst, excessive hunger (Davanal), and other problems.¹⁷ There is no particular treatment for obesity; food and exercise are the only factors that might be significant. Treatment of sthauilya is more difficult than treatment of a krisha person since both overeating and being too thin need ongoing management with bulk-promoting and bulk-reducing treatments, respectively.¹⁸ Out of fat and lean patients, slim is preferable. Acharya Charak asserts that adhering to the Sama Sharira means continually remembering that a person who has a healthy balance of muscle, compactness, and firmness in their organs, as well as balanced agni and proper metabolism, is not susceptible to the power of disease. Treatment for "Sthaulya" aims to lessen vata, agni, and meda. Because samtarpana chikitsa calms vayu and agni while simultaneously raising meda dhatu, it is exceedingly difficult to repair sthauilya using either the santarpana or the apatarpana modes of therapy. Apatarpana Chikitsa, on the other hand, lowers meda while raising the condition of agni and vayu in the body. Additionally, Sthula people have a very restricted selection of medications and dietary options, and they are more likely to experience complications.¹⁹ As a result, Sthaulya was regarded as dushchikitsya vyadhi by Vagbhata. Obese people often have substantially shorter lives than people of average weight. The pathophysiology of Sthaulya is mostly caused by factors called medhatvagnimandya.²⁰ Clinical signs

and symptoms included the patient's increasing body weight, weariness, and joint aches. Lekhana Karma Udwarthana, Virechana, Vyayama, Upavasa, Swedana, and medonashak Aushadis are important pathya sevan practices. As explained by Acharya Charaka Following these therapies, the patient should be recommended to continue taking their oral drugs for a month. They were also instructed to maintain their diet and consistently practice yoga, both of which are extremely important.²¹

CONCLUSION

Nowadays, obesity has become a serious issue because there aren't many safe medications accessible for long-term therapy, and those who are obese need long-term care. Because of their sedentary lifestyles, lack of exercise, poor eating habits, and urbanization, these illness patients have an aversion to all bad habits or Nidan-like behaviors. Atisthula has a history of illness, according to Acharya Charak. As a disease complication, he brought up death. Given that Sthaulya is a Kaphaj Nanatmaja and dushya (Meda) dominating condition and that Kaphaprakriti people are more likely to be obese, it is important to urge them to follow a healthy diet and exercise routines. Middle-class patients are more severely impacted.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT –NONE

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