



## PERSONALITY DEVELOPMENT IN OBESE THROUGH PANCHAKARMA: A REVIEW

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### ABSTRACT

**Introduction-** Obesity is one of the most common yet preventable health problems. It is defined as an abnormal or excessive fat accumulation that presents a risk to health. It is a state of increased body weight, due to adipose tissue accumulation, that is of enough magnitude to produce adverse health effects. The excess energy is stored in the form of fat tissue deposition. Obesity is described in various Ayurvedic texts as *Sthoulya* or *Medoroga*. It is described as *Santarpanotha vikara* (disease caused by over nourishment). Obesity affects our behaviour and lifestyle, as well as the way our personalities develop. Although it is majorly associated with complications in physical health, adiposity contributes to a variety of psychological processes, such as well-being, personality development, identity formation and person perception. **Aim-** To understand the effect of obesity on personality development and review the various Panchakarma therapies in management of obesity. **Data source-** The references for the article are taken from classical textbooks, published research papers and previous work done. **Result-** *Sthoulya* being systemic diseases, involves a deeper pathology. Panchakarma has the benefits to eliminate the disease from the root alongwith the toxins accumulated in the body through the nearest route of elimination. Various *Panchakarma* therapies like *Vamana*, *Virechana*, *Lekhana basti*, *Udvartana*; help to reduce obesity and in turn enhance overall personality of the individual. **Conclusion-** Panchakarma with its diverse dimensions of therapies can help in the management of *Sthoulya* and can contribute to developing a healthy state of mind and personality.

**Key Words:** obesity, *Sthoulya*, *Lekhana basti*, *Vamana*, *Virechana*, *Udvartana*

**INTRODUCTION:** Obesity is an abnormal or excessive fat accumulation usually 20% or more over an individual's ideal body weight.<sup>1</sup> It is defined when the BMI more than 30Kg/m<sup>2</sup>.<sup>2</sup> Dietary changes along with increasing inactive lifestyle has resulted in significant increase in obese individuals around the globe. Various factors like excessive consumption of fats, energy-dense food, reduction in physical activity and rapid pace of industrialization has played an important role in promoting obesity. Unhealthy dietary patterns like decline in

cereal intake and increase intake of sugar and fats, sedentary working environment has resulted in increase in incidence of obesity along with its associated problems. Obesity is known as *Sthoulya* in Ayurveda and is one of the *Asthanindita purusha*.<sup>3</sup> It is tough to cure an illness that affects this *Sthoulya purusha*. According to Acharya, the normal quantity of *Medas* in the body is two *Anjali* whereas that of *Vasa* is three *Anjali*.<sup>4</sup>

### MATERIALS AND METHODS-

The study of different *Ayurvedic* and modern literature has been done to achieve

the objective of the study. Various references for the Panchakarma therapy in obesity is taken from classical textbooks, published research papers and previous work done.

### Prevalence-

Studies conducted globally has reported that more than 1.9 billion adults are overweight and about 650 million are obese.<sup>5</sup> In India more than 135 million people are affected by obesity. The prevalence varies due to age, gender, geographical environment, socio-economic status etc. A study conducted by ICMR-INDIAB in 2015 demonstrates that the prevalence rate of obesity and central obesity are fluctuates from 11.8% to 31.3% and 16.9%–36.3% respectively. Abdominal obesity is one of the major risk factors for cardiovascular disease (CVDs) in India. Various studies have shown that the prevalence of obesity is significantly higher in women when compared to men.<sup>6</sup> The growing prevalence of obesity worldwide is posing a serious concern worldwide. Associated rise of diabetes, coronary and cerebrovascular disease also pose a big threat in terms of health and financial hazards for the entire population of the world.

### Aetiology of obesity:

Ayurveda mentions eight factors which causes obesity- *Atisampoorna- Atibhojana* (~overeating); intake of food which is *Guru* (~heavy), *Madhura* (~sweet), *Sheeta* (~cold) and *Snigdha* (~unctuous or oily); *Avyayam* (~no exercise or physical activity); *Avyavaya* (~reduced or no sexual activity); *Diwaswapna* (~day-time sleep); *Harsha-nityatvat* (~always happy); *Achintanat* (~no tension, stress) and *Beeja-swabhavat* (~genetic or hereditary factors).<sup>7</sup>

**Sedentary lifestyle and inactivity-** As per 2016 report, globally, more than a quarter of adults (27.5%) were insufficiently physically active.<sup>8</sup> Prime cause is use of mechanized transportation and a greater prevalence of labor-saving technology in the home. Less physically demanding work and sedentary jobs. Due to less walking and physical education among children, there seem to be declines in levels of physical activity.

**Diet-** Consumption of energy-dense, big- portions, fast-food meals, extra carbohydrates like sweetened beverages and potato chips. Consumption of sweetened drinks such as soft drinks, fruit drinks, iced tea, and energy and vitamin water drinks are believed to be contributing to the rising rates of obesity.

**Genes and family history-** Studies that have focused on inheritance patterns have found that 80% of the offspring of two obese parents were also obese, in contrast to less than 10% of the offspring of two parents who were of normal weight.<sup>9</sup>

Other factors like endocrinal factors including hypothyroidism, cushing's syndrome, PCOD and drugs like corticosteroids, antidepressants and seizure medicines also contribute to obesity. Pregnancy, alcohol, smoking and emotional factor also form the cause of obesity.<sup>10</sup>

### Obesity and Personality:

In a study conducted for 50yrs, taking approximately 2000 subjects, it was examined how personality traits are associated with multiple measures of adiposity and with fluctuations in body mass index (BMI).<sup>11</sup> It also mentions that body weight reflects our behaviours and lifestyle and contributes to the way we perceive ourselves and others. In another study it was established that there lie

bidirectional associations between depression and obesity: obese persons had a 55% increased risk of developing depression over time, whereas depressed persons had a 58% increased risk of becoming obese.<sup>12</sup> Decreasing levels of self-esteem in obese children were associated with significantly increased rates of sadness, loneliness, and nervousness compared with obese children whose self-esteem increased or remained unchanged.<sup>13</sup>

Psychological problems associated with obesity include fewer social interactions as they see their body type as ugly. Stunkard & Sobal noted that " ... obesity does not create a psychological burden. Obesity is a physical state. People create the psychological burden."<sup>14</sup>

#### Management of obesity:

An effective obesity management requires prevention of weight gain, promotion of weight maintenance, management of obesity co-morbidities and promotion of weight loss.

Panchakarma plays an important role in preventing weight gain through its unique concept of *Ritu-shodhana*. It also promotes the maintenance of weight. The *Shodhana* processes like *Vamana*, *Virechana*, *Basti* and *Nasya* are recommended in managing the disease associated with obesity. A vast number of researches have been conducted on obesity and dyslipidemia involving the Panchakarma procedures. Obesity being systemic diseases, involves a deeper pathology. Panchakarma has the benefits to eliminate the disease from the root along with the toxins accumulated in the body through the nearest route of elimination. Acharya Vagbhatt has mentioned that *Sthoulya* (obese individual) is fit for *Sanshodhana* process.<sup>15</sup>

#### DISCUSSION-

**Vamana-** Acharya Charaka has mentioned *Vamana* to be best treatment for *Kaphaja Roga*. It is also indicated for *Medo roga*.<sup>16</sup> *Sthoulya* being a *Kaphaja nanatmaja vyadhi* (~*Kapha dosha* dominant disease), *Vamana* is choice of treatment. It should be noted that *Atisthula purusha* (~extremely obese) is said to be contraindicated mainly due to the inability of such person to bear the potency of the medicine and therapy causing *Pranaparodha* (~life-threatening).<sup>17</sup> *Vamana* when properly administered produces *Laghuta* (~lightness), *Srotoshuddhi* (~clarity of channels), reduces *Tandra* (~lethargy) and prevents *Kaphaja roga* (~disorders of *Kapha dosha*).<sup>18</sup>

**Virechana-** *Sthoulya* being a *Santarpanajanya vikara*, is caused mainly due to over nourishment. The *Tridosha* disarray plays an important role causing *Srotorodha* (~obstruction of the systemic channels) and derangement of *Agni* (~digestive fire). *Virechana* is indicated for *Santarpanothita vyadhi*.<sup>19</sup> It restores the *Tridosha* balance, normalized *Agni* and removes the obstruction in the channels.

#### **Lekhana Basti-**

The main aim of *Lekhana karma* (~scrapping action) is to reduce over-nourished *Dhatu*. The *Sukshma guna* (~minute in nature) dominated with *Vayu*, *Akasha* and *Agni mahabhuta* assists the drug in reaching the cellular level. *Tikshna Guna* (~sharp in action) governed by *Agni mahabhuta* helps remove *Sanga* (~obstruction) in *Srotas* by breaking down the *Dosha Sanghata* (~accumulation of *Dosha*).

According to a study involving 22 patients, *Lekhana Basti* had a significant effect on reducing *Medodushti* (~disorders of fat metabolism) symptoms as well as objective parameters such as weight, BMI,

body fat percentage, body circumferences such as chest, abdomen, hip, pelvis, mid-thigh circumference, and skin fold thickness such as biceps, triceps, mid-arm, and abdominal skinfold thickness.<sup>20</sup>

#### **Udvardana-**

Acharya Vagbhatta has clearly mentioned that *Udvardana* is *Kapha-hara* and it helps in liquification of *Medas*<sup>21</sup> thus removes *Aavarana* or *Srotorodha* (~obstruction of channels). The increased *Meda* is depleted in *Udvardana* due to increased friction to all regions of the body, and the increased *Ushma* (~heat) generated during *Udvardana* digests the *Ama* (~undigested metabolic waste), thereby correcting the *Agnimandya* (~weakened digestive fire) that causes obesity. It promotes blood and lymphatic circulation by opening minute channels. The process can be understood as increased friction to all parts of the body that stimulates the beta-3 receptors in adipose tissue of subcutaneous fat, causing the triglyceride existing in the subcutaneous tissue to break down into fatty acids. The effect of centripetal massage, which enhances circulation to the internal organ, transports these fatty acids to the liver.<sup>22</sup>

#### **CONCLUSION-**

*Sthoulya* or obesity is one of the most common health problems affecting the population of India and world. Panchakarma has the ability to clear the body channels of the toxins and act as preventive and curative measures for *Sthoulya*. Panchakarma with its diverse dimensions of therapies can help in the management of *Sthoulya* and can contribute to developing a healthy state of mind and personality.

#### **REFERENCES:**

1. <https://www.britannica.com/science/obesity>, Assessed on 8<sup>th</sup> March 2022.
2. [https://www.who.int/health-topics/obesity#tab=tab\\_1](https://www.who.int/health-topics/obesity#tab=tab_1), Assessed on 4<sup>th</sup> March 2022.
3. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Sutra Sthana. Ch. 21., Ver. 3. Varanasi: Chaukhambha Visvabharati publication; 2017. p. 407
4. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Shareera Sthana. Ch. 7., Ver. 15. Varanasi: Chaukhambha Visvabharati publication; 2017. p. 915
5. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
6. Prevalence of obesity in India: A systematic review, Rajeev Ahirwar, Prakash Ranjan Mondal, Diabetes & Metabolic Syndrome: Clinical Research & Reviews Volume 13, Issue 1, January–February 2019, Pages 318-321
7. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Sutra Sthana. Ch. 21., Ver. 4. Varanasi: Chaukhambha Visvabharati publication; 2017. p. 409.
8. Regina Guthold, Gretchen A Stevens, Leanne M Riley, Fiona C Bull, Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants, The Lancet, Volume 6, Issue 10, E1077-E1086, October 01, 2018.
9. Kolata, Gina (2007). Rethinking thin: The new science of weight loss – and the myths and realities of dieting. Picador. p. 122.
10. <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>
11. Angelina R. Sutin, Luigi Ferrucci, Alan B. Zonderman, and Antonio Terracciano, Personality and Obesity

across the Adult Lifespan, J Pers Soc Psychol. 2011 September; 101(3): 579–592. doi:10.1037/a0024286.

12. Floriana S Luppino<sup>1</sup>, Leonore M de Wit, Paul F Bouvy, Theo Stijnen, Pim Cuijpers, Brenda W J H Penninx, Frans G Zitman, Overweight, Obesity, and Depression: A Systematic Review and Meta-Analysis of Longitudinal Studies, Arch Gen Psychiatry 2010 Mar;67(3):220-9.

13. Strauss RS. Childhood obesity and self-esteem. Pediatrics. 2000 Jan;105(1):e15. doi: 10.1542/peds.105.1.e15. PMID: 10617752.

14. Stunkard AJ, Sobal J. Psychological consequences of obesity. In: Brownell KO, Fairburn CG, eds. Eating-disorders and obesity: a comprehensive handbook. London, Guilford Press, 1995:417-430.

15. Brahmanand T. editor. Hindi Commentary of Nirmala. Astanga Hridayam of Srimadavagbhata, Sutra Sthana Ch. 14., Ver. 12. Varanasi: Chaukhambha Sanskrit Pratishtan; 2017. p. 192.

16. Ambikadutta S. editor. Hindi commentary of Ayurveda Tattva Sandipika. Sushruta Samhita of Maharishi Sushruta, Chikitsa Sthana, Ch. 33., Ver. 18. Varanasi: Chaukhambha Sanskrit Sansthan; 2014. p. 178.

17. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Siddhi Sthana. Ch. 2., Ver. 8. Varanasi: Chaukhambha Visvabharati publication; 2017. p. 978.

18. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Siddhi Sthana. Ch. 1., Ver. 15-16. Varanasi: Chaukhambha Visvabharati publication; 2017. p. 964.

19. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Sutra Sthana. Ch. 23., Ver. 8. Varanasi: Chaukhambha Visvabharati publication; 2017. p. 437.

20. Auti SS, Thakar AB, Shukla VJ, Ravishankar B. Assessment of Lekhana Basti in the management of hyperlipidemia. Ayu. 2013;34(4):339-345. doi:10.4103/0974-8520.127683

21. Brahmanand T. editor. Hindi Commentary of Nirmala. Astanga Hridayam of Srimadavagbhata, Sutra Sthana Ch. 2., Ver. 15. Varanasi: Chaukhambha Sanskrit Pratishtan; 2017. p. 32.

22. Parul Sharma & Ved Bhushan Sharma: A Clinical Study To Evaluate The Effect Of Lekhan Basti, Udvartana And Navak Guggulu In The Management Of Obesity Vis-À-Vis Sthaulya, International Ayurvedic Medical Journal, IAMJ: Volume 3; Issue 2; February- 2015.

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