



Review Article

IMPORTANCE OF LIFESTYLE MODIFICATION THROUGH YOGA AND AYURVEDIC DIET IN *STHAULYA* AND *PRAMEHA*

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ABSTRACT

It is a very well-known fact that obesity (especially central) is one of the risk factors for diabetes mellitus. And definitely due to sedentary lifestyle the prevalence of overweight and obesity has increased globally and so does the cases of diabetes mellitus. The disease is now being diagnosed at very early stage (in the thirties). In Ayurvedic perspective, obesity is usually compared with *Sthaulya* which is a *Medoroga* or *Vyadhi* due to its *Vridhhi*. Acharya Charaka quotes that when the *Medodushti* occurs prodromal signs and symptoms of *Prameha* appears. And its treatment is same as described of *Sthaulya*. And also, in ten *Dushya*'s of *Prameha meda* is major one. So, both the disorders are linked in Ayurvedic point of view also. Diabetes mellitus basically correlates with *Madhumeha* is predominately of *Vataja* type and considered as *Asadhya* (incurable). And definitely the insulin resistance once developed in adipocyte is irreversible. This is a review article on diet chart and *Yogasana* that can be prescribed to the patient who present with both the disorders simultaneously.

INTRODUCTION

Once regarded as a single disease entity, diabetes is now seen as a heterogenous group of diseases, characterized by a state of chronic hyperglycemia, resulting from a diversity of aetiologies, environmental and genetic, acting jointly.^[1] And now its cases are rising to an alarming epidemic level. The global prevalence of diabetes in adults (20- 79 years old) according to a report published in 2013 by the IDF was 8.3% (382 million people), with 14 million more men than women (198 million men vs 184 million women), the majority between the ages 40 and 59 years and the number is expected to rise beyond 592 million by 2035 with a 10.1% global prevalence. With 175 million cases still undiagnosed, the number of people currently suffering from diabetes exceeds half a million.^[2]

The Acharya Charaka has mentioned the eight causes of *Atistaulya* (obesity):

Atisampurnada (having too much meals or more than capacity)- *Guru-madhura-shita-snigdha upogya* (having heavy, sweet, unctuous and cold potency food)- *Avyamada* (not doing exercise or daily chores)- *Avyvayada* (not doing sexual intercourse)- *Divasvapana* (sleeping during daytime)- *Praharshanityada* (having happy or living luxurious life)- *Achintada* (not having any mental stress or strain)- *Bijasvabhavada* (genetic make-up is such that it predisposes to obesity)^[3]. All the above factors are also the risk factor for diabetes.

As per modern theories, excess of adipose cells or tissue leads to insulin resistance and the body responds to it by increasing insulin secretion (hyper- insulinaemia) but the body manage to keep fasting plasma glucose within normal range and this is the stage when patient is diagnosed as pre-diabetic. Slowly the insulin resistance worsens which leads to loss of first phase insulin release. Fasting as well as postprandial hyperglycaemia occurs. And the diabetes develops. Continued hyperglycaemia leads to microvascular complications.

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Acharya Charka have mentioned eight symptoms of *Atisthaulya*. First symptom being *Tavada ayusho hraso* means the age of that person decreases. In its *Samprapti* it has been mentioned that in patients with *Atisthaulya* there is merely increase of *Medodhatu* because of *Srotorodha*. Other *Dhatus* are not formed in same proportion which leads to decrease in vitality or age of a person. This *Medodhatu* when get vitiated by *Doshas* leads to many disease conditions or symptoms of *Prameha roga*.

Basically, most of the patients with diabetes mellitus presents with prodromal (*Purvaroop*) symptoms of *Prameha* which are as follows:

Jatilibhava kesheshu (hair becomes tangled mess)- *Madhuryamasya* (have a sweet taste in mouth)- *Karpadayo suptadaho* (burning and tingling sensation in hands and feet)- *Mukhatalu shosha* (feeling of dryness of mouth and palate region)- *Pipasama* (excessive thirst)- *Alasyama* (laziness)- *Malama kaye* (feeling of dust spread over the body)- *Kayachidrashu Upadehama* (feeling of something covering the pores of the body)- *Paridhahama suptama angeshu* (burning and tingling sensation in body parts)- *Shadapada piplikabhicha sharirsmutrabhisaranama* (ants crawls around patient's urine)- *Mutre cha mutradoshana* (problems related to urinary tract arise)- *Visrama Sharirgandhama* (bad odour from the body)- *Nidrama, Tandrama cha sarvakalama* (feeling of sleepiness every time).

Which have same treatment as mentioned of *Atisthaulya*.

Acharya Sushruta has also mentioned two types of *Prameha*- *Sahaja* and *Apathyanimitaja*. *Sahaja* is due to *Matripitradoshakritaha* (due to defects in ovum and sperm) and it effects *Krishha* (lean and thin person). *Apathyanimitaja* is related to *Stoola* (obesity), *Bahushi* (one who eats much food), *Snigdha* (unctuous food), *Shayasana* (one who sits for prolonged time) and *Svapnashila* (one who is habitual to sleep)^[4].

Madhumeha or it is also called *Ojomeha* is very advanced condition of diabetes mellitus. Probably when patient have to take Insulin to manage the blood glucose level.

Treatment protocol

Guru cha aptarpana cheshtama stulanama karshanama prati is the treatment line (*Chikitsa sutra*) for the patient with obesity and diabetes.

While mentioning the *Samprapati* of *Shudatimatra* and *Pipasatiyoga cheti* (means patient feels hungry and very thirsty) which are last two symptoms of *Atisthaulya*, it has been mentioned that due to *Srotorodha* by *Medodhatu* the *Vayu* get vitiated which stimulate the digestive fire (*Jathragni*) continuously. And this is the reason for feeling hungry and thirsty.

In modern perspective, when the kidneys are not able to control blood glucose under control, it excretes it through urine, dragging along the fluids from the tissue (that's why patient urge for frequent urination and dry mouth), which makes diabetic patient dehydrated and the patient feel thirsty (polydipsia).

In uncontrolled diabetes though blood glucose remains very high, it does not enter the cells (either because of lack of insulin or insulin resistance) so the food taken is not converted into energy and the patient feel hungry (polyphagia).

So, the treatment protocol mentions that the diet should be *Guru* (heavy means that have low glycemic index) to pacify the digestive fire. And do *Apatarpana* (which induces catabolism so that fat deposition and blood glucose decreases) in a way that doesn't vitiates the *Vata doshas* (induces hypoglycemia or imbalances cholesterol levels in blood).

Drugs for treatment^[5]

- *Guduchi* or *Giloi* (*Tinospora cordifolia*)
 - *Bhadramustaka* or *Nagarmotha* (*Cyperus scariosus*)
 - *Triphala choorna*
 - *Takrarishta*
 - *Makshika* (honey)
 - *Vidanga* (*Embelia ribes*)
 - *Nagarama* (*Shunti* or dry powder of *Zingiber officinale*)
 - *Shara*
 - *Kalaloha rajo* with honey
 - *Yava- Amalaka choorna* (powder of barley and Indian gooseberry)
 - *Bilvadipanchamoola* with honey
 - *Shilajatu* with *Agnimantha rasa*
- Yavagu* of *Gaveduka ana* (Adlay millet) with honey have also been mentioned for reducing weight.^[6]

Pathya ahara^[7]

- *Prashanitika*
- *Priyangu* (Foxtail millet)
- *Shayamka* (Barnyard millet)
- *Yavaka* (*Avena sativa* or oats meal)
- *Yava* (barley)
- *Joornahva*
- *Kodrava* (Kodo millet)
- *Mudga* (green gram)
- *Kulatha* (horse gram)
- *Chakamudgaka*
- *Adaki* (pigeon pea)
- *Patola* with Indian gooseberry
- *Madhudaka* (honey water)
- *Arishta*

Pathya vihara^[8]

- *Prajagarana* (keep awaken for long time)
- *Vyavaya* (to do sexual intercourse)
- *Vyama* (to do exercise regularly)
- *Chinta* (to have a mental stress or take a responsibility of something)

Yogic management of Obesity^[9]

1. Om Chanting and prayer
2. *Shodhana Kriyas: Kapalbhati, Kunjal, Agnisara, Nauli*
3. *Suryanamaskara*
4. *Sukshama vyayama: Udara- sakti- vikasaka* (2, 3, 4, 6, 7, 8, 9) Developed the abdominal muscles
5. *Yogasanas: Tadasana, Katichakrasana, Urdhwa Hastottanasana, Pawanmuktasana, Sarvangasana, Matsyasana, Halasana, Bhujangasana, Dhanurasana, Uttan Padasana, Paschimottanasana, Ardha Matsyendrasana, Ushtrasana, Mandukasana, Shavasana*
6. *Pranayama: Nadishodhana, Suryabhedhi pranayama, Bhramari, Sitali, Bhastrika*
7. Special practice: *Yoga nidra*
8. *Dhyana* (Meditation): Om chanting, Om meditation
9. *Yama and Niyama*: This will help to have a controlled behavior and would help to pacify the wandering mind and in turn help to have control over the eating and other habits of a person.

The aim of treatment in the management of diabetes is of two fold^[10]:

- a. To stimulate the pancreatic cells to produce adequate amount of insulin.
- b. To reduce the insulin resistance.

The protocol for yogic management of diabetes include almost the same *Asana* as for management of obesity. These are: *Tadasana, Katichakrasana, Pawan-muktasana, Sarvangasana, Matsyasana, Halasana, Bhujangasana, Dhanurasana, Paschimottanasana, Ushtrasana, Ardha-matseyendrasana, Mandukasana, Shavasana* *Urdhva- Hastottanasana* and *Uttan padasana* are not included.

In addition, *Gomukhasana* and *Shalabhasana* are added.

From *Pranayama*, *Shitali* is omitted.

Uddiyana Bandha is advised.

In *Yogic kriyas*, *Vastradhauti* can also be performed in addition to another four *Kriyas*.

Daily practice of *Suryanamaskara* is also good but not mentioned in the protocol.

DISCUSSION

Obesity and diabetes mellitus are definitely interlinked both in modern and Ayurvedic perspective. Same treatment protocol and diet can be prescribed to both the patient. High fibre diet that satisfy the appetite but do not provide enough calories is advisable to both the patients. So, wheat and rice (especially *Basmati*) should be cut-off from the diet. Infact, *Basmati* should be strictly prohibited. *Ragi* (finger millet), *Jowar* (sorghum), *Jo* (barley) can be mixed with wheat *Roti* in summers. *Bhajra* (pearl millet) in winters. Or their *roti* can be made independently unless it is not constipating in breakfast. Oatmeal can also be included bur preferably it should be *masala* oats rather than cooked in milk. *Shamikia ke chawal* is also a good substitute for the same. Millets must be avoided during night hours because of their *Ruksha* properties they can aggravate *Vata dosha* leading to complications and also they are *Guru* (heavy to digest). Dinner must be light including *Khichdi, Patla daliya* (liquid porridge), *roti* dipped in *patali dal*. *Jo daliya* (porridge of barley) with seasonal vegetables is advisable 2 times a week in lunch.

Regarding pulses, *moong dal* (green gram or yellow lentil), *masoor* (red lentil) and *Arhar* (pigeon pea) are good. *Chana dal* (split chickpeas or Bengal gram) should be occasionally included. *Urad* (Black gram) and *Rajma* (kidney beans) must be avoidable. Acharya Charaka has also mentioned *Kulatha* (horse gram), but because it has *Ushna* (hot) potency and *Amla vipaka* should be taken only during winters and should not be prescribed to the patients with *Vidhagdha ajirana* (hyperacidity). *Bhune chane*

(roasted chickpeas) is also a good snacks for *Madhumeha* patients. Obese and pre- diabetic can have it with *gur* (jaggery) in breakfast.

Regarding fruits, that have low glycemic index is preferred. Examples include: unripe apple, pear, jamun, cucumber, tomato, radish. Fruits like mango, banana, *chiku* (sapota), grapes, dates and beetroot are best avoided or should not be taken. Obese and pre- diabetic can take any fruit (preferably seasonal). Unprocessed amla should be taken daily (preferably early morning empty stomach) during its season (October to November).

Regarding vegetables, *Parvala* (pointed gourd) and *karela* (bitter gourd) are best one. Root vegetables e.g. potato, yam, etc should be avoided.

Daily practice of merely *Suryanamaskara* is very beneficial in reducing weight as well as beneficial for diabetic patient. Its practice interacts with the organs of the body directly, by applying pressure, massaging, stretching and overall toning up the muscles. This aids the eliminative functioning as well as stimulating nervous energy.^[11] Early morning exposure of sunrays has its own benefits. Patient should start with three rounds in slow manner and should increase to six rounds by 15 days. And then three rounds at slow pace initially and then three at fast pace for next 15 days. And so, the slowly increase the rounds upto twelve. It can be practised for 5 days a week.

The *Asana* and *Pranayama* which can be practised are initially are: *Tadasana* (upward stretch), *Padahasthasana* (forward stretch), *Ardha-chakrasana* (backward stretch), *Ardha-katichakrasana* (sideways stretch) and twisting movement of the body 15 days to increase the flexibility of the body. Patient should practice to sit in *Vajrasana* after dinner. *Anuloma- villoma* or simply deep breathing practises can also be done for 2 minutes.

When patient has practised to sit in *Vajrasana*, he can practice *Shankasana* (hare pose), *Mandukasana* (frog pose). *Uttana- padasana* and *Ardha- halasana* should be practised initially for 5 days and then *Sarvangasana*, *Halasana* and *Karna-pidasana* for next 10 days. In prone position, *Bhujangasana* and *Shalabhasana* should be practised. Deepening of breath by daily practice of *Anuloma- villoma* for five minutes should be done.

Then *Vakrasana*, *Ardha- Matseyandrasana* are added in sitting position and *Matsyana* and *Dhanurasana* in lying down position.

Bhastrika or *Kapalbhati* should be practised after one month of deep breathing practices or *Anuloma- Viloma*. Contraindications include: high or low bp, heart disease, history of stroke, gastric ulcer, nose bleeds, detached retina, glaucoma, vertigo, migraine headache and epilepsy. *Bhramari pranayama* is much better and safe to practice if there is less abdominal fat. *Suryabhedana* can be practised either except in summer months of May to august.

CONCLUSION

Obesity and diabetes mellitus are definitely the diseases which have *Anekaroganugato* (that leads to many complications) and *Bahurogapuragoma* (many problems arise in their prodromal stages) *Vyadi* like *Rajayakshma*. Following proper diet plan and practising *Yogasanas* will at least help to keep the blood values within normal limits if are not the cure itself. Often other guidelines for diet and yogic management are very complicated and difficult to follow but this article describes the small and practical changes in lifestyle which a patient can do. And surely this will effectively improve the overall well- being of the patient.

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