

A Review Article on Role of Swasthavritta in Sthaulya (Obesity)

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ABSTRACT

Obesity is the complex, multifactorial type of nutritional metabolic disease. A way of living in present lifestyle which includes altered food habits, sleep pattern, stress, strain, working environment, pollution leads to various life style disorders like obesity. Because of modernization and inactive way of life, metabolic issues have risen quickly.

As per World Health Organization (WHO) 2024 report; currently more than 1 billion people (One in eight people) in the world are now living with Obesity. For developing countries like India obesity is becoming Public health priority.

Ayurveda being a holistic health science constitutes preventive aspects as well as treatment aspects of disease Sthaulya. Sthaulya is an abnormal and excess accumulation of Medo dhatu. Sthaulya can be compared with obesity.

Emphasizing the principles of Swasthavritta, the review suggests that adopting an Ayurvedic lifestyle can significantly reduce the risk of obesity and its associated health issues, providing a comprehensive management protocol through Nidan Parivarjan, Pathya-Apathya, Vyayam & lifestyle modifications.

KEYWORDS: Obesity, WHO, Public health, Ayurveda, Sthaulya, Swasthavritta, Tridosha, Saptadhatu, Agni, Mala, Nidan Parivarjan, Pathya-Apathya, Vyayam.

INTRODUCTION

Obesity or Sthaulya as it is referred to in Ayurvedic literature, is a condition marked by excessive accumulation of Medodhatu (fat tissue) leading to a state of Ayatopachaya (improper growth) in the body. In India obesity is emerging as an important health problem. In today's scenario, food is plenty and majority of the world's population overeats regularly, with resultant fat storage.

Obesity is a disease of all age group within the people of high socio-economic status, specifically in of Urban Communities. WHO declared obesity as global epidemic giving rise to new term — "Globesity". As per World Health Organization (WHO) 2024 report; currently more than 1 billion people (One in

eight people) in the world are now living with Obesity. For developing countries like India obesity is becoming Public health priority.

Sthaulya is included under eight undesirable conditions (Ashta- Nindita)¹, Shleshma Nanatmaja,² Santarpana Nimittaja,³ Atinindita,⁴ Ati Bruhmana Nimittaja,⁵ and Bahu Dosha Janita Vikara⁶. Moreover Sushruta has given emphasis on metabolic disturbances (Dhatvaagnimandya) in the etiopathogenesis of Sthaulya.⁷ The patient of Sthaulya exhibits very strange phenomenon. Their appetite is excessive⁸ and whatever they eat is quickly digested, which indicates hyperfunctioning of the Jatharaagni. Besides this, the patient suffers from laziness, may be due to under supply of energy, which may be due to hypofunctioning of Bhutaagni. Further Dhatvaagni also seems to be disturbed, as in Sthaulya patient mainly Medo-Dhatu is formed and there is deficiency of other Dhatu.⁹ Hence, it can be inferred that in Sthaulya, Jatharaagni is Tikshna, Bhutaagni is Manda and Dhatvaagni is disturbed in their respective functions. The Obesity is a physical state where Hypertension, Osteoarthritis, Diabetes Mellitus, Cardio Vascular accidents, impotency and many other grave complications frequently converge.

Obesity, or Sthaulya as it is referred to in Ayurvedic literature, is a condition marked by excessive accumulation of Medodhatu (fat tissue) leading to a state of Ayatopachaya (improper growth) in the body. Charaka Samhita provides a comprehensive definition of Sthaulya,¹⁰ indicating that excessive Medo and Mamsa Dhatu results in flabbiness and abnormal movement in the abdomen, buttocks, and breasts, ultimately causing a loss of enthusiasm and energy in the individual, termed Atisthula.

Lifestyle diseases, including obesity, are becoming increasingly prevalent as societies industrialize and life span increased¹¹. These conditions encompass obesity, hypertension, cardiovascular diseases, diabetes, and cancers induced by improper nutrition, tobacco, alcohol use etc.¹² According to the World Health Organization (WHO)¹³, nearly 12% of the global population is currently classified as obese. This surge in lifestyle diseases poses a significant public health challenge, as obesity is often the precursor to more severe non-communicable diseases, forming what is known as the "New World Syndrome"¹⁴.

A healthy lifestyle promotes well-being, building and proper maintaining of healthy bones, muscles and joints as well as helps in controlling weight. It increases self-esteem; confidence reduces stress, strain and promotes physical, mental, social and spiritual well-being.

Ayurveda being a holistic health science constitutes preventive aspects as well as treatment aspects of disease Sthaulya. Sthaulya is an abnormal and excess accumulation of Medo dhatu. Sthaulya can be compared with obesity. The preventive aspects of obesity have been taken under the heading Swasthavritta. The aim of Swasthavritta is to maintain the good health of healthy person and to get rid of the disease of diseased person.

Current treatments, including pharmacological interventions, often come with side effects, highlighting the need for preventive strategies. Ayurveda, a holistic health science, addresses both the prevention and treatment of obesity through Swasthavritta, which aims to maintain health and treat diseases by restoring homeostasis among the Tridosha, Saptadhatu, Agni, and Mala etc.

AIMS AND OBJECTIVES -:

- **AIMS:**

This review aims to understand the role of Swasthavritta (preventive healthcare in Ayurveda) in addressing Sthaulya (Obesity). The objectives are to elucidate the preventive strategies outlined in Swasthavritta to enhance health, improve lifestyle and avert the complications associated with Sthaulya.

OBJECTIVES:

- To understand the preventive aspects of Sthaulya (Obesity) that mentioned in Swasthavritta.
- To improve health, lifestyle and to avoid the complication of Sthaulya (Obesity).

MATERIALS AND METHODS -:

Literature regarding obesity is reviewed from various classical texts of Ayurveda (Samhitas), research journals, web sites and from western medical books and prevention levels of diseases mentioned in community medicine science in context with Obesity are correlated with Ayurvedic Swasthavritta with reference to Sthaulya (Obesity) & Data has been collected. Matter is also collected regarding the Pathya-Apathya and Vyayam in Sthaulya.

All Compiled matter is critically analysed for the discussion and attempt has been made to draw some fruitful conclusion.

Etymology (Vyutpatti) of Word Sthaulya:

The word Sthaulya is delivered from root "Sthu" with suffix "Ach", which stands probably for thick or solid or strong or big or bulky. According to Vachaspathyam, the word Sthaulya means heaviness of the body.¹⁵ According to Amarakosha, it stands for excessive growth of the body.¹⁶ As per Hemachandra, Sthaulya indicates the state of over nutrition of body or dullness of intellect. According to Kautilya, the word "Sthulata" means largeness or bigness or bulkiness or stoutness of body.

Nirukti of Sthaulya:

A person having heaviness and bulkiness of the body due to extensive growth especially in Udaradi region is termed as "Sthula" and the state (Bhava) of Sthula is called "Sthaulya".¹⁷

Definition (Vyakhya) of Sthaulya:

Sthula is defined as a person, "who on account of the inordinate increase of fat and flesh, is disfigured with pendulous, buttocks, belly and breasts and whose increase bulk is not matched by a corresponding increase in energy".¹⁸ Sthaulya can be correlated to obesity. Excess deposition of adipose tissue is obesity. A recent National Institute of Health consensus conference defined obesity as BMI > 27 kg / m². Now a day's obesity is defined as BMI > 25 kg / m². BMI = Actual weight in kg. / (Height in metre).¹⁹ According to Parks, obesity may be defined as an abnormal growth of the adipose tissue.

It is in three ways -

1. Enlargement of fat cell in size i.e. Hypertrophic obesity.
2. Increase in the number of fat cell i.e. Hyperplastic obesity.
3. A combination of both.

Nidana (etiological Factors) of Sthaulya:

Various causative factors of Sthaulya related to different aspects of life that affect the body from outside and inside are described in classical texts of Ayurveda. The hereditary (Beeja Dosha), dietetic, regimen and psychological factors cause Sthaulya as per Charaka Samhita.²⁰

Aetio-pathogenesis of Sthaulya:

All the Nidana described by various Acharyas for Medoroga can be classified under four broad categories as follows.^{21,22}

1. **Aharaj Nidana (dietary):** Madhura Aharasevana (excessive sweet intake), Guru Aharasevana (heavy digestible food), Santarpana, Adhyashan, Snigdha Aharasevana, Navanna sevana (new seed), Nava Madyasevana (new alcohol), Mamsa Sevana, (Non vegetarian), Dadhi Sevana, (yoghurt), Ikshu Vikara Sevana, Guda Vikara Sevana etc.

2. **Viharaj Nidana (life style related):** Avyavaya (lack of sexual life), Avyayama (lack of physical exercise), Diwaswaap (day time sleep), Swapnaprasangat (long sleep), Gandhamalyanusevana (using perfumes, garlands), Bhojanottara nidra (sleeping after meal), Asana Sukham (excessive sitting), Bhojanottar snaana (bathing after taking the meal) etc.
3. **Manas Nidan (Psychological factors):** Achintanat (lack of tension), Harshnityatvata (uninterrupted cheerfulness), Manasonivritti (mental relaxation), Priyadarshana (watching of beloved), Saukhyena (complete happiness) etc.
4. **Any Nidana (other causative factors):** Amarasa (free radicals), Bijadoshaswabhabha (hereditary), Snigdha Madhur Basti Sevana (administration of Unctuous & Sweet enema), Snigdha Udvartana (unctuous uncton), Tailabhyanga (oil massage).

Samprapti:

In Samprapti (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. Dushti 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. Due to excess Agni more Annarasa is produced and the quality of diet i.e. Guru, Madhur, Snigdha, Sheeta Guna dominance Dhatu Poshakansha is formed in more quantity. At start the Rasagata, Raktagata and Mamsagata Sneha also increase production of Medodhatu. But due to medodhatwagnimandya this condition worsens and nourishment of further dhatus doesn't happen properly. Due to binge eating, rasa, rakt, mamsagat sneha tends to increase. Patient shows the symptoms of rasavridhi and kaphavridhi. eg. angagaurav, alasya, tandra and nidradhikya. Medadhatu gets increase with physical signs like chalsphik-udar-stana, kshudra shwas, swedadhikya etc and finally lands into Sthaulya.

Samprapti Ghataka:

Table 1: Factors playing vital role in Samprapti of Sthaulya (Obese):

Dosha	<i>Kapha- Kledaka, Pitta- Pachaka, Vata-Samana and Vyana.</i>
Dushya	<i>Rasa and Meda Dhatu</i>
Agni	<i>Jatharagni, Bhutagni, Rasa and Medadhatvagni</i>
Srotasa	<i>Medovaha, Mamsa, Rasavaha, Swedavaha Srotasa</i>
Srotodushti	<i>Sanga (Margavarodha)¹⁷</i>
Adhithana	<i>Sarvanga</i>
Udbhavasthana	<i>Amashaya</i>
Prasara	<i>Rasayani</i>
Roga Marga	<i>Bahya</i>
Vyakti Sthana	<i>Sarvanga specifically Udara, Sphika, Stana and Gala pradesha.</i>

Purvarupa of Sthaulya:

There is no any clear evidence of Purvarupa of Sthaulya in our classics. As per basic principles of Charaka, the weak manifestation of lakshana should be supposed as Purva rupa of the corresponding

disease.¹⁸ Based on this view, features of Kapha vriddhi like Alasya, Angashaitilya, Madhurasya, Atinidra, Atipipasa etc. may be considered as Purvarupa.

Ashtadosha of Sthula:

Acharya Charaka has described eight despicable personalities (Doshas) of obese which are as follows²³:

1. Aayushohrasa (Decreasing life span)
2. Javoparodha (Slowness in movement)
3. Kricchavyavayata (Difficulty in sex)
4. Daurbalya (Weakness)
5. Dargandhyam (Bad odour)
6. Svedabadha (Excessive sweating)
7. Kshudatimatra (Excessive hunger)
8. Atipipasa (Excessive thirst)

Lakshanas of Sthaulya:

According to different Acharyas, Lakshanas of Sthaulya are Chala Sphika (Excess fat on buttocks), Chala Udara (Excess fat on abdomen), Chala Stana (Excess fat on chest), Ayatha Upachaya (Disproportionate body)²⁴, Anutsaha (Lack of enthusiasm), Kshudra shwasa (Dyspnoea), Nidradhikya (Excessive sleep), Gatrasada (Numbness of limbs), Gadgadadhvani (Slurred speech), Krathana (Sudden catch of breath), Alpaprana (Less energy), Sarvakriyasu Asamarthata (Incapable of doing any work), Alpavyavaya (Lack of sexual urge), Kasa (Cough), Shvasa (Asthma), Snigdhangata (Unctousness in body), Udaraparshva vriddhi (Excess accumulation on abdomen and chest), Alasya (Laziness), Ama (Free radicals), Moha (Delusion), Saukumarata (Cannot sustain difficulty), Anga shaithilya (Looseness in parts) and Alpabala (Lack of power).

Signs of Obesity:

1. Weight – 20 % increased above desired weight.
2. B.M.I. – above 30 in males and above 28.6 in females are called obese.
3. Skin fold thickness – Obesity is indicated by a reading above 20 mm in a man, and above 28 mm in a woman.
4. Waist hip ratio – When W.H.R. is above 1.0 in males and above 0.8 in females, the type of obesity is android; i.e. man pattern obesity and when W.H.R. is below this it suggests gynoïds type i.e. female pattern obesity.
5. In obese person possibility of fungal infection is greater in the skin fold areas.
6. In fatty women menstrual disturbance and sterility is also observed.

Symptoms of Obesity:

General lassitude, day time hyper-somnolism and dyspnoea on exertion are the main symptoms of obesity.

Pathogenesis of Obesity:

Obesity is a state of excessive accumulation of adipose tissue; it is difficult to draw sharp demarcating line between the physiological and pathological states. Obese individuals have an increase in number and / or size of adipose cells which suggests hyperplasia and / or hypertrophy of adipocytes either due to functional demand in particular age or sex or due to increase in energy intake or decrease in energy expenditure influenced by hypothalamic, genetic, endocrine, behavioural, psychological or iatrogenic component. Adult onset obesity is predominantly characterized by adipose cell hypertrophy with minimum hyperplasia. Apart from the increase in size of normal depots like the subcutaneous tissue the

omentum retroperitoneal tissues and epicardium and adipose tissue, the fat may get deposited in the tissues, where it is normally absent. Excessive lipid deposition, diminished lipid mobilization and diminished, lipid utilization are the three main components in pathogenesis of Obesity.

Vagbhata's classification can be correlated with Modern as given below –

Hina Sthaulya (Over weight)

- BMI 25 to 29.90 Kg / m²
- Duration of less than 1 year.
- Without any complications or secondary diseases.

Madhyam Sthaulya (Obesity Class 1 & 2)

- BMI - 30 to 34.99 kg / m²
- With least complications without any secondary diseases.
- With less than 8 undesirable effects.
- Within duration of 1 to 5 years.

Ati Sthaulya (Severe or morbid obese)

- BMI > 40 kg / m²
- With systemic complications or secondary disease.
- With all eight undesirable effects.
- With more than 5 years duration.

Sadhya – Asadhyata of Sthaulya (Prognosis):

In case of Sthaulya, most of the Acharyas have described bad prognosis and Sahaja Sthaulya is considered untreatable. Charak also emphasized the fact that the management of Sthaulya is more difficult than Karshya²⁵. As per modern, the prognosis is poor, if untreated it tends to progress. It is easy for an obese person to decrease up to 5 kg of weight, (this accounts for short time success of number of different slimming cures) it is difficult to gain further losses. The researches have shown that it is difficult for the patients to maintain their reduced weight.

Upadrava of Sthaulya (Complications):

Acharya Charaka has not described the Upadhravas separately, he mentions that untreated Sthaulya can lead to many diseases. Other Acharyas also have mentioned different complications like Prameha (Diabetes), Pramehapidika (Carbuncles), Jvara (Fever), Bhagandara (Fistula), Vidradhi (Abscess), Vatavikara (Diseases due to Vata dosha), Udara roga (Ascitis), Urustambha (Stiffness of thigh), Shwasa (Asthma), Apachi (Tumour), Kasa (Cough), Sanyasa (Coma), Kushtha (Skin disorders), Visarpa (Erysipelas), Atisara (Diarrhoea), Arsha (Piles), Shlipada (Filariasis), Kamala (Jaundice), Mutrakricchra (Dysurea) and Ajirna (Indigestion).²⁶

Preventive Management of Sthaulya:

1. Nidan-parivarjan

- a) **Aharaja Nidana-privarjan:** The base line treatment for sthauya is to avoid factors (Hetu) which are responsible for the causation of the disease. Nitya langhan therapy and langhana even in shisira ritu is advised for obese patients by Vagbhata²⁷. Sthaulya and Karshya depend upon the quality and quantity of Ahararasa. On the basis of Samanya Vishesh Siddhanta²⁸ the excessive food consumption of similar substance (Dravya Samanya), similar quality (Guna Samanya) or similar in action (Karma Samanya) results in over production of Dhatu. In the same pattern increased intake of Aharatmaka Nidana which is mentioned above causes over production of Medo dhatu.

b) **Viharaja Nidan-parivarjan:** All the Aharaja Nidana finally decreases physical activity, which increases Kapha and leads accumulation of Meda. Viharaja Nidana like Divaswapna having Abhishyandi quality leads to blockage of the micro channels (Srotas) of the body, specifically in Medovaha srotas. Moreover, reduced metabolic rate during sleep is a crucial factor in producing excess fat.

Table 2: Pathya – Apathya Ahara (Diet regimen) for Sthaulya (Obese):

AHARA VARGA	PATHYA	APATHYA
Shuka Dhanya	Yava, Venuyava, kodrava, nivar, Jurna	Godhuma, Navanna, Shali
Shami Dhanya	Mudga, Rajmasha, kulattha, Chanak, masur, Adhaki	Masha, Tila
Shaka Varga	Vruntak, Patrashaka, Patola	Madhurshaka, Kanda
Phala	Kapitha, Jamun, Amalak	Madhurphala
Dravya	Takra, Madhu, Ushnodaka, Til tail, Sarshap tail, Arishtha Asava, Jirnamadya	Dugdha, Ikshu Navnit, Ghrita Dadhi
Mamsa	Rohitmatsya	Anupa, Audaka Gramya

Table 3: Pathya – Apathya Vihara (Physical Regimen) for Sthaulya (Obese):

PATHYA	APATHYA
Shrama (Labour)	Sheetala Jala Snana (Cold bath)
Chintana (Worry)	Swapna Prasanga (Excessive sleep)
Jagarana (Night awakening)	Divaswapa (Day sleep)
Vyavaya (Intercourse)	Avyayama (Not exercising)
Nitya Bhramana (Regular walking)	Avyavaya (Avoiding sex)
Shoka (Grief)	Sukha Shaiya (Comfortable bed)
Harshakshaya	Achintana (No worries)
Krodha (Anger)	Nityaharsha (Always happy)

Sthaulya and Swasthavritta

Swasthavritta has a great strength in preventing Obesity by intervention in its cycle of pathogenesis as early as possible beginning from the avoidance of risk factors of the disease. Measures for prevention of Sthaulya (obesity) can be classified as:

- Common measures:** It includes properly observing Dinacharya and Ritucharya sadavritta, self control and knowledge of various factors affecting health, good habits, avoiding food in excess quantity (Atyashana), apathya aacharana, virudhashana, avoiding Divaswapna (Sleeping in day time), doing regular exercise and many others.
- Extraordinary measures:** This includes Pramitashana (adequate quantity of food), Langan (fasting), Heavy exercise, Ruksa udavartan.(application of dry powder to body), Ratri jagarana (late night work), Ati maithun (excess sexual activity), Adhik adhayana (excess study), Chinta (worries).

The role of Swasthavritta in obesity can be studied at various prevention levels²⁹ i.e. at primordial, primary, secondary and tertiary prevention.

Table 4: Role of Swasthavritta in Primary prevention of Sthaulya (Obesity):

PREVENTION	ROLE OF SWASTHAVRITTA
Primordial	This is the genuine sort of anticipation in way of life infections like Sthaulya and it is accomplished through individual and mass instruction of customary exercise (Vyayam) till the presence of highlights of Ardhashakti Vyayam (practice till expanded pace of breath, sweat, feel of newness) as a piece of Dincharya (every day system). This should be possible through the methods for mass training and social practice. Accentuation has been given in Swasthavritta on Sanskar. Sadvritta incorporates great propensities to be follow for lifetime to bring way of life changes including diet, exercise and weight decrease. Utilization of appropriate dietary propensities according to Ashtvidhi-Ahar-Vidhisheshayatan, and Dwadash-Ashan Pravichar (eight and twelve standards for taking eating routine) from absolute starting point of life for example youth is again a solid measure in forestalling hazard variables of from developing way of life issues.
Primary	Primary prevention is action taken prior to the onset of disease which removes possibility that a disease will ever occur in future life. For this; extensive surveys are conducted, free camps are arranged and high risk people are identified. This group is advised to make certain changes in socio-economic, behavioral, food patterns, habits, sleep cycle and lifestyle. This includes modification in lifestyle as per guidelines of Ayurvedic classical texts such as Sadvritta (good lifestyle practices), non-suppression of natural urges, Nidana-Parivarjana (avoiding causative factors) and so on after recognizing Purvaroop (early signs) of Sthaulya.
Secondary	Secondary prevention involves measures which are taken to halt the progress of a disease at its incipient stage and prevent complication. Such measures which reduce Meda and Kapha, for example heavy exercise, Ruksha-udavartana, Ratri-jagarana Pramitashana (adequate quantity of food), Langhan (fasting) Atimaitun (excess sexual activity etc. are beneficial for patients of Sthaulya. Use of certain medicines such as Triphala, AmalkiTakrarishta, Madhu (Honey), Suntha, Kshar, Lohabhasma, Nagarmotha, Shilajit.
Tertiary	It includes all measures that reduce or limit impairments and disabilities and minimize suffering of the patient due to disease. Ayurveda has limited role at this stage.

CONCLUSION:

Obesity is a non-communicable disease & it can be prevented. Obesity can be prevented by eating healthier foods and regular exercise. Obesity occurs more in female than male. Life style modifications as per given in classical texts i.e following Dinacharya, ruksha Udavrtana can be useful in avoiding Sthaulya. Ritu-anusar Shodhana procedures like Vamana in Vasanta Ritu according to classical methods will definitely help in preventing Obesity and longevity can be increased.

Sthaulya (Obesity) is a predominant metabolic disorder, which is described by Charaka in Ashtaunindita Purusha. Sedentary life, lack of exercise, faulty food habits, urbanization, psychological factors along with genetic predisposition play a major role in aetiopathogenesis of Sthaulya. Kapha Prakriti persons are more prone to become Sthaulya.

Swasthavritta offers a holistic approach to tackling Obesity by addressing various aspects of lifestyle, dietary practices, physical activity, and mental well-being. By adopting principles of Swasthavritta, individuals can not only manage their weight effectively but also improve their overall health and well-being. Further research and clinical studies are warranted to validate the efficacy of Ayurvedic interventions in the management of Obesity and to explore novel approaches for combating this global health epidemic.

By adopting simple lifestyle and healthy food habits anyone can enjoy the life optimally without having lifestyle diseases like Obesity.

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