



Review Article

**PATHYA AND APATHYA- AN AYURVEDIC FRAMEWORK OF WHOLESOME AND UNWHOLESOME DIET, BEHAVIORAL AND MENTAL HEALTH REGIME FOR *STHAULYA*- A NARRATIVE REVIEW**

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**ABSTRACT**

The advancement of industrialization and communications has made man more sensitive and critical, resulting in a variety of health issues. Sedentary lifestyles are becoming more common as a result of the progress of industrialization and communication, resulting in chronic non-communicable diseases such as diabetes, hypertension, cancer, ischemic heart disease, cerebro-vascular accidents, atherosclerosis, varicose veins, and so on. Obesity is a risk factor for several diseases, thus preventing it will reduce the likelihood of developing them. Obesity, like other disorders, is a complex disorder caused by a combination of factors such as food, physical activity, mental health, and overall lifestyle. In Ayurveda, *Sthaulya* is the closest clinical entity for obesity. *Sthoulya's* causality is described in the *Asta-Nindita-Purusha* chapter. The etiopathogenesis of obesity is caused by an excessive intake of calories combined with a decrease in expenditure. A key weight-loss approach that can be used anywhere to reduce energy density. In Ayurveda, *Pathya* and *Apathya* are given specific attention in terms of *Ahara, Vihara, and Manasika* Entities, so that the ailment can be treated holistically. When these guidelines are followed, the treatment yields a better result in the treatment of the condition. This article attempts to review the pathya and apathy of obesity, as well as discuss the possible causes.

**INTRODUCTION**

Obesity can be viewed as the first wave of a defined cluster of non-communicable diseases known as the "New World Syndrome," which is causing a massive socioeconomic and public health burden in developing countries.<sup>[1-2]</sup> Obesity has been identified by the World Health Organization as one of today's most overlooked public health issues, affecting people all over the world. Second only to China in terms of population, India accounts for about 17 percent of the world's total and contributes to about 16 percent of the total number of deaths. India is facing double

paradox of under-nutrition and over-nutrition.<sup>[1-2]</sup>

In NFHS-5, the proportion of overweight or obese women has increased to 24 percent, up from 20.6 percent in NFHS-4 (2015-16). In metropolitan regions, the share is higher, at 33.2 percent, compared to 19.7% in rural areas. Men's illness prevalence increased to 22.9 percent (NFHS-5) from 18.9% before (NFHS-4). Obese males were likewise more prevalent in urban regions, accounting for 29.8% against 19.3% in rural areas.<sup>[3]</sup>

Since Obesity is such growing concern and a potential havoc creating bomb shell. It becomes really important to study this disease deeply. Ayurveda's closest clinical entity for obesity is *Sthaulya*. The primary cause for *Sthaulya's* occurrence is due to an imbalance between caloric intake and expenditure.<sup>[4]</sup> Obesity is described as *Asta Ninditapurusha* in Ayurveda. *Tridosha's* participation and *Saptadhatu's* suffering are the causes of the tough nature. A

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thorough understanding of the causes of illnesses and the factors that contribute to their improvement is critical. *Pathya-Apathya* is the Ayurvedic term for this condition.<sup>[4]</sup> *Pathya* refers to the food, drink, lifestyle, and mental entities that are beneficial to the bodily channels. *Apathya*, on the other hand, is having a negative impact on them. Abstaining from *Apathya* together with good medical therapy is a dominant characteristic of Ayurvedic science, that has been elucidated for most of the ailments. *Sthaulya* is an illness in which *Ahara* plays a significant role as a healer. Because of this, it is correctly said that "if one follows *Pathya*, then there is no need for medication and if not, then there is no necessity for therapeutic measures." The Acharyas have a long list of *Pathya* and *Apathya* for *Sthaulya*, taking into account the pathogenic conditions. This article is an effort to classify different *Pathyas* and *Apathyas* stated **RESULTS**<sup>[5-8]</sup>

for *Sthaulya* and also discuss the probable reasons for doing so.

### AIMS AND OBJECTIVES

1. To explore the various *Pathya* and *Apathya* described in Ayurveda.
2. To explore *Aharaj*, *Viharaj*, *Manasika*, *Pathya* and *Apathya* and discuss the possible reason.

### METHODS AND MATERIALS

All of the literature on *Pathya* (righteousness), *Apathya* (non-righteousness) in terms of *Ahaara*, *Vihaara* and *Manasika* entities, for *Sthaulya*, was gathered from several Ayurvedic classical books. Scientific sources like PubMed and Google scholar were used to look up the most current publications in the field's existing literature. *Pathya-Apathya* applicability and relevance in *Sthaulya* were determined through the analysis of the acquired data.

**Table 1: Describes the *Pathya-Apathya* in terms of *Ahaara***

S. No.	Ahara Varga	Pathya	Apathya
1	<i>Shuka Dhanya</i> (Cereal Grain)	<i>Yava, Kodrava, Puran Shali, Priyangu, Laja</i>	<i>Godhuma, Navanna Shali</i>
2	<i>Shami Dhanya</i> (Pulses)	<i>Mudga, Rajmasha, Kulatha, Chanaka, Masur, Nishpava</i>	<i>Masha, Tila</i>
3	<i>Shaka Varga</i>	<i>Karavelaka, Patol, Patrashaka, Shigru, Vrutnaka, Trapusha, Ervaruka, Adraka, Mulaka, Grajjan, Lashuna Bimbi</i>	<i>Kanda Shaka, Madhura Rasatmaka, Utpala Cangeri, Kasamarda, Palandu</i>
4	<i>Phala Varga</i>	<i>Kapitha, jambu, Amalaki, Bibhitaki, Haritaki, Maricha, Pippali, Bilvaphala, Erandakarkati, Ankola, Bilva, Jambu, Badara, Vibhitaki, Dadima, Vrckshamla, Matulunga, Punarnava</i>	<i>Madhura phala. Mrudvika, Karkandhu Panasa, Mocha, Vatama, Slesmatata, Ankota, Kharjura, Narikela, Priyala Balaamra</i>
5	<i>Drava Varga</i>	<i>Takra, Madhu, Ushnodaka, Tila, Sharshapa Taila, Aasav Arishta, Jeerna Madya</i>	Milk preparations ( <i>Dugdha, Dahi, Sarpi</i> ) <i>Ikshuvikara</i> .
6	<i>Mamsa Varga</i>	<i>Rohit Matsya</i>	<i>Aanupa, Audaka, Gramya Mamsa</i>
7.	<i>Ikshu Varga</i>		<i>Ikshu</i>
8	<i>Taila Varga</i>	<i>Sarshapa taila (Mustard Oil) Tila Taila</i>	<i>Priyala Taila</i>
9	<i>Aushada Varga</i>	<i>Shilajatu Lohabhasma Agnimantha Hingu Marica Pippali Eranda</i>	<i>Lavana Samudra Lavana</i>
10	<i>Gorasa varga</i>	<i>Avikshira, Ustrakshira</i>	<i>Go-kshira, Mahisha kshira, Hsthini Kshira, Manusha Kshira, Dadhi, Ghrita</i>

	<i>Madya Varga</i>	<i>Jagala</i> (thick dense alcohol got at bottom during storage of alcohol) <i>Arista</i> (medicine prepared from fermenting unboiled drugs) <i>Pakvarasa</i> (alcohol prepared by sugarcane juice) <i>Madhu</i> (alcohol prepared from flower of <i>Madhuka indica</i> ) <i>Amlakanji</i> (fermented rice gruel)	<i>Sura</i> (alcohol prepared from rice) <i>Gouda</i> (alcohol prepared from <i>Dhataki</i> and jaggery) <i>Madhulika</i> (alcohol prepared by using immature substance used for initiating fermentation)
	<i>Madhu varga</i>	<i>Madhu</i> (Honey)	
	<i>Krtanna varga</i>	<i>Laja</i> (Puffed rice )	
	<i>Mutra varga</i>	<i>Gomutra</i> (Cow urine)	

**Table 7.2 Describes the Pathya-Apathya in terms of Vihaara**

<b>Pathya</b>	<b>Apathya</b>
<ul style="list-style-type: none"> <li>➤ <i>Shrama</i></li> <li>➤ <i>Vyayama</i> (Exercise)</li> <li>➤ <i>Ushnodaka Sevan</i></li> <li>➤ <i>Prajagar</i></li> <li>➤ <i>Bhramana</i></li> <li>➤ <i>Rohan</i></li> <li>➤ <i>Upvasa</i> (Fasting)</li> <li>➤ <i>Ashwa &amp; Hasti Rohana</i></li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Sheetal Jala Sevana</i></li> <li>➤ <i>Diwaswapna</i></li> <li>➤ <i>Avyavaya</i></li> <li>➤ <i>Avyayama</i></li> <li>➤ <i>Ati Ashana</i></li> <li>➤ <i>Asana Sukha</i></li> <li>➤ <i>Sukha Shaiya</i></li> <li>➤ <i>Swapna Prasanga</i></li> </ul>

**Table 7.3 Describes the Pathya-Apathya in terms of Manasika Nidaana**

<b>Pathya</b>	<b>Apathya</b>
<ul style="list-style-type: none"> <li>➤ <i>Shoka</i></li> <li>➤ <i>Chinta</i></li> <li>➤ <i>Bhaya</i></li> <li>➤ <i>Krodha</i></li> </ul>	<ul style="list-style-type: none"> <li>➤ <i>Nitya Harsha</i></li> <li>➤ <i>Achintana</i></li> <li>➤ <i>Manasonivrutti</i></li> </ul>

## DISCUSSION

In his description of *Sthaulya Chikitsa*, Acharya Charaka stressed the use of *Guru* and *Atarpana* drugs as a specific *Sthaulya* regimen. *Karshana Karma* is advised to be practiced by adopting *Pathyas* like *Vyayama*, *Ushnajala sevana* and others described (in table above), according to Chakrapani and *Gangadhara*, "*Sthokabhajana*" or "*Alpabojana*" is once such practice which will cause *Karshana karma*. In this regard *Rooksha Ahara sevana* and *Ahara with Laghu guna* have also been considered. It can also be considered that the activities which bring *Laghutva* and *Rukshata* to the body have to be followed for the management of *Sthaulya*. No amount of *Aushadha Sevana* can benefit you if you have bad eating habits and bad lifestyle in general. On the other side, by adopting *Pathya* (*Ahara*, *Vihara*, *Manasika*) into one's daily routine, even *Aushadha Sevana* may be reduced or avoided totally.

This can be deeply understood as the energy imbalance that is caused due to following *Apathya*. Neuroendocrine signals from the stomach to the brain regulate appetite and body weight by detecting

variations in energy intake and expenditure over short and long periods of time. To prevent food shortages, this technique was designed. The ability to store extra energy as fat is essential for our survival. Additionally, when food is restricted, it may lower resting metabolic rate (i.e., energy required to maintain fundamental biological processes such as body temperature) by 20 percent or more (as required to obtain food). Neuroendocrine weight regulation has been substantially supplanted by the hazardous food environment in many countries currently.<sup>[9]</sup>

The vast majority of the world's food supply is cheap, readily available, highly processed, and pleasurable, with infinite combinations of sugar, fat, and salt. Marketing and fundamental changes in the way people cook and eat have made feasting the new national activity. There is an increase in calorie consumption when meals are ordered in or eaten out rather than prepared at home. A decrease in energy use has accompanied the country's transition to an information (digital) economy. Increasingly, a whole day's work is defined by keystrokes and conference

meetings (that is not an activity to cause energy consumption). Once we get enough food without having to exert any energy to consume it, the neuroendocrine system is less equipped to react. Dieting and starving can't be distinguished by it. Trying to lose weight is made more difficult by the body's hypometabolic adjustments in response to a weight drop. This picture fails to capture the variety of behavioral, biological, cultural, economic, environmental, ethnic, psychological, and social influences on a person's way of life and weight. Individuals must gradually integrate cognitive, behavioral, and neuroendocrine techniques in order to manage their food intake and activity. It's possible to improve one's lifestyle. [10-13]

In this regard various studies are conducted to find the association of built environment, dietary patterns and physical activity with weight gain and obesity it was observed that poor lifestyle, lower physical Activities, poor dietary habits, disturbances in sleep patterns were directly associated with increased risk of Obesity and further other metabolic disorders.

#### **Discussion on Diet and Dietary Habits**

Many studies have been conducted which suggests that low calorie diet and low glycemic index diet, with high fiber content is very much crucial in prevention of Obesity as well as management of Obesity. [14]

#### **Discussion on Physical Activity**

A lot of studies are conducted in last decade which suggest the strong association between physical activity and risk of Obesity. Higher physical activity levels are likely linked to a decreased risk of getting fat, developing CHD, or developing diabetes. These results back up and reinforce previous research findings emphasizing the necessity of encouraging people to participate in physical activity. [15-18]

#### **Discussion on Sleep**

The systematic review's findings reveal a relationship between poor sleep quality and overweight/obesity in young people. Inadequate sleep (both short duration and poor quality) may have a role in overweight/obesity, according to a pooled estimate (from 26,553 participants). Sub-group studies show that young people with poor sleep quality have a significantly increased risk of becoming overweight or obese (independent of duration). Poor sleep quality seems to be linked to obesity, and some research suggest that this link is independent of sleep length.

To evaluate the relationship between each outcome and certain lengthy sleep thresholds, meta-regression analyses were used. Long periods of sleep were linked to mortality, type 2 diabetes, cardiovascular disease, stroke, coronary heart disease, and obesity. Another meta-analysis found that longer

sleep duration was linked to a greater risk of obesity, but that there were no significant links between weight growth, BMI change, or weight change. In three cases, long sleep duration increased the risk of weight gain: among males, in trials with a 5-year follow-up, and when sleep duration was 9 hours or more. To validate this link, further cohort studies with objective metrics are required. [19-23]

#### **Discussion on Mental Health**

Although numerous research imply that stress, depression, anxiety, and tension are among the causes of obesity and may manifest as symptoms, no studies have been conducted to determine if a carefree attitude leads to obesity. One of the reasons might be that the carefree attitude causes the individual to eat more and exercise less, thus leading to obesity. Although, in order to prove this, cohort studies are required. [24-25]

#### **CONCLUSION**

In order to effectively treat obesity, one must take into account all of its contributing factors and manifestations. Management cannot be achieved just through the use of medication. *Mithya Ahara* (unhealthy diet and dietary habits) and *Mithya vihara* (unhealthy mental and behavioral framework) give rise to *Sthaulya*. Flawed judgment (*Prajnapradh*), unhealthy decisions resulting to defects (*Asatmayaindriyartham Samyoga*), followed for a lengthy period of time (*Parinama*); are the three variables that contribute to this disease. In general these may include not following *Dincharya* and *Ritucharya*, holding non-suppressible urges and not restraining suppressible urges, not following dietetics rules, not engaging in any type of exercise, and failing to strike the balance between eating, resting, sleep, and physical activities.

Under- and overnutrition are on the rise in India (double paradox). It is important to address the diets, activities, and lifestyles that may help avoid this condition. Hence, in *Sthoulya*, better health is achieved by avoiding *Apathya* and embracing appropriate *Pathya*.

#### **Further Scope of Study**

The following are some of the issues that need to be investigated further: How do varied diets affect hormone secretion, gut microbiota composition, and gene expression? What effect does this have on hunger, satiety, and appetite, as well as energy expenditure?

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