



# ROLE OF YOGIC PRACTICES IN OBESITY (WEIGHT GAIN) IN MENOPAUSAL WOMEN

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**Abstract:** Life without good health is like a burden. Life's Greater achievement is good health. It is defined as a state of Physical, Emotional, Social, Mental and psychological well-being (W.H.O. 1984). Obesity is indeed a significant and complex health issue that affects a large portion of the population, with pre & post-menopausal women being particularly vulnerable. Several factors contribute to the increased prevalence of obesity in this demographic, and the consequences can have profound impacts on health. The two main causes of obesity are a poor diet and physical inactivity in any group or any gender in human beings. India is the third-most obese nation in the world, according to the W.H.O., In India, children and adolescents (especially women in their menopausal age) are more likely to be obese, particularly in metropolitan areas. According to a survey, obesity affects approximately 30% of the global population. Indian Government is stepping forward to control obesity. 21st June was celebrated as "INTERNATIONAL YOGA DAY" & the Government of our country encouraged the people to perform different types of Asanas, Pranayama, and Bandhas to control diseases. Many people seek medical advice from their doctors or are referred to different types of practices (such as dieting, losing weight, and enhancing physical appearance). This paper's goal is to describe how yoga poses and pranayama can help people become less obese or weight loss. The primary cause of many diseases is obesity. Yoga is a technique for overall health, developing good posture, and managing eating patterns.

*IndexTerms* - Obesity, Menopausal Women, Yogic Practices, Pranayama.

## I. INTRODUCTION

The definition of overweight or obesity is abnormal or excessive fat accumulation that poses a risk to one's health. It is the most common nutritional or metabolic disorder. Obesity is a condition in which excess body fat accumulates so much that health may be negatively affected. Body mass index (BMI) is a standard metric used to define obesity. The body mass index is a metric used to classify individuals as overweight, pre-obesity, or obese by comparing their height and weight.

$$\text{BMI} = \frac{\text{Weight (in kg)}}{\text{Height (in meters)}^2}$$

If the Body mass index (BMI) is over 25 is considered overweight, and those over 30 is obese. It's important to note that BMI is not ideal. Someone very muscular could be classified as obese even though they don't have excess fat. However, BMI is a good general indicator for most people.

In absolute terms, obesity is a rise in the mass of adipose tissue, or fat tissue, within the body. Like diabetes or high blood pressure, obesity is regarded as a chronic (long-term) illness. Our daily diets have an impact on our overall

health. Foods give us the calories we need for energy and the nutrients our bodies need to stay healthy. However, taking excess food turns into fat and is stored in our bodies if we eat too much of it. Regular overeating causes weight growth, which can lead to obesity if it persists. Vitality. While weight does play a role, it's the amount of body fat, especially fat around the organs, that's the concern with obesity. This fat is linked to various health problems.

A BMI that was above the recommended level was thought to be the cause of 5 million noncommunicable disease (NCD) deaths in 2019. In both adults and children, the prevalence of overweight and obesity is rising. In contrast, the percentage of individuals 18 years of age and older who live with obesity more than doubled from 7% to 16% between 1990 and 2022. Children and adolescents aged 5 to 19 years old had a four-fold increase in obesity from 2% to 8% worldwide. (WHO)

Women may find that it gets more difficult to maintain their normal weight as they come to menopausal age. Weight gain usually begins in the perimenopause, which is the years just before menopause. As a woman enters her 50s, she often continues to gain weight at a pace of 1.5 pounds annually.

Weight gain and obesity can be common concerns for women during menopause. Menopause, which normally occurs in a woman's late 40s or early 50s, is a normal biological process that signifies the end of her reproductive years.

Several factors contribute to weight gain and obesity during menopause:

1. **Hormonal Changes:** The decline in estrogen levels during menopause can lead to changes in the distribution of body fat. Women may experience an increase in abdominal fat, which is associated with a higher risk of metabolic disorders.
2. **Metabolic Rate:** The metabolic rate tends to decrease with age, and hormonal changes during menopause can further slow down metabolism. This may make it easier to gain weight, especially if dietary and activity levels remain the same.
3. **Muscle Mass Loss:** Aging, coupled with hormonal changes, can contribute to the loss of muscle mass. Since muscle burns more calories at rest than fat, a reduction in muscle mass can contribute to weight gain.
4. **Lifestyle Factors:** Changes in lifestyle, such as decreased physical activity and poor dietary choices, can also contribute to weight gain during menopause. Stress and lack of sleep may play a role as well.
5. **Genetic Factors:** Genetic predisposition can influence an individual's likelihood of gaining weight. The risk of weight gain during menopause may be higher if there is a family history of obesity.

## NEED OF THE STUDY.

Menopause is a critical transition period in a woman's life, often accompanied by hormonal changes that can lead to significant weight gain, particularly in the abdominal region. This increase in body fat not only affects physical appearance but also elevates the risk of serious health conditions such as cardiovascular disease, type 2 diabetes, and metabolic syndrome. Despite the well-documented benefits of traditional weight management strategies, there is a growing need to explore holistic approaches that address both the physical and psychological aspects of weight gain in menopausal women.

Existing research on the role of yoga in weight management is promising but limited, especially in the context of menopausal women. While yoga is widely recognized for its ability to improve flexibility, reduce stress, and promote overall well-being, its specific impact on obesity during menopause remains underexplored. Given the increasing prevalence of obesity in this demographic, there is a pressing need to investigate how yogic practices can be effectively integrated into weight management programs for menopausal women.

Furthermore, the rising interest in complementary therapies highlights the importance of validating the efficacy of yoga in scientific terms. Understanding the potential benefits of yoga could lead to the development of more comprehensive, non-invasive strategies that not only address obesity but also enhance the quality of life for menopausal women. Therefore, this study aims to fill a significant gap in the literature by examining the role of yogic practices in managing obesity among menopausal women, ultimately contributing to the broader field of women's health.

## Effect of Menopause on Weight and Weight Distribution

According to cross-sectional and longitudinal research, age has a major role in explaining the steady yearly growth weight gain of about 0.5 kg during menopause.[10] Nonetheless, research keeps turning out contradicting data. For example, Although Turner syndrome patients have central obesity, they do not exhibit other metabolic indicators linked to women going through typical menopause. Conversely, women with premature ovarian insufficiency do not

appear to acquire weight.[11,12] On the other hand, compared to premenopausal women, those who have chemotherapy-induced ovarian failure gain significantly more weight, with a greater proportion of that weight being distributed around the trunk.[13, 14]

Menopausal women have significant changes in their metabolic indices and body composition, such as an increase in fat mass and a decrease in fat-free mass. These conflicting changes may be what causes weight to fluctuate so little throughout menopause. During the transition, waist circumference grows dramatically, and similar changes are observed in many other body parts. Lowering estrogen levels, which appear to be a key initiator of these modifications, also modifies total and resting energy expenditure. Researchers looking at the effects of ovarian suppression with a GnRH antagonist found that the repair of the resulting estrogen shortage maintains fat-free mass and resting energy expenditure and prevents the rise in abdominal subcutaneous and visceral adipose tissue observed with ovarian suppression. During menopause, levels of follicle-stimulating hormone (FSH) increase, and sophisticated research by Wendy Kohler and associates has demonstrated that this may possess a separate impact on energy homeostasis regulation.[18] It may also clarify why menopausal changes in fat may occur even with the use of estrogen replacement treatment, which does not reduce FSH levels.

## Prevention & Management of Weight Gain through Yogic Intervention during Menopause

Yoga is a mind-body therapy that has been practiced for more than 5000 years, with its roots in India.<sup>38</sup> The literal definition of yoga is "joining of body and mind."<sup>39</sup> Yoga practice consists of several elements, including physical postures, breathing exercises, and meditation.<sup>40</sup> Many symptoms, including anxiety, joint and muscle pain, exhaustion, headaches, hot flashes, depression, insomnia, lymphedema, peripheral neuropathy, and pain in the breasts and chest wall, have been reported to be lessened by yoga. It has also been shown to enhance quality of life.<sup>42</sup> Yoga therapies are beneficial in lowering distress, anxiety, and depression, according to systematic evaluations.

**Yoga** derives from the Sanskrit word "**Yuj**," which denotes the union of the soul with the Supersoul, to unite, relate, connect, adhere, focus, and direct attention towards, utilize, and apply. The union of supreme consciousness with individual consciousness is known as yoga. As per the Patanjali yoga sutras, yoga is the control of the fluctuation of the mind and the mind itself.

### PATHOGENESIS OF DISEASE IN YOGA:

As per yoga shastra, there are three reasons why diseases develop:

1. Purva Janma Vritti (Actions from a previous birth)
2. Manasika karma (A Psychological measurement)
3. Sharirika karma (Physical actions)

In addition to causing other Manasika vikara like Krodha, Lobha, Ahankara, and Moha, Raga, Dwesha, Abhinivesha, and Kleshas also lead to Chitta Vikshepas. These are crucial to Sharirika Vradhi. Yogic science firmly holds that Purva Janma krita karma and the reincarnation process are real. In addition, sedentary lives, Kegadharama (suppression of natural desires), and Apathy ahara (improper dietary habits) all contribute to the advancement of disorders like obesity.

### BENEFICIAL YOGIC PROCEDURES FOR OBESITY:

**According to Patanjali Yoga Sutra:** Chittavritti Nirodha - Behavioral adaptation i.e Self-control

Preventive aspects: Yama, Niyama, Asana & Pranayama

Curative aspects: Asana & Pranayama

**According to Gherand Samhita:**

Shatkarma- Shodhana/Purifications

Asana - Dridhata (Sthirta)

Pranayama – Laghava(Halkapan)

Dhyana - Pratyakshassa

Samadhi - Nirliptta

Shatkarma: Neti: Kaphadosha vinasha

Kapalabhati: Kaphadosha Nivarana

**According to Hathayoga Pradipika:**

Asana: Sthairyam, Arogyam, Angalaghavam

Pranayama: Nadisuddhi

Shatkarma: Medasleshmahara

Kapalabhati: Kapha dosha Vishudhi

The practice of yoga helps us live more balanced lives. Controlling unneeded sedentary lifestyles and dietary trends is aided by it. Different yoga poses have the potential to activate particular organs and endocrine glands, which in turn control metabolism. Particular impacts in managing obesity are highlighted in this review paper.

## Some Important Asnas, Pranayamas, Shatkarma for Obesity

TTK (Tadasan, Tiryak Tadasan, Kati Chakrasan)

Surya Namaskar

Naukasan

Chakki Chalsan

Pawan Muktasan

Vajrasan

Bhujangasan

**Pranayama**

Anuloam-Viloam

Bhrastika

Ujjayi

**Shatkarma**

Kunjaj

Kapalbhati

## References

- Al-Safi, Z. A., & Polotsky, A. J. (2015). Obesity and Menopause. *Best Practice and Research: Clinical Obstetrics and Gynaecology*, 29(4), 548–553. <https://doi.org/10.1016/j.bpobgyn.2014.12.002>
- Cramer, H., Thoms, M. S., Anheyer, D., Lauche, R., & Dobos, G. (2016). Yoga in Women With Abdominal Obesity: A Randomized Controlled Trial. *Deutsches Arzteblatt international*, 113(39), 645–652. <https://doi.org/10.3238/arztebl.2016.0645>
- Das, D. K., & Das, A. (2020). THERAPEUTIC EFFECT OF YOGA IN MANAGEMENT OF OBESITY. In *Article in Journal of Shanghai Jiaotong University (Medical Science)*. <https://www.researchgate.net/publication/343537399>
- Davis, S. R., Castelo-Branco, C., Chedraui, P., Lumsden, M. A., Nappi, R. E., Shah, D., & Villaseca, P. (2012). Understanding weight gain at menopause. In *Climacteric* (Vol. 15, Issue 5, pp. 419–429). <https://doi.org/10.3109/13697137.2012.707385>
- Fenton, A. (2021). Weight, shape, and body composition changes at menopause. In *Journal of Mid-Life Health* (Vol. 12, Issue 3, pp. 187–192). Wolters Kluwer Medknow Publications. [https://doi.org/10.4103/jmh.jmh\\_123\\_21](https://doi.org/10.4103/jmh.jmh_123_21)
- Naser, B., Castelo-Branco, C., Meden, H., Minkin, M. J., Rachoń, D., Beer, A. M., & Pickartz, S. (2022). Weight gain in menopause: systematic review of adverse events in women treated with black cohosh. In *Climacteric* (Vol. 25, Issue 3, pp. 220–227). Taylor and Francis Ltd. <https://doi.org/10.1080/13697137.2021.1973993>
- National Institutes of Health. [http://www.nhlbi.nih.gov/health/dci/Diseases/obe/obe\\_whatare.html](http://www.nhlbi.nih.gov/health/dci/Diseases/obe/obe_whatare.html), Jan 2009, retrieved on Jan 2, 2009.
- Na Nongkhai, M. P., Yamprasert, R., & Punsawad, C. (2021). Effects of Continuous Yoga on Body Composition in Obese Adolescents. *Evidence-based complementary and alternative medicine : eCAM*, 2021, 6702767. <https://doi.org/10.1155/2021/6702767>
- Sinha P. *Yoga Therapy for Common Health Problems*. IUniverse, 2005
- Sergey Ostrovsky, *Yoga Therapy for Obesity*, Ananda Seva Yoga Therapy Student, Winter 2008 – Spring 2009

- Vuong, V., Rao, V., & Ee, C. (2022). Mindfulness-based Interventions and Yoga for Managing Obesity/Overweight After Breast Cancer: A Scoping Review. *Integrative cancer therapies*, 21, 15347354221137321. <https://doi.org/10.1177/15347354221137321>
- Yogic Management of Obesity, Morarji Desai National Institute of Yoga

