

“A COMPREHENSIVE AYURVEDIC REVIEW STHAULYA (OBESITY) WITH CONTEMPORARY CORRELATION ”

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ABSTRACT:

Sthaulya is described in Ayurveda as a chronic *Santarpanotha Vyadhi* resulting from excessive nourishment and impaired *Agni*, leading to the abnormal accumulation of *Meda Dhatu*. The condition is predominantly associated with aggravation of *Kapha Dosha* along with obstruction of metabolic channels (*Srotorodha*). In the contemporary era, rapid urbanization, sedentary lifestyles, unhealthy dietary practices, disturbed sleep patterns, and psychological stress have contributed to a marked global increase in obesity. Classical Ayurvedic texts provide a detailed account of the etiological factors (*Nidana*), pathogenesis (*Samprapti*), clinical features (*Lakshana*), complications (*Upadrava*), prognosis (*Sadhyasadyata*), and therapeutic management (*Chikitsa*) of *Sthaulya*. This article offers a conceptual review of *Sthaulya* from an Ayurvedic perspective and correlates it with modern biomedical concepts, highlighting the relevance of Ayurveda in prevention, clinical management, and lifestyle modification.

KEY WORDS:- Sthaulya, Obesity, Meda Dhatu, Kapha Dosha, Agnimandya, Ayurveda

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INTRODUCTION

Sthaulya is described in Ayurveda as a pathological condition characterized by excessive accumulation of *Meda Dhatu* (adipose tissue), resulting in increased body bulk and reduced physical efficiency. Acharya Charaka has included *Sthaulya* among the *Ashta Nindita Purusha* (eight undesirable physical constitutions), underscoring its clinical and social relevance in classical Ayurvedic literature¹. The condition primarily arises due to overnutrition (*Santarpana*), faulty dietary practices, a sedentary lifestyle, and psychological factors, which collectively disturb the equilibrium of the *Doshas*, particularly *Kapha*, and impair *Agni* (digestive and metabolic fire)².

In *Sthaulya*, both qualitative and quantitative vitiation of *Meda Dhatu* occurs, leading to obstruction of bodily channels (*Srotorodha*), diminished functional capacity, and increased susceptibility to various systemic disorders. Classical texts describe the hallmark features of *Sthaulya* as excessive fat deposition over the abdomen, buttocks, and breasts, accompanied by symptoms such as exertional dyspnea, excessive perspiration, lethargy, polyphagia, and polydipsia³. Impaired *Agni* further disrupts the nourishment of successive *Dhatus*, resulting in reduced vitality and shortened lifespan⁴.

From a contemporary biomedical viewpoint, *Sthaulya* closely corresponds to obesity, a major global public health challenge linked with metabolic syndrome, cardiovascular diseases, diabetes mellitus, and diminished quality of life. Ayurveda proposes a comprehensive and holistic approach to the management of *Sthaulya* through *Nidana Parivarjana* (elimination of causative factors), *Ahara* (dietary regulation), *Vihara* (lifestyle modification), *Shodhana* (biopurificatory therapies), and *Shamana* (palliative measures). This approach emphasizes correction of the underlying pathology rather than mere symptomatic relief⁵. Therefore, a thorough understanding of *Sthaulya* based on Ayurvedic principles is crucial for developing effective preventive and therapeutic strategies.

AIM & OBJECTIVE:

Aim

To study *Sthaulya* in detail with reference to its *Rūpa* (clinical features) and *Upadrava* (complications) based on Ayurvedic principles, and to establish its correlation with the modern concept of obesity.

Objectives

1. To describe the classical *Rūpa* (clinical manifestations) of *Sthaulya* as documented in Ayurvedic texts.
2. To analyze the *Upadrava* (complications) of *Sthaulya* from an Ayurvedic perspective.
3. To correlate the Ayurvedic clinical features and complications of *Sthaulya* with

- contemporary biomedical understanding of obesity.
4. To emphasize the importance of early identification and prevention of *Sthaulya* in order to avoid systemic complications.

Materials and Methods

Materials

Classical Ayurvedic texts such as *Charaka Samhitā*, *Suśruta Samhitā*, and *Aṣṭāṅga Hṛdaya*, along with their authoritative commentaries, were utilized as primary sources. Secondary sources included published research articles, review papers, and World Health Organization (WHO) guidelines related to obesity for modern correlation.⁶

Methods

A comprehensive literary review was conducted to collect references related to the definition, *Nidāna*, and *Samprāpti* of *Sthaulya*. Ayurvedic concepts were systematically analyzed and interpreted, and correlations were established with contemporary medical literature on obesity to ensure an integrative understanding.⁷

DISCUSSION

Definition of Sthaulya

According to Ayurveda, *Sthaulya* is a condition resulting from excessive increase and abnormal accumulation of *Meda Dhātu*, leading to pendulousness of the body, reduced physical efficiency, and increased susceptibility to disease. Acharya Charaka defines *Sthaulya* as a state characterized by excessive deposition of fat and flesh, particularly over the abdomen, buttocks, and breasts, along with diminished enthusiasm and stamina.⁸ This condition primarily arises due to overnourishment (*Santarpana*) and deranged metabolic activity (*Agnivaishamya*).

Modern Correlation

Sthaulya closely correlates with obesity, which in modern medicine is defined as abnormal or excessive fat accumulation that poses a risk to health, commonly assessed using body mass index ($BMI \geq 30 \text{ kg/m}^2$). Obesity is associated with metabolic, cardiovascular, and endocrine disturbances.⁹

Nidana (Etiological Factors) of Sthaulya

Ayurveda classifies the etiological factors of *Sthaulya* into dietary (*Āhāra*), lifestyle (*Vihāra*),

and psychological (*Mānasika*) causes.

Excessive intake of *Guru* (heavy), *Snigdha* (unctuous), *Madhura* (sweet), and *Śīta* (cold) food items, frequent consumption of dairy products, freshly harvested grains, and meat of domesticated and aquatic animals, along with overeating, significantly contribute to *Kapha* and *Meda* vṛddhi¹⁰ Sedentary habits such as lack of physical exercise, excessive daytime sleep, and indulgence in comfort-oriented behavior further aggravate the condition¹¹ Psychological factors including excessive pleasure-seeking, minimal mental exertion, and stress-free but inactive lifestyles are also described as contributory causes¹²

Modern Correlation

High-calorie diets rich in fats and refined carbohydrates, physical inactivity, prolonged screen time, stress-related eating behaviors, and genetic predisposition are well-recognized risk factors for obesity in modern medicine¹³

Samprapti (Pathogenesis) of Sthaulya

The pathogenesis of *Sthaulya* begins with indulgence in *Santarpana Nidāna*, leading to aggravation of *Kapha Doṣa* and impairment of *Jatharāgni*. Weakened digestive fire results in improper metabolism, producing excessive and vitiated *Meda Dhātu*. This abnormal *Meda* obstructs various bodily channels (*Srotorodha*), particularly the *Medovaha Srotas*, further impairing metabolic processes¹⁴

Due to channel obstruction, nourishment of other *Dhātus* becomes deficient, while *Meda Dhātu* continues to accumulate disproportionately. This creates a vicious cycle of metabolic dysfunction, clinically manifesting as obesity, lethargy, reduced physical capacity, excessive perspiration, and dyspnea on exertion¹⁵

Modern Correlation

This pathophysiology resembles insulin resistance, altered lipid metabolism, reduced basal metabolic rate, and chronic low-grade inflammation seen in obesity. Dysregulation of adipokines and impaired energy homeostasis parallel the Ayurvedic concepts of *Agnimāndya* and *Srotorodha*¹⁶

Purvarupa (Prodromal Symptoms)

Although classical texts do not explicitly describe distinct *Purvarupa* of *Sthaulya*, features indicative of *Medovaha Srotodushti* may be considered prodromal symptoms. These include heaviness of the body (*Gaurava*), excessive sleep, lethargy (*Ālasya*), lack of enthusiasm, foul body odor (*Daurgandhya*), excessive sweating (*Atisveda*), and generalized fatigue.

Rupa (Clinical Features) of Sthaulya

Rūpa refers to the fully manifested signs and symptoms following complete disease development. In *Sthaulya*, classical Ayurvedic texts describe both structural and functional abnormalities resulting from excessive accumulation of *Meda Dhātu* and aggravated *Kapha Doṣa*. Acharya Charaka describes pendulousness of the abdomen (*Udara*), buttocks (*Sphik*), and breasts (*Stana*), along with reduced enthusiasm, diminished physical strength, and poor tolerance to exertion¹⁷

Other features include excessive perspiration (*Atisveda*), foul body odor, increased appetite (*Atikṣudhā*), excessive thirst (*Atipipāsā*), lethargy, bodily heaviness, and breathlessness even on mild exertion. Impaired *Agni* further perpetuates metabolic inefficiency and progression of the disease¹⁸

Modern Correlation

These manifestations closely resemble clinical features of obesity, such as central adiposity, fatigue, exercise intolerance, hyperphagia, excessive sweating, and reduced quality of life¹⁹

Upadrava (Complications) of Sthaulya

If left untreated, *Sthaulya* leads to multiple systemic complications. Ayurveda considers *Sthaulya* a predisposing condition for various disorders due to chronic *Agnimāndya*, *Srotorodha*, and *Dhātu Vaishamya*. Acharya Charaka states that individuals with *Sthaulya* are prone to *Prameha* (diabetes), *Vātaroga*, *Hrdroga* (cardiac disorders), *Śvāsa* (respiratory diseases), *Kuṣṭha* (skin disorders), and reduced lifespan²⁰

Excessive *Meda* obstructs the normal movement of *Vāta Doṣa*, resulting in musculoskeletal pain, stiffness, early fatigue, and reduced mobility. Psychological issues such as low self-esteem, depression, and social withdrawal may also develop.²¹

Modern Correlation

Obesity is a major risk factor for type 2 diabetes mellitus, hypertension, coronary artery disease, osteoarthritis, obstructive sleep apnea, dyslipidemia, and non-alcoholic fatty liver disease.²² These complications closely parallel the Ayurvedic concept of *Upadrava* arising from long-standing *Sthaulya*.

Chikitsā Siddhānta (Principles of Management) of Sthaulya

The management of *Sthaulya* in Ayurveda is based on the principle of *Apatarpana Chikitsā* (de-nourishing therapy), as the disease originates from *Santarpana*. The primary objectives

are reduction of excess *Meda Dhātu*, restoration of *Agni*, clearance of obstructed *Srotas*, and re-establishment of *Doṣa–Dhātu* equilibrium. Acharya Charaka advocates *Laṅghana*, *Rūkṣaṇa*, and *Lekhana* therapies as the core principles in managing *Sthaulya*.²³

Treatment emphasizes elimination of causative factors (*Nidāna Parivarjana*), enhancement of metabolic fire (*Agnidīpana*), mobilization of accumulated fat, and prevention of further deposition of *Meda*, along with sustained lifestyle modification.²⁴

Modern Correlation

These principles parallel modern obesity management strategies that focus on caloric restriction, metabolic enhancement, fat mobilization, and long-term lifestyle modification rather than short-term symptomatic relief.²⁵

Śodhana–Śamana Line of Treatment

Śodhana Chikitsā (Biopurificatory Therapy)

Śodhana therapy is indicated in *Sthaulya* patients possessing adequate strength (*Bala*) and chronic accumulation of *Kapha* and *Meda*. *Vamana Karma* (therapeutic emesis) is considered the treatment of choice due to *Kapha* predominance, as it helps eliminate vitiated *Kapha* and reduce excess body fat.²⁶

In selected cases, *Virechana Karma* (therapeutic purgation) is recommended to eliminate associated *Pitta Doṣa* and correct metabolic imbalance. Prior *Rūkṣaṇa* and *Svedana* therapies are essential to liquefy and mobilize *Meda* before purification.²⁷

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Śamana Chikitsa (Pacifying Therapy)

Śamana therapy includes administration of *Lekhanīya*, *Medohara*, and *Agnidīpana* drugs along with strict dietary and lifestyle regulation. Classical formulations such as *Triphala*, *Guggulu*, *Mustā*, *Śunṭhī*, and *Takra* are frequently prescribed for reducing *Meda* and improving metabolism.²⁸

Modern Correlation

Śodhana therapy may be compared to metabolic detoxification and physiological reset, while Śamana therapy aligns with pharmacological and non-pharmacological interventions such as fat-reducing agents, dietary control, and structured physical activity.²⁹

Ahara–Vihara (Diet and Lifestyle) in *Sthaulya*

Recommended Ahara

Category	Recommended
Grains	<i>Yava</i> (barley), <i>Kodo</i> , <i>Shyamaka</i>
Pulses	<i>Mudga</i> (green gram), <i>Kulatha</i> (horse gram)
Vegetables	Bitter gourd, bottle gourd, leafy vegetables
Liquids	Warm water, <i>Takra</i> (buttermilk)
Tastes	<i>Katu</i> , <i>Tikta</i> , <i>Kaṣāya</i> Rasa

These foods possess *Laghu*, *Rūkṣha*, and *Lekhana* properties, helping in reduction of *Kapha* and *Meda*.^[30]

Ahara to be Avoided

Category	To be Avoided
Foods	Sweets, fried foods, dairy excess
Grains	Newly harvested rice, wheat
Liquids	Cold drinks, sugary beverages
Habits	Overeating, frequent snacking

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Excessive intake of *Madhura*, *Snigdha*, and *Guru* foods aggravates *Kapha* and promotes fat accumulation.^[31]

Recommended Vihāra

- Regular physical exercise (*Vyayama*) according to capacity
- Walking, yoga, and dynamic daily activities
- Avoidance of daytime sleep (*Divāsvapna*)
- Active mental engagement and stress management

Vihāra to be Avoided

- Sedentary habits
- Excessive sleep and comfort-oriented lifestyle
- Prolonged sitting and screen exposure

Modern Correlation:

These guidelines closely resemble current recommendations for obesity management involving calorie-controlled diets, increased physical activity, circadian regulation, and behavioural modification. [32]

CONCLUSION

Sthaulya is a *Santarpanajanya Vyadhi* resulting from excessive nourishment, faulty dietary practices, and a sedentary lifestyle, which lead to abnormal accumulation of *Meda Dhātu* and impairment of *Agni*. Classical Ayurvedic concepts of *Nidāna*, *Samprāpti*, *Rūpa*, and *Upadrava* comprehensively explain the progressive nature of the disease and its multisystem involvement. The Ayurvedic principles of *Apatarpaṇa Chikitsā*, supported by *Śodhana* and *Śamana* therapies, along with strict regulation of *Āhāra* and *Vihāra*, offer a holistic and rational framework for the prevention and management of *Sthaulya*. Correlation with the modern understanding of obesity further underscores the clinical relevance and scientific applicability of Ayurvedic principles in addressing this global health challenge through sustainable lifestyle modification and metabolic correction

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