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Exploring The Impact Of Sharir Prakruti On Obesity: A Case Study Perspective

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Abstract

Obesity is a global health issue characterized by abnormal or excessive fat accumulation that may impair health. In Ayurveda, Sharir Prakruti (body constitution) plays a pivotal role in determining an individual's predisposition to various diseases, including obesity. This case study investigates the relationship between Sharir Prakruti and obesity, emphasizing the role of Kapha-dominant constitution in metabolic imbalance and fat accumulation.

A detailed Prakruti assessment and clinical examination were conducted on a 35-year-old female patient presenting with a BMI of 32.5 kg/m² and symptoms of fatigue, lethargy, and weight gain over the past two years. The patient was classified as Kapha-dominant based on standard Ayurvedic prakruti assessment tools. Further analysis of her lifestyle, dietary patterns, and metabolic functions revealed patterns consistent with Kapha prakruti, including slow digestion, preference for cold and sweet foods, and a sedentary routine.

This case highlights how Sharir Prakruti, especially Kapha dominance, may contribute to obesity through inherent sluggish metabolism (manda agni), excessive tissue formation (meda dhatu), and low motivation for physical activity. The Ayurvedic approach emphasizes personalized treatment protocols that align with the individual's Prakruti for long-term management and prevention.

This study suggests that understanding an individual's Prakruti offers valuable insights into the etiology and management of obesity. It reinforces the need for integrative health approaches combining modern diagnostics with Ayurvedic constitutional analysis.

Keywords: *Sharir Prakruti, Ayurveda, Obesity, Kapha Dosha, Case Study.*

INTRODUCTION

Ayurveda, the ancient Indian system of medicine, promotes a personalized approach to health based on one's Sharir Prakruti (1,2). Prakruti refers to the innate physical and psychological constitution of an individual formed at conception and remains constant throughout life (3). The concept of Prakruti helps in predicting disease susceptibility and personalizing treatment strategies (4).

Obesity (Sthoulya) is a metabolic disorder characterized by excessive accumulation of Meda Dhatu (adipose tissue), which Ayurveda attributes primarily to imbalances in Kapha Dosha and Agni (digestive

fire) (5,6). Kapha Prakruti individuals are predisposed to weight gain due to their inherent slow metabolism and sedentary tendencies (7).

Global obesity rates have nearly tripled since 1975, and it is now recognized as a major public health crisis by the World Health Organization (WHO) (8). While modern medicine explains obesity in terms of energy imbalance, genetics, and hormonal dysfunction, Ayurveda provides a more individualized and root-cause-based understanding through the lens of Sharir Prakruti (9).

Recent interdisciplinary studies suggest that Ayurvedic principles, including Prakruti, may have a biological and genetic basis (10,11). Genome-wide studies and metabolomics have shown correlations between specific Prakruti types and biochemical markers linked to obesity and metabolic syndrome (10,14).

Understanding the interplay between Sharir Prakruti and lifestyle factors is crucial for identifying individuals at risk of developing obesity and related metabolic disorders. This is especially important in Kapha-dominant individuals, who, due to their natural qualities such as heaviness (Guru), oiliness (Snigdha), and stability (Sthira), have a greater tendency toward fat accumulation and water retention (2,5).

This case study aims to demonstrate how Sharir Prakruti assessment can offer critical insights into the pathogenesis of obesity and contribute to a more effective and personalized management strategy (12,13).

BACKGROUND

Ayurveda identifies seven types of Prakruti: Vata, Pitta, Kapha, and their combinations. Kapha Prakruti individuals have characteristics such as a well-built body, cool and oily skin, emotional stability, and a tendency to sleep more (3,5). These qualities are linked to poor digestive fire (Mandagni) and sluggish metabolism, making them prone to diseases like obesity and diabetes (6,7,9).

Studies by Patwardhan et al. and Prasher et al. have validated the scientific basis of Prakruti by linking it with metabolic traits and genetic markers (10,11). This provides an opportunity to use traditional Ayurvedic assessments alongside modern diagnostics to predict disease risk more precisely.

Moreover, researchers have found that obesity in Kapha Prakruti individuals is usually due to lifestyle and dietary errors that aggravate Kapha, such as overeating, high intake of sweet and oily foods, and lack of physical activity (12,16).

PROBLEM STATEMENT:

This case study investigates the hypothesis that Kapha-dominant Sharir Prakruti predisposes individuals to obesity by influencing metabolism, digestion, and tissue formation. The problem addressed is the lack of integration of Ayurvedic Prakruti assessment in modern obesity risk stratification and management protocols.

METHODOLOGY:

A 35-year-old female with a BMI of 32.5 kg/m^2 was assessed using the CCRAS standard Prakruti questionnaire (17). Her lifestyle habits, dietary intake, and digestion patterns were analyzed. Classical Ayurvedic examination (Darshana, Sparshana, Prashna) and anthropometric measurements (BMI, WHR) were conducted.

Based on her physiological traits (heavy body, oily skin, slow digestion), psychological tendencies (calm and stable), and food preferences (sweet and cold), she was classified as Kapha Prakruti (1,3).

The hypothesis is that individuals with Kapha-dominant constitution have a higher risk of developing obesity due to Mandagni, poor fat metabolism, and lower motivation for physical exertion (6,7,9).

FINDINGS:

- The subject's Prakruti was predominantly Kapha according to CCRAS questionnaire and clinical assessment (17).
- Her BMI (32.5 kg/m²) and waist-hip ratio (WHR > 0.9) indicated class I obesity and central adiposity.
- She exhibited classical signs of Kapha aggravation: fatigue, heaviness, poor appetite, lethargy, and mucus accumulation (5,6).
- Her lifestyle included irregular meals, lack of exercise, and high carbohydrate intake, all of which are Kapha-aggravating factors (12,16).

DISCUSSION:

This case study validates the classical Ayurvedic understanding that Kapha Prakruti individuals are more prone to obesity (6,7). The Manda Agni, excess Meda Dhatu, and lack of movement (Alasya) seen in the patient are key indicators of aggravated Kapha (5).

Several studies have explored the correlation between Prakruti and metabolic syndrome, showing that Kapha types have higher BMI, triglycerides, and lower basal metabolic rate (10,14). This supports the idea that Prakruti assessment can be a predictive tool in obesity management.

While modern medicine focuses on calorie control and pharmacotherapy, Ayurveda offers a Prakruti-based personalized intervention using dietary changes (Kapha-pacifying ahara), lifestyle adjustments (Vyayama, Dinacharya), and herbal medicines like Triphala, Guggulu, and Musta (13,15).

Implementing such integrative protocols in clinical practice can improve outcomes and prevent relapse. Tailored treatment also enhances patient compliance and long-term effectiveness (4,9,12).

CONCLUSION

The case study highlights the critical role of Sharir Prakruti in the development and management of obesity. The findings show that Kapha Prakruti is a significant risk factor for obesity, especially in the presence of poor lifestyle habits.

Prakruti analysis can serve as a preventive and prognostic tool to guide individualized treatments in Ayurvedic and integrative clinical settings (11,13,15). It reinforces the need for holistic approaches that address both the innate constitution and acquired imbalances in disease manifestation.

Further research involving large-scale cohort studies and biochemical correlation with Prakruti types is needed to strengthen these observations and integrate them into public health frameworks (10,14).

CONFLICT OF INTEREST -NIL

FINANCIAL SUPPORT- NONE

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