

“Ayurvedic Insights Into Sthaulya (Obesity): A Comprehensive Review Of Pathogenesis And Management”

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ABSTRACT

Obesity (Sthaulya) is one of the most prevalent metabolic disorders globally, characterized by abnormal or excessive fat accumulation that poses a risk to health. From an Ayurvedic perspective, Sthaulya arises due to Kapha-predominant dietary habits, sedentary lifestyle, and mental factors, leading to MedaDhatuVridhhi (increase in adipose tissue) and Agni Mandya (digestive impairment). This article aims to review the etiology, pathogenesis, clinical features, complications, and therapeutic management of Sthaulya based on Ayurvedic principles. Various classical texts describe its multifactorial origin involving Agnimandya, VataDushti, and Dhatvagnimandya, with modern parallels in endocrinological and lifestyle disorders. Management strategies include Ahara (diet), Vihara (lifestyle), Shodhana (detoxifying Panchakarma therapies), Shamana (palliative therapies), and use of herbal drugs like Guggulu, Triphala, and Lekhanadravyas. This review highlights the clinical relevance of traditional approaches in managing a contemporary health crisis.

KEYWORDS: Sthaulya, Obesity, Meda Dhatu, Agni Mandya, Ayurveda, Lekhana, Shodhana, Kapha.

INTRODUCTION

Obesity or Sthaulya is a growing global epidemic and a leading cause of chronic diseases like diabetes, cardiovascular disorders, and metabolic syndrome. Abnormal increase of fat tissue (Medodhatu) along with Mamsadhatu.¹According to Ayurveda, a person whose buttocks (sphik), abdomen (udara), and breasts (stana) become pendulous due to excessive accumulation of Meda (fat) and Mamsa (muscle), and who lacks enthusiasm (utsaha) is termed Sthaulya. It is caused primarily by the aggravation of Kapha and impairment of Agni (digestive fire), resulting in abnormal Meda accumulation and depletion of other Dhatus (tissues). BMI is calculated by measuring an individual's weight in kg and dividing his/her weight in meters square (kg/m²).²The prevalence of overweight or obese children and adolescents aged 5-19 years increased more than four-fold from 4% to 18% globally.³

The Acharyas like Charaka and Sushruta have classified Sthaulya among Santarpanajanya Vyadhi (diseases caused due to over-nourishment). Obesity is considered not only a cosmetic issue but a Rogamoola (root cause) for many systemic disorders. With sedentary lifestyles and improper eating patterns becoming widespread, revisiting the Ayurvedic understanding of obesity becomes highly relevant for preventive and therapeutic purposes.

DISCUSSION

Etiology (Nidana)

The causative factors of Sthaulya as per Ayurveda include:

Excessive intake of Snigdha (unctuous), Guru (heavy), Madhura Rasa (sweet taste), Sheeta (cold), and Kapha-enhancing foods. Overeating, consumption of Mamsa (meat), and indulgence in Madya (alcohol), especially Varuni. Lack of exercise (Avyayama), excessive sleep (Divaswapa), and sedentary habits. Hereditary factors (BeejaDosha), psychological stress, and hormonal imbalance. Overindulgence in mental pleasures and absence of physical strain.

Pathogenesis (Samprapti)

The continuous intake of Kapha-increasing diet and lifestyle leads to increase in MedaDhatu. The Vata gets blocked in its pathway due to Meda obstruction (Margavarodha), resulting in further stimulation of Jatharagni (digestive fire). This leads to repeated hunger, overconsumption of food, and a vicious cycle of Meda accumulation and depletion of other Dhatus like Rakta, Mamsa, and Shukra. DhatvagniMandya → Inadequate transformation of Ahara Rasa into quality Dhatus. VataPrakopa due to MedaMargavarodha → Aggravation of hunger and food intake. Over-nutrition of MedaDhatu, undernutrition of other Dhatus → Leads to disproportionate body growth and metabolic dysfunction.

Clinical Features (Lakshana)

Pendulous abdomen, buttocks, and breasts (Sphik-Udara-StanaVridhi).

Shortness of breath (Shwasa), excessive thirst (Trishna), drowsiness (Tandra), and excessive sleep (AtiNidra).

Fatigue (Shrama), foul body odor, excessive hunger and sweating.

Loss of libido (Klaibya), reduced immunity, and emotional stress.

Intolerance to physical exertion and mental dullness.

Increased risk of diseases such as Prameha (diabetes), RaktagataVata (hypertension), and Hridroga (cardiovascular diseases).

Complications (Upadrava)

If left untreated, Sthaulya can lead to:

1. Agnimandya and Ama accumulation.
2. Prameha, Medoroga, Hridroga.
3. Osteoarthritis due to stress on joints.
4. Gall bladder stones, fatty liver, and endocrine dysfunction.
5. Atherosclerosis and heart failure due to fat deposition around vital organs.

Kshaya (tissue depletion) of other Dhatus, compromising immunity and longevity.

Prognosis (Sadhyasadhyata)

Charaka mentions obesity as a disease with difficult prognosis due to its chronic nature and systemic involvement. Rapid increase in Meda may lead to fatal complications due to sudden derangement of Tridoshas, especially Vata.

Management:

Management of Sthaulya includes both preventive and curative approaches using Shodhana, Shamana, and lifestyle modifications:

1. NidanaParivarjana (Avoidance of causative factors):

Avoid Madhura, Snigdha, Sheeta, Guru foods.

Abstain from day-sleep, sedentary life, and mental lethargy.

2. ShodhanaChikitsa (Bio-cleansing therapies):

○ Rukshana (drying therapies): Udvartana (dry powder massage).

○ Vamana (therapeutic emesis): Useful to expel Kapha and correct Agni.

- Virechana (purgation): Removes Pitta-Kapha toxins and reduces Meda.⁵
- Basti (enema): LekhanaBasti with decoctions of Triphaladi, Dashamoola, Guggulu.

3. ShamanaChikitsa (Palliative therapies):

Herbal formulations like:

- MedoharaGuggulu
- TriphalaChurna
- AragvadhadiKashaya
- Takra (buttermilk)
- Honey mixed with lukewarm water
- Diuretics (Mutravirechaka), digestives (Deepana), and fat-scraping (Lekhana) herbs.

4. Ahara (Diet):

Use of Yava, Shyamaka, Kodrava grains.

Avoid Madhura Rasa and high-calorie foods.

Include Takra, Yavagu, LaghupachyaAahara (easily digestible food).

Regular use of Madhu (honey) as an adjuvant.

5. Vihara (Lifestyle):

Daily physical activities like walking, yoga (Asana like Trikonasana, Pavanamuktasana), swimming, gardening.

Avoiding day sleep and maintaining mental alertness.

Encouraging mindful eating and emotional well-being.

Modern Correlation

Modern science correlates obesity with high BMI (Body Mass Index), endocrine disturbances, insulin resistance, and psychosocial stress. Lifestyle modifications, calorie-restricted diet, and exercise are emphasized in modern medicine, which aligns with Ayurvedic practices.

Conclusion

Obesity (Sthaulya) is a multidimensional disorder affecting physical, mental, and social well-being. Ayurveda considers it a result of improper Ahara-Vihara, Agni Mandya, and Kapha-MedaVridhhi. Through proper understanding of its Samprapti and individualized treatment involving Shodhana, Shamana, diet regulation, and lifestyle correction, significant improvement can be achieved. The integrative approach of Ayurveda not only addresses weight reduction but also aims at restoring Agni, improving metabolism, and ensuring sustainable health. Thus, the classical wisdom of Ayurveda offers a time-tested framework for effectively managing the modern health crisis of obesity.

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