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A CRITICAL REVIEW OF *NIDANA*, *SAMPRAPTI* AND MANAGEMENT OF *STHAULYA* WITH SPECIAL REFERENCE TO OBESITY

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ABSTRACT

Background *Sthaulya* is a complex nutritional and metabolic disorder characterised by excessive accumulation of *Meda Dhatu*, abnormal enlargement of the abdomen, buttocks and breasts, reduced physical activity and impaired metabolic function. *Acharya Charaka* included *Atisthaulya* among the eight undesirable physical constitutions known as *Ashta Nindita Purusha*. Obesity is similarly recognised as abnormal or excessive body-fat accumulation that adversely affects health. Both conditions arise through the combined influence of excessive food intake, sedentary habits, disturbed metabolism, psychological factors and genetic predisposition. **Aim** To critically review the *Nidana*, *Samprapti* and management of *Sthaulya* with special reference to obesity. **Objectives** To compile the classical descriptions of *Sthaulya* from authoritative *Ayurvedic* texts. To study the causative factors, pathogenesis, clinical features and complications of *Sthaulya*. To review the dietary, lifestyle, medicinal and purification measures advised for its management. To correlate the classical pathogenesis of *Sthaulya* with the contemporary

understanding of obesity. To identify the practical role of integrated and individualised management in obesity prevention and control. **Materials and Methods** A literary review was conducted using the *Brihatrayi*, *Laghutrayi*, relevant classical commentaries and contemporary scientific literature. Information related to *Sthaulya*, *Medovaha Srotas*, *Meda Dhatu*, obesity, adipose-tissue dysfunction and weight management was collected, analysed and organised conceptually. Classical principles were compared with present biomedical understanding. **Results and Discussion** The classical description of abnormal *Meda* accumulation, excessive appetite, reduced activity and associated complications closely corresponds with adipose-tissue dysfunction, energy imbalance, insulin resistance and chronic inflammation. An individualised and sustained management strategy is therefore required. **Conclusion** *Sthaulya* and obesity are multifactorial, chronic and relapsing disorders. Integration of classical dietary and lifestyle principles with scientific assessment may provide a comprehensive approach to prevention and long-term management.

Keywords: *Sthaulya*, obesity, *Meda Dhatu*, *Medovaha Srotas*, *Samprapti*, *Langhana*

Introduction

Sthaulya is described as an abnormal increase in body bulk caused mainly by excessive accumulation of *Meda Dhatu*. *Acharya Charaka* included *Atisthula* among the eight undesirable physical constitutions called *Ashta Nindita Purusha*. A person is considered *Atisthula* when excessive growth of *Meda* and *Mamsa* produces pendulous movement of the abdomen, buttocks and breasts, while physical strength remains disproportionate to body size. This description indicates that *Sthaulya* is not merely an increase in body weight but a state of abnormal tissue distribution, metabolic disturbance and impaired functional capacity.¹

Obesity is defined as abnormal or excessive fat accumulation that presents a risk to health. In adults, body mass index is calculated by dividing weight in kilograms by the square of height in metres. A BMI of 25–29.9 kg/m² is categorised as overweight, while a BMI of 30 kg/m² or more indicates obesity. BMI is a useful screening method but does not directly measure fat distribution, muscle mass or metabolic impairment. Therefore, waist circumference, waist-to-height ratio, body-fat percentage and obesity-related complications should also be considered during clinical assessment.²

The increasing prevalence of obesity is associated with unhealthy dietary patterns, physical inactivity, inadequate sleep, psychosocial stress, genetic susceptibility and environmental influences. It substantially increases the risk of type 2 diabetes mellitus, hypertension,

cardiovascular disease, fatty liver disease, osteoarthritis, sleep apnoea, reproductive disorders and certain cancers. The classical description of *Sthaulya* presents a similarly multidimensional understanding in which inappropriate diet and lifestyle disturb *Agni*, *Dosha*, *Dhatu* and *Srotas*. A critical correlation of these concepts can strengthen preventive and patient-centred obesity management.³

Aim and Objectives

Aim

To critically review the *Nidana*, *Samprapti* and management of *Sthaulya* with special reference to obesity.

Objectives

1. To compile the classical descriptions of *Sthaulya* from authoritative *Ayurvedic* texts.
2. To study the causative factors, pathogenesis, clinical features and complications of *Sthaulya*.
3. To review the dietary, lifestyle, medicinal and purification measures advised for its management.
4. To correlate the classical pathogenesis of *Sthaulya* with the contemporary understanding of obesity.
5. To identify the practical role of integrated and individualised management in obesity prevention and control.

Materials and Methods

This literary and conceptual review was based on classical texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, *Madhava Nidana*, *Bhavaprakasha* and *Sharangadhara Samhita*, along with their available commentaries. Contemporary information was collected from standard textbooks, World Health Organization publications and peer-reviewed scientific literature related to obesity, adipose-tissue physiology, metabolic dysfunction, dietary therapy, exercise and behavioural interventions. The collected material was classified under definition, *Nidana*, *Purvarupa*, *Rupa*, *Samprapti*, complications, assessment, prevention and management. A descriptive and comparative analysis was then performed.

Ayurvedic Review

The term *Sthaulya* originates from *Sthula*, meaning bulky, large, thick or excessively developed. *Atisthaulya* denotes excessive corpulence beyond normal body proportion. It develops when

abnormal accumulation of *Meda* and *Mamsa* causes excessive enlargement and pendulous movement of the abdomen, buttocks and breasts. The individual may appear well built externally, but actual stamina, activity and tissue quality remain poor. Thus, *Sthaulya* represents an unhealthy increase in body volume rather than proper nourishment or balanced development of all *Dhatu*s.⁴

Classification of *Sthaulya*

Sthaulya can be understood clinically according to causative factors, predominance of *Dosha*, degree of fat accumulation and presence of complications.

Basis	Classification	Brief description
Origin	<i>Sahaja</i>	Associated with hereditary, familial or constitutional tendencies
Origin	<i>Jataja</i>	Acquired through improper diet, lifestyle and psychological habits
<i>Dosha</i> predominance	<i>Kaphaja</i>	Heaviness, lethargy, excessive sleep, coldness and sluggishness
<i>Dosha</i> predominance	<i>Vata-Kaphaja</i>	Excessive appetite with abnormal fat accumulation and variable digestion
Severity	Mild	Increased body weight without major functional impairment
Severity	Moderate	Reduced activity with prominent signs and metabolic abnormalities
Severity	Severe	Marked adiposity with complications and substantial functional limitation
Clinical condition	Uncomplicated	Excess fat without evident organ dysfunction
Clinical condition	Complicated	Associated diabetes, hypertension, joint disease, sleep or cardiac problems

Importance of *Meda Dhatu*

Meda Dhatu is the fourth tissue in the sequence of *Dhatu Poshana*. In its normal state, it provides lubrication, softness, energy storage, stability and nourishment to the body. It also supports the production of sweat and maintains unctuousness. When *Medodhatvagni* functions normally, the nutritive fraction received from the preceding tissue is appropriately transformed into healthy *Meda*, its by-products and the nutritional portion required for the next *Dhatu*. When

Medodhatvagni becomes weak, excessive and poorly metabolised *Meda* is produced, while subsequent tissues may not receive adequate nourishment.⁵

Role of *Medovaha Srotas*

Medovaha Srotas are the channels involved in the formation, transportation, distribution and utilisation of *Meda Dhatu*. Their roots are described in relation to *Vrikka* and *Vapavahana*. Excessive physical inactivity, daytime sleep, frequent intake of fatty food and excessive consumption of alcoholic preparations are mentioned among the important causes of their disturbance. Injury or functional impairment of these channels produces excessive sweating, unctuousness, dryness of the palate and obesity-like manifestations.⁶

Nidana of *Sthaulya*

***Ahara Nidana*: Dietary Causes**

Dietary factors play the most direct role in excessive nourishment of *Kapha* and *Meda*. Repeated consumption of heavy, sweet, unctuous, cold and highly nourishing food produces an excessive anabolic effect. Eating again before previous food has been digested, consuming quantities greater than digestive capacity and frequent eating without genuine hunger further burden *Agni*.

Important dietary causes include:

- *Atisampurana*: habitual overeating
- *Adhyashana*: eating before digestion of the previous meal
- *Avyayama*: lack of activity after food
- Excessive intake of *Guru Ahara*
- Excessive intake of *Madhura Rasa*
- Excessive intake of *Snigdha Ahara*
- Frequent consumption of milk products, sweets and fried food
- Excessive use of freshly harvested grains
- Regular intake of sugarcane products
- Frequent consumption of meat of domesticated and aquatic animals
- Repeated snacking and night-time eating
- Intake of energy-dense food without corresponding physical activity

These foods and behaviours share qualities such as *Guru, Snigdha, Sheeta, Manda* and *Picchila*. Their repeated use increases *Kapha* and progressively promotes the accumulation of *Meda Dhatu*.⁷

Vihara Nidana: Lifestyle Causes

Sedentary habits decrease energy expenditure and weaken tissue metabolism. Daytime sleep, prolonged sitting, lack of walking, absence of regular exercise and excessive physical comfort favour *Kapha* and *Meda Vriddhi*. Modern behaviours such as prolonged screen exposure, desk-based work, motorised travel, reduced household activity and inadequate recreational exercise can be included under *Avyayama* and *Achintana*.

Important lifestyle causes are:

- *Avyayama*: absence of physical exercise
- *Divasvapna*: sleeping during the daytime
- *Avyavaya*: lack of sexual activity or reduced physical exertion
- Prolonged sitting
- Excessive comfort and avoidance of labour
- Irregular daily routine
- Inadequate sleep at night followed by daytime sleep
- Reduced exposure to active outdoor work
- Lack of disciplined dietary timing

Manasika Nidana: Psychological Causes

A state of excessive mental comfort, absence of constructive concern and lack of motivation is described as favourable to *Sthaulya*. Emotional eating, chronic stress, anxiety, low mood, boredom and disturbed reward behaviour can alter appetite and food selection. Some individuals eat repeatedly to obtain temporary emotional relief. Inadequate psychological regulation therefore becomes an important sustaining factor, even when the person understands the health consequences of excessive eating.

Relevant psychological factors include:

- *Achintana*: absence of purposeful mental engagement
- *Harsha Nityatva*: continuous indulgence and excessive comfort

- Emotional eating
- Stress-related eating
- Reduced motivation for physical activity
- Poor self-regulation
- Disturbed sleep caused by psychological stress
- Social isolation and reduced confidence

Beeja Dosha: Hereditary and Constitutional Factors

Classical texts recognise *Beeja Dosha* as a contributing factor in the development of excessive corpulence. This can be correlated with familial predisposition, genetic susceptibility, epigenetic influences and inherited patterns of fat distribution. However, hereditary susceptibility does not act alone. Its expression is affected by diet, physical activity, sleep, stress, age and the surrounding food environment. A person with *Kapha Prakriti* may have natural heaviness, stability and easier weight gain, but *Prakriti* itself should not be considered a disease.

Iatrogenic and Secondary Causes

Although most obesity is multifactorial, weight gain may occur secondary to hypothyroidism, Cushing syndrome, polycystic ovarian syndrome, hypothalamic disorders, sleep disturbances and mobility-limiting diseases. Medicines such as glucocorticoids, some antipsychotics, antidepressants, antiepileptics and antidiabetic drugs may contribute to weight gain. These factors should be identified before labelling every patient as having lifestyle-induced obesity.

Samprapti Ghataka

Component	Involvement in <i>Sthaulya</i>
<i>Dosha</i>	Predominantly <i>Kapha</i> with <i>Vata</i> , especially <i>Samana</i> and <i>Vyana Vata</i>
<i>Dushya</i>	Mainly <i>Meda</i> and <i>Mamsa</i> ; later involvement of <i>Rasa</i>
<i>Agni</i>	<i>Jatharagni</i> may remain strong or irregular; <i>Medodhatvagni</i> becomes impaired
<i>Ama</i>	Tissue-level metabolic products may accumulate due to defective transformation
<i>Srotas</i>	<i>Annavaha</i> , <i>Rasavaha</i> and <i>Medovaha Srotas</i>
<i>Srotodushti</i>	Mainly <i>Sanga</i> ; abnormal accumulation and defective transport

<i>Udbhava Sthana</i>	<i>Amashaya</i> and digestive-metabolic system
<i>Adhisthana</i>	Whole body, especially <i>Meda Dhatu</i> and <i>Medovaha Srotas</i>
<i>Rogamarga</i>	<i>Bahya</i> with gradual involvement of <i>Madhyama Rogamarga</i>
<i>Vyakti Sthana</i>	Abdomen, buttocks, breasts and other adipose-rich regions
Nature	<i>Santarpanottha Vyadhi</i>
<i>Sadhyasadhyata</i>	Difficult to manage when chronic, severe or associated with complications

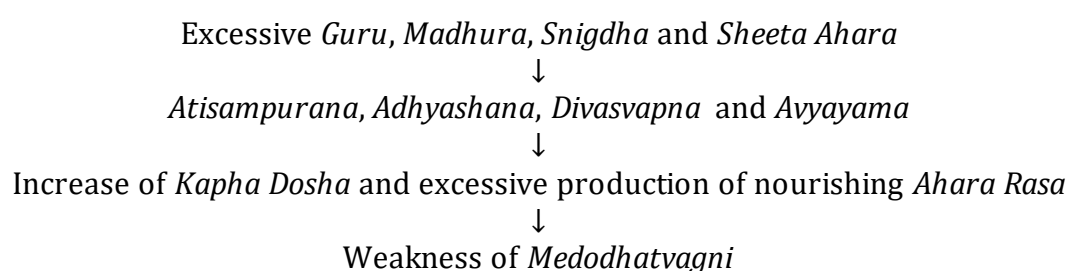
Samprapti of Sthaulya

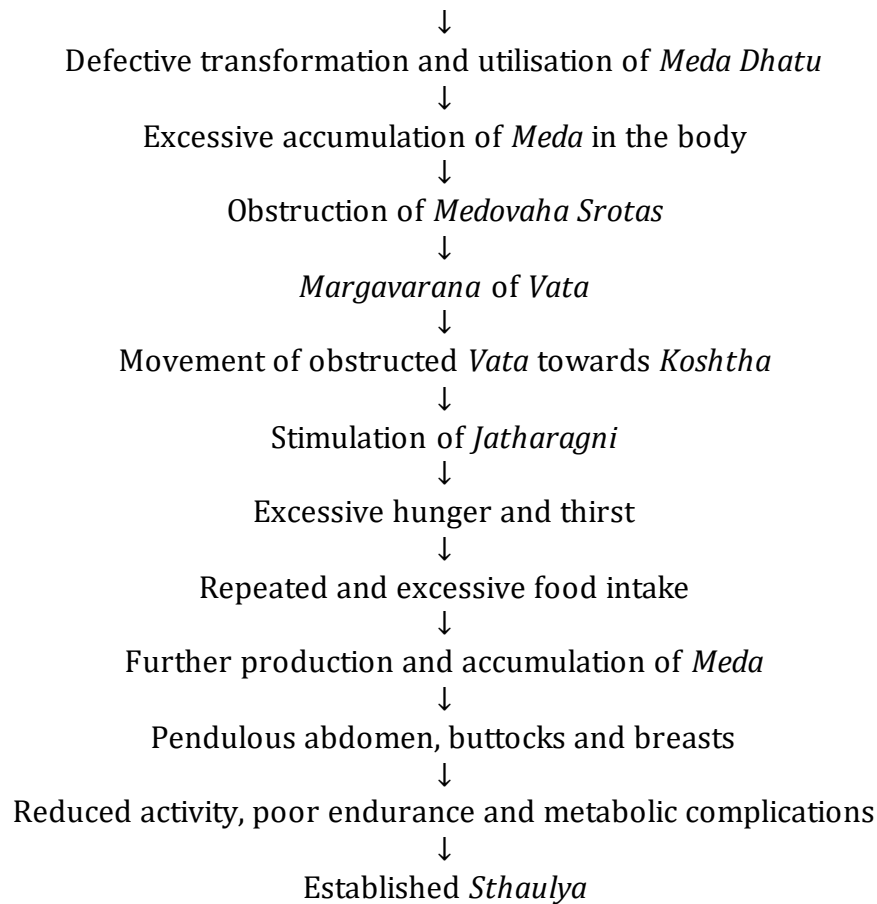
Excessive intake of *Guru*, *Madhura*, *Snigdha* and *Sheeta Ahara*, together with lack of physical exercise and daytime sleep, increases *Kapha Dosha*. The increased *Kapha* combines with the excessive nourishing portion of *Ahara Rasa* and promotes abnormal production of *Meda Dhatu*. Weakness of *Medodhatvagni* prevents proper conversion and utilisation of this tissue, resulting in progressive accumulation.

The accumulated *Meda* produces obstruction in the channels and restricts the normal movement of *Vata*, particularly in the abdominal region. The obstructed *Vata* is directed toward the digestive system, where it stimulates digestive activity and produces repeated hunger and thirst. The patient consequently consumes more food. The increased dietary intake supplies additional substrate for *Meda* formation and completes a self-perpetuating cycle of hunger, overeating and fat accumulation.⁸

Despite excessive body mass, later tissues may remain inadequately nourished because a large portion of the available nutrition is diverted toward *Meda*. This explains reduced physical strength, poor endurance, fatigue, sexual weakness and delayed activity. Therefore, the condition demonstrates simultaneous over-nourishment of one tissue and functional under-nourishment of the rest of the body.

Samprapti Flow Chart





Purvarupa

Specific premonitory features of *Sthaulya* are not explained separately in great detail. The early stage may be recognised through features of *Kapha* and *Meda Vriddhi*, including:

- Gradual increase in body weight
- Heaviness of the body
- Increased appetite
- Reduced interest in physical activity
- Excessive sleep
- Increased sweating
- Mild breathlessness during exertion
- Increase in waist circumference
- Softness and looseness of body parts
- Early fatigue
- Excessive craving for sweet and fatty food

Rupa and Ashta Dosha of *Atisthaulya*

Acharya Charaka described eight major disadvantages or defects of excessive obesity. These findings show that the condition affects longevity, activity, reproductive capacity, strength, comfort and metabolic regulation.⁹

<i>Ashta Dosha</i>	Meaning and clinical interpretation
<i>Ayusho Hrasa</i>	Reduced life expectancy because of progressive metabolic and cardiovascular complications
<i>Javoparodha</i>	Slowness and difficulty in physical movement
<i>Kricchra</i> <i>Vyavayata</i>	Difficulty or reduced capacity in sexual activity
<i>Daurbalya</i>	Reduced strength despite excessive body size
<i>Daurgandhya</i>	Offensive body odour due to excessive sweating and skin-fold retention
<i>Swedabadha</i>	Excessive sweating or disturbed sweat regulation
<i>Atikshudha</i>	Excessive or frequent hunger
<i>Atipipasa</i>	Excessive thirst

Additional clinical features may include:

- Pendulous abdomen, buttocks and breasts
- Disproportionate body bulk
- Lethargy and heaviness
- Breathlessness on mild exertion
- Excessive sleep
- Reduced physical endurance
- Difficulty in walking or climbing
- Joint discomfort
- Increased waist circumference
- Low confidence and emotional distress

Upadrava

If untreated, *Sthaulya* may contribute to various metabolic, musculoskeletal and systemic disorders. Classical and contemporary complications may be correlated as follows:

Classical association	Possible contemporary correlation
<i>Prameha</i>	Prediabetes and type 2 diabetes mellitus
<i>Hridroga</i>	Ischaemic heart disease and cardiac dysfunction
<i>Raktagata Vikara</i>	Hypertension and vascular abnormalities
<i>Shwasa</i>	Exertional dyspnoea and obstructive sleep apnoea
<i>Sandhigata Vikara</i>	Osteoarthritis and weight-bearing joint pain
<i>Klaibya</i>	Sexual dysfunction and hormonal disturbance
<i>Agnimandya</i>	Impaired metabolic regulation and dyspeptic symptoms
<i>Bhagandara</i> and skin-fold disorders	Local infection, inflammation and poor wound healing
<i>Daurbalya</i>	Low endurance, sarcopenic obesity and functional limitation

Modern Review of Obesity

Obesity is a chronic disease characterised by excessive adiposity that may impair health. BMI is widely used for initial screening because it is simple, inexpensive and reproducible. However, it cannot distinguish adipose tissue from muscle or directly indicate visceral fat. Clinical evaluation should therefore include waist circumference, blood pressure, dietary history, physical activity, sleep pattern, psychosocial factors, family history and biochemical investigations. Current approaches increasingly recognise that obesity-related organ dysfunction and limitation of daily activities are as important as body size alone.¹⁰

BMI Classification in Adults

Category	BMI
Underweight	<18.5 kg/m ²
Normal range	18.5–24.9 kg/m ²
Overweight	25.0–29.9 kg/m ²
Obesity Class I	30.0–34.9 kg/m ²

Obesity Class II	35.0–39.9 kg/m ²
Obesity Class III	≥40.0 kg/m ²

Pathogenesis of Obesity

Obesity develops when long-term energy intake exceeds energy expenditure, but this basic equation does not fully describe its complexity. Food availability, reward pathways, genetic susceptibility, sleep, stress, endocrine regulation, medications, socioeconomic conditions and the built environment influence both intake and expenditure. The hypothalamus integrates hormonal signals such as leptin, insulin and ghrelin, while reward-related neural pathways affect appetite, food preference and eating behaviour.¹¹

Adipose tissue is an active endocrine and immune organ. With progressive adipocyte enlargement, local hypoxia, oxidative stress and immune-cell infiltration may occur. The resulting altered secretion of adipokines and inflammatory mediators contributes to insulin resistance, endothelial dysfunction, fatty liver disease and cardiovascular risk. Visceral adiposity is generally more strongly associated with metabolic complications than subcutaneous fat because of its greater lipolytic and inflammatory activity.¹²

Clinical Assessment

A comprehensive assessment should include:

- Height, weight and BMI
- Waist circumference and waist-to-height ratio
- Blood pressure
- Dietary pattern and portion size
- Daily physical activity and sedentary time
- Sleep duration, sleep quality and sleep apnoea symptoms
- Psychological health and eating behaviour
- Medication history
- Family history of obesity and diabetes
- Fasting blood glucose or HbA1c
- Lipid profile
- Liver function tests
- Thyroid function when clinically indicated

- Assessment for menstrual and reproductive abnormalities
- Evaluation of joint pain and physical limitations

Management of *Sthaulya*

Principles of Management

The principal line of management consists of:

1. *Nidana Parivarjana*
2. *Apatarpana*
3. *Langhana*
4. *Rukshana*
5. *Lekhana*
6. Restoration of *Agni*
7. Elimination of *Srotorodha*
8. Regulation of appetite
9. Reduction of excessive *Kapha* and *Meda*
10. Prevention of recurrence

Nidana Parivarjana

Nidana Parivarjana is the first and most essential measure. Patients should identify and gradually discontinue the factors responsible for weight gain.

Recommended corrections include:

- Avoiding overeating
- Avoiding repeated snacking
- Eating only after digestion of the previous meal
- Reducing sweets, sugar-sweetened drinks and fried foods
- Avoiding daytime sleep
- Reducing prolonged sitting
- Establishing regular meal timings
- Taking an early and light dinner
- Improving sleep duration and quality
- Managing emotional eating
- Increasing daily walking and purposeful activity

Ahara Chikitsa

Classical management recommends food that is light, reducing, drying and metabolically stimulating. The diet should provide satiety but should not excessively nourish *Kapha* and *Meda*.

Guru Cha Atarpana is a significant principle in which food provides a feeling of fullness but does not produce excessive tissue nourishment.

Pathya Ahara

Recommended item or quality	Expected purpose
<i>Yava</i>	Light, drying and supportive of <i>Meda</i> reduction
Old <i>Shali</i> rice	Comparatively lighter than newly harvested grain
<i>Mudga</i>	Provides nourishment without excessive heaviness
<i>Kulatha</i>	Traditionally used for reducing excessive <i>Kapha</i> and <i>Meda</i>
<i>Takra</i>	Supports digestion and may be used according to suitability
Honey in appropriate quantity	Traditionally described for <i>Lekhana</i> action
Warm water	Supports digestion and discourages cold, sweet beverage intake
Leafy vegetables	Provide fibre and low energy density
Bitter and astringent vegetables	Help balance a predominantly sweet and unctuous diet
Barley-based preparations	Improve satiety with a reducing dietary pattern
Pulses in suitable portions	Provide protein and support satiety
Spices in moderation	Support palatability and digestive function

Apathya Ahara

- Excessive sweets and refined sugar
- Sweetened beverages
- Deep-fried foods
- Excessive ghee, butter and cream
- Refined flour products
- Frequent bakery items
- Large quantities of polished rice
- Excessive milk-based sweets

- Alcoholic beverages
- Processed and packaged snacks
- Heavy meals at night
- Repeated eating without hunger
- Excessive use of cold and unctuous food

Vihara Chikitsa

Physical activity is essential for reducing *Kapha*, mobilising stored fat, maintaining muscle mass and improving insulin sensitivity.

Recommended measures include:

- *Vyayama* according to individual capacity
- Brisk walking
- Stair climbing where appropriate
- Yoga-based physical activity
- Resistance exercise
- Active household work
- Reduced uninterrupted sitting time
- Regular morning activity
- *Udvaartana* with suitable dry powders
- Avoidance of daytime sleep
- Regularity in sleep and wake timings

Adults should gradually work towards a sustainable combination of aerobic and muscle-strengthening activity. The prescription should begin below the patient's maximum capacity and be increased progressively to prevent injury, excessive fatigue and discontinuation.¹³

Role of *Udvaartana*

Udvaartana is an upward dry-powder massage performed with appropriate herbal powders. Its *Ruksha*, *Khara* and stimulating effects are traditionally used to reduce heaviness, improve skin condition, decrease excessive unctuousness and support the mobilisation of superficial fat. It

should be regarded as an adjunct to dietary control and exercise, not as an independent method for producing major weight loss.

Shamana Chikitsa

Shamana treatment may include medicines with *Deepana*, *Pachana*, *Kapha-Medohara*, *Lekhana* and *Srotoshodhana* properties. Commonly discussed substances and formulations include:

- *Guggulu*
- *Triphala*
- *Trikatu*
- *Vidanga*
- *Musta*
- *Haritaki*
- *Guduchi*
- *Chitraka*
- *Shilajatu*
- *Vrikshamla*
- *Navaka Guggulu*
- *Triphala Guggulu*
- *Medohara Guggulu*
- *Takrarishta*

Selection should be individualised according to *Dosha*, *Agni*, bowel habit, associated disorders and patient strength. Herbal or mineral formulations should not be used without proper clinical assessment, quality control and supervision.

Shodhana Chikitsa

In patients with sufficient strength and appropriate indications, *Shodhana* may be considered to reduce aggravated *Dosha* and clear obstructed channels.

Vamana

Therapeutic emesis may be considered in selected patients with marked *Kapha* predominance, heaviness, excessive mucus and adequate strength. It must be conducted only after proper preparation and under specialist supervision.

Virechana

Therapeutic purgation can support correction of *Pitta*, *Kapha*, bowel dysfunction and metabolic disturbance in appropriately selected patients. The procedure should follow classical preparatory, main and post-procedure protocols.

Lekhana Basti

Lekhana Basti is traditionally employed for reducing excessive *Kapha* and *Meda*, correcting *Vata* and improving channel function. Its composition, volume and schedule must be individualised.

Ruksha and Tikshna Basti

These forms of *Basti* may be considered where excessive unctuousness, heaviness and channel obstruction predominate. Excessive use may aggravate *Vata* or cause weakness and should therefore be avoided.

Psychological and Behavioural Management

Long-term weight reduction requires modification of learned behaviours rather than a temporary restrictive diet. Patients may benefit from:

- Self-monitoring of food intake
- Setting realistic goals
- Identifying emotional triggers
- Stimulus control
- Portion awareness
- Mindful eating
- Family support
- Regular follow-up
- Sleep correction
- Stress-management practices
- Relapse-prevention planning¹⁴

Integrated Management of Obesity

Modern obesity management is based on nutritional therapy, increased physical activity, behavioural intervention, pharmacotherapy where indicated and metabolic or bariatric surgery

in selected cases. A clinically meaningful reduction in initial body weight may improve glucose regulation, blood pressure, lipid profile, liver fat and mobility. The treatment objective should extend beyond achieving a particular number on the weighing scale and should include metabolic health, functional capacity, quality of life and prevention of further weight gain.¹⁵

An integrated approach may combine personalised dietary planning, regular exercise, sleep correction, stress management and selected *Ayurvedic* interventions. Patients with severe obesity, uncontrolled diabetes, cardiovascular disease, obstructive sleep apnoea or other major complications require multidisciplinary care. Medicines or procedures must not replace foundational lifestyle measures but may be added when lifestyle intervention alone is insufficient.

Results and Findings

- *Sthaulya* is a *Santarpanottha Vyadhi* produced by excessive nourishment, physical inactivity and impaired tissue metabolism.
- *Kapha Dosha* and *Meda Dhatu* are the principal components involved in the disease.
- *Vata*, particularly when obstructed by excessive *Meda*, plays an important role in excessive hunger and continuation of the disease cycle.
- The main affected channels are *Annavaha*, *Rasavaha* and *Medovaha Srotas*.
- Impairment of *Medodhatvagni* leads to excessive production and defective utilisation of *Meda Dhatu*.
- Excessive nutrition of *Meda* may coexist with inadequate nourishment and reduced functional quality of later tissues.
- Pendulous movement of the abdomen, buttocks and breasts represents abnormal fat distribution and poor tissue firmness.
- *Atikshudha* and *Atipipasa* can perpetuate overeating and make long-term management difficult.
- The eight defects of *Atisthaulya* show that classical scholars recognised its effects on longevity, movement, strength, reproduction, sweating and metabolic regulation.
- The concepts of *Meda Vriddhi*, *Srotorodha* and impaired *Dhatvagni* show meaningful similarities with adipocyte enlargement, metabolic dysfunction and insulin resistance.

- BMI is useful for screening but should be supported by waist circumference, metabolic assessment and evaluation of obesity-related complications.
- *Nidana Parivarjana* is the foundation of both prevention and treatment.
- Dietary management should reduce energy density while maintaining satiety, nutritional adequacy and patient adherence.
- *Vyayama*, reduced sedentary behaviour and avoidance of *Divasvapna* are essential lifestyle measures.
- *Langhana*, *Rukshana*, *Lekhana*, *Udvartana*, *Shamana* and selected *Shodhana* procedures may be applied according to individual clinical findings.
- Severe fasting or excessively reducing treatment may cause weakness, aggravate *Vata* and reduce long-term adherence.
- Psychological assessment is important because stress, emotional eating and disturbed sleep can maintain abnormal eating behaviour.
- Obesity management requires long-term follow-up because weight regain is common after short-term intervention.
- Treatment outcomes should include waist reduction, metabolic improvement, better endurance and quality of life rather than body weight alone.
- An individualised and multidisciplinary approach is most suitable for complicated or severe obesity.

Discussion

The classical explanation of *Sthaulya* shows a detailed understanding of disproportionate tissue nourishment. Excessive *Meda* does not indicate optimal health because the patient may simultaneously experience poor strength, reduced movement and defective nourishment of other tissues. The concept of *Medodhatvagni Mandya* explains the failure to transform and utilise the nutritive material properly, while *Srotorodha* explains disturbed transportation and metabolic exchange. In modern terms, obesity similarly involves enlarged adipocytes, abnormal lipid storage, ectopic fat deposition, insulin resistance and endocrine dysfunction rather than simple excess body weight.

The mechanism of obstructed *Vata* stimulating *Jatharagni* and producing *Atikshudha* presents a clinically important cycle. Increased appetite leads to frequent food intake, which provides

further nourishment to *Meda*. Modern research also recognises that weight regulation is influenced by appetite hormones, neural reward systems and compensatory biological responses. After weight loss, increased hunger and reduced energy expenditure may favour weight regain. This explains why obesity should be managed as a chronic, relapsing condition rather than as a failure of personal discipline.¹⁶

Management must address causative factors, food quality, portion size, physical activity, sleep and psychological behaviour simultaneously. *Ayurvedic* principles such as *Nidana Parivarjana*, *Langhana*, *Rukshana*, *Lekhana*, *Vyayama* and *Udvardhana* offer a structured approach to correcting excessive nourishment and inactivity. Modern nutritional and behavioural methods can improve the measurement, safety and sustainability of these interventions. Proper assessment is necessary because an aggressive reducing programme may be unsuitable for older patients, pregnant women, individuals with eating disorders or patients with significant medical complications.

Conclusion

Sthaulya is a multifactorial metabolic disorder caused by excessive nourishment, physical inactivity, disturbed behaviour, impaired *Medodhatvagni* and obstruction of *Medovaha Srotas*. Its classical presentation demonstrates meaningful similarities with obesity, particularly abnormal fat accumulation, excessive appetite, poor endurance and systemic complications. Effective management requires avoidance of causative factors, an appropriate reducing but nutritionally adequate diet, regular exercise, behavioural correction and individually selected *Shamana* or *Shodhana* measures. Long-term monitoring and multidisciplinary care are essential for preventing complications and maintaining improvement.

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