



Review Article

Volume 15 Issue 05

May 2026

A REVIEW ON STHAULYA (OBESITY) FROM AN AYURVEDIC PERSPECTIVE

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ABSTRACT

Background: *Sthaulya* is described in Ayurveda as a condition of excessive accumulation of *Meda Dhatu*, leading to abnormal increase in body mass and heaviness. It is included under *Ashta Nindita Purusha* and considered a *Santarpanajanya Vyadhi*. In the present era, obesity has become a global health concern associated with metabolic disorders such as diabetes, hypertension, and cardiovascular diseases. Ayurveda provides a holistic understanding of this condition by emphasizing the role of *Dosha*, *Agni*, *Dhatu*, and *Srotas* in its pathogenesis.

Aim: To review and analyze *Sthaulya* (obesity) from an Ayurvedic perspective. **Objectives:**

To understand the etiopathogenesis (*Nidana* and *Samprapti*) of *Sthaulya*. To analyze the role of *Dosha*, *Agni*, and *Meda Dhatu* in the development of obesity. To explore Ayurvedic principles in the management of *Sthaulya*. **Materials and Methods:** This is a conceptual review study based on classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with relevant modern literature. Data were collected, analyzed, and interpreted to understand the Ayurvedic concept of obesity and its management. **Results:** *Sthaulya* is primarily a *Kapha* dominant disorder involving *Meda Dhatu Vriddhi* and *Agnimandya*. Excessive intake of *Guru*, *Snigdha*, and *Madhura Ahara*, along with lack of physical activity, leads to vitiation of *Kapha Dosha* and accumulation of fat tissue. Impaired *Agni* results in improper metabolism and formation of *Ama*, further aggravating the condition. Ayurvedic management focuses on *Langhana*, *Lekhana*, *Deepana*, and *Pachana* therapies, along with dietary and lifestyle modifications. **Conclusion:** Ayurveda offers a comprehensive and individualized approach for the prevention and management of *Sthaulya*. By correcting *Agni*, balancing *Dosha*, and reducing *Meda Dhatu*, it provides a sustainable solution for obesity and its associated complications.

Keywords: *Sthaulya*, *Meda Dhatu*, *Kapha Dosha*, *Agnimandya*, *Santarpanajanya Vyadhi*, *Langhana*

INTRODUCTION

*Sthaulya*¹ (obesity) is one of the most common lifestyle disorders in the present era, affecting both developed and developing countries. Rapid urbanization, sedentary habits, faulty dietary patterns, and psychological stress have significantly increased its prevalence. From a modern point of view, obesity is defined as abnormal or excessive fat accumulation that presents a risk to health. However, Ayurveda explains this condition in a more comprehensive way, considering it as an imbalance of *Dosha*,² *Dhatu*,³ *Agni*,⁴ and *Srotas*,⁵ rather than just fat deposition.

In Ayurveda, *Sthaulya* is described under *Ashta Nindita Purusha*,⁶ indicating individuals with undesirable body constitution due to excessive accumulation of *Meda Dhatu*.⁷ It is also classified as a *Santarpanajanya Vyadhi*,⁸ which arises due to over-nourishment and excessive intake of calorie-rich, heavy, and unctuous foods. Acharya Charaka has clearly mentioned that indulgence in *Guru*,⁹ *Snigdha*,¹⁰ and *Madhura Ahara*.¹¹ along with lack of physical activity

(*Avyayama*¹²) and day sleep (*Divaswapna*¹³), are major causative factors for the development of this condition.

The pathogenesis (*Samprapti*¹⁴) of *Sthaulya* mainly involves aggravation of *Kapha Dosha*,¹⁵ impairment of *Jatharagni* (*Agnimandya*¹⁶), and abnormal increase of *Meda Dhatu*.¹⁷ Due to weak *Agni*, proper metabolism of nutrients does not occur, leading to accumulation of *Ama* and excessive fat deposition. This further causes obstruction in various *Srotas*, particularly *Medovaha Srotas*,¹⁸ resulting in a vicious cycle of metabolic disturbance. Clinically, individuals suffering from *Sthaulya* exhibit symptoms like excessive body weight, lethargy, excessive sweating, breathlessness on exertion, and reduced physical activity.

Management of *Sthaulya* in Ayurveda focuses on breaking this pathological cycle by correcting *Agni*, reducing *Kapha* and *Meda*, and clearing *Srotorodha*.¹⁹ Therapeutic approaches such as *Langhana*, *Lekhana*, *Deepana*, and *Pachana* are emphasized along with proper diet and lifestyle modifications. Unlike modern treatments that often provide symptomatic relief, Ayurveda aims at root cause management, promoting long-term health and preventing complications associated with obesity such as diabetes, hypertension, and cardiovascular diseases.

AIM AND OBJECTIVES

Aim:

To review and analyze *Sthaulya* (obesity) from an Ayurvedic perspective.

Objectives:

- To understand the etiopathogenesis (*Nidana* and *Samprapti*) of *Sthaulya*.
- To analyze the role of *Dosha*, *Agni*, and *Meda Dhatu* in the development of obesity.
- To explore Ayurvedic principles in the management of *Sthaulya*.

MATERIALS AND METHODS

This study is a conceptual review based on classical Ayurvedic literature and relevant modern sources. Information regarding *Sthaulya* was collected from authoritative texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with standard Ayurvedic commentaries. Modern scientific data related to obesity were also reviewed from textbooks, research articles, and online databases to establish correlation. The collected material was

systematically analyzed to understand the *Nidana*, *Samprapti*, *Lakshana*, and management principles of *Sthaulya*, with emphasis on the role of *Dosha*, *Agni*, *Meda Dhatu*, and *Srotas*.

CONCEPTUAL STUDY

STHAULYA

*Sthaulya*²⁰ is described in Ayurveda as a condition characterized by excessive accumulation of *Meda Dhatu* leading to abnormal increase in body bulk and heaviness. Acharya Charaka has included it under *Ashta Nindita Purusha*,²¹ indicating individuals with undesirable body constitution. It is not merely a cosmetic issue but a systemic disorder affecting overall health due to derangement of *Dosha*, *Dhatu*, *Agni*, and *Srotas*. The person suffering from *Sthaulya* is often predisposed to various metabolic and degenerative disorders.

Nidana²² (Etiological Factors) of *Sthaulya*

The causative factors of *Sthaulya* are mainly related to excessive nourishment and improper lifestyle. Frequent intake of *Guru*, *Snigdha*, *Madhura*, and *Sheeta Ahara*, overeating, and consumption of high-calorie foods play a major role. Lifestyle factors such as lack of physical activity (*Avyayama*), excessive sleep especially *Divaswapna*, and sedentary habits further aggravate the condition. Psychological factors like stress and lack of discipline in daily routine also contribute indirectly by disturbing metabolic balance and promoting unhealthy eating patterns.

Samprapti²³ (Pathogenesis) of *Sthaulya*

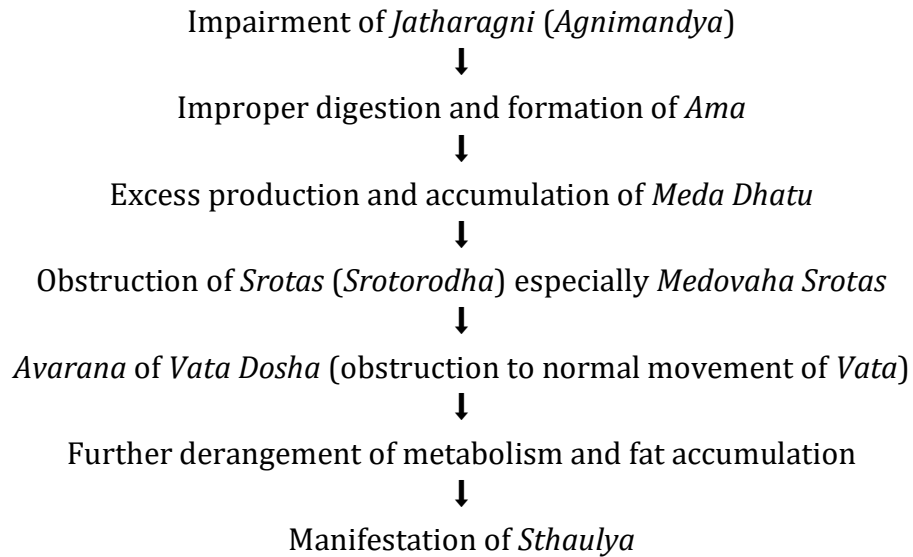
The pathogenesis of *Sthaulya* primarily involves vitiation of *Kapha Dosha* and impairment of *Jatharagni (Agnimandya)*. Due to weakened digestive fire, food is not properly metabolized, leading to formation of *Ama*. This results in excessive production and accumulation of *Meda Dhatu*. The increased *Meda* causes obstruction in various *Srotas*, particularly *Medovaha Srotas*, which further disturbs the normal movement of *Vata*. This creates a vicious cycle where impaired metabolism leads to more fat accumulation and further aggravation of *Kapha* and *Meda*, ultimately manifesting as *Sthaulya*.

Excess intake of *Guru, Snigdha, Madhura Ahara + Avyayama + Divaswapna*



Aggravation of *Kapha Dosha*





Lakshana²⁴ (Clinical Features) of *Sthaulya*

- Excessive increase in body weight and bulk (*Sharira Gaurava*)
- Pendulous abdomen, buttocks, and breasts due to accumulation of *Meda Dhatu*
- Lethargy and reduced physical activity (*Alasya*)
- Excessive sweating (*Atisweda*)
- Foul body odor (*Swedadurgandha*)
- Increased appetite (*Atikshudha*)
- Excessive thirst (*Atipipasa*)
- Breathlessness on exertion (*Kshudra Shwasa*)
- General weakness and reduced stamina
- Lack of enthusiasm and decreased efficiency in work
- Tendency for excessive sleep, especially *Divaswapna*
- Difficulty in performing physical exercise or routine activities

Dosha-Dushya²⁵ Involvement in *Sthaulya*

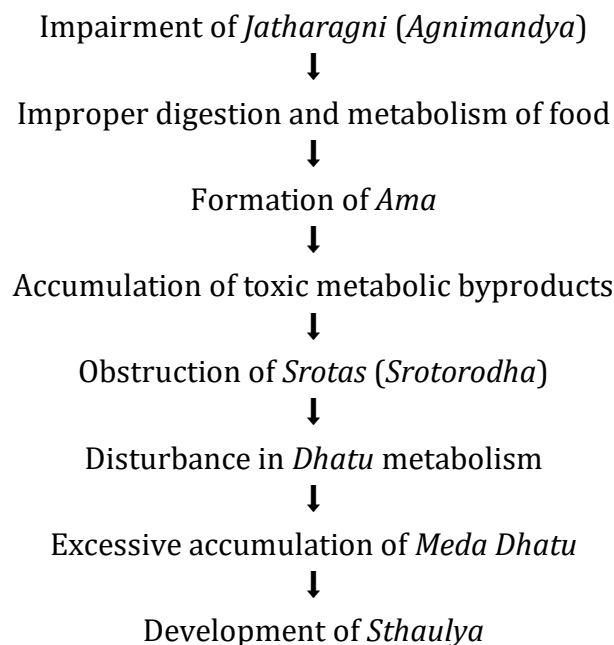
Sthaulya is predominantly a *Kapha* dominant disorder, with significant involvement of *Vata Dosha* in later stages due to obstruction (*Avarana*). The main *Dushya* involved is *Meda Dhatu*, along with *Rasa* and *Mamsa Dhatu*. The imbalance of these components leads to abnormal tissue metabolism and excessive fat deposition. The disturbance in *Dosha-Dushya Sammurchana* plays a crucial role in disease manifestation and progression.

Srotas²⁶ Involvement in *Sthaulya*

The primary *Srotas* involved in *Sthaulya* is *Medovaha Srotas*, which is responsible for the transport and metabolism of fat tissue. Due to excessive *Meda Dhatu*, there is obstruction (*Srotorodha*) in these channels, leading to impaired circulation and metabolism. Additionally, *Rasavaha* and *Mamsavaha Srotas* may also get affected, contributing to further imbalance and disease progression.

Role²⁷ of Agni in Sthaulya

Agni plays a central role in the development of *Sthaulya*. Impairment of *Jatharagni* (*Agnimandya*) leads to improper digestion and metabolism of food, resulting in formation of *Ama*. This *Ama* acts as a toxic substance that blocks *Srotas* and promotes accumulation of *Meda Dhatu*. Therefore, correction of *Agni* is the key principle in the management of *Sthaulya*.



Upadrava (Complications) of Sthaulya

If left untreated, *Sthaulya* can lead to various complications such as *Prameha* (diabetes), *Hridroga* (cardiovascular disorders), *Sandhivata* (joint disorders), and reduced lifespan. These complications arise due to long-standing imbalance of *Dosha*, accumulation of *Ama*, and obstruction of vital channels, highlighting the importance of early diagnosis and management.

Chikitsa Siddhanta²⁸ (Principles of Management) of Sthaulya

The management of *Sthaulya* in Ayurveda focuses on reducing *Kapha* and *Meda Dhatu*, correcting *Agni*, and clearing *Srotorodha*. Therapeutic approaches include *Langhana* (lightening therapy), *Lekhana* (scraping therapy), *Deepana* (enhancing digestive fire), and *Pachana* (digestion of *Ama*). Along with these, strict dietary regulation and lifestyle modifications such as regular exercise and avoidance of causative factors are essential for effective and long-term management of the disease.

OBESITY

Obesity is a chronic metabolic disorder characterized by excessive accumulation of body fat that adversely affects health. It is commonly assessed using Body Mass Index (BMI), where a BMI of 25–29.9 kg/m² is considered overweight and ≥30 kg/m² is classified as obesity. It is further divided into Class I (30–34.9), Class II (35–39.9), and Class III (≥40 kg/m²). Central obesity, measured by waist circumference and waist-hip ratio, is particularly important as it is strongly associated with metabolic and cardiovascular risks.²⁹

EPIDEMIOLOGY

Obesity has become a global epidemic affecting both developed and developing countries. Its prevalence is increasing rapidly due to urbanization, lifestyle changes, and dietary transitions. In India, obesity is rising significantly, especially in urban populations, contributing to the growing burden of non-communicable diseases such as diabetes, hypertension, and cardiovascular disorders.³⁰

ETIOLOGY AND RISK FACTORS

The development of obesity is multifactorial and involves a combination of dietary, lifestyle, genetic, and psychological factors. High intake of calorie-dense foods, processed items, and sugary beverages plays a major role. Sedentary lifestyle and lack of physical activity further contribute to weight gain. Genetic predisposition, endocrine disorders like hypothyroidism and PCOS, certain medications, and psychological factors such as stress and emotional eating also increase the risk of obesity.³¹

PATHOPHYSIOLOGY

Obesity results from a chronic imbalance between energy intake and expenditure, leading to excessive fat storage. It involves enlargement and multiplication of adipocytes along with hormonal disturbances. Insulin resistance is a key feature, resulting in impaired glucose

metabolism and increased fat deposition. Hormones like leptin and ghrelin regulate appetite and satiety, but their imbalance leads to overeating. Additionally, chronic low-grade inflammation caused by adipose tissue contributes to metabolic dysfunction and disease progression.³²

CLINICAL FEATURES

Obesity is characterized by increased body weight, excessive fat accumulation, and central obesity. Individuals may experience fatigue, reduced physical endurance, breathlessness on exertion, excessive sweating, and joint pain. Psychological issues such as low self-esteem, anxiety, and depression are also commonly observed.³³

COMPLICATIONS

Obesity is associated with multiple systemic complications affecting various organs. It significantly increases the risk of type 2 diabetes mellitus, hypertension, coronary artery disease, stroke, and dyslipidemia. It also contributes to osteoarthritis, sleep apnea, fatty liver disease, infertility, and certain cancers such as breast and colon cancer. These complications lead to increased morbidity and reduced quality of life.³⁴

DIAGNOSIS AND ASSESSMENT

Diagnosis of obesity is primarily based on BMI calculation, along with measurement of waist circumference and waist-hip ratio. Additional assessment includes body composition analysis and laboratory investigations such as blood glucose, lipid profile, thyroid function tests, and liver function tests. Evaluation of associated comorbidities is essential for proper management.³⁵

MANAGEMENT

Management of obesity requires a comprehensive and long-term approach focusing on lifestyle modification. Dietary changes include calorie restriction and balanced nutrition, while regular physical activity helps in increasing energy expenditure. Behavioral therapy is important to address psychological factors. In selected cases, pharmacological treatment and bariatric surgery may be required. Prevention through healthy lifestyle practices remains the most effective strategy to control obesity and its complications.³⁶

RESULT AND FINDINGS

- *Sthaulya* is identified as a *Kapha* predominant disorder with primary involvement of *Meda Dhatu*
- Impairment of *Jatharagni (Agnimandya)* is the key initiating factor in the pathogenesis
- Excess intake of *Guru, Snigdha, and Madhura Ahara* along with *Avyayama* and *Divaswapna* are major etiological factors
- Formation of *Ama* plays a significant role in metabolic disturbance and disease progression
- *Srotorodha* (obstruction of channels), especially *Medovaha Srotas*, is a crucial pathological event
- *Avarana* of *Vata Dosha* by *Kapha* and *Meda* further aggravates the condition
- Clinical features such as *Atisweda, Atikshudha, Atipipasa, and Kshudra Shwasa* are commonly observed
- *Sthaulya* shows strong correlation with modern obesity in terms of etiology and pathophysiology
- Increased *Meda Dhatu* leads to reduced physical efficiency and increased susceptibility to other diseases
- Ayurvedic management principles like *Langhana, Lekhana, Deepana, and Pachana* are found effective in breaking the pathogenesis
- Correction of *Agni* is the central therapeutic target in managing *Sthaulya*
- Lifestyle and dietary modifications play a crucial role in prevention and long-term management

DISCUSSION

Sthaulya is a multifactorial disorder in Ayurveda where imbalance of *Kapha Dosha*, vitiation of *Meda Dhatu*, and impairment of *Agni* play a central role. The review highlights that excessive intake of *Guru, Snigdha, and Madhura Ahara*, along with sedentary lifestyle factors such as *Avyayama* and *Divaswapna*, leads to *Agnimandya* and subsequent formation of *Ama*. This *Ama* further causes obstruction of *Srotas (Srotorodha)*, particularly *Medovaha Srotas*,

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resulting in abnormal fat accumulation. The concept of *Avarana* of *Vata* by *Kapha* and *Meda* explains the metabolic dysregulation and progression of the disease, which closely correlates with modern understanding of obesity involving metabolic slowdown and fat deposition.³⁷

From a modern perspective, obesity is associated with hormonal imbalance, insulin resistance, and chronic low-grade inflammation. These findings align well with Ayurvedic concepts of *Agnimandya* and *Ama*, where impaired metabolism leads to accumulation of toxic byproducts and disturbed tissue function. The role of adipose tissue as an active metabolic organ producing inflammatory mediators can be correlated with the pathological accumulation of *Meda Dhatu* and its systemic effects. Thus, both Ayurveda and modern science emphasize that obesity is not merely excess weight but a complex metabolic disorder affecting multiple systems of the body.³⁸

The management principles described in Ayurveda aim at addressing the root cause rather than only reducing body weight. Therapies such as *Langhana*, *Lekhana*, *Deepana*, and *Pachana* help in correcting *Agni*, reducing *Kapha* and *Meda*, and clearing *Srotorodha*. Along with therapeutic interventions, strict dietary control and lifestyle modifications are essential to prevent recurrence.³⁹ This holistic and individualized approach provides a sustainable solution for managing *Sthaulya* and its associated complications, making Ayurveda highly relevant in the current era of increasing lifestyle disorders.⁴⁰

CONCLUSION

Sthaulya is a significant metabolic disorder described in Ayurveda, primarily caused by imbalance of *Kapha Dosha*, vitiation of *Meda Dhatu*, and impairment of *Agni*. The review highlights that faulty dietary habits and sedentary lifestyle play a major role in its development through *Agnimandya*, *Ama* formation, and *Srotorodha*. The Ayurvedic understanding of *Sthaulya* closely correlates with modern concepts of obesity, emphasizing its multifactorial nature and systemic impact. Management focuses on correcting the root cause through *Langhana*, *Lekhana*, *Deepana*, and *Pachana* therapies along with proper diet and lifestyle modifications. Thus, Ayurveda provides a holistic, sustainable, and preventive approach for effective management of *Sthaulya* and its associated complications.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT –NONE

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