



Physiological Understanding of *Sthaulya* in *Ayurveda* w.s.r to Food and Lifestyle Habits

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ABSTRACT

Introduction: *Sthaulya* in *Ayurveda* is not just “being overweight” it’s an imbalance that affects physical health, mental well-being, and longevity. Classical texts describe it as an excessive build-up of Medas (fat tissue) due to weakened *Medodhatvagni* the metabolic force responsible for fat tissue transformation. This leads to overnourishment of fat and undernourishment of other body tissues. Modern science explains obesity as a chronic condition caused by excessive fat accumulation, often measured through Body Mass Index (BMI). Over recent decades, our food and lifestyle habits have shifted from wholesome, home-prepared meals and active routines to processed foods, erratic eating schedules, and sedentary living—closely mirroring the *Nidana* (causative factors) described in *Ayurveda*. This study focuses on unpacking these ancient physiological concepts and connecting them with modern lifestyle patterns

Aim: To explore the *Ayurvedic* physiological basis of *Sthaulya* and examine how food and lifestyle habits influence its development.

Materials and Methods: This paper draws on references from key *Ayurvedic* sources including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, supported by traditional commentaries. Modern references were taken from WHO reports, peer-reviewed medical journals, and recent studies on obesity. Dietary patterns and lifestyle influences were analyzed in both *Ayurvedic* and modern contexts.

Result:

1. Diet-Related Factors (*Ahara*):

- Frequent intake of heavy, oily, sweet, and cold foods.
- Eating more than the body can digest.
- High consumption of fried snacks, processed foods, and sugary drinks.
- Late-night meals and irregular eating patterns.

2. Lifestyle Factors (*Vihara*):

- Physical inactivity (*Avyayama*).
- Daytime sleeping (*Divaswapna*).
- Prolonged sitting or sedentary jobs.
- Poor sleep quality and chronic stress.

Discussion: From an *Ayurvedic* standpoint, *Sthaulya* develops when *Kapha* increases, digestive fire weakness, and nutrient channels become obstructed leading to the overproduction and storage of fat. This view aligns with modern science's explanation: consuming more calories than the body uses results in fat accumulation. Interestingly, *Ayurveda* described these patterns centuries ago high-calorie diets, lack of movement, irregular routines as direct contributors to weight gain. The classical remedy focuses on strengthening *Agni*, choosing *Kapha*-balancing foods, and incorporating regular movement into daily life. These preventive strategies are just as relevant now, especially in combating lifestyle diseases such as diabetes, hypertension, and metabolic syndrome.

Conclusion: *Sthaulya* is not merely a cosmetic concern it's a metabolic and lifestyle disorder that impacts overall health. *Ayurveda* offers a complete physiological explanation and a preventive framework based on balanced eating, regular activity, and maintaining digestive fire. Adopting these time-tested principles in modern contexts could help slow the rising global tide of obesity.

KEYWORDS: *Sthaulya*, obesity, *Agnimandhya*.

INTRODUCTION

Obesity has now emerged as one of the most pressing global health concerns. The rapid increase in fast food consumption and sedentary lifestyle patterns has played a major role in its spread. Once regarded merely as a lifestyle disorder, the World Health Organization (WHO) has officially recognized obesity as a disease. According to WHO, an individual with a body mass index (BMI) of 30 kg/m² or above falls into the obese category. As early as 1997, the WHO emphasized that obesity should not be underestimated, describing it as one of the most serious yet often overlooked health problems of modern times, with consequences that may even outweigh those of smoking. The prevalence of obesity continues to rise steadily in both developed and developing nations.

In *Ayurveda*, *Sthaulya* has been recognized in Ayurveda not merely as a condition of excess body weight, but as a complex imbalance affecting *Sharira*, *Manas* and *Ayu*. It is counted among the *Ashta Nindita Purusha* by *Acharya Charaka*, who emphasized its adverse impact on both health and aesthetics, as well as its role in predisposing individuals to other serious ailments¹. According to classical *Ayurvedic* understanding, *Sthaulya* is a disorder rooted in the excessive accumulation of *Meda Dhatu* arising due to the hypo-functioning of *Medo Dhatvagni*. This imbalance results in the overproduction and nourishment of fat tissue at the expense of the proper development of other *Dhatus*, leading to structural disproportion and functional derangement². *Acharya Sushruta* also considered *Sthaulya* to be a pathological condition arising due to disturbances in *Medovaha Srotas*, wherein the channels of fat metabolism become clogged, leading to impaired circulation and abnormal deposition of fat tissue³.

Aim

To explore the *Ayurvedic* physiological basis of *Sthaulya* and examine how food and lifestyle habits influence its development.

Objectives

1. To identify dietary habits that promote or aggravate *Sthaulya*.
2. To highlight lifestyle practices that contribute to its onset and progression.
3. correlate *Ayurvedic* insights with modern medical perspectives on obesity.

MATERIAL AND METHODS

The information on obesity has been compiled from classical *Ayurvedic* texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Ashtanga Sangraha*. In addition, contemporary data and research findings were collected from various scientific databases and search engines, including PubMed, Scopus, Medline, and Google Scholar. All the references were carefully reviewed, compared, and critically analyzed to ensure accuracy and comprehensiveness.

DISCUSSION

From an *Ayurvedic* view, *Sthaulya* arises due to increased *Kapha*, weak digestion, and blocked nutrient channels causing fat storage similar to modern science's idea of excess calorie intake. *Ayurveda* long ago linked rich diets, inactivity, and irregular routines to obesity. Its remedies focus on boosting *Agni*, eating *Kapha*-balancing foods, and regular exercise preventive measures still vital against lifestyle diseases like diabetes, hypertension, and metabolic syndrome.

Classification on the basis of BMI

1. Below 18.5: Underweight
2. 18.5-24.9: Normal weight
3. 25.0-29.9: Pre obesity or Overweight
4. 30.0-34.9: Obesity class 1
5. 35.0-39.9: Obesity class 2
6. Above 40: Obesity class 3

Etiology(*Nidana*)⁴

Aharaja Nidana

- *Adhyashana* – Eating before the previous meal is digested.
- *Atibruhana* – Consuming heavy, calorie-rich foods.
- *Madhura Ahara* – Excessive intake of sweet-tasting foods.
- *Sheeta Ahara* – Preference for cold meals.
- *Snigdha Ahara* – Overindulgence in oily and fatty foods.
- *Navanna* – Eating freshly harvested grains.

Viharaja Nidana

- *Avyayama* – Lack of adequate physical activity.
- *Avyavaya* – Absence of sexual activity.
- *Diwaswapna* – Sleeping during the day.
- *Asanasukha* – Spending long hours sitting in comfort.
- *Swapnaprasangat* – Oversleeping or irregular sleep.
- *Harshanitya* – Remaining in a state of constant pleasure or indulgence.

Manasika Nidana

- *Achintana* – Lack of thoughtful reflection or concern.
- *Manasonivrutti* – Excessive relaxation of the mind.
- *Saukhya* – Overindulgence in comfort and happiness.

*Rupa*⁵

Ayurveda describes *Sthaulya* as the abnormal accumulation of fat, particularly in the breasts, abdomen, and buttocks. An excessively obese (*Ati-sthoola*) person shows the following symptoms:

- *Javoparodha* – Restricted movement and sluggishness due to excess fat.
- *Krichhvyavaya* – Difficulty or inability in sexual activity as fat blocks normal reproductive pathways.

- *Dourbalya* – General weakness caused by imbalance and improper nourishment of body tissues (*Dhatus*).
- *Swedadhikya* – Excessive sweating as a result of aggravated *Medas* (fat) and *Kapha*.
- *Dourgandhya* – Foul body odor from excessive fat and sweating.
- *Pipasa & Kshudha Adhikya* – Increased thirst and hunger.
- *Ayushohrasa* – Shortened lifespan due to systemic burden on the body.

Samprapti⁶

The development of *Sthaulya* begins with the continuous intake of unhealthy causative factors (*Nidana Sevana*). This leads to the vitiation of *Kapha Dosha*, which in turn causes an abnormal increase in *Meda Dhatu*. As *Meda* accumulates, it obstructs the normal pathways of *Vata Dosha* in the abdomen. Blocked *Vata* then disturbs the digestive fire in the gastrointestinal tract, creating an excessive appetite and rapid digestion, which pushes the person to eat more and more. This vicious cycle of overeating, coupled with faulty metabolism, results in the manifestation of *Sthaulya*.

Chikitsa⁷

- *Nidana Parivarjana*: The foremost step in managing *Sthaulya* is avoiding causative factors. This includes refraining from improper diet (*Aharatmaka Nidana*), unhealthy lifestyle habits (*Viharatmaka Nidana*), and negative mental influences (*Mansika Nidana*).
- *Aptarpana Chikitsa*: Since *Sthaulya* is classified as a *Santarpanjanya Vyadhi* (a disorder caused by over-nourishment), the principle of *Aptarpana Chikitsa* (therapy by under-nourishment) is recommended. The aim is to reduce excessive body fat by correcting over-nourishment. For this reason, obese individuals are advised to consume food that is comparatively heavy and difficult to digest, yet low in carbohydrates and fats, as this helps to naturally curb the urge for overeating.

Within *Aptarpana Chikitsa*, three important measures of *Shat Upakrama* are emphasized:

1. *Langhana* – adopting fasting or light diet to reduce heaviness.
2. *Rukshana* – therapies that induce dryness in the body to counter excess fat and kapha.
3. *Swedana* – sweating therapies to mobilize and eliminate accumulated toxins and fat.

Pathya–Apathya in Sthaulya⁸

Pathya Aahar (Do's)	Apathya Aahar (Don't)
1. <i>Mudga</i> (green gram)	1. <i>Navanna</i> (newly harvested rice)
2. <i>Masura</i> (lentil)	2. <i>Shali</i> (fine rice)
3. <i>Yava</i> (barley)	3. <i>Masha</i> (black gram)
4. <i>Rajmasha</i> (kidney beans)	4. <i>Godhuma</i> (wheat)
5. <i>Kulattha</i> (horse gram)	5. <i>Taila, Madhuraphala</i>
6. <i>Patola</i> (pointed gourd)	6. <i>Navanita</i> (fresh butter)
7. <i>Takra</i> (buttermilk)	7. <i>Dadhi</i> (curd)
8. <i>Madhu</i> (honey)	8. <i>Ikshu</i> (sugarcane & products)
9. <i>Ushnodaka</i> (warm water)	9. <i>Anupa Mamsa, Audaka Mamsa</i>
Pathya Vihar (Do's)	Apathya Vihar (Don't)
1. <i>Nitya Langhana</i> (regular reducing measures)	1. <i>Avyayama</i> (lack of exercise)
2. <i>Chintana</i> (critical thinking)	2. <i>Avyavaya</i> (lack of sexual activity/pleasure)

3. <i>Shrama</i> (physical exertion)	3. <i>Swapna Prasanga</i> (oversleeping)
4. <i>Krodha</i> (controlled anger)	4. <i>Sukha Shaiyya</i> (excessive comfort, soft bedding)
5. <i>Shoka</i> (grief, despair – moderate)	5. <i>Nitya Harsha</i> (constant indulgence in pleasure)
6. <i>Vyavaya</i> (sexual activity in moderation)	6. <i>Achintana</i> (lack of mental engagement)
7. <i>Jagarana</i> (wakefulness, avoiding excessive sleep)	7. <i>Manaso Nivritti</i> (mental inactivity)
	8. <i>Sheetala Jala Snana</i> (cold-water bath)
	9. <i>Divaswapa</i> (daytime sleeping)

CONCLUSION

Sthaulya is described by *Acharya Charaka* as a disorder arising from *Santarpanottha Vikara* (over-nourishment), for which *Apatarpana Chikitsa* is the main line of treatment. In modern terms, this corresponds to increasing physical activity and reducing daily calorie intake. The classical *Nidanas* of *Sthaulya* are now evolving with time. Today, stress, irregular eating habits, sedentary lifestyle, and lack of awareness about fitness have emerged as the major contributors. The prevalence of obesity is rising at an alarming rate, and if unchecked, it has the potential to become an epidemic. Hence, spreading awareness about obesity and its serious health risks is a pressing need. *Ayurveda* emphasizes a holistic approach through the *Trisutra- Ahara* (diet), *Vihara* (lifestyle), and *Aushadhi* (medications). Effective management of *Sthaulya* requires a deep understanding of its causes, symptoms, aggravating and relieving factors, and underlying pathophysiology. Only then can accurate diagnosis and appropriate treatment be achieved.

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