

Medoroga: An Ayurvedic Perspective on Obesity and Metabolic Disorders with Contemporary Correlations

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Abstract—Medoroga, a condition described in Ayurveda, represents a pathological increase of MedaDhatu (adipose tissue) and is conceptually comparable to obesity and metabolic syndrome in modern medicine. The disorder originates from Agnimandya (impaired metabolic fire), KaphaDoshaVridhi, and dysfunction of MedovahaSrotas, leading to abnormal fat deposition and systemic metabolic imbalance. Classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, and AshtangaHridaya, provide detailed insights into its etiopathogenesis, clinical manifestations, complications, and management. Contemporary evidence highlights a dramatic rise in obesity and metabolic disorders globally and in India, driven by sedentary lifestyles and dietary changes. Emerging research emphasizes metabolic dysfunction, inflammation, and insulin resistance as key mechanisms, which closely parallel Ayurvedic concepts of Ama, Srotorodha, and DushtaMeda. This review integrates classical Ayurvedic principles with modern scientific understanding, emphasizing a holistic, preventive, and therapeutic framework for managing Medoroga.

Index Terms—Medoroga, Sthoulya, Obesity, Metabolic Syndrome, MedaDhatu, KaphaDosha, Agnimandya, Ayurveda

I. INTRODUCTION

Obesity and metabolic syndrome are major global health challenges, contributing significantly to morbidity and mortality. Current estimates indicate that over 1.9 billion adults are overweight, with more than 650 million classified as obese. In India, the burden is rapidly increasing, with over 135 million individuals affected.

Ayurveda describes a comparable condition as Medoroga or Sthoulya, categorized under SantarpanajanyaVyadhi (diseases due to over-nourishment). Acharya Charaka identifies

AtiSthoulya among the AshtaNinditaPurusha (eight undesirable conditions), highlighting its association with reduced lifespan and increased disease susceptibility:

“अष्टौनिन्दिताः पुरुषाः”

(Charaka Samhita, Sutrasthana 21/3)

This demonstrates that obesity has long been recognized as a significant health concern in classical Ayurvedic literature.

II. AIMS AND OBJECTIVES

- To critically analyze Medoroga based on Ayurvedic classical texts
- To explore its etiopathogenesis and clinical presentation
- To evaluate classical management strategies
- To correlate Ayurvedic concepts with modern metabolic disorders

III. MATERIALS AND METHODS

This study is a narrative review based on:

Classical Ayurvedic texts: Charaka Samhita, Sushruta Samhita, AshtangaHridaya

Contemporary scientific literature on obesity and metabolic syndrome

Epidemiological data from national and global studies

Nidana (Etiological Factors)

Charaka identifies the primary causative factors of Medoroga as:

“अव्यायामदिवास्वप्नस्निग्धमधुरभोजनम्”

(Charaka Samhita, Sutrasthana 21/4)

प्रमुखकारणः

Excess intake of Madhura, Snigdha, and Guru Ahara
 Physical inactivity (Avyayama)
 Day sleep (Divaswapna)
 Genetic predisposition (BeejaDosha)
 Psychological factors such as stress and overeating
 These factors result in KaphaVridhhi and abnormal accumulation of MedaDhatu.

Samprapti (Pathogenesis)

The pathogenesis of Medoroga involves a cascade of metabolic disturbances:
 Agnimandya (impaired digestion and metabolism)
 Formation of Ama (toxic metabolites)
 KaphaDosha aggravation
 Excessive accumulation of MedaDhatu
 Srotorodha (obstruction of channels)
 “मेदोवहस्रोतसांअवरोध”

(Charaka Samhita, Chikitsasthana 15)

This creates a vicious cycle where increased Meda further suppresses Agni, worsening metabolic dysfunction.

Lakshana (Clinical Features)

Charaka describes characteristic features of Medoroga:

“चलास्फिकुडरस्तन”

(Charaka Samhita, Sutrasthana 21/9)

प्रमुखलक्षणः

Pendulous abdomen, buttocks, and breasts
 Excessive sweating (Swedadhikya)
 Lethargy (Alasya)
 Dyspnea on exertion (KshudraShwasa)
 Increased appetite (Atikshudha) and thirst (Trishna)

Upadrava (Complications)

Medoroga predisposes individuals to multiple systemic disorders:

“अल्पायु”

(Charaka Samhita, Sutrasthana 21/4–8)

Complications include:
 Prameha (Diabetes Mellitus)
 Hypertension
 Cardiovascular diseases

Infertility and hormonal imbalance
 Reduced lifespan

Modern Epidemiological Correlation

Recent studies highlight the growing burden of obesity:
 Obesity increases the risk of metabolic syndrome by nearly five times

High prevalence of metabolic syndrome in Indian adults

Significant proportion of individuals exhibit “metabolic obesity” despite normal BMI (ICMR-INDIAB Study, 2025)

This aligns with the Ayurvedic concept of Srotorodha and DushtaMeda, where metabolic dysfunction may exist even without overt obesity.

Pathophysiological Correlation:

Ayurveda vs Modern Science

Ayurvedic Concept	Modern Interpretation
Agnimandya	Reduced metabolic rate / insulin resistance
Ama formation	Chronic inflammation / toxic metabolites
KaphaVridhhi	Lipid accumulation, adiposity
MedaVridhhi	Obesity, dyslipidemia
Srotorodha	Atherosclerosis, metabolic blockage

Modern research supports that obesity involves:

Insulin resistance
 Chronic low-grade inflammation
 Dyslipidemia
 Increased cardiovascular risk

Chikitsa (Management)

1. NidanaParivarjana
 Avoidance of causative factors remains the primary step.

2. ShodhanaChikitsa

Vamana – elimination of Kapha
 Virechana – metabolic correction
 LekhanaBasti – reduction of Meda

“लेखनमेदसः श्रेष्ठम्”

3. ShamanaChikitsa

Use of Lekhana and Medohara drugs:

Triphala

Guggulu

Musta

Haridra

Vacha

Specific yoga mentioned in BhaishajyaRatnavali

1. Vidangadichurna 2-4 gm with honey. (Bh. R. 39/11)
2. Vidangadiloha 500mg -1gm (Bh R 39/22-25)
3. NavakGugglu 500mg -1gm (Bh.R 39/42)
4. Erandpatrakshar 500mg + shudhHINGA 500mg (Bh R 39/20)

4. Ahara (Dietary Management)

Recommended:

Yava (barley)

Mudga (green gram)

Takra (buttermilk)

To Avoid:

Sugary foods

High-fat diet

Excess dairy

5. Vihara (Lifestyle Management)

Regular exercise (Vyayama)

Avoidance of day sleep

Yoga and Pranayama

Sushruta emphasizes physical activity as essential for reducing Meda.

IV. DISCUSSION

Medoroga represents a complex metabolic disorder rather than merely excessive body weight. Contemporary research highlights adipose tissue dysfunction, chronic inflammation, and metabolic imbalance as central mechanisms.

The ICMR-INDIAB study underscores that metabolic abnormalities may occur even in individuals with normal BMI, emphasizing the importance of metabolic health over anthropometric measures.

Ayurveda provides a deeper insight by focusing on:

Agni (metabolic regulation)

Ama (metabolic toxins)

Srotas (microcirculation and channels)

Thus, it offers a predictive, preventive, and personalized approach, complementing modern biomedical models.

V. CONCLUSION

Medoroga is a classical representation of metabolic syndrome described in Ayurveda. Both traditional and modern perspectives emphasize the role of lifestyle and metabolic dysfunction in disease development. Ayurvedic management centered on Agnideepana, KaphaShamana, and MedoharaChikitsa provides a comprehensive and sustainable strategy for prevention and treatment. Early intervention targeting metabolic health is crucial to reducing the burden of obesity-related disorders.

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