

Sthaulya As a Santarpanottha Vyadhi: Classical Insights and Modern Relevance

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Abstract—Background: Obesity has emerged as one of the most significant public health challenges worldwide, contributing substantially to morbidity, mortality, and healthcare expenditure. It is associated with numerous metabolic disorders, including type 2 diabetes mellitus, hypertension, dyslipidemia, and cardiovascular diseases. Ayurveda describes a condition analogous to obesity under the term *Sthaulya*, which is recognized as one of the *Ashta Nindita Purusha* and is primarily considered a *Santarpanottha Vyadhi*—a disease resulting from excessive nourishment and overnutrition. The classical Ayurvedic understanding of *Sthaulya* encompasses dietary, lifestyle, metabolic, and psychological factors that contribute to abnormal accumulation of *Meda Dhatu*. **Objective:** To review the Ayurvedic concept of *Sthaulya* as a *Santarpanottha Vyadhi* and explore its relevance in understanding the etiopathogenesis and management of obesity in the modern era. **Materials and Methods:** This review is based on a critical analysis of classical Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with contemporary scientific literature on obesity, metabolic syndrome, and related metabolic disorders. Relevant concepts such as *Santarpana*, *Meda Dhatu*, *Agni*, *Ama*, and *Medovaha Srotas* were reviewed and correlated with modern biomedical understanding. **Results:** Classical Ayurvedic literature identifies excessive intake of *Guru*, *Snigdha*, and *Madhura* foods, along with sedentary habits, lack of physical activity, and psychological comfort-seeking behaviors, as principal causative factors for *Sthaulya*. These factors lead to *Agnimandya*, *Kapha* and *Meda Vriddhi*, and dysfunction of *Medovaha Srotas*. The resulting pathological process closely parallels modern concepts of positive energy balance, adipose tissue accumulation, metabolic dysregulation, chronic low-grade inflammation, and insulin resistance. Ayurvedic management emphasizes *Nidana Parivarjana*, *Shodhana* therapies, *Shamana* measures, dietary regulation, and lifestyle modifications aimed at restoring

metabolic balance. **Conclusion:** The Ayurvedic concept of *Sthaulya* as a *Santarpanottha Vyadhi* provides a comprehensive framework for understanding obesity beyond mere weight gain. The classical descriptions of *Agnimandya*, *Meda Vriddhi*, and *Srotodushti* exhibit remarkable similarity to contemporary concepts of metabolic dysfunction. Integrating these traditional insights with modern approaches may offer a holistic strategy for the prevention and management of obesity and its associated complications.

Index Terms—*Sthaulya*, *Santarpanottha Vyadhi*, *Obesity*, *Meda Dhatu*, *Agni*, *Medovaha Srotas*, *Metabolic Syndrome*, *Ayurveda*.

I. INTRODUCTION

Obesity has become one of the most serious public health concerns of the twenty-first century. The World Health Organization (WHO) defines obesity as an abnormal or excessive accumulation of fat that presents a risk to health. The prevalence of obesity has increased dramatically over the past few decades owing to rapid urbanization, dietary transitions, reduced physical activity, and sedentary lifestyles. According to recent global estimates, obesity affects millions of individuals worldwide and is recognized as a major risk factor for non-communicable diseases such as type 2 diabetes mellitus, hypertension, dyslipidemia, cardiovascular disorders, osteoarthritis, and certain malignancies.^{1,2}

The burden of obesity is particularly alarming in developing countries such as India, where socioeconomic changes, altered food habits, and reduced physical exertion have contributed significantly to the rising prevalence of overweight and obesity. The condition not only affects physical

health but also impairs psychological well-being, quality of life, and economic productivity. Consequently, obesity has emerged as a multifactorial disease requiring comprehensive preventive and therapeutic approaches.³

Ayurveda, the ancient science of life, has described obesity under the term *Sthaulya* or *Medoroga*. Long before the development of modern concepts of obesity and metabolic syndrome, Ayurvedic scholars recognized excessive accumulation of body fat as a pathological condition resulting from derangement of metabolic processes. *Sthaulya* is enumerated among the *Ashta Nindita Purusha* (eight undesirable physical constitutions) described by Acharya Charaka. Individuals suffering from *Atisthaulya* are considered susceptible to various physical, metabolic, and psychosocial complications, thereby highlighting the clinical significance of the disease.⁴

The pathogenesis of *Sthaulya* is primarily linked with excessive nourishment and overnutrition, a concept elaborately described in Ayurveda as *Santarpana*. Diseases resulting from excessive nutrition are collectively termed *Santarpanottha Vyadhi*. Excessive intake of *Guru* (heavy), *Snigdha* (unctuous), *Madhura* (sweet), and calorie-dense foods, coupled with lack of physical activity (*Avyayama*), excessive sleep (*Divaswapa*), and a sedentary lifestyle, leads to abnormal increase of *Kapha Dosha* and *Meda Dhatu*.⁵ These etiological factors remarkably resemble the risk factors identified in modern medicine for obesity and related metabolic disorders.

According to Ayurvedic principles, the development of *Sthaulya* involves disturbances in *Agni*, particularly *Medodhatwagni*. Impairment of metabolic fire (*Agnimandya*) results in improper metabolism of nutrients, leading to excessive formation and accumulation of *Meda Dhatu*. Simultaneously, obstruction of body channels (*Srotorodha*) occurs due to increased adiposity, which further aggravates metabolic dysfunction.⁶ This classical explanation bears striking similarity to contemporary understanding of obesity, which involves altered energy metabolism, adipose tissue dysfunction, chronic low-grade inflammation, insulin resistance, and metabolic syndrome.

Acharya Charaka has described several complications associated with *Atisthaulya*, including reduced lifespan (*Ayusho Hras*), diminished enthusiasm

(*Javoparodha*), impaired sexual function (*Kruchchhra Vyavayata*), weakness (*Daurbalya*), excessive sweating (*Swedabadha*), increased hunger (*Atikshudha*), and excessive thirst (*Atipipasa*).⁴ These manifestations indicate that obesity is not merely a cosmetic concern but a systemic disorder affecting multiple physiological functions. Many of these classical features can be correlated with complications observed in modern obese individuals, including exercise intolerance, metabolic disturbances, cardiovascular burden, and reduced quality of life.

Recent advances in biomedical sciences have demonstrated that obesity is associated with chronic low-grade inflammation, oxidative stress, hormonal imbalance, and dysregulation of adipokines. Interestingly, these pathological mechanisms may be interpreted through Ayurvedic concepts such as *Ama*, *Agnimandya*, *Kapha Vriddhi*, and *Medovaha Srotodushti*. Such correlations provide opportunities for developing an integrative understanding of obesity that combines traditional wisdom with modern scientific evidence.⁷

The management of obesity remains a major challenge despite the availability of various dietary interventions, pharmacological agents, and surgical procedures. Relapse and long-term weight maintenance continue to be significant concerns. Ayurveda offers a holistic approach through *Nidana Parivarjana*, dietary regulation, lifestyle modification, *Shodhana* therapies, and *Shamana* measures aimed at correcting the underlying metabolic imbalance rather than merely reducing body weight.⁸

In view of the increasing global burden of obesity and the growing interest in traditional systems of medicine, a comprehensive review of *Sthaulya* as a *Santarpanottha Vyadhi* is highly relevant. Understanding the classical Ayurvedic perspective and its correlation with modern concepts may contribute to the development of effective preventive and therapeutic strategies for obesity and its associated metabolic disorders.

II. CONCEPT OF SANTARPANA AND SANTARPANOTTHA VYADHI

2.1. Nirukti and Meaning of Santarpana

The term *Santarpana* is derived from the Sanskrit root "*Trup*" meaning satisfaction, nourishment, or satiation. The prefix "*Sam*" denotes adequacy or

excessiveness. Thus, *Santarpana* refers to adequate or excessive nourishment of the body through food and lifestyle practices. In Ayurveda, nourishment is essential for the maintenance of health; however, when nourishment exceeds physiological requirements, it becomes a causative factor for various diseases. Such excessive nourishment leads to abnormal increase of *Kapha Dosha*, *Meda Dhatu*, and other body tissues, resulting in metabolic disturbances.⁹ Acharya Charaka classified diseases into two broad categories based on nutritional status: *Santarpanotha Vyadhi* (diseases caused by overnutrition) and *Apatarpanotha Vyadhi* (diseases caused by undernutrition).¹⁰ This classification demonstrates the profound understanding of nutritional disorders in Ayurveda and highlights the importance of maintaining equilibrium in dietary intake and metabolism.

2.2. Concept of Santarpanotha Vyadhi

Santarpanotha Vyadhi refers to diseases arising from excessive consumption of nourishing substances and indulgence in lifestyle practices that promote tissue overgrowth. According to Acharya Charaka, excessive intake of *Madhura* (sweet), *Snigdha* (unctuous), *Guru* (heavy), and *Sheeta* (cold) foods along with physical inactivity, excessive sleep, and luxurious living contributes to the development of disorders associated with *Kapha* and *Meda* predominance.¹¹

The fundamental pathology of *Santarpanotha Vyadhi* involves excessive accumulation of nutrients beyond the body's metabolic capacity. This results in *Agnimandya* (diminished digestive and metabolic activity), leading to improper transformation of nutrients and subsequent tissue dysfunction. As a consequence, *Kapha Dosha* and *Meda Dhatu* undergo abnormal increase, causing obstruction of body channels (*Srotorodha*) and impairment of physiological functions.¹²

Among all *Santarpanotha Vyadhi*, *Sthaulya* is considered one of the most significant disorders because it serves as a precursor to several other diseases. The excessive accumulation of adipose tissue not only affects body composition but also predisposes individuals to metabolic, cardiovascular, and endocrine abnormalities. This concept closely resembles the modern understanding of obesity as a central factor in the development of metabolic syndrome.¹³

2.3. Nidana of Santarpanotha Vyadhi

Ayurvedic classics have described numerous dietary and lifestyle factors responsible for excessive nourishment and tissue accumulation.

Aharaja Nidana (Dietary Factors)

- Excessive consumption of *Madhura Rasa*
- Frequent intake of *Guru Ahara*
- Excessive use of *Snigdha Ahara*
- Overeating and repeated eating before digestion of previous meals
- High-calorie and nutrient-dense foods

Viharaja Nidana (Lifestyle Factors)

- *Avyayama* (lack of physical activity)
- *Divaswapa* (daytime sleep)
- Sedentary habits
- Excessive comfort and luxury
- Minimal physical exertion

Manasika Nidana (Psychological Factors)

- *Achintana* (absence of mental stress or excessive relaxation)
 - *Harsha Nityatva* (continuous indulgence in pleasure)
 - Psychological tendencies leading to overeating
- These factors collectively promote *Kapha Vriddhi* and *Meda Vriddhi*, thereby initiating the pathological process of *Santarpanotha Vyadhi*.^{11,12}

2.4. Samanya Samprapti of Santarpanotha Vyadhi

The general pathogenesis of diseases caused by overnutrition can be summarized as follows:

Excessive intake of nourishing foods and sedentary lifestyle

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Kapha Prakopa

↓

Agnimandya

↓

Improper metabolism of nutrients

↓

Meda Dhatu Vriddhi

↓

Srotorodha

↓

Manifestation of Santarpanotha Vyadhi

This sequence indicates that the root pathology lies in the imbalance between nutritional intake and metabolic utilization. When nutrient supply persistently exceeds metabolic demand, abnormal tissue accumulation occurs, ultimately resulting in disease manifestation.¹²

2.5. Modern Interpretation of Santarpana

The concept of *Santarpana* can be correlated with the modern phenomenon of chronic positive energy balance, wherein caloric intake consistently exceeds energy expenditure. Excess consumption of calorie-dense foods, processed diets rich in fats and sugars, reduced physical activity, prolonged sitting, and psychological eating behaviors contribute to excessive adipose tissue accumulation. Over time, this leads to obesity, insulin resistance, dyslipidemia, hypertension, and other metabolic disorders.^{13,14}

The Ayurvedic description of *Santarpanotha Vyadhi* remarkably parallels modern concepts of overnutrition and metabolic syndrome. The involvement of *Kapha*, *Meda*, *Agnimandya*, and *Srotorodha* provides a comprehensive framework for understanding the pathogenesis of obesity and related disorders from a holistic perspective.

Table 1: Correlation of Santarpana Nidana with Modern Risk Factors

Ayurvedic Factor	Modern Correlation
Madhura Ahara	High sugar diet
Guru Ahara	High-calorie food
Snigdha Ahara	High-fat diet
Avyayama	Physical inactivity
Divaswapa	Sedentary lifestyle
Sukha Jeevana	Reduced energy expenditure
Harsha Nityatva	Hedonic eating behavior
Santarpana	Chronic overnutrition

Thus, the Ayurvedic concept of *Santarpanotha Vyadhi* reflects a sophisticated understanding of nutritional excess and its consequences, establishing the foundation for understanding *Sthaulya* as a metabolic disorder arising from overnourishment.

III. CLASSICAL CONCEPT OF STHAULYA

3.1. Nirukti of Sthaulya

The term *Sthaulya* is derived from the Sanskrit word “*Sthula*”, which denotes bulkiness, corpulence,

largeness, or excessive body size. A person possessing an abnormal increase in body mass due to excessive accumulation of *Meda Dhatu* and *Mamsa Dhatu* is referred to as *Sthula*, while the pathological condition itself is termed *Sthaulya*.¹⁵

Ayurveda recognizes *Sthaulya* not merely as an increase in body weight but as a disorder involving qualitative and quantitative derangement of body tissues, particularly *Meda Dhatu*. It is considered a disease of impaired metabolism, excessive nourishment, and disturbed tissue homeostasis.

3.2. Definition of Sthaulya

Acharya Charaka defines *Atisthaulya* as a condition in which there is excessive accumulation of *Meda* and *Mamsa Dhatu*, resulting in disproportionate enlargement and pendulous movement of the buttocks (*Sphika*), abdomen (*Udara*), and breasts (*Stana*).¹⁶

“Medomamsativridhatvat chalasphikudara-stanah”

This classical definition highlights the characteristic clinical manifestations of obesity and indicates that *Sthaulya* is primarily a disorder of excessive fat deposition.

Acharya Sushruta has also described *Sthaulya* as a pathological state caused by excessive nourishment and accumulation of body tissues, particularly *Meda Dhatu*, leading to diminished physical efficiency and susceptibility to various diseases.¹⁷

3.3. Sthaulya as Ashta Nindita Purusha

Acharya Charaka has included *Atisthula Purusha* among the *Ashta Nindita Purusha* (eight undesirable bodily constitutions). These eight constitutions are considered undesirable because they are associated with physical, physiological, psychological, and social disadvantages.¹⁶

The eight undesirable constitutions are:

1. Atidīrgha (excessively tall)
2. Atihrasva (excessively short)
3. Atiloma (excessively hairy)
4. Aloma (hairless)
5. Atikrishna (excessively dark)
6. Atigaura (excessively fair)
7. Atisthula (obese)
8. Atikrishna (emaciated)

Among these, *Atisthula* is regarded as particularly important because of its association with multiple systemic complications and reduced life expectancy.

3.4. Etiological Factors (Nidana) of Sthaulya

The causative factors of *Sthaulya* can be broadly classified into dietary, lifestyle, psychological, and hereditary factors.

Aharaja Nidana

Dietary factors play a major role in the development of *Sthaulya*. Ayurveda emphasizes that excessive intake of foods possessing *Guru*, *Snigdha*, *Madhura*, and *Sheeta* qualities promotes *Kapha* and *Meda* accumulation.¹⁸

Important dietary factors include:

- Excessive intake of sweet foods (*Madhura Ahara*)
- Heavy and difficult-to-digest foods (*Guru Ahara*)
- Unctuous and fatty foods (*Snigdha Ahara*)
- Excessive consumption of milk and milk products
- Frequent overeating
- Excessive caloric intake

Viharaja Nidana

Lifestyle factors significantly contribute to the pathogenesis of *Sthaulya*. Reduced physical activity decreases metabolic expenditure and promotes tissue accumulation.¹⁸

Major lifestyle factors include:

- *Avyayama* (lack of exercise)
- *Divaswapa* (day sleep)
- Sedentary habits
- Excessive comfort and luxury
- Lack of physical exertion

Manasika Nidana

Psychological factors have also been implicated in the development of obesity. Acharya Charaka mentions conditions associated with mental satisfaction and reduced psychological strain as contributory factors.¹⁶

These include:

- *Achintana* (absence of mental stress)
- *Harsha Nityatva* (continuous pleasure)
- Emotional indulgence
- Excessive relaxation

Beeja Dosha

Ayurveda recognizes hereditary predisposition as an important factor in disease manifestation. Individuals

born with a tendency toward *Meda* predominance may be more susceptible to developing *Sthaulya*.¹⁹

Table 2: Nidana of Sthaulya

Category	Etiological Factors
Aharaja	Guru, Snigdha, Madhura Ahara, overeating
Viharaja	Avyayama, Divaswapa, sedentary lifestyle
Manasika	Achintana, Harsha Nityatva
Hereditary	Beeja Dosha
Metabolic	Agnimandya

3.5. Purvarupa (Premonitory Symptoms)

Ayurvedic classics have not described a detailed list of *Purvarupa* specific to *Sthaulya*. However, gradual increase in body weight, excessive accumulation of adipose tissue, heaviness of the body (*Gaurava*), reduced physical efficiency, and increased tendency toward excessive sleep and sweating may be considered early indicators of the disease.²⁰

These manifestations reflect progressive impairment of metabolic functions and increasing *Kapha-Meda* dominance before the disease becomes fully established.

3.6. Rupa (Clinical Features) of Sthaulya

The characteristic clinical manifestations of *Sthaulya* arise due to excessive accumulation of *Meda Dhatu* and consequent metabolic disturbances.

Cardinal Features

- Excessive deposition of fat in buttocks, abdomen, and breasts
- Pendulous movement of these body parts during walking
- Increased body bulk
- Heaviness of the body (*Gaurava*)
- Reduced physical activity

Associated Features

Acharya Charaka has described eight major defects (*Doshas*) associated with *Atisthaulya*:¹⁶

1. Ayusho Hras – Reduced lifespan
2. Javoparodha – Reduced physical activity and agility
3. Kruchchhra Vyavayata – Difficulty in sexual activity
4. Daurbalya – General weakness
5. Dourgandhya – Foul body odor

- 6. Swedabadha – Excessive sweating
- 7. Atikshudha – Excessive hunger
- 8. Atipipasa – Excessive thirst

These complications indicate that *Sthaulya* is a systemic disorder affecting multiple physiological systems rather than merely an increase in body weight.

3.7. Importance of Sthaulya in Ayurveda

Ayurvedic scholars regarded *Sthaulya* as a clinically significant disease because it serves as a precursor to many other disorders involving *Kapha*, *Meda*, and impaired metabolism. The condition adversely affects longevity, physical efficiency, reproductive health, and overall quality of life. Furthermore, the causative factors and clinical manifestations described in Ayurvedic classics closely resemble modern risk factors and complications associated with obesity.

The detailed understanding of *Sthaulya* in Ayurveda demonstrates the remarkable foresight of ancient physicians in recognizing obesity as a multifactorial metabolic disorder arising from excessive nourishment and disturbed tissue metabolism.

IV. SAMPRAPTI OF STHAULYA AND MODERN CORRELATION

The pathogenesis (*Samprapti*) of *Sthaulya* is primarily centered around excessive nourishment (*Santarpana*), derangement of *Agni*, aggravation of *Kapha Dosha*, and abnormal increase of *Meda Dhatu*. Excessive consumption of *Guru*, *Snigdha*, and *Madhura Ahara* along with *Avyayama* and *Divaswapa* leads to *Kapha Vriddhi* and impairment of *Jatharagni*. Consequently, nutrients are inadequately metabolized, resulting in excessive production and accumulation of *Meda Dhatu*. The increased *Meda* obstructs various body channels (*Srotorodha*), causing further metabolic disturbances and establishing a vicious cycle of adiposity and tissue dysfunction.²¹

Samprapti Ghataka

- Dosha: Kapha (predominant), Vata (Avarita)
- Dushya: Meda, Mamsa, Rasa
- Agni: Jatharagni and Medodhatwagni Mandya
- Srotas: Medovaha Srotas
- Udbhava Sthana: Amashaya
- Adhisthana: Meda Dhatu
- Roga Marga: Abhyantara

Samprapti

Nidana Sevana (*Guru, Snigdha, Madhura Ahara*)

↓

Kapha Vriddhi

↓

Agnimandya

↓

Excessive Meda Formation

↓

Medovaha Srotodushti

↓

Srotorodha

↓

Vata Avarana

↓

Sthaulya

The Ayurvedic concept of *Agnimandya* can be correlated with impaired metabolic efficiency, while *Ama* and *Srotorodha* resemble chronic inflammation and metabolic dysfunction observed in obesity. Increased adipose tissue acts as an endocrine organ producing inflammatory mediators, leading to insulin resistance, dyslipidemia, and metabolic syndrome. Thus, the classical explanation of *Sthaulya* closely parallels the modern pathophysiology of obesity.^{22,23}

V. STHAULYA AND MODERN OBESITY: AN INTEGRATIVE PERSPECTIVE

Modern medicine defines obesity as excessive fat accumulation resulting from chronic energy imbalance, where caloric intake exceeds energy expenditure. Body mass index (BMI) is commonly used to classify overweight and obesity. However, obesity is now recognized as a complex metabolic disease involving genetic, environmental, behavioral, endocrine, and inflammatory factors.²⁴

The Ayurvedic concept of *Sthaulya* remarkably resembles modern obesity in terms of causative factors, pathogenesis, clinical manifestations, and complications. Excessive consumption of calorie-dense foods, sedentary habits, and psychological indulgence described in Ayurveda correspond closely to modern lifestyle risk factors. Similarly, *Meda Vriddhi*, *Agnimandya*, and *Srotorodha* may be correlated with adiposity, metabolic dysfunction, and insulin resistance respectively.

Table 3: Ayurvedic and Modern Correlation of Sthaulya

Ayurvedic Concept	Modern Correlation
Santarpana	Overnutrition
Agnimandya	Metabolic impairment
Ama	Chronic inflammation
Meda Vriddhi	Adipose tissue accumulation
Srotorodha	Insulin resistance
Kapha Vriddhi	Obesity tendency
Medovaha Srotodushti	Adipose tissue dysfunction

The increasing prevalence of obesity worldwide highlights the relevance of Ayurvedic principles in understanding and addressing this growing health challenge.

VI. AYURVEDIC MANAGEMENT OF STHAULYA

The management of *Sthaulya* aims not only at reducing body weight but also at correcting the underlying metabolic disturbances responsible for excessive *Meda* accumulation.

6.1. Nidana Parivarjana

Avoidance of causative factors forms the cornerstone of treatment. Patients are advised to restrict *Guru*, *Snigdha*, and *Madhura Ahara*, avoid overeating, daytime sleep, and sedentary habits while adopting regular physical activity and disciplined lifestyle practices.²¹

6.2. Shodhana Chikitsa

Vamana Karma

As *Sthaulya* is predominantly a *Kapha-Meda* disorder, *Vamana* is considered an important purification therapy. It eliminates aggravated *Kapha* and helps restore metabolic balance.²⁵

Virechana Karma

Virechana assists in correcting *Pitta* and metabolic dysfunction, facilitating proper tissue metabolism and reducing excessive adiposity.

Lekhana Basti

Lekhana Basti possesses scraping (*Lekhana*) and channel-cleansing properties that help reduce excessive *Meda* and improve metabolic activity.

6.3. Shamana Chikitsa

Various Ayurvedic drugs possessing *Medohara*, *Lekhana*, and *Deepana-Pachana* properties have been described.

Table 4: Important Ayurvedic Interventions in Sthaulya

Intervention	Therapeutic Action
Triphala	Lekhana, Anulomana
Guggulu	Medohara
Musta	Deepana-Pachana
Shunthi	Agni Deepana
Vidanga	Lekhana

6.4. Vyayama and Lifestyle Modification

Acharya Charaka has emphasized the importance of *Vyayama* in reducing *Kapha* and *Meda*. Regular exercise enhances energy expenditure, improves metabolism, and prevents recurrence of obesity. Dietary discipline combined with physical activity remains the most effective long-term strategy for weight management.²¹

VII. DISCUSSION

The Ayurvedic concept of *Sthaulya* demonstrates a sophisticated understanding of obesity as a multifactorial metabolic disorder. Long before the advent of modern nutritional sciences, Ayurvedic scholars recognized excessive nourishment (*Santarpana*) as a major cause of disease. The description of *Guru*, *Snigdha*, and *Madhura Ahara*, lack of physical activity, and excessive sleep as etiological factors closely mirrors current scientific knowledge regarding obesity risk factors.

The central role of *Agnimandya* in the pathogenesis of *Sthaulya* is particularly noteworthy. Modern studies indicate that obesity is associated with metabolic dysfunction, altered energy utilization, and hormonal disturbances. Similarly, Ayurveda attributes the disease to impairment of digestive and tissue metabolism. The concept of *Ama* may be interpreted as toxic metabolic by-products and chronic inflammatory processes that contribute to obesity-related complications.

Furthermore, *Medovaha Srotodushti* and *Srotorodha* resemble contemporary concepts of adipose tissue dysfunction, endothelial impairment, and insulin resistance. These similarities suggest that Ayurvedic

principles provide a comprehensive framework for understanding obesity beyond simple weight gain. Unlike conventional approaches that primarily focus on calorie restriction, Ayurveda emphasizes restoration of metabolic balance through dietary regulation, purification therapies, herbal interventions, and lifestyle modification.

The holistic nature of Ayurvedic management addresses both the causes and consequences of obesity. Such an integrative approach may offer valuable strategies for the prevention and long-term management of obesity and metabolic syndrome in contemporary society.

VIII. CONCLUSION

Sthaulya is a classical Ayurvedic disorder predominantly arising from excessive nourishment and is therefore considered a *Santarpanottha Vyadhi*. The disease develops due to the combined effects of improper dietary habits, sedentary lifestyle, *Kapha* aggravation, *Agnimandya*, and excessive accumulation of *Meda Dhatu*. The Ayurvedic explanation of its pathogenesis exhibits remarkable similarities with the modern understanding of obesity, metabolic dysfunction, chronic inflammation, and insulin resistance.

The concepts of *Santarpana*, *Meda Vriddhi*, *Srotorodha*, and *Medovaha Srotodushti* provide a holistic framework for understanding obesity and its complications. Ayurvedic management, including *Nidana Parivarjana*, *Shodhana*, *Shamana*, dietary regulation, and lifestyle modification, aims at correcting the root cause rather than merely reducing body weight. Integrating classical Ayurvedic wisdom with modern scientific insights may contribute to more comprehensive and sustainable approaches for the prevention and management of obesity and related metabolic disorders.

REFERENCES

[1] World Health Organization, *Obesity and Overweight*. Geneva, Switzerland: World Health Organization, 2024.
 [2] J. L. Jameson, A. S. Fauci, D. L. Kasper, S. L. Hauser, D. L. Longo, and J. Loscalzo, *Harrison's Principles of Internal Medicine*, 21st ed. New York, NY, USA: McGraw-Hill Education, 2022.

[3] K. Park, *Park's Textbook of Preventive and Social Medicine*, 27th ed. Jabalpur, India: Banarsidas Bhanot Publishers, 2023.
 [4] Agnivesha, *Charaka Samhita*, Sutrasthana 21/3–4, in K. Shastri and G. Chaturvedi, Eds., *Vidyotini Hindi Commentary*. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
 [5] Agnivesha, *Charaka Samhita*, Sutrasthana 23/3–6, in K. Shastri and G. Chaturvedi, Eds., *Vidyotini Hindi Commentary*. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
 [6] Agnivesha, *Charaka Samhita*, Sutrasthana 21/4–9, in K. Shastri and G. Chaturvedi, Eds., *Vidyotini Hindi Commentary*. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
 [7] A. C. Guyton and J. E. Hall, *Textbook of Medical Physiology*, 15th ed. Philadelphia, PA, USA: Elsevier, 2021.
 [8] Vagbhata, *Ashtanga Hridaya*, Sutrasthana, Adhyaya 14, in A. Gupta, Ed., *Vidyotini Commentary*. Varanasi, India: Chaukhambha Prakashan, Reprint ed.
 [9] M. Monier-Williams, *A Sanskrit-English Dictionary*. New Delhi, India: Motilal Banarsidass Publishers, Reprint ed.
 [10] Agnivesha, *Charaka Samhita*, Sutrasthana 23/3, in K. Shastri and G. Chaturvedi, Eds., *Vidyotini Hindi Commentary*. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
 [11] Agnivesha, *Charaka Samhita*, Sutrasthana 23/4–8, in K. Shastri and G. Chaturvedi, Eds., *Vidyotini Hindi Commentary*. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
 [12] Agnivesha, *Charaka Samhita*, Sutrasthana 21/4–9, in K. Shastri and G. Chaturvedi, Eds., *Vidyotini Hindi Commentary*. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
 [13] J. E. Hall and M. E. Hall, *Guyton and Hall Textbook of Medical Physiology*, 15th ed. Philadelphia, PA, USA: Elsevier, 2021.
 [14] J. L. Jameson, A. S. Fauci, D. L. Kasper, S. L. Hauser, D. L. Longo, and J. Loscalzo, *Harrison's Principles of Internal Medicine*, 21st ed. New York, NY, USA: McGraw-Hill Education, 2022.
 [15] M. Monier-Williams, *A Sanskrit-English Dictionary*. New Delhi, India: Motilal Banarsidass Publishers, Reprint ed.
 [16] Agnivesha, *Charaka Samhita*, Sutrasthana 21/3–9, in K. Shastri and G. Chaturvedi, Eds., *Vidyotini*

- Hindi Commentary. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
- [17] Sushruta, Sushruta Samhita, Sutrasthana, Adhyaya 15, in A. D. Shastri, Ed., Ayurveda Tatva Sandipika Commentary. Varanasi, India: Chaukhambha Sanskrit Sansthan, Reprint ed.
- [18] Agnivesha, Charaka Samhita, Sutrasthana 23/4–8, in K. Shastri and G. Chaturvedi, Eds., Vidyotini Hindi Commentary. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
- [19] Agnivesha, Charaka Samhita, Sharirasthana, Adhyaya 3, in K. Shastri and G. Chaturvedi, Eds., Vidyotini Hindi Commentary. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
- [20] Madhavakara, Madhava Nidana, Medoroga Nidana Adhyaya. Varanasi, India: Chaukhambha Prakashan, Reprint ed.
- [21] Agnivesha, Charaka Samhita, Sutrasthana, Adhyaya 21, in K. Shastri and G. Chaturvedi, Eds., Vidyotini Hindi Commentary. Varanasi, India: Chaukhambha Bharati Academy, Reprint ed.
- [22] J. E. Hall and M. E. Hall, Guyton and Hall Textbook of Medical Physiology, 15th ed. Philadelphia, PA, USA: Elsevier, 2021.
- [23] V. Kumar, A. K. Abbas, and J. C. Aster, Robbins and Cotran Pathologic Basis of Disease, 10th ed. Philadelphia, PA, USA: Elsevier, 2021.
- [24] World Health Organization, Obesity and Overweight. Geneva, Switzerland: World Health Organization, 2024.
- [25] Vagbhata, Ashtanga Hridaya, Sutrasthana, Adhyaya 14, in A. Gupta, Ed., Vidyotini Commentary. Varanasi, India: Chaukhambha Prakashan, Reprint ed.