

REVIEW ARTICLE

An Ayurvedic and Historical Review of *Sthaulya* (Obesity): Concept, *Nidana*, *Samprapti* and Management

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ABSTRACT

Background: *Sthaulya* (obesity) is a well-recognized condition in the Ayurvedic corpus, discussed across Vedic, *Samhita*, and later compendia. Classical authors treat it as a *Santarpanajanya* and *Medovṛddhi* disorder with multifactorial causation and important social-clinical consequences.

Aims and Objectives: To synthesize classical and historical descriptions of *Sthaulya* – its terminology, *Nidana* (causes), *Lakṣaṇa* (clinical features), *Samprapti* (pathogenesis), complications, and classical management by reviewing primary *Ayurvedic* sources and traditional commentaries.

Materials and Methods: Narrative review and thematic synthesis of classical descriptions and commentarial interpretations as compiled in the historical and *Ayurvedic* review manuscripts. Primary texts surveyed include *Charaka Samhita*, *Susruta Samhita*, *Aṣṭāṅga Hridaya/Saṃgraha*, *Madhava Nidana*, and later compendia.

Discussion: The term *Sthaulya* and its synonyms (e.g., *Medoroga*, *Sthula*, and *Medovṛddhi*) appear in *Vedic*, *Puranic*, and classical *Ayurvedic* literature. Classical authors emphasize dietary (*Aharatmak*), behavioral (*Viharaatmak*), and mental (*Manasika*) *Nidan*s, notably *Atisampurna*, *Guru*, *Madhura Ahara*, *Ayayama*, *Diwasvapa*, and *Harṣanitya/Achinta*, and locate pathology in *Meda Dhatu* and *Medovaha Srotas* with *Kapha* predominance. *Samprapti* integrates *Srotodushti*, *Agni-Vikara*, and *Dhatuparinama* concepts; clinical features include *Udaraparsva-vṛdhi*, *Daurbalya*, *Kricchavyavaya*, *Srama*, and *Daurgandhya*. Classical management emphasizes *Nidana-pariṣkara*, *Saḍ-upakrama* (*Langhana*, *Rukṣa*, and *Sodhana* measures), external therapies (e.g., *Udvartana*), and internal regimens (*Virechana*, *Vamana* in indicated cases), supported by *Pathya-Apathya* and lifestyle (*Dinacarya/ritucarya*) measures.

Conclusion: Classical *Ayurveda* provides a systematic, multifactorial model of *Sthaulya* encompassing cause, pathogenesis, and multi-modal treatment. Re-examination of these concepts, particularly *Nidana* emphasis, *Agni-Meda* interplay, and preventive lifestyle prescriptions, has relevance for integrative public-health strategies addressing modern obesity.

1. INTRODUCTION

Obesity as a clinical and public-health problem is widely discussed in modern medicine; however, its conceptual roots and therapeutic premises are well established in the Ayurvedic tradition under the term *Sthaulya* (and related synonyms such as *Medoroga*, *Medovṛddhi*,

and *Sthula*). Classical authorities from the *Samhita* period through later compendia and commentaries devote systematic attention to the nomenclature, etiology, pathogenesis, clinical expression, and management of the condition. While modern frameworks emphasize energy balance, adipose biology, and endocrine/metabolic sequelae, Ayurveda frames the disturbance within the triad of *Doṣha-Dhatu-Agni* and the integrity of *Srotas* (channels), providing a coherent preventive-therapeutic paradigm based on *Nidana-parivarjana* (removal/avoidance of causative factors), *Samsodhana* (purification), and *Samsamana* (pacification). Historically, references to excess

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adiposity or related concepts appear even in *Vedic* and *Puranic* literature; the organized medical expositions are found in the *Samhita*, where *Sthaulya* is included among the *Aṣṭounindita* (undesirable constitutions) and discussed with regard to prognosis, complications, and social implications. Subsequent authors from the *Samgraha* and *Hridaya* elaborated pathogenesis and therapeutic algorithms. The *Hatha Yoga* literature also mentions cleansing procedures (*Shatkarmas*) relevant to *Meda* reduction. This review synthesizes the historical and classical *Ayurvedic* material on *Sthaulya*. The aim is to present a cohesive, text-based account of concept, *Nidana*, *Samprapti*, and *Chikitsa* to use *Ayurveda*'s internal logic and its potential translational value for modern preventive and therapeutic frameworks.

2. MATERIALS AND METHODS

A focused literary review was undertaken to comprehensively assemble and interpret classical *Ayurvedic* descriptions of *Sthaulya*, including its terminology, *Nidana*, *Lakṣaṇa*, *Samprapti*, and *Chikitsa* by prioritizing primary canonical sources and their principal exegeses. Key *Samhita* texts were targeted (notably *Caraka Samhita*, with emphasis on *Sutrasthana*, *Nidana*, and *Chikitsa* sections, *Sushruta Samhita*, and the compendia *Aṣṭāṅga Samgraha/Aṣṭāṅga Hridaya*), since these works provide the foundational and therapeutic prescriptions. Complementary diagnostic treatises such as *Madhava Nidana* and later *Prakarāṇa* works (*Chakradatta*, *Bhavaprakāśa*, and *Yogarātnakara*) were included to capture medieval and post-classical refinements. Authoritative medieval commentaries (*Dalhana*, *Chakrapāṇi*) were consulted for philological clarification and clinical interpretation, while selected *Yoga* texts (*Hatha-Yoga Pradipik* and *Gheraṇḍa Samhita*) were examined to document *Shatkarmic* cleansing practices that classical authors associate with *Kapha/Meda* management. Wherever possible, critical Sanskrit editions and established English translations were used, and edition details were recorded to ensure textual provenance and replicability.

3. RESULTS

3.1. Historical Evolution

Early texts contain scattered but suggestive references to corpulence and adiposity that predate the classical *Ayurvedic* texts. *Vedic* sources employ terms such as *Sthavira* and *Pivasa*^[1] and refer to *Medas*, *Medini*, and *Pivasi*^[2] in the *Atharvaveda*, indicating awareness of bodily stoutness and its consequences. The *Yajurveda* likewise alludes to a condition called *Upachita* and mentions *Meda* and *Vapa*, further signaling a proto-clinical recognition of fat-related disorders.^[3] Later *Puranic* texts elaborated these notions. The *Garuda Purāṇa* records references to *Medo/Sthula/Sthaulya* and prescriptive remedies (e.g., *Raktashali*, use of warm water, and *Sarṣhapa* in *Medohara* formulations), whereas the *Agnipurāṇa* links *Madhura* rasa and certain behavioral factors (*Ahara*, sexual activity, and *Nidra*) with the origin of stoutness. Collectively, these *Vedic* and *Puranic* traces provide the cultural and lexical substrate from which the *Samhita* authors later developed the systematic concept of *Sthaulya* in classical *Ayurveda*.

3.2. Definition of *Sthaulya*

Acharya Charaka states that in a *Sthoola* person, the hips, abdomen, and breasts become pendulous due to excessive accumulation of *Meda* and *Mamsa*, and these sagging parts tend to flap during movement.^[4] This structural heaviness results in reduced physical activity. Thus, the enlargement of the abdomen owing to excessive fat deposition stands as a classical indicator of *Sthaulya*.

3.3. Classification of *Sthaulya*

Although ancient texts do not present a comprehensive classification, *Ashtanga Samgraha* and *Astanga Hridaya* divided it into three types to guide the application of *Langhana Upakrama*.^[5,6]

1. *Hina Sthaulya*: Mild degree of overweight
2. *Madhyama Sthaulya*: Moderate degree of overweight
3. *Adhika Sthaulya*: Excessive or severely overweight.

3.4. *Nidana* (Causative Factors)

Classical authors present an extensive catalog of *Nidanas* for *Sthaulya*, which can be synthesized into principal groups:

The identification of *Nidana* holds an equal or even greater significance than treatment, as understanding the causative factors allows their avoidance and helps prevent the onset and progression of *Sthaulya*. Thus, knowledge of causation has both prophylactic and curative value. Substances exhibiting qualities similar to *Meda* naturally increase *Meda*, and according to the principle of *Samanya*, the *Nidanas* of *Sthaulya* can be grouped into *Dravya Samanya*, *Guna Samanya*, and *Karma Samanya*, such as fatty materials, *Sheeta-Snigdha-Guru* qualities, and activities such as *Divaswapna* or *Avyayama*.

All *Nidanas* described by the *Acharyas* may be classified into *Aharatmaka*, *Viharatmaka*, *Manasa*, and *Anyā Nidanas*.

3.4.1. *Aharatmaka Nidanas*

Ati-sampurana, *Santarpana*, *Guru* and *Madhura Ahara*, *Sheeta-Snigdha* dravyas, *Kapha*-increasing food, fresh grains, *mamsa*, milk and its preparations, *Dadhi*, *Ghrita*, *Ikshu-Vikara*, *Guda-Vikara*, *Shali*, *Godhuma*, *Masha*, *Rasayana* and *Vrishya Sevana*, and *Bhojanottara Jalapana*. These dietary factors predominantly share *Guru*, *Snigdha*, and *Sheeta* attributes that enhance *Meda*.

3.4.2. *Viharatmaka Nidanas*

These comprise *Avyayama*, *Avyavaya*, *Divaswapa*, *Sukhasana*, excessive sleep, perfumes, *Bhojanottara snana*, and sleeping or taking *Aushadha* immediately after meals. These behaviors promote *Kapha* and diminish *Agni*, facilitating *Meda vridhhi*.

3.4.3. *Manasika Nidanas*

These include *Harshanityatva*, *Achintana*, *Mansonivritti*, *Priyadarshana*, and *Sukhacharya*, which contribute to *Kapha*-dominant mental states, favoring *Meda* deposition.

Other *Nidanas* include *Amarasa*, *Snigdha-Madhura basti*, *Tailabhyanga*, *Snigdha Udvartana*, and *Bijadosha-Swabhava*. The dietary composition responsible for *Medadosha* is predominantly characterized by *Madhura rasa*, which is endowed with the gunas of *Guru*, *Sheeta*, *Snigdha*, *Sthira*, *Sandra*, *Slakshana*, *Picchila*, and *Manda*. With *Sheeta Virya* and *Brimhana-Santarpana-Rasayana-Vrishya-Abhishyandi* effects, these dravyas predominantly possess *Prithvi* and *Jala Mahabhautika* composition, making them highly conducive to *Meda vridhhi* and thereby central to the pathogenesis of *Sthaulya*.

3.5. The *Rupa* of *Sthaulya*

In *Sthaulya*, *Acharya Charaka* describes eight major disabilities: *Ayushohrasa*, *Javaparodha*, *Kricchavyavaya*, *Daurbalya*, *Daugandhya*, *Swedabadha*, *Kshudhatimatrata*, and *Pipasatiyoga*^[7] arising due to obstruction of *Vata*, impaired *Dhatuposhana*, and the *Guru-Bahula Vishyandi* nature of *Meda*. The classical *Rupa* of *Sthaulya*, such as *Chala Sphika*, *Chala Udara*, *Chala Stana*, *Ayatha*

Upachaya, *Anutsaha*, *Kshudra Shwasa*, *Nidradhikya*, *Gatrasada*, *Udaraparshva Vriddhi*, and *Sukumarata*, are variably described across *Charaka*, *Sushruta*, *Ashtanga Samgraha*, *Ashtanga Hridaya*, *Madhava Nidana*, *Bhaavaprakasha*, and *Yogaratanakara*. These features collectively reflect excessive *Meda vriddhi*, *Avarana of Vata*, compromised *Agni*, and reduced physical efficiency.

3.6. *Samanya Samprapti of Sthaulya*

The *Samanya Samprapti of Sthaulya* involves excess *Meda* causing *Avarana of Srotas*, leading to raised *Vata* in the *Koshtha* and consequent *Jatharagni* stimulation, which increases appetite and promotes further *Meda vriddhi*.^[8] *Acharya Sushruta* attributes *Sthaulya* to *Ama Rasa* formed due to *Kapha vriddhi* from *Atisampurana*, *Alpa Vyayama*, and *Divasvapna*, where the *Madhura Snigdha* nature of *Ama Rasa* circulates and enhances corpulence.^[9] *Vagbhata* explains that *Nidana sevana* leads to *Meda vriddhi* and *Srotorodha*, trapping *Vata* in the *Koshtha* and causing *Agni prajwalana*, resulting in repeated hunger and intake of *Madhura rasa pradhana ahara*. This produces *Ama*, which mixes with *Dhatugata samleena Shleshma* and causes *Dhatu Shaithilya*, culminating in *Sthaulya Srotodushti* and *Avarana*.^[10]

3.6.1. *Vishesha Samprapti of Sthaulya*

The *Vishesha Samprapti of Sthaulya* begins with *Meda-avarana of Srotas*, causing *Vata* to accumulate in the *Amashaya*, intensifying *Agni* and leading to rapid digestion, *Ati-kshudha*, and overproduction of *Upadana Rasa* that directly enhances *Meda Dhatu*.^[11] The disease manifests through vitiation of *Tridosha*, with *Kapha* as the dominant *Dosha*, whereas *Pitta* contributes to *Ati-kshudha*, *Ati-pipasa*, and *Swedadhikya*, and *Vata* (especially *Samana* and *Vyana Vayu*) shows involvement through *Agni-vaishmya*, *Abhyavarana shakti*, and faulty distribution of *Dhatu*. *Rasa*, *Mamsa*, *Meda*, *Majja*, and *Shukra* act as *Dushyas*, with *Madhura-Snigdha Anna Rasa* directly nourishing *Meda* due to *Srotorodha*, as explained by *Dalhana*. The main *Srotas* involved include *Medovaha*, along with *Rasavaha*, *Mamsavaha*, *Swedavaha*, *Udakavaha*, and *Manovaha Srotas*, supported by features such as *Dourgandhya*, *Atisweda*, *Atipipasa*, and mental comfort (*Soukhyia*). In terms of *Agni*, obstruction of *Meda* leads to *Deeptagni*, causing repeated *Adhyashana*, which later produces *Ama* as described by *Chakrapani* and *Dalhana*, and faulty *Dhatvagni* functioning results in excess *Sthula Meda* with reduced nourishment of subsequent *Dhatu* such as *Asthi*, *Majja*, and *Shukra*.

3.6.2. *Samprapti Chakra*

Mentioned in figure 1.

3.6.3. *Samprapti Ghataka*

The factors play an important role in *Samprapti of Sthaulya* mentioned in table 1:

3.7. *Chikitsa of Sthaulya*

The *Chikitsa of Sthaulya* is based on *Nidana Parivarjana*, *Samshodhana*, and *Samshamana*, following the principle of *Lahksana-Samprapti-Vighatana*.^[12] *Samshodhana* includes *Ruksha Udvartana*, *Swedana*, *Avagaha*, *Parisheka*, *Vamana*, *Virechana*, *Nasya*, and *Ruksha Niruha*, which mobilize and expel *Kapha* and *Meda*; whereas *Samshamana* employs *Langhana*, *Rukshana*, *Deepana*, *Pachana*, *Vyayama*, *Atapasevana*, and *Kshudha-Trushna Nigraha*. The therapeutic aim is *Vata Kaphahara* and enhancement of *Medodhatvagni*, achieved through *Guru Apatarpana*, *Lekhaneeya*, and *Medohara Dravyas* as advocated by *Charaka* and *Vagbhata*. Since

Atisthula individuals with *Medodosha* are contraindicated for *Snehana*, only selective *Lekhaneeya Taila* with *Sthoulyahara* properties may be used when necessary. *Madhu*, due to its *Guru* and *Ruksha* qualities, exemplifies ideal *Apatarpana* medication for reducing *Deeptagni*, *Ati-kshudha*, and accumulated *Meda*, aligning with the interpretations of *Chakrapani* and *Gangadhara*.

3.8. *The Upadrasvas of Sthaulya*

Described as secondary ailments arising after the manifestation of the primary disease (*Dosah Roga-Karana-Bhuta-Dosha-Prakopa-Janya Upadrava*), they are not independently elaborated in *Charaka Samhita*. Due to the chronicity of *Sthaulya*, these complications largely emerge from disturbances of *Agni* and *Vata*. Classical texts such as *Sushruta*, *Ashtanga Sangraha*, *Ashtanga Hridaya*, *Madhava Nidana*, and *Bhavaprakasha* list multiple *Upadrasvas*, including *Bhagandara*, *Jwara*, *Prameha*, *Arsha*, *Kasa*, *Udara Roga*, *Vriddhi*, *Visarpa*, *Shleepada*, *Apachi*, and *Atisara*. Many of these, especially *Prameha*, *Bhagandara*, *Vriddhi*, and *Jwara*, show maximum cross-textual agreement, reflecting the systemic derangement of *Kapha Meda*, impaired *Agni*, and obstructed *Vata*. The overall pattern indicates that prolonged *Meda Vriddhi* predisposes individuals to metabolic disorders, inflammatory conditions, parasites, gastrointestinal disturbances, and *Vata Vikaras*.

3.9. *Sadhya-Asadhyata of Sthaulya*

Charaka describes the prognosis of *Sthaulya* with great seriousness. He states that when *Meda Dhatu* increases abruptly, the aggravated *Vata* and *Pitta* behave like a forest fire (*Davanala*) and produce severe *Upadrasvas* that may even become life-threatening. Thus, *Charaka* indicates that uncontrolled and excessive *Meda* accumulation can rapidly deteriorate the condition of the patient.^[13] Further highlighting its gravity, *Charaka* remarks that *Karshya* is preferable to *Sthaulya*, implying that obesity predisposes to greater morbidity than leanness.^[14]

According to *Vagbhata*, diseases arising from *Meda Dushti* can be treated effectively only when they are uncomplicated, of recent onset, and when the patient possesses good *Bala*. Due to its recurrent, chronic, and complex nature, *Vagbhata* categorizes *Medodosha* as an *Asadhyia Vyadhi*. A sudden and marked reduction in weight is considered an *Arishta*, signifying a fatal prognostic sign.^[15] *Yogaratanakar* further warns that abrupt fluctuations – whether rapid gain or loss – may prove fatal within 6 months, emphasizing the instability associated with *Medogata* disorders.

3.10. *Pathya Apathya of Sthaulya*^[16]

The observance of *Pathya* and *Apathya* along with therapeutic measures is a distinctive and essential feature of Ayurvedic science.

According to *Acharya Charaka*, food items, medicines, and lifestyle regimens that do not exert harmful effects on the body or mind are termed *Pathya*, whereas those that adversely affect the body are considered *Apathya*.^[17]

Lolimbaraj further emphasizes that strict adherence to *Pathya-Apathya* may eliminate the need for medicine altogether, whereas even effective medicines may fail to act properly in individuals who do not follow appropriate dietary and lifestyle guidelines.^[18]

3.10.1. *Pathya- Apathya Vihara (Mental regimen)*

Mentioned in table 2.

4. DISCUSSION

The classical Ayurvedic understanding of *Sthaulya* reflects a comprehensive view of metabolic and lifestyle-related disorders. Rather than defining it merely as excess body weight, Ayurveda presents *Sthaulya* as a disturbance involving *Dosa*, *Dhatu*, *Agni*, and *Srotas*. This aligns closely with modern concepts of metabolic dysfunction, overnutrition, and sedentary behavior.

Early references to corpulence in the *Vedic* and *Puranic* literature show that concerns regarding adiposity existed long before the *Samhita* period. Terms such as *Meda* and *Pivasa* indicate that the nature and consequences of fatty tissue accumulation were well recognized.

Classical texts classify *Sthaulya* under *Santarpanotha Vyadhis*, acknowledging the role of *Guru*, *Snigdha*, *Madhura Ahara*, *Divasvapna*, *Avyayama*, and emotional comfort-seeking. These factors parallel modern understanding that high-calorie diets, inactivity, and emotional eating contribute to obesity. The principle of *Samanya Visesa Siddhanta* clearly explains how substances sharing qualities with *Meda* increase it.

Clinical features such as *Chala sphika*, *Chala udara*, breathlessness, excessive sweating, and reduced stamina correlate with central obesity and diminished functional capacity. Charaka's eight *doshas* of *Sthaulya* reflect metabolic overload and psychosomatic impairment similar to modern obesity profiles.

The *Samprapti* offers an especially coherent explanation. *Vata-avarana* by excess *Meda* increases *Jatharagni*, appetite, and repeated intake, resembling the modern cycle of insulin resistance and rebound hunger. The involvement of *Ama* corresponds to the contemporary concept of metabolic inflammation. The participation of *Medovaha*, *Rasavaha*, and *Mamsavaha Srotas* resembles the multisystem impact observed in obesity.

Classical *Upadravas* such as *Prameha*, *Slesmataka vyadhi*, *Udara roga*, and *Jvara* match modern comorbidities, such as diabetes, dyslipidemia, and systemic inflammation. Prognostic statements by Charaka and Vagbhata highlight the chronic, recurrent, and difficult-to-manage nature of *Meda-dushti*, reflecting the well-known challenge of long-term obesity reversal.

Management strategies such as *Langhana*, *Ruksana*, *Sodhana*, *Udvartana*, *Deepana Pachana*, controlled *Ahara*, and *Vyayama* align with modern therapeutic principles of calorie control, exercise, and metabolic enhancement. Yogic practices such as *Jala basti* and *Vamana dhauti* also aim to reduce *Kapha* and *Meda*, suggesting potential interdisciplinary value.

Pathya Apathya plays a central role. Classical recommendations promoting *Yava*, *Mudga*, *Takra*, *Madhu*, and warm water, while avoiding *Dadhi*, *Iksuvikara*, and heavy *Madhura Ahara*, offer practical guidelines consistent with modern nutritional science.

Overall, the Ayurvedic model of *Sthaulya* integrates physiological, behavioral, and psychosocial aspects. Its principles remain highly relevant today, offering a holistic and culturally grounded framework for the prevention and management of obesity.

5. CONCLUSION

Sthaulya (obesity) emerges in the classical Ayurvedic canon as a complex, chronic, and socially significant disorder rooted in disturbances of *Kapha*, *Meda*, *Agni*, *Srotas*, and *Vata-avarana*. Across Vedic references, *Samhita* formulations, medieval commentaries, and

later texts, a consistent conceptual thread is evident: obesity results from the sustained interaction of improper diet, sedentary lifestyle, psychosocial tendencies, and impaired metabolic-transformation mechanisms. The classical descriptions of *Nidana*, *Rupa*, and *Samprapti* form a coherent pathogenic model wherein *Meda-vridhhi*, *Srotodushti*, and *Agni-vaishamya* perpetuate one another, creating a self-reinforcing cycle of excessive appetite, poor nutrient transformation, physical sluggishness, and systemic imbalance.

The therapeutic paradigm emphasised by *Caraka*, *Sushruta*, and *Vagbhata* – *Nidana-parivarjana*, *Langhana*, *Rukshana*, *Samshodhana*, and *Pathya-vihara* – highlights the primacy of behavioural and metabolic correction over symptomatic relief. Interventions such as *Udvartana*, *Virechana*, *Jala-basti*, *Vaman-dhauti*, *Deepana-Pachana*, *Atapa-sevana*, and structured physical activity aim to restore both channel patency and *Dhatu-agni* balance while counteracting the *Kapha-Meda* dominance. The extensive elaboration of *Pathya-Apathya*, including specific *Ahara*, *Vihara*, and *Manasika* guidelines, further underscores the classical view that sustainable management of *Sthaulya* depends fundamentally on lifestyle discipline.

The review demonstrates that classical Ayurveda offers a detailed, multifactorial, and preventive model of obesity with strong relevance to contemporary health challenges. Its emphasis on causation analysis, digestive-metabolic correction, psychosomatic regulation, and holistic daily regimen provides a framework that aligns with and enriches modern understandings of obesity as a behavioural metabolic disorder. Integrating classical insights – particularly regarding *Nidana* avoidance, *Agni Meda* physiology, and structured lifestyle therapy – may offer valuable contributions to public health strategies, early prevention, and long-term management of obesity in modern clinical practice.

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10. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

11. DATA AVAILABILITY STATEMENT

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Figure 1: Samprapti Chakra

Table 1: Samprapti Ghataka

Dosha	Kapha – Kledaka Pitta – Pachaka Vata – Smana, Vyana
Dushya	Rasa, Meda dhatu
Agni	Jatharagni, Parthiva-Apya Bhutagni, Rasa, and Meda Dhatvagni
Srotas	Rasvaha Srotas, Medovah Srotas
Srotodushti	Sanga Margavarodha (Ch.Su. 21/3-4) Amatah (Su.Su. 15/37)
Adhithana	Whole body, particularly Vapavahan and Medodhara Kala
Udbhavasthana	Amashaya
Prasara	Rasayani
Roga marga	Bahya
Ama	Jatharagni Mandyajanit Ama Dhatvagni Mandyajanit Ama
Vyaktisthana	Sarvanga

Table 2: Pathya Apathya

Pathya	Apathya
<i>Shrama</i> (Exercise)	<i>Sheetal Jala Sevana</i> (Excessive consumption of a cold diet)
<i>Jagarana</i> (Awakening in the night)	<i>Diwaswapa</i> (Day's sleep)
<i>Nityabhramana</i> (Continuous walking)	<i>Avyayaya</i> (Lack of sexual life)
<i>Ashwa Rohana</i> (Horse riding)	<i>Avyayama</i> (Lack of physical exercise)
<i>Hastyava Rohana</i> (Elephant riding)	<i>Ati Ashana</i> (Overeating)
<i>Vyavaya</i> (Indulgence in sex)	<i>Asana Sukha</i> (Luxurious sitting)

Pathya	Apathya
Chinta (Anxiety)	<i>Nitya Harsha</i> (Uninterrupted cheerfulness)
<i>Shoka</i> (Grief)	<i>Achinta</i> (Lack of Anxiety)
<i>Krodha</i> (Anger)	<i>Manso Nivrytti</i> (Relaxation from tension)

Ahara Varga	Pathya	Apathya
<i>Shuka Dhanya</i> (Cerealgrain)	<i>Purana Shali, Kodrava, Shyamaka, Yava, Priyangu, Laja, Nivara, Jurna, Koradushaka, Prashatika, Kanguni</i>	<i>Godhuma, Naveen Dhanya (Shali)</i>
<i>Shami Dhanya</i> (Pulses)	<i>Mudga, Rajamasha, Kulatha, Masura, Chanaka, Adhaki, Makusthaka</i>	<i>Masha</i>
<i>Shaka Varga</i> (Vegetables)	<i>Patola, Patrashaka, Shigru, Vrutaka, Katutikta Rasatmaka etc., Vastuka, Trapusha, Vartaka, Evaruka, Adraka, Mulaka, Surasa</i>	<i>Kanda Shaka, Madhura Rasatmaka</i>
<i>Phala Varga</i> (Fruits)	<i>Kapittha, Jambu, Aamalki, Ela, Bibhitaki, Haritaki, Maricha, Pippali, Erand Karkati, Ankola, Narang, Bilvaphala.</i>	<i>Madhura Phala</i>
<i>Drava Varga</i>	<i>Madhu, Takra, Ushnajala, Tila and Sarshapa Tail, Asava, Arishta, Surasava, Jeerna Madhya</i>	<i>Milk Preparations (Dugdha, Dadhi, and Sarpi), Ikshuvikara</i>
<i>Mamsa Varga</i>	<i>Rohita Matsya</i>	<i>Aanupa, Audaka, Gramya Mamsa Sevan</i>