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Dr. Pritam Uttamrao KamblePG Scholar, Department of
Kaychikitsa, CSMSS Ayurved
Mahavidhyalaya, Ch.
Sambhajinagar, Maharashtra,
India**Dr. Naresh R Nimbalkar**PG Scholar, Department of
Kaychikitsa, CSMSS Ayurved
Mahavidhyalaya, Ch.
Sambhajinagar, Maharashtra,
India

Ayurveda understanding of obesity (*Sthaulya*) and its association with metabolic syndrome

Pritam Uttamrao Kamble and Naresh R Nimbalkar

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Abstract

Obesity is a rapidly increasing global health problem and is a major contributor to metabolic syndrome, a cluster of metabolic abnormalities that predispose individuals to cardiovascular diseases and type 2 diabetes mellitus [1]. Ayurveda describes obesity under the concept of *Sthaulya*, a *Santarpanajanya Vyadhi* caused by excessive nourishment, sedentary lifestyle and impaired metabolic activity [2]. The central pathological factor in *Sthaulya* is *Medo-Dhatvagni Mandya*, leading to abnormal accumulation of *Meda Dhatu* and obstruction of metabolic channels (*Srotorodha*) [3]. Classical Ayurvedic texts emphasize improper diet, lifestyle errors and weakened *Agni* as primary etiological factors [4]. This review aims to elaborate the Ayurvedic understanding of *Sthaulya* and correlate its pathogenesis with the modern concept of metabolic syndrome of *Sthaulya* and correlate its pathogenesis with the modern concept of metabolic syndrome. Conceptual similarities between *Agnimandya*, *Ama*, *Meda Vriddhi* and metabolic disturbances such as insulin resistance and dyslipidemia are discussed. An integrative understanding of *Sthaulya* may help in developing holistic preventive and management strategies for obesity and metabolic syndrome.

Keywords: *Sthaulya*, *Meda Dhatu*, *Agni*, *Ayurveda*, obesity, metabolic syndrome

Introduction

Obesity has become one of the most common lifestyle disorders around the world. It is linked to higher health risks and death rates. This condition is no longer just an aesthetic issue; it is a complex metabolic disorder marked by unhealthy fat buildup and metabolic imbalance. Obesity is a key part of metabolic syndrome, which includes insulin resistance, abnormal lipid levels, high blood pressure, and greater risk of heart disease [5].

Ayurveda offers a thorough and holistic view of obesity through the concept of *Sthaulya*. *Ayurveda* texts describe *Sthaulya* as a pathological state caused by disruptions in *Dosha*, *Dhatu*, and *Agni*. *Acharya Charaka* identifies *Sthaulya* among the *Ashta-Nindita Purusha*, highlighting its negative effects on physical strength, lifespan, and overall health. Unlike the modern medical perspective, which mainly looks at body mass index and fat distribution, Ayurveda sees obesity as a systemic metabolic disorder stemming from a long-term imbalance in diet, lifestyle, and metabolic function [3].

Rapid urban growth, decreased physical activity, and increased intake of high-calorie foods have greatly contributed to the rising rates of obesity [7]. Ayurveda classifies these issues under *Santarpanajanya Vyadhi*, stressing the need for prevention through diet control, lifestyle changes, and maintaining metabolic balance [4]. Understanding *Sthaulya* in relation to metabolic syndrome could offer valuable insights for integrated healthcare.

Ayurveda Concept of *Sthaulya*

Definition of *Sthaulya*

Sthaulya is the excessive buildup of *Meda Dhatu* and *Mamsa Dhatu*. This condition results in body heaviness, flabbiness in the abdomen, buttocks, and breasts, lower physical efficiency, and a higher chance of getting sick [2, 3]. It mainly falls under *Santarpanajanya Vyadhi*, which occurs from overeating and not being active enough [4].

Nidana (Etiological Factors)

Ayurveda texts identify several causes of *Sthaulya*. These can be broken down into dietary, lifestyle, and constitutional factors [2, 4].

Dietary factors

- Overeating *Madhura*, *Snigdha*, and *Guru Ahara*

Corresponding Author:

Dr. Pritam Uttamrao KamblePG Scholar, Department of
Kaychikitsa, CSMSS Ayurved
Mahavidhyalaya, Ch.
Sambhajinagar, Maharashtra,
India

- Frequent meals
- Eating high-calorie and fatty foods

Lifestyle factors

- Sedentary habits (*Avyayama*).
- Sleeping too much, especially during the day (*Divaswapna*).
- Not getting enough physical activity.

Other factors

- Genetic predisposition (*Beeja Dosha*)
- Psychological factors that encourage comfort-seeking behavior [3].

Types and Clinical Features of *Sthaulya*

Although detailed classification of *Sthaulya* is not explicitly mentioned, clinical presentation suggests predominance of *Kapha Dosha* with secondary involvement of *Vata Dosha*. Excess *Kapha* leads to heaviness, lethargy and excessive accumulation of *Meda Dhatu*, while *Avarana of Vata* contributes to disturbed metabolism and irregular appetite.

Classical signs and symptoms include excessive sweating, dyspnea on exertion, increased thirst and hunger, flabbiness of body parts, reduced stamina and early fatigue [2, 3]. These features closely resemble the clinical manifestations of obesity and metabolic syndrome described in modern medicine.

Samprapti (Pathogenesis) of *Sthaulya*

The development of *Sthaulya* starts with the dysfunction of *Jatharagni* caused by a poor diet and lifestyle. Incomplete digestion results in the formation of *Ama*, which weakens metabolic processes. Continuing the behaviors that cause these issues leads to *Medo-Dhatvagni Mandya*. This condition causes the excessive and abnormal production of *Meda Dhatu* [2]. Accumulated *Meda* blocks the *Medovaha Srotas*, which disrupts the nourishment of the subsequent *Dhatu*s and causes *Avarana of Vata*. This creates a harmful cycle of metabolic problems, leading to chronic and progressive *Sthaulya* [4].

Flow Chart 1: Samprapti of *Sthaulya*

Santarpana Ahara & Avyayama → *Jatharagni Mandya* → *Ama Utpatti* → *Medo-Dhatvagni Mandya* → *Ati-Meda Sanchaya* → *Medovaha Srotas Avarodha* → *Kapha-Vata Dushti* → *Sthaulya*

Metabolic Syndrome: Modern Perspective

Metabolic syndrome is defined as a cluster of metabolic abnormalities including central obesity, insulin resistance, dyslipidemia and hypertension [5, 6]. Central obesity plays a key role in the development of metabolic complications through altered lipid metabolism, hormonal imbalance and chronic low-grade inflammation.

Correlation between *Sthaulya* and Metabolic Syndrome

Table 1: Ayurvedic-Modern Correlation

Ayurvedic Concept	Explanation	Modern Correlation
<i>Meda Vriddhi</i>	Excess <i>Meda Dhatu</i>	Central obesity
<i>Medo-Dhatvagni Mandya</i>	Impaired fat metabolism	Dyslipidemia
<i>Agnimandya</i>	Reduced metabolic efficiency	Low metabolic rate
<i>Ama</i>	Toxic metabolic by-products	Chronic inflammation
<i>Srotorodha</i>	Channel obstruction	Insulin resistance
<i>Kapha Prakopa</i>	Heaviness, stability	Lipid imbalance

Table 2: Comparison of *Sthaulya* and Metabolic Syndrome

Aspect	<i>Sthaulya</i> (Ayurveda)	Metabolic Syndrome
Primary pathology	<i>Meda Dhatu Vriddhi</i>	Central obesity
Agni status	<i>Medo-Dhatvagni Mandya</i>	Insulin resistance
Channel involvement	<i>Medovaha Srotas</i>	Metabolic pathways

Discussion

The *Ayurveda* concept of *Sthaulya* describes obesity as a complex metabolic disorder. It involves issues with *Agni*, an excessive increase in *Meda Dhatu*, and blockage of *Srotas*. This perspective goes beyond just looking at body weight. At the heart of this condition is *Medo-Dhatvagni Mandya*, leading to both quantity and quality problems in *Meda Dhatu*. Modern biomedical research also sees adipose tissue as an active organ. It plays a role in insulin sensitivity, lipid metabolism, and inflammatory pathways, rather than just being a fat storage area [6, 10]. This connection reinforces the *Ayurveda* belief that problems with *Meda* have widespread effects.

The concept of *Ama* provides an important interpretative bridge between *Ayurveda* and modern metabolic science. *Ayurveda* describes *Ama* as a product of incomplete digestion and metabolism that obstructs channels and impairs tissue function [2, 3]. In metabolic syndrome, chronic low-grade inflammation, oxidative stress and altered adipokine secretion are considered key pathogenic mechanisms [6, 8]. These inflammatory mediators disrupt insulin signaling and lipid

metabolism, which conceptually resembles the obstructive and toxic nature of *Ama* described in *Ayurveda* literature.

Srotorodha, especially of *Medovaha Srotas*, is an important factor in the development of *Sthaulya*. When these channels are blocked, the transport and use of nutrients are affected, leading to a greater metabolic imbalance. Recent studies show that obesity is linked to problems with the endothelial function, reduced glucose uptake, and changes in lipid transport pathways. These issues all contribute to metabolic syndrome [5, 10]. The *Ayurveda* idea of *Avarana of Vata* caused by too much *Kapha* and *Meda* helps explain the disrupted control of appetite, energy use, and metabolic rhythm. This aligns with the hormonal imbalances seen in obese individuals.

From a therapeutic and preventive angle, *Ayurveda*'s view on *Sthaulya* focuses on fixing the root cause instead of just treating symptoms. Restoring *Agni*, eliminating *Ama*, and regulating *Meda Dhatu* through proper *Ahara* and *Vihara* are consistently highlighted in classic texts [2, 4]. Current clinical guidelines for obesity and metabolic syndrome also emphasize lifestyle changes, dietary adjustments, and long-

term metabolic correction over quick weight loss methods [5, 7]. Therefore, the integrative view of *Sthaulya* shows that Ayurveda principles are still relevant and useful in tackling modern issues of obesity and metabolic syndrome in a holistic and sustainable way.

Preventive Perspective of *Sthaulya*

Ayurveda emphasizes prevention as the primary approach in managing *Sthaulya*. Regulation of diet according to digestive capacity, avoidance of overeating and adoption of physical activity are repeatedly emphasized in classical texts [2, 4]. Practices such as *Dinacharya*, *Ritucharya* and *Pathya Ahara* help maintain metabolic balance and prevent excessive accumulation of *Meda Dhatu*. These principles align with modern public health strategies aimed at preventing obesity and metabolic syndrome.

Conclusion

Sthaulya is a complex metabolic disorder arising from impaired *Agni*, excessive *Meda Dhatu* and lifestyle imbalance. The Ayurvedic explanation of *Sthaulya* shows strong conceptual similarity with metabolic syndrome described in modern medicine. An integrative understanding of these concepts may provide effective preventive and management strategies for obesity and its associated metabolic disorders.

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