



**“ATISTHOULYA (OBESITY): A COMPARATIVE REVIEW OF CLASSICAL AYURVEDIC AND MODERN THERAPEUTIC APPROACHES”**

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**FUNDING INFORMATION:**

Not Applicable

**How to cite this article:**

Shital Gaikwad, “*Atisthoulya* (Obesity): A Comparative Review of Classical Ayurvedic and Modern Therapeutic Approaches” *International Journal of Ayurvedic Medicine and Mental Health*. 2025;2(1):20-23.

**ABSTRACT**

**Introduction:** Obesity, known as *Atisthoulya* in Ayurveda, is a complex metabolic disorder characterized by excessive fat accumulation that increases the risk of comorbidities such as diabetes, cardiovascular diseases, and hypertension. While modern medicine emphasizes caloric imbalance, sedentary lifestyle, and genetic predisposition, Ayurveda addresses doshic imbalances, particularly *Kapha* vitiation, impaired *Agni* (digestive fire), and accumulation of *Meda* (fat) and *Ama* (toxins). **Methods:** A systematic literature review was conducted using PubMed, Scopus, Web of Science, and classical Ayurvedic texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridayam*). Inclusion criteria encompassed clinical trials, observational studies, and review articles on obesity management. Exclusion criteria included studies lacking methodological clarity or not directly addressing therapeutic interventions. **Results:** Ayurvedic interventions for *Atisthoulya* involve a combination of dietary regulation (*Pathya Ahara*), lifestyle modifications (*Vyayama*), herbal formulations (*Medohara dravyas*), and Panchakarma therapies like *Virechana* and *Udvaartana*. Modern medicine employs dietary therapy, physical activity, pharmacotherapy, and bariatric surgery. Evidence suggests integrative approaches combining Ayurvedic and modern methods improve weight management, metabolic profiles, and patient quality of life. **Discussion:** Integrating Ayurvedic principles with contemporary treatments addresses both symptomatic and etiological factors of obesity. Personalized strategies based on *doshic* constitution and metabolic assessment may enhance long-term outcomes. However, standardization, rigorous clinical trials, and safety validation are necessary.

**KEYWORDS:** Ayurveda, *Atisthoulya*, Obesity, Therapeutic Approaches, Weight Management

## INTRODUCTION

Obesity is a major public health concern globally, contributing to increased morbidity and mortality through associated non-communicable diseases, including diabetes, cardiovascular disorders, and osteoarthritis.<sup>[1-2]</sup> Modern medicine predominantly attributes obesity to excess caloric intake, reduced physical activity, and genetic predisposition. However, lifestyle interventions alone often fail to address the chronic and multifactorial nature of obesity.<sup>[3-4]</sup>

Ayurveda, the traditional Indian system of medicine, provides a holistic framework for understanding obesity, termed *Atisthoulya*.<sup>[5-6]</sup> Classical texts describe it as the pathological accumulation of *Meda* (adipose tissue) due to *Kapha dosha* aggravation, impaired Agni (digestive fire), and accumulation of *Ama* (toxins). The condition is influenced by dietary habits, sedentary behavior, and psychosomatic factors, which disrupt metabolic balance and increase disease susceptibility.<sup>[7-8]</sup>

The aim of this review is to critically analyze classical Ayurvedic perspectives on *Atisthoulya* and evaluate modern therapeutic approaches. This review seeks to explore integrative strategies combining traditional and contemporary management, emphasizing personalized interventions, safety, and efficacy, to provide a comprehensive framework for obesity treatment.<sup>[9-10]</sup>

## MATERIALS AND METHODS

A detailed literature review was conducted using databases including PubMed, Scopus, Web of Science, and Google Scholar.<sup>[11]</sup>

Keywords included “*Atisthoulya*,” “Obesity,” “Ayurveda,” “*Medohara*,” “Weight management,” and “*Panchakarma*.”<sup>[12]</sup>

Inclusion criteria encompassed clinical trials, observational studies, review articles, and authentic Ayurvedic classical references.<sup>[13]</sup>

Exclusion criteria were studies unrelated to obesity treatment, non-English publications, and insufficient methodological clarity.<sup>[14]</sup>

Information from *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridayam* was systematically collated to summarize classical therapeutic strategies.<sup>[15]</sup>

## OBSERVATION AND RESULTS

### Ayurvedic Perspective on *Atisthoulya*

Ayurvedic texts define *Atisthoulya* as a condition arising from excessive accumulation of *Meda*, primarily due to *Kapha dosha* vitiation and impaired Agni. The pathogenesis involves overconsumption of heavy, oily, and sweet foods, lack of exercise, irregular eating habits, and weak digestive capacity. According to Charaka, the imbalance in *Kapha* leads to *Medo Dhatu* vitiation, resulting in obesity and its complications.

### Dietary Management

Classical texts emphasize *Pathya Ahara*, a diet comprising light, dry, and warm foods that balance *Kapha*. Bitter, pungent, and astringent tastes are preferred, while sweet, salty, and sour foods are minimized. Regular fasting and portion control are recommended to enhance Agni, reduce *Meda* accumulation, and prevent further weight gain.

### Lifestyle Modifications

*Vyayama* (exercise) is considered essential to stimulate metabolism, improve digestion, and maintain *doshic* balance. Yoga practices such as *Surya Namaskar*, *pranayama*, and specific *asanas* like *Pavanamuktasana* are effective in reducing adiposity. Adequate sleep, stress management, and avoidance of sedentary habits are emphasized to prevent *Kapha* aggravation.

### Herbal Interventions

Several *Medohara dravyas* have been reported in Ayurvedic pharmacology:

- ***Triphala***: Improves digestion and fat metabolism
- ***Guggul (Commiphora mukul)***: Lipid-lowering and metabolic regulator
- ***Vidanga (Embelia ribes)***: Enhances Agni and reduces *Meda*
- ***Chitrak (Plumbago zeylanica)***: Stimulates metabolism and fat breakdown

These herbs are administered in decoctions, powders, or combined formulations and are reported to reduce body weight, lipid profiles, and waist circumference.

### Panchakarma Therapies

*Panchakarma* therapies are pivotal in detoxification and balancing *doshas*:

- ***Virechana (purgation)***: Eliminates excess *Kapha* and *Ama*
- ***Udvartana (herbal powder massage)***: Stimulates circulation and reduces subcutaneous fat

- **Basti (medicated enema):** Supports detoxification and metabolic regulation

### Modern Medical Management

Modern obesity management includes dietary restriction, increased physical activity, pharmacotherapy (orlistat, liraglutide, semaglutide), and surgical interventions like gastric bypass and sleeve gastrectomy. Studies indicate that pharmacotherapy is effective for moderate obesity, whereas surgery is reserved for morbid obesity with comorbidities.

### Integrative Approaches

Recent studies indicate that combining Ayurvedic therapies with conventional treatments improves weight reduction, metabolic parameters, and quality of life. Integrative protocols, including Medohara herbs alongside diet and exercise, demonstrate enhanced efficacy, suggesting the potential for holistic management of obesity.

### DISCUSSION

Integrating Ayurvedic and modern therapeutic strategies provides a holistic approach to obesity management. Modern medicine effectively reduces weight but often focuses solely on energy balance, neglecting metabolic and psychosomatic factors. Ayurveda addresses these underlying imbalances, offering personalized interventions based on *Prakriti*, *Agni*, and *Dosha* status.<sup>[16]</sup>

Herbal Medohara formulations not only facilitate weight loss but also provide antioxidant, anti-inflammatory, and lipid-lowering benefits, aligning with modern pharmacological targets. Panchakarma therapies, especially Virechana and Udvartana, complement modern approaches by detoxifying the system and enhancing metabolic efficiency.<sup>[17]</sup>

Challenges include standardizing Ayurvedic formulations, ensuring safety, and establishing evidence-based clinical protocols. Collaborative research and well-designed randomized controlled trials are needed to validate integrative strategies. Moreover, patient adherence, lifestyle modification, and education play crucial roles in long-term efficacy.<sup>[18-19]</sup>

Integrative approaches may improve patient compliance, address comorbidities, and reduce dependence on pharmacotherapy. Combining classical wisdom with contemporary scientific evidence can establish a robust framework for

sustainable obesity management, potentially lowering the burden of non-communicable diseases globally.<sup>[20]</sup>

### CONCLUSION

*Atisthoulya* (obesity) is a complex, multifactorial disorder with significant health implications. Classical Ayurvedic texts emphasize the role of Kapha dosha imbalance, impaired Agni, and accumulation of Meda and Ama in its pathogenesis. Management strategies in Ayurveda focus on dietary regulation, lifestyle modification, herbal Medohara therapies, and Panchakarma detoxification, aiming not only to reduce weight but also to restore metabolic and psychosomatic balance.

Modern medical approaches offer effective tools for weight reduction, including dietary interventions, exercise regimens, pharmacotherapy, and surgical options. However, these approaches primarily address symptom control and often do not consider individualized constitutional factors or long-term metabolic regulation.

Integrating Ayurvedic and modern therapies provides a comprehensive strategy that addresses both etiological and symptomatic aspects of obesity. Evidence suggests that combined interventions enhance weight loss, improve lipid profiles, and promote sustainable health outcomes. Personalized, constitution-based interventions, patient education, and lifestyle modification are critical components of this integrative approach.

Future research should focus on rigorous clinical trials assessing safety, efficacy, and standardized protocols for combined therapies. Such efforts will bridge traditional knowledge with modern science, fostering evidence-based integrative practices for obesity management. Ultimately, adopting a holistic approach that unites Ayurvedic principles with contemporary medical strategies can improve patient outcomes, enhance quality of life, and mitigate obesity-related health risks.

### REFERENCES

1. Charaka Samhita, Chikitsa Sthana 15/1–10.
2. Sushruta Samhita, Chikitsa Sthana 21/1–5.
3. Ashtanga Hridayam, Sutrasthana 12/34–42.
4. Shukla VK, Mahapatra SC. Medohara herbs in obesity management. *J Ayurveda Integr Med.* 2015;6(2):121–128.

5. Kumar S, et al. Role of Panchakarma in obesity: A clinical review. *AYU*. 2018;39(4):215–222.
6. Mishra L, Singh BB. Scientific basis of Ayurvedic interventions in obesity. *J Ayurveda Integr Med*. 2017;8(3):155–164.
7. Sharma R, Dash B. Ayurvedic management of Atisthoulya. *J Nat Sci Biol Med*. 2016;7(1):28–33.
8. World Health Organization. Obesity: Preventing and Managing the Global Epidemic. Geneva: WHO; 2000.
9. Bray GA, et al. Management of obesity. *Lancet*. 2016;387(10031):1947–1956.
10. Apovian CM. Pharmacological management of obesity. *J Clin Endocrinol Metab*. 2016;101(5):1622–1630.
11. Sjöström L. Bariatric surgery and long-term weight loss. *JAMA*. 2012;307(7):777–786.
12. Singh S, et al. Integrative approach for obesity: A systematic review. *J Ayurveda Integr Med*. 2020;11(3):265–273.
13. Tripathi K, et al. Medohara herbs and lipid metabolism. *Pharmacogn Rev*. 2019;13(25):15–22.
14. Prasad K, et al. Panchakarma therapy in obesity management. *AYU*. 2021;42(2):90–98.
15. Misra A, et al. Obesity and lifestyle interventions in India. *Indian J Endocrinol Metab*. 2019;23(3):329
16. Giri SK, et al. Clinical Safety and Efficacy of Ayurveda Multi-Herbal Formulation in Obesity Management. *J Ayurveda Integr Med*. 2025;16(2):125–133.
17. Kumari H, et al. Medohara and Lekhaniya Dravyas (Anti-Obesity and Hypolipidemic Herbs) in Ayurveda. *J Ayurveda Integr Med*. 2013;4(2):94–101.
18. Chaturvedi A, et al. A Clinical Study on Virechana Karma (Therapeutic Purgation) in Obesity Management. *J Ayurveda Integr Med*. 2020;11(3):198–205.
19. Paranjpe P, et al. A Randomised Double-Blind, Placebo-Controlled Clinical Trial on Ayurvedic Drug Treatments for Obesity. *J Ethnopharmacol*. 1990;29(1):15–22.
20. Balkrishna A, et al. Anti-Obesity Activity of Polyherbal Formulation Divya Medohara. *J Ethnopharmacol*. 2022;287:114961.