

**ASHTADOSHA-CENTERED AYURVEDIC INTERPRETATION OF STHAULYA AND ITS  
RELEVANCE TO MODERN OBESITY PATHOPHYSIOLOGY**<sup>1</sup>\*Dr. Anandana and <sup>2</sup>Dr. Deena Nath Singh<sup>1</sup>JR2, Department of Rog Nidan Evam Vikriti Vigyan Vibhaga, Government PG Ayurvedic College & Hospital  
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**ABSTRACT**

*Sthaulya* (obesity) is a major *Santarpanottha Vyadhi* (disease caused by over-nourishment) described in *Ayurveda*. *Acharya Charaka*, in the *Charaka Samhita*, elaborates the etiopathogenesis, clinical features, and complications of *Sthaulya*, notably highlighting the concept of *Ashtadosha*—eight cardinal defects, that define the morbidity and prognosis of this condition. This article explores the role of *Ashtadosha* in *Sthaulya*, integrating classical and contemporary understanding.

**KEYWORDS:** *Sthaulya*, Obesity, *Ashtadosha*, *Meda Dhatu*.**INTRODUCTION**

*Sthaulya*, commonly equated with obesity, is a chronic metabolic disorder marked by excessive accumulation of *Meda* (adipose tissue) and *Mamsa* (muscle tissue), resulting in characteristic physical and functional impairments.

मेदोमांसातिवृद्धत्वाच्चलस्फिगुदरस्तनः।

अयथोपचयोत्साहो [२] नरोऽतिस्थूल उच्यते॥९॥

(Ch.Su.21/9)

*Sthaulya* in *Ayurveda* refers to obesity, a condition characterized by excessive accumulation of *Meda Dhatu* (fat tissue) and *Mamsa Dhatu* (muscle tissue), resulting in a pendulous appearance of body parts like the abdomen, hips, and chest, and a lack of energy. It is considered one of the eight undesirable (*Ashta Nindita*) conditions described by *Acharya Charaka* in the “*Asthaninditiya Purusha Adhyaya*”.

*Charaka*'s detailed exposition on *Sthaulya*, especially the *Ashtadosha*, underscores the multidimensional impact of obesity on health and quality of life.

**Pathogenesis of *Sthaulya* According to *Acharya Charaka***

*Charaka* attributes *Sthaulya* to indulgence in *Madhura* (sweet), *Guru* (heavy), *Snigdha* (unctuous), and *Sheeta* (cold) foods, excessive sleep, lack of exercise, and hereditary factors. These factors lead to *Kapha* and *Meda*

*Vridhhi* (increase), resulting in *Srotorodha* (obstruction of bodily channels), improper tissue nourishment, and a vicious cycle of metabolic disturbance.

मेदसाऽऽवृतमार्गत्वाद्वायुः कोष्ठे विशेषतः।

चरन् सन्धुक्षयत्यग्निमाहारं शोषयत्यपि॥५॥

तस्मात् स शीघ्रं जरयत्याहारं चातिकाङ्क्षति।

विकारांश्चाश्नुते घोरान् कांश्चित्कालव्यतिक्रमात्॥६॥

(Ch.Su 21/6)

***Ashtadosha: The Eight Defects of *Sthaulya****

In the context of *Ashtadosha*, “*Dosha*” does not refer to the three *Ayurvedic* humors, but instead means “defect” or “fault” in Sanskrit—something that causes disturbance or imbalance. “*Ashta*” means eight, so “*Ashta Dosha*” refers to eight specific pathological features or complications. These eight doshas are considered indicators of disease severity or progression, highlighting undesirable changes in the body.

अतिस्थूलस्य तावदायुषो हासो जवोपरोधः [१] कृच्छ्रव्यवायता  
दौर्बल्यं दौर्गन्ध्यं स्वेदाबाधः क्षुदतिमात्रं पिपासातियोगश्चेति  
भवन्त्यष्टौ दोषाः। (Ch.Su. 21/4)

*Charaka* describes eight principal defects (*Ashtadosha*) in *Sthaulya*, each contributing to the morbidity and poor prognosis of the disease.

No.	Ashtadosha (Defect)	Description
1	<i>Ayushahrasam</i>	Decreased lifespan
2	<i>Javoparodha</i>	Impaired physical activity/movement
3	<i>Krichha Vyavayata</i>	Difficulty in sexual activity
4	<i>Daurbalya</i>	General debility/weakness
6	<i>Daurgandhya</i>	Foul body odor
7	<i>Kshudhatimatra</i>	Excessive hunger
8	<i>Pipasatimatra</i>	Excessive thirst

### Explanation of Each Dosha with modern correlation

#### 1-Ayushohrasa (Reduced Lifespan)

##### Ayurvedic Pathogenesis

Excessive nourishment of *Meda* (fat) and *Mamsa* (muscle) leads to improper nourishment of other tissues, resulting in early onset of diseases and reduced longevity. *Meda* blocks the channels (*srotas*), causing systemic dysfunction.

##### Modern Correlation

Obesity is a major risk factor for reduced life expectancy due to increased incidence of cardiovascular diseases, hypertension, diabetes, stroke, and certain cancers. Central (visceral) obesity, specifically, is linked to higher mortality and morbidity rates.

#### 2. Javoparodha (Impaired Physical Activity)

##### Ayurvedic Pathogenesis

Excess *Meda* and *Kapha* cause heaviness and stiffness in the body, restricting movement and reducing agility.

##### Modern Correlation

Obese individuals experience reduced mobility and physical endurance due to increased body mass, joint stress, and musculoskeletal strain. This leads to a sedentary lifestyle, which further exacerbates obesity and related complications.

#### 3. Krichha Vyavayata (Difficulty in Sexual Activity)

##### Ayurvedic Pathogenesis

Obstruction of reproductive channels (*shukravaha srotas*) by *Meda* and *Kapha* leads to sexual dysfunction, infertility, and reduced libido.

##### Modern Correlation

Obesity is associated with infertility in both males and females, erectile dysfunction, and hormonal imbalances such as polycystic ovarian syndrome (PCOS) in women and hypogonadism in men.

#### 4. Daurbalya (General Debility/Weakness)

##### Ayurvedic Pathogenesis

Despite excess body mass, improper tissue nourishment and blocked channels result in weakness, fatigue, and reduced immunity.

##### Modern Correlation

Obese individuals often have sarcopenic obesity (loss of muscle mass with increased fat), leading to physical weakness, reduced stamina, and increased susceptibility to infections and chronic illnesses.

#### 5. Daurgandhya (Foul Body Odor)

##### Ayurvedic Pathogenesis

Accumulation of *Meda* and excessive sweating (*sweda*) create an environment for bacterial growth, resulting in foul odor.

##### Modern Correlation

Obese individuals are prone to bromhidrosis (foul-smelling sweat), skin infections, and intertrigo due to excessive sweating and skin folds, which promote bacterial and fungal growth.

#### 6. Swedabadha (Excessive Sweating)

##### Ayurvedic Pathogenesis

*Kapha* and *Meda* increase body heat and moisture, leading to profuse sweating even with minimal exertion.

##### Modern Correlation

Obesity is linked to hyperhidrosis (excessive sweating) and heat intolerance due to impaired thermoregulation and increased insulation from fat tissue.

#### 7. Kshudhatimatra (Excessive Hunger)

##### Ayurvedic Pathogenesis

Erratic digestive fire (*Agni*) and *Meda* accumulation stimulate constant hunger, leading to overeating and further weight gain.

##### Modern Correlation

Obese individuals often experience dysregulation of appetite hormones (such as leptin and ghrelin), leading to persistent hunger and difficulty controlling food intake. This is a key factor in the cycle of weight gain.

#### 8. Pipasatiyoga (Excessive Thirst)

##### Ayurvedic Pathogenesis

Aggravated *Agni* and *Vata*, along with *Meda* accumulation, cause dryness and increased thirst.

##### Modern Correlation

Excessive thirst is common in obesity and is also a classic symptom of diabetes mellitus, which is frequently associated with obesity due to insulin resistance and hyperglycemia.

##### Pathophysiological Insights

*Charaka* emphasizes that in *Sthaulya*, only *Meda* is excessively nourished, while other Dhatus are deprived, leading to a cascade of complications. The Ashtadosha are not merely symptoms but represent the systemic impact of *Sthaulya*, affecting lifespan, physical and

mental functions, and overall homeostasis.

### Clinical and Contemporary Relevance

The *Ashtadosha* framework mirrors modern understanding of obesity-related complications, such as metabolic syndrome, cardiovascular risk, and psychosocial distress. *Charaka's* insight provides a holistic approach to diagnosis and management, stressing the importance of early intervention and lifestyle modification.

### CONCLUSION

*Charaka's* delineation of *Ashtadosha* in *Sthaulya* provides a holistic and clinically relevant framework for understanding the multifactorial impact of obesity. The *Ashtadosha* encapsulate the physiological, metabolic, and psychosocial burdens of *Sthaulya*, guiding both diagnosis and management. This ancient perspective remains remarkably pertinent in the context of the global obesity epidemic, reinforcing the value of integrative approaches in prevention and care.

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