

**PATHYA AND APATHYA IN THE MANAGEMENT OF STHOULYA: A
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ABSTRACT

In general, underweight individuals are more likely to die than overweight or obese individuals. Obesity is a long-term health issue that affects individuals all over the world like an epidemic. In India, there were around 135 million obese people. In Sthaulya, Dushya predominate condition Medo dhatvagni Mandya causes excess of Med dhatu production, which leads to obesity. One of the most common conditions in the modern era is obesity. According to the World Health Organization, obesity is one of the most ignored public health problems affecting individuals of all ages worldwide. Reduced physical activity, increased consumption of fast food, and sedentary lifestyles are the primary causes of obesity. Several Acharyas in Ayurveda cite Santarpanjanya Vyadhi as the cause of Sthaulya (obesity). Many therapeutic remedies and medications, such as Pathya-Apathya, Dinacharya, and Yogasana, which have all been shown to successfully reduce and prevent this worldwide problem, are described in detail in Ayurvedic writings. An attempt has been made to investigate obesity from both a modern and Ayurvedic perspective, as well as to determine whether Ayurveda offers any effective remedies for the illness. Etiopathology, categorization and symptoms of Sthaulya are covered in this article. Additionally, it discusses medication-based therapeutic treatments and preventive measures including Nidan Parivarjan, Pathya-Apathya, Dinacharya, and Apatarpan Chikitsa.

KEYWORDS: Sthoulya, pathya, apathya, santarpanjanya vyadhi, apatarpan chikitsa.**INTRODUCTION**

Obesity has become a major worldwide problem as a result of changes in lifestyle and increased demand for fast food. The World Health Organization now formally recognizes it as an illness, even though it was previously classified as a lifestyle disorder. The World Health Organization (WHO) defines obesity as having a body mass index (BMI) of 30 kg/m² or more. The World Health Organization (WHO) declared in a 1997 news release that obesity, which has numerous detrimental impacts, ought to be regarded as one of the most important but underappreciated health issues of our day, possibly having a more detrimental influence on health than smoking. In both industrialized and developing

countries, the prevalence of obesity is rising.^[3] In Ayurveda, obesity is linked to Sthaulya or Medoroga.

It is one of the eight unpleasant states according to Acharya Charaka (Ashta Nindit Purush). He considered Kapha Nanatmaja Vikar and a Santarpanjanya Vyadhi.^[4] Acharya Sushruta refers to it as Rasa Nimittaja Vyadhi, which is the result of a disturbed Medovaha Srotas.^[5] A disorder known as Medo dhatvagani Mandya causes Vikruti of Medodhatu to rise excessively, which causes fat.

An improper and excessive accumulation of fat in adipose tissue is the hallmark of obesity. This results in

an excess of Mamsa and Meda, which causes the hips, belly, and breasts to become flaccid. We refer to it as Sthaulya. It occurs when a person consumes more calories than their body requires on a daily basis; the excess calories are then converted to fat and stored.

METHODS AND MATERIALS

Numerous Ayurvedic textbooks have been used to gather information on obesity. the Charaka Samhita, the Sushrut Samhita, the Asthang Hridayam, and the Asthang Sangraham. collected using several search engines, such as Google Scholar, Medline, Scopus, and PubMed. These references were subjected to extensive comparison and evaluation.

Definition of Obesity

Obesity has been defined as body content greater than 25% of total body weight for males and greater than 30% for females. Obesity is defined as B.M.I. greater than 30 kg/m². In south Asian countries, Obesity is defined by WHO as a BMI more than 25 kg/m² attributable to central obesity.

Classification^[6]

Disease classification should be based on several factors, such as onset, severity, chronicity, histology, and distribution of fat, In order to facilitate diagnosis, prognosis, and straightforward care. which are listed below.

1) On the basis of onset

1. Insidious
2. Gradual
3. Rapid

2) On the basis of BMI

1. Below 18.5: Underweight
2. 18.5-24.9: Normal weight
3. 25.0-29.9: Pre obesity or Overweight
4. 30.0-34.9: Obesity class 1
5. 35.0-39.9: Obesity class 2
6. Above 40: Obesity class

3) On the basis of severity

1. Mild
2. Moderate
3. Severe

4) On the basis of etiological factors

1. Physiological: Observed temporarily during puberty and pregnancy.
2. Pathological: It can be further divided into 3 viz:

5) On the basis of Fat distribution

1. Generalized: Generalized obesity is usually seen in exogenous Obesity.
2. Central type: Involving only the neck and trunk.
3. Superior (Buffalo type): Involving the face, neck arms and upper part of trunk.
4. Inferior type: Involving lower part of trunk and legs.

5. Girdle type (Gynoid Obesity): Involving hips, buttock, abdomen and with a fatty apron.

6. Breachers of trochanteric type: Involving the buttocks.

7. Lipomatous type: Multiple lypomatosis with localized deposits of fat over the

6) Histopathological classification

1. Hypertrophic Obesity: Involves enlargement of fat cells, hypertrophic obesity tends to correlate with an android fat distribution and this is more often associated with metabolic disorder such as diabetes mellitus, Hypertension, Coronary artery diseases and Hyperlipidemia.

2. Hyperplastic Obesity: The total no. of fat cells is increased in Hyperplastic Obesity.

7) According to Etiology

1. Physiological: Observed temporarily during pregnancy delivery and lactation.

2. Idiopathic: Obesity is labelled idiopathic after all possible cause of weight gain have been investigated and ruled out.

3. Water salt retention: Characterized by sudden increase of body weight which responds promptly to diuretics therapy

4. Dermis disease: Obesity associated with symmetrical tender and painful lumps over the body.

5. Hyper insulinism: Obesity observed in cases of pancreatic tumor associated with attacks of spontaneous hypoglycemia or in diabetic children over treated with insulin.

Definition of Sthoulya

According to Ayurveda: The *meda*, *mansadhatu* gets vitiated and lodged in nitamba, stana and udara region. Due to these regions move during any activity done by person. There is improper growth and development of that organ whereas, the patient also lethargic. That person is said to be sthoulya.

Etiology (Nidana)^[7,8]

Aharaj Nidana

- *Adhyashan* (eating while the preceding meal is still being digested)
- *Atibruhana* (consuming calorie-dense meals)
- *Madhura Ahara* (overuse of sweet flavours in food).
- *Sheeta* (meals that are cold).
- *Snigdha Ahara* (fatty food)
- *Navanna* (grain just harvested).

Viharaj Nidan

- *Avyayam* (insufficient physical activity)
- *Avyavaya* (absence of sex)
- *Diwaswapna* (Daytime sleep)
- *Asana sukha* (extended periods of sitting)
- *Swapnaprasangat* (oversleeping)
- *Harshnitya* (the state of constant joy).

Manasika Nidana

- *Achintana* (stress-free)
- *Manso nivritti* (mind relaxation)
- *Saukhya* (Happiness).

Others

- *Beejdosha* (faulty genes)
- Consumption of excessive sweets by the pregnant mother.

Purvarupa (Prodromal symptoms)

Symptoms that develop prior to the illness's full presentation Among these are.

1. Excessive sleep
2. Fatigue
3. Lethargic behaviour
4. A strong bodily odour
5. body heaviness
6. The bodily part's laxity.

Rupa (Symptoms)^[9]

According to the classics, *Atisthool* person have following symptoms.

1. *Javoparodha* (restricted or impeded mobility (affected by excessive fat accumulation).
2. *Krichhvyavaya* (difficulty in sexual activity or impotence (Caused by *Medas* blocking the semen route).
3. *Dourrbalya* (debility as a result of *Dhatu* imbalance).
4. *Swedadhikya* (excessive perspiration due to vitiated *Medas* and *Kapha Dosh*).
5. *Dourgandhya* (an offensive bodily odour)
6. *Pipasa* and *Khudha Adhikya* (Severe thirst and hunger).
7. *Ayushohrasa* (reduction in lifespan).

Samprapti (Pathogenesis)^[10]

वन्ति चात्र- मेदसाऽऽवृतमार्गत्वाद्वायुः कोष्ठे विशेषतः। चरन् सन्धुक्षयत्यग्निमाहारं शोषयत्यपि॥ ५॥
 तस्मात् स शीघ्रं जरयत्याहारं चातिकाङ्क्षति विकारांश्चाश्रुते घोरान् कांश्चित्कालव्यतिक्रमात्॥ ६॥
 एतावुपद्रवकरौ विशेषादग्निमारुतौ एतौ हि दहतः स्थूलं वनदावो वनं यथा॥ ७॥
 मेदस्यतीव्रं संवृद्धे सहसैवानिलादयः विकारान् दारुणान् कृत्वा नाशयन्त्याशु जीवितम्॥ ८॥
 मेदोमांसातिवृद्धत्वाच्चलस्फिगुदरस्तनः अयथोपचयोत्साहो नरोऽतिस्थूल उच्यते॥ ९॥
 इति मेदस्विनो दोषा हेतवो रूपमेव च निर्दिष्टं,। ? ०।

Nidana Sevana

The *Kaphadi Dosh*'s vitiation

Enhanced *Meda dhatu* blocks the abdomen's *Vata Dosh* pathways.

Vata Dosh stimulates *Agni* in *Koshta*, which leads to the urge for excessive food intake and rapid food digestion.

Consumption of a larger amount of food

↓
Sthaulya

SAMPRAPTI GHATAK**Dosha**

Kapha- Kledaka
 Pitta- Pachaka
 Vata- Samana, Vyana
Dushya- Meda
Agni: Jatharagni, Dhatvagni(Medodhatvagni)
Srotasa: Medovaha Srotasa
Srotodushhti: Sanga
Udbhavasthana: Amashaya
Prasara: Rasayani
Rogamarga: Bahya
Ama: Jarharagnimandhyajanita, Medo dhatvagni mandhya janita.
Vyaktisthana: Sarvanga, especially Sphika, Udara, Stana Vapavahan and Medodharakala are examples of Adhithana

Chikitsa (Treatment)

1. **Nidana Parivarjana:** *Aharatmak*, *Viharatmak*, and *Mansik Nidana* should all be avoided.
2. **Aptarpana Chikitsa^[11]:** *Sthaulya* is *Santarpanjanya Vikar* since *Aptarpana Chikitsa* is considered, it is advisable to practice it in order to lose excess fat. Obese people should eat heavy, difficult-to-digest foods (lower in carbohydrates and fat), as this will suppress their hunger.

Three steps of the *Shat Upkrama* are included in *Aptarpana Chikitsa*.

- A)Langhan
- B)Rukshana
- C)Swedana

3. Sanshodhana

Vaman
 Virechan
Shiro Virechana (Karshan Nasya)
Niruh Basti.

Vamana (Medicated Emesis) and *Virechana* (Medicated Purgation) are two aspects of *Samshodhana* therapy that should be administered to all obese patients with excess *Dosha* and excess *Bala* (More strength). *Acharya Charaka* also suggests *Ruksha*, *Ushna*, and *Tikta Basti* (Enema including hot, bitter, and dry medications). One type of external therapy recommended by *Bahya Shodhana* (traditional medicine) for managing obesity is *Ruksha Udvartana*, or dry powder massage.

4. Sanshamana

Upavasa
Vyayam
Maruta sevana
Atapa sevana
Pipasa.
Udvartana

5. Single drug

- *Vacha*
- *Patla*
- *Amlaki Churna*
- *Arjuna Churna*
- *Gambhari*
- *Musta*
- *Vidanga*
- *Bilva*
- *Shunthi*
- *Shilajatu*
- *Gomutra*
- *Kshara*

6. Formulation

- *Navaka Guggulu*
- *Dasang Guggulu*
- *Arogyavardhini Vati*
- *Medohara Guggulu*
- *Amritadi Guggulu*
- *Triphla Churna*
- *Brihata Panchamula*
- *Loha Arista*
- *Phaltikadi Kwath*
- *Chavyadi Sattu*
- *Triphaladi Tailam Shilajatu Rasayan*

7. Lekhaniya Mahakashaya

- *Vacha*
- *Chitrak*
- *Kustha*
- *Mustaka*
- *Chitrak*
- *Katuki*
- *Daru haridra*
- *Haridra*
- *Chirbilva*
- *Hemvatya*

Pathya-Apathya*^[12]*Pathya Aahar**

Mudga, Masura, Yava, Rajmasha, Kulattha, Patola, Takra, Madhu, Ushnodaka, Karavelaka, Patrashaka, Shigru, Kodrava, Puran Shali, Priyangu, Laja Vrutnaka, Trapusha, Ervaruka, Adraka, Mulaka, Grajjan, Kapitha, jambu, Amalaki, Bibhitaki, Haritaki, Maricha, Pippali, Bilvaphala, Erandakarkati, Ankola, Bilva, Jambu, Badara, Vibhitaki, Dadima, Vrksamla, Matulunga, Punarnava, Lashuna, Bimbi, Takra, Madhu, Ushnodaka, Tila, Sharshapa, Taila, Aasav-Arishta, Jeerna, Madya.

Pathya Vihar

Nitya Langhana (Reducing therapy used regularly), Chintana (Critical Thinking), Shrama (Working Hard), Krodha (Anger), Shoka (Despairing), Vyavaya (Sexual activity), Jagarana (Late nights).

Apathya Aahar

Navanna, Shali, Masha, Godhuma, Taila, Madhuraphala, Navnita, Ikshu, Ghrita, Dadhi Anupa, Mamsa, Audaka

Mamsa Madhura phala, Mrudvika, Karkandhu Panasa, Mocha, Vatama, Slesmataka, Ankota, Kharjura, Narikela, Priyala, Balaamra, Kanda, Shaka, Madhura Rasatmaka, Utpala, Cangeri, Kasamarda, Palandu.

Apathya Vihar

Avyayama (Less activity), Avyavaya (Less pleasure), Swapna Prasanga (Oversleeping), Sukha Shaiya Nitya Harsha (Happiness), Achintana, Manaso Nivritti, Sheetala Jala Snan (Taking a bath with cold water), Divaswapa (Day-slumbering).

Kangu (Priyangu) (Callicarpa Macrophylla)

Kangu can be added to the diet of patients with Atisaara (diarrhea) and Grahani (IBS) because of its Sangrahi property, which absorbs excessive fluids, aids in the normal generation of feces, and improves digestion. Kangu possesses both Brimghan (body tissue nutrition) and Shoshana (drying up excess moisture) qualities. Since it absorbs excess Kleda and overnourished Dhatus without impairing the body, it can be incorporated into the diets of Madhumeha (diabetes mellitus) and Sthoulya (obesity). Due to its Bhagna sandhanakari (fracture healing) properties, kangu can be incorporated into a patient's diet. Additionally, it promotes sexual desire because it is a Vrishya (aphrodisiac).

Gaveduka (Coix lachryma jobi)

Its symptoms are identical to those of Syamaka. calms Pitta dosha and Slehsma. It can be administered to a patient who exhibits extreme unctuousness because it is also Ruksha in nature. It can be recommended in Sthoulya (obesity), Prameha (diabetes mellitus), and Medoroga (diseases caused by excessive lipids) due to its Shoshana (dries up excessive moisture) and Rukshna (reduces unctuousness) properties. It is specifically useful in obesity and obese diabetic (dm) patient, and other Kapha pradhana diseases. The greeus prepared with fried Gavedhuka along with honey is mentioned as effective medication for weight loss by Acharya Charak.

Cheenaka (Panicum miliaceum)

Cheenak is Guru (heavy), Ruksha in Kapha hara in nature, so it can be used in Guru Aptarapana which is the management described in Santarpan Janya Vyadhi (diseases due to over nourishment of body tissues) such as Sthoulya (obesity), Prameha (diabetes mellitus) and Medoroga (dyslipidemia) It provides nourishment to the body tissues to its Brihmghana property.

It is advised in diet of the patient of bone fracture due to its Asthibhagna sandhankari or fracture healing property. Jun DY et al. (2014) reported on pro-apoptotic and anti-adipocytic activities toward adipocytes which is useful in obesity. Shimanuki S et al (2006) reported on the ability of Proso millet in increasing the HDL levels and thus may have strong protective effects against the risk of coronary heart disease development.

Nartaki (*Eleusine coracana*)

Due to its Tikta (bitter), Madhura (sweet), Kashaya (astringent) Rasa and Sita virya (cold in potency) it can be advised in Raktapitta (bleeding disorders), Amlapitta (gastric disturbances), and Twak roga (skin diseases) due to its Tikta (bitter), Madhura (sweet), Kashaya (astringent), Rasa, and Sita virya (cold in potency). As it is Tikta-Kashaya (bitter and astringent in taste) and Balya (increases strength and energy), Snigdha guna yukta (property of unctuousness), Durbala (loss of energy due to Balya Karma) (helps to improve energy), Sthoulya (obesity), and Prameha (diabetes mellitus). Murtaza N et al. (2014) reported on anti-obese property of finger millet and also its role in overcome the oxidative stress induced because of obesity^[14] Kumari PL et al. (2002) reported the potential action of finger millet in opposition to hyperglycemia in diabetes mellitus that is not insulin dependent.^[14] According to Srivastava et al. (2012), finger millet is a nutrient storehouse that aids in energy production through consumption.^[15] The Millet Recipes Encouraged by the Ayush Department The Institute for Teaching and Research in Ayurveda (ITRA) Jamnagar prepared foods based on millet, including Ragi idli, cereal, soup, drinks made with Ragi, Sattu, sorghum-based pizza, Jawar Khichu, Kodo millet Khichri, millet Dahi vada, millet Dhokla, ragi barfi, millet Kofta, Khakra, cookies, cake, chocolate rolls, etc. Ragi biscuits were created in the NIA Jaipur pharmacy. The premix for millet-based Poshak pancakes was created with ITRA's assistance.

Shyamaka:(Echinochloa Frumentacea)

calms Pitta dosha and Slehsma. It can be administered to a patient who exhibits extreme unctuousness because it is also Ruksha in nature. It can be recommended in Sthoulya (obesity), Prameha (diabetes mellitus), and Medoroga (diseases caused by excessive lipids) due to its Shoshana (dries up excessive moisture) and Rukshna (reduces unctuousness) properties. Additionally, it encourages regular urine production. Because of its Lekhaniya (scraping) quality, it might be associated with other Kapha-Pitta Pradhana rogas like Amavata (rheumatoid arthritis) and Twak Vikara (skin diseases). According to Joshi S et al. (2016), shyamaka is helpful in managing diabetes mellitus since it has a lower glycemic index than other grains.^[16]

Mudga (*Vigna radiata*)

Laghu, Medorogahita, Kaphahara is the location.^[17] Mudga's Kashaya rasa causes Rukshatha, which reduces Kapha dosha and dries out Meda Dhatu and Kleda, resulting in Srotoshodhana. Hingu Mudga Parpata (Papadums) can be made with Mudga, Jeeraka, Hingu, Maricha, and Saindhava Lavana. Mudga can be recommended in the form of Yusha by adding Saindhava Lavana. Instead of being fried in oil, they are finest roasted over a fire. These are Deepana Agni. It is a great source of proteins, amino acids, and carbs. Mudga, Hingu, Jeeraka, and Adraka flour are used to make mudgendari, or mudga-based idli.

Shali can be substituted with mudga. In Sthoulya, which shares Laghu and Ruksha gunas, Mudgadi Kashaya Peya, which is composed of Mudga, Laja, and Khadira, can be administered, boosting the Dhatwagni and Kaphahara.

Yava (*Hordeum vulgare*)

It contains Kashaya and Madhura Rasa. Kashaya Rasa lowers Kapha, Pitta absorbs Kleda, and Meda causes Agni Vardhana and Lekhana Karma. Sheeta Veerya and Madhura Rasa perform Sharira Dhatu Bala Vriddhi. It contains Kaphahara, Ruksha, and guru gunas. The body's Sneha, Meda, and Kleda are absorbed by Katu Vipaka. possesses Lekhana karma and Agnivardhaka.^[19] Yava was identified as a Nitya sevaniya Dravya by Acharya Charaka.^[20] Along with Ushna jala, Madhu, and Vacha, it is regarded as a Lekhaniya Dravya.^[21] Cited as Shreshta Dhanya in Sushruta Samhita. Compared to wheat and other grains, barley is easier to digest and contains a number of active ingredients, such as phenolic acid, flavonoids, lignans, beta-glucan, and folates. Dietary fiber may reduce the risk of obesity because of its strong anti-inflammatory properties.

It is a rich source of macronutrients, including ferulic acid and coumaric acid, which have anti-adipogenic properties and suppress adipogenesis. Barley's phytochemicals are a great source of fiber and antioxidants that increase fullness. It contains a lot of beta glucan, a type of soluble fiber known for reducing cholesterol. In several Ahara Kalpana, including Manda, Yusha, Peya, Vilepi, Sakthu, Anna, Yavagu, Vatya, Utkarika, and Krutanna, Yava might be advised as a Pathya.

Takra- (Butter milk)

After adding one-fourth of the water, the curd is churned to make takra. Takra has Kapha-vatahara gunas and is Agnideepana, grahi, and readily digested. Because of its Madhura Vipaka, it does not induce Pitta Prakop. Its Kashaya rasa, Ushna veerya, and Ruksha guna make it beneficial in Kapha Prakopa. Its Madhura Vipaka, Amla Rasa, and Snigdha Guna make it beneficial in Vata Prakopa. Amla Takra + Shunti/Amla Takra + Saindhava Lavana in Vata Prakopa. Madhura Takra+Trikatu Churna in Kapha Prakopa. According to Roga bala and Rogi bala, one should take Takra for seven, ten, fifteen, or one month. Takra consumption should occur in increasing order. One should lower the dosage in the same way after reaching the maximum dose.

Takra should not be abruptly stopped, and it is recommended to take it during the winter. With just 40 calories and 3.31g of protein per 100ml, buttermilk is a low-calorie, high-protein beverage that is a great addition to diets for weight loss. Because buttermilk has less saturated fat, it is safe for those who have high cholesterol. According to clinical research, buttermilk's sphingolipid molecules stop the stomach from absorbing cholesterol, which lowers cholesterol levels.

Vruntaka (*Solanum melongena*)

Agni is enhanced by Teekshna Laghu Guna with Ushna Veerya and Katu Vipaka Seedless brinjal cooked over a smokeless fire and combined with Ardraka, Nimbu, Saindhava Lavana, and Taila. Burned dry on coal, Bhatitrikam-Vruntaka is mashed and cooked in ghee with Hingu, Saindhava Lavana, and other spices. Bhatitrikam is the name of this preparation.^[22] Brinjal cooked over Mrudu Agni produces Vata Kaphahara and Agni Deepana. Vruntaka is Kapha-Medo-Anila-Amaghna, Laghu, and Agni Deepana when cooked over Angara (fire), but it becomes Guru and Snigdha when combined with Taila and Lavana. An excellent appetizer is Tila Taila Bhrishta Vartaka.

Lashuna (*Allium sativum*)

With the exception of Amla rasa, Snigdha-Teekshna-Guru Guna, Ushna veerya, Katu vipaka, and Kapha-Vatahara, it possesses Pancharasa. Lashuna has been proved in numerous clinical trials to be beneficial to the heart by reducing triglycerides, LDL cholesterol, and total cholesterol.^[23] It can be taken as Ksheerapaka, combined with Takra, or used as a seasoning with other spices. Its Katu and Teekshna Guna help to clear the Srotorodha. By downregulating the expression of several genes involved in adipogenesis and upregulating the expression of mitochondrial inner membrane proteins, garlic extract—more especially, allicin—is known for its ability to reduce weight, decrease the mass of adipose tissue, and improve the plasma lipid profile. Additionally, allium appears to have an impact on the gut microbiota's composition in addition to significantly lowering BMI, weight, waist, and hip circumferences. Allium sativum extract was shown in a clinical trial to drastically reduce body weight growth and White Adipose Tissue (WAT) weight despite daily meal intake, as well as lower levels of leptin and adiponectin in obese mice. According to a different study, male Sprague Dawley rats given garlic oil for ten weeks had lower body weight and WAT mass.

Hingu (*Ferula asafoetida*)

Deepana, Pachana, and Vata Kapha Prashamana are performed by Katu Rasa, Teekshna Laghu Guna, Ushna Veerya, and Katu Vipaka. Clinical studies have demonstrated the strong anti-obesity properties of *F. asafoetida* gum; treated rats showed significantly lower serum leptin levels. By promoting bile flow and increasing the activity of the pancreatic and small intestine's digestive enzymes, it plays a significant part in the breakdown of dietary fats.^[24]

Maricha (*Piper nigrum*)

It contains Katu rasa, Laghu Teekshna, Sukshma guna, Katu Vipaka, Ushna Veerya, and is Kapha-Vatahara, Deepana, Chedhana, and Shoshana. According to a research study, piperine, a component of black pepper, inhibits adipogenesis by opposing PPAR γ activity in adipocytes, potentially providing treatment for diseases associated with obesity. According to a different study,

piperine was the primary mechanism by which black pepper inhibited the effects of body fat growth.^[25]

Laja (*Oryza sativa*)

It is Kapha Pittahara, contains Kashaya, Madhura rasa, Alpa Ruksha, Laghu Guna, Sheeta Veerya, and does not exacerbate Vata. Despite having Laghu, Ruksha gunas, and Sheeta veerya, it does Agni Deepana and Medohara. It also calms Vata due to Madhura rasa, Kashaya rasa, and Alpa Ruksha Guna, which are indicated in Kaphaja rogas. Laja can be administered as Manda, which is Laghu; it corrects Mandagni and performs Dhatu poshana, Agni Deepana, and Amapachana.

Kodrava (*Paspalum scrobiculatum*)

It performs Kleda Shoshana, Lekhana, and Madhura Tikta Rasa. Kodo millets are high in B vitamins, particularly niacin, B6, and folic acid, as well as minerals like calcium, iron, potassium, magnesium, and zinc. They are also rich in antioxidants that help counteract dangerous free radicals. They also contain complex carbohydrates and are on the list of foods with a low Glycemic Index, which helps people lose weight. Additionally, it is enhanced with polyphenols, antioxidants, flavonoids, and other compounds that promote good health, and its phytoconstituents and phytates can help people lose weight. These can be served as idli, dosas, soups, poha, upma, and so forth.

Chincha (*Tamarindus indica*)

It has Amla Madhura Rasa, Guru Ruksha Guna, Ushna Veerya, Amla Vipaka. Pakwa and Madhyama Pakwa Chincha Phala-It does Vata Kapha prashamana. This can be used more in Varsha Ritu as it is Vata hara and avoided in Sharath Ritu as does Pitta Prakopa. Chincha can be used in smaller quantities everyday by adding with other spices to food or through Chincha Panaka. Clinical trials have showed that Chincha Phala has Hypolipidemic effect regulating Lipid Metabolism, decreasing Plasma leptin, Serum Cholesterol, Serum LDL levels.

Chanaka (*Cicer arietinum*)

It is Kaphahara with Madhura, Kashaya rasa, Laghu Ruksha guna, and Sheeta veerya. Laghu and Vata Kaphahara make up Brishta Chanaka. In order to remove the Srotorodha, the ruksha guna serves as an effective absorbing agent. Chanaka can be used to lose weight because it is a low-GI food that is high in proteins, dietary fiber, and fat. Chanaka consumption has been linked to lower serum total cholesterol and LDL cholesterol, according to recent investigations.

Jambu (*Syzygium cumini*)

It performs Pachana, Kaphahara, and Vatakara in addition to Kashaya, Madhura, Amla Rasa, Laghu Ruksha Guna, Sheeta Veerya, and Katu Vipaka. Jambu, particularly Jamun seeds and leaves, has been shown in clinical trials on Wistar rats to be useful in lowering

serum LDL, triglycerides, and total cholesterol, all of which are beneficial in lowering dyslipidaemia.

CONCLUSION

In the Santarpanottha Vikara, Charaka discusses Sthaulya (obesity) and suggests Apararpan Chikitsa (lowering therapy) as a remedy. Reducing daily calorie intake and increasing physical exercise are the basic approaches to treating obesity. Right now, Sthaulya's traditional Nidanams are changing. Unhealthy eating habits, rising stress levels, and a decline in exercise awareness are increasingly acknowledged as the primary culprits. People need to be informed about Sthaulya and its dangerous side effects before it spreads to epidemic proportions, as the percentage of the population afflicted by the condition rises every day. Aahar, Vihar, and Aushadhi make up the Trisutra, the foundation of Ayurvedic medicine. Prior to receiving a diagnosis and therapy, a thorough understanding of the disease's etiology, symptomatology, exacerbating and alleviating factors, and pathophysiology is required.

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