

HYPERHIDROSIS AND *STHAULYA*: UNDERSTANDING EXCESSIVE SWEATING IN  
OBESE INDIVIDUALS

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## ABSTRACT

Obesity is a major global health challenge characterized by excessive body fat accumulation, which negatively impacts health and well-being. According to Ayurveda, *Sthaulya roga* is classified as a lifestyle disease that arises when an individual does not adhere to the daily and seasonal routines (*Dinacharya* and *Ritucharya*) and dietary guidelines (*Pathya* and *Apathya*) outlined in Ayurvedic texts. *Charaka Samhita*, a prominent Ayurvedic text, identifies *Sthaulya* as one of the eight undesirable conditions known as *Astaunindita purusha*, with *Atisthaulya* (severe obesity) being one of them. *Charaka* also describes it as a *santarpanjanita roga*, which leads to eight specific defects: *Sthaulyapurusha* (obesity), *Ayuharsa* (reduced lifespan), *Javoparodha* (diminished vitality), *Alpaovyavayita* (decreased sexual activity), *Daurbalya* (weakness), *Daurgandhya* (foul body odor), *Swedabaddha* (excessive sweating), *Ati-trisha* (excessive thirst), and *Ati-kshudha* (excessive hunger). *Dalhana*, categorizes *sthoulya* under *medoroga* (fat-related diseases) and notes that impaired digestion (*mandaagni*) and reduced metabolic activity (*dhatvagnimanda*) are involved in the disease's pathogenesis. Due to the excessive formation of *meda dhatu* (fat tissue), there is an increased production of *sweda* (sweat).

## INTRODUCTION

Obesity, a pervasive and increasingly prevalent health issue globally, refers to the excessive accumulation of body fat that adversely affects health. This condition is multifaceted, influenced by genetic, environmental, behavioural, and socio-economic factors. Over recent decades, the prevalence of obesity has surged across all age groups and socioeconomic strata, driven largely by changes in lifestyle patterns such as sedentary behaviour, high-calorie diets, and reduced physical activity levels. In Ayurveda, *Atisthaulya* (Obesity) is characterized by the excessive accumulation of *Meda* (fat/adipose tissue) and *Mamsa* (flesh/muscle tissue), resulting in flabbiness of the hips, abdomen, and breasts. It is categorized as a *Santarpanotha Vikara* (disease caused by excessive calorie intake) in Ayurveda.

In *Charak Samhita*, *Ati-Sthaulya* is explained under *Asthanindaniya- Purusha*.<sup>[1]</sup> *Sushruta Samhita* has also mentioned *Sthaulya roga* and its pathogenesis on the basis of *Dhatvagni Mandya*.<sup>[2]</sup> *Sthaulya* is considered as a condition of the body that results from vitiated *Meda dhatu*. *Vridha Vagbhatta* and *Vagbhatta* has elaborated the pathogenesis of *Sthaulya* on the basis of formation of *Ama* and altered *Dhatu parimana*. *Madhava nidana* has elaborated the pathophysiology of the *Roga* on the basis of increased *Meda*. *Yogaratanakar* too adopted the name *Medoroga* to explain *Sthaulya*.<sup>[3]</sup>

## Formation of Meda Dhatu

वाय्वम्बूतेजसा रक्तमूष्मणा चाभिसंयुतम्  
स्थिरतां प्राप्य मांसं स्यात् स्वोष्मणा पक्वमेव तत्  
स्वतेजोऽम्बुगुणस्निग्धोद्विक्तं मेदोऽभिजायते। (Ch.Chi.  
15/29-30)

The nutrients (*Ahara Rasa*) absorbed from the digestive tract (*Pakavashaya*) are transported to the heart via the *Samana Vayu*. From there, these nutrients are circulated throughout the body, first through larger channels and then through progressively smaller ones with the assistance of *Vyanavayu*. Ultimately, these nutrients reach the *Sthayi Dhatus* (the stable tissues), providing nourishment essential for all bodily tissues. This nourishment is processed by *Dhatvagni* (metabolic fire of tissues), leading to the formation of *Medo Dhatu*<sup>[3]</sup> (adipose tissue).

## Nidan/Causes of Sthaulya

- Increased intake of energy-dense foods that are high in fat, carbohydrates.
- Overeating and Irregular food habits.
- Lack of Physical activities due to sedentary life style.
- Genetics, endocrine disorders, Medical Reasons or Psychiatric illness.
- Day – time sleeping.

### Samprapti

The main factor responsible for digesting food in cases of obesity (Sthaulya) is Jatharagni. In Medoroga (fat-related disorders), when there is obstruction in the Meda (fat tissue), Vata remains in the Koshta and causes Tikshnagni. This raises the question of how Ama (toxins) can form in the presence of such intense digestion.

Chakrapani and Dalhana have clarified this by giving explanation that in the stage of Tikshnagni, person goes for Adhyasana and Akal Bhojan, which leads to disturbance in Agni and subsequently formation of Ama may take place. Moreover, Dalhana has explained that in the Sthaulya formation of ama is more due to decrease level of Medodhatavagni than Jathragni.<sup>[4]</sup>

In cases of Sthaulya (obesity), the digestive fire (Jatharagni) responsible for metabolizing Meda Dhatu (adipose tissue) becomes impaired. This results in the nutrients (Poshak Ras) meant for Meda Dhatu being delivered in excessive amounts, slowing down Medodhatvagni (metabolic fire of fat tissue). The continuous surplus of nutrients causes Medadhatvagni to operate at a minimal capacity, leading to increased accumulation of Meda Dhatu in the body's depots. and due to excessive formation of Meda dhatu there is increased production of Sweat which is the Mala of Meda dhatu and also updhātu of meda dhatu as by Sharangdhar.<sup>[5]</sup> Moreover, due to reduced production of components at the Medadhatvagni level, subsequent dhatus like Asthi, Majja, and Shukra receive inadequate nourishment. As a result, the formation of these successive dhatus (Ashthi, Majja, Shukra) is hindered.

### Samprapti Ghatak

Dosha- Kledak Kapha, Pachak Pitta, Samana Vyana Vayu

Dushya- Ras, Meda

Srotas- Rasvaha, Medavaha, Udakvaha, Swedavaha Srotodushiti- Sang, Margavarodha<sup>[6]</sup>

Agni- Manda Medadhatvagni

Sthana- Sarva sharir, Sfik, Udar, Stan

Udbhava Sthana- Amashaya

Rogamarga- Bahya

### Lakshan (Symptoms)

According to Charaka<sup>[7]</sup>, mobility or instability of the hips (Chala Sphika), abdomen (Chala Udara), breasts (Chala Stana), lack of timely growth (Ayathopchayotsaha), and excessive increase in muscle mass (Atimedha Mansavruddhi) are commonly observed in all patients with obesity (Sthaulya).

In *Astanga Sangraha Vagbhata* also mention these Lakshan of Sthaulya<sup>[8]</sup>

1. *Kshudhavridhi* (Excessive hunger)
2. *Atitrishna* (Excessive thirst)
3. *Atisweda* (Excessive Sweating)
4. *Shramjanya Swasa* (Breathlessness on mild exertion)

5. *Atinidra* (Excessive sleep)
6. *Karyaadourblyata* (Difficulty to perform heavy work)
7. *Jadyatha* (Stishness)
8. *Alpaayu* (Short life span)
9. *Alpabala* (Decreased bony strength)
10. *Utsahahani* (Inertness)
11. *Sharir Durgandhta* (Foul odour of the body)
12. *Gadgadtava* (Unclear voice)

### ASHTADOSHA OF STHAULYA

Eight consequences of Sthaulya as described in Charaka Samhita<sup>[9]</sup>

1. *Ayushohrasa* (Decreasing life span)
2. *Javoparodha* (Slowness in movement)
3. *Kricchavyavayata* (Difficulty in sex)
4. *Daurbalya* (Weakness)
5. *Daurgandhyam* (Bad odour)
6. *Svedabadha* (Excessive sweating)
7. *Kshudatimatra* (Excessive hunger)
8. *Atipipasa* (Excessive thirst)

### Classification

In Ashtanga Hridaya and Ashtanga Sangraha, Vagbhata have been mentioned three types of Sthaulya i.e., Adhika, Madhyama and Hina with management point of view.

Obesity is classified based on the Body Mass Index (BMI), which is a measure of body fat based on an individual's weight in relation to their height. The World Health Organization (WHO) classifies obesity into different categories as follows:

1. **Underweight:** BMI < 18.5
2. **Normal weight:** BMI 18.5–24.9
3. **Overweight:** BMI 25–29.9
4. **Obesity Class I (Moderate):** BMI 30–34.9
5. **Obesity Class II (Severe):** BMI 35–39.9
6. **Obesity Class III (Very Severe or Morbid Obesity):** BMI ≥ 40

### Treatment of Sthaulya

According to Acharya Charaka and Acharya Sushruta, the primary approach to treating *Sthaulya* is to avoid the factors that contribute to its development i.e. *Nidana Parivarjan*.<sup>[10]</sup> Generally, factors with a predominance of *Snigdha Guna* should be avoided. *Guru* and *Aptarpan Dravya* should be used.<sup>[11]</sup> *Vagbhata* recommends *Nitya Langhana* therapy and advises continuing *Langhana* even during the *Shishir Ritu* for *Sthaulya* patients. *Charaka* suggests practicing different types of *Langhana therapy*, such as *Vamana* and *Virechana*, based on the severity of the disease (*Vyadhibala*) and the patient's physical strength (*Dehabala*). Among the *Sadavidha Upakramas*, *Langhana* and *Rukshana* therapies are considered most suitable for managing *Sthaulya*. *Vagbhata* categorizes all therapies into two main headings: *Langhana* and *Brimhana*. *Langhana*, the treatment approach for *Sthaulya*, is further divided into *Samsodhana* and *Samshamana*.

**Shodhan**

All Sthula patients with *Adhika Dosha & Adhika Bala* should be treated with *Samsodhana therapy*, including *Vamana, Virechana, Niruha, Raktamoksana & Shirovirechana*.

**Shamana**

The therapy which neither expels the *Dosha* from body nor disturbs the homeostasis of *Dosha* is called *Shamana* & is of seven types i.e. *Pachana, Dipana* etc. Among the *Shat Upakramas, Langhana & Rukshana* can be administered in them.

Twak doshadi har lepa/ Swedahar lepa- Shirish, Lamajjak, Hem, Lodhra.

Ruksha Udvartana (Dry medicated powder massage). - Dry powder of herbs is used hence it is known as Ruksha Udvartana. Udvartana opens the circulatory channels,

facilitates the metabolic activity and improves the complexion of skin.

**Common classical preparations used in Sthaulya (obesity)<sup>[12]</sup>**

1. Vati - Aarogyavardhani Vati, Bhedani Vati
2. Churna - Triphala Churna, Trikatu Churna, Vidangadi Churna, Vacha Churna
3. Kwath -Mustadi Kwath, Agnimantha Kwath, Phaltrikadi Kwath
4. Asav Arista - Vidangasav, Lodhrasav
5. Loha - Vidangadi loha, Trayaushan loha
6. Guggul - Navak guggul, Amritadya guggul, Medohar Guggul
7. Rasayan - Shilajatu Rasayan, Guggulu Rasayan, Amlaki Rasayan
8. Akal Aushadh- Guggul, Shilajatu, Vacha, Haritaki, Bhivitaki, Amalaki, Guduchi, Nagarmoth, Vidang, Shunthi, Agnimantha.

**Pathya-Apathya<sup>[13]</sup>****Pathya Apathya Ahara**

Ahara Varga	Pathya	Apathya
ShukaDhanya (Food grain)	Yava, Venuyava, Kodrava, Nivara	Godhuma, Navanna, Sali Shami Dhanya
ShamiDhanya (Pulses)	Mudga, Rajmasha, Kullatha, Masura, Adhaki	Masha, tila
ShakaVarga (Vegetables)	Vrintaka, Patrashaka, Patola	Madhuraphala
Drava (liquid stuff)	Takra, Madhu, Ushnodaka, Dugdha, tiltaila, Asava, Arishta	Ikshu, Navnita, Ghrta, Dadhi
Mamsa (meat)	RohitaMatsya	Anup, Audaka

**Pathya Apathya Vihar**

Pathya	Apathya
Shrama (Hardwork)	Sheetal Jala
Jagarana (Late nights)	Divaswapa (Day sleeping)
Vyavaya (Sexual activity)	Avyavaya (less exercise and less indulgence in sexual activity)
Nitya Langhana (Regular use of Reducing therapy)	Swapna Prasanga (Excessive sleeping)
	Sukhashaiyya (Comfortable bedding)

**DISCUSSION**

Sthaulya and Medoroga are described as Obesity. The pathogenesis (Samprapti) reveals that not only dietary (Aharaj) factors, but also lifestyle (Viharaj), mental (Manas), and hereditary (Bijdosha) factors contribute to impaired digestive fire (Jathragni Mandya), leading to the accumulation of Medo dhatu and Mamsa dhatu. According to Acharya Dalhana, there is a state of Medodhatvagnimandya, which leads to excessive formation of improper Medodhatu leading to Obesity and which further leads to increased production of sweat as it is Mala of Medo dhatu. It's evident that reducing overall energy intake is essential for weight loss. Increasing physical activity, along with cutting calories, can also aid in losing weight, maintaining a healthy body weight, and enhancing overall health.

**REFERENCES**

1. Shastri K, Etal, Charaka Samhita, Chaukhambha Bharati Academy Publication, Varanasi: Edition, 2012.
2. Sushruta, Sushruta Samhita, Sutrasthana, Dosha Dhatu Mala Kshaya Vriddhi Vijnaniyam Adhyaya 15/32, edited by Vaidya Yadavji Trikamji Acharaya and Narayan Ram Acharaya. Varanasi: Chaukhambha Orientalia, 2007; 73.
3. Yogaratnakar, Nidan Sthan, Medoroganidan adhyaya.
4. Shastri AD Etal, Sushruta Samhita, Part-I, Sutra Sthana 15/38 Chaukhambha Sanskrita Sansthan Publication, Varanasi, Edition, 2012.
5. Sharangdhar Samhita Poorva Khand 5/16-17 Chaukhambha Bharati Academy Publication, Varanasi: Edition, 2017.

6. Shastri K, Et Al, Charaka Samhita, Part-I; Sutrasthana 21/3 4 Chaukhambha Bharati Academy Publication, Varanasi: Edition, 2012.
7. Shastri K, Et Al, Charaka Samhita, Part-I; Nidana Sthana 4/8 Chaukhambha Bharati Academy Publication, Varanasi: Edition, 2012.
8. Vagbhata's Asthanga samgraha with hindi commentary by Kaviraj Atridev Gupta, Chowkhamba krishnadas academy Varanasi, 2005; sutrasthan 24/23-24.
9. Shastri K, Et Al, Charaka Samhita, Part-I; Sutrasthana 21/9 Chaukhambha Bharati Academy Publication, Varanasi: Edition, 2012.
10. Susrutasamhita of Susruta with Nibandhasangraha Commentary of Shri Dalhanacharya, Chaukhambha Orientalia 7th editions, 2002; Uttartantra 1/25. 597.
11. Vaidya Charak Ravidatta Samhita Vaidymanorama commentary. Tripathi, with Hindi Chaukhamba Sanskrit pratishthan Delhi, 2013; Sutrasthana 21/20, 303.
12. Kaya Chikitsa, part 3, Prof Ajay Kumar Sharma, Varanasi: Chaukhambha Publicers, edition, 2013; 172-173.
13. Kaya Chikitsa, part 3, Prof Ajay Kumar Sharma, Varanasi: Chaukhambha Publicers, edition, 2013; 178.