WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 22, 108-118. Review Article ISSN 2277–7105

PATHYA–APATHYA IN STHAULYA: A CONCEPTUAL REVIEW OF CLASSICAL AYURVEDIC DIETARY AND LIFESTYLE PRINCIPLES IN THE CONTEXT OF OBESITY

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Article Received on 15 Oct. 2026,
Article Revised on 03 Nov. 2026,
Article Published on 16 Nov. 2026

https://doi.org/10.5281/zenodo.24271739

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How to cite this Article: Dr. Anshuman Himmat Gaikwad[1]*, Dr. Sahana M.[2], Dr. Waheeda Banu[3]. (2026). Pathya-Apathya in Sthaulya: A Conceptual Review of Classical Ayurvedic Dietary and Lifestyle Principles in the Context of Obesity. World Journal of Pharmaceutical Research, 15(22), 108–118.

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ABSTRACT

Background: Sthaulya is described in Ayurveda as a disorder associated with excessive accumulation of Meda and is discussed under Santarpanajanya Vyadhi. Contemporary obesity is a chronic condition associated with excess adiposity and increased cardiometabolic risk. In both frameworks, everyday food choices and activity patterns are important for prevention and management. **Aim**: To study classical Ayurvedic descriptions of Pathya and Apathya in Sthaulya and to compare them with the present-day understanding of obesity. **Materials and methods**: This conceptual review drew on the Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya with their commentaries, supplemented by later texts. Modern medical textbooks and published research articles were used to understand obesity. **Results**: The texts identify Guru, Madhura, Sheeta and Snigdha Ahara, lack of exercise and day sleep as causes, and advise Nidana Parivarjana. Pathya Ahara includes Yava, Shyamaka, Kodrava, Mudga, Kulattha, Adhaki, Patola and Amalaka, and Pathya Vihara includes graded Vyayama. These broadly parallel current advice on varied diets, portion control, physical activity and adequate sleep. **Conclusion**: Pathya–Apathya and Nidana Parivarjana provide a

useful framework for discussing diet and behaviour in Sthaulya.

KEYWORDS: Sthaulya, Obesity, Pathya, Apathya, Meda, Nidana Parivarjana, Lifestyle modification.

INTRODUCTION

Obesity is a chronic condition characterised by excess adiposity that may impair health. Its development reflects interacting biological, environmental, behavioural and social influences rather than a single cause. The World Health Organization estimated that in 2022, approximately one in eight people worldwide were living with obesity; the burden has increased across age groups.[1] In India, national survey findings also demonstrate a substantial burden of overweight and obesity, although prevalence varies by age, sex, location and the measure used.[2]

Ayurvedic literature discusses Sthaulya and Atisthaulya in relation to excess Meda, body build, functional limitations and the consequences of habitual over-nourishment. Acharya Charaka includes Atisthula among the Ashta Nindita Purusha and describes dietary and behavioural factors that contribute to its development.[3,4] The Santarpaniya Adhyaya further situates Sthaulya within disorders associated with excessive nourishment.[5]

Pathya may be understood as that which supports the body's proper functioning, whereas Apathya refers to factors that are unsuitable or potentially aggravating. Acharya Charaka's discussion of Pathya emphasises suitability to the body's pathway and the person's well-being.[6] The familiar verse from Vaidya Jeevanam similarly highlights the importance of dietary conduct alongside medicinal treatment.[7] In a chronic lifestyle-associated condition, this emphasis invites a systematic review of food, activity, sleep and other daily practices.

AIM AND Objectives

1. To study Pathya–Apathya principles described for Sthaulya in Ayurvedic literature and discuss their relevance to contemporary lifestyle-based obesity management.
2. To summarise classical descriptions of Sthaulya.
3. To study the described dietary and behavioural recommendations.

MATERIALS AND METHODS

The principal textual sources were collected from the main Ayurvedic texts, namely the Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya, supplemented by Chakradatta,

Bhavaprakasha, Bhaishajya Ratnavali.[8–10] Information on obesity was taken from modern textbooks of medicine and from published research articles.

Material was organised under the headings of Nidana, Samprapti, clinical features, Pathya Ahara, Apathya Ahara, Pathya Vihara and contemporary parallels. Classical interpretations are presented as textual descriptions.

RESULTS AND DISCUSSION

Classical concept of Sthaulya

References in Ayurvedic literature

Acharya Charaka's Ashtauninditiya Adhyaya describes Atisthaulya, its causes, features, disadvantages and management.[3],[4],[11],[12] Sthaulya is also discussed in relation to Kapha, Meda and Santarpana.[5],[13] Acharya Sushruta considers the role of Rasa in Sthaulya and Karshya[14] while Ashtanga Hridaya includes descriptions and therapeutic approaches for Medoroga or Sthaulya.[8–10],[15],[16] These references provide the textual basis for examining Pathya–Apathya in Sthaulya. The principal references are listed in Table 1.

Table 1: Classical References on Sthaulya.

Classical text	Reference	Context
Charaka Samhita	Sutra Sthana 21/3–10	Atisthaulya, Nidana, features and consequences
Charaka Samhita	Sutra Sthana 21/20–28	Principles of management and selected Pathya
Charaka Samhita	Sutra Sthana 20/17; 23	Kapha-related disorders and Santarpanajanya conditions
Sushruta Samhita	Sutra Sthana 15/32	Rasa and Sthaulya/Karshya
Ashtanga Hridaya	Sutra Sthana 14	Sthaulya and its management
Chakradatta; Bhavaprakasha; Bhaishajya Ratnavali	Sthaulya/Medoroga treatment sections	Later formulations and management descriptions

Nidana

Acharya Charaka lists excessive intake and habitual use of Guru, Madhura, Sheeta and Snigdha food particles, lack of exercise, day sleep and other behavioural or constitutional factors among the causes associated with Atisthaulya.[4] These categories are summarised in Table 2.

Table 2: Nidana of Sthaulya and Contemporary Comparison.

Classical category	Examples in the text	Careful contemporary comparison
Aharaja	Guru, Madhura, Sheeta and Snigdha Ahara intake	Excess portions and frequent intake of energy-dense foods may contribute to sustained energy surplus.
Viharaja	Avyayama; Divaswapna	Low physical activity and certain sleep patterns may accompany weight gain.
Manasika/behavioural	Descriptions including Achintana	Daily routines, engagement, stress and eating behaviour may influence lifestyle.
Constitutional	Bija Svabhava	Family history and genetic susceptibility are recognised contributors to obesity.

Samprapti and clinical features

According to Acharya Charaka, an increase in Meda is described as obstructing the normal pathways of Vata. Vata is then said to remain predominantly in the Koshtha and intensify Agni, contributing to rapid digestion and recurrent hunger.[11] This is a classical pathophysiological explanation and should not be equated literally with modern metabolic pathways.

Acharya Charaka describes the characteristic appearance of Atisthaulya through excessive Meda and Mamsa, particularly involving the Sphik, Udara sthana, alongside a mismatch between body size and functional capacity.[11] The text also lists eight disadvantages or complications, including reduced longevity, impaired movement, difficulty with sexual activity, weakness, body odour, excessive sweating, excessive hunger and thirst.[4] Acharya Sushruta includes breathlessness on slight exertion among relevant features.[14]

In contemporary clinical practice, obesity assessment should not rely on appearance alone. Body mass index (BMI), waist circumference, comorbidities, functional status, medication history and possible secondary causes may be relevant. BMI is a screening measure rather than a direct measure of body fat or individual health.[17,18]

Contemporary overview of obesity

Obesity develops through complex interactions among energy intake, energy expenditure, appetite regulation, genetics, sleep, medicines, health conditions and the surrounding food and activities.[17] It is associated with increased risk of type 2 diabetes, hypertension, dyslipidaemia, cardiovascular disease, metabolic dysfunction-associated liver disease,

obstructive sleep apnoea, osteoarthritis and selected cancers.[17]

For adults, BMI is commonly used for initial classification, while waist circumference can help identify central adiposity. Indian consensus recommendations recognise that metabolic risk may occur at lower BMI thresholds in Asian Indian populations than in some other populations.[18] Assessment should therefore use appropriate regional criteria and consider the person's overall clinical profile. Laboratory tests may be indicated according to symptoms, risk factors and examination; thyroid testing, for example, is not a substitute for a full clinical assessment.

Lifestyle management commonly includes a sustainable energy deficit, dietary control, physical activity, behavioural strategies and follow-up. A modest, sustained reduction in body weight can improve some obesity-related risk factors.[19]

Pathya in Sthaulya

Foundational principle

The practical principle is Nidana Parivarjana: identify and reduce factors that may be contributing to the condition. Acharya Charaka's Sthaulya discussion recommends Guru Apatarpana for the person seeking Karshana, distinguishing it from the Brimhana approach used for a person who requires nourishment.[12]

The text also describes food and drink that pacify Vata and reduce Kapha and Meda, together with Ruksha, Ushna and Tikshna approaches in selected procedures.[12]

Pathya Ahara

Acharya Charaka names several cereals, millets, pulses and vegetables in the dietary discussion of Sthaulya, including Yava, Shyamaka, Kodrava, Mudga, Kulattha, Adhaki, Patola and Amalaka.[12] These foods may be considered within a varied diet, depending on availability, preparation, cultural preference and the individual's health needs. Table 3 gives a practical interpretation of these items.

Table 3: Pathya Ahara in Sthaulya and Practical Interpretation.

Classical item	**Practical interpretation**
Yava (barley)[12]	Can contribute whole-grain fibre; portion size and preparation method matter.
Classical item	**Practical interpretation**
Shyamaka, Kodrava and other	Millets and whole grains can form part of a

grains/millets[12]	varied diet.
Mudga, Kulattha and Adhaki[12]	Pulses provide plant protein and fibre
Patola and Amalaka[12]	Can contribute variety and micronutrients within a balanced dietary pattern.
Madhudaka[12]	Honey contributes free sugars and energy; it is not necessary for weight loss and particular caution should be taken in dysglycaemia.
Takrarishta[12]	Fermented preparations should not be assumed appropriate for every patient

Current dietary guidance also supports a varied pattern that includes vegetables, fruits, pulses and whole grains while limiting excess free sugars, salt and foods high in saturated fat.[20]

Apathya Ahara

The most direct Apathya guidance is to avoid the causal pattern described for Sthaulya, particularly habitual overconsumption and excessive use of Guru, Madhura, Sheeta and Snigdha foods.[4] Acharya Charaka also describes Brimhana foods in a different context, including items such as new grains, curd, ghee, milk, selected meat preparations, sugarcane products, Masha, Shali rice, wheat and jaggery.[21] Table 4 summarises factors to moderate during counselling.

Table 4: Apathya Ahara: Factors to Moderate in Counselling.

Factor to moderate	Interpretation for clinical counselling
Habitual overeating and large portions	Encourage awareness of hunger and satiety, planned portions and avoidance of recurrent excess.
Frequent sweets and sugar-rich foods	Reduce frequency and portion size; consider blood glucose status and overall dietary pattern.
Energy-dense fried or highly creamy foods	Limit routine intake where these contribute to excess energy intake
Excessive reliance on a narrow range of grains or refined foods	Promote dietary variety, suitable portions and inclusion of pulses, vegetables and whole grains.

Pathya Vihara

Acharya Charaka advises gradually increasing selected practices, including Vyayama, mental engagement and other behaviours, in the context of reducing Sthaulya.[12] The text also discourages day sleep in people described as obese or Kapha-dominant.[22] Table 5 summarises the Vihara-related recommendations.

Table 5: Pathya Vihara: Classical Recommendations and Contemporary Application.

Domain	Classical recommendation	Contemporary application and caution
Physical activity	Vyayama, increased gradually.[12]	Begin at a tolerable level and progress safely; activity should be adapted to fitness, joint symptoms and cardiovascular risk.
Sleep and rest	Avoidance of Divaswapna; Prajagara is mentioned in the Sthaulya verse.[12],[22]	Do not interpret Prajagara as advice to chronically restrict night sleep. Adequate, regular sleep is important; insufficient sleep is associated with adverse metabolic outcomes.[23],[24]
Mental engagement	Chinta/active mental engagement appears in the classical verse.[12]	Supportive behavioural strategies and purposeful daily routines are more appropriate
Sexual activity	Vyavaya is included in the classical passage.[12]	Advice must respect consent, preference, safety and individual circumstances.
External procedures	Ruksha Udvartana is described.[12]	Udvartana has been discussed for its Medohara (anti-obesity) property.[25]

For adults, WHO guidance recommends regular physical activity and reducing sedentary time; the commonly cited target for many adults is 150–300 minutes of moderate-intensity aerobic activity per week, with activity adapted to ability and health status.[26]

Integrated discussion

Sthaulya is described in Ayurveda as a Santarpanajanya Vyadhi that develops due to excessive nourishment and accumulation of Meda Dhatu. Acharya Charaka has explained Sthaulya under Ashta Nindita Purusha and described its characteristic features and associated complications. In modern medicine, obesity is recognised as a chronic condition characterised by excessive or abnormal accumulation of body fat that may affect overall health. Although the Ayurvedic concept of Sthaulya and modern obesity are described through different theoretical frameworks, both recognise the importance of dietary habits, physical activity and lifestyle in the development and management of the condition.

Pathya and Apathya play an important role in the management of Sthaulya. Pathya refers to dietary and lifestyle practices that are considered suitable for maintaining health and supporting

treatment, whereas Apathya includes practices that may aggravate the condition. Classical Ayurvedic literature emphasises the importance of Nidana Parivarjana, which involves avoiding the causative factors of disease. Excessive intake of food, frequent consumption of calorie-dense meals, lack of physical activity and irregular daily habits can contribute to the development of obesity. Therefore, identifying and modifying these factors is an important part of its management.

Classical Ayurvedic texts describe various dietary substances as Pathya in Sthaulya, including selected grains, pulses, vegetables and Amalaka. These descriptions provide a traditional framework for dietary planning. Vihara is another important component of Sthaulya management. Classical Ayurvedic principles emphasise appropriate physical activity and avoidance of excessive sedentary behaviour. In modern life, prolonged sitting, limited exercise and irregular daily routines may contribute to weight gain. Regular physical activity, walking and other suitable forms of exercise can support weight management when performed according to the individual's physical capacity. Adequate sleep and a consistent daily routine are also important.

Thus, Pathya–Apathya forms an important part of the Ayurvedic approach to Sthaulya by emphasising appropriate food habits, lifestyle modification and avoidance of causative factors. Its systematic application, based on classical references and interpreted in the light of contemporary nutritional knowledge, may provide a useful framework for obesity management.

CONCLUSION

Pathya–Apathya represents an important aspect of the Ayurvedic understanding of Sthaulya. Its principles reflect the classical emphasis on maintaining balance through appropriate daily practices. The concept provides a useful framework for understanding the relationship between dietary habits, lifestyle and health.

ACKNOWLEDGEMENT

My sincere gratitude to Dr. Waheeda Banu, Head of the Department of Kayachikitsa, and Dr. Sahana M, Associate Professor, Department of Kayachikitsa, Karnataka Ayurveda Medical College, Mangalore, for their valuable guidance, encouragement and academic support throughout the preparation of this article.

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