

AYURVEDIC PATHYA–APATHYA DIET CHART IN THE MANAGEMENT OF OBESITY (*STHAULYA*): A CONCEPTUAL REVIEW

Dr. Pooja Devi¹, Dr. Manisha Sharma^{*2}, Dr. Mohit³

¹Assistant Professor, Department of Swasthavritta, ²*Professor, Department of Rog Nidan,

³Assistant Professor, Department of Kayachikitsa

Guru Nanak Ayurvedic Medical College and Research Institute, Gopalpur, Ludhiana, Punjab,
India - 141118.

Article Received on 15 Dec. 2025,

Article Revised on 05 Jan. 2026,

Article Published on 16 Jan. 2026,

<https://doi.org/10.5281/zenodo.18264681>

*Corresponding Author

Dr. Manisha Sharma

Professor, Department of Rog Nidan, Guru Nanak Ayurvedic Medical college and Research Institute, Gopalpur, Ludhiana, Punjab, India - 141118.



How to cite this Article: Dr. Pooja Devi¹, Dr. Manisha Sharma^{*2}, Dr. Mohit³ (2026). AYURVEDIC PATHYA-APATHYA DIET CHART IN THE MANAGEMENT OF OBESITY (*STHAULYA*): A CONCEPTUAL REVIEW. World Journal of Pharmaceutical Research, 15(2), 506–514.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Background: Obesity is a rapidly escalating global health problem associated with significant morbidity and mortality. Conventional management strategies often face challenges related to long-term adherence and sustainability. Ayurveda describes obesity under *Sthaulya* or *Medoroga* (disorder of excessive adipose tissue) and emphasizes dietary regulation as a cornerstone of management. **Aim:** To conceptualize and present an Ayurveda-based *Pathya–Apathya* (wholesome–unwholesome) diet chart for the management of obesity based on classical principles. **Materials and Methods:** Classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* were reviewed for references related to *Sthaulya*, *Ahara*, *Pathya–Apathya*, and *Kapha–Meda Shamana*. Relevant modern literature on obesity was also consulted. **Results:** Obesity is described as a *Santarpanajanya Vyadhi* (disease due to over-nutrition) with predominant involvement of *Kapha Dosha* and *Meda Dhatu*. Classical guidelines

advocate intake of *Laghu* (light), *Ruksha* (dry), and *Ushna* (hot) foods while avoiding *Guru* (heavy), *Snigdha* (unctuous), and *Madhura* (sweet) items. A structured *Pathya–Apathya* diet chart was formulated to aid clinical practice. **Conclusion:** An Ayurveda-based *Pathya–*

Apathya diet chart provides a rational, holistic, and sustainable approach to obesity management and can serve as an effective adjunct to lifestyle modification and therapeutic interventions.

KEYWORDS: Obesity, *Sthaulya*, *Medoroga*, *Pathya–Apathya*, Ayurveda diet, *Kapha*.

INTRODUCTION

Obesity is a major global public health challenge and a leading risk factor for non-communicable diseases such as type 2 diabetes mellitus, cardiovascular disorders, hypertension, dyslipidemia, and non-alcoholic fatty liver disease.^[1,2] The World Health Organization defines obesity as abnormal or excessive fat accumulation that presents a risk to health.^[3] Rapid urbanization, sedentary lifestyle, altered dietary patterns, and psychosocial stress have contributed to the increasing prevalence of obesity, particularly in developing countries.^[4]

In Ayurveda, obesity is described as *Sthaulya* or *Medoroga* (disorder of excess adipose tissue) and is included under *Santarpanajanya Vyadhi* (diseases caused by over-nourishment).^[5] Excessive intake of *Guru* (heavy), *Snigdha* (unctuous), and *Madhura* (sweet) foods, along with *Avyayama* (lack of exercise), *Divaswapna* (day sleep), and *Adhyashana* (frequent eating), leads to vitiation of *Kapha Dosha* and pathological increase of *Meda Dhatu*.^[6,7] Impaired *Agni* (digestive and metabolic fire) results in formation of *Ama* (metabolic toxins), further aggravating the condition.^[8]

Ahara (diet) is considered one of the *Trayopastambha* (three pillars of life) in Ayurveda and is regarded as both preventive and therapeutic.^[9] Regulation of diet through *Pathya* (wholesome) and avoidance of *Apathya* (unwholesome) forms the foundation of obesity management. Hence, the present manuscript aims to formulate and present an Ayurveda-based *Pathya–Apathya* diet chart for obesity suitable for clinical application.

MATERIALS AND METHODS

Classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* were reviewed for references related to *Sthaulya*, *Medoroga*, *Ahara Vidhi*, and *Pathya–Apathya*. Commentaries and standard translations were consulted for interpretation. Relevant modern literature on obesity and dietary management was reviewed to establish

contemporary relevance. Based on these sources, a structured *Pathya–Apathya* diet chart was conceptualized.

AYURVEDIC CONCEPT OF OBESITY (*STHAULYA*)

According to Ayurveda, *Sthaulya* is characterized by excessive accumulation of *Meda Dhatu* leading to pendulous abdomen, breasts, and buttocks, reduced physical activity, excessive hunger and thirst, and decreased longevity.^[5] It is predominantly a disorder of *Kapha Dosha* with involvement of *Meda* and *Mamsa Dhatu*. Classical texts emphasize that *Agni Mandya* plays a crucial role in its pathogenesis, making dietary correction essential for management.^[6,8]

PATHYA–APATHYA IN OBESITY

Pathya Ahara (Wholesome Diet)

Foods possessing *Laghu* (light), *Ruksha* (dry), and *Ushna* (hot) qualities along with *Katu* (pungent), *Tikta* (bitter), and *Kashaya* (astringent) tastes are recommended and are detailed in Table 1. Commonly advised items include *Yava* (barley), *Mudga* (green gram), *Kulattha* (horse gram), bitter vegetables, leafy greens, *Takra* (buttermilk), and use of spices such as *Trikatu* for *Agni Deepana* (enhancing digestion).^[10,11]

Table 1: The *Pathya* (wholesome) dietary items for *Sthaulya* (Obesity).

Category	Pathya Ahara (Allowed / Advised)	Ayurvedic Rationale
Cereals	Yava (barley), Jowar, Bajra, Ragi	Laghu, Ruksha, Kapha-Medohara
Pulses	Mudga (green gram), Kulattha (horse gram), Masura (red lentil)	Lekhana, Agni-deepana
Vegetables	Patola (pointed gourd), Karavellaka (bitter gourd), Vartaka (brinjal), Cabbage, Cauliflower, Leafy greens	Tikta–Katu rasa, Kapha shamana
Fruits	Amalaki, Jamun, Apple, Pomegranate	Laghu, antioxidant, Medohara
Milk products	Takra (buttermilk – diluted, spiced)	Grahani-deepana, Kapha-nashaka
Fats (limited)	Mustard oil, sesame oil (small quantity)	Ushna, Kapha-hara
Spices	Trikatu (Shunthi, Maricha, Pippali), Jeeraka, Musta, Hingu	Agni-deepana, Amapachana
Liquids	Ushna jala (warm water), honey water (morning)	Srotoshodhana, Lekhana
Cooking method	Roasted, boiled, steamed	Laghu ahara

Apathya Ahara (Unwholesome Diet)

Foods that are *Guru* (heavy), *Snigdha* (unctuous), *Sheeta* (cold), and *Madhura* (sweet) aggravate *Kapha* and *Meda* and should be avoided. These include excessive intake of rice, wheat products made of refined flour, curd (especially at night), ghee, sweets, sugar, and fried foods.^[5,7] The *Apathya* dietary items are presented in Table 2.

Table 2: The *Apathya* (Unwholesome) dietary items for *Sthaulya* (Obesity).

Category	Apathya Ahara (Avoid)	Ayurvedic Reason
Cereals	Navanna (new rice), white rice, maida	Guru, Kapha-var dhaka
Pulses	Masha (black gram)	Abhishyandi, Medo-var dhaka
Milk products	Curd (especially at night), cheese, cream	Kapha-pradoshaka
Fats	Ghee, butter, excess oil	Meda vrid dhi
Vegetables	Potato, sweet potato	Guru, Kapha-kara
Fruits	Banana, mango, chikoo, grapes	Madhura rasa, Kapha-var dhaka
Sweeteners	Sugar, jaggery, excess honey	Medo-dushti
Processed foods	Fried foods, bakery items	Ama-utpatti
Liquids	Cold water, sweet beverages	Agni-mandya
Eating habits	Adhyashana (frequent eating), night meals	Sthaulya-kara

In *Sthaulya* (obesity), adherence to *Āhāra Vidhi* and *Vihāra* is essential for management. Intake of food in moderate quantity, at proper time, and preference for warm, light meals support *Agni* and prevent *Āma* formation. Regular *Vyayāma*, avoidance of *Divāsvapna* and sedentary habits help achieve *Kapha–Meda Śamana* and promote sustainable weight reduction. The principles of *Ahara Vidhi* and *Vihara* are detailed in Tables 3 and 4, respectively. The comprehensive diet chart for obesity (*Sthaulya*) is outlined in Table 5.

Table 3: Ahara vidhi (Dietary Rules).

Rule	Instruction
Quantity	Alpamatra (moderate portion)
Time	Eat only after previous meal digestion
Temperature	Prefer warm food
Pace	Eat slowly, with attention
Night food	Avoid after sunset

Table 4: Vihara (Lifestyle advices).

Aspect	Recommendation
Physical activity	Brisk walk 30–45 min/day
Exercise	Strength training 3–4 days/week
Sleep	7–8 hours/night
Weight loss goal	0.5–1 kg/week

Pathya Vihara	Apathya Vihara
Daily walking, Vyayama	Divaswapna (day sleep)
Udwarthana (dry massage)	Excess sitting
Early rising	Stress eating

Table 5: Diet chart for obesity (*Sthaulya*).

Time	Meal	Recommended Foods	Remarks
6–7 AM	Early Morning	Warm water (1–2 glasses)	Improves metabolism
		Soaked almonds (5–6) / soaked methi seeds (1 tsp)	Optional
8–9 AM	Breakfast	Vegetable oats / upma (no potato)	Low GI, high fiber
		2 multigrain rotis + vegetable sabzi	No butter/ghee
		2 boiled eggs / egg white omelette	High protein
		Sprouts chaat (steamed)	No sev
		1 fruit (apple / papaya / guava / pear)	Avoid banana
11–12 PM	Mid-morning	1 fruit OR coconut water (unsweetened)	Hydration
1–2 PM	Lunch	Salad (½ plate)	Fiber
		Dal / rajma / chole / paneer / fish / chicken	Protein source
		1–2 multigrain rotis OR ½ cup brown rice/millet	Controlled carbs
		Oil ≤ 2 tsp/day	Essential
4–5 PM	Evening Snack	Green tea / lemon tea (no sugar)	Antioxidants
		Roasted chana / makhana / sprouts	Avoid biscuits
7–8 PM	Dinner	Vegetable soup + sautéed vegetables	Light meal
		1 roti + sabzi + protein	Avoid rice
9–10PM	Bedtime	Turmeric milk (low-fat) OR warm water	Optional

FOODS TO AVOID

Category	Items
Sugars	Sweets, chocolates, sugar, jaggery
Refined carbs	Maida, white bread, white rice
Fried foods	Pakora, samosa, chips
Beverages	Soft drinks, sweet juices
Lifestyle	Late-night meals, alcohol

DISCUSSION

Obesity is now recognized as a complex, chronic, relapsing metabolic disorder characterized not merely by excess fat accumulation but by underlying disturbances in energy homeostasis, insulin sensitivity, lipid metabolism, gut–brain signaling, and chronic low-grade inflammation.^[12,13] Conventional dietary strategies for obesity largely focus on caloric restriction; however, poor long-term adherence and weight regain remain major challenges.^[14] This underscores the need for holistic, sustainable dietary frameworks, such as those described in Ayurveda.

From an Ayurvedic perspective, *Sthaulya* is primarily a disorder of *Kapha Dosha* and *Meda Dhatu*, resulting from excessive intake of energy-dense, heavy, and unctuous foods combined with sedentary lifestyle.^[15,16] These descriptions closely parallel modern observations where diets rich in refined carbohydrates, saturated fats, and ultra-processed foods promote positive energy balance, insulin resistance, and adipose tissue expansion.^[17] The Ayurvedic concept of *Agni Mandya* (impaired metabolic fire) can be correlated with reduced metabolic flexibility, mitochondrial dysfunction, and altered gut hormone responses observed in obesity.^[18]

Dietary management is central to obesity treatment in Ayurveda. Unlike calorie-focused modern approaches, Ayurveda emphasizes *Guna* (qualities), *Rasa* (taste), and *Agni*. The *Pathya–Apathya* approach ensures correction of metabolic dysfunction at the root level by restoring *Agni* and reducing *Ama*. This holistic framework promotes gradual and sustainable weight reduction while preventing complications. Integrating classical dietary principles with contemporary lifestyle modification can enhance long-term compliance and outcomes.

The *Pathya–Apathya* diet advocated for *Sthaulya* emphasizes foods that are *Laghu* (light), *Ruksha* (dry), and *Ushna* (thermogenic), which are traditionally believed to reduce *Kapha* and mobilize excess *Meda*.^[19] Scientifically, such dietary patterns are rich in whole grains, pulses, vegetables, and spices—foods known to be high in dietary fiber, plant protein, and bioactive compounds. High-fiber diets have been shown to improve satiety, reduce overall caloric intake, modulate gut microbiota, and enhance insulin sensitivity.^[20,21] The frequent recommendation of barley (*Yava*) and millets aligns with evidence showing that low glycemic index cereals improve post-prandial glucose responses and reduce visceral adiposity.^[22]

The inclusion of *Takra* (buttermilk) in obesity management is particularly noteworthy. Fermented dairy products have been shown to favorably influence gut microbiota composition, reduce systemic inflammation, and improve lipid profiles.^[23] This supports the Ayurvedic view of *Takra* as *Deepana* (digestive stimulant) and *Kapha-Shamaka*. Similarly, spices such as ginger, black pepper, and long pepper (*Trikatu*) possess thermogenic, anti-inflammatory, and insulin-sensitizing properties, which may contribute to increased energy expenditure and improved metabolic health.^[24,25]

Avoidance of *Apathya* foods—characterized by excess sweetness, heaviness, and cold properties—corresponds with modern recommendations to limit refined carbohydrates,

sugar-sweetened beverages, and saturated fats. Such foods are known to promote hyperinsulinemia, adipocyte hypertrophy, and chronic inflammation, all central mechanisms in obesity pathogenesis.^[26] Additionally, Ayurvedic dietary rules such as avoidance of *Adhyashana* (frequent eating) resonate with emerging evidence supporting time-restricted eating and meal spacing for improving metabolic outcomes.^[27]

Thus, the Ayurvedic *Pathya–Apathya* approach offers a multidimensional dietary strategy that targets not only weight reduction but also metabolic correction, digestive efficiency, and behavioral regulation. When integrated with lifestyle modification (*Vihara*) and physical activity (*Vyayama*), this approach aligns well with contemporary models of comprehensive obesity management.

CONCLUSION

Obesity (*Sthaulya*) is a lifestyle disorder rooted in dietary excess and metabolic imbalance. Ayurveda offers a comprehensive and rational dietary approach through the concept of *Pathya–Apathya*. The present diet chart, based on classical principles, provides a practical tool for clinicians and can be effectively utilized as an adjunct to lifestyle modification and therapeutic interventions in obesity management.

REFERENCES

1. World Health Organization. Obesity and overweight. WHO Fact Sheet; 2023.
2. Ng M, Fleming T, Robinson M, et al. Global prevalence of overweight and obesity. *Lancet*. 2014; 384: 766–781.
3. World Health Organization. Global Health Risks. Geneva: WHO; 2009.
4. Misra A, Khurana L. Obesity and metabolic syndrome in developing countries. *J Clin Endocrinol Metab*. 2008; 93: S9–S30.
5. Agnivesha. *Charaka Samhita*, Sutrasthana 21/3–4. Varanasi: Chaukhambha Bharati Academy; 2018.
6. Agnivesha. *Charaka Samhita*, Sutrasthana 21/4–9. Varanasi: Chaukhambha Bharati Academy; 2018.
7. Sushruta. *Sushruta Samhita*, Sutrasthana 15/37. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
8. Sharma RK, Dash B. *Charaka Samhita with English Translation*. Varanasi: Chowkhamba; 2014.

9. Agnivesha. *Charaka Samhita*, Sutrasthana 11/35. Varanasi: Chaukhambha Bharati Academy; 2018.
10. Vagbhata. *Ashtanga Hridaya*, Sutrasthana 14/21–24. Varanasi: Chaukhambha Orientalia; 2017.
11. Tripathi B. *Ashtanga Hridaya with Nirmala Commentary*. Varanasi: Chaukhambha; 2016.
12. Blüher M. Obesity: global epidemiology and pathogenesis. *Nat Rev Endocrinol*. 2019; 15(5): 288–298.
13. Hruby A, Hu FB. The epidemiology of obesity. *Pharmacoeconomics*. 2015; 33(7): 673–689.
14. Mann T, et al., Medicare's search for effective obesity treatments. *Am Psychol*. 2007; 62(3): 220–233.
15. Agnivesha. *Charaka Samhita*, Sutrasthana 21/3–4. Varanasi: Chaukhambha Bharati Academy; 2018.
16. Sushruta. *Sushruta Samhita*, Sutrasthana 15/37. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
17. Monteiro CA, et al., Ultra-processed foods and obesity. *Public Health Nutr.*, 2019; 22(5): 936–941.
18. Kelley DE, Mandarino LJ., Fuel selection in human skeletal muscle. *Diabetes*. 2000; 49(5): 677–683.
19. Vagbhata. *Ashtanga Hridaya*, Sutrasthana 14/21–24. Varanasi: Chaukhambha Orientalia; 2017.
20. Slavin JL. Dietary fiber and body weight. *Nutrition*. 2005; 21(3): 411–418.
21. Simpson HL, Campbell BJ. Review article: dietary fibre–microbiota interactions. *Aliment Pharmacol Ther*. 2015; 42(2): 158–179.
22. Jenkins DJA, et al. Glycemic index and obesity. *Am J Clin Nutr*. 2002; 76(1): 266S–273S.
23. Marco ML, et al. Health benefits of fermented foods. *Gut Microbes*. 2017; 8(6): 521–538.
24. Westerterp-Plantenga MS, et al. The role of spices in energy metabolism. *Physiol Behav*. 2006; 89(1): 85–91.
25. Srinivasan K. Black pepper and its pungent principle piperine. *Crit Rev Food Sci Nutr*. 2007; 47(8): 735–748.
26. Malik VS, Hu FB., Sugar-sweetened beverages and obesity. *Lancet*. 2019; 393(10179): 434–445.

27. Patterson RE, et al., Metabolic effects of intermittent fasting. *Annu Rev Nutr.* 2017; 37: 371–393.