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REVIEW ARTICLE

Understanding Childhood Obesity through the Ayurvedic Concept of *Sthaulya*: An Ayurvedic Review

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ABSTRACT

Childhood obesity is an increasingly prevalent health concern, characterized by excessive body weight in relation to a child's age and height. Its development is influenced by several factors, including sedentary habits, improper dietary patterns, inadequate physical activity, and excessive daytime sleep. Beyond its physical consequences, obesity can adversely affect a child's academic performance, self-esteem, psychological well-being, and social interactions. In Ayurveda, childhood obesity can be correlated with *Sthaulya*, a condition classified under *Medoroga*, in which excessive accumulation of *Medodhatu* (adipose tissue) occurs, particularly in regions such as the abdomen, hips, and thighs. *Sthaulya* is also described as a *Santarpanajanya Vikara* and *Rasapradoshaja Vikara.* Frequent intake of heavy, oily, cold, and excessive food, combined with excessive sleep and physical inactivity, contributes to the impairment of *Dosha*, *Dhatvagni*, and *Medodhatvagni*, ultimately leading to excessive fat accumulation. Timely prevention and appropriate management of childhood obesity are crucial for maintaining healthy growth and improving overall quality of life. Ayurveda provides a comprehensive approach through *Ahara* (dietary regulation), *Vihara* (lifestyle modification), physical activity, and appropriate therapeutic interventions, with emphasis on restoring metabolic balance and preventing further progression of *Sthaulya*.

1. INTRODUCTION

The World Health Organization defines health as a state of complete physical, mental, and social well-being rather than merely the absence of disease or disability.[1] This concept closely corresponds with the Ayurvedic description of *Swasthya*, as stated in the classical definition: *"Sama Dosha Sama Agnischa Sama Dhatu Mala Kriya, Prasanna Atma Indriya Manaha Swastha Itiabhidheeyate."*[2] According to Ayurveda, an individual is considered healthy when the *Doshas* (*Vata, Pitta, and Kapha*), *Agni, Dhatus,* and *Mala* perform their normal physiological functions and the *Atma, Indriya,* and *Manas* remain in a state of happiness and equilibrium. Thus, health is regarded as a harmonious state involving the body, mind, senses, and consciousness.

In the present era, however, disturbances in the balance between physical and psychological well-being have contributed to the emergence of numerous lifestyle-related disorders. Obesity has become one of the major health concerns of modern times, and children are increasingly affected by this condition. In Ayurveda, obesity is primarily correlated with *Sthaulya*, which is described as a *Santarpanajanya Vikara,* arising from excessive nourishment and overnutrition.[3] It is also considered a form of *Medoroga*, involving abnormal accumulation and metabolism of *Meda Dhatu*, which can be correlated with adipose tissue and fat metabolism.

The condition of *Atisthaulya* has been described in various Ayurvedic classics. *Acharya Charaka* included *Sthaulya* among the *Ashta Nindita Purusha* (eight undesirable body types),[4] and also discussed it under *Santarpanajanya Vikara, Shleshma Nanatmaja Vikara*,[5] and conditions suitable for *Samshodhana Chikitsa*.[6] A person having excessive deposition of Meda and *Mamsa Dhatu,* accompanied by disproportionate or flabby accumulation around the hips, abdomen, and breasts, is described as *Atisthula*.[7]

Meda Dhatu is predominantly associated with the *Prithvi* and *Ap Mahabhuta* and shares several properties with *Kapha Dosha*.[8] *Acharya Vagbhata,* in the *Ashtanga Hridaya*, discussed *Sthaulya* under the *Dwividha Upakrama* context.[9] Similarly, *Kashyapa Samhita*

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mentions *Sthaulya* among the *Ashta Nindita Purusha* while describing different bodily constitutions. *Madhavakara*, in *Madhava Nidana*, has provided a detailed account of the *Samprapti* (pathogenesis) of *Sthaulya*.[10]

Sthaulya is characterized by excessive and abnormal accumulation of *Medodhatu* and *Mamsadhatu*. Apart from dietary and lifestyle factors, *Beejadosha* may also contribute to its development. The pathogenesis involves disturbance of all three *Doshas*, with particular involvement of *Kledaka Kapha, Pachaka Pitta, Samana Vayu,* and *Vyana Vayu*, which together contribute to the progression of the disease process.[11]

1.1. Aim

To explore childhood obesity from contemporary and Ayurvedic perspectives, with special reference to *Sthaulya*.

1.2. Objectives

1. To understand the causes and assessment of childhood obesity
2. To correlate childhood obesity with the Ayurvedic concept of *Sthaulya*
3. To discuss its clinical features, complications, and prevention
4. To review Ayurvedic and lifestyle-based management approaches.

2. MATERIALS AND METHODS

The present article is a conceptual review based on the available classical and contemporary literature related to childhood obesity and the Ayurvedic concept of *Sthaulya*. Relevant material was compiled from Ayurvedic Samhitas, their available commentaries, standard textbooks, and previously published literature concerning obesity in children.

The collected material was studied with particular emphasis on the assessment of childhood obesity, causative factors, Ayurvedic etiopathogenesis, clinical features, complications, preventive measures, and principles of management. The Ayurvedic concepts of *Nidana, Dosha*, *Dushya, Agni, Ama, Srotas,* and *Meda* were considered for understanding the pathogenesis of *Sthaulya*.

Contemporary concepts regarding childhood obesity, including body mass index (BMI)-based assessment, associated risk factors, health consequences, lifestyle modification, and preventive measures, were reviewed and discussed in relation to the Ayurvedic understanding of Sthaulya. Ayurvedic approaches such as *Nidana Parivarjana, Shamana Chikitsa, Samshodhana Chikitsa,* dietary regulation, physical activity, and Yoga were also considered.

The information obtained from these sources was critically compiled, conceptually analyzed, and presented in a descriptive manner to provide an integrated view of childhood obesity from contemporary and Ayurvedic perspectives.

3. CLASSIFICATION

Although the classical Ayurvedic texts do not provide a universally standardized classification of *Sthaulya*, different Acharyas have described the condition from various perspectives. *Acharya Charaka* differentiated *Sthaulya* into *Sthula* and *Atisthula*.[12] *Acharya Sushruta* discussed it under two categories, namely *Sthaulya* and *Medoroga*.[13] *Acharya Vagbhata* classified *Sthaulya* according to its severity into *Adhika*, *Madhyama*, and *Hina* forms.[14] *Sharangadhara* referred to *Sthaulya* in relation to *Medodosha*, emphasizing the pathological involvement of *Meda Dhatu.*[15]

4. ASSESSMENT OF CHILDHOOD OBESITY

BMI is a commonly used anthropometric measure for assessing weight status in children and adolescents. In the age group of 2–19 years, BMI is interpreted according to age- and sex-specific percentile charts. A BMI below the 5th percentile is categorized as underweight, whereas a BMI from the 5th to below the 85th percentile is considered within the normal range. A BMI between the 85th and below the 95th percentile indicates overweight, while a BMI at or above the 95th percentile is classified as obesity.[16] In children younger than 2 years, BMI is not routinely used for assessment; instead, weight-for-length measurements are preferred.

5. ETIOLOGICAL FACTORS: CONTEMPORARY AND AYURVEDIC PERSPECTIVES

Childhood obesity develops through a complex interaction of genetic, behavioral, dietary, and environmental factors. Genetic predisposition can influence body composition, appetite, energy expenditure, and the pattern of fat deposition. Dietary excess, inadequate physical activity, and sedentary behavior are among the major modifiable contributors. The increasing use of computers, smartphones, and other electronic devices has reduced opportunities for active outdoor play and has promoted prolonged sedentary periods among children.

Certain medications, endocrine abnormalities, and metabolic disorders may also contribute to excessive weight gain. Hence, childhood obesity should be viewed as a multifactorial condition rather than the consequence of excessive food intake alone.

From the Ayurvedic perspective, *Sthaulya* is associated with excessive consumption of *Kapha*-promoting *Ahara, Adhyashana,* lack of physical activity, excessive daytime sleep, and certain psychological factors. These *Nidanas* promote an increase in *Kapha* and *Meda*, ultimately disturbing the normal metabolic processes of the body.

6. PATHOGENESIS OF *STHAULYA*: AN AYURVEDIC INTERPRETATION

According to Ayurveda, continued consumption of *Kapha*-promoting food and an inappropriate lifestyle contribute to the excessive accumulation of *Kapha* and *Meda*. Through the principle of *Samanya–Vishesha Siddhanta*, substances possessing similar qualities promote the increase of corresponding *Dosha* and *Dhatu*.

The excessive accumulation of *Meda* is associated with impairment of *Medodhatvagni*, resulting in the formation of inadequately processed *Medodhatu*. This pathological Meda contributes to obstruction of the *Medovaha Srotas* and interferes with the normal movement of *Samana Vayu.* The subsequent disturbance of *Samana Vayu* and *Jatharagni* may further increase digestive activity and appetite, producing *Kshudhatimatram* and encouraging excessive food intake.[17]

Thus, a self-perpetuating cycle may develop in which excessive intake, impaired metabolism, *Meda* accumulation, *Srotorodha,* and increased appetite reinforce one another. Ayurvedic descriptions of *Sthaulya* therefore emphasize disproportionate *Meda* accumulation along with disturbance of *Agni* and *Srotas*.

Acharya Sushruta has identified important causative factors of *Sthaulya*, including excessive intake of *Kapha*-promoting foods,

Adhyashana, lack of exercise, and daytime sleep. *Sthaulya* has also been described as a *Rasanimittaja* disorder, indicating the significance of disturbances at the level of *Rasa Dhatu* in its development.[18]

7. CLASSIFICATION OF CHILDHOOD OBESITY

Obesity can broadly be categorized according to its underlying cause. The most common form is simple or nutritional obesity, which is primarily related to excessive energy intake combined with inadequate physical activity. Individual variations in susceptibility to weight gain may be influenced by genetic constitution and *Prakriti*.

Some individuals may consume large quantities of food and remain relatively lean, whereas others tend to accumulate adipose tissue more readily despite comparable dietary intake. Such variations may be associated with differences in metabolism, constitutional characteristics, and lifestyle.

Obesity may also occur secondary to endocrine or metabolic disorders and certain medications. Identification of the underlying cause is therefore important while evaluating an obese child.

8. CLINICAL FEATURES OF *STHAULYA*

Ayurveda describes *Atisthaulya* as a state characterized by excessive and disproportionate accumulation of *Meda* and *Mamsa*. This results in increased bulk and pendulous movement of body parts such as the abdomen, buttocks, and breasts. Importantly, the increase in body mass is not accompanied by a proportionate enhancement of physical strength or functional capacity.[19]

In children, excessive adiposity can have a considerable impact on health because the body is undergoing continuous growth and development. Obesity may be associated with reduced physical activity, lethargy, heaviness, easy fatigability, and breathlessness on exertion. Progressive obesity can adversely affect several organ systems and may interfere with the child's physical, metabolic, and psychosocial well-being.

9. IMPACT OF OBESITY ON CHILD HEALTH

Childhood obesity extends beyond an alteration in body size and may have consequences for multiple physiological systems. Persistent excessive adiposity can contribute to metabolic disturbances, reduced exercise tolerance, and impaired physical functioning. It may also limit participation in age-appropriate physical activities and negatively affect overall quality of life.

Therefore, early identification of excessive weight gain and timely intervention are essential during childhood. Maintaining an appropriate balance between *Ahara, Vihara, Agni,* and *Meda* is important from an Ayurvedic perspective, while contemporary assessment emphasizes appropriate growth monitoring, healthy nutrition, and regular physical activity.

10. HEALTH CONSEQUENCES OF CHILDHOOD OBESITY

Childhood obesity can have significant short- and long-term effects on physical as well as psychological health. Excess adiposity increases the likelihood of developing metabolic disorders such as type 2 diabetes mellitus, hypertension, dyslipidemia, and abnormal lipid profiles. Obese children may also experience musculoskeletal problems, reduced exercise tolerance, breathlessness, and worsening of respiratory conditions such as asthma. Sleep-related breathing disorders, including obstructive sleep disorders, may occur more frequently in children with excessive weight.

Obesity may also influence normal growth and pubertal development. Early maturation may occur in some children, while overweight girls may experience menstrual irregularities and may have reproductive difficulties later in life. Hepatic and biliary complications, including fatty liver disease and gallbladder disorders, may also develop.[16] In addition, dissatisfaction with body image and social difficulties can negatively influence emotional well-being, increasing the risk of low self-esteem, depression, and other psychological problems. Some adolescents may also become vulnerable to unhealthy coping behaviors, including substance misuse.

From the Ayurvedic perspective, persistence of *Nidana* and absence of appropriate management may result in progression of *Sthaulya* and the development of complications. An individual with excessive *Sthaulya* is described as an *Alpabala Purusha*, indicating reduced functional strength and greater susceptibility to severe manifestations of disease.[20] Obstruction of the *Srotas* may interfere with the proper nourishment of subsequent *Dhatus* and adversely affect overall resistance to disease. Classical texts describe several possible *Upadravas* associated with severe *Sthaulya*, including *Jwara, Bhagandara, Visarpa, Atisara, Meha, Arsha, Shleepada, Apachi, Kamala, Prameha, Pidika,* and *Vataroga*.[21]

11. PREVENTION AND HEALTHY LIFESTYLE MEASURES

Prevention of childhood overweight and obesity is most effective when healthy habits are adopted by the entire family. Dietary practices, physical activity, sleep patterns, and the overall home environment should be addressed together rather than focusing solely on the child's weight.

Children should be encouraged to consume a balanced and nutritious diet while limiting excessive intake of energy-dense, highly processed, and preserved foods. Food should not routinely be used as a reward for good behavior or as a means of controlling undesirable behavior. Similarly, forcing children to finish everything on their plate should be avoided, as it may interfere with their ability to recognize natural hunger and satiety cues.

Completely labeling foods as "good" or "bad" or unnecessarily restricting all sweets and favorite foods may also create an unhealthy relationship with eating. Instead, children should be taught moderation and appropriate food choices. Regular physical activity and active outdoor play should be encouraged, while prolonged sedentary activities and screen time should be minimized.

Adequate sleep and avoidance of unnecessary daytime sleeping are also important components of a healthy routine. Parents and caregivers play a crucial role by demonstrating healthy eating, regular exercise, and balanced daily habits themselves. A supportive and non-judgmental family environment is particularly important; children should be made to understand that their value is not determined by their body weight and that the goal of healthy lifestyle modification is better health, physical well-being, and quality of life.

12. THERAPEUTIC APPROACH TO CHILDHOOD OBESITY

The management of childhood obesity requires a comprehensive and individualized approach. In contemporary medicine, pharmacological agents, including appetite-suppressing or anti-obesity medications, may be considered in selected cases. However, their long-term

usefulness may be limited by adverse effects, variable effectiveness, and the possibility of regaining weight after discontinuation. Therefore, identification and modification of the underlying dietary, behavioral, environmental, and metabolic factors remain central to effective management.

The fundamental principles of obesity management include reduction of excessive caloric intake, enhancement of age-appropriate physical activity, limitation of sedentary behavior, active participation of family members, and adoption of sustainable behavioral modifications. These measures are equally important for prevention as well as treatment.

13. AYURVEDIC APPROACH TO WEIGHT MANAGEMENT

Ayurveda advocates a holistic approach to *Sthaulya*, with management directed toward correcting the causative factors, restoring metabolic balance, and reducing excessive *Meda*. The broad therapeutic approach can be understood under three major principles: [22]

1. *Nidana Parivarjana*
2. *Shamana Chikitsa*
3. *Samshodhana Chikitsa*.

13.1. *Nidana Parivarjana*

Avoidance of causative factors is considered the foremost step in the management of *Sthaulya*.[23] Factors that promote excessive nourishment and accumulation of *Kapha* and *Meda* should therefore be minimized.[24] These include a sedentary lifestyle, excessive consumption of *Snigdha Ahara, Madhura Rasa,* and other foods that promote *Brimhana*. Appropriate modification of diet, daily routine, physical activity, and sleep habits is essential for preventing further progression of obesity.

13.2. *Shamana Chikitsa*

Shamana therapy aims to restore physiological balance without eliminating the *Doshas* through purification procedures. In *Sthaulya*, dietary and therapeutic measures possessing *Kapha-hara*, *Medohara,* and *Vata*-balancing properties may be selected according to the individual's condition.[25] Appropriate use of *Guru* and *Apatarpana* measures has been described in the management of excessive hunger and deranged *Agni*.[21]

Ayurveda considers health to depend upon the equilibrium of *Vata, Pitta,* and *Kapha*. Disturbance in this physiological balance contributes to disease manifestation. Hence, therapeutic measures are selected according to the individual's *Dosha* status, *Agni, Prakriti*, strength, and clinical presentation.

Several Ayurvedic drugs and formulations have traditionally been explored for their potential role in supporting healthy metabolism and reducing excessive *Meda*. Commonly discussed medicinal plants and formulations in the context of obesity include *Guggulu, Mustaka, Triphala, Arjuna,* and *Zingiber officinale*. Their use, particularly in children, should be individualized and undertaken under appropriate clinical supervision.

13.2.1. Role of Yoga in obesity prevention and management

Yoga may serve as a supportive component of an integrated lifestyle program for childhood obesity. Regular practice of appropriate *Asana, Pranayama*, relaxation techniques, and meditation can encourage physical activity, improve flexibility, and support healthy weight-management behaviors.

Certain Asanas traditionally recommended in the context of obesity include:

- *Sarvangasana*: Traditionally associated with supporting endocrine and metabolic functions
- *Padahastasana*: May promote physical activity and flexibility while engaging multiple muscle groups
- *Dhanurasana*: Provides active engagement of the trunk and may support overall physical conditioning
- *Paschimottanasana*: Involves stretching of the posterior body and abdominal region
- *Bhujangasana*: Promotes spinal flexibility and engages the abdominal region; it may be incorporated into an appropriately designed exercise program for children.[26]

Yoga should be considered an adjunct to balanced nutrition and regular physical activity rather than a standalone treatment for obesity.

13.3. *Samshodhana Chikitsa*

Samshodhana refers to therapeutic purification procedures aimed at eliminating aggravated *Doshas* and correcting the underlying pathophysiological processes. In appropriately selected patients, it may be considered as part of a comprehensive Ayurvedic management plan. The classical rationale emphasizes correction of the underlying pathology, restoration of physiological balance, and prevention of recurrence.[27]

Samshodhana procedures may broadly be classified into *Bahya Shodhana* and *Abhyantara Shodhana*.

Bahya Shodhana includes external therapeutic procedures such as *Udvartana, Avagaha,* and *Parisheka*.[28] Among these, *Ruksha Udvartana* has been described in the management of *Sthaulya* because of its *Kapha*- and *Meda*-reducing properties and its proposed role in improving skin and tissue condition.[29]

Abhyantara Shodhana includes internal purification procedures such as *Vamana, Virechana, Nasya, Niruha Basti,* and *Raktamokshana*, selected according to the individual's Dosha predominance, age, strength, clinical condition, and therapeutic indication.

In children, any *Shamana* or *Samshodhana* intervention should be carefully individualized according to age, *Bala, Agni, Prakriti,* and disease severity. Ayurvedic procedures should be performed only when appropriately indicated and under qualified supervision.

14. DISCUSSION

Management of childhood obesity requires realistic and sustainable expectations. Pharmacological therapy in contemporary medicine may produce an initial reduction in body weight in selected patients; however, its benefits may diminish after discontinuation, and weight regain can occur. Certain anti-obesity medications may also produce adverse effects related to sympathetic stimulation, including nervousness, restlessness, and elevation of blood pressure. Therefore, medication alone cannot be considered a definitive solution for long-term weight management.

Lifestyle modification remains the foundation of obesity management. Dietary regulation and regular physical activity are essential for achieving and maintaining appropriate body weight. Evidence from weight-management programs suggests that individuals who successfully sustain weight reduction over longer periods commonly maintain regular physical activity, including simple activities such as walking.

From the Ayurvedic perspective, *Sthaulya* is primarily associated with excessive intake of *Kapha*-promoting *Ahara* and inappropriate *Vihara*. Continued exposure to these factors contributes to impairment of *Jatharagni* and the formation of Ama, which subsequently interferes with the normal functioning of *Medodhatvagni* and promotes excessive *Meda* accumulation.

Consequently, therapeutic interventions for *Sthaulya* should be selected with the aim of improving Agni and correcting the underlying metabolic disturbance. Drugs and interventions possessing *Deepana, Pachana, Kapha-Vata Shamaka, Srotoshodhana,* and *Medohara* properties may be considered according to the individual's clinical status. An integrated approach combining appropriate diet, physical activity, behavioral modification, and individualized Ayurvedic management may provide a more sustainable strategy for controlling excessive weight.

15. CONCLUSION

Maintenance of healthy body weight depends largely on achieving an appropriate balance between energy intake and energy expenditure. Both the quality and quantity of food influence this balance and consequently affect weight gain or weight reduction. The primary objective of obesity management should therefore be not merely short-term weight loss but also achieving and maintaining a healthy weight over the long term.

Regular physical activity is an essential component of this process. Dietary modification, increased activity, reduction of sedentary behavior, and supportive family involvement should form the foundation of childhood obesity prevention and management. From the Ayurvedic viewpoint, early identification and avoidance of *Nidana*, correction of *Agni,* and appropriate management of *Kapha* and *Meda* may help prevent progression of *Sthaulya* and its associated complications.

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21. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

22. DISCLAIMER/VIEW AND OPINIONS

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23. AI-USE DECLARATION

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