



International Journal of Indian Medicine

www.ijim.co.in

ISSN: 2582-7634

Volume - 7, Issue - 01

January 2026

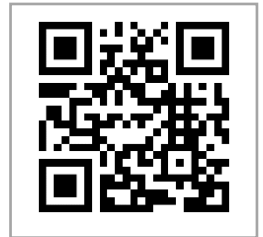


IJIM

INDEXED



International Journal of Indian Medicine



International Category Code (ICC): ICC-1702 International Journal Address (IJA): IJA.ZONE/258276217634

A Comprehensive Analysis of Medovaha Srotodushti and its correlation with Kapha imbalance in Sthoulya Samprapti

Vathare B.¹, Morale A.², Kambale N.³

1. Assi. Professor Kriya Sharir, Dr. JJ Magdum Ayurved Medical College Jaysingpur.
2. Assi. Professor Prasuti Tantra Evam Stree Roga, Dr. JJ Magdum Ayurved Medical College Jaysingpur.
3. Assi. Professor Kaychikitsa, Dr. JJ Magdum Ayurved Medical College Jaysingpur.

ABSTRACT: In recent decades, the global burden of *Sthoulya* (obesity) has increased at an alarming rate, emerging as a major public health challenge. According to Forbes, more than one billion people worldwide are currently affected by obesity. The World Obesity Federation predicts that by 2030, one in five women and one in seven men will be obese. As per the World Health Organization (WHO), a body mass index (BMI) ≥ 25 kg/m² is classified as overweight, while a BMI ≥ 30 kg/m² is considered obesity. The fundamental cause of obesity is an imbalance between energy intake and energy expenditure. Ayurveda describes *Sthoulya* as a disorder primarily caused by excessive nourishment (*Santarpanjanya Vyadhi*) resulting from improper *Ahara* (diet), *Vihara* (lifestyle), and *Manasika Nidana* (psychological factors). The main *Hetu* includes excessive intake of guru (heavy), snigdha (unctuous), madhura (sweet) foods, sedentary lifestyle, lack of physical activity, day sleep (*Divaswapna*), and mental factors such as stress and indulgence. These factors lead to *Kapha Dosha* aggravation and impaired *Agni*, resulting in excessive accumulation of *Meda Dhatu*. The *Samprapti* of *Sthoulya* involves *Agnimandya*, formation of *Ama*, obstruction of *Srotas*, and disproportionate nourishment of *Meda Dhatu*, causing flaccidity, reduced vitality, and increased body mass. Ayurvedic *Chikitsa* emphasizes *Nidana Parivarjana*, *Apatarpana Chikitsa*, *Langhana*, *Rukshana*, and *Shodhana* therapies along with a structured diet plan comprising laghu, ruksha, and kapha-medohara foods. The findings demonstrate that Ayurvedic interventions effectively reduce fat accumulation, enhance metabolic activity, restore doshic balance, and provide holistic health benefits, making Ayurveda a comprehensive approach for obesity management.

KEYWORDS: Sthoulya, Obesity, Diet, Chikitsa, Kapha imbalance, Samprapti of sthoulya.

CORRESPONDING AUTHOR:

Dr. Bhagyashri Sachin Vathare

Assi. Professor Kriya Sharir,

Dr. JJ Magdum Ayurved Medical College Jaysingpur.

Email- bhagyamusai@gmail.com, Mobile no: - 7666265755

How to cite this article: Vathare B., Morale A., Kambale N. A Comprehensive Analysis of Medovaha Srotodushti and its correlation with Kapha imbalance in Sthoulya Samprapti. Int J Ind Med 2026;7(01):46-53 DOI: <http://doi.org/10.55552/IJIM.2026.70108>

INTRODUCTION:

As an expert it is necessary to understand sthaulya (Obesity) in early stage by knowing sign and symptoms at early stage one can prevent life threatening complication of this disease. In Ayurveda *tridoshas* (three humors of the body) *saptadhatus* (seven structural substances that provide support and strength) and *mala* (waste) by products are the basic elements of body as well as primary elements in disease formation however these factors need to be scrutinized with its principles. Among *tridoshas* aggravated *kapha*, Aggravated *Meda dhatu* are similar or among *saptadhatu* of *sthaulya* (Obesity) hence this study is aimed at to review *kaph vruddhi* (aggravated *kapha dosha*), *Medavruddhi* (aggravated of *meda dhatu*) and *sthaulya* (obesity) with an objective of prevention of obesity

Aim and Objective

To prevent Obesity at an early stage of manifestation

Material And Methods

Bruhatrayi and Laghutrayi ,

The study was conducted through a detailed screening of the available classical Ayurvedic texts, supplemented with contemporary research papers on Ayurveda and obesity. Key Ayurvedic concepts related to *Kaph dosha*, *Meda Dhatu* and Obesity.

Modern Textbooks, reputed Journals and News Paper related to obesity.

Observation

Etiology of *Kaph* Imbalance

The causative factors for *Kapha* imbalance include

- 1) Overeating specially *Guru gunatmaka* (heavy for digestion), *Madhur* (sweet), *snigdha* (oily), *shit* (cold) foods
- 2) Poor digestion leading to *Ama* (undigested food) formation
- 3) Lack of Physical activity⁽¹⁵⁾
- 4) Mental stress and emotional disturbances.⁽¹⁵⁾

Derangement of *Parinama* (Metabolism) of *Medas* (fat). *Agni* (digestive fire) is very important thing for physiological activity in the body. Any *Dosha*, *Dhatu* and *Mala*'s aggravation or decreases impact on *agni*. Depending on the form of *agni* involved, the vitiation of *agni* has significant health implications at various stages. As *Agni* is reduced, it contributes at different levels to different metabolic diseases and releases "*Ama*"⁽¹⁴⁾ (not properly digested food), that is *Agni* fails to transform the *vijatiya* (unassimilable) *Dravyas* (food) into *Sajatiya* (assimilable) ones, and the *Dhatu*s can not assimilate the end products. These materials are harmful for body and, based on their presence, can induce signs and symptoms at different physiological stages.

If *Agnimandya*⁽⁷⁾ (loss of appetite) is present at the stage of *dhatwagni* (Metabolism of tissue level) then nutrients present in circulating *Ahara Rasa* or circulating *Poshak Dhatu* cannot be assimilated by the individual *Dhatu*s. Thus, in *Ahara Rasa* (fluid formed from the digested part of food) certain *poshak Dhatu*s will accumulate in irregular amounts and they may accumulate more at abnormal locations. *Leenatwa* (deep seated) of *Ama* in *Dhatu*s can be called this kind of method. A variety of disorders may cause *Leenatwa* of this type. There is no clear connection in Ayurveda to a particular disease agent that can be specifically associated with excess weight, obesity and hyperparathyroidism. such as

- 1) *Rasagat Sneha Vridhhi*
- 2) *Raktagata Sneha Vridhhi*
- 3) *Medoroga* or *Medodosha*⁽¹¹⁾
- 4) *Ama Medodhatu* and its advanced stage can be
- 5) *Shonita Abhishyanda*,
- 6) *Kapha Medo Margavarana*
- 7) *Kaphaj Hridrog*.

Kaphavrudhi :- (Aggrivated of Kapha)		
Sushrut⁽¹⁾	Wagbhat⁽²⁾	Charak⁽³⁾
1. Whitish/ Bright	1. Whitish	1. Whitish
2. Cold Body ,Coldness	2. Coldness	2. Coldness
3. Stability/ Stillness (absence of movement)	3. Grossness, dullness	3. Itching
4. Feeling of heaviness	4. Lazyness	4. Stability
5. Weakness of physically and mentally	5. Heaviness	5. Feeling heaviness
6. Stupor	6. Tierdness	6. Sleepiness
7. Excessive sleep	7. Sleepiness	7. Heaviness / litharge
8. Looseness of joints and bones	8. Drowsiness	8. Sweetiodour / taste
	9. Heavy breathing	
	10. Watering of the heart	
	11. Hicough	
	12. Cough	

Medovruddhi (Aggrivated of Meda)		
Sushrut⁽¹⁾	Wagbhat⁽²⁾	Charak⁽⁴⁾
1. Aliphatic, balsamic, oleaginous, glossy	1. Premonitory symptoms of diabetes	1.Looseness of body parts & tissues
2.Belly, abdomen & both side of abdomen is increased	2.Obesity – Its Complications	2.Softness
3. Cough	3.Other, symptoms of Aggrivated kapha, rakta & mansa	3.Weight, heaviness
4.Breathing heaviness		4. Weakness,feebleness impotency.
5.Bad odour or stinky smell (in that person cough, breath)		5. Sweating
		6. Bad odour.

Sthaullya (Obesity)	
Charak. Sutrasthan⁽⁵⁾	Madhavnidan⁽⁶⁾
1.Life depreciation	1.Excessive fat belly, chest, Hip, Buttock are big & latty
2.Less enthausiastic	2.Body posture is not good (Muscle tone is not good)
3.Not interested in sex	3.Less happiness (less enthusiastic)
4.Impairment	
5.Bad odour to all body	
6.Sweating a lot.	
7. Lots of apettite (Polyphagia) (hyperphagia)	
8.Excessive thirst (Polydipsia)	

DISCUSSION:**Aharaj Nidana:-**

A) Gunataha: Guru, Madhura, Sheeta, Snigdha, Shleshmala, Atipicchila, Abhishyandi properties in Ahara that dominate prithvi and Aap mahabhuta can cause a direct increase in the Kapha Dosha, Medo dhatu and Pitta Dosha due to the related Bhautika composition.

B) Dravyataha:

Examples of those things that may boost Meda Dhatu are Navanna, Navamadya, Gramya rasa, Mamsa sevana, Paya Vikara, Dadhi, Sarapi, Ikshu, vikara, guda vikara, shali, gohuma, Masha, Varuni madya.

Bhojan Vidhan:-**1) Aharaj Nidana**

Atisampurana,(overeating) results in excess energy storage which exceeds its consumption.As extra carbohydrates are processed in the form of butter, proteins or fats. Excessive calorie intake of any food source with a related weight gain can also contribute to a rise in VLDL overweight.

Factors such as Adhyashana, Vishamashana, Samashana result in the creation of Ama. Ama results in more aggravation of the disease caused by Srotorodha.Viruddhashana, Atyaambupana, Jalapana Bhajanoparanta.etc. also impact on proper digestion.

2) Viharaja Nidana:

Avyayam, Avyavay, Divaswap, Asyasukh, Swapnsukh, Bhijanottara snan, Bhojanattara Nidra, etc. Both these factors contribute to lower energy expenditure than input, contributing to corpulence.

3) Manas Nidana:

Achintanat, Harshanityatva is enumerated as the causative factors that are conductive to Atisthauya by Acharya Charak.

Shatkriyakal:⁽¹⁰⁾(six stage of Disease progression)

Shatkriyakal is also empowered to accept detailed knowledge of the pathogenesis occurring in every illness, and hence the details are furnished here.

1) Sanchay⁽⁸⁾:(Accumulation)

When the doshas are stored accumulate in their own site, it represents the initial stage of the disease during digestion. The endogenous development of cough occurs, that is the first step of digestion; Madhuravasthapak in Aamashay. The prolongation of this process results from unnecessary intake of food products with characteristics such as Madhura, guru, Abhishyandi, Sheeta, etc. that homologous to Kapha dosha. This results in the quantitative rise of the kapha and Pitta accumulating with the kapha and pitta in their own sites. Acharya Charak has claimed that Medo Dhatu exists.

2) Prakop:(outbreak, escalation)

Dalhan has posited that an escalation of doshas is referred to as prakop, manifesting as liquefaction. At this juncture, there is an exacerbation of Kapha Dosha vitiation, contributing to its morbidity at the Medodhatu site. Given the Ashraya-Ashryi sambandha relationship between Kapha dosh and Meda dhatu, a deficiency in Kapha Dosha precipitates impairment of Med dhatu. Doshas previously elevated at this level become morbid in their attributes, with attributes such as Snigdha and Guru increasingly expressed, potentially leading to symptoms including Snigdhagata and Gaurava.

3) Prasar:(Expansion)

In Prasar Avastha, Dosha expansion occurs, affecting other bodily parts, organs, and systems. According to Sushruta, in this Avastha, vitiated Doshas exceed and overflow their respective site boundaries, allowing vitiated Kapha and Pitta Dosha to spread to connected sections and cause disability.

4)Sthan Samshtay:⁽⁹⁾(localization of the vitiated Dosha)

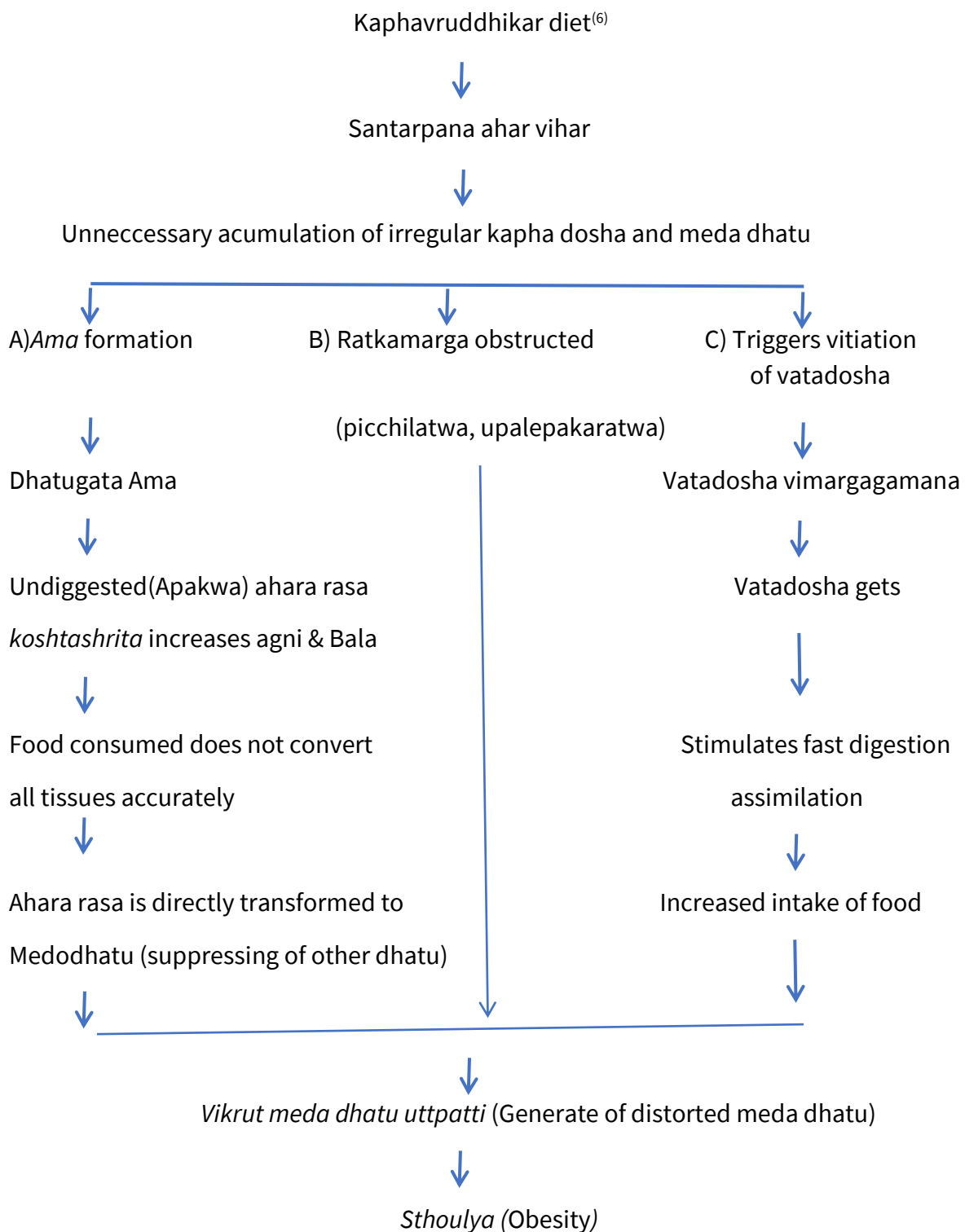
The localization of the vitiated Dosha, which marks the beginning of diseases unique to those systems, characterizes this point. In his commentary, Dalhana describes this process as the one in which, due to srotovaigunya or the pathological intervention of the associated srotas(bodys channel) leading to an association between the Dosha and Dushya(body tissue), the vitiated Doshas have expanded and spread to other sections. This takes place at the stage of Srotasa and represents the prodromal phase or the Purvarupa phase.

5) Vyakti:(manifestation)

At this juncture, the signs and symptoms of an infection become fully apparent, allowing for an understanding of the ongoing pathology through observable symptoms of illness. The manifestation of various disease symptoms is influenced by the localization platform and may include signs such as xanthelasma, xanthomas, corneal arcus, and systemic symptoms like breathlessness, paresthesia, and overweight fatigue, all of which are indicative of circulating lipoproteins. Moreover, the fundamental signs and symptoms of Medo Roga, Prameha, and Dhamani Pratichaya are also apparent.

6) Bheda:(complication)

This stage is distinguished by the chronicity of the condition, in which it becomes sub-acute or incurable. It applies to the ongoing development of obesity, where unmanaged chronicity may eventually give rise to serious diseases, including atherosclerotic conditions, resulting from factors such as myocardial infarction and cerebral strokes.



Chikitsa :

Apatarpan Chikitsa (treatment to remove excess nourishment)

Goal:

To reduce *Meda* (excess fat), *Srotas* (clear channels) and *Jatharagni* (improve digestion)

Therapies:

External: *Ruksha Udvartana* (dry powder massage), medicated oil massages, *Swedana* (fomentation).

Panchakarma: *Lekhana Basti*⁽¹³⁾ (reducing enemas with fat-reducing herbs) and *Nasya* (nasal application of oils) are key.

Herbal Remedies: Triphala, Guduchi, Haritaki, Madanphaladi Churna.⁽⁴⁾

Pathya (diet):⁽¹²⁾ Emphasizes *tikta* (bitter) and *katu* (pungent) tastes, *yava* (light foods like barley), *kodrava* (millet), *mudga* (lentils), and avoiding heavy, fatty foods.

CONCLUSION:

Sthaulya represents the dominant Vyadhi of Dushya, where in the etiological elements cause vitiation of Vata, Kapha, and Meda, thereby enhancing disease severity and its *krutchha sadhya* (hard to cure) Meda obstruction prevents *Vyan Vayu* from transporting nutrients to other Dhatu, resulting in increased Medadhatu and *uttar dhatu*⁽¹¹⁾ (next dhatu) Sthaulya is the prevalent metabolic disorder identified by Charaka in Ashtou nindita purush.

Sedentary behavior, lack of physical activity, poor eating habits, urbanization, and psychological causes including Harshanitya, manasonivrita, etc.

As per Acharya Charak

a person suffering from *Sthaulya* (obesity) is considered to struggle more and is in a weaker position than a person with *Karshya* (emaciation). This is because *Sthaulya* is associated with more severe and difficult-to-treat complications.

Kapha *Prakriti* (constitute) individuals are more susceptible to *Sthula*, with a higher incidence of obesity observed in women, particularly after marriage, reduced physical activity (exercise), IUCD use, contraceptive pills, post-delivery, and during menopause. The Samprapti of *Sthaulya* involves Medo dhatvagni mandya, Ama Rasa, and Kapha-Vata Pradhana Tridosha. Treatment strategies should target Meda, Kapha, and Vata, incorporating *Lekhana Basti* ((reducing enemas with fat-reducing herbs) and *Virechana Karma* (therapeutic purgation). *Basti* (enema) has demonstrated improved

outcomes by removing Doshas from the body and enabling ingested medications to act at the cellular level.

REFERENCES:

1. Acharya Priyawat Sharma, Sushrut Samhita, Chaumkambha Oriyantaliya, Varanasi, Reprint 2009, page no.70 su.su.15/13,14
2. Vaidya. Yadavaji Trikamji Acharya, Ashtangasangrah (sutrasthan) commentary Vaidya. Govardhansharma Changani, Chaukhambha Sanskrit samsthan, Varanasi, Reprint -2005, page no. 179 Ash.Su. 19/2
3. Acharya Vidyadhar Shukla, Ravidatta Tripathi, Charak Samhita, Marathi Translator Vaidya. Vijay Shankar Kale, Chaukhambha Sanskrit Pratishthan, Delhi. Reprint- 2019 page no.304 Ch.Su.20/18
4. Acharya Vidyadhar Shukla, Ravidatta Tripathi, Charak Samhita, Marathi Translator Vaidya. Vijay Shankar Kale, Chaukhambha Sanskrit Pratishthan, Delhi. Reprint- 2019 page no.307 Ch.Su.21/4
5. Acharya Vidyadhar Shukla, Ravidatta Tripathi, Charak Samhita, Marathi Translator Vaidya. Vijay Shankar Kale, Chaukhambha Sanskrit Pratishthan, Delhi. Reprint- 2019, page no.308 Ch.Su.21/9
6. Shri Sudarshan Shastri Revised and Edited by Prof. Yadunanadan Upadhyay, Madhav Nidan, The Madhukosh Sanskrit Commentary by Srivijayrakshita and Srikanthadatta, Chaukhambha Prakashan Varanasi, Reprint- 2006 Page No.29 M.N. Utterardh 34/1
7. Vaidya shreelaxmipati Shastri, Yogratanakar, Vidyotini Hindi tika sahit, Chaukhambha Sanskrit Samsthan, Varanasi. Reprint- 2005, page no. 310 Agnimandyanidan / 1,2,3.

8. Acharya Priyawat Sharma, Sushrut Samhita with Nibandhasangrah commentary of Shri Dalhanacharya, Chaumkhambha Oriyantaliya, Varanasi, Reprint 2009, page no.103 su.su.21/18
9. Acharya Priyawat Sharma, Sushrut Samhita with Nibandhasangrah commentary of Shri Dalhanacharya, Chaumkhambha Oriyantaliya, Varanasi, Reprint 2009, page no.106 su.su.21/33
10. Acharya Priyawat Sharma, Sushrut Samhita with Nibandhasangrah commentary of Shri Dalhanacharya, Chaumkhambha Oriyantaliya, Varanasi, Reprint 2009, page no.105 su.su.21/36
11. Vaidya Jdhavaji Trikamji Acharya, Agnivesa, Charak Sahinta revised by Charak and Dridhabala with the Ayurveda-Dipika commentary of Chakrapandita, Chaukhambha Krishnadas Academy, Varanasi Reprint-2010 page no. 251, Ch. Vi. 5/15,16
12. Vaidya Jdhavaji Trikamji Acharya, Agnivesa, Charak Sahinta revised by Charak and Dridhabala with the Ayurveda-Dipika commentary of Chakrapandita, Chaukhambha Krishnadas Academy, Varanasi Reprint-2010 page no. 117, Ch. Su. 21/25
13. Acharya Priyawat Sharma, Sushrut Samhita with Nibandhasangrah commentary of Shri Dalhanacharya, Chaumkhambha Oriyantaliya, Varanasi, Reprint 2009, page no.545,546 su.ch .38/82.
14. Damodar Ranade Sanketmanjari tika, Ashtangahridayam of Vagbhat, Commentator Vaidya Manindra KumarVyas, Chaukhambha Vishvabharati, Varanasi,print- first edition-2019,page no. 177, ASH.Hru.13/26
15. Davidsons Principle and practice of medicine edited by C.R.W.Edward, J.A.D.Boucher,C.Haslett, E.R. Chilvers, seventeenth edition, churchil Livingstone reprinted-1996 page no. 579
16. World Health Organization, The Global Burden of Diseases. Update 2004. Part 2 causes of Death. Geneva, Switzerland: WHO; 2008; p.8-10.
17. Arianna Johnson, Forbes news report, health and science trends,published Feb. 29, 2024 at 6.30pm EST.

Source of Support: None declared

Conflict of interest: Nil

© 2026 IJIM (International Journal of Indian Medicine) |

An Official Publication of ARCA- AYURVEDA RESEARCH & CAREER ACADEMY

Website: www.ijim.co.in **Email:** ijimjournal1@gmail.com