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## A Critical Review on *Sthoulya Roga*.

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### ABSTRACT:

*Ayurveda* being an age-old life science is as scientific and proves to be useful even in this age of 21<sup>st</sup> century. It provides a holistic approach to our daily life be it physical or mental health. According to *Ayurveda Sthoulya roga* has also been describe as life style diseases which occurs if a person does not follow *dinacharya*, *ritu-chararyapathya* and *apathya* as mentioned in *Ayurvedic* texts. *Charak samhita* is one of the renowned *samhita* of *ayurveda* which quoted *sthoulya* under the eight varieties of impediments designated as *astanindita purusha*, *atisthoulya* comprise one of them. *Charak* has also mentioned it as a *santarpanjanita roga* which leads to eight defects under lying i.e., *Sthoulyapurusha*, *Ayuharsa*, *Javoparodha*, *Alpaovyavayita*, *Daurbalya*, *Daurgandhya*, *Swedabadha*, *Ati-trisha*, *Ati-kshudha*. Dalhana mentioned *sthoulya* in *medoroga*. He specified *mandaagni* and *dhatvagnimanda* involved in pathogenesis of the disease. But No separate disease in the name of *Sthoulya* is described in various texts of *ayurveda*. In this article we are making effort to collect matter of *sthoulya* scattered in various *ayurvedic* texts.

**Key words-** *Sthoulya*, *ayurvedic* texts, *Ayurveda*, Obesity, public health, *Medoroga*

### INTRODUCTION

Obesity is a common but often underestimated condition of clinical and public health importance in many countries around the world. Its general acceptance by many societies as a sign of well-being or a symbol of high social status, and the denial by health care professionals and the public alike that it is a disease in its own right, have contributed to its improper identification and management and the lack of effective public health strategies to combat its rise to epidemic proportions. No separate disease in the name of

*Sthoulya* is described in *Charaka Samhita*, but *Atisthoulya* is mentioned under *Ashtaninditiya*, which is actually *Sthoulya*.<sup>1</sup> In the same chapter causes, symptoms, aetiology and treatment of *Medoroga* are described. It is in *Madhava Nidana* that the term *Sthoulya* is used while describing its etiology. Abnormal accumulation of *Meda Dhatu* in body is known as *Medodushti*. *Medodushti* includes several numbers of other *Medovikaras*, which are collectively known as *Sthoulya*. *Acharya Charaka* has



described *Sthoulya* under the title of *Atisthaulya*. According to *Acharya Charaka Atisthaulya* is the *Dushti* of *Medovah Srotas* and can be understood as synonym of *Sthoulya*. This idea is supported by *Madhukoshakara*<sup>2</sup> and *Bhavamishra*<sup>3</sup> by describing separate chapter of *Sthoulya*.

#### Review-

*Madhavakara* has described the disease under heading of *Sthoulyain* 34<sup>th</sup> chapter and has used *Medasvina*,<sup>4</sup> *Atisthula*<sup>5</sup> and *Sthula*<sup>6</sup> words as synonyms. *Madhavakara*<sup>7</sup> mentioned the *Nidana*, *Rupa* and gives clear picture of *Sthoulya* borrowing all the thoughts of previous authors. *Sodhala*<sup>8</sup>, *Vrinda*,<sup>9</sup> *Sharangadhara*,<sup>10</sup> *Bhavamishra*,<sup>11</sup> *Yogaratnakara*<sup>12</sup> and many others have expressed their views about this disease.

#### Synonyms of *Sthoulya*: Table 1

*Amarkosha* has given synonyms of *Sthula* as *Vipula*, *Pina*, *Pinvi*, and *Pivara* which indicates over nutritional condition of the person. Other synonyms mentioned by various Ayurvedic texts have been given in tabular form as follows in next page:

#### Showing Synonyms of *Sthoulya*

#### Aetio-Pathogenesis of *Sthoulya*:

*Nidan* of *Sthoulyam* may be categorised in two types:

1. **Exogenous causes:** These are intake of fat-rich diets, over-eating etc.
2. **Endogenous causes:** These are *Dosha*, *Dushya*, *Srotas*, etc. In *Charaka Samhita*, there is description of the *Nidana* of *Sthoulya* (*Sthaulya*) analytically.<sup>13</sup> Most of them are exogenous types of causes (*Medas* potentiating diet). Endogenous causes (*Dosha*, *Dhatu*, *Mala*, and *Srotas* etc.) have been mentioned by *Acharya Sushruta* and *Vagbhata*. *Vagbhata* has also mentioned “*Ama*” as a causative factor. Only *Charaka* has defined *Beeja Dosha* as one of the cause besides other.

The substances which possesses the qualities same as *Meda* increases *Meda* in the body. On the basis of concept of *Samanya*, the *Nidanas* of *Sthoulya* can be classified as:

- *Dravya Samanya* - Fatty Material like *Mamsa*
- *Guna Samanya* - *Sheeta*, *Snigdha*, *Guru* etc.
- *Karma Samanya* - *Divaswapna*, *Avyayama*, *Sukhasana* etc.

All the *Nidanas* described by various *Acharyas* for *Sthoulya* can be classified under four broad categories & tabulated as follows:

1. *Aharatmaka Nidana*

2. *Viharaatmaka Nidana*
3. *Manas Nidana*
4. *Anya Nidana*

***Aharatmaka Nidana* (Dietary Causes) (Table 2)**

***Dietary Composition that Leads to Sthoulya* (Table 3)**

***Viahratmaka Nidana* (Life style related factors) (Table 4)**

***Manasika Nidana* (Psychological factors Table No.5)**

***Anya Nidana* (other causative factors) Table No.6**

**Table No.AR-07: Showing *Viharatmaka Nidana***

Another classification of the causative factors of *Sthoulya* can be done on the basis of *samanya-Visheshsiddhanta* advocated by *Acharya Charaka*, according to which the *Dhatu* increase or decrease based on the quality & quantity of nutrition provided to them. Excessive consumption of substances similar to *Meda* (*Gunasamanya*) & the action that have similar action of *Meda* (*Karmasamanya*) leads to an increment of *Meda* in the body. Thus, based on this concept, the *Nidanas* of *Sthoulya* can be classified as:

- ***Dravya Samanya*:** consumption of animal & vegetable fats (*Ghee*, *taila*, *vasa*, *majja* )
- ***Guna Samanya*:** consumption of food with *Snigdha*, *Guru* *guna* e.g. *milk*, *masha*, *sheeta*, *veerya* *dravya*, substances with *madhura* *rasa* & *vipaka*
- ***Karma Samanya*:** *Divaswapna*, *Avyayama*, *Avyavaya*, *Sukhasana*, *Tailaabhyanga*, *snigdhaudvartana*, etc.

#### **Samprapti:**

*Sthoulya* has been narrated as *Dushya* dominant disorder i.e. *Medoja Vyadhi* in following words. *Medovridhi* is a complex process. The *Samprapti* of *Sthoulya* has been discussed according to the *Atreya* School of thought as well as *Dhanvantari* School of thought and both the views are different. *Acharya Charaka* has accepted “*Ahara*” as most common pathogenic factor for *Medovridhi* in *Sthoulya* whereas *Sushruta* has accepted *Amadosha*.<sup>14</sup>

According to *Acharya Sushruta*, *Madhura Ama Annarasa* is produced due to excessive intake of *Kaphavardhaka* within the body. *Snigdhanasha* of this *Anna Rasa* causes *Medovruddhi* at the cost of other *Dhatus*, which produces excessive stoutness.<sup>15</sup>

According to *Acharya Charaka*,<sup>16</sup> Due to obstruction of *Srotasa* by vitiated *Meda* ( due to excessive indulgence in causative factors ), the *Koshthagata Vata* gets entrapped into the alimentary tract and whips up the *Jatharagni* which rapidly digests the ingested food materials which are in turn readily absorbed by the and rather causing the production of *Ama*. This *Ama* goes directly to *Meda Dhatu* & lead to increase and accumulation of *Meda* by

creating *Medodhatwagni-mandya*. Vitiated *Kapha & Meda* causes *Medovaha SrotoSanga*, leading to *Margavrodha* of *Vata*. This vitiated *Vata* circulates in whole body especially in the *Koshta*, later on causing *JathragniSandhukshana* which results in *Kshudhaadhikya & ShighraJarana* of *Ahara*. *Medodhatwagni Mandhya* takes place due to which the capacity to digest *Medamsa* by the *Medodhatwagni* is hampered, leading to the formation of *ApakwaMeda* which is incapable of nourishing the *Utter Dhatu*. The *AmaMeda* gets accumulated in *Sarvanga* especially in the *Sphig-Udar-Stana* regions resulting in *Sthaulya*. *Acharya Madhaavakara & Acharya Bhava Misra* have explained the same *Samprapti* as stated by *Acharya Charaka*. While explaining the *samprapti* of *Sthaulya*, all the *Acharyas* have emphasised on *Margavarodha* by the vitiated *Meda* & an uncontrolled excessive formation of the *Meda Dhatu* without any subsequent increase in energy.

The time required to provide nourishment to *Dhatu* of whole body varies from one day, 6days,<sup>17</sup> one month.<sup>18</sup> But in case of patients with *Beeja Dosha*, it is *Khalekapota Nyaya* which becomes effective. Whatever diet is taken due to its specific affinity to *Meda Dhatu*; it directly converts to *Medo Dhatu*. This has been clearly mentioned by *Acharya Sushruta*<sup>19</sup> and the commentator *Dalhana*<sup>20</sup> clearly explains that bypassing two *Dhatu* i.e. *Rakta & Mamsa* only *Meda Dhatu* is excessively formed in the patients of *Sthaulya*.

The basic components that get vitiated in the pathogenesis of *Sthaulya* are described below:

1) **Dosha:**

Though *Sthoulya* is a *Kapha* predominant *Vyadhi* yet the involvement of *Vata* and *Pitta* cannot be neglected. So, all three *Doshas* are involved in the pathogenesis of *Sthoulya*.

**Kapha:**

Most of the *Acharyas* have mentioned *Sthoulya* as *KaphajaVyadhi*. Moreover, *Acharya Charaka* has mentioned *Sthoulya (Sthaulya)* under *Shleshma Nanatmaja Vyadhi*.<sup>21</sup> Due to excessive intake of *Guru, Snigdha, Madhura, Sheeta, Picchila* and *Abhishyandi Ahara* and *Vihara* like *Diwaswapna, Achintana* etc. lead to vitiation of *Kapha*. Most of the *Sthoulyasymptoms* comes under the category of *Kaphavridhhi* i.e. *Alasya, Gatrāsada, Angagaurava, Nidradhikaya* etc. Usually the *Medorogi* belongs to *Kapha Prakriti* and are slow and lethargic in physical activity.

**Pitta:**

In *Sthoulya Ati Kshudha, AtiPipasa, Swedadhikaya, Dauragandhya*

have also been mentioned which are the symptoms of *Pitta Vriddhi*. Also most of the patients have *Teekshnagni* which indicates the involvement of *Pitta Dosha*. Most of the *Sthoulya* patients present with *Ati Kshudha* symptom which indicates towards increase of *Pitta* by *Ushna Guna. Margavarodha* due to *Medovridhhi* stimulates *Samana Vayu* to increase the *Jathragni*. So that person has voracious appetite and good digestion power.

**Vata:**

In this disease *Vata* has been mentioned in the state of *Aavrita* which provokes the *Agni* ultimately increasing the demand for the food (*Abhyavaharana Shakti*). Thus, vitiated cycle of pathogenesis starts.<sup>22</sup> Also *VyanaVayu* is responsible for proper circulation and distribution of *Dhatu*.<sup>23</sup> Due to, *Sanga* in *Medovah Srotas* the nutrients cannot be carried by *VyanaVayu* to their respective *Dhatu*. The process of circulation, digestion and proper distribution of *Dhatu* are controlled by *Samana* and *VyanaVayu*. Hence, involvement of *SamanaVayu* can be clearly postulated with the evidence of *Agnisandhukshana* whereas improper distribution of fat in the body proves the involvement of *Vyana Vayu*.

2) **Dushya:**

*Acharya Sushruta* has mentioned *Sthoulya* as a *Dushya* dominant disorder<sup>24</sup> and in this disease the excessive production of abnormal *Meda Dhatu* is clearly visualized. *Kapha* is seated in *Rasa, Mamsa, Meda, Majja* and *Shukra Dhatu*. So on the basis of *Ashrayashrayeebhava* vitiation of *Kapha* also leads to vitiation of above *Dushyas*. Also *Kapha* and *Meda* having similar properties so ultimately vitiation of *Meda Dhatu* also occurs.

In the disease, due to over consumption of *Guru, Snigdha Pradhana Dravyas* with increased *Agni, Anna Rasa* is formed which leads to increase of *Meda Dhatu* directly by passing the *Rakta* and *Mamsa Dhatu* as explained by *Dalhan*

Hence, in the light of above, the involvement of *Meda Dhatu* and *Rasa Dhatu* as *Dushya* is clearly visualized and later on other *Dhatu* gets involved and produced other diseases mentioned as *Upadravas* of *Sthoulya*.

3) **Srotas:**

In *Sthoulya, MedovahSrotas* is mainly involved along with

the *Rasavah* and other *Srotasa*. *Avyayama*, *Diwaswapna*, excessive intake of *Madhura Dravya* and *Varuni* are vitiating factors for *Medovah Srotodusti* as mentioned in *Charaka Samhita*.<sup>25</sup>

Basically it is a *Sanga* type of *Srotodusti* leading to *Vimargagamana* of *Meda Dhatu* also. Above *Shloka* indicates the clear involvement of *Medovah Srotas* along with *Rasavah Srotas*. *Atisweda* and *Daugandhya* indicate the involvement of *Swedavah Srotas*. Presence of *AtiPipasa* indicates the involvement of *Udakavah Srotasa*. In the pathogenesis of *Sthoulya*, increased fat deposition inside the muscle (*Vasa*) indicates the involvement of *Mamsavah Srotasa*.

#### 4) **Agni:**

*Mandagni* at *Jatharagni* or *Dhatvagni* level is considered as root cause of all diseases. Due to *Mandagni*, formation of *Ama* occurs<sup>26</sup> Some of the disorders like *Ajirna*, *Alasaka*, and *Visuchika* emerge are the result of derangement of *Jatharagni* while disorders like *Sthoulya* results from derangement of *Dhatvagni*. On this basis, it seems that individual *Agni* has its own pathological phenomenon.

In *Sthoulya*, due to vitiation of *Vata* by obstruction of *Meda*, *Teekshnagni* is a prominent feature. Here a question arise, how *Ama* formation can occur instead of *Teekshnagni*. *Chakrapani* and *Dalhana* have tried to clarify this controversy by giving explanation that in the stage of *Teekshnagni*, person goes for *Adhyashana*, *Kalavyatita Ahara Sevanaa* again and again, which leads to disturbance in *Agni* and subsequently formation of *Ama* may take place. Moreover, *Dalhana* has explained that in the *Sthoulya* formation of *Ama* is more due to decrease level of *Medodhatvagni* than *Jatharagni*<sup>27</sup>

According to “*Dhatuparinam*” concept in the state of *Agnimandya* at *Dhatvagni* level *Vridhhi* of previous *Dhatu* and *Kshaya* of further *Dhatu* takes place as mentioned by *Acharya Vagbhata*.<sup>28</sup>

In case of *Sthoulya*, *Medodhatvagni Poshakansha* stated at *Jatharagni* level is vitiated. So, *Medodhatvagni* may not do its work properly and also due to good *Jatharagni* in *Sthoulya* patients, *Meda Dhatu Poshaka Rasa* is formed in more quantity so overload on *Medodhatvagni* causes accumulation of more *Sthula Meda Dhatu* in their depots. And due to decrease production of *Sukshma* part and *Sara* part at *Medodhatvagni* level the further *Asthi*, *Majja* and *Shukra Dhatu*s get less *Poshaka Rasa*.

#### **Pathogenesis Proceed:**

The aetiological factors described by *Acharya*, can be

categorized under four groups i.e.

1. ***Dosha Dushtikara:*** *Guru*, *Madhura*, *SheetaGuna* dominant diet.

2. ***Dhatu Daurbalyakar / Khavaigunyakara:*** *Avyayama*, *Avyavaya*, *Achintana*, *Nityaharsha* etc.

3. ***Agnimandyakara:*** *AtiBhojana*, *Madhura*, *SnigdhapradhanBhojana*.

4. ***Beejadosha:*** It impairs *Medodhatvagni Poshakansha*, which ultimately provides base to *Sanchaya* of *Ama* in *MedoDhatu* leads to *Sthoulya*.

Due to good *Agni* excessive *AnnaRasa* is formed. Due to specificity of diet having *Guru*, *Madhura*, *Snigdha*, *Sheeta Guna*, *Sneha Guna Pradhana Dhatu Poshakamsa* are formed in larger quantities. Initially the increase *Rasagata - Raktagata - MamsagataSneha (Vasa)* also increases leading to excessive production of *MedaDhatu*. But due to *MedaDhatvagnimandya* (due to un-availability of getting *Poshakamsa* of *MedaDhatvagni* nourished through *Jatharagni*) and so further *Dhatu*s are not produced properly.

According to three *Dhatu Poshana Krama*, All three works simultaneously in human body to provide nourishment to *Dhatu*s, they require the time regarding 30 days, 6 days to one day. But in the cases of *Beejadosha* patients, it is *KhalekapapotaNyaya* which becomes effective. Whatever diet is taken due to specific affinity to *MedaDhatu*, it is directly converted into *MedaDhatu* which has been very clearly explained by *Sushruta*<sup>29</sup> and *Dalhana*<sup>30</sup> clearly explains that by passing two *Dhatu*s i.e. *Rakta* and *Mamsa* only *MedaDhatu* is excessively formed in the patients of *Sthoulya (Sthaulya)*.

Four categories of *Nidanas* (etiological factors) mentioned in *Charaka* followed by most of the *Acharyas*. If patient is having less number of etiological factors, either of the first, second or third, the *Sthoulya (Sthaulya*-first grade obesity) will be less complicated and easily curable and can be cured by compliance of dietary rules and increase in physical exercise. However if these factors get association with *BeejaDosha*, patient quickly reaches to *Atisthaulya* (2nd or 3rd grade obesity) and it becomes *Asadhya* (incurable) or *Yapya*. Hence while accessing *Sadhyasadhya* severity of aetiological factors should be considered. *Vridhhi* i.e. *Angagaurava*, *Alasya*, *Tandra*, *Nidradhikaya* etc. Later on actual *MedaDhatu* gets clinically increased and this increase of *Meda* present with various physical signs like *Chala-Sphika -Udara -Stana*, *KshudraShwasa*, *Swedadhikaya* etc. and in later stages difficulty in performing all his daily activities. Further

improper nutrition to *Asthi, Majja and ShukraDhatu* may also occur. The whole process of manifestation of *Sthoulya* can be described as on next page in schematic manner:

**SAMPRAPTI GHATAKA:**

The following factors play an important role in *Samprapti* of *Sthoulya*:

**Dosha** :*Kapha – Kledaka, Pitta – Pachaka, Vata – Samana, Vyana*

**Dushya** :*Rasa, MedaDhatu*

**Agni** :*Jatharagni, Parthiva, Apya Bhutagni  
Rasa and MedaDhatvagni*

**Srotas**:*RasavahSrotas, MedovahSrotas,*

**Srotodusti**:*Sanga, Margavarodha,<sup>31</sup> Amatah<sup>32</sup>*

**Adhishthana**:*Whole Body Particularly Vapavahana and Medodhara Kala*

**Udbhavasthana**:*Amashaya*

**Prasara**:*Rasayani*

**Rogamarga**:*Bahya*

**Ama**:*JatharagniMandhyajanitAma,  
DhatvagniMandhyajanitAma*

**Vyaktisthana**:*Sarvanga*

**Purvarupa:**

The premonitory signs and symptoms which appear during the *Sthansanshraya* stage of pathogenies of disease by the vitiated *Dosha & Dushyas* are known as *Purvarupa*. Their knowledge bears an importance in the early diagnosis, management<sup>33</sup> & differential diagnosis of the disease.

*Purvarupa* of *Sthoulya* has not been described by any *Ayurvedic* texts. According to *Charaka*, the *Medovah Srotodusti Lakshanas* which are also mentioned as *Purvarupa* of *Prameha*<sup>33</sup> can be considered as *Purvarupa* of *Sthoulya*. Again there is similarity in pathogenesis of *Prameha* and *Sthoulya*. *Bahudrava Shleshma* and *Abaddha Meda* are the two morbid components involved in pathogenesis of *Prameha*<sup>34</sup> which are also found in *Sthoulya* too. So, *Shleshma Sanchya* and *MedoDusti Lakshana* related *Purvarupa* of *Prameha* and *Medovah Srotodusti Lakshanas* described by Various acharyas can be considered as *Purvarupa* of *Sthoulya*. The symptoms related with *Meda Dushti* like *Atinidra, Tandra, Alasya, Visra Shariragandha, Angagaurava, Shaithilya* etc. can be considered as *Purvarupa* of *Sthoulya*.

**RUPA :**

According to *AcharyaCharaka*,<sup>35</sup>

Due to inordinate increase of *Meda* and *Mansa Dhatus*, the body gets disfigured by pendulous buttocks , abdomen,

breast ( *ChalSphika-Udar-Stana*) and that increased bulk ( adiposity) is not accompanied with the corresponding increase in energy (*Ayathopchayotsaho*). So, the person has less enthusiasm in his physical activity.

Besides these cardinal symptoms, eight *Doshas* (disability) of *Sthoulya* have been mentioned along with their elaborated pathogenesis occurrence in *CharakaSamhita*<sup>36</sup>-

- **Ayushohrasa (Diminution of lifespan)**: Life expectancy gets decreased because of over production of *MedoDhatu* at expense of other *Dhatus*. So, other *Dhatus* could not be nourished properly. Otherwise we can see that obesity leads to various co-morbidity cond<sup>n</sup> thereby decreasing life expectancy of obese person.
- **Javoparodha (Lack of enthusiasm)** - The *Shaithilya*(flabbiness), *Saukumarya*(delicacy)and *Guruta* properties of *MedaDhatu* causes *Javoparodha*. Thus these persons are slow to initiate the work.
- **Kricchavyavaya (Difficulty in sexual act)** - Due to obstruction in genital passage by *Meda Dhatu* and less production of semen the sexual act becomes difficult. Physical bulk also leads to the condition.
- **Daurbalya (Debility)** - This result because of the deranged metabolism owing to malnourishment of the *Dhatus*.
- **Daurgandhya(Foul smelling of body)** - Bad smell results due to excessive sweating, innate quality of *Meda Dhatu* and morbid nature of vitiated *Meda*.
- **Swedabadha (Distressful sweating)** - On account of the admixture of *Kapha* with *Meda, Vishyandi, Bahutva* and *Guru* properties of *Meda*and its inability to bear the strain of exercise it results in *Swedabadha*.
- **Kshudhatimatrata (Excessive hunger) & Pipasatiyoga (Excessive thirst)**: Because of increased *Agni* in *Koshtha* and vitiation of *Vata* by obstruction of *Meda* it results in excessive appetite and thirst.

**Showing the Rupa of Sthoulya described by various Acharyas Table 8**

**UPADRAVA:**

Different *Acharyas* have mentioned that due to chronic and long lasting nature of *Sthoulya* complications occurs mainly due to the involvement of two elements *Agni* and *Vata*. *Acharya Charaka* has not mentioned specific *Upadravas*(complications), but other *Acharyas* have listed a few.

**Showing the Upadravas as follows Table 9**

**CONCLUSION**

Most of the *Acharyas* have described a bad prognosis of

*Sthoulya*, considering *Sahaja Sthoulya* to be incurable. The treatment of various diseases in a *sthulapurusha* is said to be more difficult than *Karshya*. As *Acharya Charaka* Said, Severity of etiological factors along with clinical manifestation can be considered to assess the *Sadhyasadhyata* of *Sthoulya*. *Acharya Charaka* has divided *Nidanas* in 4 categories i.e. *Atisampurana*, *Avyayam*, *Harshnityatwat* & *Beejaswabhaba*. If patient is

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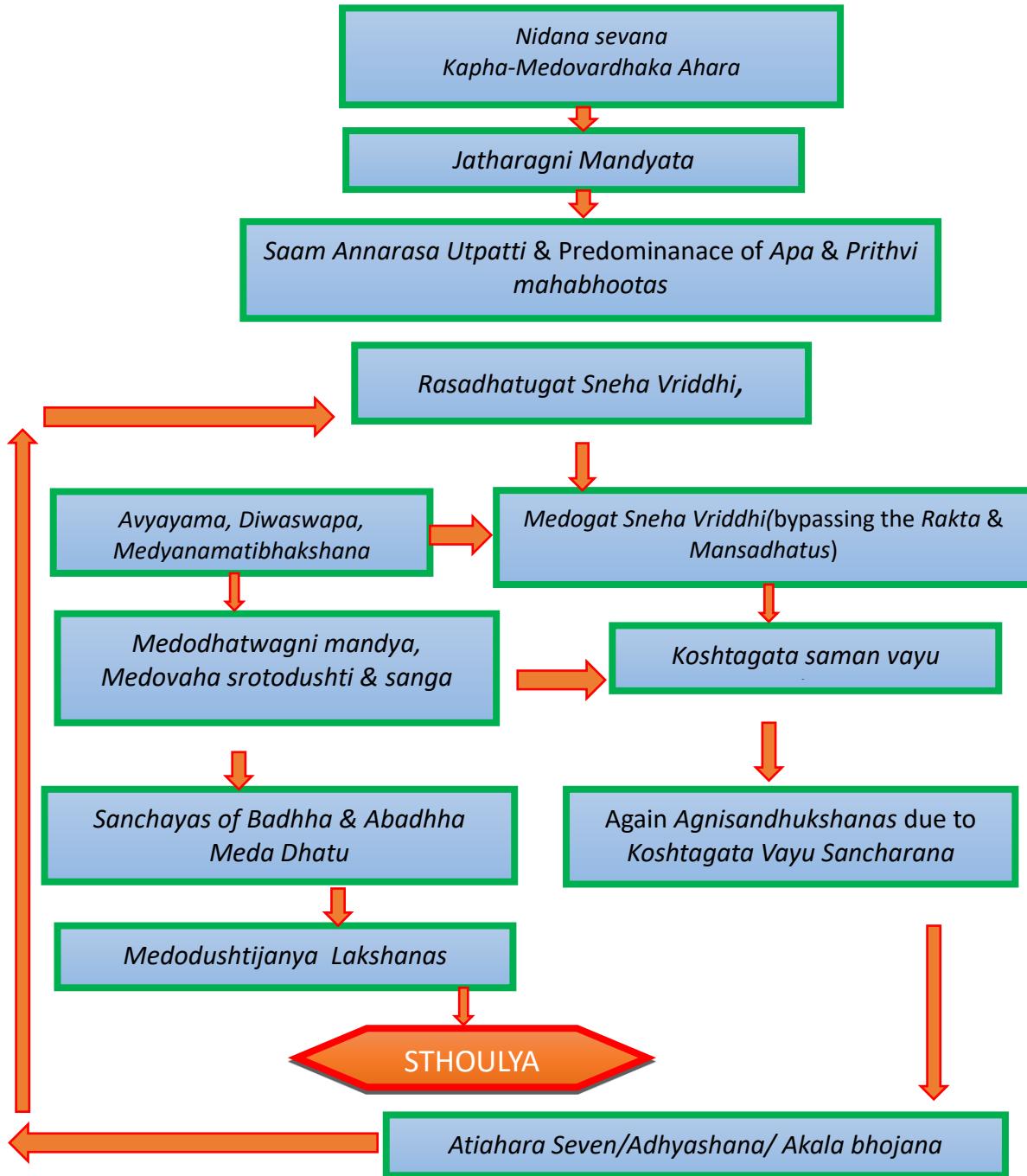
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Flow Chart 1 *Sthoulya* can be described as on next page in schematic manner





**Table 1 Showing Synonyms of *Sthoulya***

No.	Synonyms	Ch.	Su.	Ka.	A.S.	A.H.	M.N.	Sha.	B.P.	Y.R.
1	<i>Sthaulya</i>	+	+	+	+	+	-	-	+	+
2	<i>AtiSthaulya</i>	+	+	-	+	+	-	-	+	+
3	<i>Sthulata</i>	-	+	-	+	+	-	-	-	-
4	<i>Sthultva</i>	-	-	-	+	+	-	-	-	-
5	<i>Sthavim</i>	-	-	-	+	+	-	-	-	-
6	<i>Sthoulya</i>	-	+	-	+	+	+	+	+	+
7	<i>MedoDosha</i>	+	-	-	-	+	-	+	+	+
8	<i>Medovruddhi</i>	-	-	-	-	-	-	-	+	+
9	<i>Medovikara</i>	-	-	-	-	-	-	-	+	-
10	<i>Medogada</i>	-	-	-	-	-	-	+	+	-
11	<i>Medapushti</i>	-	-	-	-	-	-	-	-	+
12	<i>Medadushti</i>	-	-	-	-	-	-	-	-	+
13	<i>Atipushti</i>	-	-	-	+	-	-	-	+	-
14	<i>Pushti</i>	+	+	+	+	-	-	+	+	+
15	<i>Upachaya</i>	+	+	+	+	+	-	+	+	+
16	<i>Jatharya</i>	-	+	-	-	-	-	-	-	-
17	<i>Brimhatava</i>	+	-	+	+	+	-	-	-	-
18	<i>Sthlodara</i>	-	-	-	-	-	-	-	+	-
19	<i>Tundika</i>	-	-	-	-	-	-	-	-	+

**Table 2 *AharatmakaNidana* ( Dietary Causes )**

Sr.No.	<i>AharatmakaNidana</i>	Ch.	Su.	A.S.	A.H.	M.N.	B.P.
1	<i>AtiSampurana</i>	+	-	+	-	-	-
2	<i>Santarpna</i>	+	-	+	+	-	-
3	<i>Adhyashana</i>	-	+	-	-	-	-
4	<i>Guru Aharasevana</i>	+	-	-	-	-	-
5	<i>MadhuraAharasevana</i>	+	-	+	+	-	+
6	<i>SheetaAharasevana</i>	+	-	-	-	-	-
7	<i>SnigdhaAharasevana</i>	+	-	+	+	-	+
8	<i>ShleshmalaAharasevana</i>	+	+	-	-	+	+
9	<i>Navannasevana</i>	+	-	-	-	-	-
10	<i>Nava Madyasevana</i>	+	-	-	-	-	-
11	<i>GramyaRasasevana</i>	+	-	-	-	-	-
12	<i>AudakRasasevana</i>	+	-	-	-	-	-
13	<i>MamsaSevana</i>	+	-	+	+	-	-
14	<i>PayaVikaraSevana</i>	+	-	+	+	-	-
15	<i>DadhiSevana</i>	+	-	-	-	-	-
16	<i>SarpiSevana</i>	+	-	-	+	-	-
17	<i>IkshuVikaraSevana</i>	+	-	-	+	-	-
18	<i>GudaVikaraSevana</i>	+	-	-	-	-	-

19	<i>ShaliSevana</i>	+	-	-	-	-	-
20	<i>GodhumaSevana</i>	+	-	-	-	-	-
21	<i>Masha Sevana</i>	+	-	-	-	-	-
22	<i>RasayanaSevana</i>	+	-	-	-	-	-
23	<i>VrushyaSevana</i>	+	-	-	-	-	-
24	<i>BhojanotaraJalapana</i>	-	-	+	-	-	+

**Table 3 Dietary Composition that Leads to *Sthoulya***

<i>Rasa</i>	<i>Guna</i>	<i>Veerya</i>	<i>Vipaka</i>	<i>Karma</i>	<i>Panchbhautika composition</i>
<i>Madhura</i>	<i>Guru, Sheeta, Manda, Sthira, Shlakshna, Pichchila, Snigdha, Sthula, Sandra</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Brimhana, Santarpana, Vrishya, Rasayana, Abhishyandi</i>	<i>Prithvi, Jala</i>

**Table 4 *ViahratmakaNidana* ( Life style related factors)**

<i>Sr. No.</i>	<i>ViahratmakaNidana</i>	<i>Ch.</i>	<i>Su.</i>	<i>A.S.</i>	<i>A.H.</i>	<i>M.N.</i>	<i>B.P.</i>
1	<i>Avyayama</i> (lack of physical exercise)	+	+	+	-	+	+
2	<i>Avyavaya</i> ( lack of sexual life)	+	-	+	-	-	-
3	<i>Diwaswaap</i> ( daytimesleep)	+	+	+	-	+	+
4	<i>Swapnaprasangat</i> (excessive sleep)	+	-	+	+	-	-
5	<i>Asana Sukh</i> (excessive sitting)	+	-	+	+	-	-
6	<i>Gandhamalyanusevana</i> (using perfumes, garlands)	+	-	-	-	-	-
7	<i>Bhijnottaranidra</i> (sleeping after meal)	-	-	-	-	-	+
8	<i>Bhojanottarsnaana</i> (bathing after taking the meal)	+	-	-	-	-	-
9	<i>Bhojanottaraushadha</i> (Drugs after meal)	-	-	+	-	-	-

**Table No.AR-05:Showing *ManasikaNidana***

<i>Sr. No.</i>	<i>ManasikaNidana</i>	<i>Ch.</i>	<i>Su.</i>	<i>A.S.</i>	<i>A.H.</i>	<i>M.N.</i>	<i>B.P.</i>
1	<i>Harshnityatvata</i> (uninterrupted cheerfulness)	+	-	+	+	-	-
2	<i>Achintanat</i> ( lack of Tension)	+	-	+	+	-	-
3	<i>Manasonivritti</i> (mental relaxation)	+	-	+	+	-	-
4	<i>Priyadarshana</i> (watching of beloved)	+	-	-	-	-	-
5	<i>Saukhyena</i> (complete happiness)	-	-	-	+	-	-

**Table No.AR-06:Showing ViharatmakaNidana**

Sr. No.	Nidana	Ch.	Su.	A.S.	A.H.	M.N.	B.P.
1	<i>Bijadoshaswabhaba</i> ( hereditary)	+	-	-	-	-	-
2	<i>Amarasa</i>		+	-	-	-	+
3	<i>SnigdhaMadhurBastiSevana</i> (Administration of Unctuous & Sweet enema)	+	-	+	+	-	-
4	<i>Tailabhyanga</i> (oil massage)	+	-	+	+	-	-
5	<i>SnigdhaUdvaartana</i> (unctuous unction)	+	-	-	-	-	-

**Table 7 Showing the Rupa of Sthoulya described by various Acharyas**

Sr.No.	RUPA	Ch	Su	A.S.	A.H.	M.N.	B.P.	Y.R.
1	<i>Chala-Sphika-Udar-Stana</i>	+	-	+	+	+	+	-
2	<i>AyathaUpachayo</i>	+	-	+	-	+	+	-
3	<i>Ayushorhasa</i>	+	-	-	-	-	+	-
4	<i>Javoparadha</i>	+	-	-	-	-	+	-
5	<i>KrichchaVyavayata</i>	+	-	-	-	-	-	-
6	<i>Daurbalya</i>	+	-	+	-	-	-	-
7	<i>Daurgandhya</i>	+	+	+	-	+	+	+
8	<i>Swedabadha</i>	+	-	-	-	+	-	+
9	<i>KshudhaAtimatra</i>	+	+	+	-	+	+	+
10	<i>PipasaAtiyoga</i>	+	+	+	-	+	+	+
11	<i>KshudraShwasa</i>	-	+	+	-	+	+	+
12	<i>Nidraadhikya</i>	-	+	+	-	+	+	+
13	<i>GatRasada</i>	-	+	-	-	+	+	+
14	<i>Gadgadavakya</i>	-	+	+	-	-	-	-
15	<i>Krathana</i>	-	+	-	-	+	+	+
16	<i>Alpaprana</i>	-	+	+	-	+	+	+
17	<i>SarvaKriyasuAsAmartha</i>	-	+	-	-	+	+	-
18	<i>AlpaVyavayata</i>	-	+	-	-	+	+	+
19	<i>Kasa</i>	-	+	-	+	-	-	-
20	<i>Shwasa</i>	-	+	+	-	-	-	-
21	<i>Snigdhangata</i>	-	+	-	+	-	-	-
22	<i>UdarParshwaVridhhi</i>	-	+	-	+	+	+	-
23	<i>Alasya</i>	-	-	+	-	-	-	-
24	<i>Ama</i>	-	-	-	+	-	-	-
25	<i>Moha</i>	-	-	-	-	+	+	+
26	<i>Sukumarata</i>	+	+	-	-	-	-	-
27	<i>AngaShaithilya</i>	+	+	-	-	+	+	-
28	<i>AlpaBala</i>	-	-	+	-	-	-	-
29	<i>Alpa Vega</i>	-	-	+	-	-	-	-
30	<i>Anutsaha</i>	+	-	-	-	+	+	-

**Table 8 Showing the *Upadravas* as follows**

<i>Sr.No.</i>	<i>Upadravas</i>	<i>Su<sup>1</sup></i>	<i>A.S.<sup>1</sup></i>	<i>A.H.<sup>1</sup></i>	<i>M.N.<sup>1</sup></i>	<i>B.P.</i>	<i>Y.R.</i>
1	<i>Prameha</i>	-	+	+	+	+	-
2	<i>Pramehapidika</i>	+	+	-	-	-	+
3	<i>Jwara</i>	+	+	+	+	+	+
4	<i>Bhagandar</i>	+	+	+	+	+	+
5	<i>Vatavikara</i>	+	-	-	-	-	+
6	<i>Vidradhi</i>	+	+	-	-	-	+
7	<i>Udarroga</i>	-	+	+	-	-	-
8	<i>Apachi</i>	-	-	+	+	+	-
9	<i>Kasa</i>	-	-	+	+	+	-
10	<i>Shwasa</i>	-	+	-	-	-	-
11	<i>Sanyasa</i>	-	-	+	-	-	-
12	<i>Urusthambha</i>	-	+	-	-	-	-
13	<i>Kushtha</i>	-	-	+	+	+	-
14	<i>Visarpa</i>	-	-	-	+	+	-
15	<i>Kamala</i>	-	-	-	+	+	-
16	<i>Atisara</i>	-	-	-	+	+	-
17	<i>Arsha</i>	-	-	-	+	+	-
18	<i>Shlipada</i>	-	-	-	+	+	-
19	<i>Mutrakricchra</i>	-	-	+	-	-	-
20	<i>Ajirna</i>	-	-	+	-	-	-