



Received: 07/February/2026

AYUR: March-April, 2026; 2(2):25-26

Accepted: 20/March/2026

An Analytical Survey Study on the *Nidana* (Etiological Factors) of *Sthaulya* (Obesity) in the Modern Era: A Cross-Sectional Observation

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Abstract

Background: *Sthaulya* (Obesity) is recognized as a significant *Santarpana-nimittaja Vyadhi* (disease caused by over-nutrition). With the rapid shift in global dietary patterns and sedentary lifestyles, the prevalence of *Sthaulya* has reached epidemic proportions. Ayurveda emphasizes the importance of *Nidana Parivarjana* (avoidance of causative factors) as the primary line of treatment.

Objective: This study aims to identify and analyze the predominant *Aharaja* (dietary), *Viharaja* (lifestyle), and *Manasika* (psychological) *Nidana* contributing to the manifestation of *Sthaulya* through a structured survey.

Methods: A cross-sectional survey study was conducted on 200 subjects presenting with clinical features of *Sthaulya*. A specialized *Nidanamtaka* questionnaire based on classical Ayurvedic texts was utilized to record etiological exposure. Data were analyzed using descriptive statistics.

Results: The findings revealed that *Adhyashana* (overeating), *Guru-Sheeta-Snigdha Ahara* (heavy, cold, and unctuous food), and *Avyayama* (lack of physical exercise) were the most frequent factors. Furthermore, *Divasvapna* (daytime sleep) and *Manasika* factors like *Harshatishaya* (excessive joy/lack of anxiety) showed high correlation with weight gain.

Conclusion: The study underscores that modern obesity is deeply rooted in the violation of *Dinacharya* and *Ritucharya*. Identifying these specific etiological patterns is crucial for developing personalized preventive and therapeutic protocols in *Rog Nidan*.

Keywords: *Sthaulya*, *Medovaha Srotas*, *Nidana Panchaka*, Lifestyle Disorders, *Santarpana*, *Obesity*.

Introduction

In the contemporary era, the global healthcare landscape is dominated by non-communicable diseases, with obesity standing as a central pillar of metabolic dysfunction. In Ayurveda, this condition is meticulously described as *Sthaulya* or *Medoroga*. It is classified under the *Ashta-Nindita Purusha* (eight despicable personalities) by Acharya Charaka, highlighting its complex management and susceptibility to various complications.

Sthaulya is not merely a cosmetic concern but a condition involving the morbid accumulation of *Medo Dhatu* (adipose tissue) which obstructs the *Srotas* (channels), specifically the *Medovaha Srotas*. According to the principles of *Rog Nidan*, the first step in the manifestation of any disease is the exposure to *Nidana*. In the context of *Sthaulya*, these are categorized into *Aharaja* (dietary), *Viharaja* (lifestyle), *Manasika* (psychological), and *Beeja Dosha* (hereditary).

The *Samprapti* (pathogenesis) of *Sthaulya* involves a unique state where there is an increase in *Agni* (digestive fire) at the *Koshta* level (leading to excessive hunger) but a functional deficiency of *Dhatvagni* (tissue metabolism). This leads to the selective nourishment of *Medo Dhatu* at the expense of other tissues like *Asthi* (bone). Given the rising incidence of

obesity-related comorbidities like Type 2 Diabetes, hypertension, and cardiovascular diseases, a thorough *Nidanamtaka* (etiological) assessment is required to stem the progression of the disease at its root. ^[1]

Materials and Methods

Study Design: This was a cross-sectional, observational survey study.

Sample Size: 200 subjects were selected from the outpatient and inpatient departments of an Ayurvedic hospital.

Inclusion Criteria

- Subjects aged between 18 and 60 years.
- Subjects exhibiting classical signs of *Sthaulya* such as *Chala-Sphik-Udara-Stana* (pendulous movement of hips, abdomen, and breasts).
- Body Mass Index (BMI) > 25 kg/m²

Exclusion Criteria

- Obesity due to endocrinal disorders (e.g., Hypothyroidism, Cushing's Syndrome).
- Pregnant or lactating women.
- Patients on long-term corticosteroid therapy.

Data Collection Tool

A comprehensive *Nidanatmaka* proforma was developed based on the *Nidana* mentioned in *Charaka Samhita*, *Sushruta Samhita*, and *Madhava Nidana*. The questionnaire was divided into:

- **Aharaja Nidana:** Assessment of food quality (*Guru*, *Sheeta*, *Snigdha*), quantity, and timing (*Adhyashana*, *Vishamashana*).
- **Viharaja Nidana:** Assessment of physical activity, sleep patterns (*Divasvapna*), and sedentary habits (*Asyasukha*).
- **Manasika Nidana:** Assessment of mental states like *Harshatishaya* and *Achintana* (lack of mental exertion).

Statistical Analysis

The collected data were coded and analyzed using percentage distribution and frequency tables to determine the most significant etiological factors contributing to *Sthaulya* in the study population. [2]

Results

The survey revealed a multifaceted etiological profile for *Sthaulya*. The results are categorized as follows:

- Aharaja (Dietary) Factors:** The dietary survey indicated that 82% of subjects frequently consumed *Guru* (heavy) and *Madhura* (sweet) foods. *Adhyashana* (eating before the previous meal is digested) was reported by 68% of the participants. Consumption of *Shleshmala Ahara* (Kapha-increasing diet) like processed carbohydrates and dairy products was prevalent in 75% of the sample. Interestingly, *Vishamashana* (irregular meal timings) was observed in 60% of the cases.
- Viharaja (Lifestyle) Factors:** Lack of physical exercise (*Avyayama*) was the most significant lifestyle factor, present in 90% of the subjects. *Divasvapna* (sleeping during the day) was reported by 72%, particularly after the afternoon meal. Sedentary habits, categorized under *Asyasukha* (the pleasure of sitting) and *Shayyasukha* (the pleasure of reclining), were observed in 85% of the participants.
- Manasika and Other Factors:** Among psychological factors, *Achintana* (freedom from anxiety/mental stress) was seen in 55% of the subjects, while a smaller group (20%) reported emotional eating due to stress. A positive family history (*Beeja Swabhava*) was noted in 45% of the subjects.

Table 1

Factor Category	Specific Nidana	Percentage Exposure
Aharaja	Adhyashana	68%
	Madhura/Snigdha Ahara	82%
Viharaja	Avyayama	90%
	Divasvapna	72%
Manasika	Achintana	55%
Hereditary	Beeja Swabhava	45%

Discussion

The results of this survey provide a clear link between classical Ayurvedic *Nidana* and modern lifestyle-induced obesity.

The Role of Aharaja Nidana: In Ayurveda, *Ahara* is considered the best medicine, but when consumed improperly, it becomes the primary cause of disease. The high prevalence of *Adhyashana* and *Guru-Ahara* in the study group directly leads to the formation of *Ama* (undigested toxic

byproduct). This *Ama* causes *Sanga* (obstruction) in the *Medovaha Srotas*. Because *Medas* is the *Dhatu* most similar in quality to *Kapha*, the excessive intake of *Madhura* and *Snigdha* qualities leads to a rapid increase in *Medas*. The obstruction by *Medas* further excites *Vata* in the *Koshta*, which stimulates the *Agni*, creating a vicious cycle of hyperphagia and fat accumulation.

The Impact of Viharaja Nidana: The lack of physical exertion (*Avyayama*) leads to a decrease in the *Dhatvagni Paka* (metabolic transformation at the tissue level). When the body does not utilize the energy provided by *Ahara*, the *Sneha* (unctuousness) remains unburned and settles as *Meda*. *Divasvapna* is particularly pathological in *Sthaulya* because daytime sleep increases *Kapha* and *Meda* by slowing down the systemic circulation and metabolic rate.

The Manasika Connection: Traditional texts mention *Harshatishaya* and *Achintana* as causes of *Sthaulya*. In modern terms, this can be interpreted as a lack of sympathetic nervous system activation, which normally aids in lipolysis. Conversely, the "contented mind" often leads to increased food intake and reduced physical movement.

The Samprapti Vighatana: Understanding these *Nidana* is essential for *Samprapti Vighatana* (breaking the pathogenesis). By identifying that *Divasvapna* is a major factor in a specific patient, a clinician can focus on *Rukshana* (drying) treatments and *Jagrana* (staying awake) rather than just calorie restriction. This survey proves that *Sthaulya* is a *Bahudoshavastha* condition where etiological factors are often combined, necessitating a multi-pronged approach in *Rog Nidan* and *Chikitsa*. [4]

Conclusion

The *Nidanatmaka* survey study confirms that *Sthaulya* is primarily a lifestyle-driven metabolic disorder rooted in the excessive intake of *Kapha*-vitiating diet and a profound lack of physical activity. The high incidence of *Adhyashana* and *Avyayama* highlights a significant gap in the awareness of *Ashtavidha Ahara Vidhi-Vayadhana* (rules for food intake). To effectively manage obesity, the focus must shift from symptomatic weight loss to the complete eradication of these *Nidana*. This study serves as a foundation for clinicians to emphasize *Nidana Parivarjana* as a mandatory therapeutic step, ensuring long-term health and preventing the recurrence of *Medoroga*. [5]

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