

# "Understanding Obesity as a Lifestyle Disorder: Perspectives from Ayurveda and Contemporary Medicine"

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## 1. ABSTRACT:

Obesity is a prevalent lifestyle-related disorder and a major contributor to the global burden of non-communicable diseases, with well-established associations with metabolic syndrome, type 2 diabetes mellitus, cardiovascular diseases, and impaired quality of life. Rapid urbanization, sedentary behavior, unhealthy dietary patterns, and psychosocial stress are recognized as key lifestyle determinants underlying its increasing prevalence. Contemporary medical science explains obesity largely through metabolic, hormonal, and inflammatory mechanisms and recommends management strategies that include dietary modification, physical activity, pharmacotherapy, and bariatric surgery. While these interventions offer measurable clinical benefits, limitations related to long-term sustainability, treatment adherence, and adverse effects continue to challenge effective management. *Ayurveda*, the traditional system of medicine of India, conceptualizes obesity as *Sthaulya* or *Medoroga*, resulting from the aggravation of *Kapha Dosha*, impairment of *Agni* (digestive fire), accumulation of *Ama* (metabolic toxins), and persistent lifestyle errors. *Ayurvedic* management emphasizes individualized dietary regulation, lifestyle modification, detoxification therapies (*Panchakarma*), herbal formulations, and mind–body practices aimed at restoring systemic balance rather than focusing solely on weight reduction. This review critically examines obesity as a lifestyle disorder by integrating *Ayurvedic* concepts with contemporary medical perspectives. Classical *Ayurvedic* texts and modern scientific literature were analyzed to identify areas of convergence and divergence in the understanding and management of obesity. The review suggests that an integrative, lifestyle-centred approach combining evidence-based modern interventions with *Ayurvedic* principles may provide a more comprehensive and sustainable strategy for obesity management, while highlighting the need for further high-quality clinical research and standardization of *Ayurvedic* practices.

**Keywords:** Obesity, Lifestyle disorder, *Ayurveda*, *Sthaulya*, Lifestyle modification, Integrative medicine, Preventive healthcare.

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## 2. INTRODUCTION:

Lifestyle disorders have become a dominant cause of morbidity and mortality worldwide, largely driven by profound changes in human behavior associated with modernization, urbanization, and socioeconomic transition. Altered dietary patterns, reduced physical activity, increasing psychosocial stress, and disrupted daily routines have collectively contributed to the growing prevalence of non-communicable diseases. Among these conditions, obesity stands out as one of the most widespread and impactful lifestyle-related disorders, significantly influencing individual health, healthcare systems, and overall quality of life. Obesity is not only a disease in itself but also a major risk factor for several chronic conditions, including metabolic

syndrome, type 2 diabetes mellitus, cardiovascular diseases, and other long-term complications.<sup>4,5</sup>

The etiology of obesity is complex and multifactorial, involving interactions between behavioral, metabolic, physiological, and psychological factors. Rapid urbanization and technological advancement have promoted sedentary lifestyles, while the increased availability of calorie-dense, nutritionally poor foods has altered traditional eating habits. Psychosocial stress and irregular daily routines further exacerbate unhealthy lifestyle practices, creating a sustained imbalance between energy intake and expenditure. As a result, obesity has emerged as a major public health concern across both developed and developing nations, demanding comprehensive strategies

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that address its underlying lifestyle determinants rather than focusing solely on symptomatic management.<sup>4,5</sup>

Contemporary medical science predominantly interprets obesity through biological and metabolic frameworks. It emphasizes dysregulation of energy homeostasis involving hormonal, inflammatory, and metabolic pathways, often influenced by genetic susceptibility and environmental exposure. Clinical evaluation relies on objective and measurable indicators such as body mass index and anthropometric parameters to classify obesity and assess risk. Management strategies in modern medicine are primarily centered on lifestyle modification through dietary regulation and physical activity, supplemented by pharmacotherapy and bariatric surgery in selected cases.<sup>4</sup> These interventions have demonstrated measurable benefits in weight reduction and improvement of obesity-related comorbidities. However, despite advancements in medical treatment, several challenges persist, including limited long-term sustainability, issues of patient adherence, adverse effects of medications, restricted access to surgical interventions, and frequent recurrence of weight gain. These limitations underscore the need for broader approaches that address behavioral, metabolic, and psychosocial dimensions of obesity in a more integrated manner.

*Ayurveda*, the traditional system of medicine of India with a history spanning several millennia, provides a holistic framework for understanding health and disease. In Ayurveda, obesity is described as *Sthaulya* or *Medoroga* and is considered a disorder arising primarily from lifestyle imbalance. According to *Ayurvedic* principles, obesity results from the aggravation of *Kapha Dosha*, impairment of *Agni* (digestive fire), accumulation of *Ama* (metabolic toxins), and persistent errors in diet and daily activities.<sup>1,3</sup> This conceptualization highlights obesity as a systemic disorder rather than a localized accumulation of excess body fat. *Ayurveda* recognizes that faulty dietary habits, excessive intake of heavy and unctuous foods, physical inactivity, improper sleep patterns, and psychological disturbances contribute significantly to the development and progression of obesity.

Unlike approaches that focus predominantly on weight reduction, *Ayurvedic* management emphasizes restoration of physiological balance and correction of underlying lifestyle errors. Therapeutic strategies include individualized dietary regulation, structured lifestyle modification, detoxification therapies collectively known

as *Panchakarma*, and the use of herbal formulations aimed at improving metabolism and digestive efficiency. In addition, mind–body practices such as yoga and meditation are considered integral components of management, addressing psychological stress and promoting mental well-being. This holistic approach reflects *Ayurveda's* emphasis on preventive healthcare and long-term sustainability, aligning treatment with an individual's constitution and daily routine rather than applying uniform interventions.

Despite the fundamentally different theoretical foundations of *Ayurveda* and modern medicine, both systems acknowledge the central role of lifestyle factors in the development of obesity. Modern medicine increasingly recognizes the importance of behavioral interventions and preventive strategies, while *Ayurveda* has long emphasized dietary discipline, physical activity, mental balance, and regulation of daily habits. However, the two systems differ in their explanatory models, diagnostic frameworks, and therapeutic priorities. Modern medicine focuses on symptom control and measurable outcomes, whereas Ayurveda prioritizes systemic balance and individualized care. Each approach offers distinct strengths, but also exhibits limitations when applied in isolation.

In recent years, there has been growing interest in integrative healthcare models that seek to combine the strengths of traditional systems like *Ayurveda* with evidence-based contemporary medicine. Such integrative approaches aim to address not only the biological aspects of obesity but also its behavioral, psychological, and lifestyle-related dimensions. Understanding areas of convergence and divergence between *Ayurvedic* and modern perspectives may provide valuable insights into more comprehensive and sustainable strategies for obesity management. However, integration requires careful evaluation, scientific validation, and standardization of traditional practices to ensure safety, efficacy, and wider applicability within modern healthcare settings.

In this context, the present review examines obesity as a lifestyle disorder through the combined lens of *Ayurvedic* principles and contemporary medical understanding. By analyzing classical *Ayurvedic* texts alongside modern scientific literature, the review seeks to explore similarities and differences in the conceptualization, pathogenesis, and management of obesity. The objective is to highlight the potential role of an integrative, lifestyle-centered approach that

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incorporates the strengths of both systems while identifying gaps that require further clinical research and standardization. Such an approach may contribute to the development of more effective, sustainable, and patient-centered strategies for managing obesity in the current era.

## 3. MATERIALS AND METHODS:

### 3.1 Study Design

The present article is a narrative, integrative review conducted to examine obesity as a lifestyle disorder through *Ayurvedic* and contemporary medical perspectives. The review focuses on conceptual understanding, etiopathogenesis, and lifestyle-based management strategies described in classical *Ayurvedic* texts and modern biomedical literature.

### 3.2 Literature Search Strategy

A systematic literature search was carried out using electronic databases including PubMed, Google Scholar, and ScienceDirect. Keywords and search terms such as "*Ayurveda and obesity*," "*Sthaulya*," "*Medoroga*," "*lifestyle disorders*," "*modern obesity management*," and "*integrative medicine*" were used in various combinations. Peer-reviewed articles, narrative reviews, clinical studies, meta-analyses, and authoritative reports relevant to obesity and lifestyle-related factors were considered for inclusion.

### 3.3 *Ayurvedic* Textual Sources

Classical *Ayurvedic* literature was critically reviewed to understand traditional concepts related to obesity. Primary texts consulted included *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*. Descriptions related to *Sthaulya* and *Medoroga*, dietary and lifestyle etiological factors, involvement of *Kapha Dosha*, impairment of *Agni*, accumulation of *Ama*, and principles of management such as *Nidana Parivarjana*, *Langhana*, *Shodhana (Panchakarma)*, and *Shamana* therapies were analysed and interpreted in the context of lifestyle disorders.

### 3.4 Modern Medical Literature

Contemporary medical literature was reviewed to understand the current biomedical conceptualization of obesity. Modern perspectives related to the definition of obesity, assessment parameters such as body mass index and anthropometric indicators, etiological factors including metabolic, hormonal, inflammatory, and lifestyle influences, and commonly employed management strategies such as lifestyle modification, pharmacotherapy, and surgical interventions were examined for comparison and contextual relevance.

### 3.5 Inclusion and Exclusion Criteria

Publications discussing obesity or lifestyle disorders from either *Ayurvedic* or modern medical viewpoints, particularly those addressing lifestyle-related causative factors, preventive strategies, and therapeutic approaches, were included. Studies not directly related to obesity, lifestyle factors, or integrative perspectives were excluded from analysis.

### 3.6 Data Synthesis and Analysis

Relevant information from selected sources was reviewed qualitatively and synthesized narratively. Emphasis was placed on identifying similarities, differences, and areas of convergence between *Ayurvedic* and contemporary medical approaches to obesity. The findings were interpreted to develop an integrative understanding of obesity as a lifestyle disorder and to highlight the potential role of combined lifestyle-centred strategies for its long-term management.

## 4. AYURVEDIC CONCEPTUALIZATION OF OBESITY (*STHAULYA* / *MEDOROGA*)

Ayurveda conceptualizes obesity as *Sthaulya* or *Medoroga* and describes it as a disorder arising primarily from persistent lifestyle imbalance rather than isolated excess body weight. Classical *Ayurvedic* texts recognize *Sthaulya* as a condition involving disproportionate accumulation of *Meda Dhatu* (adipose tissue), leading to functional impairment of the body and increased susceptibility to disease.<sup>1,2,3</sup> Unlike contemporary biomedical definitions that rely on anthropometric measurements, Ayurveda emphasizes qualitative assessment of tissue nourishment, metabolic efficiency, and systemic balance in understanding obesity.

According to *Ayurvedic* principles, the pathogenesis of *Sthaulya* is closely associated with aggravation of *Kapha Dosha*, impairment of *Agni* (digestive and metabolic fire), and accumulation of *Ama* (metabolic toxins). Excessive intake of heavy (*Guru*), unctuous (*Snigdha*), sweet (*Madhura*), and calorie-dense foods, along with physical inactivity, improper sleep patterns, and mental stress, leads to weakening of digestive and tissue metabolism. As a result, nutrients are preferentially converted into *Meda Dhatu*, while other tissues remain undernourished, producing a state of metabolic imbalance. This concept highlights obesity as a systemic metabolic disorder rather than a localized condition.<sup>1</sup>

Ayurveda further emphasizes the role of lifestyle-related etiological factors (*Nidana*) in the development of *Sthaulya*. Faulty dietary habits, excessive

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consumption of fatty and sugary foods, lack of physical activity, day sleep, irregular daily routines, and psychological disturbances are considered key contributors. These factors not only aggravate *Kapha dosha* but also impair *Agni*, leading to chronic metabolic dysfunction. The chronic nature of these lifestyle errors explains the progressive and persistent course of obesity described in *Ayurvedic* literature.

Management of *Sthaulya* in Ayurveda is guided by the principle of restoring physiological balance rather than focusing solely on weight reduction. Therapeutic strategies include *Nidana Parivarjana* (elimination of causative factors), individualized dietary regulation, structured lifestyle modification, and metabolic correction. Detoxification therapies (*Panchakarma*),<sup>3</sup> particularly procedures aimed at eliminating excess *Kapha* and *Meda*, are recommended in appropriate individuals. In addition, herbal formulations are employed to improve digestion, enhance metabolism, and correct tissue imbalance.

Mind-body interventions form an integral component of *Ayurvedic* management of obesity. Practices such as yoga, meditation, and regulation of daily routines (*Dinacharya*) are emphasized to address psychological stress, improve mental well-being, and support long-term lifestyle correction. This holistic approach reflects Ayurveda's preventive orientation, aiming to achieve sustainable health outcomes by aligning diet, activity, mental state, and metabolic function with an individual's constitution.

Overall, the *Ayurvedic* conceptualization of obesity presents *Sthaulya* as a multifactorial lifestyle disorder involving metabolic, physical, and psychological dimensions. By addressing underlying lifestyle errors and systemic imbalance, Ayurveda offers a comprehensive framework for understanding and managing obesity beyond symptomatic weight loss.

### **5. OBESITY FROM THE CONTEMPORARY MEDICAL PERSPECTIVE:**

From the perspective of contemporary medical science, obesity is recognized as a chronic, multifactorial disease characterized by excessive accumulation of body fat that adversely affects health. It is commonly assessed using objective and quantifiable parameters such as body mass index and other anthropometric indicators, which are used to classify the severity of obesity and estimate associated health risks. Modern medicine conceptualizes obesity not merely as a result of excess caloric intake but as a complex condition involving interactions between

genetic predisposition, metabolic regulation, hormonal imbalance, inflammatory pathways, and environmental influences.

The pathophysiology of obesity is closely linked to dysregulation of energy homeostasis. Alterations in appetite regulation, satiety signaling, and energy expenditure play a central role in weight gain. Hormonal factors, including disturbances in insulin sensitivity and adipose tissue-derived mediators, contribute to abnormal fat accumulation and metabolic dysfunction. Chronic low-grade inflammation associated with excess adipose tissue further exacerbates metabolic derangements, increasing the risk of obesity-related comorbidities such as metabolic syndrome, type 2 diabetes mellitus, and cardiovascular diseases. Psychological and behavioural factors, including stress, emotional eating, and reduced motivation for physical activity, also significantly influence the development and persistence of obesity.

Management of obesity in modern medicine primarily focuses on reducing excess body weight and mitigating associated health risks. Lifestyle modification forms the cornerstone of treatment and includes dietary regulation, increased physical activity, and behavioral interventions. Caloric restriction and structured exercise programs are widely recommended as first-line strategies. Behavioral therapy aims to improve adherence to lifestyle changes by addressing eating patterns, physical inactivity, and psychological barriers to weight loss. However, long-term success with lifestyle modification alone is often limited due to poor adherence and difficulty in sustaining behavioral changes.

Pharmacotherapy is employed as an adjunct to lifestyle interventions in individuals who do not achieve adequate weight reduction through behavioral measures alone. Medications used in obesity management target appetite regulation, nutrient absorption, or metabolic pathways involved in weight control. Although pharmacological treatments can result in measurable weight loss and improvement in metabolic parameters, their use is often constrained by adverse effects, variable patient response, and the need for long-term administration. Weight regain following discontinuation of medication remains a common challenge.

Bariatric surgery represents an effective therapeutic option for individuals with severe obesity or obesity-associated comorbidities who fail to respond to conservative management. Surgical procedures have been shown to produce substantial and sustained weight loss, along with improvement or remission of metabolic

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complications. Despite these benefits, bariatric surgery is invasive, resource-intensive, and not universally accessible. Additionally, long-term success depends on continued adherence to dietary and lifestyle recommendations, highlighting the persistent role of behavior in obesity management.

Overall, contemporary medical approaches to obesity emphasize measurable outcomes, symptom control, and risk reduction. While these strategies have demonstrated efficacy, their limitations in terms of sustainability, accessibility, and long-term compliance underscore the need for complementary approaches that address lifestyle factors more comprehensively.

### **6. Comparative Analysis of Ayurvedic and Modern Approaches:**

*Ayurvedic* and contemporary medical approaches to obesity differ fundamentally in their theoretical foundations, diagnostic frameworks, and therapeutic priorities, yet both acknowledge lifestyle factors as central to the development and progression of the condition. Modern medicine views obesity primarily as a metabolic and physiological disorder, emphasizing quantifiable parameters and biological mechanisms. In contrast, *Ayurveda* conceptualizes obesity as *Sthaulya* or *Medoroga*, a systemic disorder arising from lifestyle imbalance, impaired metabolism, and disturbed internal regulation.

In terms of etiopathogenesis, modern medicine focuses on dysregulation of energy balance, hormonal signaling, inflammation, and genetic susceptibility. Obesity is understood as the outcome of sustained caloric excess relative to energy expenditure, compounded by metabolic and behavioural factors. *Ayurveda*, on the other hand, attributes obesity to aggravation of *Kapha Dosha*, impairment of *Agni*, accumulation of *Ama*, and chronic dietary and lifestyle errors. While the explanatory models differ, both systems recognize the cumulative impact of unhealthy diet, physical inactivity, and psychological stress on metabolic health.

Diagnostic approaches also reflect these differences. Contemporary medicine relies on standardized measurements such as body mass index and anthropometric indicators to classify obesity and guide treatment decisions. *Ayurveda* employs a qualitative assessment that considers tissue nourishment, digestive capacity, lifestyle habits, and individual constitution. This personalized evaluation allows *Ayurveda* to tailor interventions according to the patient's metabolic state rather than applying uniform criteria.

Therapeutic strategies further highlight the contrast between the two systems. Modern medicine prioritizes weight reduction through lifestyle modification, pharmacotherapy, and surgical intervention. These approaches aim to achieve rapid and measurable outcomes, particularly in individuals with severe obesity or associated comorbidities. *Ayurveda* emphasizes correction of underlying metabolic imbalance through lifestyle regulation, dietary discipline, detoxification therapies, and herbal formulations. Rather than targeting weight alone, *Ayurvedic* management seeks to restore systemic balance and prevent disease progression.

Each approach offers distinct strengths. Modern medicine provides evidence-based interventions with clearly defined outcomes and is particularly effective in managing advanced obesity and its complications. *Ayurveda* offers a holistic, individualized framework that promotes long-term lifestyle modification, preventive care, and patient adherence. However, both systems also exhibit limitations when applied independently. Modern interventions may face challenges related to sustainability, adverse effects, and weight regain, while *Ayurvedic* therapies require further standardization and robust clinical validation.<sup>1,5</sup>

This comparative analysis highlights that obesity is a multidimensional disorder that may benefit from a more inclusive framework integrating the strengths of both systems.

### **7. INTEGRATIVE PERSPECTIVE AND LIFESTYLE-CENTRED MANAGEMENT:**

An integrative perspective on obesity management seeks to combine the strengths of *Ayurvedic* and contemporary medical approaches to address the complex and multifactorial nature of the disorder. Given that obesity is strongly influenced by lifestyle, behavior, and metabolic regulation, a lifestyle-centered integrative model offers the potential for more sustainable and patient-oriented outcomes.

From an integrative standpoint, modern medical strategies can be utilized to manage metabolic risk, monitor disease progression, and address severe obesity through pharmacological or surgical means when necessary. Objective assessment tools and evidence-based interventions provide a structured framework for risk stratification and clinical decision-making. At the same time, *Ayurvedic* principles can complement these approaches by emphasizing individualized lifestyle

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modification, dietary regulation, and long-term behavioural change.

Dietary management represents a key area of convergence. Modern nutrition science focuses on caloric balance and nutrient composition, while Ayurveda emphasizes food quality, digestibility, and alignment with metabolic capacity. Integrating these perspectives allows dietary interventions to be both evidence-based and personalized, improving adherence and metabolic outcomes. Similarly, physical activity can be approached through structured exercise programs informed by modern guidelines, alongside traditional practices such as yoga that promote physical fitness, mental well-being, and stress reduction.

Psychological and behavioural factors are increasingly recognized as critical determinants of obesity outcomes. Ayurveda's emphasis on mental balance, routine regulation, and mind-body practices complements modern behavioural therapy approaches. Addressing stress, emotional eating, and lifestyle irregularities through integrated strategies may enhance long-term compliance and prevent relapse.

Detoxification and metabolic correction therapies described in *Ayurveda* may also have a supportive role when applied judiciously and in appropriate clinical contexts. When integrated with modern monitoring and safety standards, such interventions may contribute to improving metabolic efficiency and lifestyle adherence. However, systematic evaluation and standardization are essential to ensure safety and reproducibility.

An integrative, lifestyle-centered approach does not seek to replace modern medical interventions but rather to enhance their effectiveness and sustainability. By addressing obesity at multiple levels—metabolic, behavioral, psychological, and lifestyle-related—such an approach aligns with preventive healthcare principles and patient-centered care.

Overall, integrating *Ayurvedic* lifestyle principles with contemporary medical management offers a comprehensive framework for addressing obesity beyond short-term weight reduction. This approach underscores the importance of long-term lifestyle correction, individualized care, and multidisciplinary collaboration in achieving sustainable obesity management.<sup>4,6,7</sup>

### **8. DISCUSSION:**

The present review highlights obesity as a complex lifestyle disorder that cannot be adequately

addressed through a single therapeutic framework. By examining obesity through both Ayurvedic and contemporary medical perspectives, the review underscores the multifactorial nature of the condition and the central role of lifestyle-related determinants in its development and persistence. Rather than viewing obesity solely as excessive body fat accumulation, both systems—though differing in conceptual language—acknowledge the cumulative influence of diet, physical inactivity, behavioural patterns, and psychological stress on metabolic health.

Contemporary medical approaches offer structured, evidence-based strategies for obesity management, particularly in terms of risk assessment, metabolic control, and treatment of advanced disease. Lifestyle modification, pharmacotherapy, and bariatric surgery have demonstrated effectiveness in reducing body weight and improving obesity-related comorbidities. However, long-term sustainability remains a major challenge, as weight regain, treatment discontinuation, adverse effects, and poor adherence frequently limit durable outcomes. These limitations suggest that biomedical interventions, while necessary in many cases, may not fully address the behavioural and lifestyle foundations of obesity.

Ayurveda provides a complementary framework by conceptualizing obesity (*Sthaulya* or *Medoroga*) as a disorder rooted in chronic lifestyle imbalance, impaired metabolic regulation, and disturbed internal equilibrium. Its emphasis on *Kapha dosha*, *Agni*, and *Ama* offers a qualitative understanding of metabolic dysfunction that aligns conceptually with modern notions of impaired metabolism and chronic inflammation. Importantly, Ayurvedic management prioritizes long-term lifestyle correction, individualized care, and preventive strategies rather than short-term weight reduction alone. This holistic orientation may enhance patient adherence and sustainability, particularly in individuals with lifestyle-driven obesity.

The comparative analysis in this review suggests that the strengths of one system may compensate for the limitations of the other. While modern medicine excels in objective assessment, acute intervention, and management of severe obesity and its complications, Ayurveda contributes a lifestyle-centred, personalized approach that addresses dietary behaviour, daily routines, mental well-being, and long-term metabolic balance. An integrative model that judiciously combines these approaches may therefore offer improved

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outcomes by addressing obesity at metabolic, behavioural, and psychosocial levels.

Despite the potential advantages of integrative management, several challenges must be acknowledged. Ayurvedic interventions require greater standardization, quality control, and high-quality clinical evidence to support wider adoption within mainstream healthcare. Similarly, integrative strategies must be applied cautiously, ensuring safety, scientific validation, and compatibility with modern medical care. The heterogeneity of obesity phenotypes further emphasizes the need for individualized treatment strategies rather than uniform protocols.

Overall, this discussion supports the view that obesity management should move beyond symptom-oriented weight loss strategies toward comprehensive, lifestyle-centred models of care. Integrating Ayurvedic principles with contemporary medical practice may contribute to more sustainable, patient-centred, and preventive approaches to obesity, provided that further rigorous research is undertaken to establish efficacy, safety, and clinical applicability.

### **9. CONCLUSION:**

Obesity represents a major lifestyle-related health challenge with complex etiological foundations involving metabolic, behavioural, and psychosocial factors. The present review highlights that addressing obesity solely through weight reduction strategies is insufficient to achieve sustainable health outcomes. Both contemporary medical science and Ayurveda recognize the pivotal role of lifestyle imbalance in the development and progression of obesity, although they differ in conceptual frameworks and therapeutic approaches. Contemporary medical interventions provide effective tools for risk assessment, metabolic control, and management of severe obesity and its complications. However, limitations related to long-term adherence, sustainability, and recurrence of weight gain emphasize the need for complementary strategies that extend beyond symptom-oriented management. Ayurveda offers a holistic perspective by conceptualizing obesity (*Sthaulya* or *Medoroga*) as a systemic disorder arising from impaired metabolism, disturbed internal balance, and persistent lifestyle errors. Its emphasis on individualized dietary regulation, lifestyle modification, metabolic correction, and mind-body practices aligns closely with preventive healthcare principles. An integrative, lifestyle-centred approach that combines evidence-based modern interventions with Ayurvedic

principles may provide a more comprehensive and sustainable framework for obesity management. Such an approach has the potential to address metabolic dysfunction while simultaneously promoting long-term behavioural change, mental well-being, and patient adherence. Nevertheless, the successful implementation of integrative models requires rigorous clinical research, standardization of Ayurvedic practices, and clear guidelines to ensure safety, efficacy, and reproducibility. In conclusion, integrating traditional Ayurvedic lifestyle principles with contemporary medical management may contribute to more effective, patient-centred, and preventive strategies for obesity. Future research should focus on high-quality clinical trials and interdisciplinary collaboration to establish the role of integrative approaches in addressing the growing global burden of obesity.

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