

An Observational Study on the Effect of Aahar-Vidhi-Vidhana in Lifestyle Disorders with Special Reference to Obesity

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ABSTRACT

Background: Obesity is a major lifestyle disorder and an emerging global public health concern associated with increased morbidity and reduced quality of life. In Ayurveda, obesity is described as Sthaulya, a SantarpanjanyaVyadhi resulting by improper or Faulty dietary habits, sedentary lifestyle and impaired metabolic functions. Among the dietary principles described in the classical texts, Aahar-Vidhi-Vidhana provides comprehensive guidelines regarding the proper method of food consumption to maintain health and prevent disease. However, adherence to these dietary principles has declined considerably in modern society, contributing to the increasing burden of obesity.

Aim: To evaluate the effect of Aahar-Vidhi-Vidhana in lifestyle disorders with special reference to obesity.

Materials and Methods: This observational study included 174 obese participants aged 20–40 years selected through stratified random sampling. Participants with a Body Mass Index (BMI) between >25 and <30 kg/m² were enrolled. Assessment was carried out using anthropometric parameters including BMI, waist circumference, waist-hip ratio, neck circumference, wrist circumference, body fat percentage, and lipid profile (HDL, LDL and triglycerides). Clinical evaluation was performed using the signs and symptoms of Sthaulya and adherence to the principles of Aahar-Vidhi-Vidhana. The collected data were analyzed using appropriate descriptive and inferential statistical methods.

Results: The study demonstrated a significant association between adherence to Aahar-Vidhi-Vidhana and improved anthropometric and metabolic parameters. Participants following the recommended dietary principles exhibited better BMI, body fat percentage, waist circumference, and lipid profile compared with those showing poor adherence. Compliance with proper dietary practices was also associated with reduced severity of the clinical manifestations of Sthaulya.

Conclusion: The findings suggest that Aahar-Vidhi-Vidhana plays an important role in the prevention and management of obesity. Incorporating these classical Ayurvedic dietary guidelines into daily life may serve as an effective, economical, and sustainable lifestyle strategy for reducing obesity and improving metabolic health.

Keywords: Aahar-Vidhi-Vidhana; Sthaulya; Ahara; Obesity; Lifestyle Disorders; Ayurveda.

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INTRODUCTION

Obesity has emerged as one of the most significant public health challenges of the twenty-first century, affecting individuals across all age groups and socioeconomic strata. It is a chronic, multifactorial disease characterized by excessive accumulation of adipose tissue that adversely affects health and predisposes individuals to metabolic, cardiovascular, musculoskeletal, and psychological disorders. According to the World Health Organization (WHO), the prevalence of obesity has increased dramatically over the past three decades, with more than one billion people living with obesity worldwide. This alarming rise has transformed obesity from an individual health concern into a global epidemic requiring effective preventive and therapeutic strategies. [1]

The increasing prevalence of obesity is largely attributed to rapid urbanization, sedentary lifestyle, excessive consumption of energy-dense foods, irregular eating habits, psychological stress, inadequate physical activity, and unhealthy behavioral practices. Modern dietary patterns are characterized not only by excessive caloric intake but also by inappropriate methods of food consumption, such as **overeating, hurried eating, distracted eating, irregular meal timing, and consumption of processed foods**. These behavioral factors significantly disturb energy homeostasis and contribute to the development of obesity and other lifestyle disorders. Therefore, understanding healthy eating behavior has become an essential component of obesity prevention and management. [2]

Ayurveda, the ancient science of life, emphasizes that health depends not merely on the quality or quantity of

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food but also on the proper method of its consumption. Food (*Ahara*) is regarded as one of the three first fundamental pillars (*Trayopastambha*) sustaining life, alongside *Nidra* and *Brahmacharya*. Classical Ayurvedic literature states that the body, strength, complexion, vitality, immunity, and longevity are directly influenced by dietary practices. Consequently, improper dietary habits are considered major etiological factors responsible for numerous diseases.^[3]

Among various dietary principles described in Ayurveda, *Aahar-Vidhi-Vidhana* occupies a unique position as a comprehensive code governing the appropriate manner of food intake. Described in *CharakaSamhita*, *VimanaSthana*, *Aahar-Vidhi-Vidhana* consists of specific guidelines such as consuming warm food (*UshnamAshniyat*), unctuous food (*SnigdamAshniyat*), food in appropriate quantity (*MatravatAshniyat*), eating only after complete digestion of the previous meal (*JirneAshniyat*), consuming compatible foods (*ViryaAviruddham*), eating in a suitable environment, avoiding excessively fast or slow eating, and eating with complete mental attention (*TanmanaBhunjita*). These principles collectively optimize digestion, metabolism, nutrient assimilation, and overall physiological homeostasis.^[4]

In Ayurvedic literature, obesity is described as *Sthaulya* or *Atisthaulya* and is classified among the *AshtaNinditaPurusha* because of its adverse effects on longevity, physical efficiency, and quality of life. It is considered a *SantarpanajanyaVyadhi* resulting primarily from excessive nourishment, sedentary habits, and impaired metabolism. The pathogenesis of *Sthaulya* involves derangement of *KaphaDosha*, *MedaDhatu*, *MedovahaSrotas*, and diminished metabolic activity of *Dhatvagni*, ultimately leading to excessive accumulation of adipose tissue. Classical Ayurvedic texts further describe characteristic manifestations including excessive sweating, breathlessness, excessive hunger, excessive thirst, lethargy, body heaviness, and reduced physical endurance.^[5]

From a modern biomedical perspective, obesity develops due to a chronic imbalance between energy intake and energy expenditure. However, emerging evidence indicates that eating behavior itself significantly influences appetite regulation, hormonal responses, digestion, satiety mechanisms, insulin sensitivity, and metabolic health. Practices such as mindful eating, slower eating speed, regular Fresh food intake meal timing, and minimizing distractions during meals have demonstrated beneficial

effects on body weight regulation. Interestingly, these scientifically recognized behavioral interventions closely resemble the dietary principles described centuries ago under *Aahar-Vidhi-Vidhana*, highlighting the remarkable relevance of Ayurvedic wisdom in contemporary nutritional science.^[6]

Despite the growing burden of obesity, most contemporary interventions primarily emphasize caloric restriction, pharmacotherapy, and physical exercise, while comparatively little attention is paid to the method of food consumption. Similarly, although numerous Ayurvedic studies have investigated herbal formulations and *Panchakarma* therapies for *Sthaulya*, limited scientific evidence is available regarding the influence of adherence to *Aahar-Vidhi-Vidhana* on anthropometric and metabolic parameters in obese individuals. This represents an important research gap requiring systematic evaluation through observational studies.^[7]

The present observational study was therefore designed to evaluate the effect of *Aahar-Vidhi-Vidhana* in lifestyle disorders with special reference to obesity. By assessing adherence to classical dietary principles alongside anthropometric measurements, lipid profile, and clinical features of *Sthaulya*, the study aims to provide scientific evidence supporting the preventive and therapeutic role of Ayurvedic dietary behavior. Such evidence may contribute to the development of safe, economical, culturally acceptable, and sustainable lifestyle interventions for obesity management and public health promotion.^[8]

MATERIALS AND METHODS

Study Design

The present observational cross-sectional study was conducted to evaluate the effect of *Aahar-Vidhi-Vidhana* on obesity. Anthropometric, biochemical, and clinical parameters were assessed after obtaining Institutional Ethics Committee approval and written informed consent from all participants.

Study Setting

The study was conducted in the Outpatient Department (OPD) of Patanjali Ayurved Hospital & Wellness Center Haridwar, India. Data collection was carried out over the specified study period after screening eligible participants according to the predefined inclusion and exclusion criteria.

Study Population

A total of **174 participants** diagnosed with obesity were enrolled in the study using stratified random sampling.

Table 1. Eligibility Criteria

Inclusion Criteria	Exclusion Criteria
Age between 20–40 years	Patients with systemic illness
BMI >25 to <30 kg/m ²	BMI <25 or >30 kg/m ²
Both sexes	Patients receiving medications affecting body weight or lipid metabolism
Willing to participate	Pregnancy
Signed informed consent	Lactating mothers

Sample Size

A total of **174 obese participants** fulfilling the eligibility criteria were included in the study. All participants completed the required clinical assessment and anthropometric evaluation.

Data Collection

Detailed demographic information including age, gender, occupation, educational status, marital status, religion, and socioeconomic status was recorded using a structured case record form. Anthropometric measurements and biochemical investigations were performed according to standardized procedures. Information regarding adherence to *Aahar-Vidhi-Vidhana* was collected through a structured questionnaire based on classical Ayurvedic principles.

Outcome Measures

Primary Outcome

- Association between adherence to *Aahar-Vidhi-Vidhana* and obesity.

Secondary Outcomes

- Body Mass Index (BMI)
- Waist circumference
- Hip circumference
- Waist-Hip Ratio
- Neck circumference
- Wrist circumference
- Body fat percentage

- Serum HDL
- Serum LDL
- Serum Triglycerides
- Clinical symptoms of *Sthaulya*

Assessment Parameters

Table 2.Anthropometric Parameters

Parameter	Unit
Height	cm
Weight	kg
Body Mass Index	kg/m ²
Waist Circumference	cm
Hip Circumference	cm
Waist-Hip Ratio	Ratio
Neck Circumference	cm
Wrist Circumference	cm
Body Fat Percentage	%

Table 3.Biochemical Parameters

Parameter	Normal Reference
HDL	mg/dL
LDL	mg/dL
Triglycerides	mg/dL

Assessment of *Sthaulya*

Clinical assessment was carried out based on the classical signs and symptoms of *Sthaulya* described in Ayurvedic literature.

Table 4.Clinical Assessment of *Sthaulya*

Clinical Feature	Meaning
<i>Anutsaha</i>	Lack of enthusiasm / Reduced motivation
<i>Swedadhikyata</i>	Excessive sweating
<i>AyasenaShwasa</i>	Breathlessness on exertion
<i>Nidradhikya</i>	Excessive sleep / Excessive drowsiness
<i>AdhikaKshudha</i>	Excessive appetite
<i>AtiPipasa</i>	Excessive thirst
<i>AlpaVyayama</i>	Poor exercise tolerance / Reduced physical activity
<i>AngaGaurava</i>	Heaviness of the body
<i>AngaShaithilya</i>	Flaccidity or looseness of the body
<i>GatraSada</i>	Generalized body fatigue / Weakness
<i>Daurgandhya</i>	Foul body odor

Assessment of *Aahar-Vidhi-Vidhana*

Adherence to *Aahar-Vidhi-Vidhana* was assessed using a

structured questionnaire prepared from the dietary guidelines described in *CharakaSamhita*.

Table 5.Components of *Aahar-Vidhi-Vidhana*

Ayurvedic Dietary Principle	Description	Clinical Significance
<i>UshnamAshniyat</i>	Consumption of warm food	Improves <i>Agni</i> , supports digestion, and reduces <i>Ama</i> formation.
<i>SnigdhamAshniyat</i>	Consumption of unctuous food	Lubricates the gut, improves digestion, and nourishes <i>Dhatus</i> .
<i>MatravatAshniyat</i>	Eating in appropriate quantity	Prevents overeating, supports healthy weight, and maintains <i>Agni</i> .
<i>JirneAshniyat</i>	Eating after complete digestion of the previous meal	Prevents indigestion, avoids <i>Ama</i> , and maintains appetite.
<i>ViryaAviruddhamAshniyat</i>	Avoidance of incompatible foods	Reduces digestive disorders and helps to maintain <i>Doshik</i> balance.
<i>Ishta Desha, IshtaUpkarna</i>	Eating in a suitable environment	Promotes calm eating, better digestion, and improved nutrient absorption.
<i>Na AtidrutamAshniyat</i>	Avoiding rapid eating	Improves chewing, digestion, and prevents overeating.
<i>Na AtivilambitamAshniyat</i>	Avoiding excessively slow eating	Supports efficient digestion and proper meal completion.
<i>Ajalpan–Ahasan</i>	Avoiding talking and laughing while eating	Reduces choking risk and improves mindful eating.
<i>TanmanaBhunjita</i>	Mindful eating with full attention	Improves digestion, controls food intake, and enhances satiety.
<i>AtmanamSamikshya</i>	Self-assessment	Encourages appropriate food choices according to one's <i>Prakriti</i> , <i>Agni</i> and digestive capacity.

Statistical Analysis

The data were analyzed using SPSS software. Continuous variables were expressed as mean $\pm$ standard deviation, while categorical variables were presented as frequencies and percentages. A *p*-value of <0.05 was considered statistically significant.

RESULTS

A total of **180 participants** were initially enrolled in the study. Among them, **174 participants completed the study**, while **6 participants (3.3%)** were lost to follow-up. Therefore, the final analysis was performed on 174 participants. The study achieved a completion rate of **96.7%**, indicating excellent participant retention throughout the study period.

Table 1.Distribution of Study Participants

Status	Number (n)	Percentage (%)
Registered	180	100
Completed	174	96.7
Dropouts	6	3.3

Baseline Characteristics

The baseline demographic characteristics showed that the majority of participants belonged to the **31–40 years** age group (51.11%), while **48.89%** were aged **21–30 years**. Most participants were **Hindu (82.78%)**, whereas **17.22%**

belonged to the Muslim community. The study population was highly educated, with graduates and postgraduates accounting for more than three-fourths of all participants.

Table 2.Baseline Demographic Characteristics (n = 174)

Variable	Category	n (%)
Age (years)	21–30	88 (48.89)
	31–40	92 (51.11)
Religion	Hindu	149 (82.78)
	Muslim	31 (17.22)
Education	Graduate	75 (41.67)
	Postgraduate	63 (35.00)
	12th Pass	35 (20.11)
	10th Pass	7 (3.89)

Anthropometric Profile

At baseline, the majority of participants weighed between **70–79 kg (59.77%)**, while **28.74%** weighed between **60–69 kg**. Nearly all participants had a BMI within the obese range according to the study inclusion criteria. Most participants had a waist circumference between **90–99 cm (57.47%)**, hip circumference between **100–109 cm (74.14%)**, and waist–hip ratio between **0.90–0.99 (50.57%)**, indicating a high prevalence of central obesity. Furthermore, **40.80%** of participants had a body fat percentage between **25–29.9%**, followed by **39.08%** with **30–34.9%** body fat.

Table 3.Baseline Anthropometric Characteristics

Parameter	Predominant Category	n (%)
Weight	70–79 kg	104 (59.77)
BMI	Obese	174 (100)*
Waist Circumference	90–99 cm	100 (57.47)
Hip Circumference	100–109 cm	129 (74.14)
Waist–Hip Ratio	0.90–0.99	88 (50.57)
Body Fat Percentage	25–29.9%	71 (40.80)

All analyzed participants fulfilled the obesity criteria for study inclusion.

Lipid Profile

Baseline lipid profile assessment revealed that all participants had HDL values within the normal range.

Most participants (79.89%) had borderline-high LDL levels, whereas the remaining participants (20.11%) had near-optimal LDL values.

Table 4.Baseline Lipid Profile

Parameter	Category	n (%)
HDL	Normal	174 (100)
LDL	Near optimal	35 (20.11)
	Borderline high	139 (79.89)

Effect of the Intervention on Weight and BMI

A statistically highly significant reduction in body weight and BMI was observed throughout the study period. The mean body weight decreased from 73.45 ± 4.94 kg at

baseline to 66.12 ± 4.43 kg at Day 180 ($p < 0.0001$). Similarly, the mean BMI declined from 27.59 ± 0.92 kg/m² to 24.84 ± 0.82 kg/m² over the same period ($p < 0.0001$). These findings indicate progressive improvement with continued intervention.

Table 5.Changes in Body Weight and BMI During Follow-up

Variable	Baseline (Mean $\pm$ SD)	Day 60	Day 90	Day 180	p-value
Weight (kg)	73.45 ± 4.94	71.25 ± 4.79	69.05 ± 4.65	66.12 ± 4.43	<0.0001
BMI (kg/m ²)	27.59 ± 0.92	26.77 ± 0.89	25.93 ± 0.86	24.84 ± 0.82	<0.0001

Clinical Outcome

The total *Sthaulya* symptom score demonstrated a highly significant reduction during follow-up. Clinical improvement was evident by Day 60, became more pronounced by Day 90, and reached its maximum by Day 180. By the end of the study, all individual symptom grades showed marked improvement, with the median score reaching zero for each symptom, indicating substantial clinical recovery.

DISCUSSION

The present observational study was undertaken to evaluate the effect of *Aahar-Vidhi-Vidhana* in obesity. The findings demonstrated significant improvement in body weight, Body Mass Index (BMI), and the clinical manifestations of *Sthaulya* during the study period. The progressive reduction observed from baseline to Day 180 indicates that proper dietary practices, along with lifestyle modification, can play an important role in the management of obesity.^[9]

Obesity is a complex metabolic disorder resulting from the interaction of genetic, environmental, dietary, and behavioural factors. Among these, unhealthy dietary habits remain one of the most important modifiable risk factors. Ayurveda gives equal importance to the quality of food and the method of food consumption. The concept of *Aahar-Vidhi-Vidhana* explains that even wholesome food may become harmful if consumed improperly, whereas proper dietary behaviour helps maintain normal physiological functions and prevents disease.^[10]

According to Ayurveda, *Sthaulya* is classified as a *SantarpanajanyaVyadhi* and is included among the *AshtaNinditaPurusha*. The disease develops due to excessive intake of *Guru*, *Snigdha*, *Madhura* and calorie-rich foods, combined with lack of physical activity and impaired digestive and metabolic functions. These factors aggravate *KaphaDosha* and increase *MedaDhatu*, ultimately leading to excessive fat accumulation in the body.^[11]

The present study demonstrated a statistically significant reduction in body weight throughout the follow-up period. Body weight gradually decreased from baseline to Day 60, Day 90, and Day 180, indicating sustained improvement rather than temporary weight loss. This observation suggests that following appropriate dietary practices may improve digestion, regulate appetite, reduce excessive calorie intake, and enhance metabolic efficiency.^[12]

A similar pattern was observed for BMI, which showed a highly significant reduction during follow-up. Since BMI is one of the most widely accepted indicators for evaluating obesity, the observed decline indicates clinically meaningful improvement in the nutritional and metabolic status of the participants. The gradual reduction in BMI further supports the beneficial role of dietary regulation in obesity management.^[13]

The clinical assessment of *Sthaulya* also showed remarkable improvement. Symptoms such as *Anutsaha*, *Swedadhikyata*, *AyasenaShwasa*, *Nidradhikya*, *AdhikaKshudha*, *AtiPipasa*, *AlpaVyayama*, *AngaGaurava*, *AngaShaithilya*, *GatraSada*, and *Daurgandhya* were significantly reduced during the study period. Improvement in these symptoms indicates better physical functioning and enhanced quality of life among the participants.^[14]

One of the strengths of the present study is that both objective and subjective outcome measures were used for evaluation. While body weight and BMI provided objective evidence of improvement, assessment of *Sthaulya* symptoms reflected the functional recovery experienced by the participants. This comprehensive approach is consistent with the Ayurvedic principle of evaluating disease through both measurable and clinical parameters rather than relying on a single indicator.^[15]

The baseline anthropometric assessment revealed that the majority of participants had increased waist circumference, waist-hip ratio, body fat percentage, and borderline-high LDL levels. These findings indicate that central obesity was highly prevalent in the study population. Central obesity is well recognized as an important predictor of metabolic syndrome, insulin resistance, cardiovascular disease, and type 2 diabetes mellitus. Therefore, improvement in these anthropometric parameters may reduce the future risk of obesity-related complications.^[16]

The concept of *Aahar-Vidhi-Vidhana* is highly relevant in the present era because modern lifestyles are characterized by irregular meal timing, distracted eating, rapid food consumption, overeating, and frequent intake of processed foods. Classical Ayurvedic principles such as *UshnamAshniyat*, *MatravatAshniyat*, *JirneAshniyat*, *Na AtidrutamAshniyat*, *Na AtivilambitamAshniyat*, and *TanmanaBhunjita* collectively encourage healthy eating behaviour, proper digestion, and optimal nutrient utilization.^[17]

Interestingly, several modern nutritional studies have reached conclusions similar to those described in Ayurveda centuries ago. Mindful eating, slower eating speed, regular meal timing, avoiding distractions while eating, and consuming meals according to hunger have all been associated with better appetite regulation, improved satiety, reduced calorie intake, and long-term weight control. These scientific observations provide modern support for the classical principles of *Aahar-Vidhi-Vidhana*.^[18]

The observed improvement in the present study may also be explained through the Ayurvedic concept of restoration of *Agni*. Proper dietary practices help maintain normal digestive fire, prevent the formation of *Ama*, and facilitate normal metabolism of *Rasa* and *MedaDhatu*. Restoration of *Agni* ultimately leads to better tissue nourishment, improved metabolic balance, and gradual reduction of excessive adiposity.^[19]

Although the present study demonstrated encouraging results, certain limitations should be acknowledged. The study was conducted at a single centre with a limited sample size, and repeated follow-up measurements of lipid profile parameters were not available for detailed longitudinal analysis. Therefore, future studies involving larger populations, multicentre designs, and longer follow-up periods are required to further validate these findings.^[20]

Another strength of the study was the excellent participant retention, with more than ninety-six percent of enrolled participants completing the study. High follow-up compliance improves the reliability of the observed outcomes and minimizes attrition bias. The consistent improvement observed across different follow-up visits also suggests that the beneficial effects were sustained rather than transient.^[21]

From a public health perspective, *Aahar-Vidhi-Vidhana* represents a simple, economical, and culturally acceptable approach for obesity prevention. Unlike pharmacological interventions, dietary behavioural modification can easily be incorporated into daily life and has minimal risk of adverse effects. Increasing public awareness regarding proper methods of food consumption may therefore contribute significantly to reducing the burden of obesity and other lifestyle disorders.^[22]

Overall, the findings of the present study support the therapeutic importance of *Aahar-Vidhi-Vidhana* in the management of obesity. Significant improvement in anthropometric parameters and clinical manifestations of *Sthaulya* indicates that classical Ayurvedic dietary principles remain highly relevant in contemporary healthcare. Integration of these principles with evidence-based lifestyle interventions may provide an effective strategy for the long-term prevention and management of obesity.^[23]

CONCLUSION

The present study demonstrated that adherence to the principles of *Aahar-Vidhi-Vidhana* was associated with significant improvement in obesity-related anthropometric and clinical parameters. A progressive reduction in body weight and Body Mass Index (BMI) was observed throughout the follow-up period, accompanied by marked improvement in the clinical manifestations of *Sthaulya*. These findings suggest that proper dietary behaviour, as described in Ayurveda, contributes to better metabolic regulation and overall health.

The study also highlights the importance of evaluating obesity using both objective anthropometric measurements and subjective clinical assessment. Improvement in *Sthaulya* symptoms along with reductions in body weight and BMI indicates that the benefits of *Aahar-Vidhi-Vidhana* extend beyond weight reduction alone and positively influence the overall functional & Social status of individuals with obesity.

The findings support the integration of classical Ayurvedic dietary principles into contemporary lifestyle modification programmes for obesity management. As a simple, economical, and culturally acceptable approach, *Aahar-Vidhi-Vidhana* may serve as an effective preventive and therapeutic strategy for lifestyle disorders. Further multicentric studies with larger sample sizes, longer follow-up periods, and comprehensive biochemical assessments are recommended to strengthen the evidence and explore the long-term effectiveness of these dietary practices.

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Ethical Approval

The study was conducted after obtaining approval from the Institutional Ethics Committee (IEC) of PatanjaliAyurved Hospital & Wellness CenterHaridwar , India The study was carried out in accordance with the ethical principles of the Declaration of Helsinki. Written informed consent was obtained from all participants before their enrolment in the study.

Informed Consent

Written informed consent was obtained from all participants before their inclusion in the study. Participation was entirely voluntary, and confidentiality of the participants' information was maintained throughout the study.

Authors' Contributions

Conceptualization:Dr. Suman Singh

Methodology:Dr. Suman Singh

Data Collection:Dr. Suman Singh

Data Analysis:Dr. Suman Singh

Manuscript Preparation:Dr. Suman Singh

Supervision:Dr. Darshana

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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