

# Sthaulya and Hyperlipidemia - A Correlation and Management

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## Abstract

*Sthaulya*, described in Ayurveda as a *Santarpanotha Vyadhi* (disease due to over-nutrition), closely aligns with the modern understanding of obesity. A key complication of obesity is hyperlipidemia, characterized by elevated plasma lipid levels including total cholesterol, LDL, VLDL, and triglycerides, with reduced HDL levels. This article explores the Ayurvedic pathogenesis of *Sthaulya* in relation to lipid abnormalities through the lens of *Meda Dhatu Vruddhi* (excessive fat tissue), *Meda Dhatvagni Mandya* (impaired fat metabolism), and *Srotorodha* (obstruction of bodily channels), which mirror the modern concepts of adiposity, insulin resistance, and atherosclerosis. The correlation is further supported by lipid profile patterns typically seen in obese individuals. Integrating Ayurvedic and contemporary approaches such as herbal formulations, Panchakarma, lifestyle interventions, dietary modifications, and lipid-lowering medications offers a comprehensive and preventive healthcare strategy. This review emphasizes the need for early diagnosis and a holistic treatment approach to reduce complications and improve metabolic health.

**Keywords:** *Sthaulya*, Hyperlipidemia, *Medo Dhatu Vruddhi*.

## Introduction

In Ayurveda, *Sthaulya* is referred to as a *Santarpanotha Vyadhi*<sup>1</sup>, where a person having excessive accumulation of *Mamsa* and *Meda Dhatu* leading to flabbiness of hips, abdomen and breast been categorized as *Atisthaulya*<sup>2</sup> or disease caused due to overeating, and it is quite similar to obesity in contemporary medicine. One of the most frequent side effects of obesity is hyperlipidemia, which is defined by an excessive rise in plasma lipids. Based on pathophysiology, clinical characteristics, and lipid profile measurements, this paper attempts to investigate the Ayurvedic concept of *Sthaulya* and associate it with hyperlipidemia. Designing preventive and therapeutic strategies with both Ayurvedic and contemporary methods can be made easier with an understanding of this connection.

Approximately 650 million persons worldwide suffer from obesity, making it a global health concern. According to Ayurveda, excessive consumption of heavy, oily, and sweet foods as well as a sedentary lifestyle can lead to *Sthaulya*, a *Kapha-Medo Dushti* (vitiation of *Kapha* and *Meda Dhatu*) illness<sup>3</sup>. On the

other hand, hyperlipidemia is a contemporary medical disorder linked to increased levels of triglycerides, total cholesterol, low-density lipoproteins (LDL), or lower levels of high-density lipoproteins (HDL). Both of these issues put people at risk for major side effects such as cardiovascular disease, diabetes, and atherosclerosis. The article uses both modern scientific data and traditional Ayurvedic principles to elaborate on the connection between *Sthaulya* and hyperlipidemia.

## Materials And Methods

Critical reviewing the concepts regarding the *Vyadhi Sthaulya* is done by referring to classic Ayurvedic textbooks such as *Charak Samhita*, *Sushrut Samhita*, *Madhav Nidan*, etc and also through different articles, research journals and various online databases such as Google Scholar. Result is analysed. Proper documentation of data is done.

## Ayurvedic Understanding of *Sthaulya*

### 1. *Nidan*

In brief, all etiological factors described in Ayurveda can be classified into four groups as:

- A. *Aharatmaka Nidan*
- B. *Viharatmaka Nidan*
- C. *Manasa Nidan*
- D. *Anya Nidan*

#### A. *Aharatmaka Nidan*

Due to continuous consumption of *Kapha Vardhak Aahara*, *Meda Dhatu* is being increased by principle of *Samanyam Vriddhi Karanam*.

***Ati-Guru Sevana***- because of its *Gurupaki* and *Sheeta Veerya* property stay more time in stomach and enhances the *Kapha Dosha* which affects the *Dushya Meda*.

***Madhura Ati Sevana***- They are very heavy and consist of *Sheeta*, *Guru*, *Snigdha* and *Parthivapya* property and enhancing the *Madhur Rasa* of *Kapha* after digestion.

***Sheetahara Sevana***- It has *Guru*, *Mrudu*, *Sthula*, *Pichhila*, *Snigdha*, *Manda*, *Sthir* and *Shlakshna Gunas* especially with regard to enhancing or aggravating the *Styanavta* of *Kapha Dosha*. It produces the obstruction in channels.

***Ati-Snigdha<sup>4</sup>, Shleshmabahula<sup>5</sup>, Pichhila Aahara***- This category of *Aahara* has *Guru*, *Sheeta*, *Sthula*, *Pichhila* properties they act on the *Meda Dhatu* by increasing *Kapha Dosha*.

***Ati Bhojan***- It affect the *Pachakagni* leading to delayed or improper digestion. Because of this *Ama Rasa* is produced which infuses and spreads through the entire body in the same way as a toxin. It causes obstruction in *Medovaha Srotas* and results in *Medorog* due to *Medo Sanchaya*.

***Adhyashana<sup>6</sup>***- Disturb the *Pachakagni* or *Dhatwagni*.

***Ati Pishtanna Sevan<sup>7</sup>***- Hard to digest and exacerbate the *Kapha Dosha* and the formation of *Ama* by influencing the *Pachakagni* and the *Dhatwagni* especially *Medodhatwagni* becomes *Manda* (dull), there is *Ama* accumulation in the *Medo Dhatu*.

***Amla Rasa Atisevan<sup>8</sup>***- It leads to the obstruction of *Medovaha Srotas* by aggravating *Kapha Dosha*.

***Navanna Sevana<sup>9</sup>*** - *Navanna* is *Abhishyandi* in nature and produces *Srotorodha* by aggravating the *Kapha Dosha*, ultimately increase in *Meda Dhatu* which results into *Medoroga*.

***Anupa Mamsa Sevana<sup>10</sup>*** - Consumption of excessive *Anupa Mamsa* aggravates the *Kapha Dosha* and vitiates the *Medovaha Srotas* causing *Medodhatu Atisanchaya*, which leads to *Medoroga*.

**B. Viharatmaka Nidan<sup>11</sup>**

**A-Vyavaya** (lack of sexual intercourse) - Increases the *Shukra Dhatu* and produces the *Srotorodha*, which leads to increase of *Meda Dhatu*.

**A-Vyayama** (lack of exercise) - Increases the *Meda Dhatu* and (happy and comfortable living without any work) - It leads to *Kapha Vriddhi* and affects the *Meda Dhatu* which produces *Medorog*.

**Diwaswapna** (Day sleep) - *Diwaswapna* increase the *Kapha* and affects the *Meda Dhatu* by obstructing the channels, which later on leads to the production of *Medorog*.

**C. Manasika Hetu<sup>12</sup>**

**Achinta** (Abstinence from anxiety) - raises the *Kapha Dosha* by blocking the channels and due to Similar properties to the *Meda Dhatu*, which results in *Medorog*.

**Nitya Harsha** (continuous joy) - causes the *Kapha Dosha* to rise, blocking the channels and eventually causing the *Medorog* by raising the *Medo Dhatu*.

**D. Other Hetu**

Acharyas have mentioned the *Beeja Swabhavaja<sup>13</sup>* as the causative factor of *Medorog*. The future child will be impacted if the sperm or ovum has genetic markers that contribute to obesity.

**2. Purvarupa**

Acharya Charaka, in *Nidana Sthana*, has mentioned similar pathogenesis of *Prameha* and *Medorog<sup>14</sup>*, the reason being that in both of them there is vitiation of *Kapha* and *Meda*. Therefore, *Purvarupa* of *Prameha* and *Medovaha Strotodushti Lakshanas* can be considered as *Purvarupa* of *Sthaulya*. These are as follows.

- *Atinidra*
- *Tandra*
- *Alasya*
- *Visra Sharira Gandha*
- *Anga Gaurava*
- *Anga Shaithilya*
- *Ati Sweda*

**3. Rupa**

**Chala Sphika Udara Stana<sup>15</sup>** (Pendulous movements of buttocks, abdomen and breasts): is the main symptom of *Medorog*. Excessive deposition of *Meda* in buttocks, abdomen and breasts make them movable.

**Aayushohrasa<sup>16</sup>**: It is explained by Acharya Chakrapani that *Meda Dhatu* obstructs the *Medovaha Strotas*. So other *Dhatu*s cannot grow properly and person feels *Daurbalya* which affects the longevity.

**Krichhra Vyavaya**: (Difficult intercourse) Because of excessive formation of *Meda Dhatu* there is less formation of *Shukra Dhatu* and person feels difficulty during intercourse.

**Javoparodha<sup>17</sup>**: It is due to *Medo Vriddhi*. There is instability, lack of strength, flabbiness and heaviness which hamper the movement.

**Daurgandhya**: It is due to *Meda Dushti* as *Sweda* is produced by *Meda Dhatu*. When sweat mixes with *Kapha*, it results in *Swedabadha* and *Daurgandhya*.

**Ayathopachaya**: This refers to the incorrect accumulation of fat in the breast, thighs, and abdomen. *Meda* builds up disproportionately in certain organs as a result of *Medovaha Strotas* blockage.

**Daurbalya**: is caused by the incorrect feeding of all *Dhatu*s, with the exception of *Meda*, as only *Meda* is fed by *Ahararasa*.

**Kshudra Shwasa<sup>18</sup>:** refers to an increase in respiratory movement following a mild exertion that is alleviated by rest. It happens when *Vata* and *Kapha* are aggravated. Diaphragm muscle contraction and relaxation are the primary causes of respiration; however, in *Medorog*, fat accumulation reduces the ability of diaphragm muscles to contract and relax, leading to dyspnea.

**Shaithilya** and **Gatrasada:** These terms refer to joint and muscular looseness brought on by a rise in *Kapha* and *Meda*.

**Gauravata:** Because of the *Guru Guna* of *Kapha* and *Meda*, a body experiencing higher levels of *Kapha* and *Meda* would feel heavy.

**Krathana:** In *Medorog*, the respiratory system is obstructed by the *Kapha*, leading to stridor. **Gad-Gad Vakya** refers to a stuttering or stammering voice. The natural voice production is hampered in *Medorog* due to the obstruction of severe *Kapha* in the *Pranavaha Strotas* and the deposition of fat in the trachea, nose, etc., which causes the person to speak not clearly.

**Atinidra<sup>19</sup>:** *Medorog* often shows excessive sleep. *Strotas* are obstructed by aggravated *Kapha*. The body feels heavy as a result of this *Strotorodha*, and then it becomes lazy, which leads to too much sleep.

**Jadya:** *Agnimandya*, which has an impact on the body and mind, causes *Ama Rasa* in *Medorog*. The body becomes heavier as a result of *Ama Rasa* and the extra fat brought on by obstruction in *Medovaha Strotas*, which causes stiffness.

**Moha<sup>20</sup>:** It signifies mental illusion. In *Medorog*, the *Raja* and *Tama Doshas* of the mind are impacted by the development of *Ama Rasa* and an increase in body waste products, which leads to *Moha*.

**Samprapti.<sup>21</sup>**

Charaka states that *Ati Sandhukshan* of *Jatharagni* results from *Vridhhi* of *Kosthasthit Samana Vayu*, which is caused by *Avarana* (obstruction) of all the *Strotas* (channels) by the *Meda*. A person who has more *Jatharagni* will digest food more quickly and have a greater desire for food. If, for any reason, the person doesn't eat more, the elevated *Agni* results in *Dhatu Pachan*, which can create a number of complications. However, people tend to eat more because they are hungry, and so the cycle goes on. This leads to a vicious cycle whereby excessively improperly produced *Medo Dhatu* produces a variety of illnesses.

The other *Dhatus* are not adequately fed as a result of this *Strotorodha* situation, which results in the depletion of *Dhatus* next to *Medo Dhatu* and *Shaithilya* (flabbiness from an excess of water element) of *Dhatus* before *Meda Dhatu*.

Sushruta states that the creation of *Ama Rasa*, or *Apachit Adya Rasa Dhatu*, is the result of *Kaphavardhaka ahara*, *Adhyasana*, *Avyayama*, *Diwaswapna*, etc. *Sthaulya* is the result of the *Snigdhansha* of the *Madhur Bhavayukta Ama Rasa*, which travels throughout the body and creates *Strotosanga<sup>22</sup>*.

**Table 1: Sampraptighataka.**

<i>Dosha</i>	<i>Kapha- Kledaka</i> <i>Pitta- Pachaka</i> <i>Vata- Samana, Vyana</i>
<i>Dushya</i>	<i>Rasa, Meda</i>
<i>Agni</i>	<i>Jatharagni, Dhatvagni (Medodhatvagni)</i>
<i>Srotas</i>	<i>Medovaha</i>
<i>Srotodushti</i>	<i>Sanga</i>
<i>Adhithana</i>	<i>Sarvanga (Particularly Vrukka, Vapavahan, Medodhara kala)</i>

<i>Udbhava Sthana</i>	<i>Amashaya</i>
<i>Prasara</i>	<i>Rasayani (Sarva Deha)</i>
<i>Rogamarga</i>	<i>Bahya</i>
<i>Ama</i>	<i>Jatharagni Vaigunya Janit, Dhatvagni Mandya Janit</i>
<i>Vyaktasthana</i>	<i>Sarvanga (Specially in Sphik, Udara and Stana)</i>

### Modern Understanding: Hyperlipidemia & Lipid Profile

Hyperlipidemia refers to increased levels of one or more types of lipids in the blood. Lipid profile components include:

- Total Cholesterol
- LDL (Low-Density Lipoproteins) –bad cholesterol
- HDL (High-Density Lipoproteins) –good cholesterol
- VLDL (Very Low-Density Lipoproteins)
- Triglycerides

Obesity is a major cause of lipid abnormalities. Increased adipose tissue causes insulin resistance and dysregulation of lipoprotein metabolism, resulting in increased LDL, VLDL, triglycerides, and reduced HDL levels.

### Correlation between *Sthaulya* and Hyperlipidemia

Ayurvedic concept of *Meda Dhatu Vriddhi* (increased fat tissue) aligns with the modern observation of fat accumulation and altered lipid metabolism. *Srotorodha* (channel obstruction) described in *Sthaulya* resembles atherosclerosis in hyperlipidemia. *Kapha-Medo Dushti* leads to excessive *Snigdha Guna* (unctuousness), parallel to increased triglycerides and cholesterol. Studies show that obese individuals have significantly higher levels of total cholesterol, LDL, and triglycerides, and lower HDL compared to individuals with normal BMI. Thus, the Ayurvedic pathogenesis of *Sthaulya* mirrors the biochemical changes seen in hyperlipidemia. Hyperlipidemia and *Sthaulya* (obesity) are related disorders that have a similar pathophysiological base: excessive fat accumulation and metabolic disruption. The way that *Meda Dhatu Vriddhi* and *Srotorodha* are described in classical Ayurveda closely resembles the lipid abnormalities seen in contemporary medicine. In order to avoid problems and enhance general health, early diagnosis and a thorough care strategy that includes dietary regulation, exercise, detoxification, and lipid-lowering therapy are essential.

### Complications

Both *Sthaulya* and hyperlipidemia predispose to:

Cardiovascular disorders (atherosclerosis, hypertension, coronary artery disease), Diabetes mellitus (type 2), Metabolic syndrome, Hepatic steatosis (fatty liver), Reduced longevity and quality of life.

### Management

#### 1. Ayurvedic Management<sup>23</sup>

To make a *Sthula* person *Krusha* he should be given *Guru* and *Apatarpak Ahar*. *Vataghna Anupan* and *Shleshma Medohar Chikitsa*, *Ruksha* and *Ushna Dravyayukta Teekshna Basti*, *Ruksha Dravya Udvartan*.

#### *Dravyarupa Chikitsa*

- *Guduchi*, *Bhadramusta*, *Triphala*

- *Takrarishta*
- *Vidanga + Nagar+ Kshar+ Loha*
- *Yava+ Amalak Churna*
- *Bilvadi Panchmool + Madhu*
- *Shilajatu + Agnimantha Rasa*
- *Gomutra, Rasanjan, Mudga, Kordusha, Shyamat, Uddalaka etc.*
- *Virukshan and Chhedaniya Dravya*
- *Triphala or Guduchi or Abhaya or Musta with honey Chatan.*<sup>24</sup>
- *Rasanjan or Bilvadi Panchamool or Guggul or Shilajit with Agnimantha Swaras.*
- *Madanphal, Triphala, Musta, Saptaparna, Nimba, Kutaj, Patha, Aragwadh kwath.*
- *Hingwadi Churna*
- *Krimighnadi Manth*
- *Amrutadi Guggul, Dashang Guggul, Loha Rasayan, Loharishta, Vyoshadi Saktu, Triphaladya Taila etc.*<sup>25</sup>
- *Chavyadi Yog, Phalatrikadi Yog, Guduchyadi Yog, Navak Guggul, Tryushanadya Loha, Vividh Lep and Udvartana, Rasa Bhasma Yog, Trimurti Ras, Vadvagni Ras etc.*<sup>26</sup>
- *Bruhattpanchamool Kwath+ Madhu, Shakhatak Kwath*<sup>27</sup>
- *Madhu Manda Prayog, Chavyadi Saktu Prayog, Vyoshadya Saktu Prayog, Vidangadi Churna, Hartaladi Yog, Dalajadi Lepa, Erand Kshar Prayog, Vidangadi Loha etc.*<sup>28</sup>

#### **Adravya Chikitsa**

- *Prajagrana*
- *Vyavaya*
- *Vyayama*
- *Chinta*
- *Ruksha Snana*
- *Aswapna*
- *Udvartana*

#### **Panchkarma - Lekhan Basti**<sup>29</sup>

#### **Pathya-Apathya**<sup>30</sup>

Acharya Charaka has defined *Pathya* as that type of food item, drug and regimen, which do not affect the body and mind adversely and in the same way, which adversely affect the body and mind are considered as *Apathya*. Regarding the *Pathya Ahara* of *Medorog*, it should be kept in mind that whenever *Ahara Kalpa* is to be given, it should be *Kaphahara* along with *Vatahara*.

**Table 2: Pathya-Apathya –Ahara.**

<i>Ahara Varga</i>	<i>Pathya</i>	<i>Apathya</i>
1. <i>Shuka Dhanya</i> (Cereal grain)	<i>Purana shali, Kodrava, Shyamak, Yava, Priyangu, Laja, Nivara, Kanguni, Koradushaka, Jirna, Prashatika</i>	<i>Godhum, Naveen, Dhanya, Shali</i>
2. <i>Shami Dhanya</i> (Pulses)	<i>Mudga, Rajamasha, Kulatha, Chanaka, Masur, Adhaki, Makusthaka</i>	<i>Masha, Tila</i>

3. <i>Shaka Varga</i> (Vegetables)	<i>Patol, Patrashaka, Shigru, Vrutaka, Katutikta, Vastuka, Trapusha, Vartaka, Evaruka, Adraka, Mulaka, Surasa, Grajjan.</i>	<i>Kandashaka.</i>
4. <i>Phala Varga</i> (Fruits)	<i>Kapittha, Jambu, Amalaki, Ela, Bibhitaki, Haritaki, Maricha, Pippali, Eranda, Karkati, Ankola, Narang, Bilvaphala</i>	<i>Madhuraphala</i>
5. <i>Drava Varga</i>	<i>Honey, Takra, Ushnajala, Tila and Sarshapa Taila, Asava Arishta, Surasava, Jeerana Madhya</i>	<i>Milk, Preparations (Kshira, Dadhi, Sarpi) Ikshuvikara</i>
6. <i>Mamsa Varga</i>	<i>Rohita Matsya</i>	<i>Aanupa, Audaka, Gramya Mamsa</i>

**Table 3: Pathya-Apathya- Vihara**

<i>Pathya</i>	<i>Apathya</i>
<i>Shrama</i>	<i>Sheetal Jala Sevana</i>
<i>Jagarana</i>	<i>Divaswapa</i>
<i>Nitya Bhramana</i>	<i>Avyavaya</i>
<i>Ashwadi Rohana</i>	<i>Avyayama</i>
<i>Vyavaya</i>	<i>Ati Ashana</i>
	<i>Sukha Shaiya Sevana</i>

**Table 4: Mental Regimen.**

<i>Pathya</i>	<i>Apathya</i>
<i>Chinta</i>	<i>Nitya Harsha</i>
<i>Shoka</i>	<i>Achinta</i>
<i>Krodha</i>	<i>Manaso Nivriti</i>
	<i>Priya Darshan</i>

## 2. Modern Management

Lifestyle modification: Balanced diet (low saturated fat, high fiber), regular exercise.

Pharmacological: Statins, fibrates, niacin, or ezetimibe as per lipid profile.

Monitoring: Regular BMI and lipid profile checkup.

An integrative approach combining Ayurvedic and modern therapies can be effective in long-term prevention and management.

Here's a Lipid Profile Chart with correlation to *Sthaulya* (Obesity):

**Table 5: Standard Lipid Profile Values**

Parameter(mg/dL)	Normal Range (mg/dL)	Borderline (mg/dL)	High/Low
Total Cholesterol	< 200	200–239	≥ 240 (High)
LDL (Low-Density Lipoproteins)	< 100 (Optimal)	130–159	≥ 160 (High)
HDL (High-Density Lipoproteins)	≥ 40(men) / ≥ 50(women)	–	< 40 (Low)
Triglycerides (TG)	< 150	150–199	≥ 200 (High)
VLDL (Very Low-Density Lipoproteins)	2–30	–	> 30 (High)

**2. Lipid Profile Pattern in *Sthaulya* (Obesity)**

Total Cholesterol & Triglycerides – Increased

LDL & VLDL (bad cholesterol) – Increased

HDL (good cholesterol) – Decreased

This pattern is due to *Meda Dhatvagni Mandya* (low metabolism of fat tissue) and *Srotorodha* (obstruction of metabolic channels), leading to fat accumulation.

**Table 6: Ayurvedic – Modern Correlation**

Ayurvedic Concept	Modern Correlation
<i>Meda Dhatu Vriddhi</i> (increase in fat tissue)	Excess adipose tissue, obesity
<i>Meda Dhatvagni Mandya</i> (low fat metabolism)	Insulin resistance, impaired lipid metabolism
<i>Snigdha &amp; Guru Guna Vriddhi</i> (unctuous and heavy qualities increased)	Elevated LDL, VLDL, triglycerides
<i>Srotorodha</i> (obstruction of channels)	Atherosclerosis, plaque formation
<i>Alpa Ayu, Alpa Bala, Kshudha Tivrata</i>	Reduced life expectancy, metabolic syndrome, excessive hunger

**Discussion**

The Ayurvedic classics define *Sthaulya* as a *Santarpanotha Vyadhi* (illness brought on by over-nourishment) that is characterized by an excessive buildup of *Mamsa* (muscle tissue) and *Meda* (fat/adipose tissue). According to the Charaka Samhita, *Sthaulya* has characteristics including excessive growth of hip, belly, and breast as well as decreased energy, strength, and sexual potency. According to current medical research, obesity is linked to a number of metabolic disorders, chief among them being hyperlipidemia, or an unnatural rise in blood lipid levels. Recent studies have demonstrated a correlation between extra body fat and decreased HDL (high-density lipoprotein) levels, as well as increased levels of triglycerides, total cholesterol, and LDL (low-density lipoprotein).

*Agnimandya* (poor digestion/metabolism) causes faulty metabolism and the generation of *Ama* (toxins), which further upsets the balance of *Dhatus*. The concept aligns with the Ayurvedic perspective. The lipid profile abnormalities seen in obese people are a reflection of this pathophysiology. In both Ayurveda and

contemporary science, sedentary lifestyles (*Avyayama*), improper eating habits (*Madhura, Snigdha, Guru Ahara*), and psychological stress are important etiological variables.

Therefore, there is a strong association between *Sthaulya* and hyperlipidaemia, with both ancient and modern perspectives agreeing that inappropriate lifestyle choices and a disturbed metabolism are major contributing factors. In order to address metabolic imbalances and improve lipid profiles, Ayurvedic interventions involving *Ahara* (dietary regulation), *Vihara* (lifestyle changes), and *Shodhana* (bio-purification therapies like *Vamana* and *Virechana*) can be extremely beneficial.

### **Conclusion**

*Sthaulya* is a systemic metabolic condition with major health consequences such as hyperlipidaemia and cardiovascular risk, in addition to being a cosmetic or structural issue. Obesity and lipid profile abnormalities are strongly correlated, according to a comprehensive understanding of *Sthaulya* from both Ayurvedic and contemporary viewpoints.

A broad approach can be achieved through early detection and treatment that combines contemporary diagnostic techniques like lipid profile with Ayurvedic principles. To avoid difficulties and to improve general health, importance should be placed on stress management, exercise, diet, and, necessary Ayurvedic treatments.

An integrative strategy that combines contemporary monitoring technologies with Ayurveda's root-cause approach can provide a long-term solution for the management and prevention of obesity and associated hyperlipidaemia.

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