

A Comparative Analysis of Ayurvedic and Modern Approaches to Lifestyle Disorders with Special Reference to Obesity: A Review

Shivangi Upadhyay¹, Dr. Prem Shanker Upadhyay²

¹Research Scholar, Department of Kaumarbhritya/Balroga, IMS, BHU, Varanasi.

²Associate Professor, Department of Kaumarbhritya/Balroga, IMS, BHU, Varanasi.

Corresponding Author: Dr. Prem Shanker Upadhyay

DOI: <https://doi.org/10.52403/ijrr.20250834>

ABSTRACT

A common lifestyle disorder, obesity raises the risk of diabetes, cardiovascular disease, and metabolic syndrome, which greatly increases morbidity and mortality worldwide. Pharmacotherapy, lifestyle changes, and bariatric surgery are examples of evidence-based therapies available in modern medicine, with a primary focus on physiological and biochemical processes. The ancient Indian medical system known as Ayurveda views obesity (Sthaulya or Medoroga) as a result of an imbalance of Kapha dosha and a diminished digestive fire (Agni). It emphasises a comprehensive approach to treatment that includes nutrition, herbal therapy, detoxification, and lifestyle changes. This review integrates contemporary scientific evidence with traditional Ayurvedic knowledge to critically examine various treatments. The results indicate that, by utilising the advantages of both systems, integrative treatment may improve the long-term management of obesity; nevertheless, more thorough investigation of Ayurvedic practices is necessary.

Keywords: Obesity, Lifestyle disorders, Panchakarma, Pharmacotherapy, Integrative approach.

INTRODUCTION

Since obesity is so common in both rich and developing nations, it has become one of the most serious public health issues in the globe. Over 650 million persons were obese in 2016, and the number is still rapidly increasing, according to the World Health Organisation (WHO). The excessive buildup of body fat that characterises obesity has a negative impact on health and raises the risk of several comorbidities, including metabolic syndrome, type 2 diabetes mellitus, hypertension, cardiovascular disease, and several types of cancer. It is acknowledged as a sickness as well as a major risk factor that adds to the worldwide burden of non-communicable diseases.

Obesity has a complicated aetiology that includes interactions between environmental, behavioural, metabolic, and genetic factors. This rising health issue has been linked to a number of factors, including urbanisation, psychosocial stress, bad eating patterns heavy in sugar and saturated fats, and sedentary lifestyles. Managing obesity is difficult and necessitates an all-encompassing strategy that takes into account these various aspects. In order to address obesity, modern medicine mostly uses a biological model. It emphasises measurable metrics like Body Mass Index (BMI) and uses evidence-based

treatments like medication, bariatric surgery for extreme instances, and lifestyle changes (diet and exercise). Notwithstanding these treatments' advancements, problems such as adverse drug reactions, weight loss, and restricted access to surgical choices persist, underscoring the need for sustainable and integrative strategies.

Ayurveda, the traditional Indian medical system that originates back more than 5,000 years, on the other hand, emphasises the balance of biological energies or doshas (Vata, Pitta, and Kapha), digestive fire (Agni), and toxin accumulation (Ama) in order to provide a comprehensive view of health and illness. Obesity, referred to as Sthaulya or Medoroga in Ayurveda, is viewed as a sign of aggravated Kapha dosha along with a slowed metabolism. In order to restore physiological balance and stop the progression of the condition, the treatment focusses on individualised interventions such as diet control, herbal drugs, detoxification therapies (Panchakarma), and lifestyle changes.

Comparative and integrative studies that integrate the advantages of Ayurveda with modern medicine are becoming more and more popular due to the drawbacks of single treatment techniques.

In this review, the pathogenesis, therapeutic methods, and clinical results of the Ayurvedic and contemporary treatments to obesity will be thoroughly analysed and evaluated. The review aims to give a comprehensive overview of managing obesity by fusing traditional knowledge with modern research, which may help guide future integrative treatment approaches.

MATERIALS & METHODS

Using keywords like "Ayurveda and obesity," "modern obesity treatment," and "lifestyle disorders," a thorough literature search was conducted throughout PubMed, Google Scholar, and ScienceDirect. Included were meta-analyses, clinical trials, and peer-reviewed publications.

Traditional ideas and methods for treating obesity were examined through a critical analysis of classic Ayurvedic texts:

According to Charaka Samhita (Chikitsa Sthana), eating too many heavy, fatty, and sugary foods will aggravate Kapha dosha and hamper Agni (digestive fire), which in turn causes Sthaulya. Herbal remedies, Virechana (purgation), and food control are suggested therapies

Asshtanga Hridaya (Chikitsa Sthana), Highlights Nidana Parivarjana (removal of causative factors), Langhana (fasting), and Samshamana (herbal therapy) depending on one's constitution (Prakriti).

Sushruta Samhita (Nidana Sthana), Defines Medoroga as fat accumulation from sedentary lifestyle and impaired digestion, and promotes detox therapies like Panchakarma, oil massages, and therapeutic enemas.

Conceptual Framework

Modern Medicine:

Obesity is defined quantitatively by BMI and waist-hip ratios. Pathogenesis involves genetic, hormonal, and inflammatory processes. Management includes lifestyle change, FDA-approved medications (e.g., orlistat, semaglutide), and bariatric surgery for severe cases.

Ayurvedic Perspective:

Obesity (Sthaulya or Medoroga) arises from Kapha dosha aggravation, impaired Agni, and Ama (toxins) accumulation. Treatment focuses on correcting doshic balance through diet, detoxification (Panchakarma), herbal formulations, and lifestyle regulation including yoga.

Treatment Approaches

Modern Medicine

Lifestyle Modifications: Caloric restriction, exercise, behavioral therapy.

Pharmacotherapy: Orlistat, liraglutide, semaglutide with mechanisms targeting fat absorption and appetite.

Bariatric Surgery: Effective for long-term weight loss and comorbidity reduction.

Ayurvedic Strategies

Panchakarma Therapies: Virechana (purgation), Udvartana (herbal powder massage), Basti (medicated enemas) to eliminate toxins

Herbal Medicines: Guggulu, Triphala, Vyoshadi Guggulu with lipid-lowering and antioxidant effects
Lifestyle Regulation: Personalized diet (Dinacharya), yoga, and meditation for holistic health. Comparative

Analysis

Comparative Analysis

There are differences between Ayurveda and modern medicine in how they view and manage obesity. Modern medicine focusses symptom management through evidence-based interventions and relates obesity to genetic, hormonal, metabolic, and inflammatory causes. Ayurveda, on the other hand, focusses on re-establishing equilibrium and enhancing digestion and metabolism, viewing obesity as a sign of Kapha dosha imbalance, diminished digestive fire (Agni), and buildup of metabolic poisons (Ama).

There are notable differences between the therapy models. While Ayurveda stresses internal balance and constitution-based management through detoxification procedures (Panchakarma), herbal remedies, modified diets, yoga, and behavioural changes, modern medicine focusses on immediate symptom control through lifestyle interventions, medication, and surgery.

Large-scale RCTs and meta-analyses are the main source of evidence in modern medicine, offering substantial empirical support but also having drawbacks because of adherence problems and adverse effects. A rising number of contemporary clinical studies have shown the effectiveness of Ayurvedic remedies, which have their roots in traditional literature and firsthand experience. Although most people agree that Ayurvedic treatments are safe, concerns with quality control and standardisation still exist.

The comprehensive approach of Ayurveda may be advantageous for patient adherence and sustainability, promoting long-term lifestyle modifications that are in line with a person's constitution. Acute care and quick, quantifiable results are the strengths of modern medicine, but long-term compliance and weight gain recurrence may be problems.

In the end, each system has its own advantages, and a holistic plan for managing obesity may be achieved by integrating evidence-based methods from both systems. Healthcare professionals can create more efficient and long-lasting treatment programs by combining the best aspects of Ayurveda with modern medicine.

DISCUSSION

In high-quality trials, modern treatments like GLP-1 agonists (e.g., tirzepatide, semaglutide) show significant weight loss (~6–21%). In smaller cohorts, Ayurvedic trials, such those employing Tryushnadi churna and Panchakarma regimens, demonstrate statistically significant improvements in lipid profiles, glycemic status, weight, BMI, and quality-of-life indices.

Preclinical and modest clinical investigations have shown that herbal formulations such as Tryushnadi and Triphala may have anti-obesity benefits through thermogenesis, appetite suppression, enhanced insulin sensitivity, and regulation of inflammatory cytokines (e.g., leptin, resistin, adiponectin).

CONCLUSION

Modern medicine provides strong, scientifically supported treatments for obesity that produce quantifiable results at the expense of adverse effects and sustainability issues. Based on centuries of traditional practice, Ayurveda offers individualised, holistic approaches that have shown promising early outcomes in limited studies. Long-term, sustainable management of obesity may be possible with a well-thought-out integrative model that combines

contemporary medication and surgical techniques with Ayurvedic detoxification, herbs, dietary changes, and yoga. The relevance of Ayurvedic medicines in the global control of obesity must be firmly established through additional high-quality RCTs, formulation standardisation, and safety evaluations.

Declaration by Authors

Ethical Approval: Not required

Acknowledgement: None

Source of Funding: None

Conflict of Interest: No conflicts of interest declared.

REFERENCES

1. Charaka Samhita. (2017). In V. J. T. Acharya (Ed.), Charaka Samhita (Reprint ed.). Chaukhamba Surbharati Prakashan.
2. Ashtanga Hridaya. (2000). In K. R. S. Murthy (Ed.), Ashtanga Hridaya (1st ed.). Chowkhamba Krishnadas Academy.
3. Sushruta Samhita. (2010). In K. A. Shastri (Ed.), Sushruta Samhita (9th ed.). Chowkhamba Sanskrit Series.
4. Jensen, M. D., Ryan, D. H., Apovian, C. M., Ard, J. D., Comuzzie, A. G., Donato, K. A., ... & Yanovski, S. Z. (2014). 2013

AHA/ACC/TOS'S guideline for the management of overweight and obesity in adults. *Journal of the American College of Cardiology*, 63(25), 2985–3023.

5. Heymsfield, S. B., & Wadden, T. A. (2017). Mechanisms, pathophysiology, and management of obesity. *New England Journal of Medicine*, 376(3), 254–266
6. Bhalerao SS, Joshi AA, Khadke S, Sathiyarayan A. Anti-obesity Effects of Triphala at Biochemical and Molecular Level in High-Fat Diet-induced Obese Rats. *Pharmacognosy Magazine*. 2023;20(1):30-42. doi:10.1177/09731296231198316
7. Anton, S. D., Moehl, K., Donahoo, W. T., Marosi, K., Lee, S. A., Mainous, A. G., ... & Mattson, M. P. (2018). Flipping the metabolic switch: Understanding and applying the health benefits of fasting. *Obesity*, 26(2), 254–268.

How to cite this article: Shivangi Upadhyay, Prem Shanker Upadhyay. A comparative analysis of ayurvedic and modern approaches to lifestyle disorders with special reference to obesity: a review. *International Journal of Research and Review*. 2025; 12(8): 296-299. DOI: <https://doi.org/10.52403/ijrr.20250834>
