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Review Article

INTEGRATIVE ASSESSMENT OF BODY ADIPOSITY THROUGH *MEDA DHATU PARIKSHA* AND ANTHROPOMETRIC TOOLS: AN AYURVEDIC PERSPECTIVE WITH SPECIAL REFERENCE TO *STHAULYA*

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ABSTRACT

Ayurveda describes excessive accumulation of *Meda Dhatu* and its associated clinical manifestations under the concept of *Sthaulya*. **Objective:** To explore the conceptual relationship between *Meda Dhatu Pariksha* and contemporary methods of body-adiposity assessment and to identify potential avenues for integrative clinical research. **Materials and Methods:** This narrative review examines classical Ayurvedic descriptions of *Meda Dhatu, Sthaulya, Medovaha Srotas*, and *Meda Vriddhi*, alongside contemporary literature on anthropometric assessment, including BMI, waist circumference, waist-to-height ratio, waist-to-hip ratio and Body Adiposity Index (BAI). **Results**: The review suggests a conceptual relationship between the Ayurvedic assessment of *Meda Dhatu* and contemporary methods of evaluating body adiposity. Classical Ayurvedic literature describes *Sthaulya* in terms of excessive accumulation of *Meda Dhatu*, characteristic physical features, and disturbances associated with *Medovaha Srotas*. **Discussion:** Ayurvedic assessment of *Sthaulya* encompasses structural, functional, and metabolic manifestations associated with excessive *Meda* accumulation. Features such as *Chala Sphik*, *Chala Udara*, and *Ayathopachaya* may be explored alongside modern anthropometric parameters. However, *Meda Dhatu* is a broader Ayurvedic construct and cannot be equated directly with adipose tissue or body-fat percentage. **Conclusion:** *Meda Dhatu Pariksha* offers a traditional conceptual framework for studying excessive adiposity. Integrating classical clinical observations with validated anthropometric and metabolic measurements may support a multidimensional approach to obesity research.

INTRODUCTION

Obesity is a chronic, multifactorial condition characterized by excessive accumulation of adipose tissue that may adversely affect health. Its development is influenced by dietary habits, physical inactivity, genetic predisposition, environmental factors, endocrine regulation, and metabolic processes. The increasing prevalence of obesity has contributed to the burden of type 2 diabetes mellitus, cardiovascular disease, hypertension, and other metabolic disorders.

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Contemporary clinical assessment commonly uses body mass index (BMI), waist circumference, waist-to-height ratio, and body-composition measurements. Although BMI is convenient for population screening, it does not directly measure body fat or distinguish between fat mass and lean body mass. Therefore, additional anthropometric measurements and, when indicated, body-composition assessments may improve the evaluation of excess adiposity.

In Ayurveda, the concept of *Sthaulya* describes a clinical condition associated with excessive accumulation of *Meda* and *Mamsa*, altered body proportions, and functional limitations. *Meda Dhatu* is one of the seven fundamental *Dhatus* described in classical Ayurvedic literature and is associated with characteristic structural and physiological functions.

Acharya Charaka discusses *Atisthaulya* among the eight undesirable bodily constitutions in the *Ashtauninditiya Adhyaya* of *Charaka Samhita*, *Sutrasthana*, Chapter 21. The classical description includes excessive *Meda* and *Mamsa* accumulation, pendulousness of the buttocks, abdomen and breasts, and reduced physical enthusiasm.

These observations provide a basis for exploring the relationship between classical Ayurvedic examination and modern anthropometric measurements. However, conceptual comparison should not be interpreted as evidence that the two systems measure identical biological phenomena.

The present review explores the potential role of *Meda Dhatu Pariksha* in the assessment of body adiposity and proposes a framework for integrating Ayurvedic clinical features with contemporary anthropometric indicators.

AIM AND OBJECTIVES

Aim

To explore the assessment of body adiposity through *Meda Dhatu Pariksha* from an integrative Ayurvedic perspective.

Objectives

1. To describe the Ayurvedic concept of *Meda Dhatu* and its relationship with *Sthaulya*.
2. To identify classical clinical features associated with excessive *Meda* accumulation.
3. To examine the potential conceptual relationship between Ayurvedic examination and modern anthropometric indices.
4. To discuss the possible application of BMI body mass index, waist circumference, waist-to-height ratio, waist to hip ratio and BAI body adiposity index in *Sthaulya*.
5. To propose a framework for future clinical validation of an integrated assessment approach.

MATERIALS AND METHODS

- The present article is designed as a narrative review. Classical Ayurvedic descriptions of *Meda Dhatu* and *Sthaulya* are considered alongside contemporary scientific literature on obesity and body-adiposity assessment.
- Relevant classical concepts include *Meda Dhatu*, *Meda Vriddhi*, *Meda Kshaya Medovaha Srotas*, *Sthaulya Lakshana*, and *Santarpanajanya Vyadhi*. Contemporary literature is considered for BMI, waist circumference, waist-to-height ratio, body-fat estimation, and Body Adiposity Index.
- The comparison is conceptual rather than diagnostic. No original patient data, clinical measurements, or statistical analyses are presented in this review. The proposed associations require further investigation through observational and validation studies.

Ayurvedic Concept of *Meda, Meda Dhatu* and *Sthaulya*

- ✓ In the Ayurvedic framework, *Meda* is associated with *Snehaswedana*: Lubrication and unctuousness, *Deha-Pushti*: Contribution to bodily nourishment, *Sthiratva*: Support of bodily structure and stability, interpreted within the relevant classical context. *Asthipushti* Protection and tissue maintenance: Functions that may be explored conceptually alongside the roles of modern adipose tissue.
- ✓ *Meda Dhatu* is the fourth among the *Sapta Dhatus* described in Ayurveda: *Rasa*, *Rakta*, *Mamsa*, *Meda, Asthi*, *Majja*, and *Shukra*. It is understood within the Ayurvedic framework of tissue nourishment and maintenance of bodily structure and function.
- ✓ According to *Madhav Nidana, Meda* is present in the abdomen and bones of all beings; hence, obese individuals primarily experience abdominal enlargement.
- ✓ The qualities and functions attributed to *Meda Dhatu* in classical literature provide a foundation for understanding its role in physiological balance and pathological accumulation.

Meda Dhatu and its physiological significance

- ✓ *Meda Dhatu* is traditionally associated with *Snigdhata* (*Snehana*) and *Swedana* (sudation therapy), reflecting unctuousness and lubrication. It also contributes to the maintenance of body structure and is discussed in relation to nourishment and the physiological interrelationship of the *Dhatus*.
- ✓ From a modern perspective, adipose tissue has important functions in energy storage, insulation, mechanical protection, and endocrine signalling. Nevertheless, these modern functions should not be directly assigned to *Meda Dhatu* without appropriate textual and scientific justification.
- ✓ Thus, *Meda Dhatu* may be explored as a broader traditional physiological concept relevant to research on body composition and metabolic health.

Meda Vriddhi

- *Meda Vriddhi* refers to an increase or excessive accumulation of *Meda* within the Ayurvedic framework. When considered alongside the classical description of *Sthaulya,* it provides a conceptual basis for investigating excessive body adiposity.
- However, *Meda Vriddhi* is not a standardized quantitative measurement equivalent to body-fat percentage. Its clinical interpretation depends on the Ayurvedic framework and the features used in examination.

Sthaulya and its Classical Description

Acharya Charaka describes *Atisthaulya* in *Charaka Samhita*, *Sutrasthana* 21, the *Ashtauninditiya* Adhyaya[1].

The classical description includes:

- ***Medomamsa Ativrddhatva***: excessive accumulation of *Meda* and *Mamsa*.
- ***Chala Sphik***: pendulousness or excessive enlargement of the buttocks.
- ***Chala Udara***: pendulousness or excessive enlargement of the abdomen.
- ***Chala Stana***: pendulousness or excessive enlargement of the breasts.
- ***Ayathopachaya***: disproportionate or abnormal bodily development.
- Reduced enthusiasm or physical capacity, as described in the classical verse.
- These features demonstrate that the Ayurvedic description of *Atisthaulya* is not limited to body weight. It includes body morphology and functional manifestations.
- *Charaka* also describes adverse consequences associated with *Atisthaulya*, including reduced longevity, impaired physical capacity, weakness, excessive sweating, and increased hunger and thirst. These descriptions should be interpreted within their original classical context rather than assumed to correspond directly to individual modern clinical diagnoses.

Sthaulya Nidana[2]

Excessive nourishment, habitual intake of heavy, sweet, cold and unctuous food, lack of exercise, celibacy/*Brahmacharya*, frequent day time sleep, constant cheerfulness, absence of mental effort, and genetic predisposition.

Sthaulya Samprapti

Due to excessive use of *Nidana*, *Sthaulya* arises from undigested *Anna Rasa* mixed with increased *kapha* and leads to *Shitheela dhatu* (loosening of *Dhatu*).

Manifestations of *Sthaulya*[3]

Breathlessness (*Shwasa*), fever (*Jwara*), abdominal enlargement or disorders (*Udara*), fistula-in-ano (*Bhagandara*), urinary disorders including *Prameha*, stiffness of the thighs (*Urustambha*), skin eruptions or boils (*Pitaka*), abscesses (*Vidradhi)*, and other diseases.

Sthaulya Ashtadosha

- ***Ayushohrasa*:** Shortened life span due to disproportionate accumulation of *Meda* and depletion of another *Dhatu*.
- ***Javoparodha*:** Restricted mobility resulting from the heaviness, softness and looseness of the body.
- ***Kricchravyavayata*:** Difficulty or incapacity in sexual activity due to an overabundance of *Meda* blocking the *Shukra* pathway.
- ***Daurbalyam*:** General debility from imbalance among *Dhatu.*
- ***Daurgandham*:** Foul body odor arising from the inherent nature of *Meda* and excessive sweating.
- ***Swedabadha*:** Profuse perspiration caused by the unctuous and mobile nature of vitiated *Meda* and *Kapha*.
- ***Kshudatimatram*:** Due to hyperactive *Agni*
- ***Pipasatiyogashcha*:** Increased movement of *Vata*.

Pathya for *Sthaulya*[4]

Physical exertion, mental activity, sexual activity, walking, honey, and staying awake, while consuming barley and *Shyamaka,* will certainly overcome excessive obesity.

Meda Dhatu Pariksha: A Proposed Clinical Framework

Meda Dhatu Pariksha, for the purpose of this review, refers to the systematic consideration of classical features associated with *Meda Dhatu* and its excessive accumulation. The exact assessment method should be defined explicitly in future research rather than assuming that a single universally standardized *Meda Dhatu* examination already exists.

A proposed examination may include the following domains:

Structural assessment

Observation of body proportions and the classical features of *Chala Sphik*, *Chala Udara*, and *Chala Stana* may be documented using predefined clinical criteria.

Functional assessment

Relevant classical features, including reduced physical enthusiasm or exercise tolerance, may be recorded systematically. Where possible, these should be supplemented by validated functional measurements rather than relying exclusively on subjective interpretation.

Nidana assessment

Dietary habits, physical activity, sleep patterns, and other factors relevant to *Santarpanajanya Vyadhi* may be documented through a structured clinical history.

Sthaulya Lakshana assessment

Medomamsa Ativrddhatva, *Chala Sphik*, *Chala Udara*, *Chala Stana, Ayathopachaya,* reduced enthusiasm or physical capacity these classical clinical features should be recorded.

Medovaha Srotas Dushti, Vriddhi, Kshaya assessment

The roots of the *Medovaha Srotas* are described as *Vapana* and *Meda*. *Vapana* is commonly interpreted

in the context of adipose or fat-related anatomical structures.

- ✓ Assessment of *Meda Dhatu Kshaya*[5]: Cracking of the joints, fatigue, tiredness of the eyes, and a reduction in the thickness, bulk or girth of the abdomen, spleen enlargement, joint emptiness, dryness, fatty meat desire are the symptoms of decreased *Meda Dhatu* (*Meda Kshaya*)."
- ✓ Assessment of *Meda Dhatu Vriddhi*[6]*: Meda* leads to oily body, abdominal/flank growth, cough, dyspnea, foul odor.

Anthropometric Tools for Assessing Body Adiposity

Contemporary assessment of adiposity employs several anthropometric and body-composition methods.

Body Mass Index[7]

- BMI is calculated as body weight in kilograms divided by the square of height in metres.
- BMI = Weight (kg) / Height $(m)^2$
- It is widely used for screening and classifying body weight. However, BMI does not directly quantify fat mass or distinguish between visceral fat, subcutaneous fat, and lean tissue.

Waist circumference

Waist circumference provides an accessible measure of abdominal size and can assist in identifying central adiposity. It is particularly useful when evaluating cardiometabolic risk in conjunction with other clinical parameters.

Waist-to-height ratio[8]

- Waist-to-height ratio is calculated by dividing waist circumference by height, using the same units for both measurements.
- This index provides a measure of abdominal size relative to stature and may complement BMI in evaluating central adiposity.
- $\text{WHtR} = \frac{\text{Waist Circumference (cm)}}{\text{Height (cm)}}$

WHtR	Classification	Health Risk
0.40–0.49	Healthy central adiposity	No increased risk indicated by WHtR
0.50–0.59	Increased central adiposity	Increased cardiometabolic risk
≥0.60	High central adiposity	Further increased cardiometabolic risk

Body Adiposity Index[9]

- Body Adiposity Index was proposed by Bergman and colleagues in 2011 as an anthropometric method for estimating body-fat percentage using hip circumference and height.
- BAI = Hip circumference (cm) / Height $(m)^{1.5}$ – 18
- Although initially proposed as an alternative to BMI-based assessment, subsequent validation studies have identified limitations in its accuracy and ability to estimate body-fat percentage at the individual level.
- Therefore, BAI should be treated as an exploratory or supplementary research variable rather than a definitive measure of adiposity. Where feasible, validated body-composition methods such as dual-energy X-ray absorptiometry or bioelectrical impedance analysis may provide additional information.

Waist-to-Hip Ratio (WHR)[10]

Waist-to-Hip Ratio (WHR) is an anthropometric measurement used to assess abdominal fat distribution and central obesity. It is an important indicator of metabolic and cardiovascular health risks.

Formula: $\text{WHR} = \frac{\text{Waist Circumference (cm)}}{\text{Hip Circumference (cm)}}$

WHO Classification of WHR		
Category	**Male**	**Female**
Lower risk	≤0.90	≤0.85
Increased risk (central obesity)	>0.90	>0.85

Criteria to screen for excess adiposity and diagnose overweight and obesity in nonpregnant adults[11]

Condition	Criteria for people with non-Asian background	Criteria for people with Asian background
Excess adiposity	BMI ≥25 kg/m^2	BMI ≥23 kg/m^2
Overweight	BMI 25–29.9 kg/m^2 with WHtR <0.5 or BMI 25–29.9 kg/m^2 with WC <88 cm in women; BMI 25–29.9 kg/m^2 with WC <102 cm in men	BMI 23–27.4 kg/m^2 with WHtR <0.5 or BMI 23–27.4 kg/m^2 with WC <80 cm in women; BMI 23–27.4 kg/m^2 with WC <90 cm in men

Obesity	BMI ≥30 kg/m² or BMI 25–29.9 kg/m² with WHtR ≥0.5 or BMI 25–29.9 kg/m² with WC ≥88 cm in women; BMI 25–29.9 kg/m² with WC ≥102 cm in men	BMI ≥27.5 kg/m² or BMI 23–27.4 kg/m² with WHtR ≥0.5 or BMI 23–27.4 kg/m² with WC ≥80 cm in women; BMI 23–27.4 kg/m² with WC ≥90 cm in men

Conceptual Correlation Between *Meda Dhatu Pariksha* and Modern Anthropometry

The potential relationship between classical Ayurvedic features and contemporary anthropometric measurements is best considered at the level of observable clinical characteristics.

Ayurvedic feature	Potential modern assessment	Nature of comparison
Meda Vriddhi	Body-fat percentage and body-composition assessment	Conceptual comparison of excessive tissue or fat accumulation.
Chala Sphik	Hip circumference	Comparison of gluteal-region morphology
Chala Udara	Waist circumference	Comparison of abdominal size
Ayathopachaya	BMI and body-proportion measurements	Comparison of overall body dimensions
Reduced physical enthusiasm	Validated physical-function or activity assessment	Comparison of functional limitations
Sthaulya Lakshana	Combined anthropometric and clinical assessment	Multidimensional clinical comparison
Medovaha Srotas-related concepts	Relevant metabolic investigations	Exploratory relationship; no direct equivalence established

- ✓ These associations should be treated as research hypotheses. For example, hip circumference measures the circumference of a body region, but it does not directly measure *Meda Dhatu* or establish the presence of excessive adiposity.
- ✓ Similarly, *Medovaha Srotas* is an Ayurvedic conceptual framework and cannot be directly diagnosed through a single modern laboratory test. An integrated assessment would therefore retain separate Ayurvedic and modern variables, allowing their associations to be investigated without assuming that they represent the same underlying construct.

DISCUSSION

- ➢ The assessment of body adiposity is an important component of obesity-related research because excess adiposity and its distribution are associated with several chronic metabolic conditions. Although BMI remains a practical screening tool, its limitations have encouraged the use of complementary measurements such as waist circumference, waist-to-height ratio, and body-composition analysis.
- ➢ The Ayurvedic concept of *Sthaulya* provides a broader clinical description of excessive tissue accumulation, body disproportion, and functional impairment. In particular, the classical descriptions of *Chala Sphik* and *Chala Udara* provide observable features that can be documented alongside hip and waist circumference.
- ➢ The conceptual relationship between *Meda Vriddhi* and excessive adiposity is potentially useful for developing research questions. Nevertheless, *Meda Dhatu* encompasses a broader set of traditional physiological meanings than modern adipose tissue. Consequently, the two should not be considered interchangeable.
- ➢ The Body Adiposity Index offers an example of a modern anthropometric variable that may be investigated alongside classical *Sthaulya* features. Its calculation from hip circumference and height makes it relevant to research exploring body morphology. However, published evidence has identified substantial individual errors in estimating body-fat percentage, limiting its suitability as an independent diagnostic measure.
- ➢ A more robust research approach would include BMI, waist circumference, waist-to-height ratio, and a validated body-composition measure when available. Classical *Sthaulya* features could be documented separately using a predefined assessment tool. Statistical analyses could then determine whether individual Ayurvedic features are associated with anthropometric measurements, body-fat percentage, or metabolic outcomes.
- ➢ Such research should consider age, sex, ethnicity, physical activity, and other factors that influence body composition. In the Indian population, the selection of anthropometric thresholds should also follow appropriate population-specific clinical guidance.
- ➢ The principal contribution of this integrative approach is not to claim that Ayurvedic and modern measurements are identical, but to investigate whether classical clinical observations

provide complementary information about body morphology and functional status.

RESULTS

- ✓ The comparative review indicates that certain clinical features described in *Sthaulya*, such as increased body bulk, excessive fat accumulation, and characteristic changes in body contour, may be explored alongside modern anthropometric indicators. However, *Meda Dhatu Pariksha* encompasses broader Ayurvedic clinical concepts and cannot be considered directly equivalent to any single modern adiposity index.
- ✓ Overall, the findings support the potential value of integrating Ayurvedic clinical assessment with standardized anthropometric measurements in future research.

Future Research Directions

- ✓ Future research may focus on developing and validating a structured *Meda Dhatu Pariksha* assessment tool.
- ✓ An observational study could recruit adults undergoing clinical evaluation for *Sthaulya* and record classical Ayurvedic features alongside BMI, waist circumference, waist-to-height ratio, and body-fat percentage.

Limitations

- ✓ The proposed correlations between *Meda Dhatu Pariksha* and modern anthropometric measurements are conceptual and have not been established as diagnostic equivalences.
- ✓ The interpretation of classical Ayurvedic features may vary according to textual interpretation and clinical practice. In addition, BAI has recognized limitations in estimating body-fat percentage. Therefore, the proposed framework should not be used as a substitute for validated obesity assessment or clinical evaluation.

CONCLUSION

- ✓ *Meda Dhatu Pariksha* provides a traditional Ayurvedic framework for examining features associated with *Meda Vriddhi* and *Sthaulya*. Classical descriptions of body morphology and functional limitations offer potential areas for systematic clinical documentation alongside contemporary anthropometric measurements.
- ✓ The integration of Ayurvedic clinical assessment with BMI, waist circumference, waist-to-height ratio, and validated body-composition methods may provide a useful framework for investigating the relationship between classical descriptions and measurable characteristics of adiposity.
- ✓ However, the conceptual relationship between *Meda Dhatu*[12] and modern adipose tissue requires careful interpretation. Further observational and validation studies are necessary before a standardized *Meda Dhatu Pariksha* instrument can be recommended for clinical assessment of body adiposity.

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