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## REVIEWER'S REPORT

Manuscript No.: IJAR-58223

Title: *Sthaulya as a Santarpanottha Vyadhi: A Comprehensive Review of Ayurvedic Pathogenesis and Management*,

### Recommendation:

Accept after minor revision

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer's ID: JPR-Bilqees Hamza

### Detailed Reviewer's Report

#### Overview of the Article

The manuscript titled "*Sthaulya as a Santarpanottha Vyadhi: A Comprehensive Review of Ayurvedic Pathogenesis and Management*" offers a rigorous narrative analysis that bridges classical Ayurvedic etiopathology with contemporary metabolic research. The review positions *Sthaulya* (obesity) within the traditional framework of *Santarpanottha Vyadhi*—pathological conditions induced by over-nourishment, excessive caloric intake, and sedentary lifestyles. Rather than treating obesity merely through the quantitative prism of body mass index (\$BMI\$), the paper synthesizes classical insights from foundational texts like the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* to evaluate the disease as a complex, multi-systemic metabolic disturbance involving qualitative tissue impairment and channel obstruction.

The primary scholarly contribution of this study lies in its structured consolidation of the *Samprapti* (pathogenesis) of obesity, mapping it directly to modern pathological markers like insulin resistance, adipogenesis, and altered lipid homeostasis. By treating *Sthaulya* as a functional disruption of *Agni* (metabolic fire) and *Srotas* (micro-channels), the author outlines a comprehensive therapeutic strategy that extends beyond standard caloric restriction. This integrative matrix provides clinical and preventive frameworks that emphasize metabolic correction, tissue rebalancing, and systemic purification, offering highly valuable insights to the contemporary discourse on lifestyle and metabolic disorders.



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A significant strength of this manuscript is its systematic structural mapping of the *Samprapti Ghataka* (pathogenic components). The author provides an exceptionally clear, sequential breakdown of the disease cycle, tracking the progression from baseline *Agnimandya* (weakened digestive fire) to *Kapha-Medo Vridhhi* (abnormal fat accumulation), which induces *Srotorodha* (channel encumbrance). The inclusion of a dedicated table detailing the specific involvements of the *Dosha* (*Kapha* dominant with *Vata* involvement), *Dushya* (*Meda, Mamsa, Rasa*), and *Srotodushti* (*Sanga* or obstruction) gives the paper strong technical clarity and ensures replicable conceptual reference for future academic studies.

Furthermore, the paper possesses notable scholarly merit due to its inclusion of recent, high-impact clinical protocols and systematic reviews spanning up to 2025. By linking classical actions like *Deepana* (appetite stimulation), *Pachana* (digestive correction), and *Lekhana* (scraping of tissues) to contemporary pharmacodynamics, the text brings modern relevance to traditional formulations. The integration of recent clinical trial evidence for multi-herbal compound drugs—such as *Triphala Guggulu*, *Navaka Guggulu*, and *Arogyavardhini Vati*—alongside single herbal extracts like *Garcinia cambogia* (*Vrikshamla*) and *Sphaeranthus indicus*, provides a robust, evidence-based justification for using Ayurvedic therapeutics in modern public health strategies.

### Recommendations for Comprehensive Revision

To optimize the manuscript for publication in top-tier, globally indexed medical journals, several targeted enhancements should be addressed during the revision process. The first recommendation focuses on elaborating the specific biological mechanisms that link the Ayurvedic *Samprapti* to contemporary metabolic pathways. While the author correctly notes that *Srotorodha* matches impaired vascular and metabolic functions, and *Medodhatvagni Mandya* aligns with altered lipid metabolism, the text leaves these connections somewhat broad. The paper would be significantly strengthened by explicitly discussing how *Srotorodha* operates as a classical descriptor for endothelial dysfunction, chronic low-grade tissue inflammation, or adipose tissue hypoxia. Deepening these comparative mechanisms will elevate the study's analytical depth and bridge the two medical paradigms more effectively.

The second recommendation targets the precision and balance of the *Vihara Chikitsa* (lifestyle modification) and *Yoga* management sections. The manuscript provides a valuable list of recommended *Asanas*—such as *Surya Namaskara*, *Trikonasana*, and *Bhujangasana*—as well as *Pranayama* practices like *Kapalabhati*. However, it does not outline the underlying physiological or neuroendocrine mechanisms through which these practices alleviate obesity. The revision should explicitly integrate evidence demonstrating how regular yoga reduces cortisol production, stabilizes the hypothalamic-



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pituitary-adrenal (\$HPA\$) axis, and modulates autonomic tone to curb stress-induced emotional overeating, which is a key psychological factor identified in the text.

The third recommendation involves providing clearer guidance on the clinical implementation of *Shodhana Chikitsa* (purification therapies). The author highlights the utility of *Vamana*, *Virechana*, and *Lekhana Basti* for managing *Kapha-Meda* dominance. To make this actionable for researchers and clinicians, the manuscript needs to include specific criteria regarding patient selection, staging, and contraindications. For instance, the author should clarify the clinical indicators that dictate when a practitioner should transition a patient from initial *Shamana* (palliative) therapies to aggressive *Shodhana* protocols, and discuss how these purificatory procedures safely interrupt the *Vata Avarana* (confinement of *Vata*) that drives hyper-appetite and progressive fat accumulation.

Finally, the literary formatting of the manuscript should be streamlined to match rigorous peer-review standards. In the introductory references and text sections, formatting features such as the textual depiction of "Figure 1" lack an actual corresponding graphical diagram or schematic workflow. The author should either insert the visual flow diagram tracking the steps from *Santarpana Nidana* to progressive *Sthaulya*, or adjust the textual layout to ensure smooth readability. Additionally, updating the "Review of Literature" or material search description to show a clearer synthesis of database timelines will reinforce the overall methodological transparency of this review.

### Recommendation for the journal editor

This manuscript provides a thorough, well-documented, and highly relevant analysis of *Sthaulya* as a classic *Santarpanotha Vyadhi*. It successfully demonstrates that the traditional Ayurvedic principles of metabolic restoration, channel clearing, and etiologically driven lifestyle modification align closely with modern comprehensive approaches to obesity management. The text skillfully blends classical textual foundations with recent clinical evidence, making it an excellent resource for integrative medicine research.

The current limitations of the paper are administrative and structural rather than conceptual. Expanding the comparative metabolic discussion, detailing the neuroendocrine benefits of yoga, and formatting the pathogenic figures will solidify the manuscript's academic impact. Therefore, this paper is recommended for publication subject to Minor Revision. Implementing these refinements will ensure the article serves as an authoritative and widely cited contribution to the field of Ayurvedic metabolic research and lifestyle medicine.