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Understanding The Role Of Dietary Quality And Nutrient Composition In Food W.S.R. Obesity

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Abstract

Obesity is a major public health issue shaped by many factors beyond simple calorie intake, with nutrient composition and overall dietary quality playing crucial roles in metabolic health and the regulation of weight gain. Obesity is better understood as a metabolic and nutritional disorder rather than simply a calorie issue. Dietary quality and nutrient composition strongly shape metabolic health, with processed, calorie-dense foods promoting dysfunction and whole, nutrient-rich foods supporting healthy weight management. Effective obesity management must go beyond calorie counting and focus on improving dietary quality. Prioritizing whole, nutrient-dense foods in public health strategies can support more sustainable and effective obesity prevention and management. A literature review was conducted to analyze studies on food quality, nutrient composition, and their relationship with metabolism and obesity, with the aim of critically evaluating how dietary quality and nutrient composition influence obesity and overall metabolic health.

Keyword - Obesity, Caloric intake, Diet quality, processed foods, Physical activity.

Introduction

Since the Vedic era, food has been considered fundamental to health and life. It is described as the source of vitality and strength and is regarded as one of the three sub-pillars (*Upasthambha*) sustaining life. ^[1] *Ayurveda* prescribes specific guidelines to be followed before selecting or consuming a meal. There are eight things to consider before eating, according to *Acharya Charaka's* dietetics rule, also known as *Aharvidhivisheshayatane*. ^[2]

These include nature (*Prakriti*), processing (*Karana*), combination (*Samyoga*), quantity (*Rashi*), place (*Desha*), time (*Kala*), rules of consumption (*Upayoga Sanstha*), and the individual consuming the food (*Upayokta*) ^[3]. *Dvadaspravichara* are the rules, according to *Acharya Sushruta*. According to *Acharya Sushruta*, *Dvadasa Pravichara* (twelfefold consideration) provide further dietary rules. Following these twelve dietary guidelines which place an emphasis on factors like age, temperament, and conduciveness will help you stay healthy. The six elements that affect food digestion are heat (*Pitta, Agni*), *Vayu, Kleda* (moisture), unctuousness, administration time, and *Samyoga* or food administration. ^[4] The central aim of these guidelines is to preserve health and prevent disease.

Traditionally, obesity has been explained through the energy balance model, where weight gain results from consuming more calories than are expended. However, this calorie-centric model overlooks critical factors

influencing how the body processes and stores energy. Emerging research highlights that not all calories are metabolically equal. Diets rich in ultra-processed foods, refined sugars, and industrial seed oils can disrupt hormonal balance, increase insulin resistance, and promote chronic inflammation, all of which contribute to fat accumulation and weight gain.

Prevalence of Obesity

Obesity has reached epidemic proportions globally, with the World Health Organization (WHO) estimating that over 1 billion people are overweight or obese 650 million adults, 340 million adolescents, and 39 million children as per recent data. ^[5] In many countries, particularly in low- and middle-income regions, obesity rates are rising at alarming rates, often coexisting with under nutrition in a phenomenon referred to as the “double burden of malnutrition.” ^[6]

Need for the Study

While traditional approaches to obesity have predominantly focused on caloric intake and energy balance, rising obesity rates despite widespread awareness of these principles suggest that this framework is incomplete. Emerging research indicates that diet quality, food composition, nutrient timing, hormonal responses, and the consumption of ultra-processed foods may play significant roles in obesity beyond simple caloric content. However, these factors are often underrepresented in mainstream public health strategies and clinical interventions. ^[7]

Justification of the Study

Despite decades of public health messaging emphasizing calorie restriction and increased physical activity, global obesity rates continue to rise. This trend indicates that the traditional model focusing solely on the balance between calories consumed and calories expended is insufficient to explain the complexity of obesity. Increasing evidence suggests that not all calories have the same metabolic effect and that diet quality, nutrient composition, food processing, hormonal responses, and gut health play critical roles in body weight regulation.

Modern diets are increasingly dominated by ultra-processed, high-sugar, and low-fiber foods, which may disrupt appetite regulation and impair insulin sensitivity factors often overlooked in calorie-based models. Additionally, psychological, cultural, and socioeconomic factors influencing food choices further complicate the relationship between diet and obesity.

Rationale

Ayurveda states that heavy, oily, sweet foods increase *Kapha* and lead to *Sthaulya*, while light, dry, and pungent foods help reduce excess fat and Yoga improves physical, mental, and digestive function—three key dimensions involved in obesity according to *Ayurveda*.

Aim: To critically explore how dietary quality and nutrient composition influence obesity and metabolic health.

Objectives:

1. To systematically review relevant scientific literature.
2. To assess the comparative role of processed and whole foods in obesity.
3. To explore alternative obesity management strategies from *Ayurvedic* and contemporary perspectives.
4. To provide integrative, evidence based recommendations for prevention and treatment

Methodology

Obesity has numerous origins and is a complicated problem. It results from excess calories being deposited as fat in the body. Most of the excess energy will be stored as fat in the body if you ingest large amounts of it, especially from foods high in fat and sugar, and do not expend it all through exercise.

Calories are the unit used to measure the energy content of food. A healthy weight requires roughly 2,500 calories per day for an average physically active man and 2,000 calories per day for an average physically active woman. Although this calorie count may seem high, it can be easily attained by eating specific kinds of food. For instance, consuming a big takeout hamburger, fries, and a milkshake can add up to 1,500 calories in a single meal.

Furthermore, a lot of people don't get the recommended amounts of physical activity for adults; therefore, extra calories are deposited as body fat.

Obesity and overweight are caused in part by dietary and lifestyle choices. Among the most typical ones are: consuming a lot of processed or fast food, which is heavy in sugar and fat. Excessive alcohol consumption since it is high in calories, eating a lot of food from restaurants, which may contain more fat and sugar; consuming more food than you require.^[8]

Excessive consumption of sugar-filled beverages, such as fruit juice and soft drinks. A person's low self-esteem or depressed moods are only two of the many other variables that can cause them to comfort eat. A nutritious diet has also become more challenging due to societal changes. Foods high in calories are now more affordable and easily accessible, and they are also widely promoted. Another significant factor associated with obesity is a lack of physical activity. Many people's employment requires them to spend the majority of the day seated at a desk. Additionally, they depend on their vehicles rather than cycling or walking. The additional energy you consume is retained by the body as fat if you are not active enough to use the energy from your food.

Overweight and obesity are linked to certain genes. Genes can influence how a person's body stores fat and converts food into energy. People's lifestyle choices might also be influenced by their genes. Losing weight is not impossible, but it may be more challenging if you have certain genetic features from your parents, such as a voracious appetite.

Obesity is frequently more related to environmental variables, such as childhood eating habits or difficulty accessing nutritious food. In some cases, underlying medical conditions may contribute to weight gain. These include some steroids, medicines for epilepsy and diabetes, and some medicines used to treat mental illness including some antidepressants and medicines for schizophrenia that can contribute to weight gain.

Methodology:

A comprehensive literature review was conducted using PubMed, Scopus, Google Scholar, AYUSH Research Portal, and classical *Ayurvedic* texts.

Obesity is a complex and multifactorial condition that arises from the chronic imbalance between energy intake and energy expenditure. It primarily results when excess calories, particularly from foods high in fat and sugar, are consumed and not adequately expended through physical activity. These surplus calories are stored in the body as adipose tissue, leading to weight gain over time.

Energy intake is typically measured in calories. According to general dietary guidelines, the recommended daily caloric intake is approximately 2,500 kcal for the average physically active male and 2,000 kcal for the average physically active female. While these figures may appear substantial, they are often quickly exceeded through the consumption of energy-dense meals. For instance, a single fast-food meal consisting of a large hamburger, fries, and a milkshake can provide up to 1,500 calories.

A sedentary lifestyle exacerbates the issue, as many individuals do not meet the recommended levels of physical activity. Consequently, unutilized energy is stored in the body as fat, contributing to overweight and obesity.^[8]

Contributing Factors to Obesity

This study considers a range of etiological factors based on the current literature and *Ayurvedic* understanding. Key contributors include:

- 1. Dietary Patterns:** High consumption of ultra-processed and fast foods, often rich in added sugars and unhealthy fats, is a leading cause of excessive caloric intake. Frequent dining out, consumption of sugary beverages (e.g., soft drinks and fruit juices), and habitual overeating further contribute to weight gain.
- 2. Lifestyle Behaviors:** A lack of physical activity is prevalent due to increasingly sedentary occupations and modern conveniences such as automobiles and electronic entertainment, which reduce daily energy expenditure.
- 3. Psychosocial Factors:** Emotional eating, low self-esteem, and psychological stress often linked to depression and anxiety are associated with increased food intake, especially of comfort foods high in sugar and fat.

4. Societal and Economic Influences: Modern societal structures have made calorie-dense, nutrient-poor foods more affordable and widely available. Aggressive marketing strategies and limited access to fresh, healthy food options (particularly in low-income communities) further aggravate the problem.

5. Genetic Predisposition: Genetic factors influence individual variability in fat storage, appetite regulation, and metabolic rate. Inherited traits such as a predisposition to high appetite or low satiety may make weight management more difficult for some individuals.

6. Medical and Pharmacological Factors: Certain health conditions and medications can contribute to weight gain. These include corticosteroids, medications for epilepsy and diabetes, as well as psychiatric drugs such as antidepressants and antipsychotics.

7. Environmental and Developmental Factors: Childhood dietary habits, parental influence, and limited access to nutritious foods during early development can establish lifelong patterns associated with obesity.

Obesity (*Sthaulya*) Prevention & Management in Ayurveda

1. Dietary Interventions (*Āhāra*)

Ayurveda places diet as the foundation of health. In obesity (*Sthaulya*), foods that balance *Kapha* and improve Agni (metabolic fire) are emphasized.

- **Whole grains** such as barley (*Yava*), millet, red rice, and green gram are encouraged because they are *ruksha* (light/dry) and reduce *Kapha*.^[9]
- **Vegetables**—especially bitter and astringent types (bitter melon, leafy greens)—help reduce fat accumulation.^[10]
- **Spices** such as ginger, turmeric, black pepper, and cumin enhance digestion and metabolism (*Deepana–Pachana* actions).
- Avoid processed, oily, fried, and sugary foods, as these increase *Kapha* and *Meda Dhatu* (fat tissue).

2. Eating Principles (*Āhāra Vidhi*)

- **Mindful eating:** Eating with awareness improves digestion and prevents overeating.^[11]
- **Eat only on true hunger signals** (*Kshudha*), not emotional triggers.
- **Avoid *Viruddha Āhāra*** (incompatible food combinations), such as fruit with dairy, fish with milk, or heating honey.^[12]
- **Avoid frequent snacking:** *Ayurveda* recommends structured meals to maintain digestive rhythm (*Agni*).
- **Proper food timing:** Largest meal during midday when Agni is highest.

3. Lifestyle Interventions (*Vihāra*)

Ayurveda recommends daily routines (*Dinacharya*) and active lifestyle habits for maintaining metabolic health.

Recommendations

- **Dinacharya:** waking early, tongue scraping, oil pulling, bathing, and regular routines promote physical and mental balance.^[13]
- **Daily exercise** (*Vyayama*): Walking, brisk activity, strength training all recommended reducing *Kapha* and fat tissue.^[14]
- **Adequate sleep:** Both too much sleep and too little sleep aggravates *Kapha* or *Vata*, influencing weight gain.

4. Yoga & Mind Body Practices

Ayurveda integrates yoga as part of lifestyle to maintain metabolic balance, reduce stress, and improve digestion.

- **Surya Namaskar:** A full-body sequence that enhances metabolism, circulation, and overall energy expenditure.
- **Kapalbhati:** Stimulates abdominal organs, enhances fat metabolism, and balances *Kapha dosha*.^[15]

- **Meditation and breathwork:** Reduce stress-driven eating and normalize cortisol levels, indirectly supporting weight management.
- **Pranayama:** Techniques like *Anulom-Vilom* support emotional regulation and digestive balance.

Gheranda Samhita

Discussion:

Evidence suggests that macronutrient distribution, particularly the balance of carbohydrates, fats, and proteins, plays a key role in satiety, energy partitioning, and fat storage.

For instance, high-glycemic-load diets can lead to rapid spikes in blood glucose and insulin, promoting lipogenesis and suppressing lipolysis. Frequent consumption of ultra-processed foods may override natural hunger cues and reduce energy expenditure by affecting thermogenesis and hormonal regulation. Furthermore, dietary fiber and polyphenol intake may influence energy extraction from food and modulate systemic inflammation, a known factor in obesity.^[16] Gut microbiota perform three main physiological functions: digestion, vitamin synthesis, and metabolism. Reports show that gut microbiota can increase energy extraction from food, induce low-grade inflammation, and affect fatty acid composition in tissues. Obesity and the gut microbiota may be linked by these mechanisms.^[17]

Low-carbohydrate and ketogenic diets, although sometimes equal in calories to low-fat diets, have shown differing effects on body composition, metabolic markers, and appetite regulation. This indicates that the source and quality of calories matter significantly. These findings challenge public health strategies that focus solely on caloric restriction and highlight the need for a broader understanding of how dietary patterns influence metabolic health.

Conclusion:

A calorie is not simply a calorie when it comes to obesity. The hormonal, metabolic, and inflammatory responses elicited by different types of food can profoundly influence weight gain and fat storage, independent of caloric intake. Addressing obesity requires moving beyond calorie counting to consider food quality, nutrient density, and metabolic context. Future interventions should prioritize whole foods, minimize ultra-processed products, and consider individual metabolic responses to improve long-term outcomes in obesity prevention and treatment.

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