

AYURVEDIC MANAGEMENT OF STHOULYA (OBESITY) – A SINGLE CASE STUDY

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ABSTRACT

Sthoulya (Obesity) is a Santarpanajanya Vyadhi described elaborately in Ayurvedic classics, characterized by excessive accumulation of Meda Dhatu leading to pendulous movement of Sphik, Udara, and Stana along with reduced physical activity, dyspnea, fatigue, and metabolic disturbances. It primarily involves vitiation of Kapha Dosha with obstruction of Vata due to excessive Meda, resulting in impaired Dhatvagni and Medodhatvagni. In contemporary science, Sthoulya can be correlated with obesity, a major lifestyle disorder associated with increased risk of diabetes mellitus, hypertension, dyslipidemia, and cardiovascular diseases. Ayurveda emphasizes Nidana Parivarjana, Shamana, and Shodhana therapies like Rukshana, Udvartana, Vamana, Virechana, and Basti along with Medohara Ahara-Vihara. The present case study evaluates the efficacy of Ayurvedic management including Shamana Aushadhi and Panchakarma procedures in the management of Sthoulya, showing significant reduction in body weight, BMI, and associated symptoms, thereby improving the quality of life of the patient.

KEYWORDS: Sthoulya, Obesity, Medoroga, Lifestyle disorder, Ayurveda.

INTRODUCTION

Ayurveda, the science of life, emphasizes equilibrium of Dosha, Dhatu, Mala, and Agni for the maintenance of health, and any disturbance in this equilibrium leads to manifestation of disease. This concept is clearly stated by Acharya Charaka, who defines health as the balanced state of Dosha, Agni, Dhatu, and Mala along with proper functioning of Atma, Indriya, and Manas.^[1] Sthoulya is described as one of the eight undesirable physical constitutions (Ashta-Nindita Purusha) by Acharya Charaka, indicating its pathological nature and adverse impact on health and longevity.^[2] Sthoulya is classified under Santarpanajanya Vyadhi, arising due to excessive

intake of Madhura, Snigdha, Guru Ahara, along with sedentary lifestyle, lack of physical activity, and excessive sleep, which lead to Kapha and Meda aggravation.^[3]

Acharya Charaka states

“अतिस्थूलः अतिदीर्घश्च निन्दितौ पुरुषौ स्मृतौ”

(Charaka Samhita, Sutrasthana 21)^[2]

The pathogenesis of Sthoulya involves Meda Dhatu Vriddhi and Medovaha Srotodushti, resulting in obstruction (Avarana) of Vata Dosha. This Avarana leads to impaired movement of Vata, causing further

derangement of Dhatvagni and progression of disease.^[4] In contemporary medical science, obesity is defined as abnormal or excessive fat accumulation that presents a risk to health and is commonly assessed using Body Mass Index (BMI ≥ 30 kg/m²).^[5] Obesity has emerged as a global epidemic, largely attributed to rapid urbanization, unhealthy dietary patterns, reduced physical activity, and sedentary lifestyles.^[6]

Ayurveda provides a holistic approach for the management of Sthoulya through Nidana Parivarjana (avoidance of causative factors), Ahara and Vihara regulation, Panchakarma therapies, and administration of Medohara Aushadhi, aiming at correction of Dosha imbalance, enhancement of Agni, and reduction of Meda Dhatu.^[7-8]

MATERIAL AND METHODS

Method

Single Case Study.

Materials

Classical Ayurvedic texts, Panchakarma procedures, Shamana Aushadhi.

Place of Study

PG Department of Kayachikitsa,
Lakshmanrao Kalasapurkar Ayurvedic Rugnalaya,
Yavatmal
Affiliated to DMM Ayurved College, Yavatmal

AIMS AND OBJECTIVES

To study Sthoulya according to Ayurvedic principles
To evaluate the efficacy of Ayurvedic management in Sthoulya
To assess improvement in body weight, BMI, and clinical symptoms

CASE STUDY

A 38-year-old female patient visited the Kayachikitsa OPD with the following complaints:

Chief Complaints

Excessive weight gain
Fatigue on mild exertion
Excessive sweating
Dyspnea on exertion
Heaviness in body
Increased appetite
Duration: 4 years

HISTORY OF PRESENT ILLNESS

The patient was apparently healthy 4 years back. Gradually she noticed excessive weight gain despite normal daily routine. She developed fatigue, breathlessness while walking, excessive sweating, and heaviness in the body. Appetite was increased with craving for sweet and oily food. Due to sedentary lifestyle and desk work, symptoms gradually worsened. She had tried diet control intermittently but without

sustained benefit. Hence, she approached the Ayurvedic hospital for further management.

PAST HISTORY

No history of DM, HTN, Thyroid disorder
No major illness or surgery

FAMILY HISTORY

Mother – Obese
No hereditary metabolic disorders

PERSONAL HISTORY

Diet: Mixed diet, excessive intake of sweets and fried food
Appetite: Increased
Sleep: Sound
Bowel: Once daily
Micturition: Normal
Exercise: Nil

RUGNA PARIKSHA

Nadi: 88/min
Mala: Samyak
Mutra: Samyak
Jivha: Sama
Shabda: Spashta
Sparsha: Snigdha
Aakruti: Sthula

GENERAL EXAMINATION

Weight: 86 kg
Height: 155 cm
BMI: 35.8 kg/m² (Obese class II)
BP: 130/90 mmHg
Pulse: 88/min

SYSTEMIC EXAMINATION

CVS: S1 S2 normal
RS: AEBE clear
CNS: Conscious, oriented
Abdomen: Soft, non-tender

INVESTIGATIONS

Hb – 12.1 gm%
FBS – 98 mg/dl
PPBS – 124 mg/dl
Lipid profile – Mild dyslipidemia

SAMPRAPTI (Pathogenesis)

Nidana → Kapha Prakopa → Meda Dhatu Vriddhi →
Medovaha Srotodushti →
Avarana of Vata → Dhatvagni Mandya → Sthoulya

DIAGNOSIS

Based on classical Lakshanas and investigations:
Sthoulya (Obesity)

TREATMENT PLAN

Shamana Chikitsa

Drug	Dose	Duration	Anupan
Triphala Guggulu	500 mg BD	45 days	Koshna Jala
Mustadi Kwath	30 ml BD	45 days	
Varunadi Kwath	30 ml BD	45 days	
Medohar Vati	500 mg BD	45 days	Warm water
Triphala Churna	5 gm HS	45 days	Lukewarm water

Panchakarma Therapy

Udvartana with Triphala & Kolkulathadi Churna – 15 days

Lekhana Basti (Kala Basti pattern) – 16 days

DIET AND LIFESTYLE ADVICE

Laghu, Ruksha, Ushna Ahara

Avoid sweets, fried food, curd, day sleep

Daily walking for 45 minutes

Early dinner and regulated sleep

OBSERVATION AND RESULTS

Parameter	Before Treatment	After Treatment
Weight	86 kg	78 kg
BMI	35.8	32.4
Dyspnea	Present	Absent
Fatigue	Severe	Mild
Appetite	Excessive	Normal

DISCUSSION

Udvartana produces Rukshana and Lekhana effect, reducing Kapha and Meda. Lekhana Basti acts directly on Medovaha Srotas and corrects Vata Avarana. Triphala Guggulu and Mustadi Kwath enhance Medodhatvagni and reduce lipid accumulation. Dietary regulation and physical activity support sustained weight loss and metabolic correction.

CONCLUSION

The present case study demonstrates that Ayurvedic management with Shamana Aushadhi, Panchakarma procedures, and lifestyle modification is effective in the management of Sthoulya. Significant reduction in weight, BMI, and associated symptoms was observed without adverse effects. Ayurveda thus offers a holistic, safe, and sustainable approach for obesity management.

REFERENCES

1. Agnivesha, Charaka Samhita, elaborated by Charaka and redacted by Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprint Edition 2018, Sutrasthana 15/41, Page No. 93.
2. Agnivesha, Charaka Samhita, with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprint Edition 2018, Sutrasthana 21/3, Page No. 116.
3. Agnivesha, Charaka Samhita, with Vidyotini Commentary by Pt. Kashinath Shastri & Dr. Gorakhnath Chaturvedi, Chaukhamba Bharati Academy, Varanasi, Reprint Edition 2017, Sutrasthana 23/6 (Santarpaniya Adhyaya), Page No. 324.
4. Madhavakara, Madhava Nidana, with Madhukosha Commentary by Vijayarakhita & Shrikantadatta, edited by Yadunandana Upadhyaya, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint Edition 2014, Medoroga Nidana 34/1–5, Page No. 512–514.
5. World Health Organization (WHO), Obesity and Overweight – Fact Sheet, WHO Press, Geneva, 2023, Page No. 1–3.
6. Harrison's Principles of Internal Medicine, edited by Dennis L. Kasper et al., McGraw Hill Education, 20th Edition, 2018, Chapter: Obesity and Metabolic Syndrome, Page No. 2839–2847.
7. Bhavamishra, Bhavaprakasha, with Vidyotini Commentary by Dr. Bulusu Sitaram, Chaukhamba Orientalia, Varanasi, Reprint Edition 2016, Purva Khanda, Medoroga Adhikara, Page No. 274–277.
8. Vangasena Samhita, edited by Nirmal Saxena, Chaukhamba Krishnadas Academy, Varanasi, Reprint Edition 2013, Medoroga Chikitsa Adhyaya, Page No. 409–412.