



INTEGRATED AYURVEDIC MANAGEMENT OF STHAULYA (OBESITY) IN A SEDENTARY PROFESSIONAL: A CASE REPORT

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ABSTRACT

Obesity (Sthaulya) is a rising global health concern. Ayurveda provides a holistic approach, analyzing Prakriti (~natural constitution), Vikriti (~imbalances), and lifestyle factors such as diet, sleep, and daily routine. A 32-year-old female corporate professional developed Sthaulya due to prolonged sitting and sedentary habits. The patient underwent Basti therapy followed by Shamana treatment, targeting imbalances in Medovaha Srotas (fat-carrying channels). Lifestyle modifications, including regulated sleep, balanced diet, and structured exercise, were emphasized. Ayurvedic management using Shodhana and Shamana therapies resulted in improved BMI, reduced symptoms, and positive changes in metabolic parameters. Lifestyle-induced Sthaulya requires comprehensive management. This case demonstrates the effectiveness of combining Ayurvedic therapies with lifestyle regulation.

KEYWORDS :

INTRODUCTION

Obesity has become one of the major public health problems worldwide, and its prevalence is increasing steadily. It is commonly assessed using the Body Mass Index (BMI), which is calculated from a person's height and weight. According to the World Health Organization, a BMI between 25 and 29.9 kg/m² is considered overweight, while a BMI of 30 kg/m² or more is classified as obesity. Obesity is further divided into Class I (30–34.9 kg/m²), Class II (35–39.9 kg/m²), and Class III (≥40 kg/m²). Although BMI does not directly measure body fat, it remains a simple, practical, and widely accepted method for assessing overweight and obesity in both men and women.

In Ayurveda, obesity can be correlated with *Sthaulya*, a condition mainly caused by excessive accumulation of *Meda Dhatu* (~fat tissue). *Acharya Charaka* describes a *Sthoola* (~obese) person as one who has excessive deposition of fat and flesh, leading to disproportionate enlargement of the abdomen, buttocks, and breasts, while physical strength and enthusiasm remain comparatively low. This condition closely resembles the modern understanding of obesity, where altered fat metabolism leads to excessive fat accumulation in the body.

The increasing prevalence of obesity is mainly linked to unhealthy dietary habits and a sedentary lifestyle. The easy availability of calorie-rich foods, reduced physical activity, prolonged sitting, and lack of regular exercise have significantly contributed to this growing problem. Although genetic factors, hormonal disorders, certain medical illnesses, and psychological conditions may also play a role, they account for only a small proportion of cases. Obesity not only affects physical health but also has a considerable impact on mental and social well-being.

According to Ayurveda, excessive intake of *Kapha*-promoting foods, day sleep, lack of physical activity, and hereditary factors are important causes of *Sthoulya*. Therefore, the treatment focuses on correcting the imbalance of *Kapha* and *Vata do as*, improving metabolism, and reducing excess *Meda Dhatu*, thereby helping to restore normal body weight and overall health.

This case highlights how Ayurvedic therapies, combined with lifestyle modifications, can reverse obesity caused by modern desk-bound routines.

Patient Information

- A case of a 32-year-old female patient, a corporate employee with a job requiring prolonged sitting and suffering from *Sthaulya*, has been presented here.
- Due to Work Stress and irregular sleeping and eating patterns, the patient had symptoms (for the last 6 months)
 - Constipation (*Malabaddhata*)
 - Increased Hunger (*Atikshudha*)
 - Increased body weight (*Bharvruddhi*)
 - Difficulty in walking (*Gamane kashata*)
 - Breathlessness on exertion (*Aysenshwaskashata*)
 - Backache and Knee joint pain (*Kati-Janusandhishoola*)

Table No. 1: Anthropometry and Personal History

BLOOD PRESSURE	130/80 mmHg
PULSE	78/min
HEIGHT	150 cms
WEIGHT	93 kg
BMI	41.33 kg/m ²
C.C	114 cms
A.C.	118 cms
M.A.C.	Rt hand 34 cms and Lf hand 35 cms
M.T.C	Rt leg 61 cms and Lf leg 59 cms
W.C.	116 cms
H.C.	134 cms
BOWEL	Irregular, 1 time/ 1-2 days, hard consistency
SLEEP	Irregular and disturbed sleep
HABITS	Junk food and sweets
APPETITE	Increased

Diagnostic Criteria

- BMI ≥ 30 kg/m² (obesity)
- Waist-hip ratio assessment
- Mid-arm circumference
- Clinical features of *Sthaulya* (excessive fat, reduced enthusiasm, etc.)

Therapeutic Intervention

Table No. 2: Detailed Information About Day-to-day Treatment Mentioned

TIME	DISEASE CONDITION	TREATMENT
1/3/ 2025	Patient came to our OPD and was admitted for further treatment.	

1/3/2025 To 7/3/2025	- Constipation (Malabaddhata) - Increased Hunger (Atikshudha) - Increased body weight (Bharvruddhi) - Difficulty in walking (Gamane kashtata) - Breathlessness on exertion (Aysenshwas-kashtata) - Backache and Knee joint pain (Kati-Janusandhishoola) - Weight: 93 kgs	1. Snehapana with Tila taila for 4 days in increasing dose (Up to 170 ml) 2. Sarvang Abhyanga with Narayana Taila 3. Sarvang Baspa Svedana (For 2 days) 4. Virechana karma with Erana Sneh – 70 ml Dinadayala churna – 6 gm (On 7th day following abhyanga and svedana)
8/3/2025 To 9/3/2025	- Mild Weakness - Same as above - Weight: 89 kgs	Samsarjana krama
10/3/2025	Mild relief in backache	Started oral medications 5. Triphala guggulu – 2 tabs 3 times (Each tablet is 500 mg) 6. Varunadi kwatha – 40 ml 2 times 7. Navayasha loha – 3gms 2 times
11/3/2025 To 30/3/2025	- Mild relief in all the above-mentioned symptoms - Weight: 80 kgs	8. Sarvanga Udavartana with Yava churna followed by Sarvanga Baspa Svedana 9. Niruha Basti with Lekhana Dravya Kwatha basti – 320 ml 10. Kati basti with Naryana Taila 11. Upanaha swedana with Nirgundi patra at both knee joints All these with oral medications
31/3/2025	Patient is discharged	Oral medications given at home with pathya – apanya chart

Outcome

Table No. 3: Clinical Outcome of Treatment

Parameter	Before Treatment	After Treatment
Body Weight	93 kg	80 kg
BMI	41.33 kg/m ²	35.55
A.C.	118 cms	108 cms
M.A.C.	Rt. hand 34 cms Lf. hand 35 cms	Rt hand 30 cms Lf hand 32 cms
M.T.C	Rt. leg 61 cms Lf leg 59 cms	Rt. leg 60 cms Lf leg 57 cms
W.C.	116 cms	109 cms
H.C.	134 cms	128 cms
S. Triglyceride	158	106
Total cholesterol	148	114
HDL	36	38

Table No. 4: Changes in Signs and Symptoms

Sr No.	Signs and Symptoms	Before Treatment	After Treatment
1	Ayasan Swaskashtata	++	-
2	Gamane Kastata	+++	+
3	Atikshudha	+++	++
4	Utsahahani	++	-
5	Gurugatrata	+++	+
6	Malbaddhta	+++	++

7	Amlodgara	+++	+
8	Janusandhi shoola	++	+
9	Katishoola	++	+

(3+ -severe, 2+ - moderate, 1+ - mild)

Table No. 5: Ahara Advised at Home

DAY	BREAKFAST	LUNCH	DINNER
MONDAY	Pippali sadhit ajadugdha	Bottle gourd sabji, jowar chapati	Khandavi made from green gram
TUESDAY	Mudga-amalaka yusha	Boiled green gram Barley flour chapati Simple cooked pumpkin	Boiled carrot or carrot soup Green gram flour chapati or paratha (fried with cow ghee)
WEDNESDAY	Jeeraka Siddha Jala	Ridge gourd sabji	Green gram chila
THURSDAY	Plain Puffed rice	Sponge gourd sabji	Khichdi Jeeraka siddha Takra
FRIDAY	Pippali sadhit ajadugdha	Spinach sabji	Mixture of boiled green gram and horse gram sprinkled with rough lemon, black pepper and rock salt and grated boiled carrot (optional)
SATURDAY	Boiled apple soup	Green gram curry + rice	Horsegram ghritha bhunjita pudala
SUNDAY	Pomegranate juice	Pumpkin sabji	pulav

Table No. 6: Vihara Advised at Home

VIHARA	NAME
1. Warm-up Exercises	Loosening exercises from eyeball rotation to ankle rotation
2. Suryanamaskara	5 rounds every morning
3. Standing Posture Asana	Trikonasana
4. Sitting Posture Asana	Vjrasana and Gomukhasana
5. Supine Posture Asana	Pavanamuksana
6. Prone Posture Asana	Bhujangasana, Dhanurasana, Savasana
7. Pranayama	Kapalbhati, Bhastrika, Anuloma villoma, Bhramari
8. Physiotherapy	Stationary Bicycle

DISCUSSION

Sthaulya is described under *Santarpanoththa Vikara* in Ayurveda and is characterized by excessive accumulation of *Meda Dhatu*, disproportionate enlargement of body parts, and reduced physical activity or enthusiasm. In the present case, increased body weight, excessive hunger, constipation, difficulty in walking, exertional breathlessness, and *Kati-Janusandhi Shoola*, along with anthropometric findings, were consistent with *Sthaulya*.

In the present case, prolonged sitting due to occupational routine, irregular dietary and sleep patterns, and consumption of junk food and sweets were important contributing factors. From an Ayurvedic perspective, these factors may aggravate *Kapha* and impair *Agni*. *Mandagni* may lead to improper metabolism and *Ama* formation, contributing to *Srotorodha*. Along with *Medodhatvagni Mandya*, this may result in excessive accumulation of *Meda*

Dhatu and manifestation of *Sthaulya*. *Atikshudha* may also be understood in relation to altered Vata movement and impaired regulation of digestive processes. A similar pathophysiological explanation has been described in previous literature.

The management was planned according to Ayurvedic principles of *Sthaulya* management, with emphasis on *Shodhana*, *Shamana*, external therapies, and correction of dietary and lifestyle factors. *Snehapana* followed by *Sarvanga Abhyanga* and *Swedana* was performed as part of the *Shodhana* protocol, followed by *Virechana*. *Shamana* medications and external therapies were subsequently administered to address *Dosha* and *Meda* involvement rather than focusing solely on weight reduction.

Udvartana with *Yava Churna* was included as an external therapy, considering its *Ruksha* and *Lekhana* properties, traditionally described as useful in *Kapha* and *Meda* dominant conditions. *Niruha Basti* with *Lekhana Dravya* was incorporated considering the involvement of *Vata* and *Meda*. *Kati Basti* and *Upanaha Swedana* with *Nirgundi* were administered for *Kati* and *Janu Sandhi Shoola*, with improvement in musculoskeletal complaints and mobility observed during treatment.

The *Shamana* treatment included *Triphala Guggulu*, *Varunadi Kwatha*, and *Navayasa Loha*, selected for their role in the management of *Meda* accumulation, *Kapha* involvement, and associated metabolic disturbances. As multiple therapies were administered together, the individual contribution of each formulation cannot be determined; however, overall clinical improvement was observed.

The patient showed marked improvement in body weight, BMI, and anthropometric measurements, along with improvement in lipid profile and selected metabolic parameters. Similar improvements in body measurements, BMI, and lipid parameters have been reported in previously published Ayurvedic management of *Sthaulya*.

Improvement was also observed in exertional breathlessness, difficulty in walking, excessive hunger, heaviness, constipation, sour belching, knee joint pain, and backache. Improved mobility may have further supported physical activity and adherence to lifestyle modifications.

Pathya-Apathya and lifestyle modification were important components of management, particularly because sedentary behaviour and inappropriate dietary habits were prominent contributing factors. A structured diet, regular physical activity, *Suryanamaskara*, *Asana*, and *Pranayama* were advised. Thus, the observed improvement may be attributed to the combined effect of therapeutic interventions and correction of causative lifestyle factors.

Overall, this case demonstrates favourable clinical and metabolic changes following an integrated Ayurvedic approach to *Sthaulya*. However, as multiple interventions were administered and this was a single case, the individual contribution of each therapy cannot be established. Larger studies with longer follow-up and standardized outcome measures are required to evaluate the sustainability and reproducibility of these findings.

CONCLUSION

The present case demonstrates improvement in obesity-related clinical symptoms, body weight, BMI, anthropometric measurements and selected lipid parameters following an integrated Ayurvedic management approach. The combination of *Shodhana* and *Shamana* therapies, external procedures and individualized *Pathya-Apathya* with lifestyle modification was associated with favourable changes in the

observed parameters. The case highlights the potential role of a comprehensive Ayurvedic approach in the management of lifestyle-associated *Sthaulya*. However, being a single case with multiple interventions, the findings cannot establish the independent efficacy of any individual therapy. Further studies with larger sample sizes, longer follow-up and standardized outcome measures are required to evaluate the reproducibility and sustainability of these observations.

REFERENCES

1. Jayasena RM, Dissanayake KG. A clinical study on the effect and efficacy of traditional formulation derived by ola leaves manuscript in the management of overweight and obesity. *Int J Sci Res Publ* 2020;10:709-11.
2. Sharma R, Adiga M. A review on *Sthaulya* with special reference to obesity. *J Ayurveda Integr Med Sci*. 2021;2:195-201.
3. Pardhekar AD, Wajpeyi SM, Gotarkar S. Comparative clinical efficacy of Ayurvedic formulations in *Sthaulya*. *Int J Ayurvedic Med*. 2023;14:121-30.
4. Sarangadhara. Dr. Brahmanand Tripathi. *Sarangadhara Samhita*. Varanasi: *Caukhambha surbharati Academy*; 2017. *Madhyakhanda* 7/82-83, pg. 205.
5. Surya Prakash DV et al., Pharmacological Review on *Terminalia chebula*, *International Journal of Research in Pharmaceutical and Biomedical Sciences*, Vol.3 (2) Apr-Jun 2012; 679-683.
6. Ashwini F, Nilesh I, Raj SU, DS M. ROLE OF AMRUTADHYA GUGGULU AND LEKHAN BASTI IN MEDODUSHTI WITH SPECIAL REFERENCE TO DYSLIPIDAEMIA.
7. Vyas KY, Galib R, Thakar AB, Kumar PP. A Review of Research Works done on Clinical Efficacy of *Lekhana Vasti* in the Management of Obesity. *Journal of Indian System of Medicine*. 2016 Jan;4(1):28-36.
8. Sharma L. A Review of *Lekhana Basti*: Ayurvedic Management of Obesity and Metabolic Disorders. *International Journal of Ayurveda* 360. 2025 Jun 15;1(6):456-63.