



CLINICAL MANAGEMENT OF OBESITY (STHAULYA) THROUGH AYURVEDIC INTERVENTIONS: A CASE REPORT

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ABSTRACT

Background: Lifestyle disorders are among the biggest health threats to populations living with unhealthy lifestyles. Obesity is one such disorder that creates numerous physical as well as mental health problems for the sufferer. Due to changing lifestyles, increased comfort, and altered dietary habits, individuals have completely transformed their way of living. Obesity is a growing health concern in both developed and developing countries. Sthaulya is described in Ayurveda as a Santarpanajanya Vyadhi, characterized by excessive accumulation of Meda Dhatu due to impaired Agni, Kapha predominance, and a sedentary lifestyle. Contemporary management often provides only symptomatic relief, whereas Ayurveda emphasizes correction of the root cause through Shodhana, Shamana, and lifestyle modification. **Case Report:** A 32-year-old female patient, working as a housewife, presented with complaints of progressive weight gain and lower back pain for the past 6–8 months. The patient had no major systemic illness. On the day of admission, her body weight was 92.6 kg. Based on clinical features, dietary history, and lifestyle assessment, the condition was diagnosed as Sthaulya. The patient was treated with Shodhana karma followed by other Panchakarma procedures such as Udvartana and Basti, along with Shamana Aushadha and Yogasana. **Out Come:** After five weeks of treatment, the patient achieved a clinically significant weight reduction of 9.9 kg (92.6 kg to 82.7 kg), with a decrease in BMI from 31.0 kg/m² to 26.6 kg/m². Complete relief from lower back pain, marked improvement in exertional dyspnea, excessive perspiration, weakness, and improved lipid profile were also observed. **Conclusion:** This case suggests that individualized Ayurvedic management, based on a comprehensive assessment of Dosa, Dusya, and Agni, may be beneficial in the management of obesity. The holistic treatment approach incorporating Pañcakarma, Samana therapy, dietary regulation, and lifestyle modification was associated with improvement in body weight, body mass index, waist circumference, lipid profile, and obesity-related symptoms in this patient. However, as this report describes the outcome in a single patient, these findings cannot be generalized or considered conclusive evidence of treatment efficacy. Further well-designed clinical studies with larger sample sizes and longer follow-up are required to validate these observations and establish standardized treatment protocols.

KEYWORDS : Obesity, Body Mass Index (BMI), Sthaulya, Panchakarma, Udvartana, Niruha Basti, Varunadi Kwatha

INTRODUCTION

Obesity is a medical condition characterized by excessive accumulation of body fat to an extent that adversely affects health. It is commonly assessed using the body mass index (BMI). Obesity is recognized as one of the leading preventable causes of morbidity and mortality worldwide. It significantly increases the risk of several physical and psychological disorders and is closely associated with metabolic syndrome, which comprises a cluster of conditions including type 2 diabetes mellitus, hypertension, dyslipidemia, and elevated triglyceride levels. In India, obesity has emerged as a major public health concern in the 21st century. According to reports, morbid obesity affects approximately 5% of the Indian population. Genetic predisposition toward central obesity among Indians further increases the risk of associated lifestyle disorders such as diabetes and cardiovascular diseases. In view of this, the Ministry of Health and Family Welfare in collaboration with the Indian Council of Medical Research (ICMR) released revised BMI guidelines for the Indian population in 2012. According to these guidelines, normal BMI ranges from 18.0–22.9 kg/m², overweight from 23.0–24.9 kg/m², and obesity is defined as BMI ≥ 25 kg/m². The World Health Organization (WHO) has projected that overweight and obesity may soon surpass undernutrition and infectious diseases as the most significant contributors to poor health globally. This highlights the urgent need for effective and sustainable management strategies for obesity.

Case Report

A 32-year-old female patient presented to the outpatient department on 07 November 2025 with complaints of progressive weight gain. She was diagnosed as a case of obesity. The patient had no history of any underlying systemic illness, and her family history was not suggestive of obesity. She reported gradual weight gain over the past three

years, along with exertional dyspnea, lower back pain, and excessive perspiration. According to *Charaka Samhita*, symptoms such as *Bharavridhi* (weight gain), *Chalasphik-Udara-Stana* (excessive movement of abdomen, breasts, and gluteal region), *Atikshudha* (excessive appetite), *Atipipasa* (excessive thirst), *Swedabadha* (excessive sweating), and *Daurbalya* (generalized weakness) were observed in the patient. On clinical examination, the patient's body weight was 92.6 kg and her body mass index (BMI) was 31 kg/m². Based on clinical presentation, anthropometric assessment, and classical Ayurvedic symptomatology, the patient was diagnosed as a case of Grade I obesity (*Sthaulya*). The patient had not received any prior treatment for obesity. Ayurvedic management was initiated thereafter.

Treatment Protocol

The patient received an integrated Ayurvedic treatment during the inpatient (IPD) stay. *Shodhana* therapy was planned, which included *Snehapana* followed by *Virechana Karma*. External therapies such as *Sarvanga Abhyanga*, *Bashpa Svedana*, and *Udvartana* were administered according to the treatment schedule. Oral medications including *Varunadi Kwatha*, *Triphala Guggulu*, and *Simhanada Guggulu* were prescribed during the treatment period. Adequate rest was advised on the days of Panchakarma procedures.

In addition, a regulated diet consisting of boiled green gram and vegetables was recommended. The patient was also advised to follow regular physical activity, including walking and selected yogic practices. This comprehensive and individualized approach was adopted for effective management of obesity and overall improvement in the patient's health.

Sl. no	Treatment Modality	Days	Specifications
1	Snehapana (Poorvakarma for Virechana)	Day 1 to Day 5	Tila Taila was administered starting from 40 ml twice daily and gradually increased up to 90 ml twice daily by the 5th day.
2	Sarvanga Abhyanga & Baspa Svedana	Day 6 to Day 7	Sarvanga Abhyanga with Narayana Taila followed by Sarvanga Bashpa Svedana using Nirgundi Patra was performed for 2 days.
3	Virechana Karma	Day 8	On 3rd day after Sarvanga Abhyanga and Sarvanga Bashpa Svedana immediately Virechana Karma with Erandsneha 60ml + Dindayal Churna 6gm
4	Samsarjan krama	Day 8	No internal or external medications or Panchakarma procedures were administered.
5	Oral Medications	Day 9 to Day 35	Varunadi Kwatha – 40 ml twice daily on empty stomach; Triphala Guggulu – 3 tablets three times daily before meals; Simhanada Guggulu – 3 tablets three times daily before meals.
6	Sarvanga Udvartana	Day 15 to Day 35	Udvartanawith Yava Churna for 30 minutes followed by SarvangaBashpa Svedanausing Nirgundi Patra.
7	Sarvanga Baspa Svedana	Day 10 to Day 35	Sarvanga Bashpa Svedana with Nirgundi Patra administered prior to Udvartana.
8	Niruhabasti	Day 10 onward s (10 days)	Niruha Basti prepared with Triphala Kwatha (350 ml) was administered once daily for 10 days, till one day prior to discharge.
9	Oral Medicine	Day 10 to Day 35	Navayasa Lauha – 2 g twice daily before meals. Triphala Guggulu -2tab trice daily after meal Arogyavardhini Vati -2tab twice daily after meal

Dietary and Lifestyle Modification

Diet

As the patient was managed on an inpatient (IPD) basis, a regulated diet was advised throughout the treatment period. The diet consisted of boiled *Mudga* (green gram) and boiled vegetables, with emphasis on light, easily digestible food suitable for *Kapha* and *Meda* reduction.

Exercise and Yogic Practices

The patient was advised to follow a structured physical activity regimen, which included:

- Morning and evening brisk walking for approximately 3 km
- *Kapalbhati Pranayama* – 300 strokes daily, divided into 6 sets

Yogasana

- *Paschimottanasana* performed in the form of stretching exercises – 100 repetitions, divided into 4 sets
- *Uttanapadasana* – maintaining the legs at 30°, 45°, and 90° for 5 seconds, performed in 3 sets of 15 repetitions, first with each leg individually and then with both legs together

Follow ups and Outcomes

The patient was assessed clinically at baseline and during follow-up for improvement in subjective symptoms and objective parameters such as body weight and body mass index (BMI). The findings are summarized in Table.

Changes in Signs, Symptoms, and Clinical Parameters

Sl. No.	Signs and Symptoms	Baseline (10/11/25)	Follow up 13/12/25	Improvement
1	Exertional dyspnea (Aayasa Shwaskashtata)	++++	+	-
2	Excessive perspiration (Swedabadha)	+++	-	-
3	Weakness (Daurbalya)	++	-	-
4	Polydipsia (Atipipasa)	+++	+	-
5	Polyphagia (Atikshudha)	++++	-	-
	Lower back pain	+++	-	-
	Body weight (kg)	92.6	82.7	9.9 kg
	Body mass index (kg/m ²)	31.0	26.6	4.4 kg
	Waist circumference	117	112	5 cm

Outcome Summary

After five weeks of integrated Ayurvedic management, the patient showed marked improvement in subjective symptoms such as exertional dyspnea, excessive perspiration, weakness, and lower back pain. Objective parameters also demonstrated significant reduction, with body weight decreasing from 92.6 kg to 82.7 kg and BMI reducing from 31.0 kg/m² to 26.6 kg/m². The patient also reported a feeling of lightness in the body and improved energy levels during follow-up.

Note

Symptom severity was graded as follows:

- ++++ – Severe presentation of symptoms
- +++ – Moderate presentation of symptoms
- ++ – Mild presentation of symptoms
- + – Occasional /least presentation of symptoms

* BT – Before Treatment

** AT – After Treatment

Laboratory Investigations

Sl. No.	Parameter	Baseline (10/11/25) – BT (mg/dL)	Follow-up (13/12/25) – AT (mg/dL)
1	Serum Cholesterol	225	169
2	Serum Triglyceride	216	99
3	High-Density Lipoprotein (HDL)	29	34
4	Very Low-Density Lipoprotein (VLDL)	43.2	19.8
5	Low-Density Lipoprotein (LDL)	152.8	115.2

Laboratory Outcome Summary

The lipid profile showed significant improvement following Ayurvedic intervention, with reduction in total cholesterol, triglycerides, LDL, and VLDL levels, along with a modest increase in HDL levels at follow-up.

DISCUSSION

The present case demonstrated encouraging clinical improvement following comprehensive Ayurvedic management of *Sthaulya*. The most notable finding was a clinically significant reduction of 9.9 kg in body weight within 35 days, accompanied by a decrease in body mass index (BMI) from 31.0 kg/m² to 26.6 kg/m², indicating substantial improvement in anthropometric status. Waist circumference also decreased from 117 cm to 112 cm, suggesting a reduction in central obesity, an important risk factor for metabolic syndrome and cardiovascular disease. In addition to weight reduction, marked improvement was observed in obesity-related symptoms, including exertional dyspnea, excessive perspiration, weakness, lower back pain, excessive appetite, and excessive thirst. The patient also reported increased energy levels and a feeling of lightness, reflecting overall

improvement in functional well-being. Furthermore, significant improvement in lipid profile, including reductions in total cholesterol, triglycerides, LDL, and VLDL with a modest increase in HDL, indicated improvement in metabolic health.

From an Ayurvedic perspective, *Sthaulya* is classified as a *Santarpanajanya Vyadhi* resulting from *Kapha* and *Meda* predominance associated with *Agnimandya*. The therapeutic approach in this case was designed to address the underlying pathogenesis through *Sodhana* and *Samana* therapies. *Virecana Karma* facilitated the elimination of vitiated *Dosas* and improved *Agni*, while *Niruha Basti* helped regulate *Vata* and supported metabolic correction. *Udvartana*, owing to its *Ruksha*, *Lekhana*, and *Kapha-Medohara* properties, promoted reduction of excess *Meda Dhatu* and improved peripheral circulation. Internal medications, including *Varunadi Kwatha*, *Triphala Guggulu*, *Navayasa Lauha*, and *Arogyavardhini Vati*, possess *Dipana*, *Pacana*, *Lekhana*, and *Medohara* actions that may have contributed to correction of impaired metabolism and reduction of excessive adiposity.

Conventional anti-obesity medications, such as orlistat, may produce clinically meaningful weight loss but are often associated with adverse gastrointestinal effects, while some previously used agents, including sibutramine, have been withdrawn or restricted in many countries because of cardiovascular safety concerns. In contrast, the integrated Ayurvedic approach adopted in this case combined *Pañcakarma* procedures, internal medications, dietary regulation, physical activity, and yogic practices. This multimodal strategy not only achieved substantial weight reduction but also improved anthropometric, metabolic, and clinical parameters without any reported adverse events during the treatment period.

Although the findings of this single case cannot be generalized, they suggest that individualized Ayurvedic management based on assessment of *Dosa*, *Agni*, *Bala*, and *Meda* may provide a beneficial supportive approach in the management of obesity. Well-designed controlled clinical studies with larger sample sizes and long-term follow-up are required to validate these observations and establish standardized treatment protocols.

Navayasa Lauha Churna

Navayasa Lauha Churna is classically indicated in conditions such as *Pandu*, *Hridroga*, *Kushtha*, *Arsha*, and *Kamala*. However, *Charaka Samhita*, particularly in *Santarpaniya Adhyaya*, describes several formulations useful in the management of *Sthaulya*. Many ingredients of *Navayasa Lauha Churna* possess *Deepana*, *Pachana*, and *Lekhana* properties, which are beneficial in disorders arising from over-nutrition (*Santarpanajanya Vyadhi*).

Ingredients such as *Trikatu* play an important role in *Ama Pachana* and enhancement of digestive fire (*Agni*). *Triphala* is known for its *Tridosha Shamaka* and rejuvenating properties. *Mustaka* exhibits digestive, anti-inflammatory, and metabolic regulatory actions, while *Vidanga* supports digestion and liver function. *Chitraka* is effective in alleviating vitiated *Kapha* and *Vata*. Collectively, these properties support metabolic correction and reduction of excess *Meda Dhatu*.

Varunadi Kwatha

Varunadi Kwatha is described by *Acharya Sushruta* in the context of *Medovaha Srotodushti*, with actions attributed to *Kapha-Meda Nivarana*. It is traditionally indicated in conditions such as *Shirahshula*, *Gulma*, and *Abhyantara Vidradhi*. The formulation is reported to support lipid metabolism and glycemic regulation, thereby contributing to improvement in metabolic parameters associated with obesity.

Triphala Guggulu

Triphala Guggulu is a classical Ayurvedic formulation widely indicated in disorders associated with *Kapha* and *Meda* predominance. It possesses *Dipana*, *Pacana*, *Lekhana*, and *Medohara* properties, which help improve digestion, reduce excess adipose tissue, and enhance lipid metabolism. *Triphala* supports digestion and bowel regulation, while *Guggulu* facilitates the mobilization of accumulated *Meda*. In the present case, *Triphala Guggulu* contributed to weight reduction and improvement in anthropometric parameters by correcting *Agnimandya* and reducing *Kapha-Meda* accumulation.

Arogyavardhini Vati

Arogyavardhini Vati is a classical Ayurvedic formulation known for its *Dipana*, *Pacana*, *Amapacana*, and *Medohara* actions. It enhances digestive and metabolic functions, improves hepatic activity, and helps regulate fat metabolism. By correcting *Agnimandya* and reducing *Kapha* and *Meda*, it supports healthy weight management. In the present case, *Arogyavardhini Vati* acted as an effective adjuvant in improving metabolic efficiency and contributed to the overall clinical improvement in *Sthaulya*.

CONCLUSION

At the final follow-up, the patient's body weight decreased from 92.6 kg to 82.7 kg, representing a 9.9 kg reduction over five weeks, while the body mass index (BMI) decreased from 31.0 kg/m² to 26.6 kg/m². Improvement was also observed in waist circumference, lipid profile, and obesity-related symptoms, contributing to better functional status and quality of life.

Although this case demonstrated favorable clinical and metabolic outcomes following an individualized Ayurvedic treatment approach incorporating *Pañcakarma*, internal medications, dietary regulation, physical activity, and lifestyle modification, the findings are limited to a single patient and should not be generalized to the broader population. Therefore, no definitive conclusions regarding the efficacy of this treatment approach can be drawn based on a single case report. Nevertheless, this case may provide preliminary clinical evidence and generate hypotheses for future research. Further well-designed controlled clinical studies with larger sample sizes and longer follow-up are required to evaluate the safety, efficacy, and reproducibility of these interventions in the management of obesity.

REFERENCES

1. World Health Organization. Obesity and overweight. Geneva: World Health Organization; Updated 2024.
2. Barness LA, Opitz JM, Gilbert-Barness E (December 2007). "Obesity: genetic, molecular, and environmental aspects". *American Journal of Medical Genetics* 143A (24): 3016–34. doi:10.1002/ajmg.a.32035. PMID 18000969.
3. National Cholesterol Education Program (2002). Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III Final Report). National Institutes of Health. p. II–17.
4. Haslam DW, James WP (2005). "Obesity". *Lancet* (Review) 366 (9492): 1197–209. doi:10.1016/S0140-6736(05)67483-1. PMID 16198769.
5. Willett, Dietz, and Colditz 1999 - edited by Dean T. Jamison, Joel G. Breman, Anthony R. Measham, George Alleyne, Mariam Claeson, David B. Evans, Prabhat Jha, Anne Mills, Philip Musgrove "Disease Control Priorities in Developing Countries".
6. World Health Organization (2000). Obesity: preventing and managing the global epidemic (Report). World Health Organization. pp. 1–2. Retrieved 1 February 2014.
7. Vaidya yadavji Trikamaji Acharya, *Charaka Samhita*, Kalpa Sthana, 2th chapter, 8th sloka. P.689.
8. Vaidya yadavji Trikamaji Acharya, *Charaka Samhita*, Sutra Sthana, 16th chapter, 13th sloka. P.97.
9. Yadunandana Upadhyaya, *Ashtanga Hridayama*, Sutra Sthana, 14th chapter, 12th sloka. P.136.