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# AYURVEDIC MANAGEMENT OF OBESITY – A CASE STUDY

Ayurveda

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## ABSTRACT

Obesity is a medical condition characterized by excessive body fat accumulation, often measured using Body Mass Index (BMI). Obesity is one of the characteristics of Metabolic syndrome which shows lipid metabolic dysregulation which may lead to cardiovascular disease or diabetes mellitus. Energy imbalance, genetic and lifestyle factors and endocrine disorders are the main causes of obesity. According to Charakacharya, Sthoulya is considered as Santarpanajanya vyadhi having symptoms as Chala sphik udara stana, angagandha, swedaadhikya, kshudraswasa, Kshudha-trushna adikya, javaparodha.(1) A 51-year-old female patient visited OPD with symptoms of obesity (sthoulya). Her lipid profile showed raised LDL, VLDL, Total cholesterol and reduced levels of HDL-Cholesterol. She was given a comprehensive ayurvedic treatment protocol including shodhana and shamana procedures. She got relieved of the symptoms after three months.

## KEYWORDS

Obesity, Sthoulya, Shodhana, Shamana Chikitsa

## INTRODUCTION

WHO states overweight and obesity as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese. In 2022, 1 in 8 people in the world were living with obesity. Overweight prevalence including obesity varied from 1.6% (0-4 yrs) to 4.8 % (10-19 yrs).[2] Obesity is a chronic, multifactorial, relapsing disorder characterized by excess body weight and defined as a body mass index (BMI) of ≥ 30 kg/m2. Complications include cardiovascular disorders (particularly in people with excess abdominal fat), diabetes mellitus, certain cancers, cholelithiasis, metabolic dysfunction-associated steatotic liver disease, cirrhosis, osteoarthritis, reproductive disorders in men and women, psychologic disorders, and, for people with BMI ≥ 35, premature death.[3].

According to ayurveda, excess kapha dosha and imbalance of Vata and Pitta may lead to disturbed functioning of Agni and imbalance of medo dhatu leads to Sthoulya.[4] Symptoms of sthoulya are Chala sphik udara stana, angagandha, swedaadhikya, kshudraswasa, Kshudha-trushna adikya, javaparodha. It is considered as one among santarpanottha vyadhi,[5] according to Charaka which can only be treated by Apatarpana. Apatarpana consists of shodhana, i.e, removal of vitiated doshas from the body and shamana, i.e, paachana of residual doshas and vikruta dhatus in the body.[6]

## MATERIALS AND METHODS

### CASE STUDY

Past History – A 51 year old female came to OPD with the symptoms of,
1) Chala sphik udara stana
2) Angagandha (bad odour)
3) Swedaadhikya (increased perspiration)
4) Kshudrashwasa (exertional dyspnoae)

Patient was having all these symptoms since last two years, but more since last 6 months. Patient did not have any history of hypertension. Patient did not have any history of, hypertension/ diabetes mellitus/epilepsy/ tuberculosis. No history of any surgical illness. No any history of addiction.

### General Examination

General condition of the patient was fair and afebrile.
Pulse 80/Min
BP 130/80 mm of Hg
RR 24/min
SpO2 94%
Body Weight 61Kg
BMI 28.6
Weist circumference 95 Cm

### Systemic Examination:

In the systemic examination findings of Cardio vascular system, respiratory system was within normal limits. All vitals were normal, patient was conscious and well oriented.

### Management:

For first 7 days: Internal Medication:

Shodhana Karma:
Virechana karma: The patient was subjected to Virechana Karma with 3 days Snehapan of Guggulu Tiktaka Ghrita in ascending dosage internally.

The purgation (Virechana) done with oral administration of Trivrutt Leha.

### External Medication:

Tila oil used externally (Snehana)and swedana procedure with Eranda patra and Dashamoola Kashaya while administration of medicines of Virechana karma (first 7 days).

### For next 3 Months:

### Shamana Karma:

Triphala Pippali Yoga: internal administration of sukhma churna of Triphala and pippali in the ratio of (3:1) in the dosage of 2gm after lunch and dinner with lukewarm water for 3 months

### Follow Up:

Patient was assessed after 1 month of completion of 3 months.

### Pathya-Apathya:

Patient was advised to control food portion and follow timely manner of eating. In between meals, food eating was restricted. Addition of Jowar, Ragi etc as replacement of Wheat in the meal was added. Restriction of sweet and savoury items, chilled, fried, fermented and oily food. He was recommended with regular *Pranayam*, Meditation and Yoga

### Assessment Criteria[7]

Subjective Criteria: Reading were taken before treatment, on 30th day, 60th day, 90th day and at the time of follow up.

Gradation Parameters:

| 1.Chala Shpik Udara Stana | | |
|---|---|---|
| 1. | Absence of Calatva | 0 |
| 2. | Little visible movement (in above areas) after rapid movement | 1 |
| 3. | Little visible movement (in above areas) after moderate movement | 2 |

| | | |
|---|---|---|
| 4. | Movement (in the areas) after mild movement | 3 |
| 5. | Movement (in the areas) even after changing posture | 4 |
| 2. Angagandha (Bad Odour)[8] | | |
| 1. | No odour | 0 |
| 2. | Bad odour but not offensive | 1 |
| 3. | Strong odour but can be lessened by use of deodorants or perfumes | 2 |
| 4. | Very strong odour even after using fragrances (use of deodorants or perfumes) | 3 |
| 3.Swedadhikya (Perspiration) | | |
| 1. | Sweating after heavy work and fast movement or in hot weather | 0 |
| 2. | Profuse sweating after moderate work and movement | 1 |
| 3. | Sweating after little work and movement(stepping ladder etc.) | 2 |
| 4. | Profuse sweating after little work and movement | 3 |
| 5. | Sweating even at rest or in cold weather | 4 |
| 4.Kshudra Shwasa (Exertional Dyspnoea) | | |
| 1. | No Dyspnoea even after heavy work | 0 |
| 2. | Dyspnoea after moderate work but relieved later and tolerable; dyspnoea by climbing upstairs of 10 steps & time taken will be more than 15 sec. | 1 |
| 3. | Dyspnoea after little work but relieved later and tolerable; dyspnoea by climbing upstairs of 10 steps & time taken will be more than 25 sec. | 2 |
| 4. | Dyspnoea after little work but relieved later and not tolerable; dyspnoea by climbing upstairs of 10 steps & time taken will be more than 35 sec. | 3 |
| 5. | Dyspnoea in resting condition | 4 |

**Measurable/Calculative Parameters:**

1.Body Weight (Kg)
2.Weist Circumference (Cm)
3.BMI (Body Mass Index)

Objective Criteria: Readings were taken Before treatment and after treatment.

Pathological Parameters:
1.Triglycerides
2.HDL (*High-density lipoprotein*)
3.LDL (*Low-density lipoprotein*)
4.VLDL (Very *Low-density lipoprotein*)
5.Total Cholesterol

## OBSERVATION & REPORTS:

**Subjective Criteria:** Gradation Parameters:

| Sr No | Parameter | (Before Treatment) 0th Day | On 30th Day | On 60th Day | (After Treatment) On 90th Day | At follow up |
|---|---|---|---|---|---|---|
| 1 | Cala Sphik-Udara-Stana | Grade 4 | Grade 4 | Grade 4 | Grade 3 | Grade 3 |
| 2 | Angagandha | Grade 3 | Grade 3 | Grade 3 | Grade 2 | Grade 2 |
| 3 | Swedadhikya | Grade 4 | Grade 3 | Grade 3 | Grade 2 | Grade 2 |
| 4 | Kshudra Shwasa | Grade 4 | Grade 4 | Grade 3 | Grade 3 | Grade 2 |

**Subjective Criteria:** Measurable/Calculative Parameters:

| Sr No | Parameter | (Before Treatment) 0th Day | On 30th Day | On 60th Day | (After Treatment) On 90th Day | At follow up |
|---|---|---|---|---|---|---|
| 5 | Body Weight | 79 | 78.7 | 78.5 | 78.2 | 78 |
| 6 | Weist Circumference | 114 | 113 | 112 | 112 | 111 |
| 7 | BMI | 32 | 31.9 | 31.8 | 31.7 | 31.6 |

**Objective Criteria:** Pathological Parameters:

| Sr No | Parameter | (Before Treatment) 0th Day | (After Treatment) On 90th Day |
|---|---|---|---|
| 1 | Triglycerides | 130 | 118 |
| 2 | HDL | 67 | 68 |
| 3 | LDL | 103 | 102 |
| 4 | VLDL | 26 | 23.6 |
| 5 | Total Cholesterol | 196 | 193.6 |


**Figure 1:** Before Starting The Treatment


**Figure 2:** After Completing The Treatment

## DISCUSSION:

Chala sfik udar stana, swdadhikya, angagaurava, angagandha, kshudrashwasa, javoparodha are main symptoms of sthoulya vyadhi. The patient also shows atikshudha and atitrushna symptoms. The sthoulya vyadhi chikitsa involves vitiated vata and kapha dosha where regulation of vata and kapha lekhana should be done. The shodhana treatment consist of antarbahya snehana which can make equilibrium in the dosha and helps vitiated dosha to enter in koshtha from shakha. The swedana opens the closed strotasa to conduct the vitiated dosha. The virechana karma removes the vitiated dosha from the body and regulates the vata anuloman gati of vata. The dravyas involved in the shamana karma are ushna veerya, laghu, ruksha guna with trodoshahara property. The usna veerya makes kapha vilayana, the laghu guna makes pachana of vitiated medo dhatu and ruksha guna absobs the kleda in the body. All the dravyas posseses lekhana karma which can scrape the vitited kapha and medo dhatu and mainlining the equilibrium with their tridoshahara property.

## CONCLUSION

Observing all above-mentioned phenomenon, it is concluded that, mixture of *triphala sukshma churna* and *pippali sukshma churna* after virechana karma can treat obesity (sthoulya) effectively. The external *snehan* and *swedana* acts as supportive in the nature.

## REFERENCES

1. Yadavaji Trikamaji , Charak Samhita ,Sutrasthana 21/9, Varanasi,Chawkhamba Surbharati prakashana ,2013,pg no.-117.
2. Sethi V, Bassi S, Bahl D, Kumar A, Choedon T, Bhatia N, de Wagt A, Joe W, Arora M. Prevalence of overweight and obesity and associated demographic and health factors in India: Findings from Comprehensive National Nutrition Survey (CNNS). Pediatr Obes. 2024 Apr;19(4):e13092. Doi: 10.1111/ijpo.13092. Epub 2024 Feb 7. PMID: 38326947.
3. https://www.msdmanuals.com/professional/nutritional-disorders/obesity-and-the-metabolic-syndrome/obesity

4. Vagbhata, Astang Sangraham, Sutrasthana Adhyaya 24/15, 1st edition, CCRAS New Delhi,1991,pg no.-294.
5. Yadavaji Trikamaji , Charak Samhita ,Sutrasthana 21/4, Varanasi,Chawkhamba Surbharati prakashana ,2013,pg no.-122
6. Yadavaji Trikamaji , Charak Samhita ,Sutrasthana 23/8, Varanasi,Chawkhamba Surbharati prakashana ,2013,pg no.-132
7. Baghel MS, Developing guidelines for Clinical research methodology in Ayurveda, Criteria for assessment of Sthaulya , Jamnagar ,2011,pg no.-68
8. Baghel MS, Developing guidelines for Clinical research methodology in Ayurveda, Criteria for assessment of Sthaulya , Jamnagar ,2011,pg no.-69