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"A CRITICAL REVIEW ON THE ROLE OF PANCHAKARMA IN THE MANAGEMENT OF STHOULYA"

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ABSTRACT

Obesity is a chronic, multifactorial, and preventable health disorder characterized by abnormal or excessive fat accumulation that impairs health. It is a major global health challenge of the 21st century, strongly associated with lifestyle-related factors such as high-calorie intake, physical inactivity, and sedentary habits. Obesity significantly increases the risk of comorbidities including type 2 diabetes, hypertension, cardiovascular diseases, osteoarthritis, and certain cancers. From an Ayurvedic perspective, obesity is conceptualized as Sthoulya or Medoroga, classified under Santarpanottha Vikara diseases caused by over-nourishment. Ayurvedic classics describe Ati-Sthoulya as one of the eight undesirable constitutional types (Ashta Nindita Purusha), with symptoms and etiopathogenesis closely aligning with modern descriptions of obesity. Causative factors such as excessive consumption of sweet and fatty foods, lack of exercise, and

daytime sleep lead to an increase in *Medo Dhatu* and *Srotorodha* (obstruction of channels), resulting in metabolic disturbances. Management of obesity in Ayurveda emphasizes lifestyle modification, dietary regulation, internal medications, and Shodhana Chikitsa (purificatory therapies) like *Panchakarma*. Obesity also impacts psychological well-being, personality development, and social interaction. An integrative approach combining modern medical strategies with Ayurvedic principles offers a comprehensive framework for effective obesity management. Aim: To understand the effect of Panchkarma on weight reduction and review the various Panchakarma therapies in management of obesity. Data source- The references for the article are taken from classical textbooks, published research papers and previous work done. Result Sthoulya being systemic diseases, involves a deeper pathology. Panchakarma has the benefits to eliminate the disease from the root along with the toxins accumulated in the body through the nearest route of elimination. Various Panchakarma therapies like Vamana, Virechana, Udvartana; help to reduce obesity and in turn enhance overall personality of the individual. Conclusion: Panchakarma with its diverse dimensions of therapies can help in the management of Sthoulya and can contribute to developing a healthy state of mind and personality.

KEYWORDS: obesity, Sthoulya, Vamana, Virechana, Udvartana.

INTRODUCTION

Obesity is an abnormal or excessive fat accumulation usually 20% or more over an individual's ideal body weight.^[1] It is defined when the BMI more than 30Kg/m². Dietary changes along with increasing inactive lifestyle has resulted in significant increase in obese individuals around the globe.

Various factors like excessive consumption of fats, energy-dense food, reduction in physical activity and rapid pace of industrialization has played an important role in promoting obesity.

Unhealthy dietary patterns like decline in cereal intake and increase intake of sugar and fats, sedentary working environment has resulted in increase in incidence of obesity along with its associated problems. Obesity is known as Sthoulya in Ayurveda and is one of the Asthanindita purusha.^[3]

It is tough to cure an illness that affects this Sthoulya purusha. According to Acharya, the normal quantity of *Medas* in the body is two *Anjali* whereas that of *Vasa* is three *Anjali*.^[4] Obesity is one of the most common yet preventable health problems. It is defined as an abnormal or excessive fat accumulation that presents a risk to health. It is a state of increased body weight, due to adipose tissue accumulation, that is of enough magnitude to produce adverse health effects. The excess energy is stored in the form of fat tissue deposition.

Obesity is described in various Ayurvedic texts as Sthoulya or Medoroga. It is described as Santarpanottha vikara (disease caused by over nourishment). Obesity is one of the most serious public health problems of the 21st century. It is a life style disorder. When excess body fat gets accumulated to the extent that it may have a negative effect on health, then it becomes a medical condition, which is termed as obesity. Obesity is a chronic disease that is highly prevalent and that poses a serious risk for the development of diabetes mellitus, hypertension, cardiovascular diseases, musculoskeletal disorders especially osteoarthritis, and certain forms of cancer1 It develops gradually and often persists throughout life. Like any other chronic condition, such as diabetes or hypertension, obesity worsens when strategies applied for weight reduction are withdrawn. If it is not treated for the duration of the patient's life, obesity emerges as a potent co-morbid risk factor. Obesity is not only medical risk factors but also a serious social, psychological & economic problem. Obesity has taken place of an epidemic, still majority of people are not aware of the factors that welcomes this problem and the results that are obtained after one gets into this problem. At least 2.6 million people each year die as a result of being overweight or obese.2 According to the W.H.O., overweight and obesity are the fifth leading risk for global deaths.3 Overall more than one in ten of the world's adult population are obese and women are more likely to be obese than men4. According to a study report, the obesity epidemic in India has increased by almost 20% from 1998 to 2005. Currently almost 1 in 5 men and over 1 in 6 women are overweight. In some urban areas the rates are as high as 40%.5 Energy imbalance is the prompt cause of this ill health. It is the consequence of intake of energy exceeding its expenditure over a considerable period. The mismatched habit of eating & exercise leading to abnormal accumulation of fat within the body is the prime cause behind the vicious circle of obesity. Acharya Charaka has quoted Sthoulya under the eight varieties of impediments which designated as Astha-Nindita Purusha^[6], Ati-sthaulya comprises one of them. The various etiological factors like Madhura Rasa (sweet objects), Mamsa (meat), Avyayama (lack of exercise), Divaswapna (day sleep) causes increase of Medho Dhatu in our body, and as a result Sroto avaroda occurs. Va ta is specially confined to Kosta and causes Jatharagni Vriddhi and the symptoms of Sthulata i.e, Atipipasa (excessive thirst) Atikshudha (excessive hunger), Alasya (lethargy), which are very similar to the symptoms as described in obesity. The treatment which is mentioned in Ayurveda for obesity consists of daily internal

medications, doing fasts in the form of light diet and *Shodhana Chikitsa* which comprises of Panchkarma therapy(purification process), which helps to remove the root cause of disease.

Obesity affects our behaviour and lifestyle, as well as the way our personalities develop. Although it is majorly associated with complications in physical health, adiposity contributes to a variety of psychological processes, such as well-being, personality development, identity formation and person perception.

MATERIALS AND METHODS

The study of different *Ayurvedic* and modern literature has been done to achieve the objective of the study. Various references for the Panchakarma therapy in obesity is taken from classical textbooks, published research papers and previous work done.

Prevalence

Studies conducted globally has reported that more than 1.9 billion adults are overweight and about 650 million areobese. ^[5] In India more than 135 million people are affected by obesity. The prevalence varies due to age, gender, geographical environment, socio-economicstatus etc. A study conducted by ICMRINDIAB in 2015 demonstrates that the prevalence rate of obesity and central obesity are fluctuates from 11.8% to 31.3% and 16.9%–36.3% respectively. Abdominal obesity is one of the major risk factors for cardiovascular disease (CVDs) in India. Various studies have shown that the prevalence of obesity is significantly higher in women when compared to men. ^[6] The growing prevalence of obesity worldwide is posing a serious concern worldwide. Associated rise of diabetes, coronary and cerebrovascular disease also pose a big threat in terms of health and financial hazards for the entire population of the world.

Etiology of obesity

Ayurveda mentions eight factors which causes obesity- *Atisampoorna*- *Atibhojana* (~overeating); intake of food which is *Guru* (~heavy), *Madhura* (~sweet), *Sheeta* (~cold) and *Snigdha* (~unctuous or oily); *Avyayam* (~no exercise or physical activity); *Avyayaya* (~reduced or no sexual activity); *Diwaswapna* (~day-time sleep); *Harsha-nityatvat* (~always happy); *Achintanat* (~no tension, stress) and *Beejaswabhavat* (~genetic or hereditary factors).^[7]

Sedentary lifestyle and inactivity

As per 2016 report, globally, more than a quarter of adults (27.5%) were insufficiently physically active. [8] Prime cause is use of mechanized transportation and a greater prevalence of labor-saving technology in the home. Less physically demanding work and sedentary jobs. Due to less walking and physical education among children, there seem to be declines in levels of physical activity.

Diet- Consumption of energy-dense, big portions, fast-food meals, extra carbohydrates like sweetened beverages and potato chips. Consumption of sweetened drinks such as soft drinks, fruit drinks, iced tea, and energy and vitamin water drinks are believed to be contributing to the rising rates of obesity.

Genes and family history: Studies that have focused on inheritance patterns have found that 80% of the offspring of two obese parents were also obese, in contrast to less than 10% of the offspring of two parents who were of normal weight. Other factors like endocrinal factors including hypothyroidism, cushing's syndrome, PCOD and drugs like corticosteroids, antidepressants and seizure medicines also contribute to obesity. Pregnancy, alcohol, smoking and emotional factor also form the cause of obesity.

Obesity and Personality

In a study conducted for 50yrs, taking approximately 2000 subjects, it was examined how personality traits are associated with multiple measures of adiposity and with fluctuations in body mass index (BMI).^[11] It also mentions that body weight reflects our behaviour and lifestyle and contributes to the way we perceive ourselves and others. In another study it was established that there lie bi-directional associations between depression and obesity: obese persons had a 55% increased risk of developing depression over time, whereas depressed persons had a 58% increased risk of becoming obese.^[12] Decreasing levels of self-esteem in obese children were associated with significantly increased rates of sadness, loneliness, and nervousness compared with obese children whose self-esteem increased or remained unchanged.^[13] Psychological problems associated with obesity include fewer social interactions as they see their body type as ugly. Stunkard & Sobal noted that " ... obesity does not create a psychological burden. Obesity is a physical state. People create the psychological burden.^[14]

Management of obesity

An effective obesity management requires prevention of weight gain, promotion of weight maintenance, management of obesity co-morbidities and promotion of weight loss. Panchakarma plays an important role in preventing weight gain through its unique concept of Ritu-shodhana. It also promotes the maintenance of weight. The Shodhana processes like Vamana, Virechana, Basti and Nasya are recommended in managing the disease associated with obesity. A vast number of researches have been conducted on obesity and dyslipidemia involving the Panchakarma procedures. Obesity being systemic diseases, involves a deeper pathology. Panchakarma has the benefits to eliminate the disease from the root along with the toxins accumulated in the body through the nearest route of elimination. Acharya Vagbhatt has mentioned that Sthoulya (obese individual) is fit for Sanshodhana process. [15]

DISCUSSION

Vamana- Acharya Charaka has mentioned Vamana to be best treatment for Kaphaja Roga. It is also indicated for Medo roga, [16] Sthoulya being a Kaphaja nanatmaja vyadhi (~Kapha dosha dominant disease), Vamana is choice of treatment. It should be noted that Atisthula purusha (~ extremely obese) is said to be contraindicated mainly due to the inability of such person to bear the potency of the medicine and therapy causing Pranaparodha (~lifethreatening). [17] Vamana when properly administered produces Laghuta (~lightness), Srotoshuddhi (~ clarity of channels), reduces Tandra (~ lethargy) and prevents Kaphaja roga (~disorders of Kapha dosha).[18]

Virechana

Sthoulya being a Santarpanajanya vikara, is caused mainly due to over nourishment. The Tridosha disarray plays an important role causing Srotorodha (~obstruction of the systemic channels) and derangement of Agni (~digestive fire). Virechana is indicated for Santarpanothita vyadhi. [19] It restores the Tridosha balance, normalized Agni and removes the obstruction in the channels.

Lekhana Basti

The main aim of Lekhana karma (~scrapping action) is to reduce overnourished Dhatu. The Sukshma guna (~minute in nature) dominated with Vayu, Akasha and Agni mahabhuta assists the drug in reaching the cellular level. Tikshna Guna (~sharp in action) governed by Agni mahabhuta helps remove Sanga(~obstruction) in Srotas by breaking down the Dosha Sanghata (~accumulation of Dosha).

Udvartana

Acharya Vagbhatta has clearly mentioned that *Udvartana* is *Kapha-hara* and it helps in liquification of *Medas*. ^[21] thus removes *Aavarana* or *Srotorodha* (~obstruction of channels). The increased *Meda* is depleted in *Udvartana* due to increased friction to all regions of the body, and the increased *Ushma* (~heat) generated during *Udvartana* digests the *Ama* (~undigestedmetabolic waste), thereby correcting the *Agnimandya* (~weakened digestive fire) that causes obesity. It promotes blood and lymphatic circulation by opening minute channels. The process can be understood as increased friction to all parts of the body that stimulates the beta-3 receptors in adipose tissue of subcutaneous fat, causing the triglyceride existing in the subcutaneous tissue to break down into fatty acids. The effect of centripetal massage, which enhances circulation to the internal organ, transports these fatty acids to the liver. ^[22]

CONCLUSION

Sthoulya or obesity is one of the most common health problems affecting the population of India and world. Panchakarma has the ability to clear the body channels of the toxins and act as preventive and curative measures for Sthoulya. Panchakarma with its diverse dimensions of therapies can help in the management of Sthoulya and can contribute to developing a healthy state preventive and curative measures for Sthoulya. Panchakarma with its diverse dimensions of therapies can help in the management of Sthoulya and can contribute to developing a healthy state of mind and personality.

REFERENCES

- 1. https://www.britannica.com/science/obes ity, Assessed on 8th March 2022.
- 2. https://www.who.int/healthtopics/obesity#tab=tab_1, Assessed on 4th March 2022.
- 3. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Sutra Sthana. Ch. 21., Ver. 3. Varanasi: Chaukhambha Visvabharati publication, 2017; 407.
- 4. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Shareera Sthana. Ch. 7., Ver. 15. Varanasi: Chaukhambha Visvabharati publication, 2017; 915.
- 5. https://www.who.int/news-room/factsheets/detail/obesity-and-overweight
- 6. Prevalence of obesity in India: A systematic review, Rajeev Ahirwar, Prakash Ranjan Mondal, Diabetes & Metabolic Syndrome: Clinical Research & Reviews, January–February 2019; 13(1): 318-321.

- 7. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Sutra Sthana. Ch. 21., Ver. 4. Varanasi: Chaukhambha Visvabharati publication, 2017; 409.
- 8. Regina Guthold, Gretchen A Stevens, Leanne M Riley, Fiona C Bull, Worlwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants, The Lancet, October 01 2018; 6(10): E1077-E1086.
- 9. Kolata, Gina (2007). Rethinking thin: The new science of weight loss and the myths and realities of dieting. Picador. 122.
- 10. https://www.mayoclinic.org/diseases conditions/obesity/symptoms-causes/syc-20375742
- 11. Angelina R. Sutin, Luigi Ferrucci, Alan B. Zonderman, and Antonio Terracciano, Personality and Obesity across the Adult Lifespan, J Pers Soc Psychol. 2011 September; 101(3): 579–592. doi:10.1037/a0024286.
- 12. Floriana S Luppino 1, Leonore M de Wit, Paul F Bouvy, Theo Stijnen, Pim Cuijpers, Brenda W J H Penninx, Frans G Zitman, Overweight, Obesity, and Depression: A Systematic Review and Meta-Analysis of Longitudinal Studies, Arch Gen Psychiatry, 2010 Mar; 67(3): 220-9.
- 13. Strauss RS. Childhood obesity and self-esteem. Pediatrics, 2000 Jan; 105(1): e15. Doi. 10.1542/peds.105.1.e15. PMID: 10617752.
- 14. Stunkard AJ, Sobal J. Psychological consequences of obesity. In: Brownell KO, Fairburn CG, eds. Eating-disorders and obesity: a comprehensive handbook. London, Guilford Press, 1995; 417-430.
- 15. Brahmanand T. editor. Hindi Commentary of Nirmala. Astanga Hrdayam of Srimadavagbhata, Sutra Sthana Ch. 14., Ver. 12. Varanasi: Chaukhambha Sanskrit Pratishthan, 2017; 192.
- 16. Ambikadutta S. editor. Hindi commentary of Ayurveda Tattva Sandipika. Sushruta Samhita of Maharishi Sushruta, Chikitsa Sthana, Ch. 33., Verse 18. Varanasi: Chaukhambha Sanskrit Sansthan, 2014; 178.
- 17. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Siddhi Sthana. Ch. 2., Ver. 8. Varanasi: Chaukhambha Visvabharati publication, 2017; 978.
- 18. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Siddhi Sthana. Ch. 1., Ver. 15-16. Varanasi: Chaukhambha Visvabharati publication, 2017; 964.

- 19. Kashinath S. Gorakhnath C editors. Hindi Commentary of Vidyotini Charaka Samhita of Agnivesha, Sutra Sthana. Ch. 23., Ver. 8. Varanasi: Chaukhambha Visvabharati publication, 2017; 437.
- 20. Auti SS, Thakar AB, Shukla VJ, Ravishankar B. Assessment of Lekhana Basti in the management of hyperlipidemia. Ayu. 2013; 34(4): 339-345. doi:10.4103/0974-8520.127683
- 21. Brahmanand T. editor. Hindi Commentary of Nirmala. Astanga Hrdayam of Srimadavagbhata, Sutra Sthana Ch. 2., Ver. 15. Varanasi: Chaukhambha Sanskrit Pratishthan, 2017; 32.