

CLINICAL EFFICACY OF PANCHAKARMA THERAPY AND MEDOHARA GUGGULU IN THE MANAGEMENT OF STRESS-INDUCED OBESITY: A CASE REPORT

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Article Received on 04 March 2026,

Article Revised on 24 March 2026,

Article Published on 01 April 2026,

<https://doi.org/10.5281/zenodo.19329967>

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How to cite this Article: *¹Vandana Barde, ²Preeti Chaturvedi, ³Archana Dangi. (2026). Clinical Efficacy of Panchakarma Therapy And Medohara Guggulu In The Management Of Stress-Induced Obesity: A Case Report. World Journal of Pharmaceutical Research, 15(7), 866-872.

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ABSTRACT

Stress-induced obesity is an increasingly prevalent lifestyle disorder influenced by chronic psychological stress, hormonal imbalance, and impaired metabolism. Conventional management strategies often provide limited and short-term results. Obesity is a clinical condition that can be correlated with *Sthaulya*, arising from Kapha and Meda dhatu vitiation. Panchakarma therapies and Medohara formulations are traditionally recommended for such metabolic disorders.

Objective: To evaluate the clinical efficacy of Panchakarma therapies—Vaman Karma and lekhan basti done and Sirodhara—along with Medohara Guggulu in the management of stress-induced obesity. **Case Description and Intervention:**

A patient with stress-induced obesity was treated with a structured Ayurvedic regimen comprising Deepana-Pachana, Snehapana with Indukanta Ghrita, Sarvanga Abhyanga, and Swedana, followed by Vaman Karma. Post-Vaman Samsarjana

Karma was administered. Sirodhara was performed to alleviate psychological stress, and Medohara Guggulu was prescribed during the follow-up period along with dietary and lifestyle modifications. **Outcome Measures:** Assessment parameters included body weight, body mass index, waist circumference, appetite, sleep quality, perceived stress, and overall well-being. The intervention resulted in a notable reduction in body weight and waist circumference, improved digestion, better sleep, and a significant reduction in stress levels.

The patient also reported increased energy and lightness of the body. No adverse effects were observed. **Conclusion:** The combined application of Panchakarma therapies and Medohara Guggulu proved effective in managing stress-induced obesity by addressing both metabolic and psychological aspects. This case highlights the potential of an integrative Ayurvedic approach in obesity management and warrants further clinical evaluation.

KEYWORDS: Sthaulya, Panchakarma, Vaman Karma, Sirodhara, Medohara Guggulu, Stress-induced obesity.

INTRODUCTION

Obesity is a multifactorial metabolic condition characterized by excessive accumulation of adipose tissue, posing significant health risks, including type 2 diabetes, cardiovascular diseases, and musculoskeletal disorders. It is recognized globally as a major public health challenge, the prevalence of which has escalated in both developed and developing nations over recent decades. This rise is attributed to lifestyle changes, high-calorie diets, reduced physical activity, and psychosocial factors such as chronic stress. Chronic psychological stress, in particular, has been shown to dysregulate eating behavior and metabolic pathways, leading to increased caloric intake, abdominal fat deposition, and metabolic imbalance, all of which contribute to stress-induced obesity.^[1,2]

In Ayurvedic medicine, obesity is traditionally conceptualized as *Sthaulya* or *Medoroga*, conditions arising from aggravation of Kapha dosha and Meda dhatu, and inadequate metabolic processing (*Agni*).^[3]

Panchakarma, a cornerstone of Ayurvedic detoxification and rejuvenation protocols, includes procedures such as Vaman (therapeutic emesis) and Sirodhara (oil dripping therapy), which are believed to balance doshas, remove accumulated toxins (*Ama*), and alleviate stress.^[4] These therapies are often recommended in conjunction with classical herbal formulations for a holistic approach to metabolic disorders. Medohara Guggulu, a polyherbal Ayurvedic medicine with *Medohara* (fat-reducing) properties, traditionally supports lipid metabolism, digestive fire (*Agni*), and channel cleansing (*Srotoshodhana*).^[5]

Although clinical evidence on the combined effect of Panchakarma and Medohara Guggulu in obesity remains limited, individual Ayurvedic interventions have demonstrated promising outcomes in managing metabolic dysfunctions, including obesity.^[3,6]

Given the complex interplay between stress and obesity and the need for integrative therapeutic strategies, this case report examines the clinical efficacy of Vaman Karma, Sirodhara, and Medohara Guggulu in a patient with stress-induced obesity.

- A 25-year-old female patient visited the Panchkarma outpatient department (OPD) of the Government Pandit Khushilal Ayurveda Hospital, Bhopal. The patient presented with symptoms like weight gain with a gradual onset for 4-5 years, depression, anxiety, hair fall, generalised swelling all over the body, sleep disturbance (insomnia), *Atikshudha* (excessive appetite). She was suffering from PCOD and taking medicine from 2014 to 2023. Patient had no history of hypertension, Diabetes Mellitus, Bronchial Asthma and surgical illness.

Clinical finding

Table 1: Showing general examination.

B.P.	120/70mmhg
Pulse	78/min
Hight	5.2
Weight	98.9kgs
BMI	39.4 kg/m ²
Tongue	Coated
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Koilonychia	Absent
Edema	Absent
Lymphadenopathy	Absent
Ahara	Atibojana, Guru, Madhura, Sheeta, Snigdha, Navanna, Mamsa, Shali, Dahi, Sarpi
Vihara	Atinidra, Diwaswapna
Appetite	Excessive
Bowel	Incomplete evacuation
Micturition	Normal, 2-3 times per day
Sleep	Disturb
Habits	Tea 3-4 times a day

Table 2: Showing systemic examination.

RS	Bilateral normal vesicular breath sounds heard
CVS	S1, S2 heard
P/A	Soft, NAD
CNS	Well oriented, conscious of time, place, person, and situation

Table 3: Showing the Ashtavidha Pareeksha.

Diagnostic Assessment

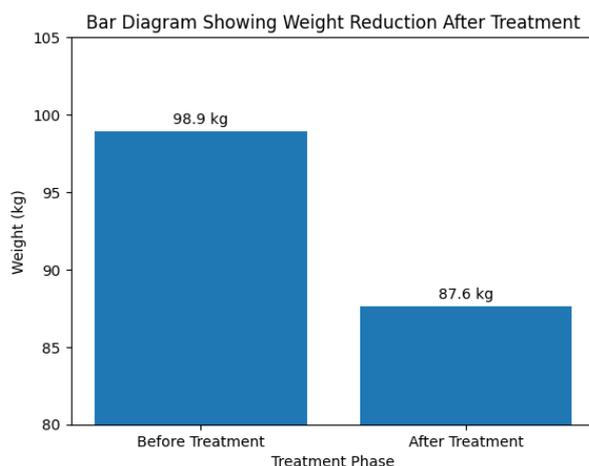
Investigation

	BT	AT	
1.	HB	12.8gm	13.8gm%
2.	HIV 1&2, HBSAG	NR	NR
3.	ESR	12mm/hr	14mm/hr
4.	HBA1C	4.7%	5.6%
5.	ABG	88.19Mg/dl	98.2mg/dl
6.	UREA	25.78mg/dl	20mg/dl
7.	LIPID PROFILE	Normal	Normal
8.	THYROID PROFILE	Normal	Normal
9.	LFT	Normal	Normal
10.	USG OF THE ABDOMEN	Normal	Normal

Table No. 1: Treatment protocol.

S.NO.	Treatment Modality	Drugs and Dose	Duration
1.	Deepana and Pachana	Tab Chitrakadi vati 2BD Trikatu phant 1 ½ liter (barambar)	3days
2.	Snehapana	Indukanta Ghrit in Arohan Matra (40,100 140,200,250)	5days
3.	Sarvanga Abhyanga swedana	Mahanarayan oil	2 days
4	Vaman	Madanaphal pippali Churna - 6gm Vacha Churna -3gm Saindhava-2gm Madhu – 3-4 tsf Yasthimadhu phant- 4250ml	1day
5.	Samsarjan Karma	Uttam Suddhi	7 days
6.	(Post vaman karma) Revisit (22/4/25) 1. Shirodhara	Dashmoola kwath	3 days
7.	Lekhan basti	Triphala churna- 550ml	7days
8.	Oral medicine	Medohar guggulu 2BD	30days
7.	Parihar Kala	Advice to take lukewarm water, a light diet, avoid daytime sleep, overexertion, and stress	30 days

Follow-up and outcomes



The patient was assessed before treatment, immediately after the completion of Vaman Karma and Samsarjana Krama, and during the 30-day follow-up period (Parihara Kala). Assessment parameters included body weight, body mass index (BMI), waist circumference, appetite, digestion, bowel habits, sleep quality, perceived stress levels, and overall sense of well-being. After the completion of Deepana-Pachana and Snehapana, the patient showed improvement in appetite regulation and bowel regularity, indicating proper *Agni Deepana* and *Ama Pachana*. Vaman Karma was conducted successfully with *Uttama Shuddhi Lakshanas*, suggesting effective elimination of aggravated Kapha and Meda dosha. Post-Vaman, a noticeable reduction in body weight and waist circumference was observed. The patient reported a feeling of lightness (*Laghuta*), reduced lethargy, and improved physical activity tolerance. Psychological parameters showed marked improvement, including better sleep quality, reduced anxiety, and enhanced mental clarity, which can be attributed to the combined effect of Shodhana therapy and Sirodhara-like stress-relieving measures incorporated through counseling and lifestyle advice.

During the 30-day follow-up period, adherence to dietary regulations, intake of lukewarm water, and avoidance of stress and daytime sleep helped in sustaining the therapeutic benefits. No adverse effects or complications were reported throughout the treatment or follow-up period.

DISCUSSION

Stress-induced obesity represents a complex interaction between psychological stress, hormonal imbalance, altered eating behavior, and impaired metabolism. From an Ayurvedic perspective, stress aggravates Vata dosha, which in turn disturbs Kapha and Meda dhatu, leading to *Medovaha Srotodushti* and development of *Sthaulya*.

In the present case, the treatment protocol was designed to address both the root cause (stress and impaired Agni) and the manifestation (excess Meda). Deepana and Pachana with Chitrakadi Vati and Trikatu Phanta enhanced digestive and metabolic fire, facilitating effective Snehapana. Indukanta Ghrita, administered in *Arohana Matra*, prepared the body for Shodhana by mobilizing morbid doshas from peripheral tissues to the gastrointestinal tract.

Sarvanga Abhyanga and Swedana helped in softening the doshas and opening the channels, thereby facilitating effective Vaman Karma. Vaman, using Madanaphala Pippali, Vacha, Saindhava, and Yashtimadhu Phanta, specifically targeted Kapha dosha, which plays a predominant role in obesity. Successful Vaman resulted in a significant reduction of Kapha-Meda load, improvement in metabolism, and reduction in excess body weight.

Samsarjana Karma ensured gradual restoration of digestive strength without causing metabolic stress, while Parihara Kala and lifestyle advice supported long-term maintenance of results. Avoidance of stress, regulation of sleep, and a light diet were crucial in preventing recurrence.

Thus, the combined Panchakarma approach demonstrated a holistic impact on both physical and psychological parameters of stress-induced obesity.

CONCLUSION

This case report highlights the effectiveness of Panchakarma therapy, particularly Vaman Karma, supported by appropriate Purva Karma and Post-therapy measures, in the management of stress-induced obesity. The structured protocol resulted in improvement in metabolic function, reduction in body weight, and significant alleviation of stress-related symptoms without adverse effects.

The findings suggest that an individualized Ayurvedic approach addressing both doshic imbalance and psychological stress can be beneficial in managing obesity. However, larger clinical studies are required to validate these observations further and establish standardized treatment guidelines.

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