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MANAGEMENT OF STHAULYA (OBESITY) THROUGH NIDANA PARIVARJANA AND SHAMANA CHIKITSA: A CASE STUDY

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ABSTRACT

Sthaulya (obesity) is described by *Acharya Charaka* among the *Ashtau Nindita Purusha* and is classed among the *Santarpanajanya Vikaras*, arising from *Bahudrava Shleshma*, *Medo-dhatu vriddhi* and *Medovaha srotodushti*[1]. In the present era of sedentary living and altered dietary habits, its prevalence is rising sharply, and it stands as an antecedent of *Prameha*, *Hridroga* and *Vatavyadhi*. This case study presents a 42-year-old male with *Adhika Sthaulya* (BMI 34.1 kg/m²) who was managed over twelve weeks through *Nidana Parivarjana*, *Shamana Chikitsa* with *Lekhaniya* and *Medohara* formulations, *Ruksha Udvartana* and a graded *Vyayama* and *Pathya* regimen. The patient showed a reduction of 7 kg in body weight, 6 cm in abdominal girth, and marked relief in *Gaurava*, *Daurbalya*, *Swedadhikya* and *Nidradhikya*, without any adverse effect. The case illustrates that *Sthaulya*, though *Krichchhrasadhya*, responds well to the classical twofold approach of withdrawing the *hetu* and depleting the *Meda* by *Apatarpana* means, and that a particular dietary *hetu* — habitual *vidhi-hina Dadhi sevana* — may be identified and corrected to advantage.

KEYWORDS: *Sthaulya, Medoroga, Obesity, Nidana Parivarjana, Lekhana, Udvartana, Dadhi.*

INTRODUCTION

Ayurveda defines health as the equilibrium of *Dosha*, *Agni*, *Dhatu* and *Mala* together with the pleasant state of *Atma*, *Indriya* and *Manas*.[2] and it places the preservation of this equilibrium before the cure of disease. The disturbance of this balance in the direction of excess finds its clearest expression in *Sthaulya*. *Acharya Charaka* enumerates *Atisthula* among the *Ashtau Nindita Purusha* and defines him as one in whom, by the inordinate increase of *Meda* and *Mamsa*, the buttocks, abdomen and breasts hang pendulous, and whose bulk is not matched by a proportionate increase in *utsaha*.[3]

The condition is grouped among the *Santarpanottha Vikaras* alongside *Prameha* and *Kushtha*.[4] and its *samprapti* turns upon *Medo-dhatvagni mandya* with the consequent formation of excessive yet inferior *Meda*, *Margavarana* of *Vayu* within the *koshtha*, heightened *Jatharagni*, and a self-sustaining cycle of over-ingestion.[5] *Charaka* records the eight disabilities of *Atisthaulya* — *Ayusho hrasa*, *Javoparodha*, *Krichchra vyavaya*, *Daurbalya*, *Daurgandhya*, *Swedabadha*, *Ati kshudha* and *Ati pipasa*[6] — of which the first, the curtailment of lifespan, anticipates the modern recognition of obesity as a leading avoidable cause of premature mortality.[7]

Among the *aharaja nidanas* of *Medoroga*, *Charaka* names *Dadhi sevana* explicitly, alongside *Guru*, *Madhura* and *Snigdha ahara*.[8] *Dadhi* is *Guru*, *Snigdha* and *Abhishyandi*, and *Bhavaprakasha* describes the commonly consumed *Swadu Dadhi* as *Medakara* and *Kaphakara*.[9] The *Acharyas* therefore surrounded its use with elaborate *Sevana Niyama* — not at night, not heated, not daily, not in *Vasanta*, *Greeshma* or *Sharad*, and never without an adjuvant such as *Madhu*, *Mudga Yusha* or *Amalaki*.[10] The present case, in which habitual *vidhi-hina Dadhi sevana* was a prominent *hetu*, illustrates both the management of *Sthaulya* and the practical value of identifying and correcting a specific dietary cause.

CASE REPORT

Patient particulars and chief complaints

A 42-year-old male of *Kapha-Pitta Prakriti*, an office employee of sedentary occupation, presented to the *Kayachikitsa* out-patient department with progressive increase in body weight over approximately six years, together with heaviness of the body (*Gaurava*), undue fatigue on mild exertion (*Daurbalya* and *Alpa vyayama shwasa*), excessive sweating with offensive odour (*Swedadhikya* with *Daurgandhya*), excessive sleep and daytime drowsiness

(*Nidradhikya* and *Tandra*), and diminished enthusiasm for work (*Anutsaha*). He additionally reported laxity and pendulousness of the abdomen and gradual reduction in physical capacity.

History

The patient gave a history of irregular and excessive dietary intake (*Atisampurana* and *Adhyashana*), frequent consumption of *Guru*, *Madhura* and *Snigdha* articles, and a near-daily habit of taking *Dadhi* — largely buffalo-milk curd, taken plain and often with the night meal (*Ratri Dadhi sevana*), without any prescribed adjuvant. He admitted to *Divaswapna* following the midday meal and to an almost complete absence of *Vyayama*. There was a family history of obesity in both parents, suggestive of a *Beeja-svabhava* (hereditary) component.[11] There was no history of *Prameha*, *Hridroga*, thyroid disorder or any long-term medication, and no history suggestive of *Sahaja Sthaulya* from birth.

Ashtavidha and Dashavidha Pariksha

On *Ashtavidha Pariksha*, *Nadi* was *Kapha-Pitta* in character, *Mala* was *Samyak* with occasional *Avibandha*, *Mutra* was *Prakrita*, *Jihva* showed mild *Sama* coating, *Shabda* and *Sparsha* were *Prakrita* with *Snigdha* and *Pichchhila* skin, *Druk* was *Prakrita*, and *Akriti* was *Sthula*. On *Dashavidha Pariksha*, the patient was of *Kapha-Pitta Prakriti*, *Madhyama Sara* and *Samhanana*, *Pravara Pramana* of body bulk with *Madhyama Bala*, *Mandagni* bordering on *Vishamagni*, *Madhyama Satmya* and *Satva*, and *Madhyama Vaya* — findings consistent with a *Medo-dhatu pradhana* disorder in a *Kapha*-dominant constitution.

Anthropometric and systemic examination

General examination confirmed *Chala Sphik*, *Chala Udara* and *Chala Stana*. The relevant baseline measurements are presented below.

Table 1: Baseline demographic and anthropometric data.

Parameter	Finding at baseline
Age / Sex	42 years / Male
Prakriti	Kapha-Pitta
Occupation	Sedentary (office work)
Body weight	94 kg
Height	1.66 m
Body Mass Index (BMI)	34.1 kg/m²
Waist circumference	112 cm
Hip circumference	108 cm
Waist–Hip Ratio (WHR)	1.04
Grade of Sthaulya	Adhika Sthaulya (BMI > 30 kg/m² with Kapha-Pitta features)

By the Asian Indian consensus criteria, a BMI of 34.1 kg/m² and a waist circumference of 112 cm place the patient well within the obese and abdominally obese categories.[12] By the classical grading, the chronicity exceeding five years together with the presence of the cardinal *lakshanas* and several of the *Ashtau Doshas* corresponds to *Adhika Sthaulya*.[13]

Samprapti Ghataka

The pathogenesis in this patient may be set out as follows: *Dosha — Kapha* (*Kledaka*) principal, with *Pachaka Pitta* and *Samana-Vyana Vayu*; *Dushya — Rasa*, *Mamsa* and *Meda*; *Agni — Jatharagni* keen (*Atikshudha*) with *Medo-dhatvagni mandya*; *Srotas — Medovaha* principally, with *Rasavaha* and *Swedavaha*; *Sroto-dushti prakara — Sanga*; *Adhishthana — Medodhara Kala* and *Udara*; *Roga Marga — Bahya*. The *Abhishyandi* and *Guru-Snigdha* nature of the habitual *hetus*, *Dadhi* prominent among them, produced *Srotosanga* in the *Medovaha Srotas*, and the classical cycle of *Margavarana* and *Agni-sandhukshana* followed.[14]

MATERIALS AND METHODS

The patient was managed on an out-patient basis over a period of twelve weeks, following the twofold classical principle of *Sthaulya chikitsa — Nidana Parivarjana* together with *Apatarpana* by *Langhana* and *Rukshana*.[15] No *Samshodhana* (*Vamana* or *Virechana*) was undertaken in view of the out-patient setting and *Madhyama Bala*; management was confined to *Shamana*, *Bahya karma* and *Pathya-Apathya*. The intervention is summarised below.

Nidana Parivarjana

- Withdrawal of *Atisampurana* and *Adhyashana*; regularisation of meal timing and quantity.
- Discontinuation of *vidhi-hina Dadhi sevana* — cessation of nocturnal and plain curd. Where *Takra* was desired it was permitted during the day, churned and diluted, taken with a *Deepana* adjuvant, in keeping with its *Laghu* and *Kaphahara* nature.[16]
- Reduction of *Guru*, *Madhura* and *Snigdha* articles; avoidance of *Divaswapna*.

Shamana Aushadha

Table 2: Internal Shamana medication.

No.	Aushadha	Dose	Anupana	Kala
1	Triphala Churna	5 g twice daily	Ushnodaka / Madhu	Pragbhakta

2	Medohara Vidangadi Lauha	250 mg twice daily	Ushnodaka	Adhobhakta
3	Vrikshamla / Guggulu (Medohara Guggulu)	500 mg twice daily	Ushnodaka	Adhobhakta
4	Takrarishta	15 ml with equal water twice daily	After meal	Adhobhakta

The selection was governed by the principle that articles *Guru* in *guna* yet *Apatarpana* in action are ideal for *Sthaulya*, satisfying the *kshudha* while depleting the *Meda*.[17] *Triphala* and the *Guggulu* preparation supplied *Lekhana*, *Medohara* and *Kaphahara* actions; *Vidanga* and *Lauha* added *Krimighna* and *Lekhana* effect; *Takrarishta* furnished a *Deepana*, *Grahi* and *Kaphahara* vehicle derived from *Takra* itself.[18]

Bahya Chikitsa

- *Ruksha Udvartana* with *Triphala*, *Kolakulatthadi* and *Yava churna* was administered daily before bath, as the *Bahya Shodhana* of choice in *Medoroga*, employed for its *Kapha-Medohara* and *Srotoshodhana* action.[19]

Vyayama and Yoga

A graded, disease-specific protocol in the classical sequence was prescribed, beginning with *Chalana* (loosening), progressing through a *Sthula Vyayama* aerobic block and a muscle-strengthening block, then *Asana* and *Pranayama*, and closing with *Vishranti*. *Vyayama* was advised to *Ardha-shakti*, in keeping with the caution that excess exertion in the *Sthula* further provokes *Vata* and *Agni*.[20]

Pathya and Apathya

Table 3: Pathya–Apathya advised.

Vibhaga	Pathya	Apathya
Ahara	Yava, Shyamaka, Mudga, Kulattha, Chanaka, Patola, Patrashaka, Takra (diluted), Madhu, Ushnodaka	Navanna, Godhuma, Shali, Dadhi, Ghrita, Navaneeta, Guda, Ikshu vikara, Anupa-Audaka Mamsa, Madhura phala
Vihara	Vyayama, Padachara, Jagarana, Nitya Langhana, Udvartana, Chintana	Divaswapna, Avyayama, Sukha Shayya, Asana sukha, Sheetala jala snana

Assessment criteria

Assessment was carried out at baseline, at six weeks and at twelve weeks. Objective criteria comprised body weight, BMI, waist and hip circumference, and WHR. Subjective criteria comprised the cardinal *lakshanas* — *Gaurava*, *Daurbalya*, *Swedadhikya*, *Daurgandhya*,

Nidradhikya, *Anutsaha* and *Kshudhadhikya* — graded on a 0–3 scale (0 = absent, 1 = mild, 2 = moderate, 3 = severe).

RESULTS

The patient completed the twelve-week regimen with good compliance and without any adverse effect. A steady and clinically meaningful improvement was observed across both objective and subjective parameters.

Objective parameters

Table 4: Change in anthropometric parameters over twelve weeks.

Parameter	Baseline	6 weeks	12 weeks	Net change
Body weight (kg)	94	90.5	87	− 7.0
BMI (kg/m²)	34.1	32.8	31.6	− 2.5
Waist circumference (cm)	112	109	106	− 6.0
Hip circumference (cm)	108	106	104	− 4.0
Waist–Hip Ratio	1.04	1.03	1.02	− 0.02

Body weight fell from 94 kg to 87 kg, a reduction of 7 kg (7.4 per cent of baseline); BMI fell from 34.1 to 31.6 kg/m²; and waist circumference, the measure most closely reflecting *Medo-dhatu* at the *Udara*, fell by 6 cm. The reduction was gradual and progressive across both assessment intervals, consistent with a sustained *Apatarpana* effect rather than any abrupt loss, which the classics caution against as an *arishta lakshana*.[21]

Subjective parameters

Table 5: Change in cardinal Lakshanas (graded 0–3).

Lakshana	Baseline	6 weeks	12 weeks	% relief
Gaurava (heaviness)	3	2	1	66.7
Daurbalya (fatigue)	2	1	1	50.0
Swedadhikya (sweating)	3	2	1	66.7
Daurgandhya (odour)	2	1	0	100
Nidradhikya (hypersomnia)	3	2	1	66.7
Anutsaha (low enthusiasm)	2	1	1	50.0
Kshudhadhikya (excess hunger)	2	1	1	50.0

Daurgandhya resolved completely, and *Gaurava*, *Swedadhikya* and *Nidradhikya* each improved by approximately two-thirds. *Daurbalya*, *Anutsaha* and *Kshudhadhikya* improved by half. The relief of *Kshudhadhikya* is of particular interest, since it reflects a settling of the

heightened *Jatharagni* that drives the *samprapti*, and corresponds to the restraint of *kshudha* expected from the *Guru-Apatarpana* articles employed.[22] The patient reported subjectively improved capacity for work and a return of *utsaha*.

DISCUSSION

The outcome in this case supports the classical position that *Sthaulya*, though *Krichchhrasadhya*, is amenable to management when the twofold principle of *Nidana Parivarjana* and *Apatarpana* is applied with consistency.[23] Several features of the case merit discussion.

Role of Nidana Parivarjana

Sushruta directs that the withdrawal of the *hetu* is the first measure in the management of any disorder.[24] and in a *Krichchhrasadhya* and relapse-prone condition such as *Sthaulya* it is not preliminary to treatment but the substance of it. In this patient the identifiable *hetus* — *Atisampurana*, *Divaswapna*, *Avyayama* and, prominently, *vidhi-hina Dadhi sevana* — were each addressed directly. The near-daily intake of plain buffalo-milk *Dadhi* at night was a textbook aggregation of transgressions: a *Guru*, *Snigdha*, *Abhishyandi* and *Medakara* substance.[25] taken at the *Kapha-prakopa kala* of night, without the corrective adjuvant the *Acharyas* prescribe, and followed by *Divaswapna*. Its correction alone would be expected to reduce the *Kapha-Meda* load materially.

Dadhi as a Medoroga Hetu

The emphasis placed on *Dadhi* in this case rests on direct textual authority. *Charaka* lists *Dadhi sevana* among the *aharaja nidanas* of *Medoroga*.[26] *Sushruta* holds that *Dadhi* increases *Meda* and *Kapha*.[27] and *Bhavaprakasha* describes *Swadu Dadhi*, the commonest household form, as *Medakara*, *Kaphakara* and *Abhishyandi*.[28] The connection operates through the *Samanya-Vishesha Siddhanta* — *Meda* and *Dadhi* sharing *Madhura*, *Snigdha* and *Guru* attributes, so that like augments like.[29] — and through the *Abhishyandi* property, which converts simple accumulation into *Srotodushti*. A further, often overlooked pathway is the *Rochana* action of *Dadhi*, which enhances the palatability of a meal and thereby the quantity eaten, rendering it an indirect cause of *Atisampurana*. Recent observational work supports this reading: a case-control study found nocturnal *Dadhi sevana* to be strongly and significantly associated with disease, while curd consumption as a bare fact carried no significant association — precisely the distinction the *Sevana Niyama* draws.[30]

Role of Shamana and Bahya Chikitsa

The internal formulations were chosen for their *Lekhana*, *Medohara* and *Kaphahara* actions, embodying the governing prescription that articles *Guru* in *guna* and *Apatarpana* in action are ideal in *Sthaulya*.[31] *Ruksha Udvartana* complemented these by acting externally upon the *Medovaha Srotas*, its *Ruksha* and *Kaphaghna* qualities performing *Srotoshodhana* and liquefying the superficial *Meda*.[32] The graded *Vyayama*, delivered to *Ardha-shakti*, addressed the *Avyayama hetu* while respecting the caution against over-exertion in the *Sthula*. The combination thus engaged the *samprapti* at several points simultaneously — *hetu*, *dosha*, *dushya* and *srotas*.

Correlation with contemporary understanding

The classical description maps closely onto the modern account. *Chala Udara* and the emphasis on abdominal prominence correspond to central (android) adiposity, which carries the greatest metabolic risk.[33] the *Medo-dhatvagni mandya* that yields abundant but inferior *Meda* parallels the contemporary understanding of adipose tissue as an active, dysfunctional endocrine organ rather than inert storage.[34] and *Ayusho hrasa* reflects the documented reduction of life expectancy in obesity.[35] The reduction in waist circumference achieved here is of clinical importance in its own right, since this measure tracks cardiometabolic risk more closely than body weight alone.

Limitation

This is a single-case observation without a control, and the relative contribution of each component — *Nidana Parivarjana*, internal medication, *Udvartana* and *Vyayama* — cannot be isolated from it. The findings are nonetheless consistent with the classical framework and generate a testable hypothesis regarding *vidhi-hina Dadhi sevana* as a correctable *hetu*, which warrants examination in a controlled study of adequate sample size.

CONCLUSION

Sthaulya is a *Santarpanajanya*, *Kapha-Meda* dominant disorder that is best approached by withdrawing the *hetu* and depleting the *Meda* through *Apatarpana* means. In the present case of *Adhika Sthaulya*, a twelve-week regimen combining *Nidana Parivarjana*, *Lekhana* and *Medohara Shamana Aushadha*, *Ruksha Udvartana*, graded *Vyayama* and a *Rukshana*-oriented *Pathya* produced a 7 kg reduction in body weight, a 6 cm reduction in abdominal girth and substantial relief of the cardinal *lakshanas*, without any adverse effect. The case underscores two points of practical value: that *Sthaulya*, though *Krichchhrasadhya*, responds

well to the classical twofold strategy applied consistently; and that a specific, widely prevalent dietary *hetu* — habitual *vidhi-hina Dadhi sevana* — can be identified and corrected to real advantage. Since prevention is both more effective and less costly than treatment in this condition, the recognition and avoidance of such everyday *aharaja hetus* deserves emphasis in both clinical practice and public health education.

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