

## CLINICAL STUDY ON *STHAULYA* W.S.R TO OBESITY A SINGLE CASE STUDY

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### ABSTRACT

*Sthaulya* is a *Santarpanottha Vikara* characterized by excessive accumulation of *Meda* and *Mamsa*, leading to pendulous movement of hips, abdomen, and breasts and predisposing the individual to various metabolic complications. It is included under *Ashtanindita Purusha* in Ayurvedic classics and is predominantly a *Kapha-pradhana* disorder involving *Medovaha Srotodushti*. The condition is commonly associated with *Atikshudha* (excessive hunger), *Kshudra Shwasa* (dyspnea on exertion), *Swedadhikya* (excess sweating), and reduced physical endurance, thereby affecting quality of life. In the present era, obesity has emerged as a major lifestyle disorder with increasing prevalence worldwide.<sup>[3]</sup> In this clinical case study, a 34-year-old male patient diagnosed with *Sthaulya* (BMI 33.4 kg/m<sup>2</sup>) was treated with *Apamarga Beeja Churna* (3 g twice daily with lukewarm water before meals) for 90 days

along with appropriate *Pathya-Apathya*. Assessment was carried out using subjective parameters and objective measures including body weight, BMI, waist circumference. After completion of therapy, the patient showed significant reduction in body weight (4.14%) and BMI (4.12%), marked improvement in *Atikshudha* and *Kshudra Shwasa*, without any adverse effects. The study suggests that *Apamarga Beeja Churna* acts as a potent *Kshudhahar*, *Medohara* and *Lekhaniya* agent, helping in the management of *Sthaulya* by correcting *Agni*, reducing excessive fat accumulation, and improving metabolic parameters.

**KEYWORDS:** *Sthaulya*, Obesity, *Apamarga Beeja Churna*, *Medohara*, *Achyranthes aspera*, Case Study, Ayurveda, *Medovaha Srotodushti*.

## INTRODUCTION

Obesity is a chronic metabolic disorder characterized by abnormal or excessive accumulation of adipose tissue that presents a risk to health. It is commonly assessed using Body Mass Index (BMI), and according to the Consensus Guidelines for Asian Indians, a BMI  $\geq 25$  kg/m<sup>2</sup> is considered obesity due to increased cardio metabolic risk in this population.<sup>[1]</sup> Obesity is a major contributor to non-communicable diseases and is responsible for a substantial proportion of diabetes, ischemic heart disease, and certain cancers worldwide.<sup>[1]</sup> The World Health Organization (WHO) has recognized obesity as a global epidemic, with its prevalence increasing rapidly across both developed and developing countries.<sup>[2]</sup> Despite the availability of pharmacological and surgical interventions, long-term management remains challenging, necessitating safe and sustainable therapeutic alternatives.

In Ayurveda, obesity can be correlated with *Sthaulya*, which is described in classical texts as one of the *Ashtanindita Purusha* (eight undesirable bodily constitutions).<sup>[3]</sup> The pathogenesis of *Sthaulya* primarily involves vitiation of *Kapha Dosha* and abnormal accumulation of *Medodhatu*, often resulting from excessive intake of *guru*, *snigdha*, and *madhura ahara*, sedentary lifestyle, and diminished physical activity.<sup>[3]</sup> The classical management principles include *Langhana*, *Apatarpana*, *Deepana-Pachana*, and *Medohara* therapies aimed at restoring metabolic balance.<sup>[3]</sup>

Among the medicinal plants indicated for *Sthaulya*, *Apamarga Beeja* (seeds of *Achyranthes aspera* L.) is mentioned in *Charaka Samhita* for its therapeutic utility in disorders associated with excessive hunger and metabolic imbalance.<sup>[7]</sup> Its seeds (*Tandula*) possess *Tikta Rasa* (bitter taste) and *Ushna Virya* (hot potency), which provide the necessary *Lekhana* (scraping) action to clear *Srotas* and reduce excess *Meda*. Traditional *Nighantus* describe *Apamarga* as possessing *Deepana*, *Pachana*, and *Kapha-Medohara* properties, making it beneficial in conditions involving abnormal fat accumulation.<sup>[4,5]</sup> Pharmacological reviews of *Achyranthes aspera* have also highlighted its potential *hypolipidemic* and metabolic regulatory activities, supporting its traditional use.<sup>[6]</sup>

Considering the increasing burden of obesity and the need for economical, safe, and holistic management strategies, clinical evaluation of classical Ayurvedic drugs becomes essential.

Therefore, the present clinical case study was undertaken to assess the efficacy of *Apamarga Beeja Churna* in the management of *Sthaulya*, with reference to changes in body weight, BMI, and associated clinical parameters.

## MATERIALS AND METHODS

A 34-year-old male patient presenting with weight gain, excessive hunger (*Atikshudha*), and dyspnea on exertion (*Kshudra Shwasa*) was selected for the study. Informed written consent was taken from patient. The patient was administered 3 grams of *Apamarga Beeja Churna* twice daily before meals with lukewarm water for 90 days. Assessment was done based on subjective grading of symptoms and objective anthropometric and biochemical parameters.

## CASE REPORT

### History of Present Illness

A 34-year-old male patient presented to the OPD of *Kayachikitsa* Department at Pravara Ayurved Hospital, Shevgaon, with complaints of progressive weight gain for the last five years. The patient also reported excessive hunger (*Atikshudha*), easy fatigability, excessive sweating (*Swedadhikya*), and breathlessness on mild exertion (*Kshudra Shwasa*). He had a sedentary lifestyle due to prolonged desk work (approximately 10 hours daily) and irregular dietary habits including frequent consumption of junk food, sweets, and heavy meals. Daytime sleeping (*Divaswapna*) and lack of physical activity were also present.

The patient had previously attempted dietary restriction and occasional exercise but did not achieve sustained weight reduction. There was no history of diabetes mellitus, hypertension, hypothyroidism, or any long-term medication use. Family history revealed obesity in his father. As he did not obtain satisfactory results with conventional approaches, he approached our center for Ayurvedic management.

General examination included recording of vital parameters and systemic evaluation. Anthropometric measurements were taken Ayurvedic assessment was carried out through *Ashtavidha Pariksha* and *Dashavidha Pariksha*. The patient was found to have *Pitta-Kaphaja Prakriti* with *Kapha-Vata Vikriti*. *Dushya* involved were *Meda*, *Mamsa*, and *Kleda*. *Agni* was assessed as *Teekshna Jatharagni* with *Medodhatvagni Mandya*. *Medovaha Srotodushti* with *Srotosanga* and *Margavarodha* was observed as part of the *Samprapti Ghataka*.

After detailed clinical evaluation and confirmation of the diagnosis of *Sthaulya*, written informed consent was obtained from the patient. The treatment was initiated at the OPD level with *Apamarga Beeja Churna* along with appropriate *Pathya-Apathya* guidelines.

### Past History

N/H/O- Trauma, Diabetes mellitus, Hypertension, Hypothyroidism.

**Medication history** -no any

### Personal history

Appetite: Increased (*Atikshudha*)

Food Habits: Vegetarian diet with excessive intake of sweets, fried foods, junk food, and irregular meal timings (*Vishamashana*)

Sleep: Sound sleep but associated with daytime sleeping (*Divaswapna*)

Bowel: Regular but tendency for large quantity evacuation

Bladder: Clear

Addiction: Tea consumption 3–4 times per day for the last 10 years

Physical Activity: Sedentary lifestyle, no regular exercise

### Family history

History of obesity present in father.

No history of diabetes mellitus, hypertension, or thyroid disorders in immediate family members.

### Demographic Details

Age: 34 years

Sex: Male

Address: Shevgaon

OPD No.: XXXX/2025

Occupation: Software Engineer (Desk Job)

Marital Status: Married

Socioeconomic Status: Middle Class

Weight: 92 kg

Height: 166 cm

BMI: 33.4 kg/m<sup>2</sup>

Waist Circumference: 107.5 cm

**Vitals Examination**

Blood Pressure: 130/84 mmHg

Pulse: 78/min

Respiratory Rate: 18/min

Temperature: Afebrile

***Ashtavidha pariksha***

*Nadi* (Pulse): *Kapha-Vata Pradhana*, 78/min

*Mala* (Stool): *Samyaka* (normal)

*Mutra* (Urine): *Samyaka* (normal)

*Jivha* (Tongue): *Alpa Sama* (slightly coated)

*Shabda* (Speech): *Spashta* (clear)

*Sparsha* (Skin): *Snigdha* and slightly moist

*Druka* (Eyes): *Prakruta*

*Aakruti* (Build/Posture): *Sthula Sharira* (obese body habitus)

***Samprapti* (Pathophysiology of the Disease)**

Excessive intake of *Guru*, *Snigdha*, and *Madhura Ahara*, along with *Avyayama* and *Divaswapna*, leads to aggravation of *Kapha Dosha* and increase in *Medodhatu*. Due to *Medodhatvagni Mandya*, improper metabolism of fat occurs, resulting in excessive accumulation of *Meda*. The vitiated *Meda* causes *Srotosanga* (obstruction) in *Medovaha Srotas*, leading to *Margavarodha* of *Vata*. The obstructed *Vata* stimulates *Jatharagni*, producing *Atikshudha*, which further increases food intake and perpetuates *Meda* accumulation. Thus, *Kapha* predominance, *Meda vriddhi*, and *Vata avarana* collectively result in the manifestation of *Sthaulya*.

**Local examination**

Generalized adiposity with pendulous abdomen

Excess subcutaneous fat over abdomen and waist

No localized tenderness

No pedal edema

No signs of inflammation

**Investigations**

BMI: 33.4 kg/m<sup>2</sup> (Grade I Obesity)

Waist Circumference: 107.5 cm

Blood Sugar (Fasting/PP): Normal

Hemoglobin: Within normal limits

### Intervention

The patient was prescribed pure *Apamarga Beeja Churna* prepared through standard *Ayurvedic* pulverization methods.

Dosage: 3 grams twice daily.

*Anupana*: Lukewarm water (*Ushnodaka*).

*Kala*: *Abhakta* (empty stomach, 30 minutes before breakfast and dinner).

Duration: 12 weeks (90 days).

### Pathya-Apathya Advice

**Pathya**: Intake of *Yava* (barley), *Mudga* (green gram), and mixed grain *chapatis* (barley, wheat, gram). Warm water consumption and 30 minutes of brisk walking.

**Apathya**: Avoidance of *Divaswapna* (day sleep), *Madhura Ahara* (sweets), and *Snigdha* foods (oily/fried).

### Pharmacological aspects

#### *Apamarga Beeja Churna*

*Achyranthes aspera* Linn. (*Apamarga*) is described in classical *Ayurvedic* texts as possessing *Tikta-Katu Rasa*, *Ushna Virya*, and *Laghu-Ruksha Guna*. These properties contribute to its *Deepana*, *Pachana*, and *Lekhaniya* actions, thereby helping in *Kapha-Medohara* effect and reducing excessive accumulation of *Meda* in *Sthaulya*.<sup>[7]</sup> It is specifically mentioned for its role in conditions of excessive nourishment and abnormal fat deposition.<sup>[7]</sup>

Modern pharmacological studies have demonstrated that the seeds of *Achyranthes aspera* contain triterpenoid saponins, including oleanolic acid glycosides, which exhibit anti-obesity and hypolipidemic activities.<sup>[8]</sup> These bioactive constituents inhibit pancreatic lipase and amylase activity, thereby reducing intestinal absorption of dietary fats and carbohydrates.<sup>[8,9]</sup> Experimental studies have also shown that seed saponins possess antioxidant and metabolic regulatory properties supporting their traditional *Medohara* action.<sup>[9]</sup>

### Assessment criteria

Objective Parameters

Body Weight

Body Mass Index (BMI)

Waist Circumference (WC)

### Subjective parameters (grading scale)<sup>[10]</sup>

#### 1) *Atikshudha* (Excessive hunger)

Grade	Description
1	As usual / routine
2	Slightly increased (1 meal extra with routine diet)
3	Moderately increased (2 meals extra with routine diet)
4	Markedly increased (3 meals extra with routine diet)

#### 2) *Kshudra Shwasa* (Dyspnea on exertion)

Grade	Description
1	No Dyspnoea even after heavy work
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.
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.
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.
5	Dyspnoea in resting condition

#### 3) *Swedadhikya* (Excessive sweating)

Grade	Description
1	Sweating after heavy work and fast movement or in hot weather
2	Profuse sweating after moderate work and movement
3	Sweating after little work and movement (stepping ladder etc.)
4	Profuse sweating after little work and movement
5	Sweating even at rest or in cold weather

#### 4) *Pipasa adhikya* (increased thirst)

Grade	Description
1	Feeling of thirst (7 – 9 times/24 hours) & relieved by drinking water
2	Feeling of moderate thirst (>9 - 11 times/24 hours) & relieved by drinking water
3	Feeling of excess thirst (>11 – 13 times/24 hours) not relieved by drinking water
4	Feeling of severe thirst (>13 times) not relieved by drinking water

## RESULTS AND CONCLUSION

**Table 1: Anthropometric Changes (Before and After Treatment)**

Parameter	Day 0 (BT)	Day 90 (AT)	Reduction / Change (%)
Weight (kg)	92.0	88.2	4.14% reduction
BMI (kg/m <sup>2</sup> )	33.4	32.0	4.12% reduction
Waist Girth (cm)	107.5	104.0	3.25% reduction

**Table 2: Subjective Changes (Before and After Treatment)**

Subjective parameters	Day 0 (BT)	Day 90 (AT)
<i>Atikshudha</i>	Grade 3	Grade 1
<i>Kshudra Shwasa</i>	Grade 2	Grade 1
<i>Swedadhikya</i>	Grade 3	Grade 1
<i>Pipasa adhikya</i>	Grade 2	Grade 1

After completion of 90 days of treatment, the patient showed marked clinical improvement. Significant relief in *Atikshudha* was observed within the first 15 days, with gradual reduction from Grade 3 to Grade 1 by the end of therapy. *Kshudra Shwasa* improved considerably, allowing the patient to perform brisk walking without discomfort. A total weight reduction of 3.8 kg was achieved, with corresponding decrease in BMI and waist circumference. No adverse drug reactions were reported during the study period.

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