

PANCHAKARMA MANAGEMENT OF STHOULYA (OBESITY): A CASE REPORT ON VIRECHANA KARMA AND BASTI KARMA WITH OUTCOME ASSESSMENT

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ABSTRACT

Background: Obesity (Sthoulya) is an escalating global health crisis characterised by pathological accumulation of adipose tissue leading to systemic metabolic dysregulation. Classified under Santarpanajanya Vyadhi^[1] in classical Ayurveda, Sthoulya results from aggravation of Kapha Dosha with Medas and Mamsa Dushya involvement. The condition predisposes individuals to Type 2 Diabetes Mellitus, Hypertension, Cardiovascular Disease, and Musculoskeletal disorders. Contemporary pharmacological management is associated with adverse effects and limited long-term efficacy. Ayurveda, through Shodhana Chikitsa (bio-purificatory procedures), offers a comprehensive and holistic approach that addresses the root cause of Sthoulya at Dosha, Dhātu, and Agni levels. **Case Presentation:** A 24-year-old unmarried male student presented to the Panchakarma OPD, D.G.M. Ayurvedic Medical College and Hospital, Gadag, Karnataka, with complaints of

progressive weight gain over two years, persistent fatigue, polyphagia, polydipsia, and marked lethargy for one year. Anthropometric assessment revealed Body Weight: 95 kg, Height: 164 cm, BMI: 35.3 kg/m² (Obese Class I — WHO classification). Ashtavidha Pareeksha and Nidana Panchaka confirmed Sthoulya with Kaphapradhana Tridoshic involvement.

Intervention: A five-phase Panchakarma protocol was implemented over 28 days.

Phase 1. Deepana-Pachana with Hinguvachadi Gutika (3 days)

Phase 2. Udwartana with Kolakulathyadi Choorna (3 days)

Phase 3. Shodhananga Snehapana using Guggulutikta Ghrita (3 days, escalating doses: 25→40→70 mL), followed by Sarvanga Abhyanga with Brihat Saindhava Taila and Bashpa Sweda (3 days), Virechana Karma with Trivrutlehya 40 g (Day 7) yielding 10 Vegas of Samyak Virechana

Phase 4. Samsarjana Krama dietary reintroduction (7 days)

Phase 5. Yoga Basti comprising Erandamooladi Niruha Basti (500 mL × 3 sessions) and Anuvasana with Guggulutikta Ghrita (60 mL × 5 sessions).

Outcomes: Post-treatment assessment demonstrated: Body weight reduction of 7 kg (95→88 kg; 7.37% reduction); BMI reduction from 35.3 to 31.6 kg/m² (10.48% reduction); significant reduction in all circumferential measurements; biochemical improvement with Triglycerides reduced from 246.0 to 93.71 mg/dL (61.91% reduction) and LDL Cholesterol from 135.0 to 58.5 mg/dL (56.67% reduction). All subjective symptoms showed marked improvement on the grading scale. **Conclusion:** This case report demonstrates the clinical efficacy of a structured Panchakarma protocol — specifically Virechana Karma and Basti Karma — in the management of Sthoulya. The observed outcomes indicate that Shodhana Chikitsa effectively addresses the underlying Dosha-Dushya Sammurchana, corrects Agni dysfunction, clears Srotas obstruction, and facilitates measurable metabolic and anthropometric improvement. Multi-centre controlled trials are warranted to establish evidence-based protocols.

KEYWORDS: Sthoulya; Obesity; Virechana Karma; Basti Karma; Panchakarma; Udwartana; Guggulutikta Ghrita; Trivrutlehya; Erandamooladi Niruha Basti; Shodhana Chikitsa.

1. INTRODUCTION

Obesity is defined as abnormal or excessive accumulation of adipose tissue that presents a risk to health. It is assessed by the Body Mass Index (BMI), a simple index of weight-for-

height (kg/m²) wherein a BMI ≥ 25 kg/m² is classified as Overweight and ≥ 30 kg/m² as Obese (WHO classification).^[3] Globally, over 4 million deaths annually are attributable to overweight and obesity, with childhood and adolescent prevalence quadrupling from 4% (1975) to 18% (2016).^[4]

In Ayurveda, Sthoulya (also termed Medoroga) is classified under Santarpanotha Vikaras — diseases arising from excessive nourishment (Atisantarpana). Acharya Charaka provides a detailed exposition in the Ashtaninditeeya Adhyaya (Ch. 21, Sutra Sthana), defining the Sthula Purusha as one in whom disproportionate increase of Medas (adipose tissue) and Mamsa (muscle tissue) results in pendulous buttocks, abdomen, and breasts, with energy failing to match the increase in bulk.^[2] The primary Dosha is Kapha with Medas and Mamsa as Dushya (vitiated tissue), leading to Srotas Avarodha (channel obstruction) and impaired Agni (metabolic fire).

The etiological factors (Nidana) of Sthoulya are categorised as Aharatmaka (dietary), Viharatmaka (lifestyle), and Manasika (psychological). These include: excessive consumption of Madhura (sweet), Snigdha (fatty), and Guru (heavy) substances; Ati Shleshmala and Pichhila Ahara; sedentary behaviour (Alasya); reduced physical activity; and psychological stress. Contemporary epidemiological data mirrors this Ayurvedic understanding, with sedentary lifestyle and caloric excess identified as primary drivers.

Ayurvedic management of Sthoulya follows Apatarpana Chikitsa (under-nourishment/depletion therapy) through Shodhana (bio-purification) and Shamana (palliative) modalities. Panchakarma procedures — specifically Virechana Karma (therapeutic purgation) and Basti Karma (medicated enema) — are considered primary Shodhana interventions for addressing Kapha-Pitta Dosha vitiation and Meda Dushya respectively. Udwartana (medicated powder massage) serves as an important Purvakarma adjunct with specific Lekhana (scraping) properties on Meda Dhatu. The present case report documents the clinical course, intervention protocol, and outcome assessment in a 24-year-old male with BMI-confirmed Obese Class I status managed with structured Panchakarma at DGM Ayurvedic Medical College and Hospital, Gadag, Karnataka.

2. CASE PRESENTATION

2.1 Patient Information

A 24-year-old unmarried male student presented to the Panchakarma OPD, D.G.M. Ayurvedic Medical College and Hospital (DGMAMC&H), Gadag, Karnataka, with the following chief complaints:

- (i) Progressive weight gain over the past two years
- (ii) Persistent tiredness and generalised fatigue for one year
- (iii) Excessive hunger (Atikshudha) for one year
- (iv) Excessive thirst (Atipipasa) for one year
- (v) Marked feeling of laziness (Alasya) for one year

2.2 Personal History and Ashtavidha Pareeksha

Personal History	Ashtavidha Pareeksha (Eight-Fold Examination)
Name: XYZ (Identity concealed)	Nadi: 80 beats/min (Kaphadhika Nadi)
Age: 24 Years	Mutra (Urine): 6–7 times/day — Normal
Marital Status: Unmarried	Mala (Stool): Regular
Occupation: Student	Jivha (Tongue): Ishat Liptata (mild coating)
Sleep: Sound (Nidra Pratibaddha)	Shabdha (Voice): Prakruta (normal)
Appetite: Increased (Atikshudha)	Sparsha (Skin touch): Prakruta
Addiction: None	Druka (Eyes): Prakruta
Weight: 95 kg Height: 164 cm	Akruti: Sthoulya
Diet: Mixed (Mamsa-Matsya: 4–5×/week)	BMI: 35.3 kg/m ² (Obese Class I)

2.3 Systemic Examination

Central Nervous System: Higher mental functions intact; well-oriented to time, place, and person. Motor and sensory functions intact.

Cardiovascular System: S1 and S2 audible; no murmur or added sounds.

Respiratory System: Bilateral air entry clear; no adventitious sounds.

Per Abdomen: No visible scar or swelling on inspection; no tenderness on palpation; pendulous abdomen noted.

2.4 Nidana Panchaka (Diagnostic Framework)

Nidana Category	Specific Nidana Identified
Aharatmaka Nidana (Dietary Factors)	Excessive Madhura Dravya consumption; Ati Snigdha Ahara ⁵ ; Ati Shleshma Bahula ⁶ diet; Pichhila Ahara; Mamsa-Matsya Sevana 4–5 times/week
Viharatmaka Nidana (Lifestyle Factors)	Sedentary posture (Asana Shayyasukha); absence of physical exercise (Vyayama Hina); Divaswapna (daytime sleep)
Manasika Nidana	Reduced intellectual activity; absence of Chinta (purposeful

(Psychological Factors)	thinking)
Samprapti Ghataka (Pathogenic Factors)	Dosha: Kapha (primary), Vata-Pitta (secondary); Dushya: Medas, Mamsa; Srotas: Medovaha Srotas; Agni Dushti: Jatharagni Mandya

2.5 Vyādhi Vinishchaya (Diagnosis)

Ayurvedic Diagnosis: Sthoulya (Medoroga)

ICD-10 Contemporary Correlation: E66.0 — Obesity due to excess calories.

WHO BMI Classification: Obese Class I (BMI: 35.3 kg/m²) as per WHO Asia-Pacific guidelines.^[7]

3. MATERIALS AND METHODS

3.1 Study Design

This is a single-case observational study with pre- and post-treatment assessment (single-arm, before-after design), conducted at the Panchakarma OPD, D.G.M. Ayurvedic Medical College and Hospital, Gadag, Karnataka (DGMAMC&H). The study protocol was conducted in accordance with the principles of the Declaration of Helsinki for clinical case reports. Written informed consent was obtained from the patient prior to commencement of treatment. Patient identity has been anonymised.

3.2 Assessment Criteria^[7]

WHO Weight Status Category	BMI Range (kg/m ²)
Underweight	< 18.5
Normal Range	18.5 – 24.9
Overweight	25.0 – 29.9
Obese Class I	30.0 – 34.9
Obese Class II	35.0 – 39.9
Obese Class III (Morbid)	≥ 40.0

Subjective parameters were graded on a 4-point ordinal scale: + (Mild) | ++ (Moderate) | +++ (Severe) | ++++ (Very Severe). Objective parameters included body weight, height, BMI, and circumferential measurements (mid-arm, mid-thigh, mid-calf, neck, waist). Biochemical parameters included fasting serum Triglycerides and LDL Cholesterol.

3.3 Treatment Protocol

Phase 1 — Deepana-Pachana (Pre-Oleation Digestive Correction; 3 Days).

S.No.	Drug (Dravya)	Dose	Frequency	Duration	Anupana
01	Hinguvachadi Gutika	1 tablet	BD (before food)	3 days	Lukewarm water (Ushna Jala)

Phase 2 — Udwartana Karma (Therapeutic Powder Massage; 3 Days)

S.No.	Days	Dravya Used	Date	Samyak Lakshana Observed	Diet
01	3 days	Kolakulathyadi Choorna	20/02/2026 – 23/02/2026	Samyaka Ruksha Lakshana (proper dryness of skin)	Peya (thin gruel)

Phase 3— Shodhananga Snehapana and Virechana Karma

Procedure	Day	Dravya	Date	Dose	Clinical Observation	Diet
Snehapana	1	Guggulutikta Ghrita	24/02/2026	25 mL	Tolerating well; no adverse effects	Peya
Snehapana	2	Guggulutikta Ghrita	25/02/2026	40 mL	Snigdha Varcha noted (oily stools)	Peya
Snehapana	3	Guggulutikta Ghrita	26/02/2026	70 mL	Snigdha Twak noted (unctuous skin)	Peya
Abhyanga + Bashpa Sweda	4	Brihat Saindhava Taila	27/02/2026	—	Improved local mobility; Dosha mobilisation	Peya + Rice + Rasam
Abhyanga + Bashpa Sweda	5	Brihat Saindhava Taila	28/02/2026	—	Dosha moving to Koshtha confirmed	Peya + Rice + Rasam
Abhyanga + Bashpa Sweda	6	Brihat Saindhava Taila	01/03/2026	—	Patient comfortable; Samshodhana ready	Peya + Rice + Rasam
Virechana Karma	7	Trivrutlehya	02/03/2026	40 g	10 Vegas; Samyak Virechana Lakshana: Shareera Laghuta, Indriya Prasada	Nil (Virechana day)
Samsarjana Krama	8–14	Dietary reintroduction (Madhyama Shuddhi)	03/03/2026–09/03/2026	—	Peya → Vilepi → Kruta & Akruta Mamsarasa over 5 days	Samsarjana diet

Phase 4 — Yoga Basti (Kala Basti Protocol; 8 Days)

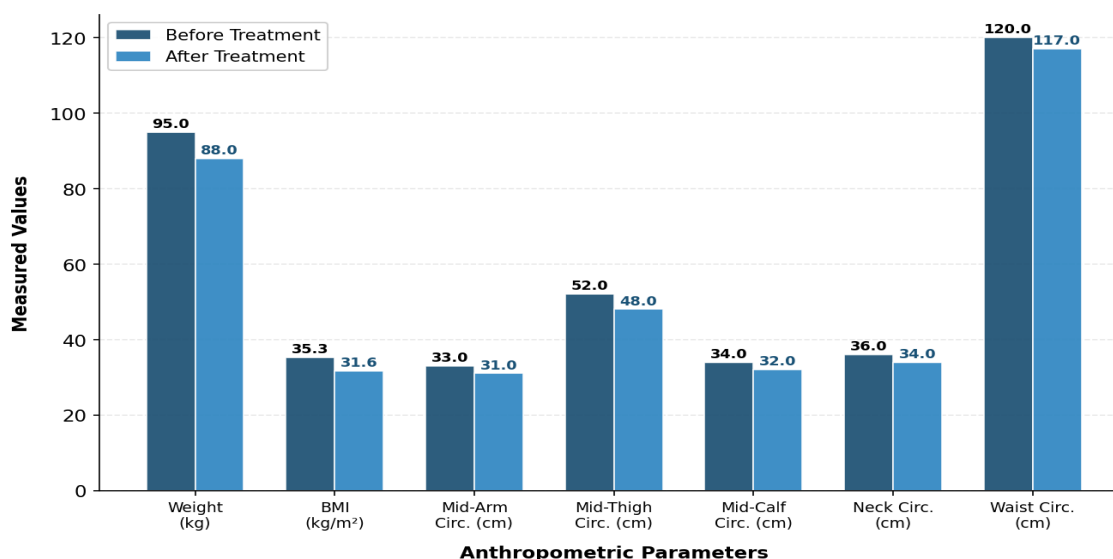
Day / Date	Basti Type	Time	Dravya Volume	Retention Time	Nireekshana (Observation)
1st Day — 10/03/26	Anuvasana (A)	7: 30 AM	60 mL	2 hours	No discomfort; well retained
2nd Day — 11/03/26	Niruha (N)	8: 00 AM	500 mL	10 minutes	No discomfort; proper expulsion
3rd Day — 12/03/26	Anuvasana (A)	8: 15 AM	60 mL	6 hours	No discomfort; well retained
4th Day — 13/03/26	Niruha (N)	7: 55 AM	500 mL	15 minutes	No discomfort; proper expulsion
5th Day — 14/03/26	Anuvasana (A)	8: 20 AM	60 mL	8 hours	No discomfort; excellent retention
6th Day — 15/03/26	Niruha (N)	8: 25 AM	500 mL	17 minutes	No discomfort; proper expulsion
7th Day — 16/03/26	Anuvasana (A)	7: 45 AM	60 mL	8 hours	No discomfort; well retained
8th Day — 17/03/26	Anuvasana (A)	7: 50 AM	60 mL	9 hours	No discomfort; maximum retention achieved

Erandamooladi Niruha Basti Composition (500 mL per session)

Ingredient	Quantity	Role
Madhu (Honey)	110 mL	Yogavahi (vehicle); Kapha-Meda Lekhana
Saindhava Lavana (Rock Salt)	10 g	Srotas Shodhana (channel purification)
Guggulutikta Ghrita (GTG)	90 mL	Sneha component; Vatahara, Kapha-Meda Vilayana
Kalka (Herbal paste)	10 g	Active drug fraction
Kwatha (Decoction — Erandamooladi)	250 mL	Base decoction; primary therapeutic agent
Gomutra (Cow urine)	30 mL	Deepana; Lekhana; Srotas Shodhana

4. OBSERVATIONS AND RESULTS**4.1 Objective Parameters — Anthropometric Measurements**

Parameter	Before Treatment	After Treatment	Change	% Reduction
Body Weight	95 kg	88 kg	↓ 7 kg	7.37%
Height	164 cm	164 cm	No change	—
BMI (kg/m ²)	35.3	31.6	↓ 3.7	10.48%
Mid-Arm Circumference	33 cm	31 cm	↓ 2 cm	6.06%
Mid-Thigh Circumference	52 cm	48 cm	↓ 4 cm	7.69%
Mid-Calf Circumference	34 cm	32 cm	↓ 2 cm	5.88%
Neck Circumference	36 cm	34 cm	↓ 2 cm	5.56%
Waist Circumference	120 cm	117 cm	↓ 3 cm	2.50%

Figure 6: Comparison of Anthropometric Parameters Before and After Panchakarma Treatment**Figure 6: Comparison of Anthropometric Parameters Before and After Panchakarma Treatment.**

4.2 Subjective Parameters — Symptom Grading

S.No.	Symptom (Ayurvedic Term)	Before Treatment	After Treatment	Response
1	Excessive Hunger (Atikshudha)	++ (Moderate)	+ (Mild)	Improved
2	Excessive Thirst (Atipipasa)	+++ (Severe)	++ (Moderate)	Improved
3	Excessive Sweating (Atisweda)	++++ (Very Severe)	++ (Moderate)	Markedly Improved
4	Laziness (Alasya)	++ (Moderate)	+ (Mild)	Improved
5	Inability to Perform Daily Activities	++ (Moderate)	+ (Mild)	Improved

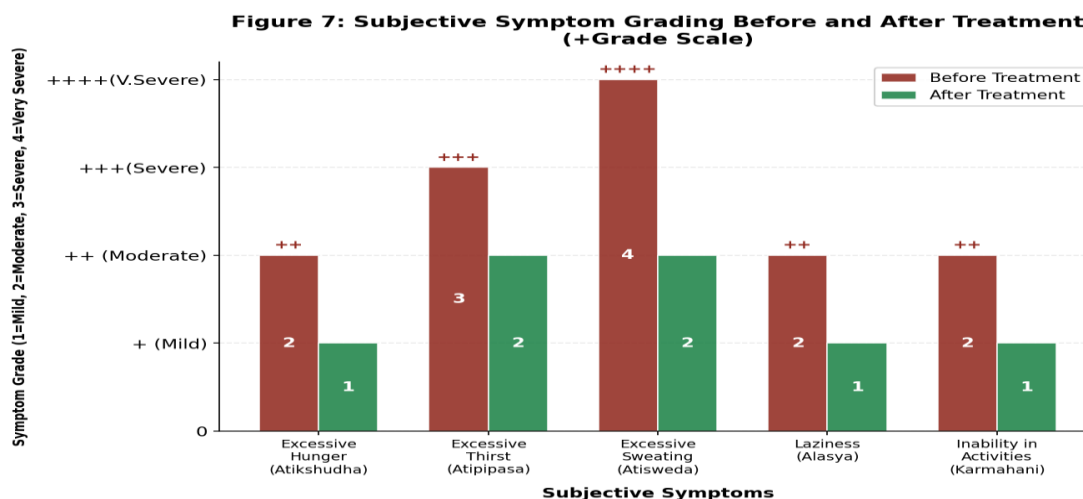


Figure 7: Subjective Symptom Grading Before and After Panchakarma Treatment.

4.3 Biochemical Parameters

Parameter	Before Treatment	After Treatment	Normal Reference (Males)	Absolute Reduction	% Reduction
Triglycerides	246.0 mg/dL	93.71 mg/dL	< 175 mg/dL	152.29 mg/dL	61.91%
LDL Cholesterol	135.0 mg/dL	58.5 mg/dL	< 100 mg/dL	76.5 mg/dL	56.67%

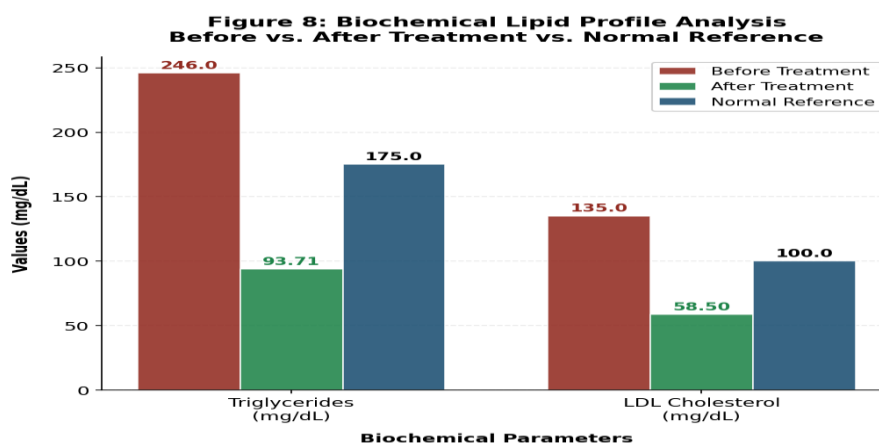


Figure 8: Biochemical Lipid Profile — Before vs. After Treatment vs. Normal Reference.

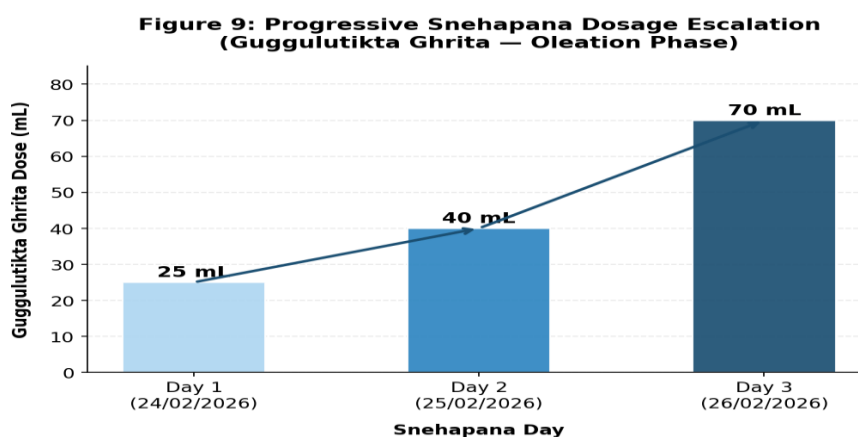


Figure 9: Progressive Snehapana Dosage Escalation — Guggulutikta Ghrita (Oleation Phase).

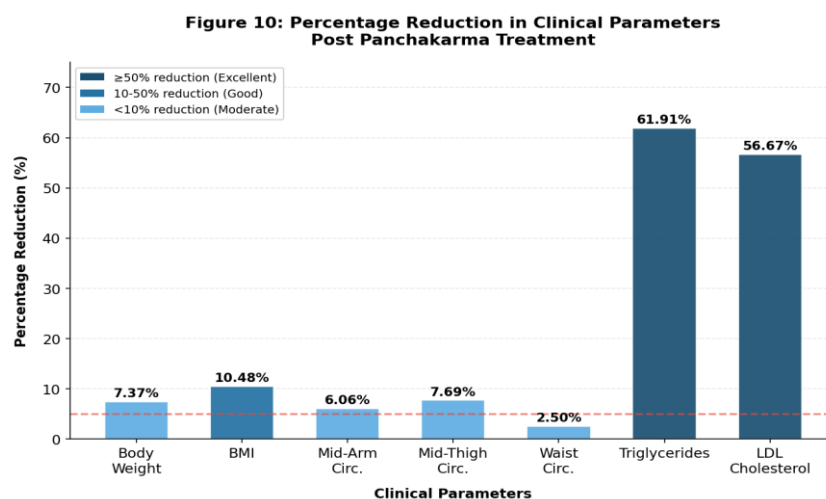


Figure 10: Percentage Reduction in Clinical Parameters Post Panchakarma Treatment.

4.4 Analytical Charts — Etiological and Treatment Distribution

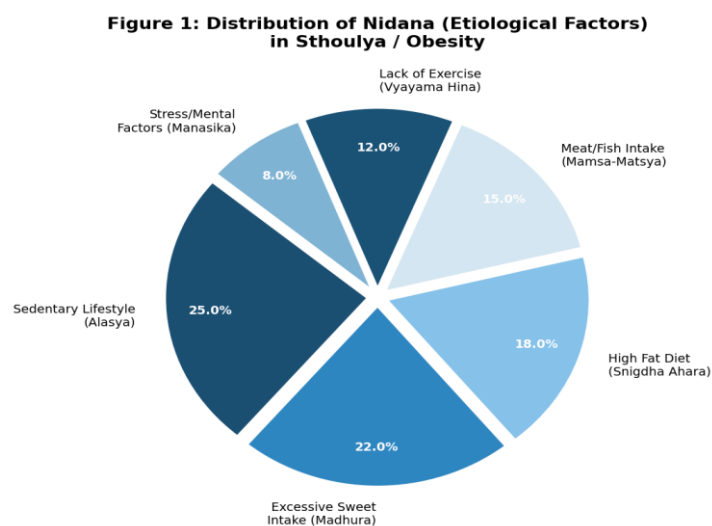


Figure 1: Distribution of Nidana (Etiological Factors) in Sthoulya / Obesity.

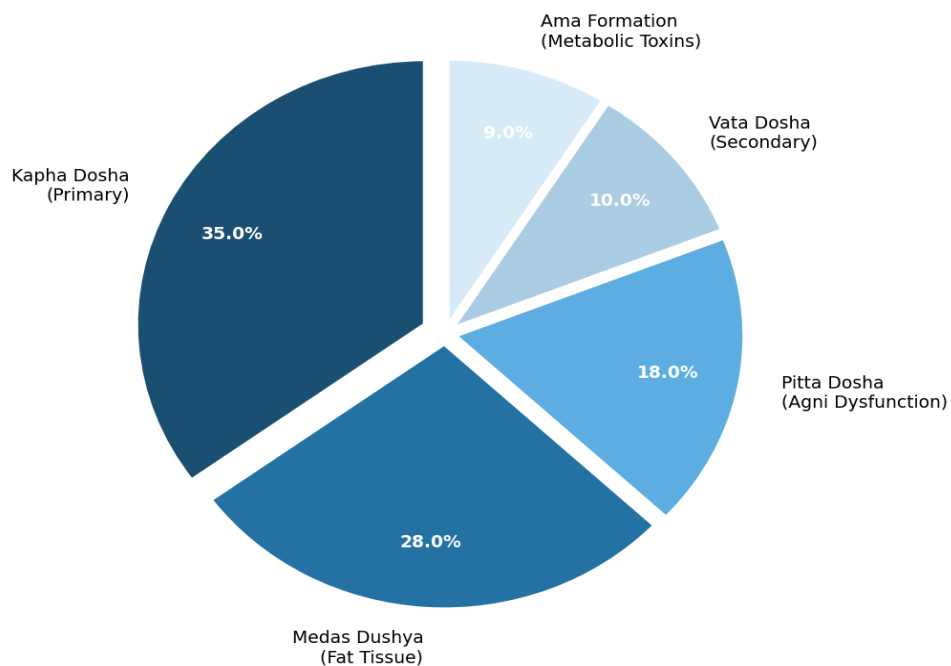
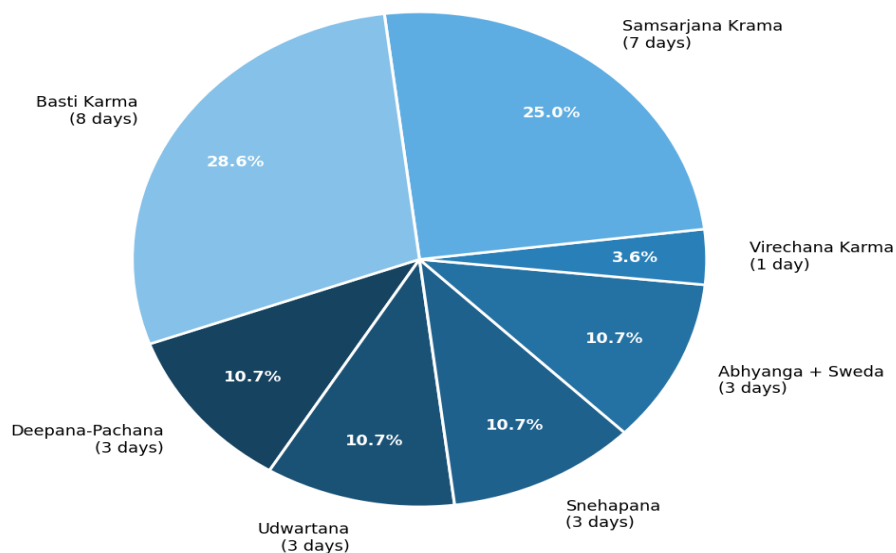
Figure 2: Proportion of Dosha-Dushya Involvement in Sthoulya Pathogenesis**Figure 2: Proportion of Dosha-Dushya Involvement in Sthoulya Pathogenesis.****Figure 3: Distribution of Treatment Phases by Duration (28 Total Days)****Figure 3: Distribution of Treatment Phases by Duration (28 Total Days).**

Figure 4: Overall Proportion of Symptom Relief Post Panchakarma Intervention

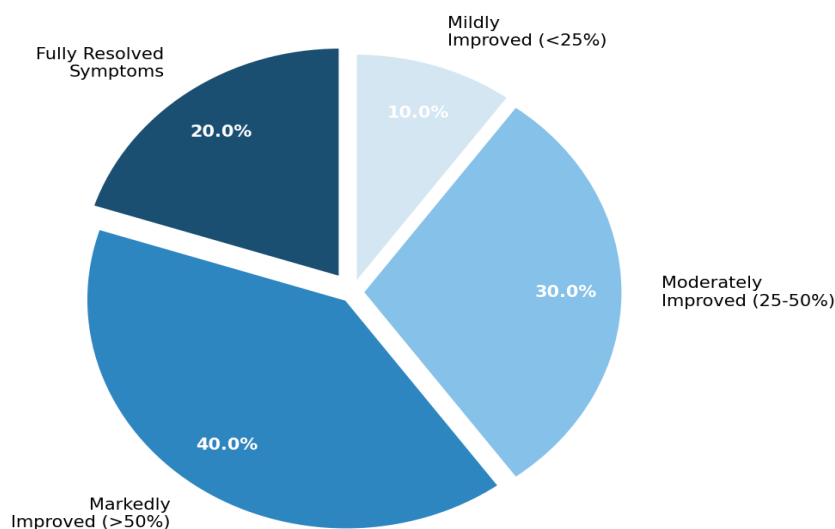


Figure 4: Overall Proportion of Symptom Relief Post Panchakarma Intervention.

Figure 5: Lipid Profile — Proportion of Reduction vs. Residual Values Post-Treatment

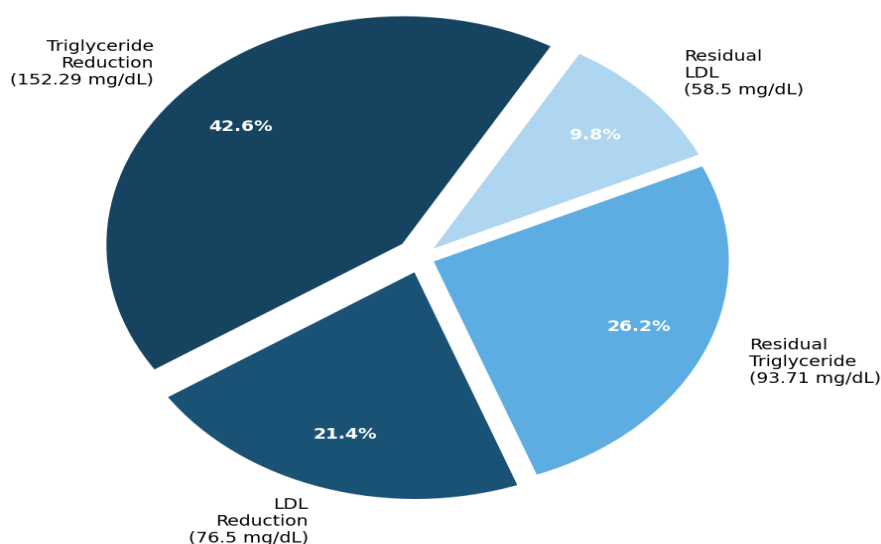


Figure 5: Lipid Profile — Proportion of Reduction vs. Residual Values Post-Treatment.

5. DISCUSSION

5.1 Rationale for Shodhana Chikitsa in Sthoulya

Sthoulya, as a Santarpanotha Vyadhi, is primarily governed by excessive Kapha and accumulated Medas. Classical texts prescribe Apatarpana (depletion therapy) comprising Shodhana procedures as the cornerstone of management. The sequential Panchakarma

protocol applied in this case was designed to address each layer of pathogenesis — from preliminary digestive correction to deep tissue purification.

5.2 Deepana-Pachana Phase: Hinguvachadi Gutika

Hinguvachadi Gutika contains Hingu (*Ferula asafoetida*), Vacha (*Acorus calamus*), Haritaki (*Terminalia chebula*), Patha (*Cissampelos pareira*), and Hapusha (*Juniperus communis*). These drugs collectively exhibit Ushna Virya (hot potency), Tikshna Guna (penetrating quality), and Katu Rasa (pungent taste), facilitating Amapachana (digestion of unprocessed metabolic waste), Deepana (kindling of Agni), and regulation of Samana Vata, Apana Vata, and Kledaka Kapha — correcting the fundamental metabolic dysfunction underlying Sthoulya.

5.3 Udwartana Karma: Kolakulathyadi Choorna

Udwartana is a unique Ayurvedic procedure of dry powder massage applied in the pratiloma (against hair follicle) direction. Kolakulathyadi Choorna possesses Kapha-Meda Vilayana (fat-liquefying) properties. The Ushna and Tikshna Guna of the choorna penetrates Romakupas (hair follicles), causing Paka (digestion) of accumulated Kapha and Medas. The resultant Dravata Vriddhi (liquefaction) of these substances, followed by Bashpa Sweda, facilitates their movement into the Koshtha for subsequent elimination through Virechana.⁶ Modern studies suggest that dry friction massage with herbal powders may activate subcutaneous lipolysis and improve lymphatic drainage.

5.4 Snehapana: Guggulutikta Ghrita

Shodhananga Snehapana is the foundational Purvakarma for Virechana. Guggulutikta Ghrita — a classical formulation with dominant Guggulu (*Commiphora mukul*) and bitter drugs (Tikta Gana) — exhibits Ushna Virya, Laghu and Ruksha Guna, making it particularly suitable for Sthoulya where conventional Snigdha Ghrita would aggravate Kapha. The progressively escalating doses (25→40→70 mL) follow the principle of Matra Snehana, ensuring Samyak Snigdha Lakshana (proper oleation signs: oily stools, unctuous skin) without inducing Atisnigdha status. Guggulutikta Ghrita permeates the Srotas, causing Dosha Vilayana (liquefaction of vitiated Doshas) and facilitating their translocation from Shakha (peripheral tissues) to Koshtha (gastrointestinal tract) through Vriddhi, Vishyanda, Paka, and Srotomukha Vishodhana.

5.5 Abhyanga and Bashpa Sweda: Brihat Saindhava Taila

Brihat Saindhava Taila, with its Ushna and Tikshna properties, pacifies Kapha and Meda while exhibiting Lekhana (scraping) action on accumulated adipose tissue. The taila clears blocked Srotas and improves microcirculation. Bashpa Sweda (steam fomentation) causes Dravikarana (liquefaction) of Doshas in Sukshma Srotas, augments Agni, and stimulates Bhrajaka Pitta and Vyana Vata. Physiologically, it enhances peripheral circulation, facilitating translocation of metabolic waste from tissue planes to excretory organs — the skin and bowel — preparatory to Virechana.^[8]

5.6 Virechana Karma: Trivrutlehya

Trivrutlehya is considered the ideal Virechana formulation in Sthoulya due to its Kapha-Pitta Shamaka, Bhedana, and Rechana properties. Trivrutt (*Operculina turpethum*) serves as the primary Virechana drug, while Twak (*Cinnamomum zeylanicum*), Ela (*Elettaria cardamomum*), and Tamalpatra (*Cinnamomum tamala*) provide Tridoshashaamaka, Dipana, Pachana, and Lekhana activity. The administration of 40 g Trivrutlehya yielding 10 Vegas (evacuations) with Samyak Virechana Lakshana — Shareera Laghuta (lightness of body) and Indriya Prasada (clarity of sense organs) — confirms Madhyama Shuddhi (moderate purification), appropriate for Kaphapradhana conditions. Virechana eliminates aggravated Pitta and Kapha Doshas, corrects metabolic disturbances, and reduces excessive Meda accumulation by restoring Dhatvagni and Jatharagni functionality.

5.7 Basti Karma: Erandamooladi Niruha Basti^[9] and Yoga Basti

Basti Karma is considered the most comprehensive Shodhana procedure in Ayurveda — "Ardha Chikitsa" (half of all treatments). Erandamooladi Niruha Basti contains 34 drugs, predominantly Ushna Veerya, Vatakaphahara in nature. Their Ushna, Tikshna, and Sukshma Gunas facilitate elimination of Srotas obstruction and formation of Prakrita Dhatu. The formulation is specifically indicated in Kaphavrita conditions, pacifying Kapha Dosha and reducing Stambha (stiffness) and Gaurava (heaviness). The Agni Deepaka property of constituent drugs improves Jatharagni, enhancing metabolic throughput. The Yoga Basti schedule (alternating Anuvasana and Niruha) optimises Vata regulation while maintaining mucous membrane integrity through the oleation provided by Anuvasana Basti with Guggulutikta Ghrita.

6. CONCLUSION

This case report demonstrates significant clinical efficacy of a structured five-phase Panchakarma protocol in the management of Sthoulya (Obese Class I, BMI 35.3 kg/m²) in a 24-year-old male patient. The following outcomes were achieved: (i) Body weight reduction: 95→88 kg (7.37% reduction over 28 days); (ii) BMI improvement: 35.3→31.6 kg/m² (10.48% reduction); (iii) All circumferential anthropometric parameters improved by 2–4 cm; (iv) Triglycerides reduced by 61.91% (246.0→93.71 mg/dL, within normal range); (v) LDL Cholesterol reduced by 56.67% (135→58.5 mg/dL, within normal range); (vi) All subjective symptoms showed grade improvement on the ordinal scale.

Sthoulya is a Santarpanottha Vyadhi with complex Dosha-Dushya Sammurchana requiring systematic Shodhana therapy. Based on Dosha Bahulyata, suitable Shodhana can be adopted. Repeated and regular Shodhana, followed by controlled exercise (Vyayama) and Shamana medications, should be implemented for sustainable management of Sthoulya. The present study demonstrates that Panchakarma — specifically the sequential application of Udwartana, Virechana Karma, Samsarjana Krama, and Yoga Basti — plays a significant role in correcting the underlying metabolic disturbance, improving Agni function, clearing Srotas obstruction, and achieving measurable reduction in both anthropometric and biochemical parameters. Prospective multi-centre randomised controlled trials with larger sample sizes are recommended to establish standardised evidence-based Panchakarma protocols for Sthoulya management.

Patient Consent

Written informed consent was obtained from the patient for publication of this case report. The patient's identity has been anonymised in accordance with institutional ethical guidelines.

Conflict of Interest: The authors declare no conflict of interest.

Source of Funding: This case report received no external funding.

Ethical Approval

The case report was conducted in accordance with the principles of the Declaration of Helsinki (2013 revision). The study protocol was reviewed by the Institutional Ethics Committee, D.G.M. Ayurvedic Medical College and Hospital, Gadag.

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