

AYURVEDIC MANAGEMENT OF *STHOULYA* W.S.R. TO OBESITY: A CASE STUDY

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ABSTRACT

In the modern era, unhealthy eating habits, sedentary lifestyles, lack of exercise, and various stress factors contribute to the rising prevalence of obesity. Obesity and *sthoulya* are correlated to each other. According to *charaka samhita* *sthoulya* is *santarpan janya vyadhi*. *Medo vaha srotas* is affected due to overgrowth of *medodhatu* eventually leads to *sthoulya*. *sthoulya* (Obesity) is such a disease which provides a platform for so many hazards like hypertension, coronary heart disease, diabetes mellitus, osteoarthritis, as well as psychological disorders like stress, anxiety, depression. There is no effective treatment for *sthoulya* and with many side effects in contemporary science so we planned Ayurvedic treatment. Aim and Objective- To find out effective Ayurvedic management of *sthoulya* w.s.r. to Obesity. Materials and Methods- A 46 year female patient visited our hospital with the

chief complaint of excessive weight gain, general debility, foul smell from the body, excessive sweating. The patient received *vaitran Basti* and *Udvartan* for 16 days along with oral medication as the part of their treatment regimen. Result- Patient got symptomatic relief. Discussion-Ayurvedic treatments aim to restore balance through detoxification and fat metabolism enhancement. In this case, *Vaitran Basti* helped detoxify the system and balance the *doshas*, while *Udvartan* improved circulation and fat breakdown. The patient's positive response indicates that Ayurvedic interventions may offer a holistic and effective alternative

for managing obesity and its associated health risks. Conclusion- It was found that *Vaitran Basti* and *Udvartan* along with *Shamana Ausadhi* is effective in the treatment of *sthoulya* w.s.r. to Obesity.

KEYWORDS: *sthoulya*, Obesity, *sthoulyachikitsa*, *Bastikarma*, *Udvartan*.

INTRODUCTION

In present era burden of lifestyle disorders are rapidly increasing worldwide. Modernization, development of science and technology lead to more sedentary life style unhealthy eating habits, sedentary lifestyles, lack of exercise, and various stress factors contribute to the rising prevalence of obesity. Obesity or overweight (*sthoulya*) is one among the major lifestyle disorder which disturbs physical, mental and social health of an individual. Obesity represents a state of excessive accumulation of body fat. Although similar, the term overweight is defined as an excess of body weight. In Ayurveda According to *charaka samhita medo vaha srotas* is affected due to overgrowth of *medodhatu* eventually leads to *sthoulya*. Obesity is described as *sthoulya*, which is mentioned under *Santarpanajnaya Vyadhi*. There is no effective treatment for *sthoulya* and with many side effects in contemporary science, so we planned *Ayurvedic* treatment. *Ayurveda* has comprehensive approach for *sthoulya*. Obesity is a growing global public health concern. It is assessed using body mass index (BMI), with a BMI over 25 indicating overweight and over 30 indicating obesity. Class I obesity is defined as a BMI of 30–35, class II as 35–40, and class III as over 40. BMI is a useful tool for assessing overweight and obesity universally across different age groups and genders.

DEFINITION

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents risk of health. A crude population measure of obesity is the body mass index (BMI).

BMI

- Body mass index is a simple index of weight-for height that is commonly used to classify underweight, overweight and obesity in adults
- Overweight is a BMI of 27.3 or more in women and 27.8 or more in men
- Obesity is the BMI of 30 or more for either sex.

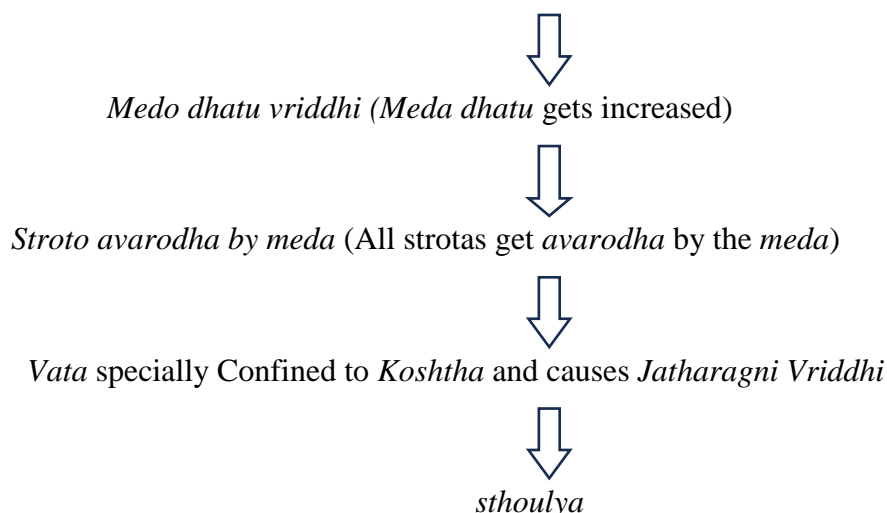
The International Classification of adult underweight, overweight and obesity according to BMI.

CLASSIFICATION	BMI
.1 Underweight-	<18.5
Severe thinness	<16.00
Moderate thinness	16.00 - 16.99
Mild thinness	17.00 - 18.49
2 Normal range	18.50 - 24.99
3. Overweight	>25.00
4 Pre-obese	25 - 29.99
5. Obese-	-
Obese class-I	30.00 - 34.99
Obese class-II	35.00 - 39.99
Obese class- III	>40.00

- **Samprapti of sthoulya (pathogenesis)**

Vitiation of the components of the body is required to form any of the disease

Following are the components for obesity- *Nidana (Madhura rasa, Avyayma, Diwaswapa)*



MATERIAL AND METHODS

A 46 year female patient visited our hospital with the chief complaint of excessive weight gain, general debility, foul smell from the body, excessive sweating. So for the treatment he came to the IPD of Pt Khushilal Sharma Govt. Ayurveda College and Institute Bhopal MP.

Selection Criteria

1. Inclusion-Criteria

The diagnosis was mainly based on the clinical presentation as mentioned in the *Ayurvedic* texts as well as Modern Medicine texts along with the Body Mass Index (BMI). A detailed format of history and clinical aspects was made, and a physical examination was performed.

a) Subjective Criteria

The patient has a clinical presentation of *Sthaulya*, as mentioned in *Ayurvedic* and *Allopathic* texts.

b) Objective Criteria

In this case, a BMI is 38 has been taken for treatment.

2. Exclusion Criteria

Patients age less than 18 years and more than 65 years.

Patient with Pregnancy.

Patients with no abnormalities like hypothyroidism, cardiovascular diseases, and Hemiplegia.

Patients have BMI of more than 45.

CASE REPORT

Name of the patient - XYZ

IPD/OPD No-XYZ

Age- 46years

Sex- Female

Adress- Bhopal M.P

Occupation-House wife

Marital status-Married

Religion - Hindu

Educational status Graduate (B.Sc. IT)

Economic status-middle class

HISTORY OF PRESENT ILLNESS

The patient was healthy and having normal weight before 3 years. After then gradually she started gaining weight. So, patient came to the hospital for further treatment.

PAST HISTORY: No past history of any major medical illness found.

PERSONAL HISTORY

1. Diet	Normal vegetarian diet
2. Bowel	Not clear (Constipated)
3. Micturition	Normal
4. Appetite	Polyphagia
5. Sleep	Normal
6. Allergy	Not yet detected
7. Addiction	Chai, coffee, sweets and others

General examination

OBSERVATION	RANGE
B.P.	130/90 mm of Hg
Pulse	80bts/min
Ht	5feet 3 inches
Wt.	98.6 kg
BMI	38.3 kg/m ²
C.C	112 cms
A.C.	118 cms
M.A.C	Rt.hand 33cms It.hand 34 cms
M.T.C	Rt.leg 60 cme Lf.leg 57 ems
W.C.	133CMS

History of Laboratory Investigation

OBSERVATION	RANGE
H.B	10.8 gm%
W.B.C	8300 cell/cu –mm
E.S.R	38 mm/hr
Platlets	2.75 lakhs cells/cu-mm
RBC count	4.58 Millions/cu-mm
F.B.S	77.2 mg/dl
Blood Urea	15.3 mg/dl
serum Creatinine	0.8 mg/dl
Total cholesterol	170 mg/dl

SHAMAN CHIKITSA	DOSE	ANUPAN
1. TRIPHALA GUGGUL	250 mg BD 21 days	LUKE WARM WATER
2.AMRITADI GUGGULU	500mg BD 21 days	LUKE WARM WATER
3. VIDANGADI LOUHA	500mg BD 21 days	LUKE WARM WATER

SODHAN CHIKITSA	DOSE	DAYS
UDVARTAN (SARWANG)	TRIPHALA CHURNA	For 16-days
VAITRAN BASTI	360 ML After Meal	For 16 days

Anthropometry changes before and after treatment

Observation	Before treatment	After treatment
BMI	38.3 kg/m ²	33.5 kg/m ²
weight	98.6 kg	86.5 kg
Total cholesterol	170 mg/dl	120 mg/dl
C.C	112-cms	
A.C.	118 cms	
M.A.C	Rt.hand 33ems It.hand 34 cms	
M.T.C	Rt.leg 60 cmc Lf.leg 57 cms	
W.C.	133CMS	

RESULT AND OBSERVATION

The patient, admitted on 12.05.2024, initially weighed 98.6 kg. After undergoing treatment, including *Udvartan* and *Basti Chikitsa*, during the 3rd sitting in the inpatient department (IPD), the patient's weight had reduced to 86.5 kg. At the time of discharge on 21.09.2024, a total weight loss of 12.1 kg was observed over the course of 8 months. The patient's BMI also decreased from 38.3 to 33.5 kg/m², indicating a significant improvement. Along with weight reduction, there was a remarkable reduction in the symptoms associated with obesity (*sthoulya*), with considerable relief reported after the treatments.

DISCUSSION

SHAMAN CHIKITSA

A Triphala Guggul -Its mode of action in obesity includes improving digestion, boosting metabolism, and enhancing fat breakdown. *Triphala* helps detoxify the body, while *Guggul* has lipid-lowering properties that can aid in reducing fat accumulation. Together, they promote overall weight loss and support healthy metabolic function.

B.Amritadi Guggul is believed to work against obesity primarily by acting as a "Medohara" (fat-reducing) agent in *Ayurvedic* medicine, meaning it helps to decrease the accumulation of excess fat in the body by modulating lipid metabolism, primarily through its key ingredient, *Guggul*, which has been shown to lower cholesterol levels.

SHODHAN CHIKITSA

a. **Udvartan with Triphala churna.** -*Udvartana* is a traditional *Ayurvedic* treatment that involves massage of powdered herbs into the skin, typically with a focus on improving circulation, toning the body, and promoting weight loss.

b. **Vaitran basti-** The *Vaitran Basti* specifically focuses on cleansing the liver, gallbladder and the intestinal system. It is commonly used to alleviate conditions related to *Vata* imbalances like constipation, bloating, and digestive disturbances. In *Ayurveda*, "*Vaitarana Basti*" is considered a therapeutic enema that can be beneficial for managing obesity by helping to eliminate accumulated toxins (*Ama*) from the-body.

CONCLUSION

Ayurvedic treatments focus on restoring balance by detoxifying the body and enhancing fat metabolism. In this case, *Vaitran Basti* played a crucial role in cleansing the system and balancing the *doshas*, while *Udvartan* enhanced circulation and promoted the breakdown of

fat The combination of these therapies, along with oral medications for *Shamana* (palliative care). demonstrated positive results. The patient's response suggests that *Ayurvedic* interventions can provide a holistic approach to managing obesity and its associated health risks. Conclusive results from the present study shows a combined effect of various *Ayurvedic Panchakarma* procedures along with *Shaman aushadhi* in reducing symptoms of Obesity. So, a complete *Ayurvedic* intervention is very much effective in the management of *sthoulya* w.s.r. to Obesity.

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