



Comprehensive Ayurvedic Management of Sthoulya (Obesity): A Single Case Study.

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Abstract :

Sthoulya (obesity), described as one of the Ashta Nindita Purusha in Ayurveda, results from Agnimandya, Kapha-Meda vriddhi, sedentary lifestyle, and improper dietary habits, closely resembling modern metabolic obesity. A 36-year-old female with progressive weight gain, BMI 30.7 kg/m², abdominal distension, chest heaviness, constipation, numbness, and mental stress underwent Ayurvedic management based on Apatarpana and Medohara principles. She received 30 days of Abhyantara Chikitsa with Vidangadi Loha, Arogyavardhini Vati, and Shaddharan Churna followed by 7 days of Shodhana comprising Sarvanga Abhyanga with Triphaladya Taila, Bashpa Sweda, and Yogabasti (Pippalyadi Anuvasana and Dashmooladi Madhutailika Niruha Basti). Significant improvement was noted in anthropometric parameters—weight, BMI, waist, hip, mid-arm, and mid-thigh circumferences—along with relief from heaviness, constipation, giddiness, and stress. The outcomes demonstrate that combined Shamana–Shodhana therapy effectively performs Deepana, Pachana, Lekhana, and Srotoshodhana, validating classical Ayurvedic principles in the successful management of Sthoulya.

Keywords:

Sthoulya; Medoroga; Lekhana Karma; Apatarpana Chikitsa; Triphaladya Taila; Dashmooladi Madhutailika Basti; Pippalyadi anuvasana tail.

Introduction:

Sthoulya (obesity) is described in Ayurveda as one of the Ashta Nindita Purusha—a condition that, although common, is considered undesirable due to its potential to impair both physical and psychological health. Classical texts explain Sthoulya as an abnormal accumulation of Meda (adipose tissue) and Mamsa resulting from impaired Agni, improper dietary habits, sedentary lifestyle, and imbalance of Kapha dosha. This

pathological increase in body fat leads to compromised bodily functions, reduced energy levels, and increased susceptibility to various metabolic disorders.

From a modern perspective, obesity is a chronic, multifactorial condition characterized by excessive body fat deposition due to an energy imbalance between calorie intake and expenditure. It is strongly associated with lifestyle factors, hormonal influences, genetic predisposition, and environmental triggers. Obesity contributes to a wide spectrum of health risks, including diabetes, cardiovascular diseases, osteoarthritis, infertility, and psychological disturbances.

Ayurveda offers a holistic understanding of Sthoulya, emphasizing not just physical changes but also disturbances in metabolic processes (Agni), mind (Manas), and lifestyle (Vihara). Thus, correlating Sthoulya with modern obesity provides a comprehensive framework for understanding its etiology, pathogenesis, and management, making it an important area for clinical discussion and therapeutic application in contemporary healthcare.

The case:

The patient is a 36-year-old female residing in Ghosapuri Gaon, Wagholi, Pune, Maharashtra. She works in a call centre and routinely performs night-shift duties, which may contribute to lifestyle-related health concerns. She was admitted to Seth Tarachand Ramnath Charitable Ayurvedic Hospital, Pune, under IPD number 9937

Chief complaints:

Increased body weight with

1. Chest pain/heaviness → Urahśūla
2. Gaseous distension → Ādhmāna
3. Mental stress → Avasāda
4. Hand-foot numbness → Supti
5. Low back pain → Kaṭiśūla
6. Giddiness → Bhrama
7. Heaviness → Gaurava
8. Constipation → Mālāgraha

History of present illness:

The patient was said to be apparently well 5 years back. After she started working in a call centre at the age of 31 years, with night-shift duties, she gradually noticed a steady increase in her body weight. Due to prolonged sitting, irregular food timings, frequent consumption of fast food during night shifts, and disturbed sleep patterns, she observed progressive weight gain over the years. She did not undergo any specific treatment for this condition earlier. Now she has visited our hospital with the above-mentioned complaints.

Past History:

Not a known case of HTN/DM/Hypothyroidism.

Family History:

No any

Personal History and Anthropometric Measurements:

Blood Pressure-130/80mm Hg

Pulse Rate-82/min

Height-158.4cm

Weight-76.2 kg

Body Mass Index (BMI)-30.7 kg/m²

Chest Circumference -103cm

Abdomen Circumference-115 cm

Mid Arm Circumference:

Right Arm-38cm

Left Arm -37cm

Mid Thigh Circumference:

Right Thigh-60 cm

Left Thigh-59cm

Waist Circumference-110cm

Hip Circumference-116 cm

Aharaj (Diet)-mixed diet

Viharaj (Lifestyle)-sedentary lifestyle

Appetite -good

Bowels-hard stools

Micturition-normal

Sleep-sound

Habits-junk food at night frequently



Systemic Examination:

CVS: S1, S2 heard;

RS: AEBE;

CNS: Well oriented;

P/A: Soft, No Organomegally

Dashavidha pariksha:

Prakriti:Kaphapitta;

Vikriti:Kapha,Meda;

Sara:Madhyam ;

Samhanana:Pravara ;

Satva: madhyam;

Satmya:Pravara ;

Aharashakti:Pravara ; Vyayamashakti:Avar ;

Pramana:Adhika;

Vaya:Yuva

Aahtavidha Pareeksha:

Nadi: Prakruta; Mala: Prakruta; Mootra:Prakruta; Jihva: Aliptata; Shabda: Prakruta; Sparsha:Prakruta; Drik: Prakruta; Aakruti: Sthoola

Samprapti:

In Sthoulya, due to the indulgence in madhura, guru and snigdha āhāra, sedentary lifestyle, night sleep, and irregular eating habits, Jatharāgni and Medodhatvagni become mandya, leading to improper metabolism of Meda and formation of apakva meda. This causes Kapha vriddhi and Medo-vriddhi, resulting in srotorodha in Medovaha srotas. The excessive Meda obstructs the normal gati of Vata, especially Samana and Vyana Vata, producing increased appetite, excessive thirst, lethargy, heaviness, and abnormal accumulation of fat over the buttocks, abdomen and breasts. Thus, Sthoulya manifests as a Kapha-Meda pradhana vyadhi with Vata-avarana, Agnimandya and Medovaha srotas sanga as key factors in its pathogenesis.

Treatment plan:

Days	Treatment	Medicine used
Day 1-30	Abhyantar chikitsa	Vidangadi Loha Arogyavardhini vati Shadadharan Churna (250 mg twice a day)
After day 30	Shodhan chikitsa For 7 days	1)Sarvanga Abhyanga Triphaladya Taila 2)Bashpa Sweda Steam sudation following Abhyanga 3)Yog Basti Krama- Anuvasana Basti: Pippalyadi Taila Niruha Basti: Dashmooladi Madhutailik

Role of Lekhan Karma :

Lekhan Karma is one of the important therapeutic actions described in Ayurveda, primarily indicated for conditions involving Srotorodha (channel obstruction), Medo-dushti, Ama accumulation, and disorders where kapha-meda vriddhi plays a central role. Lekhana literally means “scraping,” and therapeutically it refers to the bio-cleansing and metabolic enhancing action that reduces pathological accumulations within the dhatus and srotas.

In this case, the treatment protocol involves both Abhyantara Chikitsa (internal medication) and Shodhana Chikitsa (purificatory therapy), each contributing to Lekhan Karma in a complementary way.

Parameters	Before treatment	After treatment
Midarm circumference	38	35
Midhigh circumference	60	57
Abdomen circumference	115	113
Waist circumference	110	108
Hip circumference	116	114
Weight	76.2	72.4
BMI	30.7	29.2

Discussion:1)Vidangadi Loha :

Classical Reference: Rasa Tarangini, Bhaishajya Ratnavali – Panduroga Adhikara.

Vidangadi Loha is a Loha Kalpa formulation composed of Vidanga, Triphala, Trikatu, Chitraka, and Lauha Bhasma. Classical texts describe it as Deepana, Pachana, Lekhana, and Medohara. In Sthaulya, the root pathology involves Agnimandya and Meda dhātu vriddhi. Vidangadi Loha stimulates Jatharagni and Dhatvagni, thereby correcting metabolism and reducing excessive Meda dhātu. Vidanga acts as Krimighna and Lekhana, eliminating Ama.

Triphala serves as Rasayana and Meda hara, purifying the Rasa–Meda vaha srotas. Trikatu and Chitraka enhance Agni and aid fat metabolism. Lauha Bhasma improves Rakta dhātu quality and supports liver function. Hence, Vidangadi Loha acts as a metabolic corrector (Agnivardhaka) and fat-reducing (Medohara) compound, classically useful in Sthaulya, Pandu, and Medoroga.

2.Arogyavardhini Vati

Reference: Bhaishajya Ratnavali – Jwara Chikitsa 5/38–50.

Arogyavardhini Vati is a Rasa–Aushadhi formulated to promote overall health and balance. The classical definition — “Arogyavardhini nāma sarvarogaharā matā, agnīdīpanī medoharā yakritplīhā prashāminī” — highlights its Medohara and Agnīdīpana roles. Containing Katuki, Triphala, Trikatu, Guggulu, Shilajatu, Tamra bhasma, and Lauha bhasma, this formulation addresses the fundamental pathology of Sthaulya. Katuki and Guggulu possess Lekhana and Medohara actions, promoting lipid metabolism. Triphala–Trikatu perform Ama pachana and enhance Agnideepana. Tamra and Lauha bhasma support Yakrit (liver) function, essential for fat metabolism. Arogyavardhini Vati thus corrects Mandagni, clears Ama, detoxifies Yakrit, and restores Medo dhātu equilibrium — a classical example of “Mūlahetu nivarana chikitsa” in obesity.

3.Shaddharan Churna

Classical reference-sushruta chikitsa 4/3-4

Shaddharan Churna containing Chitraka, Indravaruni, Patha, Katuka, Ativisha and Abhaya is a potent Deepana-Pachana and Lekhana yoga described for Kapha-Meda–dominant disorders, and its classical properties directly align with the Ayurvedic principle of Apatarpana Chikitsa advised for Sthaulya in the classical texts. Chitraka, Katuka and Ativisha enhance Agni, digest Ama and restore dhatvagni, thereby addressing the root cause of Meda-vriddhi. Indravaruni acts as a strong Medo-Lekhana and Mridu-Virechaka dravya, facilitating the removal

of accumulated Meda and Kapha from the channels. Patha improves Srotoshodhana and supports systemic metabolic correction, while Abhaya regulates the bowel, reduces Srotorodha and promotes proper elimination, which is essential in Medoroga management. Altogether, the Shaddharan group acts through Deepana, Pachana, Lekhana, Kaphahara and Medoghna mechanisms, making it highly effective in reducing Ama-Meda accumulation, clearing Srotorodha and restoring metabolic balance in obesity

4.Triphaladya Taila

Reference: Sahasrayoga – Taila Prakarana.

Triphaladya Taila is a Sneha Kalpana with Triphala as the chief ingredient, processed in Tila Taila. Classically described as “Triphala daruharidrayāh tailam medapaham param”, it is stated to have potent Medohara and Twak-prasadana actions. Triphala (Haritaki, Amalaki, Bibhitaki) provides Lekhana, Deepana, Rasayana, and Srotoshodhaka properties.

Tila Taila acts as Yogavahi, aiding deeper tissue penetration and Srotoshodhana.

When used for Abhyanga, Parisheka, or Basti, Triphaladya Taila helps mobilize localized Meda, improves Rasa-Meda vaha srotas circulation, and removes Ama.

It promotes Kapha-Pitta shaman, enhances Agnibala, and restores metabolic balance — making it an ideal bahirparimarjana chikitsa for Sthaulya.

5.Pippalyadi Anuvasana Taila

Reference: Charaka Samhita Siddhithana (Anuvasana Basti context) and Bhaishajya Ratnavali – Vata Vyadhi Chikitsa.

Pippalyadi Taila, containing Pippali, Pippalimoola, Chavya, Chitraka, and Tila taila, is known for its Deepana, Pachana, Lekhana, and Kapha-Vata-Shamaka actions. In Sthaulya, where Meda vriddhi and Srotorodha are central, Pippalyadi Anuvasana Taila helps by: Stimulating Agni (digestive and metabolic fire).

Liquefying and mobilizing Meda dhātu through Lekhana and Srotoshodhana actions. Nourishing Dhātus properly without increasing Meda. As an Anuvasana Basti, it enhances Apāna vata function and facilitates downward movement of vitiated Kapha-Meda. Thus, classically it serves as an internal snehana with Medohara and Agnivardhaka benefits — a vital part of Sthaulya chikitsa.

6.Dashmooladi Madhutailika Basti

Reference: Charaka Samhita Siddhithana 12 (Basti Prakaranam) and Ashtanga Hridaya – Sutrasthana 19.

Dashmooladi Madhutailika Basti is a Yapana Basti combining Dashamoola decoction, Madhu (honey), and Taila (oil). It is Tridoshaghna and Rasayana in nature.

Classically, Basti is said to be “Ardha chikitsa” in Vata–Kapha disorders — and Sthaulya is predominantly Kapha–Meda–Vata pradhana. Dashamoola provides Shothahara and Srotoshodhaka actions, reducing inflammation and improving microcirculation. Madhu is Lekhana and Meda shoshaka. Taila offers Snehana and Anulomana, promoting balanced elimination. This Basti facilitates Agnideepana, Meda pachana, and removal of Ama, while maintaining nourishment of essential Dhātus. Hence, it acts as a bio-cleansing and metabolic harmonizing therapy, classically indicated in Sthaulya, Vata-Kapha vikara, and Medoroga.

Conclusion :

All five formulations work on the Ayurvedic principles of Agnideepana, Ama Pachana, Srotoshodhana, and Meda Lekhana — the four pillars of Medoroga chikitsa.

Vidangadi Loha and Arogyavardhini Vati act as Agni–Meda correctors (Shamana & Deepana).

Triphaladya Taila and Pippalyadi Anuvasana Taila perform local and systemic Lekhana through Sneha karma.

Dashmooladi Madhutailika Basti provides Srotoshodhana, detoxification, and rejuvenation.

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