



## VERSATILE APPROACH IN MANAGING NON-COMMUNICABLE DISORDER: A CASE REPORT ON STHOULYA (OBESITY)

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### ABSTRACT

Obesity, or *Sthoulya*, is a chronic metabolic disorder characterised by excessive fat accumulation, leading to impaired health. The global prevalence of obesity has significantly increased, contributing to a rise in associated health complications. In *Ayurveda*, obesity is treated through a combination of *Nidana Parivarjana* (elimination of causative factors), *Shodhana* (cleansing therapies), and *Shamana* (pacifying treatments). This case report presents the management of a 23-year-old male patient with progressive obesity, diagnosed with a BMI of 39.98 kg/m<sup>2</sup>. The patient's lifestyle was marked by poor dietary habits, a sedentary routine, and emotional imbalances, contributing to weight gain over several years. The treatment protocol involved a series of *Ayurvedic* interventions, including *Deepana-Pachana* (a liquid diet- *Laja Manda* has given for *Deepana* and *Pachana* along with *Shamana Oushadi*), *Udwartana*, *Snehapana*, *Swedana*, and *Virechana*. Dietary modifications, yoga, and exercise were also given to improve management. Following this nine-day treatment regimen, the patient showed a significant weight reduction (8.5 kg), BMI (from 39.98 to 36.8 kg/m<sup>2</sup>), and improvements in body composition as assessed by anthropometric measurements and a *Karada* scan. This case highlights the efficacy of *Ayurvedic* treatments, supported by lifestyle and dietary modifications, in managing obesity.

**Keywords:** *Sthoulya*, BMI, *Karada* scan, *Virechana*, *Laja Manda*

## INTRODUCTION

Obesity is a chronic, complex, metabolic, non-communicable disease defined by excessive fat deposits that can impair health. In 2022, 16% of adults aged 18 and over were obese globally. Between 1990 and 2022, the prevalence of obesity increased more than twofold worldwide. Body mass index (BMI) is a fundamental measure of obesity in adults, determined by dividing a person's weight into kilograms by the square of their height in meters. Its unit of measurement is kilograms per meter squared (kg/m<sup>2</sup>). Obesity is generally classified as having a BMI of 30 or higher, while a person is considered overweight if their BMI reaches 25 or more.<sup>1</sup> These thresholds help identify individuals with excess weight relative to their height. In *Ayurveda*, obesity is referred to as *Medoroga*, which is categorized as one of the *Ashta Ninditya Roga* i.e. *Atisthoola*, which has been defined as a person who is having *Ativriddata* of *Meda-Mamsa* (increase of fat and flesh), and sagging of *Spik*, *Sthana* and *Udara* (buttocks, breasts and belly), and suffer from *Ayataupachaya-Utsaha* (deficient metabolism and energy).<sup>2</sup>

*Ayurveda* derived its treatment protocol for obesity under three approaches: -

1. *Nidana Parivarjana*, 2. *Shodhana*, 3. *Shamana*. A line of treatment for *Sthoulya* has been said in *Charaka Samhita* as "*Guru cha Atarpanam*"<sup>3</sup>

This case report is a genuine attempt to examine the impact of *Virechana*, other Ayurvedic treatments, and appropriate dietary and lifestyle practices on *Sthoulya* to enhance physical and mental health.

A clinical case study was conducted in which a treatment regimen consisting of *Deepana*, *Pachana*, *Udwartana*, *Snehana*, *Swedana*, and *Virechana* was administered to a patient diagnosed with *Sthoulya*.

## CASE STUDY

A 23-year-old male patient with no known history of diabetes, hypertension, or thyroid dysfunction presents with complaints of progressive weight gain since childhood. The patient reports that his weight increased significantly after he joined a school hostel in Mangalore at 13(weight-65kg). During this period,

his eating habits changed, characterized by overeating, excessive sleep, and sleeping immediately after dinner, which often included rice. He also slept during study hours (2 hours- 6:30 PM-8:30 PM), leading to reduced physical activity and no involvement in extracurricular activities like sports. Over the next two years, he gained 20 kg (65 kg to 95 kg) and an additional 10 kg in six months. At 15, he began participating in sports (both in the morning and evening) and modified his diet to include boiled rice. He was physically active, which helped him to lose 10kg. However, by 17–18 years, he developed a habit of excessive coffee consumption (8 cups of 100 ml each per day). He also resumed eating white rice and continued a sedentary lifestyle, contributing to another 15kg of weight gain, reaching 100 kg. During his undergraduate years, the patient's weight increased by 25 kg over three years due to the excessive consumption of junk foods (pizza, burgers, chips, cold coffee), non-vegetarian food once a week, and frequent intake of sweets. In 2024, he was admitted to *Panchakarma* treatment, which resulted in a weight loss of 10 kg. Subsequently, he continued physical exercise, increasing his weight to 109 kg. He has now approached the outpatient department of *Swastha Rakshana Evam Yoga* at SDM Hospital, seeking further weight reduction.

## METHOD

*Shodhana Chikitsa* was followed, and an assessment was done before and after the patient's treatment.

## GENERAL EXAMINATION

*Nadi* - 70/min

*Mala*- *Niraama Mala*, *Prakruta* (once in a day)

*Mutra*-*Anavilam*, (4-5 times/day)

*Jihwa* -*Aliptha*

*Agni* - *Tikshna*

*Shabda* - *Prakritha*

*Sparsha* - *Anushna Sheetha*

*Druk* - *Prakritha*

*Akrithi* - *Atisthula*

*Bala* - *Madhyama*

Rakthachapa – 130/80 mmhg s

**Table-1**

Measurement of BMI and Anthropometry.  
15/01/2025

Height	165cms
Weight	108.75 kgs
Body Mass Index	39.98 kg/m <sup>2</sup>
Chest circumference	115cms
Abdomen circumference	118cms
Hip circumference	116cms
Mid-arm circumference- Right	33cms
Mid-arm circumference- Left	32cms
Mid-thigh circumference- Right	64cms
Mid-thigh circumference- Left	60cms

The Karada scan is used to measure the following body composition:

- Weight
- Body subcutaneous Fat percentage
- Visceral fat level
- Skeletal muscle mass
- BMI- Body mass index
- Resting metabolism

By providing insights into these factors, the Karada Scanner helps evaluate overall body health and the distribution of fat and muscle. This can be useful for assessing conditions like *Sthoulya* (obesity) or for tracking progress in weight loss or fitness programs.

**Table -2**

15/01/2025

Weight	108.75 kgs
Body subcutaneous Fat:	
Whole body	29.8%
Trunk	28.4%
Arms	38.2%
legs	39.7%
Skeletal muscle mass:	
Whole body	25.9%
Trunk	17.1%
Arms	31.3%
legs	42.6%
Total fat %:	38.5%
Visceral fat %:	23%
Resting metabolism:	1942 kcal
BMI- Body mass index:	39.98 kg/m <sup>2</sup>

Considering the findings of clinical examinations, Table 1 and Table 2, Treatment was planned.

**Table 3**

Treatments:

Date	Treatment administrated	Observation
15.01.2025 to 17.01.2025	<ul style="list-style-type: none"> <li>➤ <i>Sarvanga Udvartana</i>, followed by <i>Bashpa Sweda</i></li> <li>➤ Internal medications:</li> <li>• <i>Chitrakadi Vati</i> 1BD (before food)</li> </ul>	Attained <i>Shareera Laghuta</i> <i>Agni Deepana</i> <i>Ama Pachana</i>

<p>18.01.2025 to 20.01.2025</p>	<ul style="list-style-type: none"> <li>➤ <i>Snehapana</i> with <i>Varunadi Ghrita</i> in the <i>Avarooohana</i> dosage of 40ml, 80ml and 100ml for three days, given at 7:15 am</li> <li>➤ Advised: <ul style="list-style-type: none"> <li>• Drink sips of warm water frequently</li> <li>• Avoid day sleep and exposure to cold</li> <li>• Observe for <i>Udgara-Shuddi</i> and <i>Kshut-Pravritti</i></li> <li>• Take <i>Peya</i> once hunger is obtained</li> </ul> </li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Dosage</td> <td style="width: 50%;">Kshut-Pravritti at</td> </tr> <tr> <td>40ml</td> <td>10:30 pm</td> </tr> <tr> <td>80ml</td> <td>11:45 pm</td> </tr> <tr> <td>100ml</td> <td>1:20 pm</td> </tr> </table> <p><i>Sneha Siddi Lakshanas</i> are observed.  <i>Vatanuloma</i> +  <i>Deeptagni</i> +  <i>Snigdha Varcha</i> ++  <i>Asamhata Varcha</i> (loose stools) ++  <i>Snehodwega</i> (unable to smell given <i>Sneha</i>) ++  <i>Anga Snigdhatata</i> +++  <i>Anga Mardwata</i> +++  <i>Anga Laghuta</i> +++</p>	Dosage	Kshut-Pravritti at	40ml	10:30 pm	80ml	11:45 pm	100ml	1:20 pm
Dosage	Kshut-Pravritti at									
40ml	10:30 pm									
80ml	11:45 pm									
100ml	1:20 pm									
<p>(<i>Vishramakala</i>) 21.01.2025 and 22.01.2025</p>	<ul style="list-style-type: none"> <li>➤ <i>Sarvanga Abhyanga</i> with <i>Brihat Saindhavadi Taila</i>, followed by <i>Bashpa Sweda</i></li> <li>➤ Internal medications: <ul style="list-style-type: none"> <li>• Cap. Decrin plus 2BD (before food)</li> <li>• <i>Meha-Abhaya Kashaya</i> 20ml BD with 50ml warm water (before food)</li> </ul> </li> </ul>	<p>Tvak Snigdhatata+++ Tvak Mardwata+++</p>								
<p>23.01.2025</p>	<ul style="list-style-type: none"> <li>➤ <i>Sarvanga Abhyanga</i> with <i>Brihat Saindhavadi Taila</i>, followed by <i>Bashpa Sweda</i></li> <li>➤ <i>Virechana</i> with <i>Trivrit Lehya</i> 80mg with <i>Draksha Kashaya</i> 100 ml</li> <li>➤ Advised: <ul style="list-style-type: none"> <li>• Drink sips of warm water frequently</li> <li>• Avoid day sleep and exposure to cold</li> <li>• Count number of <i>Vegas</i></li> <li>• Take <i>Peya</i> once <i>Vegas</i> is stopped and complete hunger is obtained</li> </ul> </li> </ul> <p><b>Cap. Decrin Plus and <i>Meha-Abhaya Kashaya</i> were advised on discharge</b></p>	<p>Number of <i>Vegas</i> – 14 <i>Vegas</i>  Timings of last <i>Vega</i>- 3:45 pm  Took <i>Peya</i> at 5:30 pm</p>								

**Table 4**  
*Pathya Ahara*

Date	Pathya Ahara	Quantity
15.01.2025	<i>Laaja Manda</i>	1.5 Litre
16.01.2025	<i>Laaja Manda</i>	1.5 Litre
17.01.2025	<i>Laaja Manda</i>	1.5 Litre
18.01.2025 to 20.01.2025	<i>Peya</i>	As hunger is stimulated after the digestion of given <i>Snehana</i>
21.01.2025 and 22.01.2025	<i>Peya</i> <i>Laaja Manda</i>	200ml (thrice at 8.30 am, 1 pm and 7 pm) 500ml (twice at 11.30 am and 4.30 pm)

*Vihara Karma*

- Brisk Walking at 6am and 6pm
- Obesity yoga
- *Pranayama*

**Table 5**

*Yogasana and Pranayama*

<b>Loosening Exercise</b>	<ul style="list-style-type: none"> <li>• Neck rotation clockwise and anticlockwise</li> <li>• Eyeball rotation clockwise and anticlockwise</li> <li>• Shoulder joint forward and backward rotation</li> <li>• Wrist joint clockwise and anticlockwise rotation</li> <li>• Chest twisting towards the right and left side</li> <li>• Hip joint rotation clockwise and anticlockwise</li> <li>• Knee joint rotation clockwise and anticlockwise</li> <li>• Knee flexion and Extension</li> <li>• Ankle joint rotation clockwise and anticlockwise</li> </ul>
<b>Warm-up Exercise</b>	<ul style="list-style-type: none"> <li>• Spot jogging</li> <li>• Jumping jacks</li> <li>• Aero Squats</li> <li>• Lateral Squats</li> <li>• Sumo Squats</li> <li>• High knees</li> <li>• Alternate toe touching</li> </ul>
<b>Surya Namaskara</b>	12 times
<b>Standing Series Asanas</b>	<i>Tadasana, Ardha Kati Chakrasana, Pada Hastasana, Trikonasana, Vrikshasana</i>
<b>Sitting Series Asanas</b>	<i>Vajrasana, Ushtrasana, Shashankasana, Bhadrasana, Siddhasana, Vakrasana, Paschimottanasana</i>
<b>Supine Series Asanas</b>	<i>Pavanamuktasana, Setubandhasana, Naukasana, Shavasana</i>
<b>Prone Series Asanas</b>	<i>Bhujangasana, Shalabhasana, Makarasana, Dhanurasana</i>
<b>Pranayama Advised</b>	<i>OM Kara Chanting (5 times), Bhastrika (21 counts*3), Bhramari (10 times). Nadi Shodhana (10 times), Kapalabhati (10 times)</i>

**Table 6**

Assessment after nine days of treatment: On 23.01.25 at 7 pm

Parameters	Before Treatment	After Treatment	Changes
Weight	108.75 kgs	100.25 kgs	<b>8.5kgs</b>
Body Mass Index	39.98 kg/m <sup>2</sup>	36.8 kg/m <sup>2</sup>	<b>3.18 kg/m<sup>2</sup></b>
Chest circumference	115cms	107cms	<b>8cms</b>
Abdomen circumference	118cms	109cms	<b>9cms</b>
Hip circumference	116cms	107.5cms	<b>8.5cms</b>
Mid-arm circumference- Right	33cms	31cms	<b>2cms</b>
Mid-arm circumference- Left	32cms	31.5cms	<b>0.5cms</b>
Mid-thigh circumference- Right	64cms	61cms	<b>3cms</b>
Mid-thigh circumference- Left	60cms	57cms	<b>3cms</b>

**Table 7**

**Karada Scan**

Parameters	Before Treatment	After Treatment	Changes
Weight	108.75 kgs	100.25kgs	<b>8.5kgs</b>
Body subcutaneous Fat %			
Whole body	29.8%	25.6%	<b>4.2%</b>
Trunk	28.4%	24.3%	<b>4.1%</b>
Arms	38.2%	36.6%	<b>1.6%</b>
legs	39.7%	37.1%	<b>2.6%</b>
Skeletal muscle mass:			
Whole body	25.9%	27%	<b>1.1%</b>

Trunk	17.1%	18%	<b>0.9%</b>
Arms	31.3%	33.8%	<b>2.5%</b>
legs	42.6%	44.5%	<b>1.9%</b>
Total fat %:	38.5%	35.2%	<b>3.3%</b>
Visceral fat %:	23%	22%	<b>1%</b>
Resting metabolism:	1942 kcal	2003 kcal	<b>61 kcal</b>
BMI- Body mass index:	39.98 kg/m <sup>2</sup>	36.8kg/m <sup>2</sup>	<b>3.18kg/m<sup>2</sup></b>

## DISCUSSION

According to *Ayurveda*, *Sthoulya Nidana* includes *Aharaja*, *Viharaja*, *Manasika* and *Anyā Nidana*. In *Aharaja Nidana* patient has a habit of consuming *Kapha Vardhaka-Ati Guru-Ati Madhura Ahara* (most of the times white rice and frequent intake of sweets), *Ati Pishitanna Sevana* (excessive of coffee consumption and junk food) and *Anupa Mamsa Rasa Sevana* (more of non-veg); *Viharaja Nidana* like *Avyayama*, *Divaswapna*, *Atinidra*, *Asya-Sukha*; *Achinta* and *Ati-Harsha* being *Manasika Nidana*; *Beeja Dushti* as *Anyā Nidana*. Poor dietary habits, sedentary lifestyles, emotional imbalances, and genetic factors lead to obesity (*Sthoulya*).

**Udvardana** helps restore deranged *Vata* to its normal state (*Prakruta Avastha*). It works by reducing the accumulation of *Kapha* and *Medas*, improving the smoothness and radiance of the skin, and enhancing the firmness of the limbs. Additionally, *Udvardana* helps eliminate *Ama*, *Gourava*, and *Tandra* from the body, promoting overall health.

**Bashpa Sweda** helps in weight loss by reducing excess *Kapha*, detoxifying the body, and enhancing circulation, making it a valuable treatment for managing *Sthoulya* (obesity). *Bashpa Sweda* removes the *Srotorodha* due to its *Ruksha Guna* and helps to liquefy the *Medas* and mobilize it.<sup>4</sup>

**Deepana and Pachana** are fundamental steps in all *Panchakarma* therapies. In *Ayurveda*, all diseases arise from a vitiated *Agni*, and *Ama* is the primary cause of this *vitae*. According to *Acharya Charaka*, before undergoing a *Shodhana* procedure, *Snehana* and *Swedana* should be performed. *Deepana* and *Pachana* medicines prepare the body for *Panchakarma* by clearing the *Srotorodha* (blockages in the channels) through the digestion of *Ama*.<sup>5</sup>

**Chitrakadi Vati** was given for *Deepana-Pachana*.

This Herbo-mineral formulation is known for its two main actions: the digestion of *Ama* and the enhancement of *Agni*.<sup>6</sup> Along with it, **Laja Manda** was given, *Laja* having *Kashaya* and *Madhura Rasa*, along with *Alpa Ruksha*, *Laghu Guna*, and *Sheeta Veerya*, is beneficial for balancing *Kapha* and *Pitta*, without aggravating *Vata*. It promotes *Agni Deepana* (enhancing digestive fire) and *Medohara* (fat reduction). Despite possessing *Laghu*, *Ruksha Guna*, and *Sheeta Veerya*, it pacifies *Vata* due to its *Madhura Rasa*. Its *Kashaya Rasa* and *Alpa Ruksha Guna* make it particularly suitable for treating *Kaphaja* conditions. *Laja*, when administered as *Manda*, is *Laghu* in nature, supports *Dhatu Poshana* (nourishment of tissues), enhances *Agni*, and aids in *Amapachana* (digestion of toxins).<sup>7</sup> Additionally, it contributes to weight loss.

After *Deepana* and *Pachana*, **Snehapana** was recommended for the patient due to the excessive consumption of junk foods rich in trans fats, saturated fats, and fatty acids. These contribute to inflammatory responses at the cellular level. *Snehapana* works at this cellular level to alleviate inflammation and transports the accumulated morbid *Doshas* from the *Shaka* (limbs) to the *Koshta* (digestive system). This process occurs through various stages: *Vridddhi* (excessive dosha increase), *Vishyanda* (liquefaction of doshas), *Paka* (digestion of *Doshas*), *Srothomukha Vishodhana* (clearing of channels), and *Vayoshcha Nigraha* (control of *Vata*). *Snehapana Varunadi Ghritha* has been taken because of its action on *Kapha* and *Medas*. It is very effective in reducing phlegm, fat deposition and metabolic disorders.<sup>8</sup>

The patient underwent **Abhyanga** followed by *Swedana* for two days during the **Vishrama Kala**. This treatment helped reduce the *Utkleshana* (agitation) of *Kapha*, which had increased during the *Snehapana*. It also maintained the *Dosha* balance by reducing the excess *Kapha* and *Pitta*. Additionally, it



facilitated the next phase of treatment by preventing complications that could arise during the *Vamana* procedure, which follows the *Virechana*.<sup>9</sup> *Brihat Saindhavadi Taila* was used for *Abhyanga*, and its ingredients are primarily *Katu* in *Rasa* (pungent taste), *Laghu* in *Guna* (light in quality), *Ushna Veerya* (potency), and *Katu Vipaka* (pungent post-digestive effect). Additionally, it possesses *Amapachana* (digesting toxins) properties and *Srotovishodana* (clearing of channels).<sup>10</sup>

**Virechana** is a procedure defined as the elimination of unwanted toxins from the body in a downward direction, through the anal route (*Guda Marga*). *Sthoulya* (overweight) is classified as a *Santarpanjanya Vyadhi*, which is characterized by an excess accumulation of *Doshas*, leading to a state known as *Bahu-Doshavastha*. Various *Shodhana* therapies, such as *Virechana* and *Basti*, are suggested for treating *Sthoulya*. Among these, *Virechana* is considered the easiest and least complicated. Furthermore, it is an effective treatment for *Santarpanjanya Vyadhis*, targeting the underlying excess *Doshas*. For these reasons, *Virechana* is an excellent procedure for treating *Sthoulya*, yielding the best results.<sup>11</sup> *Virechana* drugs possess properties such as *Ushna* (hot), *Teekshna* (sharp), *Vyavayi* (spreading), and *Vikasi* (expanding). The *Ushna* property helps increase the *Agni* (digestive fire), while the *Teekshna* property aids in disintegrating the *Doshas*. Due to its *Vyavayi* property, the medicine spreads throughout the body before digestion. The *Vikasi* property enables the drug to burn through various tissues (*Dhatus*) and expel the *Doshas* residing within them. **Trivrit**, a common drug used in *Virechana*, has *Tikta* (bitter)-*Katu* (pungent) *Rasa*, along with *Laghu* (light), *Ushna* (hot), and *Teekshna* (sharp) *Gunas*, which act primarily on *Pitta* and *Kapha* doshas, with a strong *Rechana* (laxative) effect.<sup>12</sup> **Draksha Kashaya** acts as *Virechanopaga*.

After *Virechana*, following a specific diet regimen is essential to enhance *Agni* and nourish the patient. The importance of **Samsarjana Karma**, which is the post-cleansing regimen, lies in strengthening the weakened *Agni* and supporting the body's recovery after

the *Samshodhana* (cleansing) process.<sup>12</sup>

*Shamana Oushadhis* like **Cap. Decrin Plus and Mehabhaya Kashaya** were advised during the treatment. Each capsule of Decrin Plus, a proprietary medicine contains *Amrutadi Guggulu* 250 mg, *Navaka Guggulu* 60 mg, Purified *Shilajitu* 30 mg, *Apamarga Beeja* (seeds of *Achyranthus aspera*) 60 mg, *Bhavana* (trituration) with juices of *Guduchi* (*Tinospora cardifolia*), *Punarnava* (*Boerhaavia diffusa*) & *Gokshura* (*Tribulus terrestris*).<sup>13</sup> This formulation aids in managing obesity (*Sthoulya*) by improving digestion, enhancing metabolism, and balancing the body *Doshas*. The herbs help reduce excess fat, stimulate *Agni* (digestive fire), and eliminate toxins (*Ama*). By regulating fat accumulation, reducing inflammation, and supporting detoxification, Decrin Plus offers an effective approach to controlling weight.

*Asanadi Ganam* (*Meha Abhaya Kashaya*) *Kashayam* is an *Ayurvedic* medicine for obesity and hyperlipidemia. It can be used in any disease where fat metabolism is impaired. It is beneficial in reducing body weight and hyperlipidemia.<sup>14</sup>

**Yoga** and other **physical exercises** normalize fat metabolism and help with energy expenditure. Exercises increase the level of *Dhatwagni* (ability for metabolism), mobilize *Medho dhatu*, and give shape and stiffness to the body.<sup>13</sup> Through regular practice, *Yoga* not only aids in reducing excess fat but also increases flexibility, strength, and overall vitality, leading to a more balanced and healthier body.

## CONCLUSION

*Sthoulya* (obesity) is a lifestyle disorder that is increasingly prevalent among the young and middle-aged population in India. According to *Ayurveda*, this condition is caused by *Santarpana* (excessive nourishment). It should be managed promptly with *Rukshana Chikitsa* (reducing treatments), followed by *Shodhana Chikitsa* (cleansing treatments) to prevent further complications. This study employed a combination of *Rukshana*, *Shodhana*, *Yoga*, exercise, *Pathya*, and *Shamana* medications. This approach improved weight, BMI, anthropometric measurements, and body composition outcomes, which were assessed using a *Karada* scan.

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