

**AYURVEDIC MANAGEMENT OF STHAULYA –A CASE STUDY**Shivanikumari Rajesh Dubey<sup>1</sup>, Sunil Bhaskare<sup>2</sup>

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**ABSTRACT**

Obesity, or Sthaulya, is a growing health concern worldwide. Ayurvedic diagnosis of Sthaulya involves a systematic evaluation of the individual's physical and mental constitution, including their Prakriti (individual constitution), Vikriti (current state of imbalance), and other factors such as diet, lifestyle, and environment.

This article aims to provide a comprehensive overview of Sthaulya in Ayurveda, highlighting its causes, symptoms, diagnosis, and treatment options. A case of 32-Year-old, female patient, a corporate employee having a job requiring prolonged sitting and suffering from Sthaulya has been presented here. The lifestyle induced Sthaulya disorder has many treatment options in Modern medicine, though it remains inefficient due to lack of comprehensive approach. Precisely if we can see the two conditions differ from each other but can be correlated due to similar Causes and Symptoms. The Successful treatment of this patient has been described here in this article using Shodhan and Shaman type of Chikitsa both.

**Keywords**

Ayurveda, obesity, Sthaulya, Panchakarma, herbal remedies, dietary modifications.

## INTRODUCTION

Sthaulya is generally related to Obesity in Ayurveda. Fast-paced lifestyles, increasing irregular food habits, and occupation-related stress have affected health severely and have given rise to lifestyle disorders. Sthaulya has become a common condition in almost every age sphere, especially in people in their early 20s and 30s. Here, a case of a female, 32 years old, has been treated for Obesity. Due to Work Stress and irregular sleeping and eating patterns, the patient had symptoms of Constipation, Hyperacidity, Increased Hunger, and eventually increased weight of the body. After Clinical and Pathological evaluation, the patient was treated with Shamana and Shodhana Chikitsa using Basti upakrama. There was relief in symptoms, and weight was reduced significantly. The patient followed the pathya advised to her properly, resulting in improved BMI and overall mental health.

Description

“Sthoola Paribrahane”[1] means increase in medo dhatu. Sthaulya is a disease of Medovaha Srotas and Mamsavaha Srotas.

Medovaha Srotas has mainly two origins

1) Vrikka, 2) Vapavahan (Greater omentum) (Acharya Charaka)[2]

1) Kati, 2) Vrikka (Acharya Sushruta)[3]

Main Reasons for Medovaha srotas dushti are [4]

1) Avyayama, 2) Divaswapna, 3) Medo vardhaka Ahara sevana, 4) Atyadhika Madhyapana

Medovaha Srotas Dushti shows Poorvaroop of Prameha[5]. Mainly polyphagia – Increased Hunger sensation resulting in excessive weight gain of the body is a conspicuous sign of Sthaulya. [6]

Visarpa, Bhagandara, Jwara, Atisara, Prameha, Arsha, Shleepada, Apachi, kamala are the upadravas mentioned by Yogaratnakara.[7]

Basic Treatment include – 1) Nidana Parivarjana, 2) Karshana, Guru Apatarpana [8] Chikitsa, 3) Samshodhana Chikitsa and 4) Samshamana Chikitsa.

Here, the patient was treated with Basti Treatment, and Medohara Guggulu Kalpana was used. The particularity of the case is that the patient lost almost four kgs in the first seven days of treatment.

## MATERIAL AND METHODS

A clinical case study of Apatarpana Chikitsa with Pachana, Snehana, Swedana Rukshana and basti were given to the patient having Sthaulya.

### 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 of over 30 has been taken for treatment.

#### 2. Exclusion Criteria

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

Patient with Pregnancy.

Patients with comorbidities like hypothyroidism, cardiovascular diseases, and Hemiplegia.

Patients have BMI of more than 45.

### Case Report

Name of the patient – SMN

IPD / OPD No -107\*\*\*

Age – 32 years

Sex-Female

Address – Panju, Naigaon West

Occupation – BPO worker

Marital status - Married

Religion - Hindu

Educational status - Graduate (B.Sc. IT)

Economic status-Middle class

Major present complaints

1. Malabaddhata (since last 1 week)
2. Amlodgara
3. Sharir Bhaara Vriddhi

Duration of Above complaints-6-7 Months

H/o past illness –

Family history

Mother-k/c/o/-RA POSITIVE

Personal History – No major illness

Obstetric History

FTND –Twins -12 Years back

Regular Menstrual Cycle

Aahara-Mixed diet, Mostly Non-vegetarian food

Vihara- (Habits)

Tea – 2-3 times a day

Divaswapna and Ratrijagarana are both present

General examination

Pulse (per min.): 70min

B.P. (mm of Hg.) :110/70 mm of Hg

Temperature: 98.5 degrees F

Respiration Rate(/min) : 16/min

Height (cm): 158 cm

Weight (Kg):76 kgs

Dashavidha Pariksha

Prakriti- Vata-Pittaja

Vikriti – Snigdha

Sarata–Mamsa Sara

Samhanana – Sthoola

Pramana – Sharir – Aayam (Height) -158 cms

Weight (on the first visit)-76 Kgs

Satmya -

1.Aharatah :-Mamsa, Teekshna Ushna aahara

2.Viharatah :-Divaswapna, Ratrijagarana

3.Rasatah :-Madhura ,Lavana, Katu

Sattva – Madhyama

Aahara shakti –

Abhyavarana Shakti:- Pravara

Jaranashakti :- Heen

Vyayama shakti – Heen

Vaya - Madhyama

Bala- Madhyama

Koshta – Krura

3. Indriya Parikshana

a) Gnanendra

1.Vak-Spashta Shabda

2.Sparshanendriya -Samsheet Ushna Twacha

3.Chakshu indriya- Upnetra

b) Karmendriya- NAD

C)Srotas Parikshan

PRANAVAHA STROTAS

No specific kind of Shwaskashtataa

UDAKAVAHA STROTAS -NAD

ANNAVAHA STROTAS

Anannabhilasha and Arochaka

RASAVAHA STROTAS -Anga gourava and Tandra ,Angamarda

RAKTAVAHA STROTAS -NAD

MAMSAVAHA STROTAS -NAD

MEDOVAHA STROTAS

Bahu, Udara , Uru, Nitamba Pradeshi Medo Samchiti, Shramena Shwaskashtataa (Alpa)

ASTHIVAHA STROTAS-NAD

MAJJA VAHA STROTAS –NAD

AARTAVA VAHA STROTAS

Regular Menstrual cycle

MUTRAVAHA STROTAS

Samyak Mutrapravritti - Day-5-6 times

PURISHAVAHA STROTAS

Malabaddhata +++++

Anaha +++++

SWEDAVAHA STROTAS –NAD

Nidana-Panchaka

Hetu :-Sheet ,Snigdha, Guru Padartha sevana ,

Dadhi sevan-(Abhishyandi), Junk Food Consumption –Chinese Bhel, Noodles, Ice cream

Ati mamsa aahara Sevan(Ushna ,Guru, Snigdha)

Purvarupa:-

Alpa Sharir Bhaara Vriddhi, Amlodgara, anaha

Roopam / Lakshanam :

Malabaddhata (since last 1 week), Shirashoola, Amlodgara, Sharir Bhaara Vriddhi-Approximately 12 Kgs weight gain

Upashaya :-Snigdha –Ushna Aahar  
 Anupashaya:-Sheet-Abhishyandi – Madhura-Lavana  
 Rasatmaka Aahar  
 Divaswapna, Ratrijagarana  
 Samprapti :- Nidana Sevana(Madhura Rasa, Guru  
 Snigdha Ahara, Diwaswapna,Ratrijagarana Avyaya-  
 ma) Kaphadoshavridhhi-->Meda vridhhi-->Marga  
 avarodha-->Medo poshana evam anya dhatu Kshaya-  
 ->Vayu vridhhi-->Koshtha gamana-->Jatharagni  
 Sandhukshana-->Ati bubhuksha -->Aama rasa vrid-  
 dhi-->Medo Dhatu Vridhhi -->Sthaulya [8]  
 Dosha-Kapha and Vata  
 Vikalpa samprapti-Guru, Snigdha, Sheeta and Ab-  
 hishyandi gunas of Kapha dosha  
 Dushya -Medo, Mamsa, Rasa  
 Srotasa- Medovaha, Mamsavaha, Rasavaha  
 Srotodushti prakara-Sanga  
 Rogamarga-Bahya  
 Vyaktasthana-Sarvashareera

Laboratory Investigation:-  
 Investigation  
 CBC-RBC- 3.95million per cmm,  
 Hb- 15.3gms/dl,  
 ESR- 22 mm at the end of one hour,  
 WBC- 8,100/cmm,  
 PLT- 409000/cmm  
 Lipid Profile  
 Total Cholesterol-148 mg/dL  
 Triglycerides-152 mg/dL  
 HDL-37 mg/dL  
 Thyroid Profile  
 T3-1.0 nmol/L  
 T4-0.872 nmol/L  
 TSH-0.886 uIU/ml

Clinical Examination  
 Per Abdomen-  
 Soft, Mild tenderness at Epigastric region  
 CNS/ CVS/RS- NAD  
 Treatment  
 Shodhana  
 Sarvanga Snehana- Til Taila  
 Sarvanga Swedana- Peti sweda  
 Followed by Yog Basti Kram  
 Niruha Basti- Dashamoola Triphala Kwatha  
 Anuvasana Basti – Eranda Taila  
 Shaman  
 Aushadhi –Matra-Kaal-Anupana  
 First Seven Days  
 1. Tablet Shankha Vati (250mg) 2-0-2 -(After Meal)  
 –For chewing  
 2. Tablet Sutasekhara Rasa (250mg) 2-0-2  
 Before Meal- Koshna Jal  
 3. Gandharva Haritaki Churna 0-0-2gm  
 After 7 Days to 30 Days  
 1. Tablet Medohara Guggul [9] (250mg) 2-2-2  
 After Meal with Koshna Jala  
 2. Tablet Sutasekhara Rasa (250mg) 2-0-2  
 Before Meal- Koshna Jal  
 3. Gandharva Haritaki Churna  
 0-0-2gm

#### **Anthropometry changes before and after treatment**

Sr. No.	Observation	Before Treatment	After Treatment
1	Weight	76kg	69kg
2	<b>BMI</b>	<b>30.44kg/m</b>	<b>27.63kg/m</b>
3	Chest girth	84.5 cm	82.5 cm
4	Abdomen girth	89.5 cm	86 cm
5	Hip girth	103 cm	99 cm

### Changes in Lipid Profile

Lipid	Before Treatment	After Treatment(30 Days)
Serum Triglyceride	152	106
Total Cholesterol	148	115
HDL	37	38

### Changes in Signs and Symptoms

Sr. No.	Signs and Symptoms	Before Treatment	After Treatment
	Ayasen Swaskashtataa	+	-
	Swedabadha	++	+
	Atipipasa	++	+
	Atikshudha	++++	++
	Utsahahani	++++	+
	Gurugatrataa	++++	+
	Malbaddhta	++++	-
	Amlodgara	+++	-

(++++)- Severe presentation of symptom, (+++) –Moderate presentation of symptom, (++)-Mild presentation of symptom,(+)-least/sometimes presentation of symptom, (-)-no symptoms.

The Ayurvedic Management of the patient's Obesity by Shodhana and Shamana improved the patient's BMI. There was overall improvement in Signs and Symptoms. Clinically and on investigation findings, there were improvements in the patient's parameters.

enth Day, and the patient was reminded to follow pathya carefully throughout. Thus, the Ayurvedic line of management gave satisfactory results.

## DISCUSSION & CONCLUSION

- The present study deals with typical obesity and not reasonable adiposity, reflecting endocrine imbalance.<sup>[10]</sup> The patient was given Basti Treatment, and then Shamana treatment was given to treat Medovaha srotas. Patients majorly had symptoms of Vata Vriddhi, hence instead of Ruksha udvartana, Snehana with Tila Taila was done. Also, Dashamoola Triphala Kwath Basti was used instead of Lekhaniya Basti to achieve Vatanulomana first. Medications were kept to a minimum, and more focus on lifestyle changes was given. Regular sleep, Food And exercise resulted in early improvement in Sharira Bhaara Vriddhi and Malabaddhata.
- Within Eight days of Yoga basti, the patient reduced 4 kgs; subsequently, in a month, she reduced 9 kgs of weight. Follow-up of the patient was taken regularly after Shodhana, every Sev-

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