

**CLINICAL EFFICACY OF AYURVEDA PROTOCOL IN THE MANAGEMENT OF
STHOULYA (OBESITY): A CASE REPORT****Dr. Venu^{1*}, Dr. Madhu S.², Dr. Adarsh Kallimath³**¹Associate Professor, Dept. of Swasthavritta, Rajeev Institute of Ayurvedic Medical Science and Research Centre, Hassan.²Professor & HOD, Dept. of Swasthavritta, Rajeev Institute of Ayurvedic Medical Science and Research Centre, Hassan.³Assistant Professor, Dept. of Kayachikitsa, Sri Dharmasthala Manjunatheshwara college of Ayurveda and Hospital.***Corresponding Author: Dr. Venu**Associate Professor, Dept. of Swasthavritta, Rajeev Institute of Ayurvedic Medical Science and Research Centre, Hassan. DOI: <https://doi.org/10.5281/zenodo.17809892>**How to cite this Article:** Dr. Venu^{1*}, Dr. Madhu S.², Dr. Adarsh Kallimath³ (2025). Clinical Efficacy Of Ayurveda Protocol In The Management Of Sthoulya (Obesity): A Case Report. World Journal of Pharmaceutical and Medical Research, 11(12), 302–304.

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ABSTRACT

Obesity (Sthoulya) is a multifactorial metabolic disorder marked by excessive accumulation of adipose tissue and associated risks to health. From an Ayurvedic viewpoint, Sthoulya is a Santarpanajanya Vyadhi, resulting from over-nourishment of Medodhatu, Kapha–Vata imbalance and impaired Agni. The present case report describes a 30-year-old female patient with morbid obesity (BMI 52.7 kg/m²) who underwent a 11-day inpatient Ayurvedic regimen at Rajeev Ayurveda Hospital, Hassan, that included Udwarthana, Bashpa Sweda, Snehapana, Virechana, along with apatarpana, yoga, pranayama, and physiotherapy. Over the course of treatment, the patient achieved a weight reduction of 14.5 kg (≈11.6% of initial body weight), BMI reduction to 46.6 kg/m², improved anthropometric measures and metabolic parameters. No adverse events were noted. This case highlights the potential of Ayurveda protocols for rapid reduction of adiposity in Sthoulya, and suggests the need for larger controlled trials.

KEYWORDS: Sthoulya; Obesity; Udwarthana; Snehapana; Virechana; Ayurveda.**INTRODUCTION**

Obesity is a major global public-health challenge, associated with increased risk of cardiovascular disease, diabetes mellitus, dyslipidemia, polycystic ovarian syndrome and other comorbidities. In Ayurveda, Sthoulya (Medoroga) is described under Astanindita-Purusha and Santarpanajanya Vyadhi, denoting over-nourishment–driven disease processes.^[1,2] The causes are heavy, unctuous diet, sedentary lifestyle, Mandagni, Kapha aggravation, and Medodhatuaccumulation.^[3] The classical therapeutic approach emphasizes Apatarpana, ruksha measures, and appropriate Shodhana (purification) such as Virechana and Udwarthana.^[4,5] Recent clinical studies report meaningful reductions in body weight and BMI using Ayurvedic compounds and Panchakarma procedures.^[6,7] However, evidence in higher-BMI (Class II/III) patients remains limited. This case documents an inpatient Ayurveda protocol applied to a Class III obese patient, with detailed anthropometric, metabolic and clinical improvements.

MATERIALS AND METHODS**Patient Information**

A 30-year-old unmarried female presented to the Department of Svasthavritta at Rajeev Ayurveda Hospital, Hassan (IP No. 1305/24; OP No. 169676) on 07/10/2024 with a 3-year history of gradual weight gain. She was conscious and oriented. No prior significant medical history or medications were reported.

Family history: father with similar obesity.**Personal history:** appetite normal, bowel and micturition normal, sleep sound, dietary habits included non-vegetarian meals, pastries, confectioneries and carbonated beverages.**Clinical Findings****On Admission:** Weight 125 kg; Height 154 cm (BMI 52.7 kg/m², Obese Class III). Waist circumference 125–126 cm.

Blood pressure 140/70 mmHg; Pulse 80 bpm; Respiratory rate 12–20/min; Temperature 97.6°F. General examination: obese build, no acute distress. Systemic examination was unremarkable.

Investigations

Abdominal-pelvic ultrasonography (08/10/2024) showed liver span 14.9 cm with diffuse increased echogenicity (Grade I fatty infiltration). Polycystic ovarian morphology with bilateral ovarian volume 9 cc; no other significant anomalies.

Thyroid profile: T3 1.09 ng/ml; T4 11.08 µg/dl; TSH 3.45 µIU/ml (all within normal range).

Lipid profile: Total cholesterol 218 mg/dl (borderline high), HDL 76 mg/dl (low risk), LDL 108 mg/dl (near-optimal), Triglycerides 174 mg/dl (borderline high).

Random blood sugar 93 mg/dl. Urine sugar absent.

Diagnosis

Based on BMI > 40 kg/m² and associated anthropometric/imaging findings, the diagnosis was **Sthoulya (Obesity) – Obese Class III.**

Therapeutic Intervention (Inpatient: 07/10/2024–18/10/2024)

Phase	Days (Dates)	Procedures	Diet / Lifestyle	Inpatient Medications
Purvakarma	Days 1–4 (07–10 Oct)	SarvangaUdwartana+Bashpa Sweda	Low calorie high fibre diet. Yoga & pranayama. Physiotherapy (obesity-specific)	T. Anuloma DS 1-0-1 AF Cap. Decrin Plus 1-0-1 AF Varunadi Kashayam 20 ml BD AF
Snehapana (initiation)	Days 5–7 (11–13 Oct)	Snehapana with Panchatikta Guggulu Ghrita: 30 ml (Day 5–6) 70 ml (Day 7)	Peya. Yoga physiotherapy continued	T. Anuloma DS 0-0-1 AF. Cap. Decrin Plus 1-0-1 AF
Snehapana (escalation)	Days 8–10 (14–16 Oct)	Snehapana escalation up to 150 ml (Days 9–10); Manjisthadi Taila abhyanga	Peya / hot water	Varunadi Kashayam 20 ml morning & evening AF. Cap. Decrin Plus 2-0-2 AF. Maha Abhaya Kashaya 20 ml-0-20 ml AF
Virechana	Day 11 (17 Oct)	Virechana: Trivrit Lehyam 80 g + Draksha Kashayam 100 ml	-	-

Discharge Medications (from 18/10/2024)

Medicine	Dose & Schedule
Maha Abhaya Kashayam	20 ml BD
Varunadi Kashayam	20 ml BD
Cap Decrin Plus	2-0-2
TabAnuloma DS	0-0-2

Appetite, bowel and sleep remained normal. The patient reported improved mobility, reduced heaviness and increased energy.

Imaging and laboratory parameters showed no acute worsening; fatty liver (Grade I) and PCOD morphology persisted, with clinical improvement noted.

Outcome Measures

Primary: Weight, BMI, waist circumference, mid-arm and mid-thigh circumferences.

Secondary: Blood pressure, Metabolic parameters (lipid profile), Imaging findings.

Anthropometrics were recorded at admission, day 5, day 10, and discharge.

RESULTS

By discharge (18/10/2024), weight decreased from 125 kg to 110.5 kg (loss 14.5 kg; ≈11.6%). BMI reduced from 52.7 to 46.6 kg/m² (–6.1 kg/m²).

Waist circumference fell from 125 cm to 123 cm by day 5 (further values not recorded). Chest circumference reduced from 126 cm to 123 cm by day 5.

Blood pressure at discharge was 130/70 mmHg (baseline 140/70). No adverse events were documented.

DISCUSSION

This case shows clinically meaningful, short-term adiposity reduction in a Class III obese patient via an inpatient Ayurveda-based protocol. Classical sources describe Sthoulya as Medoroga arising from Medodhatu accumulation secondary to Kapha–Vata imbalance and Mandagni, supporting the rationale for ruksha/apatarpana measures and Shodhana.^[4,8] Udwartana (powder massage) with Bashpa Sweda promotes mechanical lekhana, mobilizes subcutaneous fat, reduces srotorodha and supports drainage of accumulated meda.^[5] Snehapana prepares the body for Shodhana by internal oleation and Dosha softening, while Virechana eliminates aggravated Kapha/Pitta, enhances Agni, and cleanses srotas.^[5,6] Clinical studies indicate Virechana reduces body weight, BMI and lipid measures in obesity,^[8] and an Agnimanthadi compound has shown superiority to placebo for weight and BMI reductions in Sthoulya.^[7] Diet-lifestyle (Pathya-Vihara) optimization is also emphasized as an essential adjunct.^[9]

The 11.6% weight loss over 11 days is notable for a baseline BMI of 52.7 kg/m². While encouraging, durability requires longer follow-up. Study limitations here include lack of post-discharge follow-up, no repeat labs/imaging at discharge, and absence of a comparator.

CONCLUSION

A structured inpatient protocol combining Udwarthana, Bashpa Sweda, Snehapana, Virechana and targeted diet-lifestyle interventions produced substantial short-term reductions in weight and BMI in a Class III obese patient, without adverse events. This case supports further randomized controlled studies with extended follow-up to standardize protocols and assess long-term outcomes.

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