

MANAGEMENT OF STHOULYA: A CASE REPORT ABSTRACT¹Divyashree G. K., ²Dr. Venu S., ³Madhu S.¹Internee, Rajeev Institute of Ayurvedic Medical Science and Research Centre. Hassan, Karnataka, India.²Associate professor, Department of Swasthavritta, Rajeev Institute of Ayurvedic Medical Science and Research Centre. Hassan, Karnataka, India.³Professor, Department of Swasthavritta, Rajeev Institute of Ayurvedic Medical Science and Research Centre. Hassan, Karnataka, India.***Corresponding Author: Divyashree G. K.**

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ABSTRACT

Background: Sthoulya is an important metabolic disorder described in Ayurveda, characterized by excessive accumulation of Meda Dhatu and associated with impaired metabolic functions and reduced physical activity. It can be correlated conceptually with obesity, a major health concern associated with an increased risk of metabolic and cardiovascular complications. Ayurvedic management emphasizes dietary regulation, lifestyle modification, physical activity, and appropriate therapeutic interventions aimed at reducing excessive Meda accumulation and restoring Dosha-Dhatu balance. **Case Presentation:** A 29-year-old female patient presented with a progressive increase in body weight over two years, accompanied by difficulty performing routine daily activities and a feeling of heaviness. Clinical and Ayurvedic assessments supported the diagnosis of Sthoulya. The patient received internal medications, including Amla juice, Decrin Plus tablets, and Chitrakadi Vati, along with Sarvanga Udwartana, Bashpa Sweda, Snehapana with Panchatikta Guggulu Ghrita, Sarvanga Abhyanga with Manjishtadi Taila, and Virechana using Trivrit Leha with Draksha Swarasa. Yoga and physiotherapy were also incorporated into the management plan. **Results:** Following treatment, body weight decreased from 91.3 kg to 86.5 kg, representing a reduction of 4.8 kg. Body mass index decreased from 36.6 kg/m² to 34.6 kg/m². Chest circumference reduced from 110 cm to 104 cm, waist circumference from 111 cm to 108 cm, and waist-hip ratio from 0.88 to 0.86. Reductions were also observed in mid-arm, mid-thigh, and mid-calf circumferences, although the magnitude of change varied across measurement sites. **Conclusion:** The observed changes in anthropometric parameters suggest a potential benefit of the multimodal Ayurvedic management approach in this patient with Sthoulya. However, as this is a single case without a control group, the findings cannot establish treatment efficacy or attribute the observed changes to any individual intervention. Further systematic studies with standardized outcome measures and longer follow-up are required to evaluate the safety and effectiveness of this approach.

KEYWORDS: Sthoulya, obesity, Meda Dhatu, Ayurvedic management, Udwartana, Panchakarma, Virechana, anthropometric assessment.

INTRODUCTION

Sthoulya is an important metabolic disorder in Ayurveda characterized by the excessive accumulation of Meda Dhatu, primarily resulting from overnutrition, improper dietary habits, and impaired metabolic functions. It is classified under Santarpanotha Vyadhi, a group of disorders arising from excessive nourishment, and Atisthoulya is enumerated among the Ashta Nindita

Purusha by Acharya Charaka, highlighting its adverse effects on health and quality of life.^[1]

According to Acharya Charaka, the excessive consumption of Madhura (sweet), Guru (heavy), and Snigdha (unctuous) foods, along with overeating, lack of physical activity, excessive sleep, and a sedentary lifestyle, contributes to the manifestation of Sthoulya. These etiological factors promote the abnormal

accumulation of Meda Dhatu and lead to Medo-Avarana, which obstructs the normal functioning of Vata Dosha. This, in turn, stimulates Jatharagni, resulting in increased appetite and further accumulation of Meda Dhatu. The characteristic clinical manifestations include Chala Sphik, Chala Udara, Chala Stana, Ayathopachaya, and Anutsaha. Acharya Charaka also describes the Ashta Dosha of Atisthoulya, which include reduced lifespan, diminished physical activity, impaired sexual function, debility, foul body odour, excessive sweating, excessive hunger, and excessive thirst.^[1]

Acharya Sushruta and Vagbhata also recognize Sthoulya as a disorder predominantly involving Kapha Dosha and Meda Dhatu. Its management emphasizes the correction of dietary and lifestyle factors through appropriate Ahara and Vihara, along with therapeutic measures such as Langhana (lightening therapy), Rukshana (drying therapy), Lekhana (scraping therapy), regular physical activity, and Shodhana procedures, as indicated according to the individual's condition. These interventions aim to reduce excessive Meda accumulation, improve metabolic function, and restore Dosha-Dhatu balance.^[2,3]

In contemporary medicine, obesity is defined as an abnormal or excessive accumulation of body fat that may adversely affect health. It develops through a complex interaction of energy imbalance, genetic predisposition, dietary patterns, physical inactivity, environmental influences, and behavioural factors. Obesity is associated with an increased risk of several non-communicable diseases, including type 2 diabetes mellitus, hypertension, cardiovascular disorders, and other metabolic complications, thereby contributing to increased morbidity and reduced quality of life.^[4]

The conceptual similarities between Sthoulya and modern obesity highlight the importance of addressing excessive adipose tissue accumulation alongside the underlying dietary, behavioural, and metabolic factors. An individualized Ayurvedic management approach incorporating dietary regulation, lifestyle modification, physical activity, and appropriate therapeutic interventions may be beneficial in managing Sthoulya. The present case report describes the Ayurvedic management of Sthoulya, with emphasis on the

assessment of clinical features and the response to the treatment adopted.

CASE STUDY

The present case study describes a 29 year-old female patient who presented with complaints of progressive increase in body weight for the past two years, leading to difficulty in performing routine daily activities. Based on the clinical findings and Ayurvedic evaluation, the case was diagnosed as Sthoulya and the patient was managed with appropriate Ayurvedic interventions.

History of present illness

The patient was apparently normal two years ago, following which she gradually developed a progressive increase in body weight. The weight gain was associated with difficulty in performing routine daily activities due to reduced mobility and a feeling of heaviness. Owing to these persistent complaints and inadequate relief, she visited the Ayurvedic Hospital for further evaluation and management.

HISTORY OF PAST ILLNESS

Patient does not have any Diabetes and Hypertension and thyroid disorder.

Drug history

Vitals.

Temp – Afebrile Pulse rate – 78bpm Bp – 120/80mmHg
RR – 18cpm

Ashtavidha pareeksha

Nadi : kapha pradhana pitta Mala :1 times/day
Mutra: 4-5times/day Jihwa: alipta Shabda: prakrutha
Sparsha: samasheetoshna Druk: prakrutha
Akruthi: Madhyama Dashavidha pareeksha
Prakruthi: kapha pradhana vata Vikruthi: kaphapitta
Sara: Madyama Satmya: Madyama Satva: Madyama
Samhanana: Madyama Pramana: Madhyama
Aahara shakthi: Madhyama Vyayama shakthi: Madyama
Vaya: Madyama

Systemic examination

CVS – S1 and S2 heard No murmur sound heard RS –
NVBS
No added sounds
GIT – P/A soft and non-tender
CNS – Conscious and oriented to time, place and person

Anthropometry

Particulars	Before treatment	After treatment
Height(cm)	158cm	158cm
Weight(kg)	91.3kg	86.5kg
BMI (Kg/m ²)	36.6kg/m ²	34.6kg/m ²
Head circumference (cm)	51cm	51cm
Chest circumference (cm)	110cm	104cm
Mid arm circumference (cm)	Right: 34cm	Right: 33cm
	Left: 34cm	Left: 33cm
Mid thigh circumference (cm)	Right: 62cm	Right: 56.5cm
	Left: 62.5cm	Left: 55cm

Mid calf circumference (cm)	Right:41cm	Right: 41cm
	Left: 42cm	Left: 41cm
Waist circumference (cm)	111cm	108cm
Hip circumference (cm)	125cm	124.5cm
Waist Hip Ratio	0.88	0.86

Treatment advised

Internal medication

Sl no	Name of medication	Dose	Time	Anupana
1	Amla juice	20ml -0-20ml	B/F	Water
2	Tab. Decrin plus	1-0-1	A/F	Water
3	Chitrakadi vati	2-0-2	B/F	Water

Treatment

Sl.no	Procedure	Date	No of days
1	Sarvanga udwartana	31/8/26 to 02/9/26	3
2	Bashpa sweda	31/8/26 to 02/9/26	3
3	Snehapana with pancha tikta guggulu ghrita	03/9/26 to 06/9/26	4
4	Sarvanga abhyanga with Manjishthadi taila	07/9/26 to 09/9/26	3
5	Bashpa sweda	07/9/26 to 09/9/26	3
6	Virechana with trivrut leha (80g) + draksha swarasa (100ml)	10/9/26	1
7	Yoga and physiotherapy	31/8/26 to 02/9/26	3

DISCUSSION

Sthoulya is described in Ayurveda as a Santarpanotha Vyadhi characterized by excessive accumulation of Meda Dhatu and the predominance of Kapha Dosha. Its manifestation is associated with improper dietary practices, excessive caloric intake, inadequate physical activity, and other lifestyle-related factors. According to Ayurvedic principles, the accumulation of Meda Dhatu and the development of Srotorodha may interfere with normal physiological functions and contribute to the progression of the disease. The involvement of Agni and the imbalance of Doshas are also considered important in understanding its pathogenesis.

In the present case, the patient exhibited progressive weight gain over two years, accompanied by heaviness and difficulty in carrying out routine daily activities. The Ayurvedic assessment indicated Kapha predominance, which was considered relevant to the clinical presentation. Accordingly, the management approach was directed towards reducing excessive Meda Dhatu, regulating Kapha Dosha, supporting Agni, and improving overall functional capacity.

The Ayurvedic principles of Sthoulya management emphasize Langhana, Rukshana, and Lekhana, together with appropriate dietary regulation and physical activity. These measures are intended to address excessive tissue accumulation and promote metabolic balance. External therapies, when selected according to the patient's condition, may complement the overall management plan. Internal medications and other therapeutic

interventions should be individualized based on the patient's clinical status, digestive capacity, constitution, and treatment response.

Dietary modification and lifestyle regulation are essential components of Sthoulya management. Appropriate food choices, portion control, regular physical activity, adequate sleep, and consistency in daily routines may support weight management. From the perspective of contemporary medicine, obesity is a multifactorial condition associated with an imbalance between energy intake and expenditure, along with genetic, behavioural, and environmental influences. Therefore, an integrated management strategy should consider both therapeutic interventions and sustainable lifestyle changes.

In the present case, the management was planned according to Ayurvedic assessment and the patient's clinical presentation. The effectiveness of the intervention should be evaluated using objective parameters such as body weight, body mass index (BMI), waist circumference, and changes in the patient's reported symptoms and functional ability. As this is an individual case report, any observed improvement should be interpreted in the context of the treatment provided, adherence to dietary and lifestyle recommendations, and the duration of follow-up.

Further systematic research is required to establish the efficacy and safety of specific Ayurvedic interventions in the management of Sthoulya.

CONCLUSION

The present case highlights the application of Ayurvedic principles in the management of Sthoulya through an individualized therapeutic approach. The treatment strategy focuses on reducing excessive Meda Dhatu, managing Kapha Dosha, supporting normal metabolic functions, and promoting appropriate dietary and lifestyle practices. These principles may provide a framework for comprehensive obesity management when applied according to the patient's clinical condition.

However, conclusions regarding treatment effectiveness should be based on documented clinical outcomes, including changes in body weight, BMI, waist circumference, and associated symptoms. Since the present report describes a single patient, its findings cannot be generalized to all individuals with Sthoulya. Further controlled clinical studies with adequate sample sizes, standardized outcome measures, and long-term follow-up are necessary to assess the effectiveness, safety, and reproducibility of Ayurvedic treatment approaches in Sthoulya management.

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