



Research Article

POLYHERBAL FORMULATIONS AND THERAPEUTICAL PURGATION IN THE MANAGEMENT OF CLASS I OBESITY

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ABSTRACT

Obesity, the nutritional-pandemic, is a state of excess-adiposity. It results from a high-calorie diet or low physical activity or both, which often worsen by poor lifestyle habits. It significantly increases the risk of non-communicable diseases such as cardiovascular disease, hypertension, diabetes, metabolic syndrome, and certain cancers. These comorbidities lead to compromised quality of life, increased mortality, and a substantial financial burden. Despite of several conventional-treatment-modalities, presently the trending-global-concern is the escalated-Obese-population. According to the classical Ayurvedic texts *Sthaulya* is a *Santarpanajanya-vikara* and one among the *Asta-nindit vyadhi*. It afflicts *Medovaha-srotas* and primarily manifests due to *Apavyaha-ahara-vihara-sevana* i.e., the consumption of unwholesome diet and improper lifestyle practices. Starting from the etiological-pathophysiology to the manifestation, Obesity can be analogous to *Sthaulya*. **Objectives** – To evaluate the role of polyherbal-formulations as *Shaman-ausadhi*, and the Therapeutic Purgation as *Shodhan*-therapy in the management of obesity, aided with *Pathyapathyapalana*. **Methods** – A 31 years male case approached OPD, Panchakarma, with a diagnosis of obesity. Before and after the therapeutic interventions- BMI, Anthropometric measurements along with lipid profile was investigated. **Result** – *Rukshan-karma*, *Virechan-karma*, *Shaman-ausadhi* in addition to proper *Pathyapathyapalana* aids in the weight-management by reduction in 9kg and by alleviation of associated sign-and-symptoms of obesity. **Conclusion** – In this case-study Polyherbal formulations combined with *Virechana* (Therapeutic purgation), have shown efficacy in the therapeutic management of obesity.

INTRODUCTION

Compiled by the World Obesity Federation, the World Obesity Atlas 2023 projects that, if current trends persist, over half of the global population will have a high body mass index (BMI ≥ 25 kg/m 2) by 2035, with approximately one in four individuals living with obesity (BMI ≥ 30 kg/m 2) - an increase from about one in seven today.^[1] In this modern-era, India is also grappling with the metabolic-epidemic - obesity. A discrepancy between energy intake and expenditure leads to an altered energy balance, which becomes too

great to be defended and regulated effectively, for the maintenance of basal-metabolic-rate. The determining disastrous aftereffects of health, due to accumulation of fat, potentially impacts both mortality-&-morbidity of human health. Further, this contributes in the emergence of modern epidemics like type-2 diabetes-mellitus, metabolic-syndrome, fatty-liver, cardiovascular-disease and osteoarthritis along with profound psychological consequences, compounded with the social stigmatization of obesity.^[2] As the complication, later body fat gets distributed centrally over abdomen in the liver and muscles, inducing insulin resistance; and this visceral fat distribution makes a person to become an android or apple shape. In contrast subcutaneous fat distribution causes generalized gynoid or pear shape obesity.

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Ayurvedic Perspective on *Sthaulya* (Obesity)

Sthaulya, described as a *Kaphaja Nanatmaja Vikara*, aligns with the modern understanding of obesity resulting from overnutrition and sedentary lifestyle. ^[3] According to Acharya Sushruta (*Sutrasthana*), it is classified as a *Rasa-nimittaja Vikara*, while Acharya Dalhana defines it as an increase in body mass, and *Madhava Nidana* attributes it to the vitiation and excessive accumulation of *Mamsa* and *Meda dhatu*. ^[4]

Ayurvedic texts identify both *Aharaja* (dietary) and *Viharaja* (lifestyle) factors as causes. Frequent intake of sweet, heavy, cold, and unctuous foods, combined with daytime sleep and physical inactivity, initiate the pathogenesis of *Sthaulya*. These factors lead to *Agni Mandya*, accumulation of *Kaphadosha* and *Medadhadu*, obstruction of *Vatadosha* and impairment of *Pachakapitta*, then disturbing the progression of *Dhatu Parinama*. Altogether this improper nourishment affects the *Uttarotara Dhatus* after *Medadhatu* and causes the *Upachaya*. These gradually manifested as the *Samanya lakshana* of *Sthaulya*. Depletion of *Dhatus* leads to generalised-body-weakness and reduced life-expectancy with the classical symptoms such as excessive thirst, hunger, sweating, foul body odor. ^[5]

Classical management includes *Guru-Apatarpana* (light and depleting diet), *Shodhana* (bio-purification), and *Shamana* (palliative) therapies, alongside dietary and behavioral modifications-avoiding heavy, sweet, and unctuous foods, and promoting regular physical activity. ^[6]

Novelty of the Case

This case is noteworthy for its complex and multi-systemic presentation of obesity. The patient experienced a rapid weight gain of 25 kg, reaching 103 kg within a short span, accompanied by systemic symptoms including excessive sweating, foul body odor, snoring, increased thirst, fatigue, increased appetite without satiety, irregular bowel movements, and bilateral knee pain with tingling sensation-particularly during squatting. These features suggest involvement of multiple *Srotas*, including *Medovaha*,

History of Present Illness



Annavaha, Udkavaha, and Asthivaha, with aggravated *Kapha* and *Pitta* doshas and severely impaired *Agni*.

Unlike standard obesity cases that typically present with isolated metabolic markers or weight gain, this case demanded a comprehensive and individualized Ayurvedic approach, adhering to classical *Chikitsa krama*. The therapeutic regimen involved:

- *Deepana-Pachana* for *Agnideepana* and *Ama Pachana*
- *Rukshana* for *Medo Lekhana*
- *Snehapana* with observation of *Samyak Snigdha Lakshana*
- *Virechana Karma* attaining *Madhyama Shuddhi*
- Followed by *Peyadi Samsarjana Krama* and
- Continued with *Shamana Chikitsa* supported by internal and external polyherbal formulations

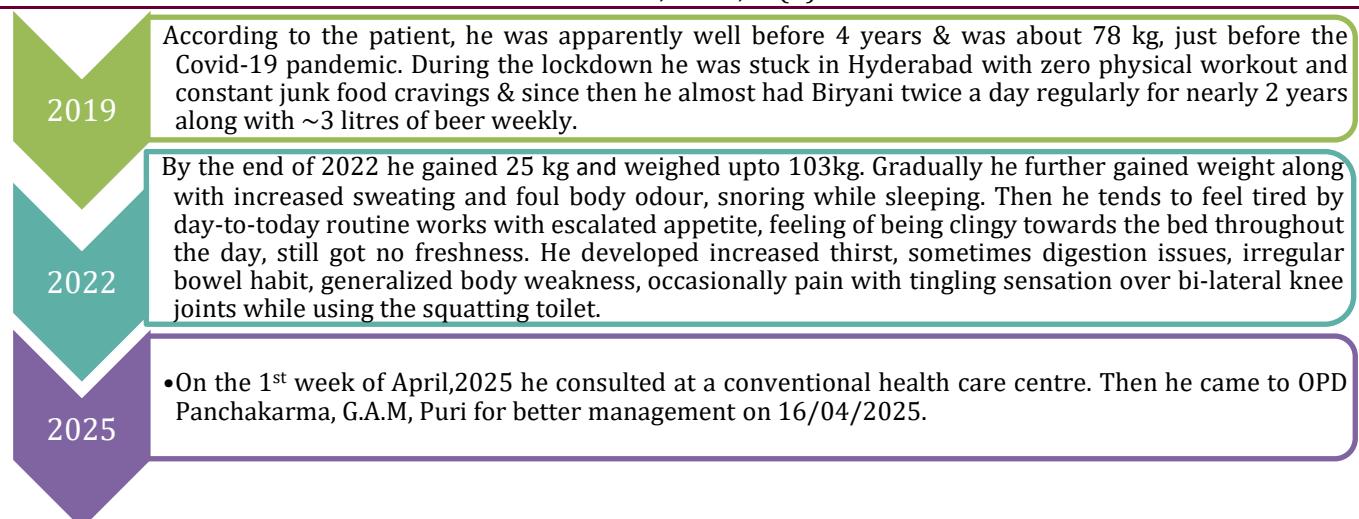
The patient showed marked improvement with a reduction of 9 kg body weight, improved energy levels, normalized bowel patterns, and relief from musculoskeletal and digestive complaints.

This case exemplifies the effectiveness of a classical, protocol-based Ayurvedic intervention in managing complicated obesity with systemic symptoms, offering valuable insight into the evidence-based potential of traditional therapies in modern clinical contexts.

Methods Section

Case Description

- **Date of Visit:** 16th April 2025
- **Patient Details:** 31-year-old Hindu male, software engineer by profession
- **Chief Complaints:**
 - Increased appetite for 5 years.
 - Excessive perspiration and foul body odour for 5 years.
 - Excessive thirst for 5 years.
 - Gradual weight gain over the last 4 years.
 - Mild pain in both knee joints for 2 years.
 - Generalized body weakness and lassitude for 2 years.
- Burning sensation in the chest and throat occurring regularly for 2 years.



- No known history of systemic illness. He had no prior history of any significant therapeutic or surgical interventions. There was no family history of such conditions.

Clinical Findings

General examination

Blood pressure was 134/86 mm Hg, Pulse was 68bpm, respiratory rate was 16 breaths/min, temperature was 37.2 degree Celsius. Pallor, icterus, lymphadenopathy and edema were not found.

Table 1: Samanya Pareekshya

| Astavidha Pariksha | | |
|---------------------|-----------------------|---|
| S.No. | Pariksha | observation |
| 1 | <i>Nadi</i> | 68 beats/ min. <i>Kapha</i> dominant, <i>Hamsa gati</i> |
| 2 | <i>Mutra</i> | <i>Prakrita Varna, Vega</i> etc. |
| 3 | <i>Mala</i> | Twice a day, Irregular, <i>Sama Mala</i> |
| 4 | <i>Jihva</i> | <i>Sama, Prakrita Akriti</i> |
| 5 | <i>Shabda</i> | <i>Prakrita</i> |
| 6 | <i>Sparsha</i> | <i>Anushna Sheetra, Snigdha</i> |
| 7 | <i>Drik</i> | <i>Prakrita</i> |
| 8 | <i>Akriti</i> | <i>Sthula</i> (height – 182cm, weight – 112kg) |
| Dashavidha Pariksha | | |
| 1 | <i>Prakriti</i> | <i>Kaphapitta</i> |
| 2 | <i>Vikriti</i> | <i>Madhyama</i> |
| 3 | <i>Sara</i> | <i>Medo-mamsa</i> |
| 4 | <i>Samhanana</i> | <i>Pravara</i> |
| 5 | <i>Pramana</i> | <i>Sthula</i> |
| 6 | <i>Satva</i> | <i>Madhyama</i> |
| 7 | <i>Satmya</i> | <i>Pravara</i> |
| 8 | <i>Ahara Shakti</i> | <i>Abhyavaharana- pravara, Jarana – Madhyama</i> |
| 9 | <i>Vyayama Shakti</i> | <i>Avara</i> |
| 10 | <i>Vaya</i> | <i>Madhyama</i> |
| Srotos Pariksha | | |
| 1 | <i>Pranavaha</i> | <i>Prakrita</i> |
| 2 | <i>Udakavaha</i> | <i>Pipasa</i> |
| 3 | <i>Annavaha</i> | <i>Atikshudha</i> |
| 4 | <i>Rasavaha</i> | <i>Gaurava, Tandra</i> |

| | | |
|----|--------------------|---|
| 5 | <i>Raktavaha</i> | <i>Prakruta</i> |
| 6 | <i>Mamsavaha</i> | <i>Udaravridhi</i> |
| 7 | <i>Medovaha</i> | <i>Swedagama, Snigdhagatra, Sthula, Piapasa</i> |
| 8 | <i>Asthivaha</i> | <i>Sandhipida</i> |
| 9 | <i>Majjavaha</i> | <i>Prakrita</i> |
| 10 | <i>Sukravaha</i> | <i>Prakruta</i> |
| 11 | <i>Mutravaha</i> | <i>Prakruta</i> |
| 12 | <i>Purishavaha</i> | <i>Vishama</i> |
| 13 | <i>Swedavaha</i> | <i>Atisweda, Dourgandha</i> |

Systemic examination:

There was no abnormality detected in CNS, CVS, Respiratory, Gasto-intestinal and urinary system. In locomotor examination No swelling or deformity observed, only mild pain was found during knee extension in both the knees. Integumentary examination was also found normal except excessive perspiration with body odour.

Diagnostic work-up

The diagnosis of *Sthaulya* (obesity) in this case was supported by a comprehensive assessment of both subjective symptoms and objective findings.

- Subjective assessment parameters (Table no.3) – the subjective complaints (excessive hunger, thirst, sweating, lethargy, and body odour) align with classical Ayurvedic features of *Kapha-Medo Dushti* and *Agni Mandya*, indicating involvement of *Medovaha, Annavaha*, and *Raktavaha srotas*.
- Objective assessment parameters (Table no.4) - including increased BMI (33.5 kg/m^2), central obesity, and dyslipidemia-confirmed the clinical severity and metabolic impact of obesity.

Diagnosis - *Sthaulya* (Obesity Class I) [7]

[Lipid profile, BMI-and-anthropometry as per WHO & International-Obesity-Task-Force]

Timelines



Details of Therapeutic Interventions (*Chikitsa*)

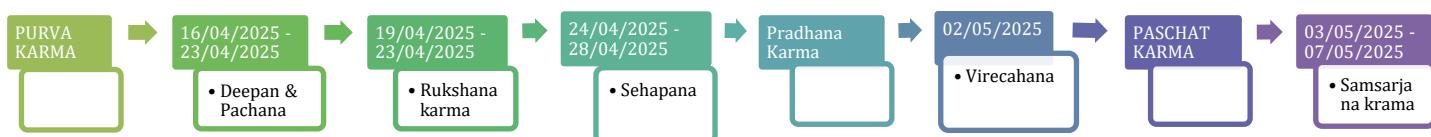


Table 2: *Shodhana chikitsa*

| Therapy | Drug | Matra | Duration | Anupana | Observations | |
|--|--|--|---|--------------------------|--|--|
| Deepan Pachan^[1] with Chitrakadi Vati^[2] & Amrittarista^[3] | | | | | | |
| (16.04.2025 to 23.04.2025) | 1. Chitrakadi Vati | 1. 250mg | 1. Thrice a day, before food | Luke warm water | <i>Udgara Sudhi, Agnideepti</i> | |
| | 2. Amrittarista | 2. 15ml | 2. Thrice a day, after food (Breakfast, Lunch, dinner) | 15ml of H ₂ O | | |
| Rukshana^[4] karma | | | | | | |
| 1. Udvartana ^[5] with Triphala churna ^[6] 2. Sarvanga Vaspasweda ^[7] with Dasamula ^[8] Kashaya 3. Lekhana Vasti ^[9] | | | | | | |
| (19.04.2025 to 23.04.2025) Rukshana 1. Udvartana 2. Sarvanga Vaspasweda 3. Lekhana vasti | 1. Triphala churna 2. Dasamula Kashaya | 1. 200gms 2. 50gms | <i>Udvartana</i> for 30mins <i>Bashpa Sweda</i> for 15mins | N/A | <i>Vata, Mutra, Purisha Visarga, Gatra Laghava, Ruchijata, Kshut Pipasa saha</i> | |
| | 3. Madhu, Saindhava lavana, Triphala kwatha, Gomutra, Sudha, Shilajatu | 3. Madhu: 100ml Saindhava lavana: 5gm Triphala kwatha: 900ml Gomutra: 20ml Sudha Shilajatu: 2gm | | | | |
| Snehanpana^[10] with Varunadi Ghrita^[11] | | | | | | |
| (24.04.2025 to 28.04.2025) | Varunadi Ghrita | 24/4/25-Day 1 – 30ml 25/4/25-Day 2 – 60ml 26/4/25-Day 3 – 90ml 27/4/25-Day 4 – 120ml 28/4/25-Day 5 – 150ml | For 5days | Luke warm water | <i>Vatanuloman, Deoptagni, Varcha Snigdha, Asamhata Varcha, Angasnigdhat</i> | |
| | | | | | | |
| 3 Gap day^[12] - Abhyanga & Swedana^[13], Pitta vardhak ahara sevana (ex. Sipping Lemon water- the day before Virechana)^[14] | | | | | | |
| (29.04.2025 to 01.05.2025) | Tila Taila | | Abhyanga for 30mins | N/A | <i>Pittautklista Lakshana</i> | |
| | Dashamoola Kwatha | | Swedana for 15mins | | | |
| Pradhan Karma | | | | | | |
| (02.05.2025) Virechana^[15] | Trivrit Avaleha ^[16] | 70gms | For one day | Luke warm water | <i>Samyak Virechana Lakshana</i> | |
| | Triphala kwatha | 200ml | | | | |
| Paschat Karma | | | | | | |
| (03.05.2025 to 07.05.2025) Samsarjana Krama^[17] | Peyadi Samsarjana Karma | Two times a day | For 5 days | Luke warm water | <i>Agni vriddhi Utsaha Vriddhi Vyadhi nasa</i> | |
| Shamana Chikitsa | | | | | | |
| 08.05.2025 to 21.05.2025 | Triphala churna | 3gms | BID | Madhu | <i>Agni deepti, Mala Shudhi, Gatra Laghava</i> | |

Pathya^[18]: *Rakta Shali, Yava, Godhuma, Mudga Yusa, Amalaka, Patola, Shigru, Lasuna, Maricha, Adraka, Haridra, Vyayam, Vajrasana, Bhujangasana, Chakrasana, Ardha Chakrasana, Shalvasana* etc.

Yogasana, Suryanamaskara, Kapalbhati, Anuloma Villoma, Bhastrika, Bhramari, Nadisudhi pranayama.

Apathyā^[19]: *Madhura Rasa Pradhan, Guru-Abhisyandi-Sheetā Ahara, Dadhi, Anupa Mamsa, Baruni Madya Sevana, Divaswana, Vegadharana, Ratri Jagarana* etc. stale-refrigerated-packaged foods, junkfoods, cold sweetened beverages, alcohol consumption, Smoking, sedentary lifestyle, lack of exercises.

Follow up - Every 7th day

Outcomes

Table 3: Subjective Assessment Parameters^[20,21]

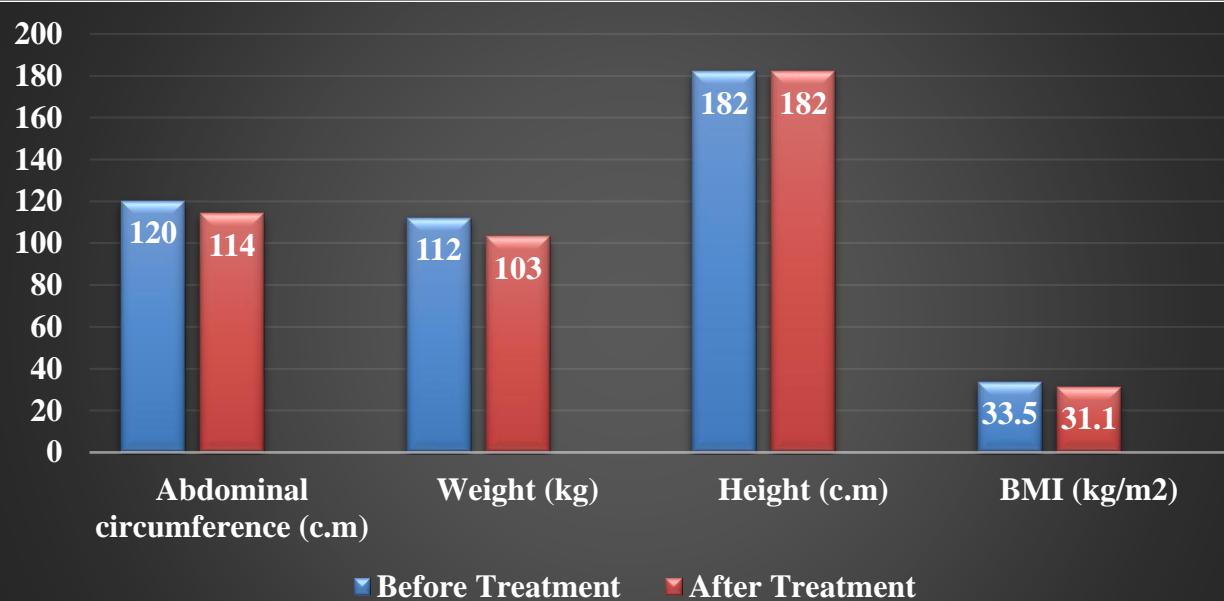
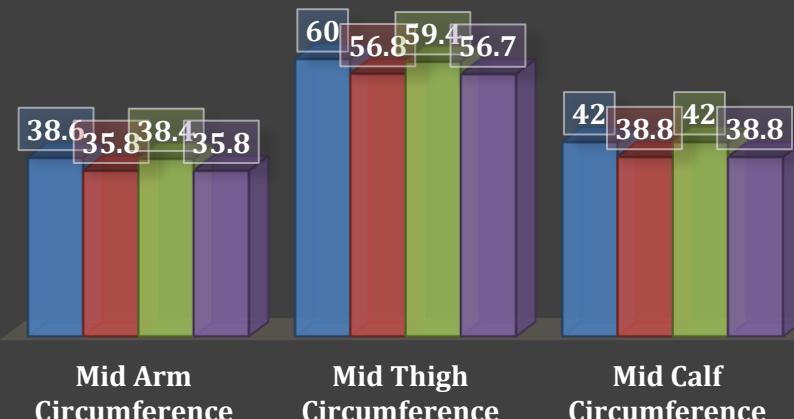
| | <i>Ksudhadhikya</i> (excessive hunger) | <i>Nidradhikya</i> (excessive sleep) | <i>Swedadhikya</i> (excessive sweating) | <i>Utsahahani</i> (fatigue) | <i>Daurgandhya</i> (foul body odour) |
|-------------------------|---|---|--|--------------------------------|---|
| Before treatment | +++ | +++ | ++++ | +++ | ++ |
| After treatment | ++ | + | ++ | + | + |
| Interpretation | Restoration of <i>Agni</i> | Signifies reduction in <i>Kapha</i> dominance | Alleviation of <i>Medadusti-Pittadosha</i> | improved metabolic function | Improved metabolic waste clearance |

Table 4: Objective Assessment Parameters

| Anthropometric measurements | | | | | | | | |
|------------------------------------|---|--------------------------|-------------------------|------------------------|--------------|--|--|--|
| Measurements | Right | | Left | | | | | |
| | Before Treatment | After treatment | Before Treatment | After treatment | | | | |
| Mid Arm circumference | 38.6cm | 35.8cm | 38.4cm | 35.8cm | | | | |
| Mid thigh circumference | 60cm | 56.8cm | 59.4cm | 56.8cm | | | | |
| Mid calf circumference | 42cm | 38.8cm | 42cm | 38.8cm | | | | |
| Abdominal circumference | 120cm | 114cm | | | | | | |
| Interpretation | Reflects an improved fat metabolism with reduced peripheral & visceral fat | | | | | | | |
| BMI | | | | | | | | |
| | Before treatment | | After treatment | | | | | |
| Weight | 112kg | | 103kg | | | | | |
| Height | 182cm | | 182cm | | | | | |
| BMI | 33.5kg/m ² | | 31.1kg/m ² | | | | | |
| Interpretation | Clinically meaningful reduction in obesity severity | | | | | | | |
| Lipid profile | | | | | | | | |
| | Serum cholesterol | Se. triglycerides | HDLc | LDLc | VLDLc | | | |
| Before treatment | 258mg/dl | 210mg/dl | 42mg/dl | 174mg/dl | 42mg/dl | | | |
| After treatment | 220 mg/dl | 249mg/dl | 58 mg/dl | 110mg/dl | 52mg/dl | | | |
| Interpretation | A significant improvement in HDL and LDL levels, which are critical cardiovascular risk factors. The transient rise in triglycerides and VLDL may be due to lipolysis or dietary adjustment phase, and will be monitored over time. | | | | | | | |

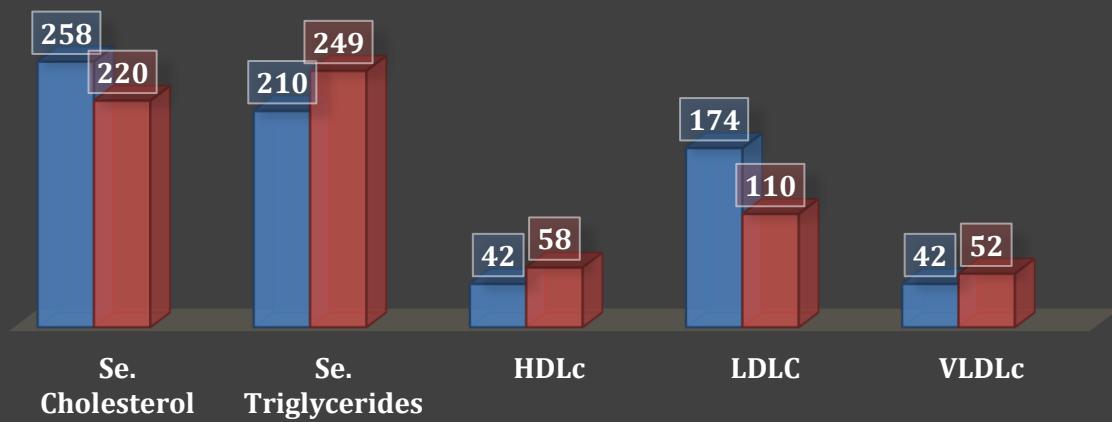
ANTHROPOMETRIC MEASUREMENTS

■ Right (Before Treatment) in c.m ■ Right (After Treatment) in c.m
 ■ Left (Before Treatment) in c.m ■ Left (After Treatment) in c.m



Lipid Profile

■ Before Treatment (mg/dl) ■ After Treatment (mg/dl)



RESULT

Starting from the *Deepana-Pachana* onwards till the final follow up, the patient was assessed through the various subjective and objective parameters, based on his clinical features and laboratory findings. After the administration of *Deepana-pachana ausadhi*, *Agnideepti* with *Nirama laxana* was achieved. *Samyak rukshana laxan* was observed post- *Rukshana*. Followed by *Samyak Snigdha laxan* through *Snehana*, the signs of *Dosa utklista laxan* was induced by *Pitta utkleshak ahara vihara*. *Madhyam sudhi* was attained after *Virechana*. The *Peyadi samsarjana krama* completed the intended *Shodhana chikitsa*. Along with *Shaman ausadha* and strict adherence to *Pathapathy*, the intervention of polyherbal formulations - both for internal administration and external application combined with Therapeutical Purgation, led to significant clinical improvement. This was evidenced by the alleviation of signs and symptoms and a notable reduction in both subjective and objective parameters, including a weight loss of 9 kilograms.

DISCUSSION

Sthaulya (obesity) has been considered as a significant clinical condition, with its earliest and most comprehensive description found in the *Charaka Samhita*. *Atisthaulya* is categorised as one of the *Kaphaja Nanatmaja Vikara* in *Maharoga adhyaya* by Maharshi Carak, which later elaborated in *Ashtau Ninditiya Adhyaya*^[22]. From a pathophysiological standpoint, *Sthaulya* arises due to *Meda dhatu vriddhi* (excess adipose tissue) driven by *Manda agni* (low metabolic activity), reduced *Vyayama shakti* (physical activity), and *Kapha*-provoking diet and lifestyle. While initially a physiological imbalance, it swiftly progresses to pathology without clear boundaries. In modern medicine, dyslipidemia-marked by elevated cholesterol, LDL, triglycerides, and low HDL-parallels *Sthaulya* and reflects *Medovaha srotodushti* (vitiation of fat pathways). The concept of *Abaddha meda* (unutilized fat) closely aligns with the lipid accumulation seen in obesity-related disorders today.

The herbal interaction of *Chitrakadi vati*^[23] along with *Amrittarista*^[24] aids in *Ama pachan*. The *Kaphahara & Medo pravilayan* action of *Udvartana*^[24] with *Triphala churna* as the *Rukshan upakrama*^[25] enhances *Gatralaghavata*, eases *Tandra* and *Klamatva*. *Sarvanga Vaspa swedana* (therapeutic Sudation) with *Dasamula Kashaya* promotes the alleviation the *Shula* (pain), *Guruta* (heaviness) etc.^[26]

The chief drugs of *Lekhana Vasti*^[27] like honey, *Triphala*, *Gomutra*, *Yavakshara* and *Ooshakadi Gana Dravya* are having *Kaphahara*, *Medohara* activity which might have been absorbed by the superior haemorrhoidal veins and evacuated directly to the

liver, there by correcting liver metabolism. This might have reduced the synthesis of cholesterol by increasing its excretion. The two-third portion directly enters systemic circulation through inferior and middle haemorrhoidal veins resulting in significant availability of drugs by bypassing the metabolism which may be the cause in reduction in serum level.^[8]

Lekhana Vasti possesses properties such as *Sneha*, *Meda* and *Kleda Upashoshana*, *Deepana*, *Pachana*, *Tikshna*, *Lekhana*, *Ruksha*, and *Kapha-Vatahara* due to its *Rasapanchaka* profile. These attributes led to notable reductions in clinical features including flabbiness of the hip, abdomen, and breast (*Angachalatva*), lethargy (*Alasya*), excessive sleep (*Nidradhikya*), sweating (*Swedadhikya*), body odor (*Daurgandhya*), oily skin (*Snigdhangata*), heaviness (*Angagaurava*), and fatigue (*Gatrasada*). Improvement in exertional dyspnea (*Kshudrashwasa*) and joint pain (*Sandhishoola*) is attributed to *Srotoshodhana*, relieving *Avaranajanya Vataprakopa*. Weight loss also contributed to reduced weakness (*Daurbalya*). The greater effect of the standard control drug on sleep reduction may be due to its *Laghu-Ruksha qualities*, *Katu-Tikta-Kashaya Rasa*, and *Ushna Virya*, which effectively pacify *Kapha*. *Vasti* being best *Vatahara*^[28] treatment the reduction in excess thirst (*Atipipasa*), excess hunger (*Atikshudha*) may be attributed to correction of vitiated *Vayu* which is known to cause *Jatharagni Sandhukshana* and *Trishna*.

The Ingredients of *Varunadi Ghritha* is indicated in the management of *Anthar Vidradhi* (internal tumours both benign and malignant). It exerts its effects by enhancing digestion and it also dislodges the morbid dosas from the *Shakha* towards *Kostha*.^[8]

Comparative better effect on triglycerides (TGL) by *Virechana Karma* could be attributed by the following reasons.^[8] The main action of *Virechana Karma* is on *Pitta Dosha*, indirectly on *Agni* which plays an important role in the digestion and metabolism through which the synthesis of triglycerides might have been regulated.^[8] It has also action on *Koshtha* (small intestine) from where the raw materials for the synthesis of TGL will be absorbed. Hence, regulating the functions of intestine may regulate the uptake and absorption of raw materials for TGL.

Accompanied with proper *Pathyapathy* *palana*, *Triphala churna* as *Shaman ausadhi* helps in *Agnideepti*, *Kostha sudhi*, *Medoharana*, *Slesma-pitta prashamana*^[29], on the top it evidences the *Rasayan* effect by the virtue of ingredients like *Amalaki*, which is *Vayasthapaniya*, *Haritaki* as *Pathya* and *Anulomaniya*.^[8]

All the drugs acted as wonder elixirs while unriddling the cascade of pathophysiology of Obesity i.e., the *Samprapti vighatana* of *Sthaulya* in addition with *Nidan parivarjan* (abstaining of causative factors).

CONCLUSION

From historical times to the present era, the global health landscape has paradoxically faced both undernutrition and overnutrition. In recent decades, sedentary lifestyles and overabundant nourishment have made obesity a prominent chronic metabolic risk.

This case study demonstrates that polyherbal formulations, when combined with therapeutic purgation (*Virechana*) and adherence to *Pathyapathy* (dietary and lifestyle guidelines), significantly alleviate clinical features of *Sthaulya* without adverse effects. The findings reinforce the Ayurvedic view of *Sthaulya* as a systemic disorder with complex metabolic implications, rather than a superficial concern. The frequent co-occurrence of dyslipidemia in affected individuals highlights the need for early, holistic interventions. Ayurvedic principles-including regulated diet (*Ahara*), physical activity (*Vyayama*), metabolic enhancement (*Agni deepana*), and channel purification (*Srotoshodhana*)-offer an integrative approach. When combined with lifestyle modifications, these therapies present a promising strategy for managing the modern epidemic of obesity.

REFERENCES

1. Dr. Brahmanand Tripathi. *Astanga Hridayam* of Srimad Vagabhata. Chaukhamba Sanskrit Pratisthan, 2013. Sutrasthan 13/29-30, Prof. Krishnachandra Chunekar, *Bhavaprakasa Nighantu*, Indian materia medica of Sri Bhavamishra, 2015, Chaukhamba Bharati academy, Chapter 1/221
2. Prof. Siddhi Nandan Mishra, *Bhaisajya ratnavali* of Kaviraj Govinda Das Sen, 2017, Chaukhamba, Surbharati Prakashan, 8/26-27
3. Prof. Siddhi Nandan Mishra, *Bhaisajya ratnavali* of Kaviraj Govinda Das Sen, 2017, Chaukhamba, Surbharati Prakashan, 5/1239-1242
4. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, *The Carak Samhita* of Agnivesa, 2017, Part I, Chaukhamba Bharati Academy, Sootrasthana, Chapter 21/21, 22/10, 14, 29
5. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, *The Carak Samhita* of Agnivesa, 2017, Part I, Chaukhamba Bharati Academy, Sootrasthana, Chapter 21/21, Dr. Brahmanand Tripathi. *Astanga Hridayam* of Srimad Vagabhata. Chaukhamba Sanskrit Pratisthan, 2013. Sutrasthan 2/15
6. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, *The Carak Samhita* of Agnivesa, 2017, Part I, Chaukhamba Bharati Academy, Sootrasthana, Chapter 21/21, Prof. Krishnachandra Chunekar, *Bhavaprakasa Nighantu*, Indian materia medica of Sri Bhavamishra, 2015, Chaukhamba Bharati academy, Chapter 2/40
7. Dr. (Smt.) Shailaja Srivastava. *Chakradatta* of Sri Chakrapanidatta, 2021. Chaukhamba Orientalia 68/36
8. Prof. Krishnachandra Chunekar, *Bhavaprakasa Nighantu*, Indian materia medica of Sri Bhavamishra, 2015, Chaukhamba Bharati academy, Chapter 4/42
9. Kaviraj Ambikadatta Shastri, Part 1, 2017. *Susrut Samhita*, *Ayurveda-tattva - sandipika*, Chaukhamba Sanskrit sansthan, Chikitsasthan, Chapter 38/82; Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, *The Carak Samhita* of Agnivesa, 2016, Part II, Chaukhamba Bharati Academy, Siddhisthana, Chapter 3/41
10. Dr. (Smt.) Shailaja Srivastava. *Chakradatta* of Sri Chakrapanidatta, 2021. Chaukhamba Orientalia 68/36
11. Dr. Brahmanand Tripathi. *Astanga Hridayam* of Srimad Vagabhata. Chaukhamba Sanskrit Pratisthan, 2013. Sutrasthan 15/22
12. Dr. (Smt.) Shailaja Srivastava. *Chakradatta* of Sri Chakrapanidatta, 2021. Chaukhamba Orientalia 68/24
13. Dr. (Smt.) Shailaja Srivastava. *Chakradatta* of Sri Chakrapanidatta, 2021. Chaukhamba Orientalia 68/36
14. Kaviraj Ambikadatta Shastri, Part 1, 2017. *Susrut Samhita*, *Ayurveda-tattva - sandipika*, Chaukhamba Sanskrit sansthan, Chikitsasthan, Chapter 33/19-20
15. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, *The Carak Samhita* of Agnivesa, 2016, Part II, Chaukhamba Bharati Academy, Kalpasthana, Chapter 1/4
16. Dr. Brahmanand Tripathi. *Astanga Hridayam* of Srimad Vagabhata. Chaukhamba Sanskrit Pratisthan, 2013. Kalpasiddhistan 2/9-10
17. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, *The Carak Samhita* of Agnivesa, 2016, Part II, Chaukhamba Bharati Academy, Siddhisthana, Chapter 1/11-12
18. Prof. Siddhi Nandan Mishra. *Bhaisajya Ratnavali* of Kaviraj Govind Das Sen. Chaukhamba Surbharati Prakashan, 2017.39/63-67
19. Prof. Siddhi Nandan Mishra. *Bhaisajya Ratnavali* of Kaviraj Govind Das Sen. Chaukhamba Surbharati Prakashan, 2017.39/68-70
20. Misriya K H, Samata, & Ananta S Desai. (2022). Management of Sthoulya Through Virechana w.s.r to Overweight- A Case Study. *AYUSHDHARA*, 9(3),

100-104.
<https://doi.org/10.47070/ayushdhara.v9i3.980>

21. Pardhekar AD, Satpute S, Pardhekar A, Davkare M. Case Study on Management of Overweight (Sthoulya) through Ayurveda. *J Pharm Bioallied Sci.* 2024 Dec; 16(Suppl 4): S4189-S4191. doi: 10.4103/jpbs.jpbs_820_24. Epub 2024 Nov 13. PMID: 39926810; PMCID: PMC11805013

22. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, The Carak Samhita of Agnivesa, 2017, Part I, Chaukhamba Bharati Academy, Sootrasthana, Chapter 21/4-9

23. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, The Carak Samhita of Agnivesa, 2016, Part II, Chaukhamba Bharati Academy, Chikitsasthana, Chapter 15/96-97

24. Prof. Siddhi Nandan Mishra. *Bhaisajya Ratnavali of Kaviraj Govind Das Sen.* Chaukhamba Surbharati Prakashan, 2017. 5/420

25. Dr. Brahmanand Tripathi. *Astanga Hridayam of Srimad Vagabhata. Chaukhamba Sanskrit Pratisthan*, 2013. Sutrasthan 2/15

26. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, The Carak Samhita of Agnivesa, 2017, Part I, Chaukhamba Bharati Academy, Sootrasthana, Chapter 22/10

27. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, The Carak Samhita of Agnivesa, 2017, Part I, Chaukhamba Bharati Academy, Sootrasthana, Chapter 22/11

28. Kaviraja Ambikadutta Shasri. *Susruta Samhita Part I. Chaukhamba Sanskrit Sansthan* 2017. Chikitsasthan.38/82

29. Pt. Kasinatha Sastri, Dr. Gorakha Natha Chaturvedi, The Carak Samhita of Agnivesa, 2017, Part I, Chaukhamba Bharati Academy, Sootrasthana, Chapter 25/40

30. Kaviraja Ambikadutta Shasri. *Susruta Samhita Part I. Chaukhamba Sanskrit Sansthan* 2017. Sutrasthan 38/57.

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