



## 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 *Apathya-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 Therapeutical Purgation as *Shodhan-therapy* in the management of obesity, aided with *Pathyapathya-palana*. **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 *Pathyapathya-palana* 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  $\geq 25$  kg/m<sup>2</sup>) by 2035, with approximately one in four individuals living with obesity (BMI  $\geq 30$  kg/m<sup>2</sup>) - 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*,

*Annavaha*, *Udakavaha*, 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 Karma* 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:** 16<sup>th</sup> 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.

### History of Present Illness



2019

According to the patient, he was apparently well before 4 years & was about 78 kg, just before the Covid-19 pandemic. During the lockdown he was stuck in Hyderabad with zero physical workout and constant junk food cravings & since then he almost had Biryani twice a day regularly for nearly 2 years along with ~3 litres of beer weekly.

2022

By the end of 2022 he gained 25 kg and weighed upto 103kg. Gradually he further gained weight along with increased sweating and foul body odour, snoring while sleeping. Then he tends to feel tired by day-to-day routine works with escalated appetite, feeling of being clingy towards the bed throughout the day, still got no freshness. He developed increased thirst, sometimes digestion issues, irregular bowel habit, generalized body weakness, occasionally pain with tingling sensation over bi-lateral knee joints while using the squatting toilet.

2025

•On the 1<sup>st</sup> week of April,2025 he consulted at a conventional health care centre. Then he came to OPD Panchakarma, G.A.M, Puri for better management on 16/04/2025.

- 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**

<b>Astavidha Pariksha</b>		
S.No.	Pariksha	observation
1	Nadi	68 beats/ min. <i>Kapha</i> dominant, <i>Hamsa gati</i>
2	Mutra	<i>Prakrita Varna, Vega</i> etc.
3	Mala	Twice a day, Irregular, Sama Mala
4	Jihva	<i>Sama, Prakrita Akriti</i>
5	Shabda	<i>Prakrita</i>
6	Sparsha	<i>Anushna Sheeta, Snigdha</i>
7	Drik	<i>Prakrita</i>
8	Akriti	<i>Sthula</i> (height – 182cm, weight – 112kg)
<b>Dashavidha Pariksha</b>		
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>
<b>Srotos Pariksha</b>		
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, Snigdhatra, 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, Gastro-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<sup>2</sup>), 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**

2025

- 16/04/2025 - visited OPD, Panchakarma, G.A.M, Puri - (weight - 112kg/ height -182cm)

**Treatment module :- 16/04/2025-07/05/2025 : Table no. 2**

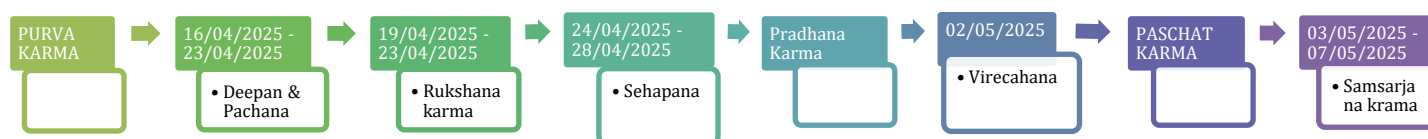
Shodhan Chikitsa : PURVAKARMA -1.deepan-pachan(3 days), 2. rukshana karma (Udvartana, Sarvang vaspasweda, Lekhan vasti) for 5 days; 3.Snehapana for 5days, Dosha Utkleshan for 2days

PRADHAN KARMA - Virechana (madhyama shudhi achieved) & PASCHAT KARMA - Samsarjan krama for 5 days

Shaman therapy : Triphala Churna : 3gm BID after food with madhu for 15days

01/06/2025

- follow up : in every 7days & advised to follow proper Pathyapathya.; last follow up was on :-1st June 2025:- no fresh complaints

**Details of Therapeutic Interventions (Chikitsa)**

:

Table 2: *Shodhana chikitsa*

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



**Pathya**<sup>[18]</sup>: Rakta Shali, Yava, Godhuma, Mudga Yusa, Amalaka, Patola, Shigru, Lasuna, Maricha, Adraka, Haridra, Vyayam, Vajrasana, Bhujangasana, Chakrasana, Ardhakati Chakrasana, Shalvasana etc.

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

**Apathya**<sup>[19]</sup>: Madhura Rasa Pradhan, Guru-Abhisyandi-Sheeta Ahara, Dadhi, Anupa Mamsa, Baruni Madya Sevana, Divaswapna, Vegadharana, Ratri Jagarana etc. stale-refrigerated-packaged foods, junkfoods, cold sweetened beverages, alcohol consumption, Smoking, sedentary lifestyle, lack of exercises.

**Follow up** - Every 7<sup>th</sup> day

## Outcomes

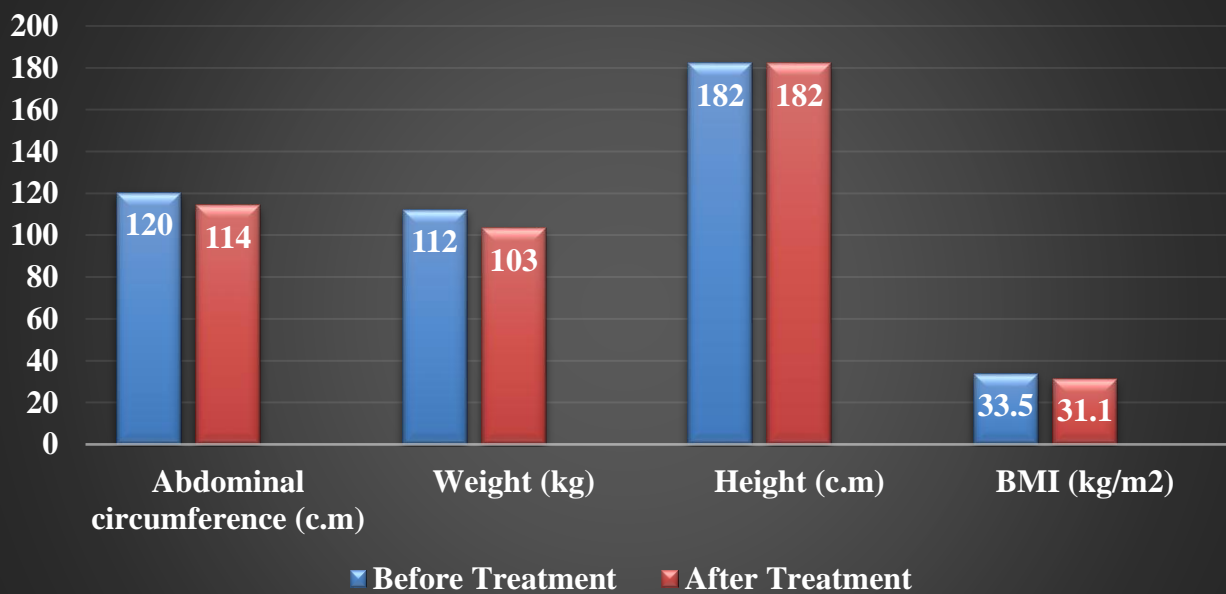
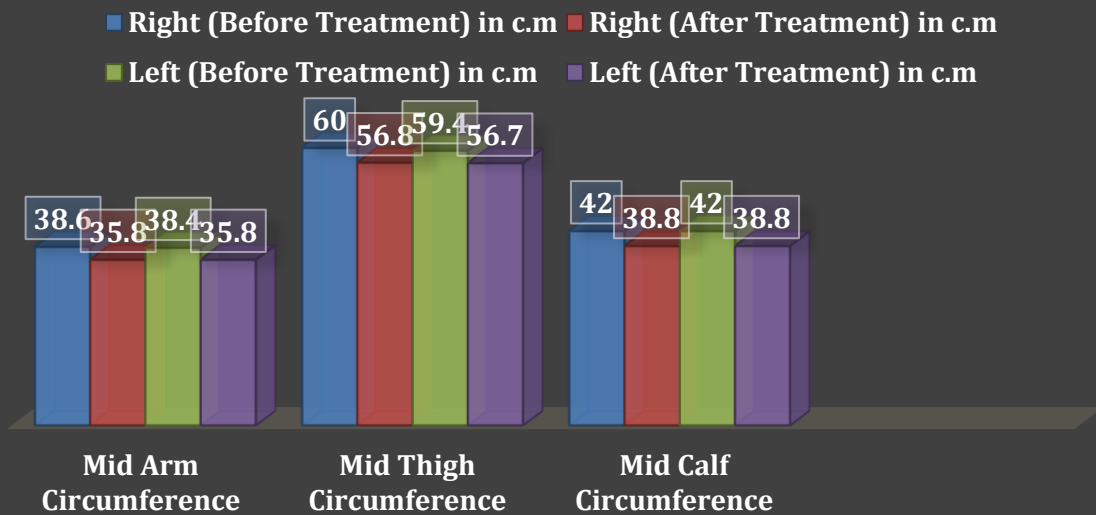
**Table 3: Subjective Assessment Parameters**<sup>[20,21]</sup>

	<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)
<b>Before treatment</b>	+++	+++	++++	+++	++
<b>After treatment</b>	++	+	++	+	+
<b>Interpretation</b>	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

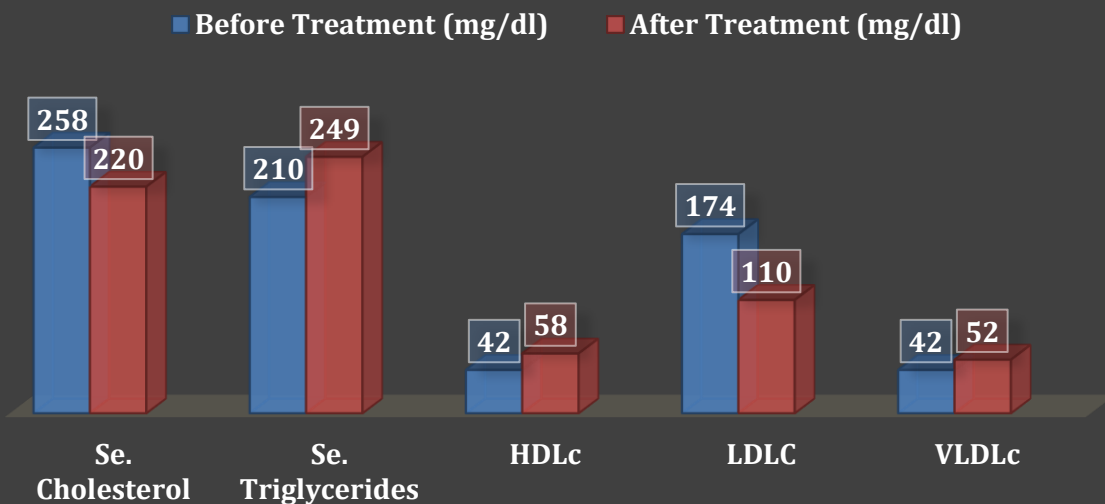
**Table 4: Objective Assessment Parameters**

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 <sup>2</sup>		31.1kg/m <sup>2</sup>		
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



### Lipid Profile



## 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 *Snehapaan*, the signs of *Dosa utklita 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 *Pathapathya*, 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 Charak, which later elaborated in *Ashtau Ninditiya Adhyaya*<sup>[22]</sup>. 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*<sup>[23]</sup> along with *Amrittarista*<sup>[24]</sup> aids in *Ama pachan*. The *Kaphahara* & *Medo pravilayan* action of *Udvardana*<sup>[24]</sup> with *Triphala churna* as the *Rukshan upakrama*<sup>[25]</sup> enhances *Gatralaghavata*, eases *Tandra* and *Klamatva*. *Sarvanga Vaspa swedana* (therapeutic Sudation) with *Dasamula Kashaya* promotes the alleviation the *Shula* (pain), *Guruta* (heaviness) etc.<sup>[26]</sup>

The chief drugs of *Lekhana Vasti*<sup>[27]</sup> 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.<sup>[8]</sup>

*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 (*Snigdhagata*), 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*<sup>[28]</sup> 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*.<sup>[8]</sup>

Comparative better effect on triglycerides (TGL) by *Virechana Karma* could be attributed by the following reasons.<sup>[8]</sup> 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.<sup>[8]</sup> 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 *Pathyapathya palana*, *Triphala churna* as *Shaman ausadhi* helps in *Agnideepti*, *Kostha sudhi*, *Medoharana*, *Slesma-pitta prashamana*<sup>[29]</sup>, on the top it evidences the *Rasayan* effect by the virtue of ingredients like *Amalaki*, which is *Vayasthapaniya*, *Haritaki* as *Pathya* and *Anulomaniya*.<sup>[8]</sup>



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 *Pathyapathya* (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.

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