



Case Study

MANAGEMENT OF OBESITY THROUGH YOGIC SHATKRIYA, LIFESTYLE MODIFICATION AND MEDOHARA THERAPY

Thakur Shalini

PG Scholar, PG Department of Swasthavritta, R.G. Govt. P.G. Ayurvedic College & Hospital Paprola, (H.P.), India.

Article info

Article History:

Received: 10-02-2026

Accepted: 16-03-2026

Published: 06-05-2026

KEYWORDS:

Obesity, *Sthaulya*, *Kapha dosha*, *Meda Dhatu*, *Medohara Guggulu*, *Nimbadi Kashaya*.

ABSTRACT

Obesity is a growing lifestyle disorder associated with excessive accumulation of body fat and increased risk of metabolic diseases. In Ayurveda, obesity is described as *Sthaulya* and is primarily caused by aggravation of *Kapha Dosha* and *Meda Dhatu*. This case report evaluates the effectiveness of Ayurvedic lifestyle intervention including *Vamana Dhauti*, *Surya Namaskar*, *Pranayam*, brisk walking and *Nimbadi Kashaya*, *Medohara Guggulu* in the management of obesity. A 35-year-old female patient weighing 80kg with height 5'5" presented with symptoms of obesity without any associated comorbidities like hypertension, diabetes, thyroid disorders or genetic predisposition. After three months of intervention, significant weight reduction and improvement in general health were observed.

INTRODUCTION

Obesity has become one of the most prevalent health concerns worldwide due to sedentary lifestyle, improper diet and lack of physical activity. According to modern medicine, obesity is defined as excessive fat accumulation resulting in a Body Mass Index (BMI) $\geq 30 \text{ kg/m}^2$.


Obesity is the most common disorder of metabolic and it is one of the oldest documented diseases among all diseases. *Sthaulya* is a condition of health where there is negligent excessive accumulation of fat in buttocks, breast and abdomen due to overload of *Meda* and *Mamsa Dhatu*.

The modern medical science defines obesity as one of the non-communicable, malnutrition disorder characterized by abnormal rise in size or no. of adipocytes. Obesity is key factor in natural history of other chronic and non-communicable diseases. The first adverse effects of obesity are to emerge in population in transition are hypertension, hyperlipidaemia and glucose intolerance while

coronary heart disease, infertility, diabetes are few important long-term complications of it.

Weight is characterized as unusual fat collection that might hinder wellbeing, for an individual, obesity is normally the result of discrepancy in the number of calories consumed and calories expended. In Ayurveda, *Sthaulya* is the closest clinical element for obesity or obese people are incorporated under *Asta Nindita Purusha*. The concept of *Ahara* (diet) and *Vihara* (lifestyle) are similarly or considerably more significant in *Sthaulya* to control or prevent entanglements of this disease. Improper eating pattern and absence of physical exercise will lead to obesity. Along with this excessive sitting for long duration, watching TV or other indoor works like PC gaming which are currently turned into the fundamental piece of the present way of life, which will transfer from overweight to obesity, improper dietary patterns, intake of excessive fried items, fats, sugar and refined starches are getting exposed to obesity. Consideration of food things like entire grains, garlic, onion, bitter gourd in the eating routine, keeping away from the food stuffs like pineapple, grapes, mangoes from the diet and including light exercise like walking, running, cycling in everyday way of life which will prevent from obesity.

In Ayurveda, obesity is termed *Sthaulya* and described in classical texts such as *Charaka Samhita Sutrasthana* 21. It results from excessive intake of

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v13i2.2575
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

Guru, Snigdha, Madhura Ahara, lack of physical activity and *Kapha-Medo Dushti*.

Ayurveda recommends *Langhana, Rukshana, Vyayama* and *Medohara* drugs for its management. Yogic cleansing techniques like *Vamana Dhauti* also help in *Kapha-Meda* reduction. This case study highlights the role of integrated Ayurvedic lifestyle therapy in reducing obesity.

Case Presentation

A female aged 35 years, weight: 80kg, height: 5'5" (165cm) from Mahakaal - Baijanth, Himachal Pradesh, a known case of obesity since 3 years.

Chief Complaints

Increased body weight for 3 years.

Associated Complaints

Excessive sweating and thirst.

Gradual weight gain

Feeling of heaviness in body

Mild exertional fatigue

History of Present Illness

Patient was said to be apparently well 3 years back. From the age of 32 years, she went a LSCS for delivery of her second child. Following delivery, she gradually started gaining weight. The weight gain has been progressive over the past few months. It is associated with a sedentary lifestyle due to prolonged sitting during postpartum period. The patient also reports increased stress levels after delivery. There is a history of increased food intake, especially frequent eating habits during this period. She does not undergo any medication for this problem. Now she visited our hospital with above said complaints.

Past History

Not a known case of HTN/DM/hypothyroidism

Family History

No history of obesity

Personal History

Mixed diet

Sedentary lifestyle

Irregular exercise habits

Personal History and Anthropometric measurements

Height	165 cm
Weight	80 kg
Body mass index (BMI)	29.4 kg/m ²
Waist circumference	94 cm
Hip circumference	104 cm
WHR	0.90
Mid upper arm	

Circumference: Right arm	32 cm
Left arm	31 cm
Mid-Thigh Circumference:	
Right thigh	59 cm
Left thigh	58 cm

Aahara (Diet): Mixed diet/non-vegetarian once in a week.

Vihara (Lifestyle): Sedentary lifestyle (*Avyayama, Divaswapana*)

Appetite: Good

Bowels: Regular

Micturition: Normal

Sleep: Sound

Habits: Fond of bakery items, chocolates, junk food like: pizza and burger.

Examination

Dashavidha Pariksha

Prakriti- *Kapha-Pitta*, *Vikriti*- *Kapha-Meda Vriddhi, Sara*- *Madhyama*, *Samhanana*- *Madhyama*, *Pramana*- *Sthula Sharir*, *Satmya*- *Madhyama*, *Satva*- *Madhyama*, *Ahara Shakti*- *Pravara*, *Vyayama Shakti*- *Avara*, *Vaya*- *Madhyama* (40 years).

Ashtavidha Pariksha

Nadi- *Kapha* dominant, *Mutra*- normal, *Mala*- regular, *Jihva*- slightly coated, *Shabda*- normal, *Sparsha*- Slightly cold, *Drik*- normal, *Akriti*- *Sthula* (obese body habitus).

WHO classification of Weight Status Classification BMI (kg/m²)

Underweight	<18.50
Normal Range	18.50 - 24.99
Overweight	>/25.00
Pre-obesity	25.00 - 29.99
Obesity	>/30.00
Obesity class 1	30.00 - 34.99
Obesity class 2	35.00 - 39.99
Obesity class 3	>/40.00

Samprapti (Pathogenesis)

According to Ayurveda, *Sthaulya* (obesity) occurs due to excessive intake of *Guru* (heavy), *Snigdha* (unctuous), *Madhura* (sweet) *Ahara*, lack of physical activity, day sleep (*Diwaswapna*) and sedentary lifestyle. These factors lead to *Kapha Dosha* aggravation and *Mandagni* (reduced digestive fire). Aggravated *Kapha* causes *Meda Dhatu Vriddhi*, which accumulates in the body leading to obesity.

Due to *Mandagni*, improper digestion of food takes place, resulting in formation of *Ama* and excessive nourishment of *Meda Dhatu*. The increased

Meda Dhatu accumulates in the body, particularly in the abdomen, hips and breasts, leading to obesity.

Excess *Meda* causes obstruction in *Medovaha Srotas (Srotorodha)* which further aggravates *Kapha Dosh* and leads to continuous accumulation of fat tissue. Thus, the pathological process results in *Sthoulya Lakshanas* such as excessive body weight, heaviness of body, fatigue and reduced physical activity.

Samprapti Flow Chart (Sequence)

Ati Madhura, Guru, Snigdha Ahara+ Avyayama+ Diwaswapna



Kapha Dosh *Vridhhi*



Mandagni (weak digestive fire)



Ama formation



Meda Dhatu Vridhhi



Medovaha Srotodushti (Sanga)



Abnormal fat accumulation



Sthoulya (obesity)

Samprapti Ghataka

Dosha - Kapha (dominant), *Dushya - Meda Dhatu, Agni - Mandagni, Srotas - Medovaha Srotas*

Srotodushti - Sanga (obstruction), *Udbhava Sthana - Amashaya, Adhithana - Meda Dhatu*

Pathya and Apathya in Sthoulya (Obesity)

Pathya (Recommended Diet and Lifestyle)

Pathya Ahara (Diet)

- *Yava* (barley) - helps reduce *Meda* and *Kapha*
- *Godhuma* in limited quantity
- *Mudga Dal* (Green gram)
- *Kulatha* (Horse gram)
- Old rice (*Purana Shali*)
- Green leafy vegetables - spinach, *Methi, Bathua*
- Bitter and astringent vegetables - *Karela, Lauki, Tori*
- Warm water (*Ushnodaka*)
- Buttermilk (*Takra*) - Improves digestion and reduces *Kapha*
- Honey (*Madhu*) in small quantity with lukewarm water.
- Spices like ginger, black pepper, and cumin to improve *Agni*.

Pathya Vihara (Lifestyle)

- Daily exercise (*Vyayama*)
- *Surya Namaskar* practice, *Pranayam*
- Brisk walking
- Regular *yogic kriyas* like *Vamana Dhauti*.
- Early waking (*Brahma Muhurta*).
- Light and easily digestible meals.

Apathya (Avoidable Diet and Lifestyle)

Apathya Ahara

- *Madhura, Guru* and *Snigdha* foods
- Excess sweets and sugar
- Deep fried foods
- Fast food and junk food
- Bakery products
- Excess milk and dairy products
- Cold drinks and sugary beverages
- New rice (*Nava Anna*)

Apathya Vihara

- Sedentary lifestyle
- Day sleep (*Diwaswapna*)
- Excessive rest and lack of exercise.
- Eating heavy meals at night
- Overeating (*Atibhojana*)

Diet Advice Given to the Patient in this Case

- Light breakfast with green gram or vegetable soup.
- Lunch with roti, dal and green vegetables.
- Avoid fried and sweet foods.
- Drink lukewarm water throughout the day.
- Practice regular exercise and yoga.

Intervention

Duration of Treatment: 3 months

1. Yogic Shatkriya: Vamana Dhauti

Frequency: Once weekly

Purpose: *Kapha* elimination and digestive stimulation.

2. Yoga Practice: Surya Namaskar

6 cycles daily

Purpose: Reduce *Meda* accumulation

3. Physical Activity: Brisk walking

30 minutes daily

Purpose: Reduce *Meda* accumulation

4. Pranayam: Anuloma-Viloma, Bhramri, Udgeeth, Seetali

15 minutes daily

Purpose: Reduce anxiety and stress, promotes mental calmness

5. Ayurvedic Medication

a). Medohara Guggulu

Dose: 2 tablets

Frequency: Three times daily

Time: Before food

Purpose: *Lekhana* (scraping) and *Meda* reducing effect.

b). Nimbadi Kashaya

Dose: 100 ml

Frequency: two times daily

Time: Before food empty stomach

RESULTS

Anthropometry Changes and Changes in signs and symptoms before and after treatment.

Parameter Before Treatment and After 3 Months

Weight	80 kg	72 kg
BMI	29.4	26.4
Waist circumference	94cm	85 cm
Hip circumference	104 cm	95 cm
Mid Upper Arm Circumference		
Right Arm	32 cm	27 cm
Left Arm	31 cm	26 cm
Mid-Thigh Circumference		
Right Thigh	59 cm	52 cm
Left Thigh	58 cm	51 cm
Polyphagia	Present	Reduced
Polydipsia	Present	Reduced
Excessive sweating	Present	Reduced
Body heaviness	Present	Reduced
Physical stamina	Low	Improved

Lipid Profile changes before and after treatment

Parameters	Before Treatment	After Treatment
Total Cholesterol	220 mg/dl	160 mg/dl
H.D.L. Cholesterol	45 mg/dl	50 mg/dl
L.D.L. Cholesterol	110 mg/dl	90 mg/dl
Triglycerides	186 mg/dl	145 mg/dl
VLDL	33 mg/dl	25 mg/dl

Observed Benefits

- Significant weight reduction
- Increased energy levels
- Improved digestion
- Better physical activity tolerance

DISCUSSION

In Ayurveda, obesity is primarily due to *Kapha Dosh*a and *Meda Dhatu* aggravation. The treatment principle involves *Langhana*, *Rukshana* and *Kapha-Meda* reduction.

Vamana Dhauti acts as a cleansing procedure which helps remove excess *Kapha* from the stomach and improves digestive fire (*Agni*). This helps reduce *Meda* accumulation.

Purpose: *Lekhana* (scraping) and *Meda* reducing effect. Thus, the intervention corrects *Kapha* imbalance, improves metabolism and reduces *Meda Dhatu*, leading to weight reduction.

Surya Namaskar and brisk walking act as forms of *Vyayama*, which increase metabolism, burn calories and help reduce adipose tissue.

Medohara Guggulu is a classical Ayurvedic formulation known for its *Lekhana* (scraping) and *Meda*-reducing properties. Ingredients like *Guggulu* enhance lipid metabolism and improve fat mobilization.

The combination of *Shodhana* (cleansing), *Vyayama* (exercise) and *Shamana* (medication) creates a synergistic effect leading to effective weight reduction.

CONCLUSION

This case report demonstrates that an integrated Ayurvedic approach including *Vamana Dhauti*, *Surya Namaskar*, brisk walking and *Medohara Guggulu* can effectively manage obesity. Significant weight reduction and improvement in overall health were observed within three months without adverse effects. Such lifestyle-based Ayurvedic interventions can serve as a safe and effective strategy for obesity management.

REFERENCES

1. Jadavji Acharya V. Ashtaninditiya adhya. Agnivesha, Charaka samhita varanasi: chowkamba sanskrita samsthana, ed: 2001, pp. 117.
2. WHO (1966). Epi and vital statistics Rep, 19: 437. <https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Principles and Recommendations/CRVS Series M19Rev1-E.pdf>
3. WHO (Sep 2012) World Health Statistics 2012: One in six adults obese, one in three hypertensive, one in 10 diabetic, Available at: <https://www.thehealthsite.com/news/world-health-statistics-2012-one-in-six-adults-obese-one-in-three-hypertensiveone-in-10-diabetic-11776>
4. Sreeharsha N. et. al. Diet and Lifestyle Modifications in Sthoulya (Obesity), Journal of Ayurveda and Integrated Medical Sciences Mar-Apr 2017, Vol. 2, Issue 2.
5. BMI chart for obesity [Internet], WHO. 2017 [cited 25 Mach 2017]. Available from: <https://www.curo.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi>
6. Nadkarni Shailesh. Arogya mandir Medhorog visheshank published by Shree dhootapapeshwar Ltd. March 2008, Pp-1-8.
7. Chakrapanidutta, Sthoulya chikitsa, Chakradutta. Varanasi: chowkamba orientalia, ed: 2000, pp. 431. Medicine, Vil 13 (1), 106-110.
8. Pandey GS, Chunekar KC. Haritakyadi varga, Bhavamishra, Bhavaprakasha Nighantu. Varanasi: Chaukambha Bharati Academy, ed: 2010, pp. 10.
9. Manjula et al. Concept of Guru Cha Atarpana in the Present Era w.s.r to Sthoulya. International Journal of Modern Pharmaceutical Research. IMPR 2020, 4(1), 48-50
10. Karpagavalli B. Amutha S, et al. Effect of Processing on Retention of Antioxidant Components in Value Added Amla Products. Indian. Journal of Science and Technology, Vol 7(5), 672-677, May 2014 <https://indist.org/articles/effect-of-processing-on-retention-of-antioxidant-components-in-value-added-amla-products>
11. Srikanthamurthy K R. Dravyadi vignaniya adhyaya, Vagbhata, Ashtanga samgraha. Varanasi: Chaukambha Orientalia, ed: 1998, pp. 333.
12. Srikanthamurthy K R. Vamana virochana vidhi adhyaya, Vagbhata, Ashtanga samgraha. Varanasi Chaukambha Orientalia, ed. 1998, pp. 461.
13. Jadavji Trikamji A et.al. Sushruta Samhita, Nibanda Samgraha Dalhana Commentary, Nyayachandrika Panchaka of Gayadasa. Varanasi: Chaukamba. Surabharati Prakashana, ed: 2002, pp. 227.
14. Srikanthamurthy K R. Vagbhata, Ashtanga Hridaya. Varanasi: Chaukambha Krishnadas Academy, ed: 2007, pp. 202-203.
15. Sharma R K. Dash B. Atreyabhadrakapiya, Agnivesha, Charaka samhita, varanasi: chowkamba
16. Harish Deshpande et. al. Ayurvedic approach in the management of Sthoulya – A case study published online in <http://ijam.co.in> International Journal of Ayurvedic Medicine, Vol 13(1), 106-110.
17. Acharya Charaka. Charaka Samhita, Sutrasthana 21 (Ashtauninditiya Adhyaya).

Cite this article as:

Thakur Shalini. Management of Obesity Through Yogic Shatkriya, Lifestyle Modification and Medohara Therapy. AYUSHDHARA, 2026;13(2):289-293. <https://doi.org/10.47070/ayushdhara.v13i2.2575>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Thakur Shalini

PG Scholar,

PG Department of Swasthavritta,

R.G. Govt. P.G. Ayurvedic College &

Hospital, Paprola.

Email: shalinidoctor48@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.