

CASE STUDY

Sthaulya (Obesity) Ayurvedic Management through Lifestyle Modification: A Case Study

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ABSTRACT

Background: *Sthaulya* (Obesity) is a common metabolic disorder in which *Meda Dhatu* increases because of faulty diet, frequent snacking, day sleep, and low physical activity. *Ayurveda* describes it under *Santarpanajanya Vyadhi* and gives strong importance to *Nidana Parivarjana*, *Pathya–Apathya*, *AharVidhiVidhan*, and daily routine correction.

Case Description: A 35-year-old male with a sedentary computer-based job, irregular eating pattern, frequent cravings and low daily activity reported gradual weight gain over the last 3 to 4 years.

Intervention: The patient was managed only through lifestyle modification. The plan included correction of food habits, meal timing, *Pathya–Apathya*, mindful eating, warm water intake, early dinner, walking breaks during work hours, and avoidance of day sleep and post-meal lying down.

Results: Over 4 months, body weight reduced from 90 kg to 83 kg. The patient also reported better appetite control, less craving, improved digestion, and improved daily activity.

Key Words *Sthaulya*, Obesity, Lifestyle Modification, Ahar Vidhi Vidhan, Ayurveda

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INTRODUCTION

Obesity is one of the most common lifestyle disorders nowadays. Long sitting hours, irregular meal timing, and frequent intake of fried and processed food, low physical activity, and late dinners are major reasons behind this problem. In modern life, many patients know they should exercise, but because of work pressure and routine imbalance, they are unable to follow a structured plan regularly.

In *Ayurveda*, the quality of *Ahara rasa* is responsible for whether a person becomes obese or lean.¹*Sthaulya* is mainly related to *Kapha* and

Meda Dushti along with *Agnimandya*. It is described as a *Santarpanajanya Vyadhi*, meaning a disorder caused by over-nourishment. When *Guru*, *Snigdha*, *Madhura*, and *Sheeta Ahara* are taken repeatedly and physical activity is low, *Meda* increases, body channels become obstructed, and the patient develops signs such as heaviness, excess appetite, sweating, and reduced stamina.

Classical Reference

Acharya Charak explains major problems seen in excessive obesity: shortened longevity, difficulty in movement, difficulty in sexual

CASE STUDY

activity, weakness, bad body odor, excessive sweating, excessive hunger, and excessive thirst.²

Etiological Reference

To contextualize this within a modern etiological view, Dietary imbalance and overnutrition may lead to obesity.³

Obesity develops from overeating, heavy-sweet-cold-unctuous diet, lack of exercise, day sleep, low mental engagement, and hereditary tendency.⁴

The modern medical etiology is that obesity results when caloric intake exceeds utilisation. This metabolic imbalance typically occurs in following situations: Inadequate pushing of oneself away from the dining table. Insufficient pushing of oneself out of chair leading to inactivity and sedentary life style.⁵

AIMS & OBJECTIVES

Aim

To evaluate the effectiveness of *Ayurvedic* lifestyle modification in the management of *Sthaulya* without pharmacological intervention.

Objectives

To measure post- intervention objective parameters such as body weight.

To demonstrate that dietary discipline without medicine can successfully correct metabolic stagnation.

CASE PRESENTATION

A 35-year-old male presented with:

Weight: 90 kg

Occupation: Sedentary desk job (10 AM–6 PM computer work)

Complaints: Gradual weight gain (3–4 years), frequent food cravings, Irregular eating habits and Inability to perform regular exercise due to busy lifestyle.

History

Sedentary work pattern

Frequent snacking during work, mostly oily and processed food

Late-night meals

No time for structured physical activity

No significant medical history

Clinical Findings

General Examination

Weight: 90 kg

Blood Pressure: Within normal limits

Blood Sugar: Within normal limits

Symptoms

Heaviness (*Gaurava*)

Increased appetite (*Atikshudha*)

Frequent cravings

No classical laziness, but clear physical inactivity due to occupational sitting

Table 1 Ayurvedic Assessment

<i>Ashtavidha Pariksha</i>		
Nadi	<i>Kapha</i> predominant	Reflect metabolic sluggishness
Jihva	<i>Sama</i> (Coated)	Indicates presence of <i>Ama</i>
Sparsha	Cold	Indicates <i>Kapha</i> dominance
<i>Dashavidha Pariksha</i>		
Prakriti	<i>Kapha Pradhana</i>	Physical constitution
Agni	<i>Manda</i>	Weak metabolic rate
Satva	<i>Madhyama</i>	Requires encourage n regular follow up to maintain new habits

CASE STUDY

Investigations

Ayurvedic and laboratory assessments were conducted prior. Ayurvedic assessment are detailed in **Table 1**. The Clinical and lipid profile

values are located under before intervention columns of **Table 2**. Obesity is strongly related with VLDL. Total blood cholesterol levels are also elevated in obesity.⁶

Table 2 Comparison of Clinical and Lipid Profile Parameters Before and After Intervention

Parameter	Before Value	Before Interpretation	After Value	After Interpretation
Weight	90 kg	Overweight	83 kg	Normal
Cravings	High	Frequent	Moderate	Controlled
Appetite	Excess	Irregular	Normal	Regular
Activity Level	Low	Inadequate	Moderate	Improved
Routine	Irregular	Unstructured	Disciplined	Improved
Patient Comfort	Poor	Uncomfortable	Good	Improved
Total Cholesterol	169.80 mg/dL	Above Optimal	159.80 mg/dL	Optimal
Triglycerides	61.00 mg/dL	Normal	59.00 mg/dL	Normal
HDL	30.20 mg/dL	Low	36.50 mg/dL	Low but improving
LDL	124.10 mg/dL	Above Optimal	113.10 mg/dL	Above Optimal
VLDL	12.20 mg/dL	Normal	11.80 mg/dL	Normal
Cholesterol/HDL Ratio	5.62	Increased risk	4.38	Border line
LDL/HDL Ratio	4.11	Increased risk	3.10	Border line

DIAGNOSIS

Ayurvedic: *Sthaulya*

Modern: Obesity

A person is said to be obese when he/she has 20% increased body weight as compared to the same individual.⁷ Based on the complains and clear symptoms of weight gain and low digestive fire (*mandagni*) along with lipid profile results the condition was diagnosed as *Sthaulya* (Obesity).

MANAGEMENT PROTOCOL

1. Nidana Parivarjana

As described in *Charaka Samhita* *Nidana Parivarjana* is the therapeutic approach considered important principal of *Ayurveda*.⁸

Avoid overeating (*Atimatra Ahara*)

Avoid untimely meals

Avoid continuous snacking

Break prolonged sitting

Avoid day sleep and lying down immediately after meals

2. AharVidhiVidhan

Dietary rule reference:

As described in *Charaka Samhita* food should be warm, suitable, and taken in proper quantity only after the previous meal is digested. Meals should be eaten with attention, without talking, laughing, or distraction, and according to one's own digestive capacity.⁹

Eat only after digestion of previous meal

Avoid overeating

Maintain fixed meal timings as far as possible

Eat mindfully without mobile, laptop, or emotional distraction

Chew food properly and eat at a moderate pace

3. Pathya–Apathya

CASE STUDY

Pathya (diet) beneficial for reducing obesity given in *Charaka Samhita* are *barley, oats, jowar green gram, horse gram, tuvar dal, pointed gourd* and *Amla powder*.¹⁰

Pathya

Light, warm, freshly prepared food

High-fiber vegetables and simple home-made meals

Warm water intake

Early dinner

Apathya

Fried and oily foods

Sugary snacks and bakery items

Processed foods

Cold beverages and repeated tea-time snacking

4. Routine Modification

Walking for 5 minutes every hour during work

Post-meal walking (10–15 minutes)

Use of stairs whenever possible

Early waking

Avoid sleeping immediately after meals

5. Lifestyle reference

To reduce obesity, *Charaka* advises gradual increase in wakefulness at the proper time, active lifestyle, exercise, and mental engagement. In practical terms, this supports disciplined routine, physical movement, and reduction of sedentary habits.¹¹

OBSERVATIONS AND RESULTS

After 2 Months

Reduced cravings

Improved digestion

Increased energy

After 4 Months

Weight reduced from 90 kg to 83 kg

Improved appetite control

Better activity level

Raised LDL cholesterol is associated with increased risk of coronary artery disease, while raised HDL cholesterol is associated with reduced risk of coronary artery disease. Total cholesterol also affected by diet, exercise, age, sex and race.¹²

The patient showed significant clinical improvement after 4 months with detailed of changes shown in **Table 2**.

DISCUSSION

Sthaulya is mainly a disorder of *Kapha, Meda*, and *Agni*. In this case, the low HDL and elevated lipid ratios show early metabolic imbalance. Clinically, the patient had *Gaurava*, increased appetite, craving, and long hours of sitting, all of which fit well with the *Ayurvedic* understanding of *Sthaulya*.

Pathophysiological reference

When body channels are blocked by excess *Meda*, *Vata* becomes disturbed in the *Koshtha* and stimulates *Agni*. As a result, food gets digested quickly, hunger returns early, and the patient tends to eat again and again. This explains frequent cravings and repeated snacking in many obese patients.¹³

CASE STUDY

This case is important because the patient could not follow formal gym-based exercise. Even then, regular correction of eating behavior, warm water intake, portion control, breaking long sitting hours, and short post-meal walks gave visible results. This shows that small but consistent routine changes can create meaningful improvement.

The case also supports the practical value of *Ahar Vidhi Vidhan*. In many patients, the problem is not only what they eat, but how and when they eat. When meal timing became regular and overeating reduced, digestion improved and cravings became easier to control.

CONCLUSION

This case demonstrates that:

Sthaulya can be effectively managed through lifestyle modification alone in selected patients.

Routine correction is beneficial even without formal exercise.

Ayurvedic principles such as *Nidana Parivarjana*, *AharVidhiVidhan* and *Pathya–Apathya*, provide safe and sustainable support.

This approach is especially useful for modern sedentary populations.

CASE STUDY

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DECLARATION OF PATIENT CONSENT

Written informed consent was obtained from the patient. Identity has been kept confidential.