RESEARCH PAPER

Effect of Lekhaneeya Mahakashaya in the Management of Sthaulya (Obesity): A Case Report

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Abstract

Background: Sthaulya is an Ayurvedic clinical condition associated with excessive accumulation of Meda Dhatu and manifestations such as bodily heaviness and reduced physical activity. Obesity is also associated with metabolic abnormalities, including altered glycaemic and lipid parameters.

Objective: To document changes in subjective symptoms, anthropometric measurements, and selected biochemical parameters in a patient with Sthaulya who received Lekhaneeya Mahakashaya.

Case presentation: A 21-year-old male presented with weight gain for six months, joint pain for five months, difficulty walking and constipation for four months, and heaviness of the body for three months. His baseline body weight was 76.5 kg, height was 165.1 cm, and body mass index (BMI) was approximately 28.1 kg/m². He received Lekhaneeya Mahakashaya, 40 mL orally twice daily on an empty stomach, for 60 days along with pathya apathya ahar vihar.

Outcome: Body weight decreased from 76.5 kg to 70.9 kg, and BMI decreased from approximately 28.1 to 26.0 kg/m². Waist circumference decreased from 108 cm to 101 cm, and the recorded waist-to-hip ratio decreased from 0.98 to 0.94. The total subjective symptom score decreased from 16/24 to 6/24. The baseline lipid profile showed total cholesterol of 202.81 mg/dL and triglycerides of 245.80 mg/dL. The subsequent lipid profile showed total cholesterol of 202 mg/dL and triglycerides of 136 mg/dL. HbA1c was 5.7% in the available subsequent report; the baseline value of 6.0% was recorded in the clinical information provided. The patient was also reported to have experienced improvement in constipation, joint pain, walking ability, and bodily heaviness.

Conclusion: Improvements in body weight, anthropometric measurements, recorded subjective symptoms, and selected biochemical parameters were observed during the patient's clinical management. As this is a single case without a comparator, the observations cannot establish a causal relationship between Lekhaneeya Mahakashaya and the reported outcomes.

Keywords: Sthaulya, obesity, Lekhaneeya Mahakashaya, Ayurveda, body mass index, lipid profile, case report.

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Introduction

Obesity is a multifactorial condition characterized by excessive adiposity and is associated with an increased risk of metabolic and cardiovascular disorders. Its development and progression are influenced by dietary habits, physical activity, genetic predisposition, environmental factors, and metabolic regulation. Clinical assessment includes anthropometric measurements, associated symptoms, and relevant biochemical investigations.

In Ayurveda, Sthaulya is described as a condition associated with excessive accumulation of Meda Dhatu and disturbances involving Dosha, Dhatu, Agni, and Srotas. Clinical manifestations may include bodily heaviness, reduced physical activity, and difficulty performing routine activities. Ayurvedic assessment considers the patient's clinical presentation alongside individual constitutional and functional characteristics.

Lekhaneeya Mahakashaya is a classical group described in the Charaka Samhita in the context of Lekhana action. Its traditional therapeutic rationale may be considered in the Ayurvedic understanding of Sthaulya and Meda Dhatu. However, traditional descriptions alone do not establish clinical efficacy,

and treatment outcomes require systematic documentation.

The present case report describes the clinical course of a patient with Sthaulya who received Lekhaneeya Mahakashaya at a dose of 40 mL twice daily for 60 days. Changes in subjective symptom scores, anthropometric measurements, and selected biochemical parameters were documented.

Case Presentation

Patient information

Sno.	Demographic details	
1.	OPD no	20260009840
2.	Age/sex	21/M
3.	Religion	Hindu
4.	Socioeconomic status	Middle class
5.	Education	Educated
6.	Marital Status	Unmarried
7.	Occupation	Shopkeeper
8.	Type of living	Nuclear family
9.	Habitation	Urban

Chief complaints

A 21-year-old male presented with progressive weight gain, joint pain, difficulty walking, constipation, and heaviness of the body. The patient followed a vegetarian diet, reported good appetite, slept approximately 7–8 hours daily, and engaged in irregular exercise. Bowel movements occurred approximately once daily, although evacuation was described as unsatisfactory.

A history of borderline blood glucose and raised lipid parameters was reported. The diagnosis was Sthaulya.

S. No.	Chief complaint	Duration
1	Weight gain	6 months
2	Joint pain	5 months
3	Difficulty walking	4 months
4	Constipation	4 months
5	Heaviness of the body	3 months

HISTORY OF PRESENT ILLNESS-

The patient reported progressive weight gain over six months, accompanied by joint pain and difficulty walking. Constipation had been present for four months, with unsatisfactory bowel evacuation despite passing stool approximately once daily. He also reported heaviness of the body for three months. A history of borderline blood glucose and raised lipid parameters was noted. So he came to kayachikitsa OPD of Government Ayurved College and Hospital, Raipur Chhattisgarh for evaluation and treatment.

PERSONAL HISTORY

Diet	**Vegetarian**
Appetite	**Good**
Bowel	**Constipated**
Micturition	**6-7 times a day**
Habit	**Tea -2 times a day**
Sleep	**7-8 hours /night, day sleep present**
Allergy	**Not found**
Addiction	**No addiction**
Exercise	**Irregular**

MEDICAL HISTORY

Borderline diabetes and dyslipidemia.

General examination

Parameter	Baseline finding
Blood pressure	120/80 mmHg
Pulse rate	78/min
Respiratory rate	18/min
Temperature	97°F
Height	165.1 cm
Weight	76.5 kg
BMI	Approximately 28.1 kg/m²

SYSTEMIC EXAMINATION

Central nervous system cardiovascular system respiratory system and gastrointestinal system examinations showed no abnormality.

Ashtavidh pariksha

Parameter	Finding
Nadi	Vata-Kapha
Mutra	Prakrit; 6–7 times/day
Mala	Vibandha/Malabaddhata; once daily with unsatisfactory evacuation
Jihva	Nirama
Shabda	Prakrit
Sparsha	Anushna-Sheeta
Drik	Prakrit
Akriti	Sthula

Dashvidh pariksha

Parameter	Finding
Prakriti	Vata-Kapha
Vikriti	Kapha Dosha, Medo Vriddhi
Sara	Madhyama
Samhanana	Madhyama
Pramana	Height 165.1 cm; baseline weight 76.5 kg
Satmya	Madhyama
Satva	Pravar
Ahara Shakti	Madhyama
Vyayama Shakti	Madhyama
Vaya	21 years; assessment recorded as Madhyama

Therapeutic Intervention

The patient received Lekhaneeya Mahakashaya as a main intervention .

Treatment description

Sno	Therapy	Drug with dose	Days
1.	Deepana pachana	Sanjeevani vati 2BD	7 days
2.	Kostha shuddhi	Haritakya yoga 5gm HS	7 days
3,	Shaman	Lekhaneeya mahakashya 40 ml BD empty stomach	60 days

The patient was given shamana chikitsa as follows-

Tab sanjeevani vati 250 mg twice a day for 7 days

Haritakyadi yoga 5gm HS for 7 days

Lekhaneeya mahakashaya 40 ml twice a day (empty stomach) for 60 days

Nidana parivarjana- the patient was advised to avoid Atiguru, Atisnidgha, Atimadhura ahara, Excessive food intake, fried and processed foods, and day time sleeping (Diwaswapna), Regular physical activity, including walking and yogasana according to individual Bala, along with a balanced diet and proper meal timings, was advised to prevent further accumulation of Meda Dhatu.

Assessment Parameters

Subjective parameters

Subjective symptoms were graded using the recorded scale: 0 = absent, 1 = mild, 2 = moderate, and 3 = severe. Scores before treatment (BT) and after treatment (AT).

Subjective symptom scores before and after treatment

S. No.	Parameter	BT	AT
1	Shwasakrichhrata	2	1
2	Atikshudha	2	0
3	Atinidra	0	0
4	Aalasya	3	2
5	Daurbalata	2	1
6	Klama	2	1
7	Utsahahani	2	1
8	Gauravata	3	0

The total subjective score decreased from 16/24 before treatment to 6/24 after treatment, representing a reduction of 10 points, or 62.5% of the baseline score. Gauravata and Atikshudha had scores of zero after treatment. Shwasakrichhrata, Aalasya, Daurbalata, Klama, and Utsahahani showed lower scores, while Atinidra remained absent at both assessments.

Shwasakrichhrata and Atikshudha were included in the symptom assessment although they were not listed among the initial chief complaints. Their scores are presented as recorded in the assessment table.

6.2 Anthropometric parameters

Anthropometric measurements before and after treatment

Parameter	Before treatment	After treatment
Body weight	76.5 kg	70.9 kg
Height	165.1 cm	165.1 cm
BMI	Approximately 28.1 kg/m²	Approximately 26.0 kg/m²
Waist circumference	108 cm	101 cm
Waist-to-hip ratio	0.98	0.94

The BMI values were calculated using the recorded height and weight.

Serial body-weight measurements

Body weight during the observation period

Assessment	Body weight
Baseline (Day 0)	76.5 kg
Day 15	75.1 kg
Day 30	74.1 kg
Day 45	73.2 kg
Day 60	70.9 kg





Before treatment

After treatment

Biochemical parameters

The supplied laboratory reports contained the following lipid-profile values.

Lipid profile according to laboratory report dates

Parameter	Baseline report: 28 April 2026	Subsequent report: 31 July 2026
Total cholesterol	202.81 mg/dL	202 mg/dL
Triglycerides	245.80 mg/dL	136 mg/dL
HDL cholesterol	41.36 mg/dL	50 mg/dL
LDL cholesterol	112.29 mg/dL, calculated	129 mg/dL, direct
VLDL cholesterol	49.16 mg/dL, calculated	27 mg/dL, calculated
Non-HDL cholesterol	161 mg/dL	152 mg/dL

Glycaemic parameter

Parameter	Baseline value previously recorded	Available subsequent report
HbA1c	6.0%	5.7%

The subsequent HbA1c report also recorded an estimated average glucose of 117 mg/dL. The baseline HbA1c report was not included among the supplied images; the baseline value of 6.0% is reproduced from the previously recorded clinical information.

Results

During the 60-day observation period, body weight decreased from 76.5 kg to 70.9 kg, representing a reduction of 5.6 kg, or approximately 7.3% of baseline body weight. BMI decreased from approximately 28.1 kg/m² to 26.0 kg/m², assuming the recorded height remained unchanged.

Waist circumference decreased by 7 cm, from 108 cm to 101 cm. The recorded waist-to-hip ratio decreased from 0.98 to 0.94.

The baseline lipid report showed total cholesterol of 202.81 mg/dL, triglycerides of 245.80 mg/dL, HDL cholesterol of 41.36 mg/dL, calculated LDL cholesterol of 112.29 mg/dL, calculated VLDL cholesterol of 49.16 mg/dL, and non-HDL cholesterol of 161 mg/dL. The subsequent report showed total cholesterol of 202 mg/dL, triglycerides of 136 mg/dL, HDL cholesterol of 50 mg/dL, direct LDL cholesterol of 129 mg/dL, calculated VLDL cholesterol of 27 mg/dL, and non-HDL cholesterol of 152 mg/dL.

HbA1c decreased from the previously recorded baseline value of 6.0% to 5.7% in the subsequent report. The subsequent report recorded an estimated average glucose of 117 mg/dL.

The total subjective symptom score decreased from 16/24 to 6/24. The patient was also reported to have experienced reduced constipation, improvement in joint pain from moderate to mild, improved walking ability, and resolution of bodily heaviness.

The laboratory reports are dated 28 April 2026 and 31 July 2026, respectively. These dates do not establish that the laboratory measurements were obtained exactly 60 days apart. Therefore, the biochemical results are reported according to their documented dates rather than assumed to represent precisely Day 0 and Day 60.

Discussion

Sthaulya is an important Santarpanajanya Vyadhi characterized by excessive accumulation of Meda Dhatu, Kapha Dosha involvement, and impaired metabolic regulation. In Ayurveda, Agnimandya, particularly dysfunction of Medodhatvagni, is considered an important factor in the pathogenesis of Sthaulya. Impaired Agni may contribute to improper metabolism and excessive Meda accumulation, while obstruction of Medovaha Srotas further perpetuates the disease process.

Lekhaneeya Mahakashaya, described in Charaka Samhita, comprises ten drugs: Musta, Kushta, Haridra, Daruharidra, Vacha, Ativisha, Katurohini, Chitraka, Chirabilva and Haimavati. Their collective Ayurvedic properties and traditional therapeutic actions provide the rationale for their use in Sthaulya. The Deepana–Pachana properties attributed to selected ingredients, particularly Chitraka, Ativisha and Katurohini, may support Agni function and metabolic processing. The Lekhana action of the group is traditionally understood to facilitate the reduction of excessive Meda Dhatu. Other ingredients, including Musta, Haridra, Daruharidra and Vacha, contribute to the formulation's broader Dosha- and metabolism-oriented therapeutic rationale. The combined action

may be interpreted as supporting Kapha regulation, Meda reduction and improved functioning of Medovaha Srotas. These effects represent a classical Ayurvedic interpretation rather than a mechanism established by this single clinical observation.

In the present case, administration of Lekhaneeya Mahakashaya for 60 days was accompanied by a reduction in body weight from 76.5 kg to 70.9 kg, BMI from approximately 28.1 to 26.0 kg/m², and waist circumference from 108 cm to 101 cm. The subjective symptom score also decreased from 16/24 to 6/24, alongside reported improvement in bodily heaviness, constipation, joint pain and walking ability. Triglyceride levels decreased in the subsequent laboratory report, while changes in other biochemical parameters were variable. These observations may be discussed in relation to the traditional Lekhana and Agni-supporting rationale of the formulation.

Samprapti Vighatana may therefore be conceptually understood through support of Agni, regulation of Kapha, reduction of excess Meda Dhatu and addressing Medovaha Srotas involvement. However, dietary modification, physical activity and other influences may also have contributed to the observed changes.

Conclusion

In this case, treatment with Lekhaneeya Mahakashaya for 60 days was accompanied by a decrease in body weight, BMI, waist circumference, recorded waist-to-hip ratio, and subjective symptom score. Improvements were also observed in selected lipid-profile values, and the available HbA1c value was lower than the previously recorded baseline value.

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