

CASE STUDY

Hyperlipidaemia and Ayurvedic Management: A Case Study

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ABSTRACT

Most of the time, dyslipidemia is a result of the sedentary, unhealthy lifestyle that is the hallmark of the modern world. Until and unless the cholesterol levels are excessively high, dyslipidemia typically remains dormant and exhibits no particular signs or symptoms. Symptoms like weight gain, lethargy, hepatosplenomegaly, etc., are noted in those cases. This case involves a 54-year-old male patient who has been experiencing fatigue, excessive sweating, oversleeping, abdominal obesity, and trouble losing weight for the past year. Ama-Pachak Vati, Sarivadi Vati, Gaumutra Arka, Arjun Kwatha, and Pathya-Apathya were prescribed to the patient for three consecutive months, during which time changes in the signs and symptoms of dyslipidemia as well as biological parameters were noticed. After thoroughly evaluating the material in the traditional Ayurvedic scriptures, the treatment plan was developed using Kapha-Meda Hara Chikitsa, which means the management of fat distribution and cholesterol levels in the body. The above-mentioned drugs worked as a reduction in fat by reducing body weight and cholesterol levels. The biological markers and the patient complaints significantly improved during the three-month therapy plan.

Keywords: Dyslipidaemia, Apatarpana-Kriya, Meda-dhatu-Dushti, Medovridhi, Hyperlipidemia.

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INTRODUCTION

Technology advancements, sedentary lives, and dietary modifications have all contributed to an individual's increased susceptibility to "Lifestyle Disorders," hyperlipidemia among them. One of the most prevalent manifestations and a primary contributor to a wide range of lifestyle problems is dyslipidemia. In the Indian population, 25–30% of urban and 15–20% of rural subjects have high cholesterol [1]. According to Ayurveda, Medovaha Srotodushti corresponds to dyslipidemia [2]. Medovridhi, a Santarpanjanya Vyadhi in Ayurveda, may be caused by both sedentary lifestyles (Cheshtadvesha, Asana Sukha) and high-fat diets (Snigdha, Guru, Pichhila). Ayurveda states that Medovaha Srotodushti is caused by having Avyayama, Achinta, Diwa Swapna, Atisnigdha-Madhura-Adhyashan, and Atimatra Ahara [3]. Abnormal blood levels of any or all lipoproteins are a sign of dyslipidaemia [6]. Numerous clinical manifestations, including diabetes mellitus, obesity, chronic heart disease, and thyroid disorders, are linked to this syndrome. One of the prevalent and controllable risk factors for cardiovascular illnesses is dyslipidemia. The Ayurveda regimen and diet (Ahara) reduce the risk of dyslipidemia and offer superior control over the use of allopathic medications.

CASE--REPORT

A 54-year-old non-hypertensive, non-diabetic male patient presented with chief complaints of difficulty in losing weight (he had gained about 10kg within the year), abdominal obesity, oversleeping, profuse sweating, and tiredness for one year. The patient had ignored these symptoms and didn't take any medications for the last year. According to the patient's initial medical history, he had suddenly become weak and exhausted. The lipid profile was found to have high cholesterol levels, triglycerides, and other markers. The patient was found to be well-aware, alert, and afebrile during the examination. He listened to verbal instructions but became tired while walking and standing for extended periods.

- Gradual onset of symptoms;
- Time of Onset: the past year;
- Progression in Course;
- Eating and sedentary habits are aggravating factors.

Family history: Nothing in the family history was significant.

Previous medical history: None of the prior medical histories were pertinent.

Personal History:

- Visamasana (untimely eating habit) is the diet;
- Madhura is the dominant Rasa;
- Work: sedentary physical work;
- Exercise: irregular and sporadic;
- Tea is a supplemental diet,
- Sleep: Day 1–2 hours, Night 7–8 hours.

On Examination:

BP: 130/84 mm of Hg

RR: 18/min

Weight: 88 Kg

Height: 172 Cm

BMI: 29.8 Kg/m²

Ashtvidha Pariksha

1. NADI (pulse): 74/min
2. MALA (stool): normal;
3. MUTRA (urine): Normal
4. JIVHA (tongue): Niram
5. SHABDA (speech): Normal
6. SPARSH (skin): Smooth, Anushna
7. DRUK (eyes): Normal; 8. AKRITI: Madhyam

PRESCRIBED MEDICATION

1. Ama-Pachak Vati 2tab BD after a meal for 3 months
2. Sarivadi Vati 3tab TDS after meal for 3 months
3. Gaumutra Arka (cow urine) 10ml in the early morning on an empty stomach for 3 months
4. Arjun Kwatha 5ml BD before meal for 3 months.

PATHYA (WHOLESOME) AND APATHYA (UNWHOLESOME)

- **Pathya Ahara:** Shyamak (Barnyard Millet), Yavak (Barley), Mudga (Green Gram), Ragi (Finger Millet), Bajari (Pearl Millets), Jowar (Sorghum) and Sunthi Siddha Jala.
- **Pathya Vihara:** Anulom-Vilom and Kapal-Bhati Pranayama in the morning for 30 mins and five Surya-Namaskar daily. Never sleep immediately after meals.
- **Apathya Ahara:** High fatty diet (Snigdha, Guru, Pichhila)
- **Apathya Vihara:** Diva Swapna (sleep during daytime), long-time seating (Asana Sukha)

Table 1: FOLLOW-UP AND OUTCOME AFTER 3 MONTHS

Sr. No	Assessment Parameters	Before Treatment	After Treatment
1	Serum Cholesterol	229 mg/dl	112 mg/dl
2	H.D.L. Cholesterol	39 mg/dl	38 mg/dl
3	Direct LDL cholesterol	155.40 mg/dl	61.20 mg/dl
4	Serum Triglycerides	173 mg/dl	64 mg/dl
5	V.L.D.L. Cholesterol	34.60 mg/dl	12.80 mg/dl
6	LDL/HDL Ratio	3.98	1.61
7	Cholesterol/HDL Ratio	5.87	2.95

RESULTS

The patient demonstrated significant clinical and biochemical improvements following the three-month Ayurvedic treatment regimen. Initial assessment revealed elevated serum cholesterol (229 mg/dl), LDL cholesterol (155.40 mg/dl), triglycerides (173 mg/dl), and an increased LDL/HDL ratio (3.98). After treatment with Ama-Pachak Vati, Sarivadi Vati, Gaumutra Arka, and Arjun Kwatha, along with dietary and lifestyle modifications, marked reductions were observed in key lipid parameters. Serum cholesterol decreased to 112 mg/dl, LDL cholesterol to 61.20 mg/dl, and triglycerides to 64 mg/dl. The LDL/HDL ratio improved to 1.61, and the cholesterol/HDL ratio reduced from 5.87 to 2.95. Clinically, the patient reported reduced fatigue, improved energy levels, less sweating, and a noticeable reduction in abdominal obesity.

This case study highlights the effectiveness of Ayurvedic management in dyslipidemia, a common metabolic disorder strongly linked to lifestyle factors. From a modern biomedical perspective, reductions

in LDL cholesterol and triglycerides significantly lower cardiovascular risk, while improved lipid ratios suggest enhanced metabolic balance.

In Ayurvedic terms, the condition corresponds to *Medoroga* or *Medovaha Srotodushti*, primarily caused by Kapha aggravation, diminished Agni, and accumulation of Ama. The prescribed regimen worked on multiple levels:

Ama-Pachak Vati enhanced digestion and eliminated Ama through its Deepana–Pachana properties.

Sarivadi Vati acted on *Rasa-Rakta-gata Kleda*, reducing lipoproteins.

Gaumutra Arka detoxified the system and reduced excess Meda due to its Lekhana property.

Arjun Kwatha contributed to lipid regulation and cardiovascular protection.

The integrative approach, combining herbal formulations, dietary correction (Pathya-Apathya), and lifestyle practices (yoga and pranayama), reflects a comprehensive management of hyperlipidemia. This aligns with modern recommendations for lifestyle modification as the first-line therapy, while simultaneously addressing the deeper metabolic imbalances described in Ayurveda.

Thus, this case demonstrates the potential of Ayurvedic interventions as an effective, safe, and holistic approach to managing dyslipidemia, either independently or as a complement to conventional therapy.

DISCUSSION

One type of metabolic disease is dyslipidemia. Lipoprotein production disorders, such as hyperlipidemia, can result in either a high or low level of lipoproteins. The symptoms of hyperlipidemia include elevated levels of triglycerides, LDL cholesterol, and total cholesterol, as well as a decrease in HDL cholesterol in the blood. Both modern and traditional medical systems can benefit from a deeper understanding of their care, thanks to their pathophysiology and possible correlation with Ayurvedic concepts like *Medoroga* [7–9].

Atherosclerosis: When LDL levels are high, they oxidise and deposit in artery walls, causing inflammation and the development of plaque. This raises the risk of cardiovascular events by narrowing arteries [10, 11].

Insulin Resistance: By encouraging hepatic lipogenesis and reducing lipoprotein clearance, insulin resistance, which is linked to metabolic syndrome, makes dyslipidemia worse.

Ayurvedic Treatment of Hyperlipidemia:

1. Medoroga: Comprehending *Medoroga* Ayurvedic scriptures describe *Medoroga* as a disorder associated with irregularities in lipid metabolism and an excessive build-up of Meda, or fat/adipose tissue. It results from an imbalance in the Kapha dosha, which controls stability and structure, along with weak digestive fire (Agni) and Ama (toxic metabolic wastes) [7, 8].

2. Samprapti (Pathogenesis): Improper digestion and metabolism are caused by a reduced Agni and an aggravated Kapha dosha. As a result, Ama is created, which combines with Meda dhatu (fat tissue) to create an imbalance throughout the body. The channels (Srotas) are impacted by excess Meda, which can result in blockages, poor circulation, and conditions like hyperlipidemia [4].

Relationship Between Ayurvedic and Modern Views

1. Lipid homeostasis and metabolism: According to contemporary research, hyperlipidemia is caused by abnormalities in lipid transport and metabolism. This is comparable to diminished Meda dhatu agni, the metabolic fire that maintains the health of adipose tissue, according to Ayurveda.

2. Atherosclerosis and Srotorodha: The Ayurvedic idea of *Srotorodha* (blocking in micro-7 channels) is reflected in hyperlipidemia's blockage of arterial routes.

3. Lifestyle and Dietary Influences: Ayurveda places a strong emphasis on Ahara (diet) and Vihara (lifestyle) in the treatment of *Medoroga*, which is in line with modern medicine's emphasis on lifestyle variables (such as a high-fat diet and sedentary behaviours).

Methods of Integrative Management

1. Contemporary Care: Pharmacological: Omega-3 fatty acids, fibrates, and statins to reduce cholesterol. Lifestyle Changes: Exercise, weight control, and a diet high in fibre and low in saturated fats [5].

2. Ayurveda Treatments: Dietary Changes: Avoid Guru (heavy) and greasy foods and focus on foods that balance Kapha, such as barley and green leafy vegetables. Lifestyle Changes: Consistent exercise and exercises like pranayama and yoga.

The action of medicine:

1. *Ama-Pachak Vati* - worked on Ama Pachana. It has deepan–pachan property. It had digested previously undigested food materials stored in the body as fat. It helped reduce excessive fat (reduce body weight).

2. *Sarivadi Vati* - worked on lipid level (*Rasa-Rakta-gata Kleda*). It reduces the lipoproteins in the blood.

3. Gaumutra Arka (Cow urine) detoxifies the whole body and eliminates vitiated Kapha from the body. Due to its Lekhana Property, it helped in the elimination of Medas. Also helped in the reduction of body weight.
4. Arjun (*Terminalia Arjuna*) worked on the potential reduction of bad cholesterol levels in the blood. Long-term studies are required for sustained lipid control.

CONCLUSION

The relevance of Ayurvedic medicine in treating hyperlipidemia is illustrated in the current case study. Under the broad heading of Medoroga, hyperlipidemia is sporadically explained in Ayurvedic literature. One of the main causes of all ailments, according to Ayurveda, is an unhealthy diet high in fat. The following would be ideal for regulating blood lipid levels: Laghu, Rooksha Gunas, Deepana-Pachana, and Lekhana. A remarkable alteration was observed in the lipid profile parameter data using the above-mentioned medications, which is working on Ras-Vridhi or Meda Dusti (Hyperlipidemia).

CONFLICT OF INTEREST DECLARATION

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