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Clinical Management of Hyperlipidaemia Through Ayurveda- A Case Report.

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ABSTRACT: Introduction:The modern lifestyle, characterized by technological advancements, busy schedules, sedentary behavior, and unhealthy dietary habits, has led to an increase in lifestyle disorders, among which hyperlipidemia is highly prevalent. It is defined by elevated serum cholesterol and triglyceride levels, which can lead to complications such as cardiovascular diseases, diabetes, obesity, hypertension, and atherosclerosis. In India, the prevalence of hyperlipidemia is estimated to be 25–30% in urban and 15–20% in rural populations. In Ayurveda, hyperlipidemia correlates with *Medovriddhi*, resulting from impaired *Medodhatvagni* and *Kapha* vitiation. Methods: A 62-year-old male patient with a two-year history of *Daurbalya* (weakness), *Bharavriddhi* (weight gain), *Swedadhikya with Daurgandhya* (excessive and foul-smelling sweating), *Ubhayapadadaha* (burning sensation in both feet), *Angagaurava* (heaviness), and *Katishoola* (low back pain), along with type 2 diabetes and chronic alcohol intake, was selected for this case study. The treatment approach was based on *Medovaha Strotodushti Chikitsa* using *Aptarpana Chikitsa* (depleting line of treatment). Results: Following the Ayurvedic intervention, the patient showed significant improvement in lipid profile parameters. Total serum cholesterol reduced by 55 mg/dl, and serum triglycerides showed a remarkable reduction of 448 mg/dl. Discussion: Modern lipid-lowering agents such as statins and fibrates are effective and generally associated with minimal side effects (~2%). However, Ayurveda offers a holistic and cost-effective alternative with no reported adverse effects in this case. The application of *Aptarpana Chikitsa* based on Ayurvedic principles demonstrated promising results in the management of hyperlipidemia.

KEYWORDS: Hyperlipidaemia, Ayurveda, Medoroga, Medohar Guggulu, Lekhaniya Gana.

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INTRODUCTION:

Hyperlipidaemia is a critical risk factor for cardiovascular diseases, which remain the leading cause of mortality globally. [1] According to the ICMR-INDIAB-17 (2024), hypertriglyceridemia affects 32.1% of Indians, while low HDL-C is seen in 66.9%. Despite pharmacological advances, the adverse effects of statins and fibrates necessitate alternative modalities. Ayurveda considers this condition under Medoroga, predominantly involving vitiation of Kapha Dosha and Meda Dhatu. Medovaha Srotodushti is the primary pathological substrate, resulting from improper dietary practices (Atisnigdha Ahara), sedentary lifestyle (Avyayama), psychological stress (Chinta), and daytime sleep (Diwaswapna). Management involves both Shodhana (bio-purification) and Shamana (pacification) therapies targeting Agni (digestive fire), Ama (metabolic toxins), and Dosha-Dhatu equilibrium.

Materials and Methods

Study Design

A single-subject interventional case study with pre- and post-treatment evaluation over 12 weeks.

Case Presentation: Patient Profile:

- Age/Sex: 62 years, Male
- Date of Presentation: 03/07/2024
- UHID No.: 292324
- Chief Complaints:
  - Bharavriddhi (Weight gain): 76 kg since 2 years
  - Angagaurava (Heaviness): 1(+) since 1.5 years
  - Daurbalya (Fatigue): 3(+++) since 1 year
  - Katishoola (Low back pain): 2(++) since 10 months
  - Swedadhikya (Excess sweating) with Dourgandhya (bad odour): 2(++), 1(+)
  - Ubhaya Padadaha (Burning sensation in feet): 1(+) since 4 months

History:

- No major past illness
- Chronic alcohol intake with spicy diet
- Known case of Type 2 Diabetes Mellitus (6 years) on Metformin 500 mg BD

Nidana:

- Modern: Secondary hyperlipidaemia due to diabetes, alcohol, and obesity
- Ayurvedic: Atisnigdha, Madhura Ahara; Avyayama; Diwaswapna; Achinta; Beeja Swabhavaj

Ayurvedic Examination:

- Nadi: 76/min
- Mala: Prakrut
- Mutra: Prakrut
- Jivha: Saam
- Sparsha: Anushna-Sheeta
- Druk & Akruti: Prakrut, Madhyam

Dashavidha Pariksha:

- Prakruti: Kapha-Vata
- Vikruti: Medas
- Dushti: Sweda Dushti
- Sara, Samhanana, Pramana,
- Satmya: Madhyama
- Satva: Madhyama
- Ahara/Vyayama Shakti: Madhyama

Intervention

Medicine	Dose & Frequency	Anupana	Duration
Medohar Guggul	330 mg 2 BD	Lukewarm Water	90 days
Arogyavardhini Vati	310 mg 2 TDS	Lukewarm Water	90 days
Lekhaniya Gana Kashaya	60 ml empty stomach	-	90 days

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Results

Subjective Symptom Relief

Symptom	Baseline	1 Month	2 Months	3 Months
Bharavriddhi	76 kg	75.7 kg	75 kg	74 Kg
Angagaurava	1(+)	1(+)	1(+)	1(+)
Fatigue	3(+++)	3(+++)	2(++)	1(+)
Katishoola	2(++)	1(+)	1(+)	0
Swedadhikya	2(++)	1(+)	1(+)	0
Ubhayapadadaha	1(+)	1(+)	0	0

Blood Investigations

Test	Baseline	1 Month	2 Months	3 Months
Total Cholesterol	221.79	229	238.54	**166.81**
Triglycerides	643.26	434.3	429.46	**195.4**
Uric Acid	10.28	10.1	9.62	**5.69**
BSL-PP	208.12	165.2	174.7	168

Mechanism of Action (Ayurvedic Rationale):

- **Medohar Guggulu:** Deepana, Pachana, Lekhana, Kleda-Meda Shoshaka
- **Arogyavardhini Vati:** Medohara, Raktashodhaka, hepatoprotective
- **Lekhaniya Gana:** Lekhana, Karshana, Medopachak, Deepana
- **Narasimha Tablet:** Tridoshagna, Rasayana, Srotoshodhaka
- **Gandharva Haritaki:** Anulomak, Rasayana, Amapachak

DISCUSSION:

This case affirms the Ayurvedic understanding of *Medoroga* where improper digestion (*Mandagni*) and metabolic blockage (*Strotorodha*) lead to lipid accumulation. Herbal formulations with *Deepana*, *Pachana*, *Lekhana*, and *Medohara* actions played a crucial role in clearing *Ama*, improving *Agni*, and reducing *Meda Dhatu*. Interestingly, there was a marked reduction in serum uric acid as well, suggesting a broader metabolic correction. Compared to

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conventional lipid-lowering agents, Ayurvedic formulations had no observed side effects.

CONCLUSION:

This case study underscores the efficacy of Ayurvedic management in a clinically diagnosed case of hyperlipidemia, correlating the condition with *Medoroga* and *Medovaha Srotodushti* as described in Ayurvedic texts. The patient's condition—characterized by elevated lipid levels, systemic symptoms like fatigue, heaviness, and localized pain—showed significant improvement with a personalized, multi-modal Ayurvedic intervention.

The therapeutic regimen, which included *Medohar Guggulu*, *Arogyavardhini Vati*, *Lekhaniya Gana Kashaya*, *Tab. Narasimha*, and *Gandharva Haritaki Churna*, was carefully selected based on the patient's *Prakruti*, *Vikruti*, and disease pathology. These formulations possess key pharmacological actions such as *Deepana* (appetite stimulation), *Pachana* (metabolism correction), *Lekhana* (scraping), *Medohara* (lipid-reducing), and *Raktashodhaka* (blood purification), effectively targeting the core imbalances of *Kapha Dosha*, *Meda Dhatu*, and *Ama*.

The treatment course yielded:

- A marked reduction in serum cholesterol and triglyceride levels over a 90-day period,
- Improved subjective symptoms like fatigue, heaviness, pain, and abnormal sweating,
- Notable normalization in uric acid and postprandial blood sugar, indicating broader metabolic benefits.

This suggests that Ayurvedic intervention not only addresses hyperlipidemia but also improves metabolic syndrome components holistically. The findings support the concept that *Mandagni* (weakened digestive fire) and improper lifestyle practices (*Ahita Ahara* and *Vihara*) are pivotal in the pathogenesis of *Medoroga*. Ayurvedic management, thus, serves both curative and preventive roles by restoring *Agni*, clearing *Srotorodha* (channel obstructions), and re-establishing systemic equilibrium. While the clinical results are promising, the study's limitations—including its single-case design—highlight the need for larger-scale clinical trials and standardized protocols to validate these observations and support integration into mainstream care for dyslipidemia. In conclusion, this case reinforces the relevance of Ayurveda in modern lifestyle disorders and illustrates its potential to serve as a complementary or alternative strategy in managing hyperlipidemia, especially when personalized and administered under clinical supervision.

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