



Case Study

AYURVEDIC INTERVENTIONS AND PATHYA-APATHY GUIDELINES WITH YOGA IN THE MANAGEMENT OF DYSLIPIDAEMIA

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ABSTRACT

Dyslipidemia, a significant risk factor for cardiovascular diseases, is characterized by abnormal lipid levels in the bloodstream and is often managed through pharmacological interventions. In Ayurveda, dyslipidemia corresponds to *Medovahasrotodushti* (SR53), which refers to disturbances in microchannels. The elimination of causative factors (*Nidan Privarjan*) and adherence to specific Pathya measures are effective in managing this condition. In the present case, we applied the principle of *Medovaha srotodushti chikitsa* (*Aptarpana chikitsa*) to address dyslipidemia. Ayurveda, an ancient holistic healthcare system, provides a comprehensive approach to managing dyslipidemia by addressing both physiological imbalances (*Dosha Prakopa*) and lifestyle factors. This case study examines the efficacy of Ayurvedic interventions, alongside *Pathya-Apathy* (dietary and lifestyle guidelines), and Yoga in treating a 37-year-old male patient with elevated serum cholesterol and triglycerides. The treatment protocol emphasized the use of classical Ayurvedic formulations for lipid regulation, supplemented with dietary modifications as per *Pathya-Apathy* guidelines. The patient was also encouraged to engage in regular physical activity, including a Yoga regimen that incorporated specific asanas (postures), pranayama (breathing exercises), and meditation to enhance metabolic function and overall well-being.


INTRODUCTION

Dyslipidaemias refer to disorders characterized by disturbances in lipid metabolism, which can involve abnormalities in one or more types of lipoproteins in the blood. According to the ICMR-INDIAB study, the prevalence rates for various types of dyslipidaemia are notable: hypercholesterolemia at 13.9%, hypertriglyceridemia at 29.5%, low HDL at 72.3%, and high LDL-C levels at 11.8%. Dyslipidemia is a metabolic condition marked by elevated levels of serum lipids, including cholesterol, triglycerides, and low-density lipoprotein (LDL). It is a significant risk factor for cardiovascular diseases (CVD), such as coronary artery disease (CAD) and stroke. The rising global prevalence of dyslipidemia, driven by lifestyle

factors like poor diet, physical inactivity, and stress, presents substantial public health challenges.

In Ayurveda, dyslipidemia is indirectly related to *Medodosha* and may be characterized as *Rasagata-Snehavridhi*, *Raktagata-Snehavridhi*, or *Ras-Raktagata-Snehavridhi*. In the body, lipids primarily manifest as *Meda*, *Vasa*, and *Majja*. *Medo Dhatu*, or adipose tissue, consists of two components: *Poshaya Dhatu*, which is stable (*Sthayi Medas*) and receives nourishment, and *Poshaka Dhatu*, which is unstable (*Ashthayi Medas*) and provides nourishment. This framework underscores Ayurveda's comprehensive perspective on lipid metabolism and overall health.^[1] *Poshaka Medo Dhatu* is mobile and circulates along with *Rasa* and *Rakta Dhatu*s and nourishes *Poshya Medo Dhatu*.^[2]

In the Charaka Samhita, it is noted that the consumption of *Madhura* (sweet), *Snigdha* (unctuous), and *Kapha Kopakara Ahara* (foods that increase phlegm), along with a lack of exercise (*Avyayam*) and daytime sleeping (*Diwa Swapna*), are primary factors contributing to the development of *Medodosha* and

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Medoroga, which result in the impairment of *Medo Dhatwagni* (the digestive power of food)^[3]. The pathology of *Medoroga* and *Medodosh*a occurs when the *Medodhatwagni* (the metabolic fire associated with fat tissue) is impaired. This impairment leads to an excessive circulation of homologous nutrients found in *Poshaka Medodhatu* (the nutrient aspect of fat tissue), causing an abnormal accumulation of these nutrients in *Rasa* (the plasma or fluid component of the body). This condition can be described as Dyslipidemia^[4]. Increasing either *Badh* or *Abadh Medas* can lead to significant health implications. An increase in *Badh Medas* is associated with obesity, known as *Medoroga*. Conversely, an increase in *Abadh Medas* correlates with dyslipidemia or *Medo Dosh*a.

Ayurvedic lifestyle modifications, along with *Aptarpana Chikitsa* and dietary recommendations (*Ahara*), can help prevent dyslipidemia and improve the management of the burdens caused by allopathic medications.

MATERIALS AND METHODS

A 37-year-old male patient visited the outpatient department of Kayachikitsa at Sanjeevani Hospital, DSRRAU, Jodhpur, Rajasthan, in March 2024 (OPD No. 6). He presented with symptoms including *Bharavridhi* (overweight), *Swedadhikya*, *Ubhayapadadaha*, *Angagaurava*, and *Katishoola*, which he had been experiencing over the past year. Upon examination, his vital signs were as follows: pulse rate of 70/min, blood pressure of 130/90 mmHg, and temperature of 98.4°F. His tongue appeared normal, and he weighed 86.1 kg with no abnormalities detected in the systemic examination.

Physical Examination and Initial Investigations

Physical Examination

Blood Pressure -130/90 mmHg, Heart Rate -76/min, Height -167cm, Weight -86.1 kg, BMI -30.87

Table 1: Investigations Before Treatment

Fasting lipid profile	mg/dL
Total cholesterol level	170
Triglycerides	883.6
Very low-density lipoprotein	176.72
Low density lipoprotein	43.22
High density lipoprotein	36.9
Blood sugar (F)	137
Blood sugar (pp)	117
uric acid	8.7

Clinical Features

Patient has been complaining of overweight, excessive perspiration, pain in both legs and general body heaviness for one year. Without taking any allopathic treatment, he attended the Kayachikitsa outpatient department for Ayurvedic management.

Past History

The patient has no history of diabetes, hypertension, or smoking.

Ayurvedic Management

A comprehensive evaluation of the case has been conducted and an Ayurvedic management approach has been recommended. It is essential to highlight that dietary modifications and yoga are crucial components in the effective management of dyslipidemia.

Table 2: Therapeutic intervention

Drugs	Dose	Anupana	Duration
<i>Arogyavardhini vati</i>	2 TDS	Lukewarm water	1 month
Tab. Abana	2 BD	Water	1 month
<i>Shilajitvadi vati</i>	1 BD	Lukewarm water	1 month
<i>Triphala Churna</i>	3gm bed time	Lukewarm water	1 month

Specific Pathya

Chapatti made up of flour of *Yava*^[5] (alternate day), *Yava daliya*, multigrain *Daliya* (dinner must be taken at 6-7 pm)

General Pathya Ahara-Vihara/lifestyle measures

- Intake of food at the time of hunger (in 3 divided doses).
- Use of green vegetables, *Takra* and *Lashun* in their diet.^[6]
- Daily 3km walking

- Advice for *Surya Namaskar* and *Kapalbhati* in the Morning and encourage daily cycling for 30 minutes.

Apathya/avoidable lifestyle measures^[7]

- Excessive oily fried items, high sugar-containing items
- Non-vegetarian diet.
- Sleeping during the daytime.

OBSERVATIONS AND RESULTS

The patient adhered to specific *Pathya* and consistently implemented lifestyle modifications for four months. Monthly follow-ups were conducted.

Prior to and following treatment, the lipid profile, clinical symptoms, signs, and other investigations were evaluated.

Table 3: Assessment of Lipid Profile

Parameters	B.T. (mg/dL)	A.T. (mg/dL)
Cholesterol	170	180.2
Triglycerides	883.6	274.9
VLDL	176.72	54.98
HDL	36.9	38.1
BMI	30.87	27.25

Table 4: Assessment of Clinical Signs and Symptoms

Symptoms	B.T.	A.T.
Weight	86.1Kg	76kg
Lethargy	Present	Relieved 80%
<i>Ubhayapadadaha</i>	Present	Absent
<i>Padashool</i>	Present	Absent
<i>Angagaurava</i>	Present	Relieved 80%
<i>Swedadhikya</i>	Present	No significant reduction

DISCUSSION

Dyslipidaemia (5C8Z), characterized by elevated levels of cholesterol and triglycerides, is a significant risk factor for cardiovascular diseases (CVDs). Traditionally, it is managed with medications such as statins. However, Ayurveda offers an alternative approach rooted in natural healing. This approach emphasizes achieving balance in the body's *Doshas* - *Vata*, *Pitta*, and *Kapha* along with dietary modifications and lifestyle changes. In the development of dyslipidaemia (5C8Z), the hypo-functioning of *Medodhatvagni* plays a key role in the basic matrix of *Medovahasoroto dushti* (SR53), in conjunction with the vitiation of *Kapha dosha*^[8].

The condition can be classified as *Medoroga* or *Medodushti*, which are associated with the accumulation of excess fat tissue due to an imbalance of the *Kapha dosha* and improper metabolism. The Ayurvedic approach utilizes herbal medicines and lifestyle changes to address the underlying causes of lipid disorders. This helps regulate metabolism and restore balance among the *Doshas*.

In Ayurveda, *Ahara* (diet) and *Vihara* (lifestyle) are regarded as essential components of therapeutic and *Pathya* (wholesome) measures during treatment. When managing dyslipidemia, priority should be given to treatments that address *Kapha* and *Medohara* (fat-reducing) measures, as well as dietary adjustments, alongside the promotion of *Jatharagni* (digestive fire)^[9]. Recommended practicing *Surya Namaskar* and

Kapalbhati in the morning and encouraged daily cycling for 30 minutes. Additionally, advised making chapatti with a mixture of flour and *Yava* on alternate days. This flour has the property of balancing the three *Doshas* and helps reduce *Kapha* due to its dry, light, and heating qualities.^[10]

The *Ahara Vihara* guidelines for managing *Medovaha srotodushti* reduce *Kapha dosha*, rearrange *Meda*, and prevent further vitiation of *Kapha dosha* and *Medodhatu*.

CONCLUSION

The conclusion of integrating Ayurvedic interventions, *Pathya-Apathya* guidelines, and *Yoga* for managing dyslipidaemia is that this holistic approach provides a sustainable and natural alternative, or a complementary method, to conventional treatments for lipid disorders. We found that strict adherence to *Pathya-Apathya* measures led to beneficial effects, including the normalization of lipid profiles, body weight, and BMI. Clinical symptoms diminished, and no adverse effects were observed by the end of the therapy. Overall, our findings from case studies and clinical observations indicate that this integrative approach can significantly improve lipid profiles, reduce cardiovascular risk factors, and promote long-term health by focusing on lifestyle changes, metabolism, and mental balance.

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