



Case Study

AYURVEDIC APPROACH IN THE MANAGEMENT OF DYSLIPIDAEMIA

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ABSTRACT

Dyslipidaemia, commonly characterized by deranged serum lipids, corresponds to *Medoroga* (dyslipidaemia) in Ayurveda, a condition arising from *Meda Dhatu Dushti* (vitiated fat tissue) due to *Kapha-Medo Vriddhi* (increase of *Kapha* and *Meda dhatu*). This case study presents a 46-year-old male patient who complained of fatigue, breathlessness on exertion, excessive sweating, and disturbed sleep. Patient lifestyle included a sedentary routine, irregular food habits, and high intake of oily and processed foods. Initial lipid profile showed raised Triglycerides (288mg/dL) and VLDL (very low-density lipoprotein) (58mg/dL), indicating *Rasa-Meda Dushti* and impaired *Agni*. An Ayurvedic line of treatment focusing on *Agnideepana* (stimulation of digestive fire), *Amapachana* (digestion of toxins), *Medohara* (fat reducing) and *Kapha-Vata shaman* was initiated, comprising of classical formulations, dietary correction (*Pathya-Apathya*), and lifestyle modifications including regular exercise and stress management. After a treatment duration of 1-month, significant clinical improvement was observed Triglycerides dropped to 123mg/dL and VLDL (very low-density lipoprotein) to 25 mg/dL. The patient reported improved energy levels, better sleep quality, and reduced sweating. This case underlines the effectiveness of integrative, individualized Ayurvedic management in addressing dyslipidaemia holistically by correcting the root cause rather than just controlling serum lipid values.

INTRODUCTION

Dyslipidaemia is a clinical condition characterized by abnormal level of lipids in the blood, primarily cholesterol and triglycerides. It is one of the significant risk factors for cardiovascular diseases, including atherosclerosis, heart attacks and strokes [1]. With the rising prevalence of sedentary lifestyles and unhealthy dietary habits, dyslipidaemia has emerged as a global public health concern. In Ayurveda, dyslipidaemia is broadly correlated with *Medoroga*, a condition caused by the aggravation of *kapha dosha* and *Medo Dhatu*. *Medoroga* is essentially disorder of fat metabolism, often linked with condition like obesity (*Sthoulya*), diabetes (*Prameha*) and metabolic syndrome.

Chikitsa in Ayurveda includes, *Shodhana* like *Vamana* (therapeutic emesis), *Virechana* (purgation) and *Lekhana basti* (fat reducing enemas), *Shamana* with herbs like *Guggulu*, *Musta*, *Triphala*, *Guduchi*, *Arjuna*, lifestyle interventions and dietary modifications [2].

According to Ayurvedic principles, the excessive intake of *Guru* (heavy), *Snigdha* (unctuous), *Madhur* (sweet) and oily foods, lack of physical activity, *Diwaswapna* (daytime sleeping), *Beej dosha* (genetic predisposition), leads to vitiation of *Kapha* and *Meda dhatu*. This disturbs the normal functioning of *Agni* (digestive fire), resulting in the accumulation of *Ama* (toxins) and excess *Meda* (fat), which obstructs the body's *Medovaha Strotas* (channels) which leads to *Medodhatu vriddhi* and causes *Medoroga* [3-5] (dyslipidaemia). The imbalance of *Meda Dhatu* manifests as symptoms like fatigue, breathlessness, excessive perspiration, polydipsia, excessive sleep etc.

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Patient Information

A 46-year-old male office worker from an urban area, presented with complaints of generalized fatigue, breathlessness, excessive perspiration, excessive sleep for the past 3 months. There was no history of diabetes mellitus, hypertension, thyroid disorder and any chronic illness. Family history revealed that patient father had Hypertension. The patient's lifestyle is sedentary with irregular meal timings frequent intake of oily food, lack of regular exercise. patient also consumes alcohol occasionally. Patient visited to the *Kayachikitsa* OPD of Chaudhary Brahm Prakash Ayurved Charak Sansthan for the Ayurvedic management with laboratory investigation revealed significant lipid abnormalities, triglycerides was 288mg/dL, VLDL (very low-density lipoprotein) was 58mg/dL, non-HDL (high density lipoprotein) 138mg/dL, LDL (low density lipoprotein) was 115mg/dl [Fig 1] and other investigations were normal.

CLINICAL FINDINGS

On physical examination, patient had a height of 174cm, weighted 80 kg, with a BMI of 24.77 kg/m², blood pressure was 130/82mmHg. patient came with abnormal lipid profile in which triglycerides was 288 mg/dL, VLDL was 58 mg/dL, non-HDL 138 mg/dL, LDL

was 115mg/dl. The pulse rate was 84 bpm. On Systemic examination no abnormality was detected. During general examination, pallor, icterus, clubbing, cyanosis, lymphadenopathy and edema was absent. There were no clinical signs of xanthomas. Patient appetite was slightly increased, bowel movement was irregular, sleep patterns were slight increased. Patient underwent *Ashtavidh Pareeksha* (eightfold examination). *Nadi* (pulse) was predominantly *kapha* in nature, characterized by slow, heavy rhythm, indicating *Kapha-Meda* vitiation. *Mutra* (urine) was within normal frequency. *Mala* (stool) was abnormal (*Ama*), *Jivha* (tongue) appeared coated, *Shabda* (voice) was heavy. Upon *sparsh* (touch) the skin was smooth and oily. *Drik* (eyes) was normal and *Akriti* (body built) was assessed as moderate. On *Dashvidh Pareeksha* (tenfold examination), patient *Prakriti* (body constitution) was identified as *Kapha-pitta*, *Vikriti* revealed a *Kapha meda* imbalance, *sara* (examination of elementary tissue) was *Mamsa-sara* body type, medium level of *Samhanana* (compactness). *Pramana* (body measurement) was medium, *Satmya* (habitual tolerance) was moderate, *Satva* (mental strength) was moderate, *Ahara shakti* (appetite) was good. *Vyayama shakti* (capacity for exercise) was poor and patient *Vaya* (age) was in *Madhyama avastha*.

Table 1: Timeline of the Events

Duration	Events
27/5/2025	Patient came to <i>Kayachikitsa</i> OPD of CBPACS presented with breathlessness on exertion, excessive sweating, excessive sleeping, fatigue, along with lab investigations report.
27/5/2025	Thoroughly reviewed the reports, assessment of patient was done and diagnosis confirmed as a dyslipidaemia. Therapeutic intervention started with <i>Guduchyadi Yoga</i> 5gm twice a day with honey after 1 hour of meal and <i>Arjun Twak Kwath</i> 40ml twice a day empty stomach. Dietary and lifestyle modification advised.
7/7/2025 (after 1 month)	Patient came for follow up and reported improvement in symptoms of fatigue, breathlessness, excessive sleeping, excessive sweating. Patient lipid profile also improved significantly, total cholesterol reduced to 162mg/dL, LDL to 115mg/dL, Triglycerides to 123mg/Dl, HDL 38mg/Dl, VLDL reduced to 25mg/dL. (Fig 2)
7/8/2025 (after follow up)	Patient reported improved in symptoms of breathlessness, fatigue, excessive sleeping and sweating. Lipid profile was also in normal range. Total cholesterol was 186mg/dL, triglycerides 130mg/dL, HDL 44mg/dL, LDL 102mg/dL, VLDL 28mg/dL. Patient had no other complaints. (Fig 3)

Diagnostic Assessment

Diagnostic assessment of dyslipidaemia in this patient was established based on both subjective (Table 2) and objective criteria. Objectively laboratory investigations (lipid profile) supported the diagnosis. Subjectively, the patient reported symptoms of *Medoroga* as mentioned in classics includes breathlessness, excessive sweating, excessive fatigue and excessive sleeping [6]. For all these symptoms following grades was mentioned in table 2.

Table 2: Gradings for Dyslipidaemia

<i>Kshudra Shwasa</i> (Breathlessness)	Criteria
Dyspnoea after heavy work but relived soon and up to tolerance.	0
Dyspnoea after little to moderate work but relived latter and up to tolerance.	1
Dyspnoea after little work but relived latter and beyond tolerance.	2
Dyspnoea in resting condition.	3
<i>Swedadhikya</i> (Excessive sweating)	Criteria
Sweating after heavy work and fast movement or in very hot season	0
Profuse sweating after moderate work and movement	1
Profuse sweating after little work and movement.	2
Sweating even at rest or even in cold season.	3
<i>Daurgandhya</i> (Bad odour of body)	Criteria
Absence of body bad odour.	0
Occasional body bad odour subsides after bathing.	1
Persistent body odour which can be felt from long distance and do not suppress with deodorants.	2
Persistent bad body odour, felt from long distance which cannot be tolerated even by patient himself.	3
<i>Alpa Prana</i> (Fatigue)	Criteria
No fatigue	0
Little to moderate fatigue on doing day to day activity.	1
Excessive fatigue on doing day to day activity.	2
Excessive fatigue even on doing little work.	3
<i>Nidraadhikya</i> (Excessive sleep)	Criteria
Normal sleep of 6 to 7 hours per day.	0
Sleep up to 8 hour per day.	1
Sleep up to 10 hour per day.	2
Sleep more than 10 hour per day.	3

Therapeutic Intervention

Shamana chikitsa with dietary recommendations was given to the patient for almost 1 month. For *Shamana chikitsa*, *Guduchyadi yoga* 5 grams twice a day with honey 1 hour after meal and *Arjun Twak kwath* 40ml twice a day in empty stomach was given. During the treatment patient was advised to follow *Pathya- Apathya ahara* and *vihara*. *Pathya Ahara* refers to food items that promote proper functioning of the body. These include *Purana Shali*, *Uddalaka*, *Kodrava*, *Yava*, *Godhuma*, *Mudga*, *Kulattha*, *Takra* (buttermilk), *Madhu* (honey), *Ushnodaka*, *Rajmasha*, *Masur*, *Patola*, *Kapittha*, *Jamun*, *Amalaki*, *Hingu*, *Jeeraka*, *Til Tail*, *Sarshap Tail*, *Patrashaka*. *Pathya Vihara* includes *Shrama* (regular physical effort), *Vyayam* (daily exercise), *Jagarana* (avoiding sleeping during the day), *Vyavaya*, *Chinta*, *Shoka*, *Upavasa*, *Swedana*, *Virechana*, *Vamana*, *Lekhana Basti*. In contrast, *Apathya Ahara* include *Godhuma*, *Navanna*, *Ikshu*, *Pishta Anna*, *Navneet* (fresh butter), *Ghrita*, *Dadhi*, and *Madhura Dravya*. *Apathya Vihara* includes unwholesome lifestyle habits, such as *Divaswapna* (sleeping during the daytime), *Achintana* (absence of concern or mental engagement), *Avyavaya* (long-term abstinence from sexual activity), *Avyayama* (lack of exercise), *Atinidra*, *Nitya Harsha* (being continuously cheerful), *Manasa Nivritti* (suppressing mental activity), *Sukha Shayya* (living in constant comfort), and *Mala-mutradi Vega Dharana* (not responding to natural urges for urination or defecation). In terms of lifestyle modifications, the patient was guided to engage in walking for at least 30 minutes daily, yoga and pranayama. [Table 1]

Follow-Up and Outcomes

The patient was followed up with a comprehensive management plan that included dietary modifications, lifestyle changes and Ayurvedic interventions. After treatment and follow up period, the patient showed marked improvement in clinical symptoms reporting reduced breathlessness, fatigue, sweating and sleeping. (Table-3) Patient lipid profile also improved significantly, total cholesterol reduced to 186mg/dL, LDL to 102mg/dL, Triglycerides to 130mg/dL, HDL 44 mg/dL, VLDL reduced to 28mg/dL (Table-4) overall the follow up indicated a positive outcome with integrated care.

Table 3: Improvement in subjective parameter

Symptoms	Before treatment	After treatment
Breathlessness	2	1
Fatigue	1	0
Excessive sweating	1	0
Excessive sleeping	1	0

Table 4: Improvement in objective parameter

Lipid profile	Before treatment (27/5/2025)	After treatment (7/7/2025)	Follow up (7/8/2025)
Total cholesterol	185 mg/dL	162 mg/dL	186 mg/dL
Triglycerides	288 mg/dL	123 mg/dL	130 mg/dL
HDL	47 mg/dL	38 mg/dL	44 mg/dL
LDL	104 mg/dL	115 mg/dL	102 mg/dL
VLDL	58 mg/dL	25 mg/dL	28 mg/dL

DISCUSSION

In Ayurveda, the management of dyslipidaemia focuses on correcting *Agnimandya*, reducing *Kapha-Meda* and eliminating *Ama*. This is achieved through *Nidana Parivarjana*, *Medohara* and *Lekhana dravyas* and *Panchkarma* procedures.

Due to continuous intake of heavy, oily, sweet and junk foods along with lack of physical activity and sedentary lifestyle, the patient developed *Kapha* and *Meda vriddhi*. This leads to *Mandagni* (weak digestive fire), resulting in improper digestion and *Ama* formation. The accumulated *Ama* further impaired the *Medo dhatvagni* (lipid tissue metabolism), causing abnormal production and deposition of *Meda* in the body. Gradually the *Medovaha Srotas* became obstructed, leading to excess circulation and deposition of lipids in the blood and tissues. As a result, the patient presented with features of *Medoroga*, clinically manifested here as dyslipidaemia with raised triglycerides and VLDL levels.

Mode of action of *Guduchyadi Yoga*^[7] in Dyslipidaemia *Medoroga*

The formulation comprises five key herbs *Guduchi*, *Haritaki*, *Vibhitaki*, *Amalaki*, and *Musta*. Each contributing uniquely to correct the metabolic imbalance associated with dyslipidaemia. *Guduchi* (*Tinospora cordifolia*), Known for its *Rasayana* and *Deepana*, *Pachana* properties^[8]. Acts on the digestive fire (*Agni*) and helps in *Amapachana*, thus correcting

the metabolic dysfunction at the root of *Medoroga*. It enhances insulin sensitivity and lipid metabolism, aiding in the regulation of triglycerides and VLDL. *Haritaki* (*Terminalia chebula*) Possesses *Anulomana*, *Deepana*, and *Lekhana* properties^[9], helps in clearing *Ama* and reducing *Kapha-Meda* accumulation. *Vibhitaki* (*Terminalia bellirica*), acts as a *Medohara* and *Shroto-shodhaka* herb, its *Katu-Tikta Rasa* and *Ushna Veerya* ^[10] help in breaking down excessive *Meda Dhatu*. Supports liver function, which is essential in lipid metabolism and VLDL clearance. *Amalaki* (*Emblica officinalis*), act as *Rasayana*^[11], improves *Rasa* and *Medo Dhatu Agni*, aiding in proper tissue formation. *Musta* (*Cyperus rotundus*), possesses *Deepana*, *Pachana*, and *Kapha-Vata Shamana* properties^[12], useful in regulating metabolism, digestion and balances *Medo Dhatu*. The synergistic effect of these herbs contributes not only to the biochemical correction of lipid levels but also to the symptomatic relief observed in this case.

Role and Mode of Action of *Arjun Twak Kwath* in Dyslipidaemia *Medoroga*

Arjun Twak Kwath, a classical Ayurvedic decoction prepared from the bark of *Terminalia arjuna*, is widely known for its *Hridya* (cardioprotective), *Medohara* (lipid-lowering), and *Rakta Shodhaka* (blood-purifying) properties^[13]. In the context of dyslipidaemia, which is closely aligned with *Medoroga*

in Ayurveda, *Arjuna* plays a pivotal role in restoring lipid balance and cardiovascular health. *Arjun* has *kashaya rasa*, *Laghu*, *Ruksha guna*, *Sheeta veerya*, *Katu vipaka*. *Medohara* (anti-obesity/lipid-lowering) Action of *Arjuna* helps regulate *Meda Dhatu* by enhancing *Medo-dhatvagni* (the metabolic fire of fat tissue). Its *Ruksha* and *Kashaya* properties counteract the *Snigdha* and *Guru* nature of *Kapha-Meda*, facilitating fat breakdown and reducing lipid accumulation. Modern pharmacological studies have shown that *Arjuna* bark extract can significantly lower total cholesterol, triglycerides, and LDL while increasing HDL levels.

CONCLUSION

This case demonstrates that individualized Ayurvedic management can provide effective and holistic outcomes in *Medoroga* (dyslipidaemia). By addressing the root cause through *Agnideepana*, *Amapachana*, *Medohara* and *Kapha-Vata Shamana* principles, significant clinical and biochemical improvements were observed within one month, including normalization of triglycerides and VLDL along with symptomatic relief. The combined effect of *Guduchyadi Yoga*, *Arjun Chhal Kwath*, dietary regulation, and lifestyle modifications highlights the integrative potential of Ayurveda in controlling serum lipid values. This case underscores the relevance of classical Ayurvedic interventions in modern metabolic disorders and calls for larger clinical studies to further validate their efficacy and long-term benefits.

Patient Perspective

The patient felt more informed and motivated after understanding his condition through ayurvedic approach. He appreciated the personalized care and expressed hope that lifestyle changes would improve not only his lipid profile but also his overall well-being.

Informed Consent

The patient provided informed consent for the use of clinical information and case details for academic and publication purposes, with assurance of anonymity and confidentiality.

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