



Review Article

DYSLIPIDEMIA (*MEDOROGA*): BRIDGING AYURVEDIC CONCEPTS WITH CONTEMPORARY MEDICAL SCIENCE

Vidhya Bharti Sharma^{1*}, Avinash Kumar Jain²

¹Assistant Professor, Department of Kayachikitsa, Shekhawati Ayurveda Medical College and Hospital, Pilani.

²Research Officer (Ayu.), Department of Kayachikitsa, M.S. Regional Ayurveda Research Institute, Jaipur, Rajasthan, India.

Article info

Article History:

Received: 16-07-2026

Accepted: 14-08-2026

Published: 10-09-2026

KEYWORDS:

Dyslipidemia,
Medoroga,
Hyperlipidemia, Lipid
Metabolism, *Meda*
Dhatu, *Agnimandya*,
Ama, *Kapha-Medo*
Dushti, *Medovaha*
Srotas,
Santarpanoththa
Vikara, *Srotorodha*,
Panchakarma,
Lifestyle Modification.

ABSTRACT

Dyslipidemia is one of the most common metabolic disorders worldwide and an important modifiable risk factor for cardiovascular diseases (CVDs), stroke, and metabolic syndrome. It is characterized by abnormally elevated plasma lipids including increased total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), triglycerides (TG) and/or decreased high-density lipoprotein cholesterol (HDL-C). Statins and other lipid-lowering medicines are available, but the increasing frequency of dyslipidaemia associated with sedentary lifestyle, poor food, obesity and stress calls for a more comprehensive and preventive strategy. Though dyslipidemia is not described as a separate illness entity in Ayurveda, it gives a vast insight through the ideas of *Medoroga*, *Santarpanoththa Vikara*, *Kapha-Medo Dushti*, *Ama* and *Srotorodha*. Remarkably, these principles are paralleled with present pathophysiological mechanisms of lipid metabolism disorders. This review attempts to connect Ayurvedic concepts with modern medical research with emphasis on the parallels in illness causation, diagnostic method and treatment strategies. Such an integrative perspective may be useful for the creation of comprehensive and personalized treatment solutions for dyslipidemia.

INTRODUCTION

The burden of non-communicable diseases (NCDs) has increased considerably in the last few decades with cardiovascular illnesses still being the top cause of mortality worldwide. Dyslipidemia is a modifiable risk factor, and it holds a central position due to its direct participation in the onset and progression of atherosclerosis. The World Health Organization estimates that high cholesterol accounts for almost one-third of ischemic heart disease worldwide. The increasing prevalence of obesity, diabetes mellitus, hypertension and metabolic syndrome has also worsened the prevalence of dyslipidemia in all age groups.

In modern medicine dyslipidemia is defined as a disorder of plasma lipoprotein metabolism characterized by an increased level of total cholesterol, LDL cholesterol, triglycerides or decreased level of HDL cholesterol. These lipid imbalances progressively result in endothelial dysfunction, plaque development, vascular inflammation and ultimately cardiovascular problems. Pharmacological therapies have greatly decreased cardiovascular mortality, but long-term therapy is generally linked with problems of medication intolerance, unpleasant effects, poor compliance, and failure to address the core causes of metabolic imbalance.^[1]

Ayurveda views health through a broader perspective, emphasizing the equilibrium of *Doshas*, *Dhatu*s, *Agni*, *Mala*, and *Srotas*. Rather than focusing solely on abnormal laboratory values, Ayurveda interprets metabolic diseases as consequences of impaired digestive and metabolic fire (*Agni*), accumulation of toxic metabolites (*Ama*), derangement of *Kapha Dosh*a, and pathological increase of *Meda Dhatu*. Although the term dyslipidemia is absent in

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i4.2889>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

classical Ayurvedic literature, its clinical presentation closely resembles *Medoroga*, which has been extensively described in the *Brihatrayi*.^[2] The Ayurvedic understanding of *Medoroga* is not limited to obesity but encompasses disorders resulting from excessive accumulation and abnormal metabolism of *Meda Dhatu*. Classical texts describe *Medoroga* as a condition produced by excessive intake of sweet, heavy, oily foods, physical inactivity, excessive sleep, lack of exercise, and hereditary predisposition. These etiological factors are almost identical to the risk factors recognized by modern medicine for dyslipidemia.^[3]

Interestingly, Ayurveda considers *Medoroga* as both a disease and a precursor to several chronic disorders such as *Prameha*, *Hridroga*, *Sthaulya*, and *Vata Vyadhi*. Modern medicine similarly recognizes dyslipidemia as a major contributor to diabetes, coronary artery disease, stroke, and peripheral vascular disease. This conceptual similarity provides a strong foundation for integrating Ayurvedic principles into modern preventive cardiometabolic healthcare.^[4]

AIM

To comprehensively review dyslipidemia from both contemporary medical and Ayurvedic perspectives and to establish a conceptual bridge between the modern understanding of dyslipidemia and the Ayurvedic concept of *Medoroga*, highlighting their similarities in etiology, pathogenesis, diagnosis, and management.

OBJECTIVES

1. To describe the epidemiology, pathophysiology, classification, and clinical significance of dyslipidemia according to modern medical science.
2. To review the Ayurvedic concept of *Medoroga*, including its *Nidana*, *Samprapti*, *Lakshana*, and *Chikitsa Siddhanta*.
3. To correlate the Ayurvedic concepts of *Agnimandya*, *Ama*, *Kapha-Medo Dushti*, and *Medovaha Srotodushti* with the contemporary mechanisms underlying dyslipidemia.
4. To evaluate the role of Ayurvedic interventions, including *Ahara*, *Vihara*, *Panchakarma*, and herbal formulations, in the prevention and management of dyslipidemia.
5. To explore the scope of an integrative approach combining Ayurvedic principles with evidence-based modern medicine for the comprehensive management of dyslipidemia and the prevention of cardiovascular diseases.

MATERIALS AND METHODS

This review article was prepared through a comprehensive narrative review of classical Ayurvedic

literature and contemporary biomedical publications. Ayurvedic references were collected from authoritative texts, including the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, *Bhavaprakasha*, and their available commentaries. Contemporary medical information was obtained from peer-reviewed articles published in indexed journals, systematic reviews, meta-analyses, clinical practice guidelines, and standard medical textbooks related to lipid metabolism, dyslipidemia, cardiovascular diseases, and metabolic disorders.

Electronic databases including Pub Med, Scopus, Google Scholar, Web of Science, and Science Direct were searched. Relevant articles published in English were screened and selected based on their scientific relevance, methodological quality, and contribution to the understanding of dyslipidemia from both Ayurvedic and modern perspectives.

Information from classical Ayurvedic texts and contemporary scientific literature was critically analyzed and synthesized to establish conceptual correlations between the pathophysiology of dyslipidemia and the Ayurvedic understanding of *Medoroga*. The review also examined available evidence regarding lifestyle modifications, dietary interventions, *Panchakarma* procedures, Ayurvedic formulations, and pharmacological therapies, with emphasis on their potential role in the prevention and management of dyslipidemia. The findings are presented in a narrative format to provide a comprehensive and integrative understanding of the disease.

Modern Concept of Dyslipidemia^[5,6]

Dyslipidemia refers to abnormalities in the concentration or composition of plasma lipids and lipoproteins. Lipids are essential components of cell membranes, hormone synthesis, energy storage, and cellular signalling. Since lipids are insoluble in plasma, they circulate in association with proteins as lipoproteins.

These lipoproteins include:

- Chylomicrons
- Very Low-Density Lipoproteins (VLDL)
- Intermediate Density Lipoproteins (IDL)
- Low-Density Lipoproteins (LDL)
- High-Density Lipoproteins (HDL)

Among these, LDL is considered the principal atherogenic lipoprotein because it transports cholesterol into arterial walls, whereas HDL facilitates reverse cholesterol transport and exerts protective cardiovascular effects.

Dyslipidemia can be classified into primary and secondary forms. Primary dyslipidemia results from

inherited genetic defects affecting lipid metabolism. Secondary dyslipidemia develops due to lifestyle factors or underlying systemic diseases such as diabetes mellitus, hypothyroidism, chronic kidney disease, obesity, liver disease, alcoholism, and certain medications.^[7]

Epidemiology

Globally, more than 39% of adults have elevated cholesterol levels. In India, urbanization and westernization of dietary habits have substantially increased the prevalence of dyslipidemia. Population-based studies indicate that nearly one-third of Indian adults exhibit abnormal lipid profiles. Low HDL cholesterol and elevated triglycerides are particularly common among South Asians, contributing to premature coronary artery disease.^[8]

The rising prevalence among adolescents and young adults further emphasizes the importance of early lifestyle modification and preventive healthcare.

Lipid Metabolism

Dietary fats are digested within the small intestine and absorbed as fatty acids and monoglycerides. These are reassembled into triglycerides and packaged into chylomicrons, which enter the lymphatic circulation before reaching the bloodstream.^[9]

The liver synthesizes endogenous cholesterol and triglycerides, packaging them into VLDL particles. VLDL is gradually converted into LDL, which delivers cholesterol to peripheral tissues. Excess cholesterol is transported back to the liver by HDL through reverse cholesterol transport. Any disturbance in synthesis, transport, utilization, or clearance of these lipoproteins results in dyslipidemia.

Pathophysiology

The pathogenesis of dyslipidemia is multifactorial and involves complex interactions among genetic predisposition, insulin resistance, chronic inflammation, oxidative stress, and endothelial dysfunction.^[10] Insulin resistance plays a pivotal role by increasing hepatic triglyceride synthesis, promoting VLDL production, reducing HDL levels, and generating small dense LDL particles, which are highly atherogenic.

Oxidized LDL initiates endothelial injury and stimulates inflammatory cytokines, leading to foam cell formation and atherosclerotic plaque development.^[11] Chronic low-grade inflammation further accelerates plaque instability and cardiovascular events.

Risk Factors^[12]

Several factors contribute to dyslipidemia.

Non-modifiable factors

- Increasing age
- Male gender
- Family history
- Genetic disorders

Modifiable factors

- Obesity
- Sedentary lifestyle
- High-fat diet
- Excessive sugar intake
- Smoking
- Alcohol
- Diabetes mellitus
- Hypertension
- Stress
- Hypothyroidism

These risk factors closely resemble the Ayurvedic etiological factors described for *Medoroga*.

Ayurvedic Concept of *Medoroga*^[13,14]

Ayurveda considers *Meda Dhatu* as one of the seven fundamental tissues responsible for lubrication, insulation, energy storage, and nourishment. The pathological increase or vitiation of *Meda* results in *Medoroga*. Acharya Charaka states that excessive consumption of *Madhura Ahara*, *Snigdha Ahara*, *Guru Ahara*, *Ati Bhojana*, *Divaswapna*, *Avyayama*, *Sukha Jeevana* causes *Kapha* aggravation and *Meda* accumulation. This results in *Agnimandya*, *Ama* formation, *Kapha Dushti*, *Meda Vriddhi*, *Srotorodha* which collectively manifest as *Medoroga*.

Nidana of *Medoroga*^[15,16]

The etiological factors include:

- Dietary causes
- Excessive sweet foods
- Fried foods
- Dairy products
- Meat
- Alcohol
- Overeating
- Lifestyle causes
- Lack of exercise
- Day sleep
- Sedentary work
- Mental stress
- Psychological causes
- Excess comfort
- Reduced physical activity
- Emotional eating

These factors are strikingly similar to the modern lifestyle determinants of dyslipidemia.

Samprapti (Pathogenesis)^[17,18]

The Ayurvedic pathogenesis begins with *Mandagni*, which leads to incomplete digestion and production of *Ama*. *Ama* combines with *Kapha Dosha* and enters *Medovaha Srotas*, producing obstruction (*Srotorodha*). This obstruction interferes with normal tissue metabolism, resulting in excessive *Meda* accumulation and qualitative abnormalities in lipid metabolism.

The sequence can be summarized as:

Modern Medicine	Ayurveda
Dyslipidemia	<i>Medoroga</i>
Obesity	<i>Sthaulya</i>
Hyperlipidemia	<i>Meda Vriddhi</i>
Lipid metabolism	<i>Meda Dhatu metabolism</i>
Insulin resistance	<i>Agnimandya</i>
Chronic inflammation	<i>Ama</i>
Endothelial dysfunction	<i>Srotodushti</i>
Atherosclerosis	<i>Margavarana</i>
Metabolic syndrome	<i>Santarpanottha Vikara</i>

This correlation suggests that Ayurveda recognized systemic metabolic disturbances long before biochemical lipid estimations became available.

Diagnosis^[21,22]

Modern Investigations

- Total Cholesterol
- LDL Cholesterol
- HDL Cholesterol
- Triglycerides
- Non-HDL Cholesterol
- Apolipoprotein B
- Lipoprotein(a)
- CRP

Ayurvedic Assessment

- *Prakriti*
- *Vikriti*
- *Agni*
- *Ama*
- *Meda* assessment
- *Srotas* examination
- *Dashavidha Pareeksha*
- *Ashtavidha Pareeksha*

Nidana Sevana → *Agnimandya* → *Ama* → *Kapha Prakopa* → *Meda Dushti* → *Medovaha Srotodushti* → *Medoroga*

This sequence closely resembles insulin resistance, chronic inflammation, impaired lipid metabolism, and adipose tissue dysfunction described in modern medicine.

Correlation Between Dyslipidemia and Medoroga^[19,20]

Several striking similarities exist between the two systems.

Principles of Ayurvedic Management^[23]

Management aims at correcting the root pathology rather than merely reducing serum cholesterol.

The treatment principles include:

- *Nidana Parivarjana*
- *Langhana*
- *Rukshana*
- *Deepana*
- *Pachana*
- *Lekhana*
- *Shodhana*
- *Rasayana*

Panchakarma^[24]

Shodhana therapy occupies a central role.

Important procedures include:

- *Udvartana*
- *Vamana*
- *Virehana*
- *Lekhana Basti*
- *Rukshana Basti*

These therapies reduce *Kapha*, eliminate *Ama*, improve *Agni*, and normalize *Meda* metabolism.

Ayurvedic Medicines^[25] Commonly used formulations include:

- *Triphala Guggulu*
- *Medohara Guggulu*
- *Navaka Guggulu*
- *Arogyavardhini Vati*
- *Musta*
- *Chitraka*
- *Vidanga*
- *Shunthi*
- *Haritaki*
- *Amalaki*
- *Guduchi*
- *Punarnava*

These herbs exhibit hypolipidemic, antioxidant, anti-inflammatory, hepatoprotective, and insulin-sensitizing properties.

Diet and Lifestyle²⁶

Ayurveda strongly emphasizes preventive medicine. Recommended dietary measures include: barley (*Yava*), green gram (*Mudga*), horse gram

(*Kulattha*), millets, fruits, leafy vegetables, warm water.

Foods to avoid include

Fried foods, bakery products, sugar-rich foods, excess dairy, red meat, alcohol.

Lifestyle recommendations include:

Daily exercise, Yoga, Pranayama, weight reduction, stress management, adequate sleep, avoidance of day sleep.

Integrative Perspective

Modern pharmacotherapy rapidly lowers lipid levels and reduces cardiovascular events, while Ayurveda offers a comprehensive metabolic correction by improving digestion, reducing chronic inflammation, optimizing tissue metabolism, and promoting healthy lifestyle practices. Combining evidence-based Ayurvedic interventions with modern lipid monitoring may provide superior long-term outcomes, particularly in patients with obesity, metabolic syndrome, prediabetes, and lifestyle-related dyslipidemia. However, such integration should be individualized, supervised by qualified healthcare professionals, and supported by rigorous clinical research.

Table 1: Classification of Dyslipidemia

Type	Lipid Abnormality	Clinical Significance
Hypercholesterolemia	Elevated Total Cholesterol (TC) and LDL-C	Increased risk of atherosclerosis and coronary artery disease
Hypertriglyceridemia	Elevated Triglycerides (TG)	Increased risk of pancreatitis and cardiovascular disease
Mixed Dyslipidemia	Elevated LDL-C and TG with reduced HDL-C	Common in metabolic syndrome and diabetes mellitus
Isolated Low HDL-C	Reduced HDL-C	Decreased reverse cholesterol transport and increased cardiovascular risk

Table 2: Normal Lipid Profile Values (Adults)

Lipid Parameter	Desirable Value
Total Cholesterol	<200 mg/dL
LDL Cholesterol	<100 mg/dL
HDL Cholesterol	>40 mg/dL (men), >50 mg/dL (women)
Triglycerides	<150 mg/dL
Non-HDL Cholesterol	<130 mg/dL

Table 3: Risk Factors for Dyslipidemia

Non-Modifiable Risk Factors	Modifiable Risk Factors
Increasing age	Obesity
Male gender	Sedentary lifestyle
Family history	High-fat diet
Genetic disorders	Excess sugar intake

Ethnicity	Smoking
	Alcohol consumption
	Diabetes mellitus
	Hypertension
	Stress
	Hypothyroidism

Table 4: Nidana (Etiological Factors) of Medoroga

Category	Factors Mentioned in Ayurveda
Dietary (<i>Aharaja</i>)	<i>Madhura Ahara, Guru Ahara, Snigdha Ahara, Ati Bhojana</i>
Lifestyle (<i>Viharaja</i>)	<i>Avyayama</i> (lack of exercise), <i>Divaswapna</i> (day sleep), <i>Sukhasana</i>
Psychological	Excess comfort, reduced physical activity, mental stress
Hereditary	<i>Beeja Dosha</i> (genetic predisposition)

Table 5: Correlation Between Dyslipidemia and Medoroga

Modern Concept	Ayurvedic Concept
Dyslipidemia	<i>Medoroga</i>
Hyperlipidemia	<i>Meda Vriddhi</i>
Obesity	<i>Sthaulya</i>
Insulin Resistance	<i>Agnimandya</i>
Chronic Inflammation	<i>Ama</i>
Lipid Metabolism Disorder	<i>Meda Dhatu Dushti</i>
Endothelial Dysfunction	<i>Srotodushti</i>
Atherosclerosis	<i>Margavarana</i>
Metabolic Syndrome	<i>Santarpanottha Vikara</i>
Adipose Tissue Dysfunction	<i>Medovaha Srotodushti</i>

DISCUSSION

Dyslipidemia has emerged as one of the most significant modifiable risk factors for cardiovascular diseases (CVDs), which remain the leading cause of morbidity and mortality worldwide. The increasing prevalence of obesity, sedentary lifestyles, unhealthy dietary habits, diabetes mellitus, and metabolic syndrome has contributed substantially to the global burden of lipid disorders. Although modern medicine has made remarkable progress in understanding the biochemical and molecular mechanisms underlying dyslipidemia, Ayurveda offers a holistic perspective that emphasizes the maintenance of metabolic balance rather than merely correcting abnormal lipid values. The present review attempts to bridge these two paradigms by correlating the modern concept of dyslipidemia with the Ayurvedic concept of *Medoroga*, thereby highlighting their conceptual similarities and the potential scope for integrative management.^[28]

Ayurvedic classics do not describe dyslipidemia as an independent disease entity; however, the clinical and pathological features of

Medoroga, *Sthaulya*, and *Santarpanottha Vikara* closely resemble the metabolic disturbances observed in dyslipidemia. According to Acharya Charaka, excessive consumption of *Madhura, Guru, Snigdha Ahara*, along with *Avyayama* (lack of physical activity), *Divaswapna* (daytime sleep), and excessive comfort, results in the vitiation of *Kapha Dosha* and abnormal accumulation of *Meda Dhatu*. Interestingly, these etiological factors are remarkably similar to the lifestyle-related risk factors recognized in modern medicine, such as diets rich in saturated fats and refined carbohydrates, physical inactivity, obesity, and chronic stress. This similarity demonstrates that Ayurvedic scholars had recognized the relationship between lifestyle and metabolic disorders centuries before the development of modern lipid research.^[29]

One of the most significant parallels between Ayurveda and contemporary medical science lies in the concept of *Agnimandya*. Ayurveda considers *Agni* as the central regulator of digestion, absorption, and metabolism. When *Agni* becomes impaired, incomplete

digestion leads to the formation of *Ama*, a toxic metabolic by-product that obstructs various physiological channels (*Srotas*) and disturbs tissue metabolism. Modern medicine similarly recognizes impaired metabolic function, insulin resistance, mitochondrial dysfunction, oxidative stress, and chronic low-grade inflammation as fundamental mechanisms contributing to dyslipidemia and metabolic syndrome. Although the terminology differs, both systems acknowledge that defective metabolism initiates a cascade of pathological events leading to disease.^[30]

The Ayurvedic concept of *Ama* also bears a striking resemblance to the inflammatory processes associated with dyslipidemia. Contemporary studies have established that chronic inflammation plays a pivotal role in the development of atherosclerosis. Oxidized low-density lipoprotein (ox-LDL) stimulates endothelial dysfunction, macrophage activation, cytokine release, and foam cell formation, eventually resulting in plaque development. Ayurveda describes *Ama* as an improperly metabolized substance that circulates within the body, obstructs channels, and initiates disease processes. While *Ama* cannot be equated directly with a single biochemical molecule, it may be understood as a functional concept representing inflammatory metabolites, oxidative stress, and impaired metabolic intermediates. This conceptual similarity supports the growing interest in integrating Ayurvedic theories with contemporary biomedical research.^[31]

CONCLUSION

Dyslipidemia represents a growing global health challenge that extends beyond abnormal lipid values to encompass systemic metabolic dysfunction and chronic inflammation. Ayurveda provides a remarkably sophisticated framework for understanding these disturbances through the concepts of *Medoroga*, *Agnimandya*, *Ama*, *Kapha-Meda Dushti*, and *Srotorodha*. The parallels between Ayurvedic concepts and contemporary biomedical mechanisms- including insulin resistance, adipose tissue dysfunction, endothelial injury, and chronic inflammation- underscore the enduring relevance of classical Ayurvedic knowledge. A holistic management strategy that integrates dietary regulation, lifestyle modification, *Panchakarma*, appropriate Ayurvedic formulations, and evidence-based modern medical care has the potential to improve lipid profiles, reduce cardiovascular risk, and enhance overall metabolic health. Future high-quality clinical trials and translational research are needed to validate Ayurvedic interventions using modern biomarkers and outcome measures, thereby strengthening the

evidence base for integrative management of dyslipidemia.

REFERENCES

1. World Health Organization. Cardiovascular diseases (CVDs). Geneva: World Health Organization; 2023.
2. Grundy SM, Stone NJ, Bailey AL, Beam C, Birtcher KK, Blumenthal RS, et al. 2018 AHA/ACC/AAC. VPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/N LA/PCN guideline on the management of blood cholesterol. *Circulation*. 2019; 139(25): e1082-e1143.
3. Mach F, Baigent C, Catapano AL, Koskinas KC, Casula M, Badimon L, et al. 2019 ESC/EAS Guidelines for the management of dyslipidemias. *Eur Heart J*. 2020; 41(1): 111-188.
4. Ference BA, Ginsberg HN, Graham I, Ray KK, Packard CJ, Bruckert E, et al. Low-density lipoproteins cause atherosclerotic cardiovascular disease. *Eur Heart J*. 2017; 38(32): 2459-2472.
5. Libby P. The changing landscape of atherosclerosis. *Nature*. 2021; 592(7855): 524-533.
6. Libby P, Buring JE, Badimon L, Hansson GK, Deanfield J, Bittencourt MS, et al. Atherosclerosis. *Nat Rev Dis Primers*. 2019; 5(1): 56.
7. Yusuf S, Joseph P, Rangarajan S, Islam S, Mente A, Hystad P, et al. Modifiable risk factors, cardiovascular disease, and mortality in 155,722 individuals. *Lancet*. 2020; 395(10226): 795-808.
8. Grundy SM. Metabolic syndrome update. *Trends Cardiovasc Med*. 2016; 26(4): 364-373.
9. Bays HE, Jones PH, Brown WV, Jacobson TA. National Lipid Association annual summary of clinical lipidology. *J Clin Lipidol*. 2016; 10(1 Sup.pl): S1-S43.
10. Rosenson RS, Hegele RA, Fazio S, Cannon CP. The evolving future of PCSK9 inhibitors. *J Am Coll Cardiol*. 2018; 72(3): 314-329.
11. Ridker PM. Inflammation in atherosclerosis. *N Engl J Med*. 2017; 377(11): 1119-1131.
12. Hansson GK. Inflammation, atherosclerosis, and coronary artery disease. *N Engl J Med*. 2005; 352(16): 1685-1695.
13. Alberti KGMM, Eckel RH, Grundy SM, Zimmet PZ, Cleeman JI, Donato KA, et al. Harmonizing the metabolic syndrome. *Circulation*. 2009; 120(16): 1640-1645.
14. American Diabetes Association. Cardiovascular disease and risk management. *Diabetes Care*. 2024; 47(Sup.pl 1): S179-S218.
15. Nelson RH. Hyperlipidemia as a risk factor for cardiovascular disease. *Prim Care*. 2013; 40(1): 195-211.

16. Kumar V, Abbas AK, Aster JC. Robbins and Cotran Pathologic Basis of Disease. 10th ed. Philadelphia: Elsevier; 2021.
17. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill; 2022.
18. Brunton LL, Hilal-Dandan R, Knollmann BC, editors. Goodman & Gilman's The Pharmacological Basis of Therapeutics. 14th ed. New York: McGraw-Hill; 2023.
19. Guyton AC, Hall JE. Textbook of Medical Physiology. 14th ed. Philadelphia: Elsevier; 2021.
20. Davidson MH. Mechanisms for the hypotriglyceridemic effect of omega-3 fatty acids. Am J Cardiol. 2006; 98(4A): 27i-33i.
21. Sharma PV, editor. Charaka Samhita of Agnivesha. Vol. I. Varanasi: Chaukhambha Orientalia; 2018.
22. Sharma PV, editor. Charaka Samhita of Agnivesha. Vol. II. Varanasi: Chaukhambha Orientalia; 2018.
23. Sharma PV, editor. Sushruta Samhita. Vol. I. Varanasi: Chaukhambha Vishvabharati; 2018.
24. Sharma PV, editor. Sushruta Samhita. Vol. II. Varanasi: Chaukhambha Vishvabharati; 2018.
25. Murthy KRS, translator. Ashtanga Hridayam of Vagbhata. Vol. I. Varanasi: Chaukhambha Krishnadas Academy; 2019.
26. Murthy KRS, translator. Ashtanga Hridayam of Vagbhata. Vol. II. Varanasi: Chaukhambha Krishnadas Academy; 2019.
27. Upadhyaya Y, editor. Madhava Nidana. Varanasi: Chaukhambha Prakashan; 2018.
28. Chuneekar KC, editor. Bhavaprakasha Nighantu. Varanasi: Chaukhambha Bharati Academy; 2019.
29. Sharma PV. Dravyaguna Vijnana. Vol. II. Varanasi: Chaukhambha Bharati Academy; 2017.
30. Tripathi B. Sharangadhara Samhita. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
31. Mishra SN Bhaishajya Ratnavali Varanasi: Chaukhambha Surbharati Prakashan; 2019

Cite this article as:

Vidhya Bharti Sharma, Avinash Kumar Jain. Dyslipidemia (Medoroga): Bridging Ayurvedic Concepts with Contemporary Medical Science. AYUSHDHARA, 2026;13(4):614-621.

<https://doi.org/10.47070/ayushdhara.v13i4.2889>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Vidhya Bharti Sharma

Assistant Professor,
Department of Kayachikitsa,
Shekhawati Ayurveda Medical College
and Hospital, Pilani, Rajasthan.

Email: vidyabs21@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.