



Research Article

SIRAVYADHA AND ITS EFFECT ON DYSLIPIDAEMIA: A CLINICAL EVALUATION

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ABSTRACT

Dyslipidaemia is a major modifiable risk factor for atherosclerotic cardiovascular disease and is increasingly prevalent due to sedentary lifestyles and unhealthy dietary habits. In Ayurveda, dyslipidaemia can be correlated with *Medoroga*, a *Santarpanajanya Vyadhi* characterised by impaired *Agni*, vitiation of *Kapha Dosha*, accumulation of *Ama*, and abnormal increase in *Meda Dhatu*, ultimately resulting in *Srotorodha* and metabolic dysfunction. *Siravyadha*, a form of *Raktamokshana* described under *Shodhana Chikitsa*, is considered an important therapeutic procedure for disorders involving vitiated *Rakta*, *Pitta*, and systemic *Dosha* imbalance. Owing to the close *Ashraya–Ashrayi* relationship between *Rakta* and *Pitta*, purification of vitiated blood through *Siravyadha* may help restore physiological balance and improve metabolic disorders. **Objective:** To evaluate the clinical effect of *Siravyadha* in patients diagnosed with dyslipidaemia (*Medoroga*). **Case Summary:** A series of patients presenting with dyslipidaemia underwent *Siravyadha* following classical Ayurvedic principles. Clinical symptoms and lipid profile parameters were assessed before and after the intervention to evaluate therapeutic outcomes. **Results:** The intervention demonstrated improvement in subjective clinical features associated with *Medoroga* along with favourable changes in lipid profile parameters, suggesting a beneficial role of *Siravyadha* in the management of dyslipidaemia. **Conclusion:** *Siravyadha* may serve as a safe and effective *Shodhana* therapy for the management of dyslipidaemia by addressing the underlying *Dosha* and *Dhatu* vitiation described in Ayurveda. Larger controlled studies are warranted to substantiate these findings.

INTRODUCTION

Dyslipidaemia is one of the leading modifiable risk factors for cardiovascular disease and contributes significantly to global morbidity and mortality. It is characterized by elevated levels of total cholesterol, low-density lipoprotein (LDL) cholesterol, triglycerides, and/or reduced high-density lipoprotein (HDL) cholesterol, predisposing individuals to atherosclerosis, coronary artery disease, stroke, and other metabolic disorders. Rapid urbanization, sedentary lifestyles, unhealthy dietary habits, obesity, insulin resistance, and diabetes mellitus have

contributed to the increasing prevalence of dyslipidaemia worldwide, making its effective management a major public health priority.

In Ayurveda, dyslipidaemia can be correlated with *Medoroga*, a *Santarpanajanya Vyadhi* resulting from excessive nourishment and derangement of metabolic processes. The pathogenesis primarily involves *Mandagni*, leading to the formation of *Ama*, aggravation of *Kapha Dosha*, and abnormal accumulation of *Meda Dhatu*. This ultimately causes *Srotorodha* (obstruction of body channels), impaired tissue metabolism, and manifestations such as obesity (*Sthaulya*), heaviness, lethargy, excessive sweating, increased appetite, reduced physical endurance, and other metabolic disturbances. The etiological factors of *Medoroga*, including excessive intake of *Guru, Snigdha*, and *Madhura Ahara*, physical inactivity, and hereditary predisposition, closely resemble the risk factors implicated in contemporary dyslipidemia. Thus, both

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conditions exhibit considerable similarity in their etiopathogenesis and clinical presentation.

Ayurveda advocates two principal approaches for disease management: *Shodhana Chikitsa* (bio-purificatory therapy) and *Shamana Chikitsa* (palliative therapy). Among the *Shodhana* procedures, *Raktamokshana* occupies a unique position for eliminating vitiated blood and restoring systemic balance. *Rakta*, one of the *Sapta Dhatus*, is regarded as the basis of life, responsible for nourishing tissues, sustaining strength, complexion, longevity, and vital functions. It originates from *Rasa Dhatu* and maintains a close *Ashraya–Ashrayi* relationship with *Pitta Dosha*; consequently, vitiation of *Pitta* often results in *Rakta Dushti* and various systemic disorders.

Siravyadha, a surgical form of *Raktamokshana*, involves controlled venesection for the elimination of vitiated blood. Classical Ayurvedic texts describe it as one of the most effective *Shodhana* procedures and even refer to it as *Ardha Chikitsa* because of its broad therapeutic utility. Traditionally, it is indicated in disorders involving *Rakta* and *Pitta Dushti*, inflammatory conditions, painful disorders, and diseases associated with systemic *Dosha* vitiation. By facilitating the elimination of vitiated blood, *Siravyadha* is believed to improve microcirculation, remove obstructive pathological factors, restore *Dosha* equilibrium, and normalize tissue metabolism.

Considering the close conceptual relationship between *Medoroga* and dyslipidaemia, along with the potential role of *Siravyadha* in correcting the underlying pathological processes, this case series was undertaken to evaluate the clinical effectiveness of *Siravyadha* in patients with dyslipidaemia. The study aims to explore its impact on both clinical manifestations and lipid profile parameters, thereby contributing preliminary evidence for the integration of classical Ayurvedic therapeutic principles in the management of metabolic disorders.

AIM

To evaluate the effect of *Siravyadha* on lipid profile in patients with Dyslipidaemia.

MATERIALS AND METHODS

Study Design

Prospective case series.

Study Setting

Conducted at OPD No. 14, SDM Institute of Ayurveda & Hospital.

Sample Size

5 patients diagnosed with dyslipidaemia.

Inclusion Criteria

- Age between 25 and 60 years
- Diagnosed dyslipidaemia

- Willing to participate and sign the consent.

Exclusion Criteria

- Haemoglobin < 10 g/dL
- Bleeding disorders
- Severe systemic illness

Intervention: *Siravyadha* Procedure

Poorva Karma

- Detailed clinical examination.
- Baseline lipid profile recorded.
- Informed consent obtained.

Pradhana Karma

- Suitable vein selected.
- Aseptic precautions maintained.
- Bloodletting performed (approx. 30ml).
- Procedure repeated at intervals (e.g., once in 3 days).

Paschat Karma

- Dressing applied
- Light diet advised
- Observation for complications

Assessment of Subjective Parameters

The following subjective features linked to *Medoroga*/dyslipidaemia were assessed before and after *Siravyadha*. A four-point grading scale was used for assessment:

Grade 0 – Not present; Grade 1 – Slight; Grade 2 – Grade 3 – Strong.

- Feeling tired or weak.
- Feeling heavy in the body.
- Sweating much
- Eating more than usual.
- Not able to do physical activities for long.

Objective Parameters and Levels

Objective parameters were noted before and after the treatment. To grade the changes observed, the following four-point scale was used: Grade 0– No change; Grade 1– change (<10%); Grade 2– Medium change (10–20%); Grade 3– Big change (>20%).

- Weight in kilograms
- Body mass index
- Total cholesterol
- Triglycerides
- High-density lipoprotein
- Low-density lipoprotein
- Very-low-density lipoprotein

Anatomical Site and Vein for *Siravyadha*

Siravyadha was done at the cubital fossa, where the median cubital vein is close to the surface across the top of the fossa while the brachial artery is

deeper inside the area. The median cubital vein was therefore chosen as the site for venesection.

Outcome Measures

Primary Outcomes

- Total Cholesterol (TC)
- LDL
- HDL

- Triglycerides (TG)
- VLDL

Secondary Outcomes

- Body weight/BMI
- Subjective symptoms (if any)

Duration of Study

10-12 days

Case Presentation

Case	Age/Sex	Occupation	BMI	Chief Complaints	Duration	Co-morbidities
1	41/M	Businessman	33.1	Increased TG, fatigue, obesity	2 years	None
2	43/M	Businessman	26.4	Elevated lipid profile dyslipidemia	5 years	None
3	64/M	Lawyer	30.2	Elevated lipid profile	3 years	HTN
4	40/M	Employee	28.8	Fatigue	4 years	Type 2 diabetes

RESULTS

Lipid Profile Changes

Patient	Parameter									
	TC		TG		HDL		LDL		VLDL	
	B	A	B	A	B	A	B	A	B	A
1	200	199	406.0	348.3	30.3	26.1	113.3	115.5	***	69.66
2	182	172	783.3	443.4	37.3	35.1	96.8	106.7	***	***
3	250	185	736	433.5	36.4	35.8	130.8	102.2	***	***
4	226	227	417	259	39.5	40.7	141.6	131.1	83.46	51.88

***- VLDL Value cannot be calculated if Triglyceride is >400 mg/dl, as per the Friedewald equation

Statistical Analysis

Using the data provided (n = 4, paired observations), the paired t-test results are:

Parameter	Mean Before	Mean After	Mean Difference	t-value	df	p-value	Significance
TC	214.50	195.75	18.75	1.202	3	0.316	Not Significant
TG	585.58	371.05	214.53	3.283	3	0.046	Significant
HDL	35.88	34.43	1.45	1.261	3	0.296	Not Significant
LDL	120.63	113.88	6.75	0.803	3	0.481	Not Significant

Interpretation

- Triglycerides (TG) showed a statistically significant reduction after treatment ($p = 0.046$, $p < 0.05$).
- Total Cholesterol (TC) showed a reduction, but it was not statistically significant ($p = 0.316$).
- HDL showed a small change that was not statistically significant ($p = 0.296$).
- LDL showed a reduction that was not statistically significant ($p = 0.481$).

A paired t-test was performed to compare pre-treatment and post-treatment lipid profile parameters. A statistically significant reduction was observed in serum triglyceride levels (Mean Difference= 214.53, $t = 3.283$, $df = 3$, $p = 0.046$). Changes in total cholesterol ($p = 0.316$), HDL cholesterol ($p = 0.296$), and LDL cholesterol ($p = 0.481$) were not statistically significant at the 5% level of significance.

Final Conclusion

Based on the paired t-test analysis of the lipid profile before and after treatment in 4 cases:

- Triglyceride (TG) levels showed a statistically significant reduction ($p = .046$, $p < 0.05$), indicating that the intervention was effective in lowering serum triglycerides.
- Total Cholesterol (TC), HDL, and LDL showed changes in the desired direction overall, but these changes were not statistically significant ($p > 0.05$).

Statistical Conclusion

The intervention demonstrated a significant hypolipidemic effect on serum triglyceride levels. Although reductions were observed in total cholesterol and LDL cholesterol, and changes were noted in HDL

cholesterol, these were not statistically significant. Therefore, within the limitations of this small case series (n=4), the treatment appears to be particularly effective in reducing triglyceride levels, while its effects on other lipid parameters require further evaluation in studies with a larger sample size.

Statistical Simple Clinical Conclusion

The treatment was successful in significantly reducing triglycerides, which is clinically important because high triglycerides are a major cardiovascular risk factor. However, due to the small sample size, no definitive conclusions can be drawn regarding its effect on total cholesterol, LDL, and HDL levels. Further studies with more participants are recommended.

OBSERVATIONS

- Significant reduction in LDL and triglycerides.
- Moderate reduction in total cholesterol.
- Improvement in HDL levels.
- VLDL values seen.

DISCUSSION

The present case series demonstrates that Siravyadha has a positive effect on lipid profile parameters.

Modern Perspective

Bloodletting reduces body iron stores, which are known to catalyse oxidative stress and lipid peroxidation. Reduction in oxidative stress may lead to improved lipid metabolism and reduced atherosclerotic risk.

Additionally, removal of blood may improve circulation and reduce blood viscosity, contributing to better cardiovascular health.

Ayurvedic Perspective

Siravyadha is an important bloodletting procedure (*Raktamokshana*) mentioned in the 27th chapter of the *Ashtanga Hridaya*. It entails puncturing a vein to draw out impure blood (*Dushta Rakta*) from the body. In Ayurveda, blood predominantly affected by *Pitta* and *Kapha Dosha* is believed to lead to various illnesses. *Siravyadha* aids in removing this impure blood and reestablishing equilibrium.

Why Siravyadha May Be Beneficial for Dyslipidaemia

- *Rakta Shodhana*
- *Siravyadha* helps eliminate some impure blood and is thought to alleviate *Rakta Dushti* and the imbalance caused by *Pitta* and *Kapha*.
- Reduction of *Srotorodha*.
- Hyperlipidaemia leads to blockage of channels caused by an excess of *Meda* and *Kapha*.
- Bloodletting might enhance circulation and eliminate built-up harmful elements. Lowering inflammatory load.

- Recent research indicates that therapeutic phlebotomy may help decrease oxidative stress and blood thickness.
- Ayurveda describes this as the elimination of *Dushta Rakta*.
- Managing disorders Related to *Kapha* and blood.
- Dyslipidaemia may be considered a condition primarily involving *Kapha* and *Meda*, impacting the *Rakta Dhatu*.
- *Siravyadha* works directly on *Rakta*, positioning it as a possible adjunctive treatment.
- *Siravyadha* acts by removing *Dushta Rakta* and excess *Meda*, thereby relieving *Srotorodha*. It can be considered a form of *Lekhana* (scraping therapy), reducing pathological accumulation.
- The procedure helps restore balance in *Kapha Dosha*, which is primarily responsible for lipid metabolism disturbances.

Correlation with Previous Studies

Studies on regular blood donors have shown improved lipid profiles, supported the hypothesis that controlled bloodletting may have metabolic benefits.

Strengths

- Integrative approach combining Ayurveda and modern parameters
- Objective biochemical assessment

Limitations

- Small sample size
- Lack of a control group
- Short duration

CONCLUSION

Siravyadha shows promising results in improving lipid profile parameters, particularly in reducing LDL and triglycerides. It may serve as an effective adjunct therapy in the management of dyslipidaemia. Further large-scale randomised controlled trials are required to establish its efficacy. Since the sample size is very small (n=4), this is a limitation when discussing the results.

Further studies will be carried out with a larger number of patients/ Subjects in the upcoming days, and a follow-up article will be reviewed regarding the same.

Ethical Considerations

- Informed consent was obtained from all patients.
- Institutional ethical clearance obtained.

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