Case Report

www.ijrap.net

(ISSN Online: 2229–3566, ISSN Print: 2277–4343)

EFFECT OF GURUPRAVARANA AS NIRAGNI SWEDANA AND VIRECHANA KARMA ON DYSLIPIDEMIA: A CASE REPORT

Manjunatharao SV [1]*, Shreyas DM [2], Kiran M Goud [3]

[1] PG Scholar, Department of Panchakarma, Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre, Bangalore, Karnataka, India

[2] Assistant Professor, Department of Panchakarma, Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre, Bangalore, Karnataka, India

[3] Professor, Department of Panchakarma, Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre, Bangalore, Karnataka, India

Received on: 16/3/25 Accepted on: 12/4/25

***Corresponding author**
E-mail: svmanjunatharao15@gmail.com

DOI: 10.7897/2277-4343.16241

ABSTRACT

Background: Dyslipidemia, marked by elevated LDL and triglycerides and reduced HDL, is a major risk factor for cardiovascular disease. In India, prevalence is estimated at 25–30% in urban and 15–20% in rural populations. In Ayurveda, dyslipidemia correlates with Medoroga, classified under Santarpanjanya Vyadhi, and traditionally managed through Vamana, Virechana, Swedana, and other therapies. Apatarpana Chikitsa, incorporating Langhana, Rookshana, and Swedana, is indicated for such conditions. Case Report: A 39-year-old male presented with increased cholesterol, weight gain, body heaviness, indigestion, sleep disturbances, and elevated blood pressure over two months. He followed a sedentary lifestyle and worked under chronic stress. Laboratory findings confirmed dyslipidemia: total cholesterol 200 mg/dL, LDL 82 mg/dL, triglycerides 110 mg/dL, and HDL 35 mg/dL. Ayurvedic evaluation revealed Kapha-Meda aggravation, warranting Shodhana therapy. Intervention: The patient underwent Rookshana therapy as Vishista Poorvakarma to pacify excess Meda and Kapha, followed by Niragni Swedana to reduce Gaurava (heaviness). Subsequently, Virechana Karma was administered to eliminate vitiated Pitta, Kapha, and Meda, improving liver function and metabolism. Treatments adhered to classical Panchakarma protocols. Outcome: Following therapy, the patient reported symptomatic relief and improved well-being. Post-treatment lipid profile showed significant improvement: cholesterol 168 mg/dL, LDL 80 mg/dL, triglycerides 68 mg/dL, and HDL 45 mg/dL. No adverse effects were observed. Conclusion: This case underscores the potential efficacy of Niragni Swedana (Gurupravarana) and Virechana Karma in managing dyslipidemia. Their purificatory and metabolic actions offer a promising integrative approach to treating metabolic disorders.

Keywords: Gurupravarana, Niragni Swedana, Virechana Karma, Medoroga, Dyslipidemia.

INTRODUCTION

Dyslipidemia is a condition characterized by abnormal lipids levels, including elevated LDL and triglycerides with decreased HDL levels in the blood, increasing the risk of atherosclerosis, myocardial infarction and stroke.[1] its prevalence is estimated at 25-30% in urban areas and 15-20% in rural regions.[2] In Ayurveda, dyslipidemia correlates with Medoroga, classified under Santarpanjanya Vyadhi.[3] Management includes Vamana, Virechana, Raktamokshana, Vyayama, Upavasa, Dhoompana, and Swedana.[4] Among these, Swedana Karma and Virechana Karma are particularly effective in treating dyslipidemia. Ayurveda employs Shadvidha Upakramas for disease management, with Apatarpana Chikitsa[5] in the form of Langhana, Rookshana, and Swedana indicated for medoroga. Rookshana is used as Vishista Poorvakarma before Shodhananga Snehapana in individuals with excess mamsa (muscle), meda (fat), and Shleshma (Kapha) dominance.[6] Swedana Karma, a preparatory Panchakarma procedure, relieves Shula (pain), Stambha (stiffness), Gaurava (heaviness), and Shaitya (coldness) by inducing sweating and boosting metabolism. It facilitates the elimination of waste from the body through its Ushna (hot), Tikshna (sharp), Sara (mobile), Sukshma (subtle), and Ruksha (dry) properties. Virechana Karma, a therapeutic purgation, primarily removes excess Pitta dosha and Ama (toxins) through the lower gastrointestinal tract. It enhancing liver function, improving digestion, and aids in eliminating vitiated Kapha and Meda dhatu, making it highly effective for metabolic disorders like dyslipidemia.

The advancement in technology, busy schedules, sedentary lifestyles, increased consumption of saturated fats in junk foods, insufficient sleep, and poor dietary habits have made individuals more prone to various lifestyle disorders, with hyperlipidemia being one of them. There are mainly two types of dyslipidemia. The first is primary dyslipidemia, which is genetically inherited. The second is secondary dyslipidemia, which arises due to sedentary lifestyles, hypothyroidism, poly cystic ovary syndrome (PCOS), Cushing's syndrome, or high-fat diets (including foods rich in Snigdha, Guru, and Pichhila qualities). This type can be easily treated with appropriate lifestyle modifications.[7] In Ayurveda, a individuals with Avyayama (lack of exercise), Ativyavaya (excessive indulgence in sex), Atyashana (overeating), Amlata Ahara (acidic food consumption), and Beejaswabhava (genetic predisposition) are prone to srotorodha, leading to Medoroga.[8] Dysfunction in the Medovaha srotas results in defective tissue metabolism, causing conditions such as Sthoulya (obesity), Prameha (diabetes), and Kushtha (skin disorders).[9] Dyslipidemia is more prevalent in middle-aged individuals and is associated with diabetes mellitus, obesity, coronary heart disease, hypertension, thyroid disorders, paralysis, gallstones, pancreatitis, peripheral vascular disease, and skin

diseases. Worldwide, cardiovascular disease has become one of the most common causes of death. Given the increasing number of diagnosed cases, evaluating the lipid profile of patients is crucial in managing dyslipidemia effectively. Ayurvedic texts classify several types of Swedana based on Agni Bheda (heat classification), Swedana is categorized into Sagni Swedana (heat-based sweating therapy) and Niragni Swedana (sweating without external heat). Among these Gurupravarana, a type of Niragni Swedana, is particularly beneficial for conditions involving Kapha-avrita Vata and Medo-avrita Vata.[10] This simple and effective therapy can be performed at an out-patient setting without requiring specialized equipment or hospitalization. Additionally, Niragni Swedana is preferable for conditions where Sagni Swedana is contraindicated, such as Prameha (diabetes), Sthoulya (obesity), and Urustambha (stiffness in the thighs).

Gurupravarana: Gurupravarana involves covering the body with a thick cloth to induce sweating.[11] Various Ayurvedic texts, such as Charaka Samhita,[12] Chakradatta,[13] Sushruta Samhita,[14] Ashtanga Hridaya,[15] Ashtanga Sangraha,[16] Sharangadhara Samhita,[17] Bhela Samhita[18] and Bhavaprakasha Samhita[19] describe different materials[20, 21] used for this purpose. These materials includes Kuthaka (patterned blankets), Kambala (woollen blankets), Kauseyam (Silk cloth made from silkworm threads), Praveni (traditional coarse cotton fabric), Ajina (rallaka)[22]- Animal wool (e.g., Sheep), Kitija (Cloth made up of pig's skin), Avija (Cloth made up of goat's skin).

Virechana Karma: Virechana Karma is a purificatory Panchakarma therapy that enhances digestive function through controlled purgation. It eliminates toxins at the cellular level by stimulating the secretion of digestive juices, enzymes, and bile.

Aim and Objectives

To evaluate the efficacy of Gurupravarana (niragni swedana) and Virechana karma in the management of Medoroga with special reference to Dyslipidemia.

MATERIALS AND METHODS

A 39-years old male patient bearing OPD No-L35266 visited the Panchakarma OPD at Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre, Vijayanagar, Bangalore, Karnataka, in September 2024. With the complaints of Increased cholesterol levels, Weight gain, Heaviness in the body, Indigestion, Sleep disturbances and High blood Pressure level since two months. he was accustomed to Sedentary lifestyle and worked in a stressful environment. Patient was admitted (IPD No-4768/24) in the hospital for Treatment. On examination: Pulse:70/min, B.P:180/60mmHg, Temp:98.4°F, Jivha:alipta, weight:83kg and no abnormality found in systemic examination.

Sarvanga Rookshana, Sarvanga Niragni Swedana, and Virechana Karma was the line of treatment decided.
Treatment history: Tab-Atorvastatin10 mg (0-0-1) and Tab-Telmisartan 40 mg (1-0-1), after food since 1 month.

Consent

This study was conducted in accordance with the principles outlined in the International Conference on Harmonisation-Good Clinical Practice (ICH-GCP) guidelines and the Indian Council of Medical Research (ICMR) National Ethical Guidelines for Biomedical and Health Research Involving Human Participants. and participant provided written informed consent prior to enrolment. All methods were performed in accordance with the relevant ethical guidelines and regulations.

Figure 1: Performing of Gurupravarana as Niragni Swedana During Treatment

Treatment Protocol

Shodhana chikitsa: Virechana Karma

Table 1: Poorva, Pradhana and Paschat karma of Virechana Karma

Stage	Procedure
Poorva Karma (Preparation Phase)	
Rookshana (Udwartana)	Triphala Churna[23] and Kolakulattadi Churna were used for Rookshana in Udwartana until Samyak Rookshana lakshanas were achieved (about 12 days).
Niragni Swedana (Gurupravarana)	followed by Sarvanga Niragni Swedana with Gurupravarana until Samyak Swedana lakshanas were achieved (about 12 days).
Accha Snehapana	Panchatikthaka Ghrita[24] was given in increasing doses (30, 60, 110 ml) for 3 consecutive days on an empty stomach. Patient was advised to take drava (liquid), ushma (warm), anabhishyandi ahara, ushnaambu pana and to avoid Snigdha (oily) gurubhiojana (heavy food) and atyambupana (excessive water intake). Accha Snehapana was completed on the 3rd day when Samyak snigdha lakshana[25] was observed.
Vishrama Kala (Rest Phase – 3 Days)	Sarvanga Abhyanga with Moorchita tila taila followed by Sarvanga Niragni swedana with Gurupravarana was done. Kapha vruddhikara ahara was advised. On the 3rd day, intake of Amlapahala[26] (Dadima – Pomegranate) was recommended.
Pradhan Karma (Main Procedure - Virechana)	
Preparation on the Day of Virechana	Patient was asked to pass natural urges. Sarvanga Abhyanga and Sarvanga Niragni Swedana were performed. Examination of blood pressure, pulse, and respiration was done.
Administration of Virechana Dravya	75 gm of Trivrit Lehyam[27] was administered.
Observations	Virechana Vega was closely observed for Samyak Virechana Lakshana. Observations included: Vagiki - 10, Antiki-Kaphanta,[28] Laingiki-Udaralagavata (lightness in abdomen), Prasanna atma indriya (mental clarity). The madhyam shuddhi of Virechana Karma was achieved.
Paschat Karma (Post-Procedure Phase)	
Samsarjana Krama (Dietary Regimen)	After Samyak Virechana Karma, Samsarjana Krama[29] for 2-2 Annaakala (Peya, Vilepi) for 3 days was advised.
Do's and Dont's	Patient advised to avoid Ashtamahadoshakara bhavas.[30] Patient monitored for Agni vardhana lakshana.

Assessment Criteria

Subjective Parameters

- Weight gain,
- Heaviness in the body,
- Indigestion,
- Sleep disturbances
- High Blood pressure.

For all these symptoms following Grades and Scores was applied.

Table 2: Comparison of weight reduction Before and After Treatment

Before Treatment	After Treatment
83 Kg	78 Kg

Table 3: Gradings and Scores of Heaviness in the body

Grade	Score	Feature
0	0	No heaviness; body feels light and normal.
+	1	Mild heaviness, occasional tiredness, but does not interfere with daily activities.
++	2	Moderate heaviness, noticeable fatigue, reduced physical activity, feeling sluggish.
+++	3	Severe heaviness, extreme fatigue, difficulty in movement, persistent feeling of weakness.

Table 4: Gradings and Scores of Indigestion

Grade	Score	Feature
0	0	No symptoms of indigestion.
+	1	Mild discomfort, occasional bloating or belching.
++	2	Moderate discomfort, frequent bloating, acid reflux, or nausea.
+++	3	Severe indigestion, persistent discomfort, vomiting, or inability to eat normally.

Table 5: Gradings and Scores of Sleep disturbances

Grade	Score	Feature
0	0	No difficulty sleeping, restful sleep.
+	1	Mild difficulty falling asleep, occasional nighttime awakenings.
++	2	Moderate difficulty, frequent awakenings, difficulty returning to sleep.
+++	3	Severe sleep disturbance, insomnia, or reliance on medication to sleep.

Table 6: Stages of Blood Pressure with Corresponding Systolic and Diastolic Values

Stages of blood pressure	Systolic mmHg (upper)	Diastolic mmHg (lower)
Acceptable	<120	<80
Pre-hypertension	120 to 139	80 to 89
Stage 1 hypertension (High blood pressure)	140 to 159	90 to 99
Stage 2 hypertension (High blood pressure)	160 or Higher	100 or higher

OBSERVATIONS AND RESULTS

Table 7: Improvement was observed in the symptoms after the Gurupravarana and Virechana Karma

Signs and Symptoms	Before Treatment	After Treatment
Increased Weight in Kg	83	78
Heaviness of Body	02	00
Indigestion	02	00
Difficulty of sleep	01	00
Increased Blood pressure	02	00

Table 8: Comparison of Lipid Profile reduction Before and After Treatment

Test	Before Treatment	After Treatment	Reference Range
Sr. Cholesterol	200	168	< 200mg/Dl
Sr. Triglycerides	110	68	<150mg/dL
Sr. HDL	35	45	>60mg/dL
Sr. LDL	82	80	<100mg/dL
Sr. VLDL	22	14	<30mg/dL
HDL Cholesterol	3.17	3.8	<5.0
LDL:HDL Cholesterol	3.0	2.51	<3.0
Non HDL Cholesterol	104	124	<130

Significant weight reduction of 5 Kg was observed. Complete relief was observed in the symptoms Heaviness in the Body, Indigestion, Sleep disturbances and High Blood pressure. The significant improvement was observed in the values of Serum triglyceride in lipid Profile.

DISCUSSION

Dyslipidemia is a metabolic disorder that closely resembles Medoroga, as described in Ayurveda. The symptoms of Dyslipidemia indicates the presence of Ama, Vikruta Kapha, Kleda, and an Avaranaajanya pathology. Medoroga is classified as a Santarpanotha Vyadhi, and similarly, sedentary lifestyles and excessive fatty diets are the primary causes of Dyslipidemia. Our Acharyas have recommended Rookshana followed by Shodhana Chikitsa as the line of treatment for Santarpanajanya Vyadhi. An ideal treatment should enhance Agni, detoxify the body, and increase metabolic rate. Swedana, a well-known Ayurvedic therapy primarily used as a Purva Karma in Panchakarma, can also be employed as an independent therapy, as mentioned in Shadvidha-Upkarmas.[31] It helps relieve stiffness, coldness, and heaviness in the body while inducing perspiration,[32] which aids in eliminating toxins and dissolving accumulated fat. When performed after Snehana,[33] it facilitates the easy elimination of Doshas from the body, providing both relaxation and detoxification. Swedana possesses multiple properties such as Ushna (heat), Tikshna (sharpness), Sara (mobility), Snigdh (unctuousness), Ruksha (dryness), Sukshma (subtlety), Drava (fluidity), Sthira (stability) and Guru (heaviness).[34] These attributes contribute to benefits like Stambhaghna (relief from stiffness), Gauravaghna (relief from heaviness), Shitaghna (relief from coldness), and Sweda Karaka (inducing perspiration).[35] In the body, metabolism is regulated by Agni. When it is disturbed, it leads to the production of Ama, which causes Shrotorodha (obstruction of channels) and hampers Dhatu formation. Improper fat metabolism results in to Medoroga, which, in turn, covers Agni, impairing the formation of Asthi, Majja, and Shukra Dhatu, leading to symptoms such as lethargy, shortness of breath, and weakness. Swedana, with its Ushna, Sukshma, and Tikshna Gunas, penetrates microchannels, stimulates sweat glands, and boosts metabolism, enhancing Agni.[36] Since Sweda is the Mala of Meda Dhatu,[37] burning Meda leads to sweating, which explains the efficacy of Swedana in reducing lipid levels. When performed consistently for one month, it enhances metabolic rate, detoxifies the body, and promotes the healthy formation of Doshas, ultimately correcting Dyslipidemia. Abhyantara Snehapana frees Lina Doshas from deep Dhatus, while Snehana and Swedana liquefy and mobilize them. To bring Doshas from Shakha to Koshtha, these preparatory measures are essential. Virechana Dravya, possessing Vyavayi and Vikasi properties, circulates rapidly in the body's capillaries, detaching and liquefying Lina Doshas and Malas from the Ashaya. Due to its Sukshma Guna and Anupravana properties, it facilitates the passage of Doshas through the smallest capillaries, leading malarupi Pitta and Kapha to the Koshtha for elimination. Virechana Karma corrects pathology by removing vitiated Doshas from their accumulation site, cleansing toxins, restoring Agni at a cellular level, and normalizing acid secretions and Virechana actions.[38] In the present case, before undergoing Gurupravarana and Virechana Karma, the patient exhibited increased body weight, heaviness, indigestion, sleep disturbances, and high blood pressure. Following the completion of the treatment, all these symptoms subsided completely, and significant improvement was observed in the lipid profile.

CONCLUSION

This case study highlights the effectiveness of Gurupravarana (Niragni Swedana) and Virechana Karma in managing dyslipidemia. The treatment significantly improved the symptoms, including weight gain, heaviness, indigestion, sleep disturbances, and high blood pressure. Additionally, lipid profile parameters showed notable improvements, particularly in serum cholesterol and triglyceride levels. The study supports the Ayurvedic principle that Rookshana, Swedana and Shodhana therapies play a crucial role in addressing metabolic disorders like dyslipidemia by enhancing Agni, eliminating toxins, and optimizing fat metabolism. This case demonstrates that traditional Ayurvedic interventions can serve as effective, non-invasive approaches for managing dyslipidemia and related lifestyle disorders.

REFERENCES

1. Mhatre AH, Textbook of Kayachikitsa, Vol. 2 Part B; Chapter 1; First edition 2018; Sushrama Book Depot; p. 312-313.
2. Rajeev Gupta, Ravinder S. Rao, Anoop Misra, Samin K. Sharma, Recent trends in epidemiology of dyslipidemias in India, Indian Heart Journal. 2017; 69:382-392Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5485409

3. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 23/6; First edition 2021; Chaukhamba Surbharati Prakashana; p. 122.
4. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 23/8; First edition 2021; Chaukhamba Surbharati Prakashana; p. 122.
5. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 23/25; First edition 2021; Chaukhamba Surbharati Prakashana; p. 123.
6. Kunte AM, Navre KR, Paradkar HV, Ashtanga Hridaya of Vagbhata, Sutra Sthana; Chapter 16/37; Reprint edition 2000; Krishnadas Academy; p. 251.
7. Mohan H, Textbook of Pathology, Chapter 15; Seventh edition 2018; Jaypee Brothers Medical Publishers; p. 414.
8. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 21/21; First edition 2021; Chaukhamba Surbharati Prakashana; p. 117.
9. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 23/5-6; First edition 2021; Chaukhamba Surbharati Prakashana; p. 122.
10. Yadavji Trikamji Acharya, Sushruta Samhita, Chikitsa Sthana; Chapter 32/15; First edition 2021; Chaukhamba Surbharati Prakashana; p. 514.
11. Yadavji Trikamji Acharya, Sushruta Samhita, Uttara Tantra; Chapter 64/6-12; First edition 2021; Chaukhamba Surbharati Prakashana; p. 809.
12. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 14/64; First edition 2021; Chaukhamba Surbharati Prakashana; p. 92.
13. Srivastava S, Chakradatta of Chakrapanidatta, Swedadhikara; Chapter 8/9; First edition 2021; Chaukhamba Orientalia; p. 718.
14. Yadavji Trikamji Acharya, Sushruta Samhita, Chikitsa Sthana; Chapter 32/15; First edition 2021; Chaukhamba Surbharati Prakashana; p. 514.
15. Kunte AM, Navre KR, Paradkar HV, Ashtanga Hridaya of Vagbhata, Sutra Sthana; Chapter 17/28; Reprint edition 2000; Krishnadas Academy; p. 259.
16. Athavale AD, Ashtanga Samgraha of Vagbhata, Sutra Sthana; Chapter 26/16; Reprint edition 2000; Srimad Atreya Prakashana; p. 200.
17. Pandit D, Pandit PS, Sharngadhara Samhita of Sharngadhara, Uttara Khanda; Chapter 2/4-5; First edition 2018; Chaukhamba Orientalia; p. 297.
18. Katyayan A, Bhela Samhita of Bhela, Sutra Sthana; Chapter 22/31; First edition 2009; Chaukhamba Surbharati Prakashan; p. 111.
19. Misra B, Vaisya R, Bhavaprakasa of Bhava Mishra, Dhumapanadi Vidhi Prakaranam; Verse 43-44; First edition 2020; Chaukhamba Sanskrit Bhawan; p. 1040.
20. Katyayan A, Bhela Samhita of Bhela, Sutra Sthana; Chapter 22/5; First edition 2009; Chaukhamba Surbharati Prakashan; p. 107.
21. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 6/9-18; First edition 2021; Chaukhamba Surbharati Prakashana; p. 46.
22. Kunte AM, Navre KR, Paradkar HV, Ashtanga Hridaya of Vagbhata, Sutra Sthana; Chapter 17/28; Reprint edition 2000; Krishnadas Academy; p. 259.
23. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 23/10; First edition 2021; Chaukhamba Surbharati Prakashana; p. 122.
24. Mishra SN, Bhaishajya Ratnavali of Sen GD, Visphota Rogadikara; Chapter 58/19; Reprint edition 2015; Chaukhamba Surbharati Prakashana; p. 923.
25. Athavale AD, Ashtanga Samgraha of Vagbhata, Sutra Sthana; Chapter 25/36; Reprint edition 2000; Srimad Atreya Prakashana; p. 193.
26. Kunte AM, Navre KR, Paradkar HV, Ashtanga Hridaya of Vagbhata, Sutra Sthana; Chapter 18/32; Reprint edition 2000; Krishnadas Academy; p. 266.
27. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Kalpa Sthana; Chapter 7/23; First edition 2021; Chaukhamba Surbharati Prakashana; p. 663.
28. Kunte AM, Navre KR, Paradkar HV, Ashtanga Hridaya of Vagbhata, Sutra Sthana; Chapter 18/32; Reprint edition 2000; Krishnadas Academy; p. 266.
29. Kunte AM, Navre KR, Paradkar HV, Ashtanga Hridaya of Vagbhata, Sutra Sthana; Chapter 18/30; Reprint edition 2000; Krishnadas Academy; p. 265.
30. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Siddhi Sthana; Chapter 12/11; First edition 2021; Chaukhamba Surbharati Prakashana; p. 730.
31. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 22/4; Fifth edition 2021; Chaukhamba Surbharati Prakashana; p. 120.
32. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 22/11; Fifth edition 2021; Chaukhamba Surbharati Prakashana; p. 120.
33. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 14/4; Fifth edition 2021; Chaukhamba Surbharati Prakashana; p. 87.
34. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 22/16; Fifth edition 2021; Chaukhamba Surbharati Prakashana; p. 120.
35. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Sutra Sthana; Chapter 22/11; Fifth edition 2021; Chaukhamba Surbharati Prakashana; p. 120.
36. Parida A, Jena S, Sawant V, A critical review on action of Swedana vis-à-vis sudation therapy, Int J Ayurveda Pharma Res; 2020; p. 66-68.
37. Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Chikitsa Sthana; Chapter 15/18; First edition 2021; Chaukhamba Surbharati Prakashana; p. 515.
38. Kunte AM, Navre KR, Paradkar HV, Ashtanga Hridaya of Vagbhata, Sutra Sthana; Chapter 18/60; Reprint edition 2000; Krishnadas Academy; p. 270.

Cite this article as:

Manjunatharao SV, Shreyas DM and Kiran M Goud. Effect of Gurupravarana as Niragni Swedana and Virechana Karma on dyslipidemia: A Case Report. Int. J. Res. Ayurveda Pharm. 2025;16(2):47-51 DOI: http://dx.doi.org/10.7897/2277-4343.16241

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