



Case Report

www.ijrap.net

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



CLINICAL OUTCOMES OF AYURVEDIC INTERVENTION IN DYSLIPIDAEMIA: A CASE REPORT

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Received on: 12/1/26 Accepted on: 12/2/26

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DOI: 10.7897/2277-4343.17245

ABSTRACT

Lifestyle disorders are often termed as diseases of civilisation, which are emerging nowadays due to an unhealthy pattern of living. These disorders progress slowly, usually unnoticed, but have a high burden of morbidity and mortality. Among them, dyslipidaemia is the key metabolic abnormality, which is characterised by increased plasma levels of cholesterol, triglycerides, or both, variably associated with reduced levels of high-density lipoproteins. It is a major risk factor for cardiovascular diseases. In Ayurveda, it comes under Medhovaha Sroto dusthi, Rasa nimittaja vyadhi, and Santarpanajanya vyadhi. We reported a 43-year-old male patient with a history of coronary artery disease who presented with complaints of increased cholesterol levels associated with discomfort in the abdomen, headache and disturbed sleep. Laboratory investigations showed elevated triglycerides (423 mg/dl), very low-density lipoproteins (84mg/dl), total cholesterol (195 mg/dl), and reduced levels of high-density lipoproteins (36mg/dl). Based on Ayurvedic principles, the condition diagnosed as Medhoroga with Kapha-Medho dusthi, and the treatment adopted here are Udwarthana followed by Takradhara, Sadhyovirechana, and Shamana oushadhis like Asanadhi kwatha, Garcinia capsules, and stresscom, along with dietary regulation and lifestyle modifications. After 5 months, there was a reduction in lipid parameters and a reduction in clinical symptoms. This case highlights the importance of Shamana Oushadhi along with lifestyle modifications, which help in the reduction and maintenance of cholesterol levels.

Keywords: Dyslipidaemia, Medhoroga, Rasa nimittaja vyadhi, Asanadhi kwatha.

INTRODUCTION

Dyslipidaemia is one of the major burning problems in today's era because of a sedentary lifestyle and stressful situations. It may manifest as elevated total cholesterol, LDL cholesterol, and triglyceride concentrations, with a decrease in HDL cholesterol in the blood, which is the most common metabolic disorder seen in clinical practice. According to ICMR-INDIAB, the prevalence of dyslipidaemia is 81.2% (urban and rural).¹ Due to underlying genetic predisposition and the buildup of visceral body fat in adulthood, India will be responsible for 40–60% of the world's coronary vascular disease burden in the next 10-15 years. The study, which was done in CAD patients, is about the pattern of dyslipidaemia, which shows 41.3% atherogenic dyslipidaemia (increased triglycerides and low HDL cholesterol).² Causes of dyslipidaemia are classified into primary genetic factors or family history and secondary diabetes mellitus, hypothyroidism, high carbohydrate diet, nephrotic syndrome, alcohol, drugs, and physical and psychological stress.³ It leads to severe diseases like CAD, CVA, renal diseases, etc., so early diagnosis and treatment of dyslipidaemia help prevent these conditions.

According to Susrutha, "Rasa nimittameva sthoulyam karshyam cha," where Rasa is the major factor involved in causing diseases like Sthoulya (obesity) and Karshya (emaciation). Nidanams mainly mentioned are sleshmala ahara sevana, adhyashana (excessive intake of food), avyayama (not doing exercises), divaswapna (day sleep), which leads to the formation of Ama yukta annarasa having Madhura guna, which circulates the entire body as Abaddha medas.⁴ Increased Snehamsa guna of medas leads to further increase of Medas and ends up in Ati sthula. Astha

dosha of Athisthula are Dourbalya (weakness), Dourgandhya (foul smell), Swedabadha (excessive sweating), Krcchra vyavaya (decreased libido), kshuth-pipasa atimatra (excessive hunger and thirst), ayushohrasha (decreased in quality of life), jaroparodha (loss of energy). The first excessive increase of Medhas obstructs other dhatus from getting nourished, and it also causes avarana to Vata. Then vata is confined to the koshtha and causes Sandhukshana (stimulating) of Agni, which causes Soshana of Ahara.⁵ First main line of treatment adopted here is Nidana Parivarjana, followed by medhoghna and srotovishodhana chikitsa. Drugs that can be used are Shilajitu, Guggulu, Gomutra, Triphala, Rasanjana, Madhu and mainly lekshana basti with Ushaakadhigana.⁶

In the Caraka Samhitha, even if we take food in proper quantity, there will be Avipaka when there is involvement of Manasika bhavas like Chinta (worry), Shokha (grief), Krodha (anger), etc., so for the occurrence of medho roga, not only Aharavihara but also Manasika factors play a very important role in the treatment of the disease.⁷

CASE REPORT

A 43-year-old male patient came to the Kayachikitsa OPD of Sri Kalabyraveshwara Swamy Ayurvedic Medical College and Hospital, Vijayanagar, Bangalore, Karnataka, with chief complaints of variation in blood cholesterol levels since 1 year, associated with discomfort in the abdomen, indigestion occasionally, headache, nausea and disturbed sleep since 2 years.

History of illness: He had a history of chest pain, sweating, and palpitations in 2021. He went to the hospital and was diagnosed with non-obstructive CAD with EF 55%, for which he was given antihypertensive and antihyperlipidemic medications, which he took for 1 year on regular follow-up. In 2023, due to personal stress, he noticed symptoms such as headache, disturbed sleep, and abdominal discomfort, with increased blood pressure and cholesterol levels. But he improved after adjusting medication dosage for hypertension and dyslipidaemia. After getting relief from symptoms, he stopped anti-hypertensive medications but continued antihyperlipidemic drugs. On re-evaluation of the lipid profile on 8/5/2024, there was still variation in levels, i.e., triglycerides-195 mg/dl, total cholesterol - 423 mg/dl, HDL -36 mg/dl, VLDL - 84 mg/dl, and LDL-74 mg/dl, even after continuous usage of medications. So, for further management, he came to SKAMCH&RC, Bangalore.

Past History: K/C/O Hypertension since 4 years

Family History: Nothing significant to present illness

Personal History

Diet – Vegetarian
 Appetite - Moderate
 Bowel - 1time/day
 Micturition: 4-5 times/day
 Sleep: Disturbed
 Tongue: Alipa

Past Medical History

Cap. Clopidogrel and Aspirin 150/75 mg OD
 Tab. Atorvastatin 40 mg OD for 6 months
 Tab. Ramipril 2.5 mg OD
 Tab. Nitroglycerin 2.5 mg BD
 Tab. Metoprolol succinate 25 mg OD, later increased to 50 mg for 2 years
 Tab Rosuvastatin 20 OD till now

General Examination: The patient was observed to have a mesomorphic body build and was moderately nourished. The vital parameters were within acceptable limits, with a recorded blood pressure of 130/80 mmHg, pulse rate of 75 beats per minute, and body temperature of 97.5 °F. The respiratory rate was 18 breaths per minute. The patient’s height was 178 cm, and body weight was 84 kg. The body mass index was calculated to be 26.5 kg/m², indicating a slightly elevated BMI.

Systemic Examination: No significant abnormalities noted.

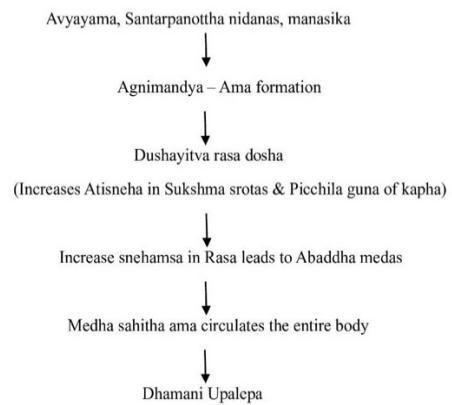
Table 1: Laboratory investigations

Parameters	NCEP III criteria	Lab. investigations (8/5/2024)
Total cholesterol	>200 mg/dl	195 mg/dl
LDL Cholesterol	>100 mg/dl	74 mg/dl
HDL cholesterol	< 40 mg/dl	36 mg/dl
Triglycerides	>150 mg/dl	423 mg/dl
Major risk factors: Age (Men >45; Women >55), Diabetes, Smoking, Hypertension or on medications, obesity, H/O CHD		

Nidanas

Aharaja: Vishamashana
 Viharaja: Divaswapna
 Mansika: Chinta, Shokha

Samprapti



Flowchart 1: The Samprapti

Samprapti Ghatakas

Dosha : Kapha, Vata
 Dushya: Rasa
 Agni: Jathragni, Dhatwagni
 Ama : Jathragnijanya and Medhodhatwagni janya
 Srotas: Rasavaha, Raktavaha, Medovaha
 Srotodusti prakara : Sanga, Atipravrutti
 Udhhbava Sthana: Amashaya
 Sanchara Sthana: Rasa and Rakta vaha srotas
 Vyaktasthana: Dhamani
 Rogamarga: Abhyantara

Table 3: Timeline for Treatment

Time line	Treatment	Duration	Improvements
11/5/2024 to 20/5/2024	1. Sarvanga Udwartana with Triphala churna + Kolakuluttadhi churna f/b 2. Sarvanga Takradhara with takra+musta+amlaki, including siras 3. Gandharva Hastadi taila 20 ml with milk at bedtime	10 days	1.Pt feels lightness in the body 2. Appetite and sleep have improved.
21/5/2024	1. Sarvanga Abhyanga with Asanadi taila f/b Bashpa sweda 2. Sadhyo Virechana with Trivrit lehya f/b Samsarjana krama for 1 day.	1 day	3. Bloating of the abdomen has reduced. 4. Weight got reduced by 2 kgs
23/5/2024 to 13/6/2024	Cap.Stresscom OD	20 days	1.Pt had a sound sleep 2. Calmness of mind
23/5/2024 to 23/8/2024	Tab. Garcini BD	90 days	Weight reduced by 1 kg.
19/9/2024 to 25/9/2024	1. Sootasekhara rasa 1-1-1 Before food 2. Shankha vati 1-1-1 After food	7 days	C/bloating of abdomen reduced.
23/5/2024 to 10/10/2024	Asanadi kwatha 50ml 1hr Before food	120 days	

Pathya Advised: Takra (butter milk), Yava (barley), Mudga (green gram), Meditation, Pranayama

RESULTS

Table 4: The results of Lipid Parameters, month-wise

Lipid parameters	8/5/2024	12/6/2024	26/7/24	17/8/24
Total cholesterol	195mg/dl	160mg/dl	155mg/dl	158mg/dl
Triglycerides	423mg/dl	215mg/dl	200mg/dl	186mg/dl
HDL	36mg/dl	36mg/dl	36mg/dl	36mg/dl
VLDL	84 mg/dl	43 mg/dl	38 mg/dl	37 mg/dl
LDL	74 mg/dl	81mg/dl	80 mg/dl	84 mg/dl

Table 5: The results before and after treatment

Parameters	Before treatment	After treatment
Weight	84 kgs	80 kgs
BMI	26.5 kg/m ²	25.6 kg/m ²
Waist circumference	94 cms	93 cms
Blood pressure	130/80 mmHg	130/80 mmHg

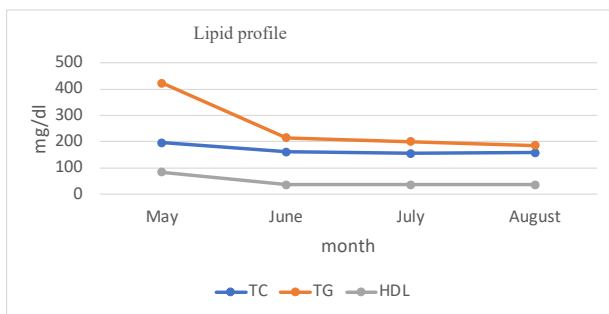


Figure 1: The lipid parameters according to month-wise

DISCUSSION

Dyslipidaemia is a condition of vitiation and accumulation of Medho dhatu, and the main principles of management include Nidana Parivarjana, Samshodhana, and Samshamana. Among these, Nidana Parivarjana is the first and most important step, as it involves avoiding the causative factors responsible for the increase of Medho dhatu, such as Chinta, Shoka, and Avyayama, which lead to impairment of Agni and accumulation of Kapha, which obstructs medhodhatu, resulting in disease progression.⁸ By avoiding these nidanas, we can break the samprapti, and additional dosha vitiation is prevented.

Udwartana (powder massage) is mainly helpful in Kapha medho vilayanam and Vataharam, according to Sushruta. To improve the effect of medho vilayanam, it is done with the Ruksha dravyas, such as Kolakuluttadhi churna and Triphala churna.⁹ Because of the ushna and tikshna guna of dravyas, the virya of medicine enters romakupa and opens the mukha of siras, resulting in liquefaction of kapha and medhas. Continuous rubbing increases the friction of body parts and breaks the subcutaneous triglycerides into fatty acids, which are transported to the liver and converted into bile.

Takradhara comes under the swedana procedure and indirectly acts as Ruksha swedana because of Takra, which has the properties of Laghu, Ruksha guna, ushna virya, and kapha-vata hara.¹⁰ As we pour lukewarm liquid continuously, which helps to increase metabolic rate, vasodilation of blood vessels, liquefaction of medhas, and movement of morbid doshas from

sakha to kostha. Shiro takradhara has an impact on stress, which is the major factor in the increase of cholesterol levels. It also normalises serotonin and norepinephrine neurotransmitters, along with sleep.

Virechana (purgation) is the main treatment adopted for Pitta dosha, so it directly acts on Yakrit as it is the pitta Sthana. It also acts on the bile production, as it has similar properties to those of pitta, which helps in Pachana of Annarasa. Bile acid synthesis is the major pathway for hepatic cholesterol catabolism and intestinal absorption of lipids and nutrients. Rukshana karma brings doshas from sakha to kostha, and from there it is removed by the Virechana karma, which indirectly shows its effect on Agni, which regulates the digestion and metabolism.

Gandharva hastadi taila with milk mainly helps in dosha haranam, as it is the treatment adopted for the Vata samsrutha kapha condition, and also helps in Vatanulomana.¹¹

Ashwagandha is the component in Cap. Stresscom includes the primary bioactive compounds like alkaloids and withanolides. They function as adaptogens and aid in controlling the HPA axis, which in turn controls cortisol production and lessens the physiological effects of long-term stress. Additionally, it modifies GABAergic activity, which controls sleep cycles. Chronic stress causes the body to release cortisol and catecholamines, which raise total cholesterol, LDL cholesterol, and triglycerides while lowering HDL cholesterol. Chronic stress conditions are associated with several mechanisms, including the breakdown of fat cells into FFA and glycerol in the blood, the development of insulin resistance, excessive triglyceride synthesis, and decreased lipoprotein lipase activity, which lowers the removal of triglycerides from the blood.¹²

Vrikshamla is chosen for dyslipidaemia because of its Hridya, Agni deepana, and Kapha medohara properties, along with lipid peroxidation. Bhavaprakasha describes the drug's qualities as Amla, Katu, and Madhura rasa, with Amla rasa predominant; Laghu and Ushna guna; Amla vipaka; and Kapha-vata hara. While laghu and ushna guna aid in Ama Pachana, cleanse srotorodha, and enhance Jatharagni and Dhatwagni, Amla rasa aids in Agni deepana.¹³ Hydroxycitric acid, the active component of *Garcinia cambogia*, inhibits ATP citrate lyase, an enzyme primarily involved in endogenous lipid synthesis. It stimulates the hepatic absorption of triglycerides and aids in lowering the liver's production of triglycerides as VLDL.¹⁴

Asanadi kwatha has drugs from the Asanadhi gana that help with medhohara, like Asana, Khadira, Usheera, Triphala, Haridra, and Saptarangi. It also has drugs that help with rakta sodhaka, like Manjista, Sariva, and Ashwagandha.¹⁵ All the drugs in Asanadi kwatha have mostly Tikta rasa, which means they can help with dyslipidaemia because they have medho soshana and lekhana properties. Haridra has properties like tikta katu rasa, laghu ruksha guna, Ushna virya, Katu vipaka, and Kapha vata nashaka. These help in lowering snehamshaguna of kapha-medhas and do ama pachana because they have the opposite qualities of medhas. Many studies show that Haridra speeds up the conversion of cholesterol into bile acid by making hepatic cholesterol 7 alpha hydroxylase work harder, and this enzyme is important in bile acid synthesis.¹⁶ Saptarangi has properties like Kashaya, Tikta rasa, Laghu, Ruksha, Teekshna guna, Ushna virya, Katu vipaka, and Kapha hara. Mainly, Kashaya rasa helps in lekhana, kledha soshana, and studies showing anti-hyperlipidemic effect by the increased activity of lecithin, endothelium-bound lipoprotein lipase, or inhibition of lipolysis.¹⁷

Takra has properties like Kashaya, Madhura rasa, Laghu Ruksha Vikasi guna, Ushna virya, Madhura vipaka, and Tridosha hara. By the kashaya rasa, Vikasi, and Ruksha guna, it balances the kapha dosha; by the ushna virya, the Agnideepaka properties help in balancing the vata dosha, and it does not increase pitta by its laghu guna. It acts as a srotorodha by the opposite qualities to Kapha and Medas¹⁸. In Samhitas, Takra is considered as Amritha for Kapha-vata rogas, Mandagni, and srotorodha.

Stress induces the sympathetic nervous system and shows an effect on lipid levels through mechanisms such as decreased lipolysis, increased lipogenesis, and disturbance in the transportation of FFA. It also leads to hyperactivation of adrenergic receptors, which causes prolonged release of cortisol hormones, which shows an impact on lipid metabolism and increases the levels of circulating fats. Doing meditation, it shows an impact on ANS activity by increasing the ventral vagal tone and decreasing adrenergic activity¹⁹.

CONCLUSION

Dyslipidaemia is a common lifestyle disorder characterised by derangement of Medho dhatu and is closely associated with sedentary habits, improper diet, and psychological stress. In Ayurveda, it can be understood under Medhoroga, where agnimandya, ama formation, and kapha-medha vridhhi play a central role in the pathogenesis.

In the present case, an Ayurvedic approach comprising Udwartana, Takradhara, Virechana, and Shamanaoushadhi, along with dietary regulation and lifestyle modification, resulted in significant improvement in lipid parameters and associated clinical symptoms. Udwartana and takradhara therapies helped with kapha-medho vilayana, lowering stress, and speeding up metabolism. Virechana and Rukshana measures help for dosha elimination and agni regulation. Shamana oushadhi, such as Asanadi kwatha and Garcinia, contributed to medhohara, lekhana, ama pachana, and regulation of lipid metabolism. It also highlights the importance of manasika bhavas, which are a major factor for disturbances in lipid levels, which are regulated by meditation and pranayama.

As this is a single case study, it is difficult to draw definitive conclusions; therefore, the same drug regimen should be evaluated in a larger population and compared with standard antihyperlipidemic drugs to assess its efficacy.

This case emphasises the importance of shamana oushadhi combined with appropriate lifestyle modification in achieving sustained improvement in lipid levels and overall metabolic health.

Patient Consent: Informed consent was obtained from the patient for publication of the case, including clinical details, in the journal. The patient understands that names and initials will not be disclosed and all reasonable efforts will be made to maintain anonymity. However, complete anonymity cannot be guaranteed.

Ethical statement: The Study is carried out as per ICMR National ethical guidelines for Biomedical and Health Research Involving Human Participants.

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Cite this article as:

G. Yasaswani and Vijayalakshmi S. Clinical outcomes of Ayurvedic intervention in Dyslipidaemia: A Case Report. *Int. J. Res. Ayurveda Pharm.* 2026;17(2):24-28 DOI: <http://dx.doi.org/10.7897/2277-4343.17245>

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

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