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MANAGEMENT OF HYPERCHOLESTEROLEMIA THROUGH AYURVEDIC TREATMENT: A CASE REPORT

Dr. Saurabh Joshi*, Dr. Sneha Kubde

79, Marai Shyam Nager Somwada Nagpur, Maharashtra, India.

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***Corresponding Author**
Dr. Saurabh Joshi
79, Marai Shyam Nager Somwada
Nagpur, Maharashtra, India.

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ABSTRACT

Background: Dyslipidemia is a common metabolic abnormality associated with increased cardiovascular risk. Ayurveda does not describe hypercholesterolemia as an isolated pathological entity; however, its clinical and pathophysiological features may be understood in relation to Medoroga, Sthaulya and Santarpanajanya Vyadhi. The Ayurvedic understanding emphasizes the role of Agnimandya, Ama formation, Meda Dhatu Dushti and Medovaha Srotodushti. **Case Presentation:** A 44-year-old female patient presented to the Ayurvedic outpatient department with complaints of indigestion, generalized weakness, heaviness in the body and excessive daytime sleepiness. Laboratory investigations revealed elevated lipid parameters, including total cholesterol of 227 mg/dL and triglycerides of 179.5 mg/dL. Ayurvedic assessment suggested Agnimandya, Meda Dhatu Dushti, Medovaha Srotodushti and Ama Lakshanas. **Intervention:** The treatment approach was planned according to the Ayurvedic assessment, with emphasis on Agni Deepana, Ama Pachana, Meda Shamana and Anulomana. The treatment protocol included Chitrakadi Vati, Rasapachak Churna, Erandabhrishta Haritaki, Triphala Guggulu and Arjuna Ghanvati, along with appropriate dietary and lifestyle advice. **Outcome:** Following one month of treatment, the patient reported resolution of indigestion and excessive daytime sleepiness, with significant improvement in heaviness. Total cholesterol decreased from 227 mg/dL to 199 mg/dL, triglycerides from 179.5 mg/dL to 94.4 mg/dL, and VLDL cholesterol from 35.9 mg/dL to 18.88 mg/dL. HDL cholesterol changed from 37.6 mg/dL to 38.2 mg/dL. **Conclusion:** This case demonstrates improvement in clinical symptoms and lipid parameters following an individualized Ayurvedic management

approach. The findings may support further systematic investigation of Ayurvedic interventions in dyslipidemia. However, conclusions regarding efficacy cannot be generalized from a single case report.

KEYWORDS: Hypercholesterolemia, Dyslipidemia, Medoroga, Agnimandya, Ayurveda, Case Report.

1. INTRODUCTION

Dyslipidemia is an important metabolic abnormality associated with an increased risk of atherosclerotic cardiovascular disease. Current clinical approaches to dyslipidemia emphasize assessment of cardiovascular risk together with appropriate lifestyle modification and lipid-lowering therapy according to individual risk. The 2025 focused update of the ESC/EAS dyslipidemia guidelines continues to emphasize risk-based management and LDL-cholesterol reduction.

Ayurveda does not describe serum cholesterol as an isolated disease entity. Conditions involving excessive accumulation or abnormal metabolism of Meda may be conceptually correlated with Medoroga, Sthaulya and Santarpanajanya Vyadhi. Excessive intake of Guru, Snigdha and Madhura Ahara, sedentary habits and Divaswapna are described as factors contributing to Kapha aggravation and impairment of Agni.

From an Ayurvedic perspective, impairment of Agni may lead to improper metabolic transformation and formation of Ama, followed by Meda Dhatu Dushti and Medovaha Srotodushti. Therefore, management may be directed towards correction of Agni, Ama Pachana, regulation of Meda and restoration of normal metabolic function.

The present case is reported because improvement in both clinical symptoms and lipid parameters was observed following an individualized Ayurvedic treatment protocol.

2. AIM

To document the clinical and laboratory outcome of an individualized Ayurvedic treatment approach in a patient presenting with hypercholesterolemia and associated metabolic symptoms.

3. OBJECTIVES

1. To assess improvement in the patient's clinical symptoms.

2. To evaluate changes in lipid profile parameters following treatment.
3. To document the Ayurvedic assessment of Agnimandya, Ama, Meda Dhatu Dushti and Medovaha Srotodushti.
4. To describe the therapeutic approach based on the identified Ayurvedic Samprapti.

4. CASE PRESENTATION

A 44-year-old female patient attended the Ayurvedic outpatient department with complaints of.

- Indigestion
- Generalized weakness
- Heaviness in the body
- Excessive daytime sleepiness

The patient belonged to a middle socio-economic background.

There was no reported history of diabetes mellitus, hypertension, thyroid disorders or long-term allopathic medication.

Additional Patient Information

The following information should be added from the original case record before submission.

- Height: **5'7"**
- Weight: **58kg**
- BMI: **20.1**
- Blood pressure: **140/G0mmhg**
- Pulse: **78/min**
- Physical activity/lifestyle history: **Sedentary (sitting job)**
- Family history of dyslipidemia/cardiovascular disease: **Maternal history present**
- Previous treatment for dyslipidemia: **No**

These details are important because CARE recommends reporting relevant patient history and clinical findings in a case report.

5. Clinical Examination

Ayurvedic assessment revealed Mandagni, suggestive of Agnimandya. The patient also demonstrated features interpreted as Meda Dhatu Dushti and Medovaha Srotodushti.

Heaviness and lethargy were considered among the associated Ama Lakshanas.

Ayurvedic Assessment

Prakriti: Vaat- kaphaj

Vikriti: Kapha predominant with Pitta association

Agni: Mandagni

Ama: Present

Dushya: Meda Dhatu

Srotas: Medovaha Srotas

Srotodushti: Sanga

Roga Marga: Abhyantara

6. Investigations

Lipid Profile Before Treatment

Parameter	Before Treatment
Total Cholesterol	227 mg/dL
Triglycerides	179.5 mg/dL
VLDL Cholesterol	35.9 mg/dL
HDL Cholesterol	37.6 mg/dL

7. Ayurvedic Diagnosis

Vyadhi: Medoroga / Santarpanajanya Vyadhi

Dosha: Kapha predominant with Pitta association

Dushya: Meda Dhatu

Srotas: Medovaha Srotas

Agni: Agnimandya

Ama: Present

Samprapti

Agnimandya → Ama Utpatti → Meda Dhatu Dushti → Medovaha Srotodushti → manifestation of dyslipidemic features

The above represents the Ayurvedic interpretation of the clinical presentation and should be understood as a conceptual correlation rather than an assertion that hypercholesterolemia and Medoroga are identical diagnostic entities.

8. Treatment Protocol

The treatment was planned according to the Ayurvedic assessment, with the primary objectives of.

1. Agni Deepana
2. Ama Pachana
3. Meda Shamana
4. Anulomana
5. Correction of the underlying metabolic imbalance

Therapeutic Intervention

Formulation	Intended Ayurvedic rationale	Dose	Frequency Duration
Chitrakadi Vati	Agni Deepana	1 Tab Before meal	Twice a day 30days
Rasapachak Churna	Ama Pachana	3 gm After meal	Twice a day 30days
Erandabhrishta Haritaki	Anulomana	1 tab At bed time	Once a day30days
Triphala Guggulu	Medohara / Lekhana	2 tabs After meal	Twice a day 30days
Arjuna Ghanvati	Hrudya support	1 Tab After meal	Twice a day 30days

Dietary and Lifestyle Advice

The patient was advised appropriate dietary and lifestyle modifications according to the Ayurvedic assessment.

Specific advice given to the patient: advised to avoid the use of refined oil for cooking and to avoid junk food and street food.

9. Treatment Timeline

Period	Clinical Status	Intervention
Baseline	Indigestion, weakness, heaviness and daytime sleepiness; abnormal lipid profile	Ayurvedic assessment and initiation of treatment
Initial treatment phase	Clinical improvement observed	Agni Deepana, Ama Pachana, Anulomana and Meda-oriented management
Follow-up at 1 month	Symptoms improved; lipid parameters improved	Follow-up assessment and repeat lipid profile

10. Follow-up and Outcome

After one month of treatment, the patient reported.

- Complete resolution of indigestion
- Complete resolution of excessive daytime sleepiness
- Significant reduction in heaviness
- Improvement in generalized weakness

Lipid Profile: Before and After Treatment

Parameter	Before Treatment	After 1 Month	Change
Total Cholesterol	227 mg/dL	199 mg/dL	↓ 28 mg/dL
Triglycerides	179.5 mg/dL	94.4 mg/dL	↓ 85.1 mg/dL
VLDL Cholesterol	35.9 mg/dL	18.88 mg/dL	↓ 17.02 mg/dL
HDL Cholesterol	37.6 mg/dL	38.2 mg/dL	↑ 0.6 mg/dL

The reduction in total cholesterol was approximately 12.3%, while triglycerides decreased by approximately 47.4%.

No adverse or unexpected events were reported during the treatment period.

11. DISCUSSION

The present case demonstrated improvement in both clinical symptoms and lipid parameters following individualized Ayurvedic management.

From the Ayurvedic perspective, the patient's symptoms of indigestion, heaviness, lethargy and excessive daytime sleepiness were interpreted in the context of Agnimandya and Ama, with involvement of Meda Dhatu and Medovaha Srotas. Accordingly, the treatment strategy was directed towards Agni Deepana, Ama Pachana, Anulomana and Meda Shamana.

Chitrakadi Vati was incorporated for its Agni Deepana role, while Rasapachak Churna was used with the intention of Ama Pachana. Erandabhrishta Haritaki was included for Anulomana.

Triphala Guggulu was used for its traditionally described Medohara and Lekhana properties, while Arjuna Ghanvati was included as a Hrudya-oriented formulation.

Following one month of treatment, total cholesterol decreased from 227 mg/dL to 199 mg/dL, while triglycerides decreased from 179.5 mg/dL to 94.4 mg/dL. VLDL cholesterol

also decreased from 35.9 mg/dL to 18.88 mg/dL. HDL cholesterol showed only a small change from 37.6 mg/dL to 38.2 mg/dL.

The observed improvement is clinically interesting; however, the results should be interpreted cautiously. This is a single case without a control group, and therefore it is not possible to determine whether the observed lipid changes were attributable solely to the Ayurvedic formulations. Dietary modification, lifestyle changes, natural biological variation and other unmeasured factors may also have contributed.

Furthermore, contemporary dyslipidemia management is based on overall cardiovascular risk and LDL-C assessment rather than total cholesterol or triglycerides alone. Current guidelines continue to emphasize individualized cardiovascular risk assessment and evidence-based lipid-lowering therapy when indicated.

Therefore, this case should be considered a clinical observation that may generate a hypothesis for further research rather than evidence establishing the efficacy of Ayurvedic treatment for hypercholesterolemia.

12. CONCLUSION

This case report describes improvement in clinical symptoms and lipid profile parameters following an individualized Ayurvedic management approach in a 44-year-old female patient with hypercholesterolemia. The treatment strategy was based on the Ayurvedic assessment of Agnimandya, Ama, Meda Dhatu Dushti and Medovaha Srotodushti.

Although the observed changes are encouraging, a single case cannot establish treatment efficacy or demonstrate superiority over established medical management. The findings may serve as a basis for further controlled clinical studies evaluating individualized Ayurvedic interventions in patients with dyslipidemia.

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