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AYURVEDIC PERSPECTIVE OF MEDOROGA WITH SPECIAL REFERENCE TO DYSLIPIDEMIA

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ABSTRACT

Medoroga is a metabolic disorder described in *Ayurvedic* classics under *Santarpanajanya Vyadhi*, characterized by abnormal increase and qualitative derangement of *Meda Dhatu*. In contemporary medicine, dyslipidemia represents a similar metabolic disorder characterized by abnormal levels of circulating lipids, including elevated triglycerides (TG), low-density lipoprotein (LDL), total cholesterol (TC), and reduced high-density lipoprotein (HDL). *Ayurveda* does not directly describe dyslipidemia; however, comparable entities such as *Medo Vriddhi*, *Medo Dushti*, *Ama Meda*, *Rasa-Rakta-gata Sneha Vriddhi*, and *Medoroga* closely resemble this pathological condition. Classical *Ayurvedic* texts describe *Medoroga* as a result of improper dietary habits, sedentary lifestyle, psychological factors, and hereditary predisposition. This review synthesizes *Ayurvedic* fundamental understanding with modern biomedical knowledge, highlights shared etiological pathways, clinical progression, and discusses integrated therapeutic potential.

KEYWORDS: Dyslipidemia, *Medoroga*, *Medo Dushti*, lipid metabolism.

INTRODUCTION

Dyslipidemia represents a global health concern, strongly associated with cardiovascular diseases, obesity, and metabolic syndrome.[1] The World Health Organization reports that lipid imbalance contributes to nearly half of ischemic heart disease cases worldwide.[1] In India, the prevalence has increased with lifestyle changes, high-calorie diets, and physical inactivity.

Although Ayurveda does not explicitly define dyslipidemia, the descriptions of *Medoroga* and *Atisthaulya* in classical texts strongly correlate with lipid metabolism disorders. *Medoroga* is described as a pathological increase, vitiation, and abnormal circulation of *Meda Dhatu*, leading to systemic dysfunction.[2,3]

Etiological Factors: Modern Perspective

Dyslipidemia is a metabolic disorder characterized by abnormal levels of plasma lipids and lipoproteins. The major risk factors responsible for the development of dyslipidemia include excessive intake of saturated and trans fats, sedentary lifestyle leading to obesity, alcohol consumption, cigarette smoking, genetic predisposition such as familial hypercholesterolemia, and associated endocrine disorders like diabetes mellitus and hypothyroidism.[4,5]

Insulin resistance plays a pivotal role in dyslipidemia by increasing hepatic very-low-density lipoprotein (VLDL) production, decreasing high-density lipoprotein (HDL) levels, and impairing lipid clearance from circulation.[6,7]

Etiological Factor: Ayurvedic Perspective

Ayurveda classifies the etiological factors of *Medoroga* into dietary, lifestyle, psychological, and hereditary components. *Acharya Charaka*, *Sushruta*, and *Vagbhata* have elaborately described these *Nidanas* as primary causes for *Medo Dhatu Dushti* and *Medoroga*.[2,3,8]

1. *Aharaja Nidana* (Dietary Factors)

Excessive intake of *Madhura* (sweet), *Snigdha* (unctuous), *Guru* (heavy), and *Sheeta* (cold) *Ahara*, along with *Ati Bhojana* (overeating) and *Adhyashana* (consuming food before digestion of previous meal), leads to *Kapha* aggravation and *Meda Vriddhi*.[2] Frequent consumption of *Navanna* (freshly harvested grains), *Mamsa* (meat), *Paya* (milk), and *Dadhi* (curd) further promotes *Medo Dushti* due to their *Kapha-Medovardhaka* properties.[3,9]

2. *Viharaja Nidana* (Lifestyle Factors)

Lifestyle practices such as *Avyayama* (lack of physical exercise), *Asana Sukha* (sedentary habits), *Divaswapa* (daytime sleep), and *Bhojanottara Nidra* (sleep immediately after meals) contribute to decreased metabolic activity and *Medodhatvagni Mandya*, thereby promoting Medoroga.[8,10] These factors closely parallel the sedentary lifestyle implicated in modern dyslipidemia.

3. *Manasika Nidana* (Psychological Factors)

Psychological factors such as *Harshanityata* (excessive indulgence and pleasure), *Achintana* (absence of stress or concern), and mental inactivity are described as contributory factors for *Medo Dushti*.[2] Modern medicine similarly recognizes emotional overeating and reduced mental discipline as contributors to obesity and dyslipidemia.[5]

4. *Bijadosha* (Hereditary Factors)

Ayurveda acknowledges *Bijadosha* (hereditary predisposition) as an important etiological factor for *Medoroga*, which corresponds to familial and genetic dyslipidemias described in modern medicine.[2,10]

PATHOGENESIS (*SAMPRAPTI*) OF *MEDOROGA* WITH CORRELATION TO DYSLIPIDEMIA

According to *Ayurvedic* principles, continuous exposure to *Medo-vardhaka nidanas* results in *Kapha Dosha Prakopa*, leading to *Agni Mandya* at both *Jatharagni* and *Dhatvagni* levels.[11] Due to impaired digestion and metabolism, *Ama* is formed, which subsequently combines with *Meda Dhatu*, resulting in *Ama Medo Dhatu*.[8]

The excessive and vitiated Meda leads to *Srotorodha* (obstruction of *Rasavaha* and *Medovaha Srotas*), particularly in abdominal and vascular channels.[3] This obstruction causes *Avarana* of *Vata*, especially *Samana* and *Vyana Vata*, resulting in paradoxical stimulation of *Jatharagni* and manifestation of *Atikshudha* (excessive appetite).[12]

From a structural and functional perspective, *Ayurveda* describes two forms of *Meda*

- ***Baddha Meda*** – excessive stored fat in the abdomen, hips, thighs, and breasts, correlating with obesity and visceral adiposity.

- ***Abaddha Meda*** – circulating *Meda* in the form of pathological lipids, corresponding to elevated serum cholesterol, triglycerides, LDL, and reduced HDL seen in dyslipidemia.[9,10]

This *Ayurvedic Samprapti* closely resembles the modern pathophysiological cascade of insulin resistance, positive energy balance, lipid dysregulation, and atherosclerosis, ultimately leading to metabolic syndrome and cardiovascular diseases.[4,6]

Flow Chart: Correlative Pathogenesis of *Medoroga* and Dyslipidemia

Integrated *Ayurvedic*–Modern Pathophysiological Model

(*Aharaja, Viharaja, Manasika, Bijadosha*)

High-fat diet | Sedentary lifestyle | Alcohol | Genetic predisposition

↓

Kapha Prakopa (↑ Snigdha, Guru, Manda Guna)

↓

Agni Mandya (↓ Jatharagni and *Medodhatvagni)*

↓

Ama Formation (Improper digestion & metabolism)

↓

Ama + Meda Dhatu Interaction

Baddha Meda Vriddhi	*Abaddha Meda Vriddhi*
(Excess stored fat)	(Circulating lipids)
Abdomen, thighs, breasts (*Sthaulya*)	↑ LDL, ↑ TG, ↓ HDL (Dyslipidemia)

↓

Srotorodha (Obstruction of *Rasavaha* and *Medovaha Srotas*)

↓

Vata Avarana (Samana and *Vyana Vata)*

↓

Jatharagni Tikshnata (Paradoxical increase in appetite)

↓

Atikshudha and *Ati Bhojana* (Hyperphagia / Excess caloric intake)

↓

Positive Energy Balance & Insulin Resistance

↓

Progression of Dyslipidemia, Obesity, Metabolic Syndrome & CAD

The *Ayurvedic Samprapti* of *Medoroga*, characterized by *Agni Mandya*, *Ama Meda* formation, *Baddha* and *Abaddha Meda Vriddhi*, and *Srotorodha*, closely parallels the modern pathophysiological cascade of dyslipidemia, which involves impaired lipid metabolism, the production of circulating atherogenic lipoproteins, insulin resistance, and obesity.

Clinical Progression of *Medoroga*

The pathogenesis (*Samprapti*) of *Medoroga* begins with excessive intake of *Guru*, *Snigdha*, *Madhura* ahara along with a sedentary lifestyle (*Avyayama*, *Divaswapna*), leading to *Agnimandya* and formation of *Ama*. This results in vitiation of *Kapha Dosha* and obstruction of *Medovaha Srotas*, causing disproportionate accumulation of *Meda Dhatu.*[13]

Clinically, early stages manifest as *Anga Gaurava*, *Alasya*, *Kshudra Shwasa*, and reduced physical endurance. As the disease progresses, excessive *Meda* leads to secondary depletion of other *Dhatus*, particularly *Asthi* and *Shukra*, a phenomenon described as *Medovriddhi with Dhatu Kshaya*.[14] Advanced stages show complications such as *Prameha*, *Hridaya Roga*, and *Sthaulya*, which closely parallel complications of untreated dyslipidemia, including insulin resistance and atherosclerosis.[15]

Correlation with Dyslipidemia

Dyslipidemia is defined by abnormal lipid profiles (raised LDL, triglycerides, or reduced HDL) and is a core component of metabolic syndrome. The *Ayurvedic* concept of *Abaddha Meda* circulating in the body bears resemblance to elevated serum lipids, contributing to *Srotorodha* and impaired tissue perfusion.[16] Thus, dyslipidemia can be interpreted as a *Medodushti* predominant disorder with systemic implications.

Table 1: Clinical Progression of *Medoroga* and Corresponding Pathological Changes.

Stage of Disease	Ayurvedic Description	Clinical Features	Modern Correlate
Early stage (*Purvarupa*)	*Agnimandya*, *Kapha Prakopa*	Lethargy (*Alasya*), heaviness (*Anga Gaurava*), reduced stamina	Mild dyslipidemia, weight gain
Intermediate stage	*Medovaha Srotodushti*, *Ama Sanchaya*	Excessive sweating, dyspnea on exertion, increased appetite	Elevated triglycerides, LDL
Advanced stage	*Medovriddhi* with *Dhatu Kshaya*	Obesity (*Sthaulya*), fatigue, complications like *Prameha*	Metabolic syndrome, insulin resistance, atherosclerosis

Table 2: Correlation between *Medodushti* and Lipid Abnormalities.

Ayurvedic Concept	Description	Lipid Profile Correlates
Abaddha Meda	Circulating, unstable fat tissue	Raised serum triglycerides
Bahutva of Meda	Excessive quantitative increase	Hypercholesterolemia
Srotorodha	Obstruction of channels	Endothelial dysfunction, atheroma
Kapha–Meda Vriddhi	Dominant metabolic derangement	Low HDL, increased cardiovascular risk

DISCUSSION

Dyslipidemia is a metabolic disorder characterized by altered lipid and lipoprotein levels in the circulation, which significantly contribute to obesity, metabolic syndrome, and cardiovascular diseases. Although *Ayurveda* does not explicitly mention dyslipidemia as a separate disease entity, the concept of *Medoroga* described in classical texts closely parallels its etiopathogenesis and clinical consequences.[9,10]

From an etiological perspective, both *Medoroga* and dyslipidemia arise due to excessive intake of calorie-dense, fatty, and sweet foods, sedentary lifestyle, lack of physical activity, and genetic predisposition. *Ayurvedic* descriptions of *Madhura, Snigdha, Guru Ahara, Avyayama*, and *Divaswapa* directly correspond to modern risk factors such as high saturated fat intake, physical inactivity, and obesity.[2,4] Additionally, *Bijadosha* mentioned in *Ayurveda* can be correlated with familial dyslipidemia, highlighting the ancient recognition of hereditary influence in metabolic disorders.[10]

The *Ayurvedic* concept of *Agni Mandya* plays a central role in the pathogenesis of *Medoroga*. Impaired *Jatharagni* and *Medodhatvagni* result in the formation of *Ama*, which further combines with *Meda Dhatu* to form *Ama Meda*, leading to pathological fat accumulation and circulation.[8] This mechanism closely resembles modern explanations of impaired lipid metabolism, insulin resistance, and increased production of atherogenic lipoproteins.[6,7]

A unique contribution of *Ayurveda* is the description of *Baddha Meda* and *Abaddha Meda*, which aligns with modern distinctions between adipose tissue accumulation and circulating dyslipidemia.[9,10] The obstruction of *Rasavaha* and *Medovaha Srotas* described in *Ayurveda* can be correlated with atherosclerotic plaque formation and endothelial dysfunction seen in dyslipidemia.[3,5]

Furthermore, *Vata Avarana* results in paradoxical stimulation of appetite (*Atikshudha*), leading to excessive food intake and further aggravation of *Meda* accumulation.[12] This phenomenon closely resembles leptin resistance and appetite dysregulation observed in obesity-associated dyslipidemia.[6] Thus, *Medoroga* can be understood as a comprehensive metabolic disorder encompassing obesity, dyslipidemia, and related complications, providing a holistic explanatory framework that integrates digestion, tissue metabolism, psychological factors, and lifestyle influences.

Integrated Therapeutic Potential

Ayurvedic management of *Medoroga* is comprehensive, targeting *Nidana Parivarjana*, *Samshodhana*, and *Samshamana*. *Langhana*, *Rukshana*, and *Lekhana* therapies form the cornerstone of treatment. *Shodhana* procedures such as *Vamana* and *Virechana* are advocated in suitable patients to eliminate vitiated *Kapha* and *Meda*.[17]

Pharmacological interventions include *Lekhaniya Gana* drugs like *Guggulu*, *Triphala*, *Mustaka*, and *Shilajatu*, which have demonstrated lipid-lowering and anti-atherogenic effects in experimental and clinical studies.[18] Lifestyle modification through *Pathya Ahara* (high-fiber, low-fat diet), *Vyayama*, and *Yoga* complements pharmacotherapy and aligns well with modern dyslipidemia management guidelines.

An integrated approach combining Ayurvedic interventions with contemporary lipid monitoring and risk stratification provides a safe, cost-effective, and holistic strategy for long-term management of dyslipidemia.

Table 3: Integrated Therapeutic Approach in *Medoroga* in relation to Dyslipidemia.

Therapeutic Modality	**Ayurvedic Intervention**	**Expected Effect**	**Modern Relevance**
Nidana Parivarjana	Avoidance of *Guru*, *Snigdha Ahara*	Correction of *Agnimandya*	Dietary fat restriction
Shodhana	*Vamana*, *Virechana*	Elimination of *Kapha* and *Meda*	Detoxification, metabolic reset
Shamana	*Guggulu*, *Triphala*, *Shilajatu*	*Lekhana*, lipid reduction	Hypolipidemic, anti-atherogenic
Lifestyle measures	*Vyayama*, *Yoga*	Improved metabolism	Weight loss, improved lipid profile

CONCLUSION

Dyslipidemia represents a major global health challenge due to its strong association with cardiovascular diseases, metabolic syndrome, and premature mortality. Although not described as an independent disease in *Ayurvedic* classics, the condition can be effectively understood through the conceptual framework of *Medoroga* and *Medo Dhatu Dushti*.[9,10]

The etiological factors, pathogenesis, clinical manifestations, and complications of *Medoroga* show a striking resemblance to those of dyslipidemia. The *Ayurvedic* concepts of *Agni Mandya, Ama Meda, Baddha* and *Abaddha Meda Vriddhi*, and *Srotorodha* provide a deeper insight into the systemic metabolic dysfunction underlying dyslipidemia. These concepts parallel modern mechanisms involving impaired lipid metabolism, insulin resistance, and atherogenesis.[4,6]

Hence, *Medoroga* may be considered the *Ayurvedic* correlate of dyslipidemia. Integrating *Ayurvedic* principles such as *Nidana Parivarjana, Shodhana, Shamana Chikitsa*, and lifestyle modification with modern preventive strategies can offer a comprehensive and sustainable approach for the management and prevention of dyslipidemia and its complications.

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