

DECODING DYSLIPIDEMIA: UNDERSTANDING AYURVEDIC NIDANA IN THE PRESENT ERA

Dr. Sharma Masum^{1*} and Prof. Dr. Ojha Aruna²

¹MD Scholar, Department of Kayachikitsa, Shri NPA Government Ayurveda College Raipur,
C.G.

²Prof. & HOD, Department of Kayachikitsa, Shri NPA Government Ayurveda College
Raipur, C.G.

Article Received on
24 May 2025,

Revised on 13 June 2025,
Accepted on 03 July 2025

DOI: 10.20959/wjpr202514-37542



*Corresponding Author

Dr. Sharma Masum

MD Scholar, Department of
Kayachikitsa, Shri NPA
Government Ayurveda
College Raipur, C.G.

ABSTRACT

Dyslipidemia, also known as dyslipemia, is a medical condition characterized by abnormal lipid levels in the blood. These lipids include: Low-Density Lipoprotein (LDL): Commonly referred to as "bad cholesterol" High-Density Lipoprotein (HDL): Known as "good cholesterol" Triglycerides: A form of fat used by the body for energy. In dyslipemia, lipid levels become imbalanced, typically with elevated LDL or decreased HDL. It is often described as a "silent killer" because it asymptotically contributes to the development of atherosclerotic plaques within arteries, thereby reducing blood flow and potentially leading to serious health complications. These include cardiovascular diseases, cerebrovascular accidents, hypertension, peripheral vascular disease, organ damage (e.g., to the kidneys, liver, or eyes), and pancreatitis (because of inflammation) etc. Dyslipidemia can be classified as: Primary (Genetic) Dyslipidemia: because of

genetic mutations. Secondary (Acquired) Dyslipidemia: Due to lifestyle choices (e.g., unhealthy diet, physical inactivity, smoking, alcohol use) or medical conditions such as diabetes mellitus, hypothyroidism, chronic kidney disease, and liver disorders. Certain medications, including corticosteroids and antipsychotics, may affect lipid profiles. From an Ayurvedic perspective, lifestyle habits such as lack of exercise (Avyayama), mental stagnation (Achinta), daytime sleep (Diwaswapna), excessive intake of unctuous and sweet foods (Atisnigdha, Madhura Ahara), overeating (Adhyashana), and genetic predisposition (Beejaswabhabha) lead to vitiation of Medovaha Srotas. This causes an imbalance in Kapha

Dosh and Meda Dhatu, ultimately impairing Medodhatvagni (fat tissue metabolism) and resulting in the accumulation of "sama" Kapha and Meda in the body's channels (Srotas). This obstruction, particularly in the Rasa-Raktavaha Srotas, hampers the flow of Vata and Rakta, a condition analogous to Dyslipidemia.

KEYWORDS: Dyslipidemia, Abnormal lipid level, Cardiovascular risk, Lifestyle Factors.

INTRODUCTION

Dyslipidemia is a disorder of lipid metabolism associated with severe systemic health risks. In Ayurveda, it is linked to Kapha and Meda morbidity, which results in the blockage (Margavarana) of the Rasa-Raktavaha Srotas. Ayurvedic management focuses on preventing the formation of Sama Kapha and Sama Meda, removing obstructions in the Srotas, and restoring the physiological flow of Vata and Rakta. Therapeutic strategies include Nidana Parivarjana (elimination of causative factors), Shamana Chikitsa (palliative therapies), Rasayana (rejuvenative measures), and Pathya-Apathya (dietary regulations).

Drugs with Ushna, Tikshna, Katu, Kaphavata shamak, Kaphamedohara, Deepana, Pachana, Ruksha, and Lekhana properties can help break the Samprapti, clear Ama, Kapha, and Meda, and clear the avarans, thus re-establishing the normal movement of Vata and Rakta through affected srotas.

According to the ICMR-INDIAB17 study published in The Lancet (June 2023), dyslipidemia affects 81% of the Indian population, exceeding the prevalence of hypertension (35%) and diabetes (11.5%). The prevalence varies by region and demographic group, highlighting the need for cost-effective, long-term, and side-effect-free interventions. Ayurvedic principles offer a holistic and accessible approach to address this chronic metabolic disorder.

UNDERSTANDING THE NIDANS MENTIONED IN THE SAMHITAS AND COMPARING THEM WITH MODERN ETIOLOGICAL FACTORS

PRAMEHA NIDANA

1. Aasya Sukha (excessive oral pleasure)- it can be understood as excessive taste satisfaction and habit of frequent eating, overeating, or indulging in pleasurable, rich, and sweet foods without hunger, purely for taste and satisfaction.
2. Swapna Sukha (excessive sleep comfort or indulgence in comfort sleep)–It can be understood as a disrupted sleep pattern and prolonged sleep duration.

3. Dadhi (excess consumption of curd).
4. Gramya-Ouduka-Anuparasa (meat of Domestic animals, animals localized to marshy/wetland region, or meat of aquatic animals).
5. Payamsi (excessive use of milk and milk based product).
6. Navannapana (newly harvested grains- heavy to digest leading to formation of toxins.)
7. Guda Vaikruta (consumption of impure and processed jaggery).
8. Regular and excessive consumption of freshly harvested grains, such as Hayanaka (*Oryza sativa* Linn), Yavaka (a variety of *Hordeum vulgare* Linn), Chinaka (*Cucumis utilissimus*), and Uddalaka (*Paspalum scrobiculatum*).
9. Frequent and excessive consumption of freshly harvested pulses, such as Harenu (*Pisum sativum* Linn.) and Masha (*Phaseolus radiatus* Linn)., especially when combined with ghee; meat from domesticated, marshy, and aquatic animals; various vegetables; and sesame (*Tila*, *Sesamum indicum* Linn.) oil, sesame cakes, and sesame-based pastries; dairy-based sweets like Payasa (milk pudding); grain-based dishes such as Krisara (a gruel made with sesame, rice, and black gram) and Vilepi (a thick gruel); sugarcane-derived food products; milk, fresh wine, and immature curd (which remains mostly liquid and sweet). Additionally, dietary patterns that lead to excessive accumulation of Kapha and Meda, along with lifestyle habits such as lack of physical activity, excessive sleep, prolonged bed rest, and a sedentary routine, contribute to these dosha imbalances.

STHAULYA NIDANA

1. Ati-Guru Ahara Sevana – frequent intake of foods that are heavy in nature and difficult to digest.
2. Madhura Ahara Sevana (food with more sweet and having more calories).
3. Sheetahara Sevana (excessive consumption of cold foods and drinks, refrigerated foods, cold desserts, fast foods, packaged juices, soft drinks, frozen and processed foods).
4. Ati-Snigdha (excessive consumption of oily and unctuous food with more fat content, and deep fried foods).
5. Shleshma Bahula and Pichhila Aahara (Shleshma refers to food articles which are heavy, unctuous, cold and Pichhila refers to food articles which are sticky slimmy and unctuous such as curd, pastries, cheese, mayonnaise etc).
6. Adhyasana (Habit of Consuming food before the previous meal is fully digested).
7. Anupa Mamsa Sevana (meat of animals localized to marshy or wetland region or meat of aquatic animals).

8. Avyavaya (absence of sexual activity and indulges).
9. Avyayama (lack of physical movement and sedentary lifestyle).
10. Divaswapna (continue sleeping after bramhamuhurt and excessive sleeping during day time except Bal, Vridha, Aatur, Garbhini, Ksheen and in Grishma ritu.).
11. Achinta (a state of being free from anxiety, mental stress, and personal or social worries) leads to an increase in Tamo Guna in the body. An increase in Tamo Guna is associated with an increase in Prithvi and Jala Mahābhūta. Since Prithvi and Jala Mahabhuta are directly proportional to Kapha and Meda, their increase results in the aggravation of Kapha and Meda in the body.
12. Nitya Harsha (refers to a continuous state of happiness, luxury, and indulgence without challenges or hardships Ayurveda believes that occasional discomfort, physical exertion, and controlled stress help maintain health).
13. Beeja Swabhava (inherent nature of genetic material) refers to dyslipidemia caused by genetic mutations that disrupt lipid metabolism.

MEDOVAHA SROTO DUSHTI NIDAN

1. Avyayama (lack of physical movement and sedentary lifestyle).
2. Divaswapna (Continue Sleeping after Bramhamuhurt and Sleeping during day time except Bal, Vridha, Atur, Garbhini, Ksheen and Grishma ritu.).
3. Medhyanam Cha Ati bhakshanat- excessive consumption of heavy, unctuous and sweet foods fatty, fried, high caloric diet -ghee, milk, nuts, oily foods.
4. Varuna cha atisevanat –overconsumption of alcoholic beverages. Excessive alcohol weakens the digestive fire (Jatharagni), leading to improper digestion and the accumulation of undigested toxins.

DISCUSSION

Dyslipidemia in Ayurveda is linked to Kapha and Meda imbalance, causing obstruction (Margavarana) in the Rasa-Raktavaha Srotas. It is associated with Prameha (diabetes) and Sthoulya (obesity), both of which contribute to abnormal lipid metabolism.

CAUSES OF DYSLIPIDEMIA

Unwholesome Diet (Apathya Ahara)–Heavy & Fatty foods (Guru and Snigdha Ahara): Excessive fried, oily, and processed foods increase Meda Dhatu. Excess Sweet & Sour Tastes (Ati Madhura and Ati Amla Rasa): Refined sugars, sweets, and fermented foods aggravate Kapha and Pitta. Incompatible Food Combinations (Viruddha Ahara): For example, milk

with fish and curd at night can cause Ama formation. Excess dairy (Snigdha and Kshira Sevana): Ghee, butter, and full-fat milk can increase Kapha and Meda if not balanced. Late-Night Eating (Ratri Bhojana): Leads to Ama accumulation and sluggish lipid metabolism.

Unwholesome Lifestyle (Apathya Vihara)-Daytime Sleep (Diwaswapna): Increases Kapha and Meda Dhatu, leading to fat accumulation. Lack of Exercise (Avyayama): Nowadays, jobs are mainly computer and desk-oriented. Due to prolonged sitting and less physical activity, there is impairment in Agni and fat metabolism. It reduces Agni and slows fat metabolism.

Application of Ashta Ahara Vidhi Vishesayatan (Eight Dietary Factors) in Dyslipidemia Management

1. **Prakriti** (Nature of Food): Avoid heavy, fatty foods; prefer light, dry, fiber-rich foods such as barley, millet, and leafy greens. 2. **Karana** (Food Processing) – Choose steaming/boiling over deep-frying to maintain digestibility. 3. **Samyoga** (Food Combination) – Avoid incompatible combinations (e.g., dairy with fish) and prefer lipid-regulating pairings, such as Triphala and honey. 4. **Rashi** (Quantity of Food) – Overeating causes Ama; a balanced intake supports digestion and metabolism. 5. **Desha** (Habitat Influence) – Adapt diet to regional climatic conditions (e.g., warm, dry foods in cold and moist regions). 6. **Kala** (Time & Season) – Follow seasonal dietary adjustments (e.g., light foods in summer and heavier foods in winter with exercise). 7. **Upayoga Samstha** (Eating Rules/direction of use) – Eat mindfully, chew well, and avoid distractions to improve digestion. 8. **Upayokta** (Individual Constitution) – Tailor diet to Prakriti: Kapha: Light, warm foods; avoid heavy and oily foods. Pitta: Cooling, hydrating foods; avoid spicy, sour foods. Vata: Moderate fats for balance.

Management Tips: Prefer high-fiber, Agni-boosting foods, such as barley, buttermilk, and herbal formulations. Avoiding late-night eating and sedentary habits can improve lipid metabolism. Following seasonal and personalized dietary guidelines can help maintain balance and prevent metabolic disorders.

CONCLUSION

By incorporating Ashta Ahara Vidhi Vishesayatan principles into daily life, individuals can effectively manage dyslipidemia and mitigate the risks associated with sedentary lifestyles. Proper food selection, preparation, timing, and mindful eating practices help balance Kapha and Meda Dhatu, thereby improving lipid metabolism and one's overall health.

A lack of awareness of the benefits of a healthy diet and regular physical activity can increase the risk of dyslipidemia. Therefore, it is essential to prioritize regular awareness programs that educate people on lifestyle modifications and their roles in preventing dyslipidemia. Additionally, screening programs should be implemented for individuals at risk due to the above mentioned factors, enabling early detection and timely intervention through lipid-lowering medications and lifestyle changes to minimize the risk of atherosclerosis.

REFERENCES

1. Tripathi Bramhanand, Charaka Samhita Part 1, Nidana Sthana, Chapter 4, Published By Chaukhambha Surbharati Prakashan Varanasi, reprint edition 2006; 613.
2. Tripathi Bramhanand, Charaka Samhita Part 1, Sutra Sthana Chapter 21, Published By Chaukhambha Surbharati Prakashan Varanasi, reprint edition 2006; 399.
3. Tripathi Bramhanand, Charaka Samhita Part 1, Viman Sthana Chapter 5, Published By Chaukhambha Surbharati Prakashan Varanasi, reprint edition 2006; 699.
4. Tripathi Bramhanand, Charaka Samhita Part 1, Viman Sthana Chapter 1, Published By Chaukhambha Surbharati Prakashan Varanasi, reprint edition 2006; 662.
5. Davidson's Principles and Practice of Medicine, 24th edition, Chapter 20, "Metabolic Disorders," page 425.
6. Davidson's Principles and Practice of Medicine, 24th Edition, Chapter 17, "Cardiovascular Disease." pages 607 to 612.
7. Nikos Pappan¹; Ayoola O. Awosika²; Anis Rehman³. Dyslipidemia. March 4, 2024; n: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025JanAvailable from: <https://www.ncbi.nlm.nih.gov/books/NBK560891/>.
8. Old enough to write cv? Get cholesterol tested too/ Anuja Jaiswal / TNN / Jul 06 2024; 9: 07 8.
9. Analysis of Etiological Factors of Dyslipidemia -A Case Control Study Sadhana Misar Wajpeyi^{1*} Associate Professor, MGACH & RC, Datta Meghe Institute of Medical Sciences (Deemed to be University), Wardha. DOI: <https://doi.org/10.47552/ijam.v11i1.1340> 2020-03-24