

## EFFICACY OF AYURVEDIC FORMULATIONS IN MANAGEMENT OF MEDODUSHTI WITH SPECIAL REFERENCE TO DYSLIPIDEMIA: A CASE STUDY

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Article Received on 15 Jan. 2025,

Article Revised on 05 Jan. 2026,

Article Published on 16 Feb. 2026,

<https://doi.org/10.5281/zenodo.18669803>

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How to cite this Article: \*<sup>1</sup>Dr. Manisha Ojha, <sup>2</sup>Dr Bharat Kadlaskar (HOD, Prof) (2026). Efficacy Of Ayurvedic Formulations In Management Of Medodushti With Special Reference To Dyslipidemia: A Case Study. World Journal of Pharmaceutical Research, 15(4), 1303-1307.

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### INTRODUCTION

Dyslipidemia means disordered lipids in the blood. We can correlate it with “*Medodushti*”. Dyslipidemia is characterized by a disorder of lipoprotein metabolism as a result of abnormal production of lipoprotein metabolism as a result of abnormal production of lipoprotein. This condition refers to alteration in plasma cholesterol mainly **High Density Lipoprotein (HDL)**, **Low Density Lipoprotein (LDL)** and **Triglycerides (TGL)**. Dyslipidemia is a condition wherein one or more viable levels are elevated like **Total Cholesterol** above **200 mg/dl** or **Triglyceride levels** above **150 mg/dl** or **High Density Lipoprotein** below **40 mg/dl**. Dyslipidemia could be responsible for several morbid conditions like Obesity, Hypertension, Diabetes, Cardiovascular disorders and metabolic syndrome etc. It is believed that abnormal levels of Dyslipidemia may be the primary cause for Atherosclerotic diseases especially Coronary Heart Disease.

We can correlate Dyslipidemia with *Medodushti*. According to Ayurveda, a person having *Avyayama, Achinta, Diwaswapna, Atisnidhda, Madhura, Adhyashana, Atimaatra Ahara* and *Beeja Swabhava* leads to *Medovaha Srotodushti*. *Kapha Dosha dushti* takes place in an individual who indulges in frequent consumption of *Shleshmala Ahara (Madhura, Guru, Sheeta)* without undertaking adequate physical activity and rather sleeps for a long time. The

above mentioned etiological factors leads to disturbance in ***Jatharagni*** consequently in ***Dhtavagni*** and ***Bhutagni***, which results in ***Agnimandya***, leading to production of ***Ama***. It further disturbs the production of ***Saptadhatus***. Hence derangement of ***Jatharagni*** in general and ***Medodhtavagnimandya*** in particular hampers its capacity to digest ***Medamsa***, ultimately leading to the formation of ***Saama Meda Dhatu*** thereby causing ***Medodushti*** (Dyslipidemia).

### CASE REPORT

A male patient aged 48 yrs came to M.A. Podar Hospital in Kayachikitsa OPD No 18 in the month of March 2025 with complaints of weight gain in last 3 months from 78 kgs to 84 kgs. He had been suffering from ***Kshudra Shwasa*** (shortness of breath), ***Atitrishna*** (excessive thirst), ***Atinidra*** (excessive sleep), ***Angagaurava*** (heaviness of body) since 5-6 months. Patient got treatment of many other doctors but could not get relief completely. So, patient came in our OPD for better treatment.

### HISTORY OF PAST ILLNESS

No History of DM, HTN or Hypothyroidism.

### FAMILY HISTORY

Paternal History- H/O HTN

H/O Dyslipidemia

Maternal History- NAD

### GENERAL EXAMINATION

**Blood pressure:** 120/mmHg

**Pulse:** 84

**Temperature:** 97

**Respiratory Rate-** 16/min

**Weight:** 84kg

**Height:** 165cm

**BMI:** 26.02 kg/m<sup>2</sup>

### PERSONAL HISTORY

**Occupation:** Sedentary office work

**Marital status :** Married

**Diet:** Non-vegetarian.

**Addiction:** *Madya Pana, Snigdha, Guru, Paryushit Aahara, Medya Aahara*

### **ASHTAVIDHA PARIKSHANA**

**Nadi:** *Kapha Vataja*

**Mala:** *Sama*

**Mootra:** *Prakrut*

**Jihva:** *Sama*

**Shabada:** *Prakrut*

**Sparsha:** *Snigdha*

**Druk:** *Prakrut*

**Aakruti:** *Sthoola*

On Physical Examination, there was no pallor, no icterus, no oedema and raised appetite detected. He is diagnosed with ***Kapha Meda Dushti*** with involvement of ***Meda Dhatus***, ***Kapha Dosha*** with symptoms of ***Kshudra Shwasa*** (shortness of breath), ***Atitrishna*** (excessive thirst), ***Atinidra*** (excessive sleep).

### **INVESTIGATIONS**

1. CBC
2. Liver Function Test
3. Renal Function Test
4. Lipid Profile
5. Chest X-ray (PA View)

The investigations revealed that his Lipid Profile was deranged. Deranged values are mentioned as follows:

Sr. Total Cholesterol- 294 mg/dl

Sr Triglycerides- 186 mg/dl

Sr LDL- 154 mg/dl

Sr HDL- 32 mg/dl

### **DIFFERENTIAL DIAGNOSIS**

Dyslipidemia (Diagnosis was confirmed on the basis of Investigation Report).

## TREATMENT PLAN

MEDICINE	DOSAGE	DURATION
Triphala Guggul	500 mg BD after meals	8 weeks
Arogyavardhini Vati	500 mg BD after meals	8 weeks
Darvyadi Kwatha	20 ml BD after meals	8 weeks

## OBJECTIVE CRITERIA

### Lipid Profile: (PROGRESS OF PATIENTS IN TWO FOLLOW-UP.

INVESTIGATION	BEFORE REATMENT (mg/dl)	AFTER 4 <sup>TH</sup> WEEK (mg/dl)	AFTER 8 <sup>TH</sup> WEEK (mg/dl)
Sr Total Cholesterol	294	265	211
Sr Triglycerides	186	172	156
Sr HDL	32	34	36
Sr LDL	154	148	126
VLDL	28	28	27

Follow-up was made at 4<sup>th</sup> week and 8<sup>th</sup> week. During this period patient does not develop any other complaint. He reported gradual improvement in *Angagaurava, Atitrishna, Kshudra Shvasa, Atinidra*. We observed a significant decrease in Sr Total Cholesterol, Sr Triglycerides And Sr LDL levels. After treatment patient got significant relief in the symptoms.

## DISCUSSION

### PROBABLE MODE OF ACTION

#### 1) *Triphala Guggulu*

*Triphala Guggulu* contains *Guggulu (Commiphora mukul)* in *kwatha* of *Triphala (Haritaki-Terminalia chebula, Bhibhitaki- Terminalia bellerica, Amalaki- Emblica officinalis)*. *Guggulu* is an excellent *Amapachna Dravya* and it also enhances *Agni*. It is also a good *Vata-Anulomana* thereby supporting propellar action and timely clearing the intestines. *Guggulu*, by the virtue of *Prabhava* is found to be *Medo-Vatahara* and *Lekhana*. The qualities of *Laghu, Ruksha and Teekshna Guna* of *Guggulu* counters the *Snigdha, Guru,Manda* qualities of *Kapha* and *Meda Dhatu*. Thus, the combination of *Triphala* and *Guggulu* work together in bringing down the aggravated and excessively accumulated *Kapha-Meda Dosha*.

*Triphala (Amalaki, Haritaki & Bhibhitaki)* is dominant in *Katu, Tikta & Kashaya Rasa* which together have properties of *Pachana, Anulomana, Keda-Meda Shoshana*,

*Srotovishodhana* and are dominant in Lekhana property, which altogether support the *Samprapti Vighatana* of *Medodushti*.

## 2) Arogyavardhini Vati

This *kalpa* contains *Guggulu* in 4 parts which helps to get rid of *Dushita Meda* by the virtue of its *Kapha-Medohara* and *Lekhaniya* action.

In *Rasa Tarangini*, it is said that this *Kalpa* is *Kapha-Medodushtihara* in action.

## 3) Darvyadi Kwatha

The contents of *Darvyadi Kwatha* are *Daruharidra* (Berberis aristata), *Devadaru* (Cedrus deodara), *Triphala & Nagaramotha* (Cyperus scarious) which are included in *Lekhaniya Mahakashaya*. All dravyas in this *Kalpa* are *Kaphaghna & Medohara* which reduces the amount of *Abaddha Medas* and provide *Laghutva* in body. *Tikta Rasa* being *Laghu & Ruksha* reduces vitiation of *Meda Dhatu* along with reduction in *Amavisha* through its *Deepana, Pachana* and *Vishaghna* activities. *Kashaya Rasa* with *Ruksha Guna* facilitates absorption of liquified *Kapha* and *Meda Dhatu* and maintains the deranged Lipid Profile in initial stages of Dyslipidemia.

## RESULTS

With the help of Ayurvedic formulations, we observed a significant decrease in Sr Total Cholesterol, Sr LDL and Sr Triglycerides. Also there was a gradual improvement in *Angagaurava, Kshudha, Atitrushna, Shvasa & Atinidra*

## CONCLUSION

Even Dyslipidemia (*Medo-dushti*) is a lifestyle related disorder, depending on dosha involvement it can be cured by Ayurvedic Formulations. The quality of life can be improved with the help of Ayurveda in patients of Dyslipidemia. (*Medodushti*).