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MANAGEMENT OF DYSLIPIDEMIA THROUGH AYURVEDIC THERAPY AND ORAL MEDICATIONS: A CASE REPORT

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ABSTRACT

Dyslipidemia is a common metabolic disorder associated with lifestyle diseases such as pancreatitis, fatty liver, and cardiovascular conditions. In the Indian population, elevated cholesterol levels affect approximately 25–30% of urban and 15–20% of rural individuals. In Ayurveda, dyslipidemia is correlated with *Medovaha Srotodushti* and *Medoroga*, reflecting derangement in fat metabolism channels. This case report presents a 36-year-old male with overweight status, excessive perspiration, heaviness in the body, and back pain for one year. The treatment protocol included *Virechan* (therapeutic purgation), *Basti* (Medicated enema), *Udavartan* (Powder massage), followed by *Shaman chikitsa* (oral palliative) care. Post-treatment assessment using lipid profile and body weight measurements demonstrated marked improvements in symptoms alongside reduction in cholesterol levels and weight. The observed results suggest that *Virechana* (therapeutic purgation) *Chikitsa*, *Basti* (Medicated enema), *Udavartan* (Powder massage) effectively enhances digestive fire, stimulates secretion of digestive enzymes and bile, and eliminates toxins at the cellular level, synergistically supported by *Shamana Chikitsa* for sustained metabolic regulation. The

combined approach of detoxification and palliative therapy resulted in significant clinical relief in the patient.

KEYWORDS: Dyslipidemia, Hyperlipidemia, Lipid metabolism, *Medoroga, Virechana.*

INTRODUCTION

Dyslipidemia is a metabolic disorder characterized by abnormal alterations in circulating lipid and lipoprotein levels.[1] Persistent abnormalities in lipid profiles are considered important risk factors for atherosclerosis, coronary artery disease, and cerebrovascular disorders. These alterations are commonly associated with unhealthy dietary habits, reduced physical activity, and other adverse lifestyle practices.[2] Based on the predominant lipid abnormality, primary dyslipidemias may broadly be categorized as hypercholesterolemia, hypertriglyceridemia, or mixed hyperlipidemia.[3]

In the Indian population, prevalence estimates in both urban and rural populations indicate that approximately 13.9% have hypercholesterolemia, 29.5% have hypertriglyceridemia, 72.3% have low HDL-C levels, and 11.8% have elevated LDL-C concentrations.[4] Dyslipidemia may arise from primary genetic abnormalities, including single or multiple gene mutations, or from secondary causes. Important secondary causes include hypothyroidism, inadequately controlled diabetes mellitus, obesity, chronic kidney disease, hepatic dysfunction, cholestatic disorders, alcohol consumption, prolonged use of certain medications such as oral contraceptive pills, retinoids, thiazide diuretics, corticosteroids, and beta-blockers.[5]

In Ayurveda, dyslipidemia involves *Meda Dhatu* (adipose or fat tissue), particularly when associated with impaired metabolism of *Rasa* and *Rakta Dhatu.* Ayurveda considers *Agni*, the various metabolic processes responsible for digestion and tissue metabolism, to be fundamental to the maintenance of physiological homeostasis. Excessive consumption of *Guru* (heavy) and *Snigdha* (unctuous) foods, overeating, psychological stress and anxiety, inadequate physical activity, excessive alcohol consumption, and a sedentary lifestyle may adversely affect *Agni* and contribute to the development of *Rasavaha* and *Medovaha Srotodushti*.[6]

When the digestive and metabolic processes become impaired, incompletely processed dietary material may accumulate and undergo further transformation. Such an improperly

metabolized product is described in Ayurveda as *Ama*, which represents an incompletely processed metabolic product resulting from impaired *Agni*.[7] *Ama* formation may occur at the level of *Jatharagni*, associated primarily with gastrointestinal digestion, or at the level of *Dhatwagni*, which governs tissue-specific metabolism. Thus, impaired functioning of *Agni* is regarded as a major contributing factor in the formation and persistence of *Ama* within the body.[8]

The accumulation of improperly metabolized material may interfere with normal tissue nourishment and metabolism. It contributes to the formation and accumulation of *Abaddha Meda Dhatu*, referring to an excessive or improperly distributed form of adipose tissue. Clinically, such disturbances may manifest as reduced tolerance to physical exertion, breathlessness, and excessive deposition of adipose tissue at sites such as the abdomen, buttocks, and breasts.[9,10]

CASE REPORTS

A 36-year-old male patient reported to the Panchakarma OPD with complaints of being overweight, excessive perspiration, a sensation of heaviness throughout the body, and persistent back pain for the past year. He also experienced general fatigue, sleepiness, and reduced physical activity, which affected his daily routine. The symptoms gradually worsened over time, indicating metabolic imbalance. Based on his presentation and lifestyle history, the patient was suspected to have underlying *Medovaha Srotodushti* and *Kapha-Pitta* predominance, prompting further clinical and laboratory evaluation for overweight and dyslipidemia-related metabolic disturbance.

Past History

The patient had no relevant family history. The patient took capsule orlistat 120 mg once a day but did not lose weight. No history of DM TYPE 2, HTN, Thyroid disorder, or allergic reaction. The patient's diet consists of fatty, spicy junk food and non-vegetarian foods.

Examination of the patient

On General examination of the patient observed that the weight of the patient was 75.9 kg with BMI: 30.6 kg/m2. The height was 5′2″. The pulse rate was 80 beats per minute, and the blood pressure was 130/82 mm Hg. Following laboratory testing, the following results were obtained: Serum Cholesterol Total 244 mg/dl, serum triglyceride levels 269 mg/dl, HDL levels 38 mg/dl, LDL levels 150 mg/dl, and VLDL levels 47 mg/dl.

Eightfold Examination

Table 1: Eightfold Examination.

Sr.no.	Examination	Observation
1.	*Nadi* (Pulse rate)	76times/minute, *Vata Kapha*
2.	*Mutra* (Frequency of micturition)	4-5 times per day, *Samyaka*
3.	*Mala* (Bowel)	*Vibandha (Hard),*
4.	*Jihva* (Tongue)	*Sama (*Coated)
5.	*Shabda* (Sound)	*Spashta (*Clear)
6.	*Sparsha* (Touch)	*Anushnasheet (neither cold nor hot)*
7.	*Drik* (Vision)	*Prakruta (*clear vision)
8.	*Akriti* (Body built)	*Sthoola*

The patient's *Prakriti* (nature) is *Vata (air element) -Kaphaja (earth and water element)*. Their *Sara(essence)* includes *Medo Sara (core of adipose tissue)* and *Mamsa Sara (core of muscle tissue)*. The *Satva (qualities of nature)* is *Madhyam (medium)*, and the *Samhanana (consolidating)* is also *Madhyam (medium)*. The *Koshta* (gastrointestinal tract) is *Mrudu Koshti (soft bowel movement)*. Their *Agni(fire)*includes *Rasadhatu Agni(metabolic fire at plasma level), Medhodhatu Agni(metabolic fire at fat tissue level),* and *Mams Dhatu Agni(The metabolic fire of the muscle tissue).* The *Aharshakti* (digestive process power) is *Madhyama(medium),* as are their *Jaranshakti* (digestive strength to assimilate food efficiently) and *Vyayamshakti (exercise strength)*. The patient is an adult (*Vaya*) with a coated tongue (*Saam*).

After examination and investigation, the patient was diagnosed with overweight and dyslipidemia.

Treatment Plan

Table 2: Details of Treatment Plan.

PROCEDURE	MEDICATION	DURATION	DOSE & FREQUENCY	ROUTE OF MEDICATION
Deepana and Pachana	*Trikatu powder*	3 days (23/1/26-25/1/26	5 gm twice a day before food with lukewarm water	orally
Internal ***Snehapan***	*Triphala Ghrita*	6 days (26/1/26-01/2/26)	1st day (8 am)-40ml 2nd day -80ml 3rd day -100ml 4th day- 120 ml 5th day -150 ml 6th day -160 ml 7th day-180ml	orally
Snehan and	*Saindhavadi*	2 days	Once a day	massage

Swedan	*taila*	(2/2/26-3/2/26)		
Virechan	*Trivrita Avaleha*	1 day (4/3/24)	60gm with lukewarm water	orally

After *Samyak Virechana(therapeutic purgation), Samsarjana Krama* (Diet plan after purgation) for 2-2 *Annakala (Peya, Vilepi)* for 3 days was advised. The patient was keenly observed for *Agnivardhana lakshana (*Digestive fire increases*).*

Table 3: Details of Oral Medications.

Drug	Dose	Anupana	Time	Route of administration	Duration
Arogyavardhini Vati	250mg	lukewarm Water	2 tablets twice a day	Orally	3 months, administered in three cycles of 15 days of medication followed by a 15-day treatment-free interval
Lipomap Tablet	-	lukewarm Water	2 tablets twice a day	Orally	3 months
Triphala+vidanga +musta powder Kwath	20 ml	20 ml of lukewarm Water	Twice a day	Orally	3 months
Navaka Guggulu	250 mg	lukewarm Water	2 tablets twice a day	Orally	3 months

After completion of 1 month of the initial treatment, the following treatment regimen was initiated.

Table 4: Details of Procedures.

PROCEDURE	MEDICATION	DURATION	DOSE & FREQUENCY	ROUTE OF MEDICATION
Sarvang Udavartan (Powder massage)	*Triphala+haridra+Musta powder*	2 months	Once a day	Powder massage
Kala basti (Enema)	***Anuvasana basti(Medicated oil enema)*** **-** *Saindhavadi taila* ***Niruha basti (Medicated decoction enema)*** **-** *Lekhan Basti*	15 days, and after 15days rest time again start for 15 days	Once a day	Anorectal route

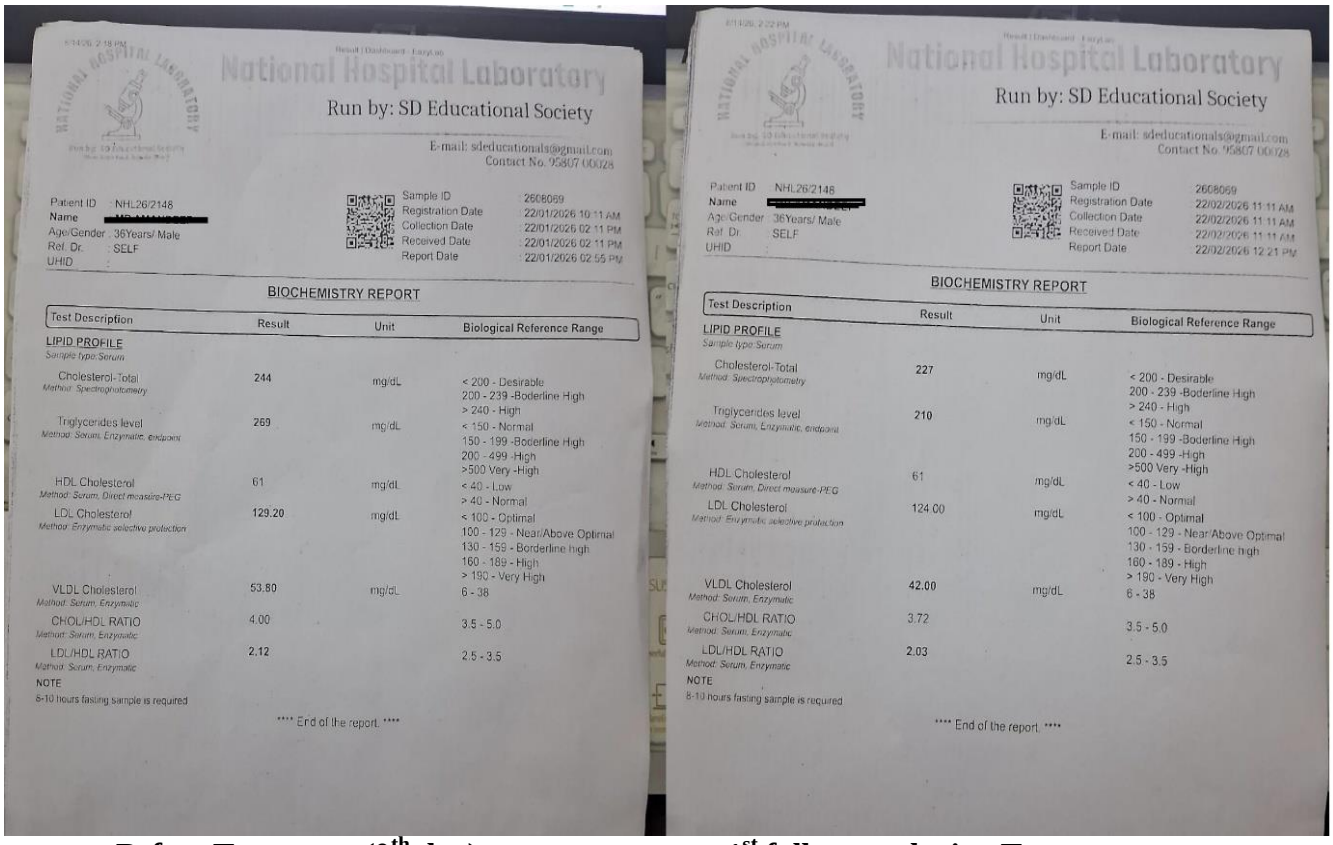
Therapeutic outcome

The assessment of therapeutic outcomes in this case was based on changes in weight and disease-specific biochemical parameters, as shown in table/figure no. 2 and Image No. 1.

Table 5: Changes in Weight and Biochemical Parameters before and after treatment.

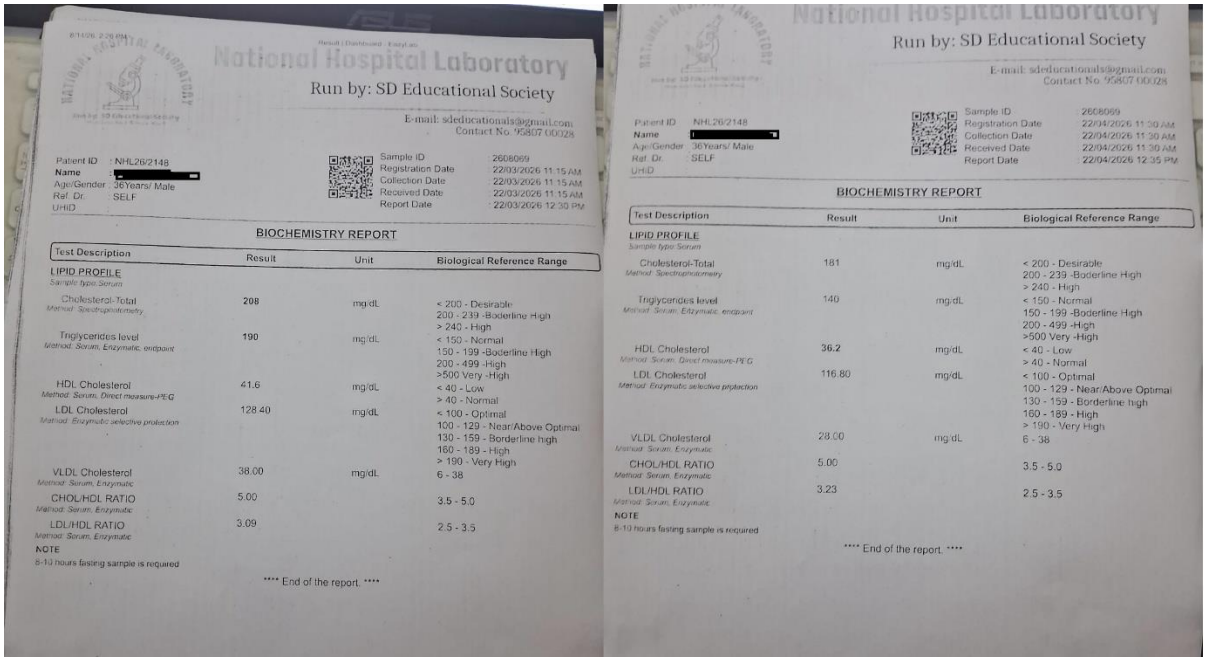
Parameters	Before treatment	Follow-up (1st Month)	Follow-up (2nd month)	After treatment (After 3 months)
Serum Cholesterol Total	244 mg/dl	227 mg/dl	208 mg/dl	181 mg/dl
Serum Triglycerides	269 mg/dl	210 mg/dl	190 mg/dl	140 mg/dl
Serum HDL Cholesterol	38 mg/dl	36 mg/dl	34 mg/dl	34 mg/dl
Serum LDL Cholesterol	150 mg/dl	142 mg/dl	125 mg/dl	92 mg/dl
Serum VLDL Cholesterol	47 mg/dl	42 mg/dl	40 mg/dl	35 mg/dl
Body weight	75.9 kg	*71.4 kg*	-	*66.9 kg*

Report



Before Treatment (0th day) **1st follow up during Treatment**

Fig. 1: Changes in Lipid profile before & during 1st follow up of treatment.



National Hospital Laboratory

Run by: SD Educational Society

E-mail: sdeducationals@gmail.com
Contact No. 95807 00028

Patient ID : NHL26/2148
Name : [redacted]
Age/Gender : 36Years/ Male
Ref. Dr. : SELF
UHID :

Sample ID : 2608069
Registration Date : 22/03/2026 11:15 AM
Collection Date : 22/03/2026 11:15 AM
Received Date : 22/03/2026 11:15 AM
Report Date : 22/03/2026 12:30 PM

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Sample type: Serum			
Cholesterol-Total	208	mg/dL	< 200 - Desirable 200 - 239 -Borderline High > 240 - High
Method: Spectrophotometry			
Triglycerides level	190	mg/dL	< 150 - Normal 150 - 199 -Borderline High 200 - 499 -High >500 Very -High
Method: Serum, Enzymatic, endpoint			
HDL Cholesterol	41.6	mg/dL	< 40 - Low > 40 - Normal
Method: Serum, Direct measure-PEG			
LDL Cholesterol	128.40	mg/dL	< 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High
Method: Enzymatic selective protection			
VLDL Cholesterol	38.00	mg/dL	6 - 38
Method: Serum, Enzymatic			
CHOL/HDL RATIO	5.00		3.5 - 5.0
Method: Serum, Enzymatic			
LDL/HDL RATIO	3.09		2.5 - 3.5
Method: Serum, Enzymatic			
NOTE			
8-10 hours fasting sample is required			

**** End of the report. ****

National Hospital Laboratory

Run by: SD Educational Society

E-mail: sdeducationals@gmail.com
Contact No. 95807 00028

Patient ID : NHL26/2148
Name : [redacted]
Age/Gender : 36Years/ Male
Ref. Dr. : SELF
UHID :

Sample ID : 2608069
Registration Date : 22/04/2026 11:30 AM
Collection Date : 22/04/2026 11:30 AM
Received Date : 22/04/2026 11:30 AM
Report Date : 22/04/2026 12:35 PM

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Sample type: Serum			
Cholesterol-Total	181	mg/dL	< 200 - Desirable 200 - 239 -Borderline High > 240 - High
Method: Spectrophotometry			
Triglycerides level	140	mg/dL	< 150 - Normal 150 - 199 -Borderline High 200 - 499 -High >500 Very -High
Method: Serum, Enzymatic, endpoint			
HDL Cholesterol	36.2	mg/dL	< 40 - Low > 40 - Normal
Method: Serum, Direct measure-PEG			
LDL Cholesterol	116.80	mg/dL	< 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High
Method: Enzymatic selective protection			
VLDL Cholesterol	28.00	mg/dL	6 - 38
Method: Serum, Enzymatic			
CHOL/HDL RATIO	5.00		3.5 - 5.0
Method: Serum, Enzymatic			
LDL/HDL RATIO	3.23		2.5 - 3.5
Method: Serum, Enzymatic			
NOTE			
8-10 hours fasting sample is required			

**** End of the report. ****

Fig. 2: Changes in Lipid profile during 2nd follow up of treatment & After treatment.







Before (0th day) **After 1 month** **After 3 months**

Fig. 3,4 & 5: Changes in body weight during treatment, 1st follow up & after 3 Months.

DISCUSSION

Dyslipidemia causes *Medo Vaha* and *Rasa Vaha Stroto Dushti* (vitiation of channels carrying nutritive fluids and adipose tissue), which in turn causes *Agnimandya* (diminution of digestive fire).[11] *Sthoulya* (obesity), which is addressed by *Medovaha Stroto Dushti* (vitiation of the channels that transport fat), therapy like *Deepana* (raising metabolic fire), *Pachana* (improved digestion), *Kaphaghna* (calming *Kapha*), and *Medo Nashak* (calming fat tissue) were employed. The Ayurvedic management of such metabolic disturbances primarily focuses on correcting the underlying causative factors and restoring normal metabolic function. The therapeutic approach includes *Nidana Parivarjana* (avoidance of causative factors), *Apatarpana Chikitsa* (depleting or reducing therapy), *Shodhana Chikitsa* (bio-purificatory procedures), and *Shamana Chikitsa* (palliative management).[12,13]

Mode of action of Virechana in Dyslipidemia: *Virechana (therapeutic purgation)* helps eliminate aggravated *Dosha, Ama,* and metabolic waste through the gastrointestinal tract. In dyslipidemia, it may improve *Agni* and *Dhatvagni,* reduce *Kapha-Meda* accumulation, and promote proper functioning of *Medovaha Srotas.* Thus, it may support reduction of excess body fat and improvement in lipid parameters such as total cholesterol, LDL and triglycerides.[14]

Udvartana (powder massage) produces *Kapha-Medohara, Lekhana* and *Ruksha* effects, and improves *Medovaha Srotas* function. It helps alleviate *Kapha, Meda and Ama,* enhances *Agni* and supports proper *Meda Dhatu metabolism*. It may contribute to reduction in body weight, BMI, abdominal adiposity and serum lipid levels.[15]

Lekhana Basti (Medicated Enema) acts through its *Lekhana* (scraping), Medohara (fat-reducing), *Kapha*-pacifying and *Srotoshodhana* (channel-cleansing) properties. The administered Basti drugs are traditionally considered to act on *Meda Dhatu and Medovaha Srotas*, helping to reduce excessive accumulation of *Meda* and correct *Kapha-Meda* imbalance. Basti therapy influences intestinal, metabolic and neuroendocrine pathways, while the overall reduction in adiposity and improvement in metabolic function may contribute to better lipid homeostasis.[16]

Arogyavardhini Vati: The main ingredient, *Katuki* (*Picrorhiza kurroa*), has a choleretic effect and balances Kapha Dosha because of its *Laghu* (light) and *Ruksha* (dry) properties, as well as its *Tikta Rasa* (bitter taste) and *Katu Vipaka* (pungent post-digestive impact). *Guggulu* (*Commiphora mukul)* helps reduce fat by exhibiting its bitter, pungent, and abrasive tastes, which are known to have *Medohara* (fat-tissue-pacifying) properties. While *Amlaki* (*Phyllanthus emblica*) promotes HDL formation, decreases triglyceride synthesis, lowers HMG CoA reductase activity, and improves cholesterol uptake into cells, *Shilajitu*, which contains humic acid, has anti-atherogenic properties.[17]

***Lipomap Tablet*:** Lipomap Tablet may exert its hypolipidemic effect through a multi-targeted action involving modulation of hepatic cholesterol metabolism, enhancement of lipid catabolism, reduction of triglyceride-rich lipoproteins, antioxidant and anti-inflammatory effects, and improvement of digestive–metabolic activity. *Guggulu* is considered the principal lipid-modulating component, while *Haridra, Manjistha, Guduchi, Bhumi Amalaki, Shunthi,*

Pippali and *Maricha* may provide complementary hepatoprotective, antioxidant, *Deepana–Pachana* and *Medohara* effects.[18]

Triphala, Vidang, Musta Choorna kwath: The effectiveness and security of *Triphala* in treating obesity, hyperglycemia, and hyperlipidemia. *Triphala* and antibiotics work synergistically to combat microorganisms that are resistant to many drugs.[19] It is *Tikta Rasa*, *Ruksha-Laghu Guna*, *Ushna Veerya*, and *Katu Vipaka* that are possessed by *Vidanga* (*Embelia ribes*). It balances the *Kapha-Vata Doshas*. The best *Krimihara Dravya* is *Vidanga*. It is *Vishahara* as well as *Agnideepaka*. The ethanolic extract of elibes demonstrated a noteworthy decrease in blood triglycerides (TG) and total cholesterol (TC).[20] Musta assimilates both the *Ama Dosha* found at the *Jatharagni* and *Medodhatvagni* levels.[21]

Navaka Guggulu: The main constituents of *Navaka Guggulu* are *Suddha Guggulu*, *Sunthi, Pippali, Marich, Chitraka, Haritaki, Vibhitaki, Amalaki, Musta*, and *Vaividanga*. Its hot potency, *Laghu Ruksha Guna* (dry and light qualities), *Katu Vipaka* (pungent after-digestive effect), and *Katu Rasa* (pungent flavor) are the sources of its medicinal powers. These qualities render it efficacious as an appetizer (*Deepana*), digestive (*Paachana*), moisture and fat-absorber (*Kleda-Meda Shoshaka*), body channel cleaner (*Srotovishodhaka*), scraper (*Lakhana*), and pacifier of the doshas *Kapha* and *Vata.* All these attributes work together to eliminate excess *Meda* (fat) and *Kapha* and to disturb the pathophysiology of illnesses.[22]

CONCLUSION

In *Ayurveda*, obesity *(Sthaulya)* is considered one of the eight undesirable conditions (*Ashta Nindita Purusha*). One of the major contributing factors of dyslipidemia & obesity is the vitiation of *Agni*, resulting in impaired digestion and metabolism. Other pathological factors associated with obesity include obstruction of the bodily channels (*Srotorodha*), accumulation of *Ama*, and impaired elimination of *Mala*. An Ayurvedic regimen for the management of dyslipidemia & obesity may include external therapies and internal medications. A comprehensive and multifaceted therapeutic approach is therefore required to achieve meaningful improvement in obesity and associated dyslipidemia.

Conflict of interest: Nil.

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