STM JOURNALS

Journal of
AYUSH: Ayurveda, Yoga, Unani, Siddha and Homeopathy

ISSN: 2278-2214 (Online)
ISSN: 2321-6484 (Print)
Volume 13, Issue 3, 2024
September-December
DOI (Journal): 10.37591/JoAYUSH

https://journals.stmjournals.com/joayush

Research JoAYUSH

Evidence-Based Ayurveda Approaches for the Rapid Management of Dyslipidemia

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Abstract

Dyslipidemia is increasingly prevalent ain modern society, primarily resulting from imbalances in lifestyle and dietary habits. Elevated levels of triglycerides, however, are associated with an increased risk of cardiovascular diseases and metabolic disorders. Ayurveda, the traditional Indian system of medicine, offers holistic approaches to managing lipid imbalances through dietary regulation, herbal formulations. While it may not directly correspond to a specific disease entity in Ayurveda, it is typically associated with Medovaha Srotas Dushti *(impairment of the fat channels) and* Medo Dhatu Agni Mandhya *(reduced digestive fire of the fat tissue), which can be considered as a form of* Medoroga *(fat-related disorder) in Ayurvedic texts. In the present case study, a 38-year-old male patient presented with symptoms including morning weakness, chest burning, headache, excessive sweating, and difficulty breathing, accompanied by elevated blood pressure. The patient was diagnosed with hypertriglyceridemia and hypertension one month prior (August 2024) and was advised to initiate oral antihyperlipidemic and antihypertensive medications. However, the patient opted to avoid western treatments and instead chose Ayurvedic management. After 15 days of Ayurvedic treatment, the patient reported resolution of symptoms, normalization of lipid profile parameters, and stabilization of blood pressure to normal levels. So, Ayurved contributes to regulating triglyceride levels by improving overall metabolism and reducing stress. This paper explores the intersection of modern lipid science and Ayurvedic interventions, highlighting the potential for pure Ayurved approch to managing hypertriglyceridemia.*

Keywords: dyslipidemia, hypertension, Ayurveda, evidence, lifestyle

INTRODUCTION

Dyslipidemia is a condition characterized by abnormal lipid levels in the blood, including elevated total cholesterol, low-density lipoprotein cholesterol (LDL-C), triglycerides, or decreased high-density lipoprotein cholesterol (HDL-C). It is a key contributor to the development of atherosclerotic cardiovascular diseases (CVD), such as coronary artery disease and stroke. Dyslipidemia can result from genetic factors (primary dyslipidemia) or lifestyle factors, such as poor diet, lack of exercise, and obesity (secondary dyslipidemia). Lipid imbalances contribute to the formation of atherosclerotic plaques in blood vessels, leading to vascular inflammation and increased risk of heart attack and stroke. Early identification and management, including dietary changes, physical activity, and lipid-lowering medications, are essential for reducing CVD risk associated with dyslipidemia [1, 2].

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Received Date: November 25, 2024
Accepted Date: December 27, 2024
Published Date: December 28, 2024

Citation: Niraj D. Mendpara, Krutika C. Saradava. Evidence-Based Ayurveda Approaches for the Rapid Management of Dyslipidemia. Journal of AYUSH: Ayurveda, Yoga, Unani, Siddha and Homeopathy. 2024; 13(3): 63–66p.

Medoroga arises due to the dysfunction of *Agni* (digestive and metabolic fire), particularly *Medo Dhatu Agni*, leading to improper digestion and metabolism of fat. This results in the accumulation of unprocessed fat tissue, disrupting the balance of *Dhatu* (bodily tissues) and increasing the burden on the circulatory system. *Kapha* [3] and *Ama* [4] (toxic metabolic byproducts) accumulate, further aggravating the condition. It represents a pathological state characterized by an abnormal accumulation of fat in the body, both visibly (obesity) and at the cellular level (metabolic disorders). *Medoroga* is closely related to modern medical conditions like dyslipidemia, where there is an imbalance of lipids (cholesterol, triglycerides, and other fats) in the bloodstream.

CASE REPORT

Patient Information

38-year-old male patient and no information about substance abuse received.

Main Medical Problem

- Morning weakness.
- Chest burning.
- Headache.
- Excessive sweating.
- Difficulty breathing.
- Elevated blood pressure.

He put on weight gradually in the past 3 years. He does travel and has an inactive lifestyle. He had these symptoms for the past 2 months. He visited western science physicians, where he was advised to perform a lipid profile and diagnosed to have dyslipidemia (August 2024). By that time, his triglyceride level was 527 and his blood pressure level was 160/100 mmHg. He was advised to take oral antidyslipidemic agents. But the patient decided to take Ayurvedic medicine instead of allopathic medicine. So, he contacts us for his treatment. Personal history revealed that he is vegetarian and used to take Gujarati foods, such as shabji, roti, dal, and rice in meals and fast food occasionally. He takes 6–7 hours of sleep at night. Occasionally, he had an addiction to tobacco. He was living a sedentary lifestyle. He was not doing any physical exercise. He has no relevant family history. Patient's all vitals were within normal range. Pulse: 72/min, respiratory rate: 15/min, body weight: 109 kg. He was advised to follow *Pathya* in diet. He was advised to change his lifestyle. One medicine was prescribed. He was advised to drink medicated water only when feeling thirsty.

TREATMENT

Patients were advised to follow strict diet and a line of treatment was planned as per *Samapitta & Medohara Chikitsa* (Table 1).

Table 1. Medicine & Dose.

S.N.	Medicine	Dose	Time of Administration
1	*Patolakaturohinyadi Kashaya* [5] tablet (1.8 gm)	1/2 tab.	Thrice a day. Empty stomach.

Medicated water

Guduchi Churna 3 gm was boiled with 3 liter of water for 10 minutes. The patient was advised to take boiled and then cool (*Shruta Shita*) medicated water only when feeling thirsty.

Apathya

All types of milk products, curd, *Guda*, Ghee, black gram, potato, all types of fast food, all non-veg food items, all fruits, all dry fruits, all sweets, all sour food items, all fermented food items. Oil and oily foods. Day sleep, long sitting, oil massage, oil pulling.

Pathya

The patient was advised to follow a specific dietary regimen, consisting exclusively of cooked *Khichadi* (*Krushara***)** made with green gram and rice (using rice that is at least one year old), cooked vegetables (primarily bitter varieties like gourd), vegetable soup, roti made from one-year-old wheat and barley flour, and dishes prepared with coarse ground rava. The use of ghee or oil in his diet was strictly prohibited. Only turmeric, *Saindhava Lavana* (rock salt), and cumin seeds (*Jeeraka*) were permitted as seasonings, as needed. He was instructed not to consume any food until experiencing strong, genuine hunger, and to avoid suppressing the hunger sensation. When hungry, he was to select one or two items from the prescribed diet for consumption. Additionally, the patient was encouraged to engage in daily exercise on an empty stomach, starting with moderate activity suitable to his current capacity and gradually increasing the intensity over time.

OBSERVATION

Patient felt better from the very next day. All his symptoms vanished within 6 days of treatment. His before treatment and after treatment lipid profile was checked (Table 2). It was normal as mentioned above. His blood pressure was checked throughout treatment, and it is normal in range after treatment.

Table 2. Showing the lipid profile before treatment and after treatment.

Investigation	**26/09/2024**	**09/10/2024**
Serum cholesterol	259.40	188.20
Serum triglyceride	527.20	129.20
Serum non-HDL	125.7	100.5
Serum HDL	33.7	52
Serum VLDL	105.44	25.84

DISCUSSION

In Ayurvedic treatment, four key components – medicine, diet, lifestyle, and medicated water – play a vital role, each guided by the treatment principles outlined in classical texts for specific stages of the disease. It is crucial to tailor these principles to the individual patient, considering factors, such as the strength of their *Agni* (digestive fire), *Satmya* (compatibility), *Satva* (mental resilience), *Vaya* (age), *Prakruti* (constitution), and *Samhanana* (body composition). In this case, the patient is classified as *Ati Sthoola* (obese) with *Avara Samhanana* (poor body composition). According to the prescribed treatment principles, *Nidana Parivarjana* – eliminating causative factors through proper *Pathya Ahara* (diet) and *Vihara* (lifestyle modifications) – is the cornerstone of the therapeutic approach. In this case, all causative factors identified in the classical texts were eliminated from the patient's diet and lifestyle. For the management of *Medoroga*, therapies focusing on *Langhana* (lightening) and *Rukshana* (drying) were emphasized, incorporating the principle of adopting *Laghu Guna* (light qualities). *Langhana* can be achieved through ten measures: four types of *Shodhana* (purification), *Pachana* (digestive therapy), *Upavasa* (fasting), *Pipasanigrahana* (controlled fluid intake), *Vyayama* (exercise), *Atapasevana* (sun exposure), and *Marutasevana* (air exposure). *Shodhana* is specifically recommended for strong, obese patients with excessive *Doshas*, but since the patient's *Bala* (strength) was not *Pravara* (optimal), milder approaches, such as *Pachana* (digestive therapy), *Upavasa* (fasting), and *Vyayama* (exercise) were selected. As *Meda* (fat tissue) is the primary *Dushya* (affected tissue) in this condition, *Rukshana* therapy was also included [6]. However, due to the *Samapitta* condition (balanced or mildly aggravated *Pitta*), medications with *Shita Veerya* (cooling potency) were chosen. Considering these factors, *Langhana [7], Pachana*, and *Rukshana* therapies were adopted, and *Patolakaturohiniyadi Kashaya* (a bitter herbal decoction) and *Guduchi Siddha Jala* [8] (medicated water infused with *Guduchi*) were prescribed, as they align with the treatment principles for this condition [9, 10].

CONCLUSIONS

Ayurvedic treatments offer a promising complementary approach to managing elevated triglyceride levels through holistic and natural means. By emphasizing dietary balance, herbal formulations,

detoxification therapies, and lifestyle modifications, Ayurveda addresses not only the symptoms but also the root causes of hypertriglyceridemia. If dyslipidemia is diagnosed and treated according to the basic parameters of Ayurvedic science, it can recover in a short time. Ayurvedic treatment principles were adopted thoughtfully. If principles are followed, patients recover very fast with a minimum dosage of medicines. When blood cholesterol and blood pressure come in a normal range, all Ayurvedic medicines can also be stopped, and with only *Pathya* (scientific diet), medicated water, and exercise, patients can be medicine-free. Pure Ayurvedic interventions approaches have the potential to enhance outcomes, reduce dependency on synthetic drugs, and improve overall cardiovascular health. However, furthermore evidence based on clinical studies is needed to global acceptance. In that sense, we can cure dyslipidemia.

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