

A Case Report on the Ayurvedic Management of Dyslipidaemia: Integrating Classical Principles with Contemporary Clinical Practice

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ABSTRACT

Background : *Dyslipidaemia* is a metabolic disorder characterized by abnormal lipid levels and is a major risk factor for cardiovascular diseases. In Ayurveda, it is correlated with *Medoroga*, involving *Kapha Dosha* imbalance and *Agnimandya*. **Clinical findings:** A 44-year-old female visited OPD of KLE Shri BMK Ayurveda mahavidyalaya on 12-08-2025 complaints of excessive hunger, heaviness in body, excessive thirst, weight gain 5kg. The patient received *Triphala basti*, and *Shamanoushadi* including *Deepana-Pachana* for 60 days, resulting in significant symptomatic and clinical improvement. **Intervention:** Ayurvedic management includes *Abhyanga*(Massage), *Swedana*(sudation therapy), *Triphala basti*(Enema therapy), and *Deepana-Pachana* oral drugs for 60 days. **Outcome:** Clinical parameters of standard gradation scale were assessed pre and post treatment. Post treatment of *dyslipidemia* results in conversion of severe gradings of assessed parameters into milder form. **Conclusion:** This case study depicts effectiveness of Ayurvedic interventions in managing *dyslipidemia*. The combined effect of *Shodhana* and *shamanoushadi* leads to *Agni vruddhi* and helps in effective management of *dyslipidemia*. **Keywords:** Shamanoushadi, Shodhana, Agnimandya, Triphala basti, Deepana-pachana.

How to cite this article: Chougule P, Keertan M S, Sarakale G, Shete S, Sutar V, A Case Report on the Ayurvedic Management of Dyslipidaemia: Integrating Classical Principles with Contemporary Clinical Practice. Int J Drug Deliv Technol. 2026;16(72s): 1525. DOI: 10.25258/ijddt.16.72s.166

Source of support: Nil

Conflict of interest: None

1. INTRODUCTION:

Dyslipidaemia is a metabolic disorder characterized by abnormal levels of lipids, increasing the risk of cardiovascular diseases.¹ Ayurveda correlates it with *Medoroga*, caused by *Agnimandya* and *Kapha-Medo*

Dushti, leading to improper metabolism and accumulation of lipids in the body.⁷ The pathogenesis involves formation of *Ama* and *Srotorodha*, which disturbs lipid metabolism.⁶ Management focuses on *Deepana*, *Pachana*, and *Medohara* therapies to correct

Agni and reduce excess Meda.⁷ Ayurvedic drugs like Guggulu and Triphala have shown significant hypolipidaemic, antioxidant, and cardioprotective effects in clinical studies.^{8,9} Thus, Ayurveda provides a holistic approach for effective management of dyslipidaemia.

Case presentation:

A 44 yrs. old female visited OPD of KLE Shri B M K Ayurveda Mahavidhyalaya College and Hospital, she was apparently normal before 4 months later developed excessive hunger, heaviness in body, excessive thirst,

weight gain 5kg associated with excessive sweating, breathlessness sometimes last 2 months. Patient had visited local physicians but could not get relief so approached our hospital for further management. Later she approached our hospital for *Ayurveda* management. She is not a known case of DM, HTN.

Personal History

Diet: Excessive *Guru Ahara* (heavy food), *Dadhi* (curd), *Mamsa Sevana* (meat), *Viruddha Ahara* (incompatible food), *Katu*

Table 1 Personal history

Appetite	increased appetite
Bowel	Normal
Micturition	Normal 4-5 times per day
Sleep	increased

Table 2 Laboratory investigations

S No	Investigations	Before Treatment	After Treatment
1.	Haemoglobin	9.0g/dl	10.3g/dl
2.	WBC	13000 cells/c mm	8200 cells/c mm
3.	ESR	50mm/first hour	20 mm/first hour
4.	LIPID PROFILE		
	Total cholesterol	340mg/dl	190mg/dl
	LDL	260mg/dl	120mg/dl
	HDL	25mg/dl	45mg/dl
	Triglyceride	285mg/dl	150mg/dl

Table 3 Time line Intervention *Shodana & Shamana*

20-01-2026	<i>Sarvang Abhyanga</i> with <i>pinda taila</i> (whole body massage) followed by <i>Sarvanga swedana</i> (wood chamber steam), <i>Matra Basti</i> with <i>Dhanwantari taila</i> 60ml at 2:00pm	<i>Shamanoushadi</i> <i>Triphala Guggulu</i> 1tablet TID After food <i>Lasunadi vati</i> with milk and sugar - 1tablet TID Before food <i>Lakshmivilas rasa vati</i> 1tablets TID after food <i>Bhoonimbadi Kashaya</i> 3tsp TID Before food <i>Kanchanara Guggulu</i> 1tablet TID After food
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21-01-2026 to 26-01-2026	<i>Sarvang Abhyanga</i> with <i>pinda taila</i> (whole body massage) followed by <i>Sarvanga swedana</i> (wood chamber steam), <i>Niruha Basti</i> with <i>Triphala Basti</i> at 7.00am <i>Matra Basti</i> with <i>Dhanwantari taila</i> 60ml at 2:00pm	<i>Triphala Basti</i> <i>Retention : 20 mins Frequency :2 episodes Consistency : Liquid</i>	
<i>Shaman chikista</i>			
<i>Shamanoushadi</i>	Content	Dose & Frequency	Time of Administration
<i>Triphala Guggulu</i>	<i>Haritaki</i> -Terminalia chebula <i>Vibhitaki</i> -Terminalia bellirica <i>Amalaki</i> -Emblica officinalis <i>Krishna</i> -Piper longum <i>Guggulu</i> -Purified Commiphora mukul	1-1-1	For 3 months After food
<i>Lasunadi vati</i>	Lashina-Alium sativum Jiraka-Cuminum cyminum Saindhava Lavana-Rock salt Shuddha Gandhaka-Herbal purified Sulphur Shunti-Zingiber officinalis Pippali-Piper longum Maricha-Piper nigrum Ramatha-Asa foetida	1-1-1 with milk and sugar	2 months After food
<i>Lakshmivilas rasa vati</i>	Abhraka Bhasma - Purified and processed Mica Shuddha Parada – Herbal purified Mercury Shuddha Gandhaka - Herbal purified Sulphur Karpooora Camphor – Cinnamomum Camphora Jatiphala - Nutmeg (fruit) – Myristica fragrans Jatikosha - Nutmeg Vridhdharu - Argyrea speciosa Dhattura -Datura metel Bhanga - Cannabis sativa Vidari - Pueraria tuberosa Shatavari - Asparagus racemosus root Nagabala - Grewia populifolia Atibala Abutilon indicum Gokshura - Small caltrops (whole plant) -Tribulus terrestris Linn. Nichula - Strychnos nux vomica Nagavalli -Piper betel	1-1-1	After food 2months
<i>Kanchanara Guggulu</i>	Kanchanara-Bauhinia variegata L. Shunti - Zingiber officinale	1 tablet TID	After food 3 months

	Maricha -Piper nigrum Pippali- Piper longum Linn Haritaki - Terminalia chebula Vibhitaki - Terminalia bellerica Amalaki Emblica officinalis Ela -Elettaria cardamomum Twak-Cinnamomum zeylanicum Patra - Cinnamomum tamala - Guggulu Commiphora mukul		
<i>Bhoonimbadi kashaya</i>	<i>Kalmegha</i> - Andrographis paniculata <i>Ativisha</i> - Aconitum heterophyllum <i>Lodhra</i> - Symplocos racemose <i>Musta</i> - Cyperus rotundus <i>Indrayava</i> - Seeds of Holarrhena antidysenterica <i>Amruta</i> - Tinospora cordifolia <i>Balaka</i> Coleus vettiveroides <i>Dhanyaka</i> - Coriander - Coriandrum sativum <i>Bilva</i> - Aegle marmelos	3tsp TID	Before food 2 months

3. DISCUSSION

This is a case study of a 44-year-old female patient, she was apparently normal before 4 months later developed excessive hunger, heaviness in body, excessive thirst, weight gain 5kg associated with excessive sweating, breathlessness sometimes last 2months. **Action of Basti-Triphala** is employed in this case due of its Medohara (fat-reducing), Lekhana (fat-scraping), and Medo Upashoshana (fat-metabolizing) qualities, which may lessen the elevated Kapha and Meda while also calming the Vata, which is the primary aggravating element in the pathophysiology of Medoroga. Triphala has an antihyperlipidemic action and is used in both Basti (Anuvasana and Niruha).[11]The dominance of Laghu-Ruksha Guna, Katu-Tikta-Kashaya Rasa, and Ushna Virya, which reduce excess sleep by lowering Kapha, may be the reason for the standard control drug's advantage in reducing excess sleep. The elimination of excess thirst (Atipipasa) and excess hunger (Atikshudha) may be ascribed to the repair of vitiated Vayu, which is known to produce Jatharagni Sandhukshana [12] and Trisha. Basti is the finest Vatahara therapy [12][13] Basti therapy provided systemic regulation by correcting Vata and improving Agni, while oral medications contributed through Deepana-Pachana, Medohara, and Lekhana actions, thereby reducing abnormal lipid accumulation. The therapeutic effect can be attributed to the correction of Agnimandya, removal of Ama, and clearance of Srotorodha, which are the key factors in the pathogenesis of dyslipidemia. The combined regimen not only managed the symptoms but also addressed the root cause, resulting in sustainable improvement. Overall, Ayurvedic management proved to be a safe, effective, and holistic approach in the treatment of dyslipidemia. The improvement in both subjective symptoms and objective biochemical parameters highlight its potential as a

conservative therapeutic modality. However, further large-scale clinical studies are required to validate these findings and establish standardized treatment **Action of shamanoushadi's: Triphala Guggulu** acts through Lekhana, Medohara, Deepana-Pachana, and Srotoshodhana, providing a multi-targeted approach in dyslipidemia management. [15] **Lasunadi vati** manages dyslipidemia (Medoroga) through the Deepana-Pachana and Lekhana properties of Garlic (Lasuna), which reduce Kapha-Meda, digest Ama, and clear Medovaha srotas.[16] **Lakshmivilas rasa vati** acts in dyslipidemia (Medoroga) through its Deepana-Pachana, Kaphahara, and Medohara properties, which correct Agnimandya, digest Ama, promote Srotoshodhana, and thereby reduce abnormal lipid accumulation.[17]. **Kanchanara Guggulu** shows hypolipidemic activity in dyslipidemia by reducing serum cholesterol and triglycerides through the lipid-lowering and anti-inflammatory effects of Guggulu.[17].

4. CONCLUSION

In this case study, both IPD treatment for seven days and OPD treatment for sixty days showed significant improvement with near-complete remission of symptoms. The study demonstrates the efficacy of Ayurvedic management in Medoroga (dyslipidemia). The combined approach of Shodhana Chikitsa (including Abhyanga, Swedana, and Basti) and Shamana Chikitsa (such as Triphala Guggulu, Lasunadi Vati, Lakshmivilas Rasa Vati, and Kanchanara Guggulu) resulted in marked reduction in clinical symptoms such as heaviness, lethargy, and excessive hunger and thirst, along with improvement in appetite, digestion, and overall well-being. Significant changes were also observed in objective parameters, including lipid profile values (total cholesterol, LDL, triglycerides), indicating systemic metabolic correction..

1. Patient Perspective:

Initially, the patient experienced significant anxiety upon being diagnosed with dyslipidaemia, mainly due to concerns about increased lipid levels and the risk of cardiovascular complications. With consistent Ayurvedic treatment and gradual improvement in lipid profile and overall health, the patient reported relief, improved well-being, and expressed satisfaction with the therapeutic outcomes.

2. Declaration of Patient Consent:

The authors affirm that informed consent was obtained from the patient or their guardian, authorizing the publication of this case report, including relevant clinical details and investigations. The patient was informed that their identity would remain confidential; names and initials would not be disclosed, and all reasonable efforts would be made to ensure anonymity, although complete anonymity cannot be guaranteed.

3. Conflict of interest : None

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