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Effect of *Varasanadi Kashaya* Along with *Lekhana Basti* in Tackling*kaphamedo Dushti* in Dyslipidemia: A Case Report

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ABSTRACT

Background: Dyslipidemia is a metabolic disorder characterized by abnormalities in lipid profile and is an important risk factor for cardiovascular disease.When obesity is accompanied by metabolic abnormalities such as dyslipidemia and hypertension, it is considered a metabolically unhealthy obesity (MUO) phenotype, which is associated with increased cardiometabolic risk.In *Ayurveda*, Dyslipidemia bears a close resemblance to *Medoroga*, a *Santarpanajanya Vyadhi* characterized by predominant *Kaphamedo Dushti*. **Method**: A 42-year-old male patient presented with weight gain, *Anga Gourava* (heaviness of the body), *Ati Kshut Pravrutti* (increased appetite), *Ati Sweda* (excessive sweating), and *Alasya* (lethargy), along with an altered lipid profile. The presenting complaints were addressed through an *Ayurvedic* treatment protocol comprising *Shodhana* and *Shamana* therapies, along with *Pathya Ahara-Vihara*.**Result**: The patient showed improvement in clinical features and a reduction in body weight. The lipid profile exhibited positive results with reductions in serum total cholesterol, LDL, VLDL, and triglyceride levels, along with an increase in serum HDL levels.**Conclusion**: This case highlights the potential of *Ayurveda* in the management of dyslipidemia through a holistic and individualized approach, emphasizing restoration of metabolic balance through *Shodhana* and *Shamana* therapies rather than merely addressing symptoms.

KEYWORDS: Dyslipidemia, *Medoroga*, Metabolically Unhealthy Obesity (MUO), *Varasanadi Kashaya, Lekhana basti.*

I. INTRODUCTION

Lifestyle disorders have emerged as a major global health concern, driven by sedentary lifestyles, unhealthy dietary practices, and increasing obesity, contributing significantly to metabolic abnormalities and cardiovascular morbidity.Dyslipidaemia is a disorder of lipoprotein metabolism, which can include overproduction or deficiency of lipoproteins or both. The disorder can manifest as an elevation of plasma cholesterol, TGs, or both, or a low high density lipoprotein level or all three together that contributes to the development of atherosclerosis.[1]The global prevalence was 28.8% for hypertriglyceridemia, 24.1% for hypercholesterolemia, 38.4% for low HDL-C, and 18.93% for high LDL-C.[2]Among the various clinical phenotypes of obesity, metabolically healthy obesity (MHO) and metabolically unhealthy obesity (MUO) are commonly recognized, with MUO being characterized by the presence of metabolic abnormalities and a greater burden of associated comorbidities.[3]Dyslipidemia often remains clinically silent; therefore, routine lipid screening, particularly among high-risk populations, is essential for early detection and timely management.[4]Lifestyle modification, including dietary changes, smoking cessation, moderation of alcohol intake, weight reduction where appropriate, and regular physical activity, is essential for achieving optimal lipid levels and remains the cornerstone of dyslipidemia management.[5]Pharmacological management is indicated when lifestyle modification alone is insufficient to achieve lipid targets or when cardiovascular risk is high. Statins remain the cornerstone of lipid-lowering therapy, while other agents such as ezetimibe, PCSK9 inhibitors, fibrates, and omega-3 fatty acid preparations can be used according to the lipid abnormality and individual cardiovascular risk.

Medoroga is one among the *Santarpanajanya Vyadhis*,[6] characterised by *Kapha-Medo Dushti* with *Vata Avarana*, manifesting as *Alasya, Dourbalya, Anga Gourava, Ati Kshudha, Ati Pipasa, Nidradhikya, Swedadhikya, Dourgandhya* and *Kshudra Swasa.*[7] Its management primarily focuses on *Agni Deepana, Ama Pachana, Kapha-*

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Medohara and *Vata Anulomana* through measures such as *Rukshana, Udvartana* and *Tikshna-Ushna Basti*, such as*Lekhana Basti*.[8]Conventional pharmacological management of dyslipidemia, although effective, may be associated with adverse effects and may primarily focus on lipid reduction. *Ayurvedic* management offers a holistic approach aimed not only at alleviating clinical manifestations but also at addressing the underlying metabolic disturbances through *Agni Deepana, Ama Pachana* and *Medohara* measures, thereby supporting restoration of metabolic balance.

II. CASE REPORT

A 42-year-old male patient presentedto the Kayachikitsa OPD of Shri Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital, Bengaluru with the chief complaints of weight gain, heaviness all over the body (*Anga Gourava*), increased appetite (*Ati Kshut Pravrutti*), increased sweating (*Ati Sweda*) and lethargy (*Alasya*) since 1 1/2years.

HISTORY OF PAST ILLNESS

K/C/O Hypertensionand Dyslipidemia since 2 months
N/K/C/O Diabetes Mellitus and Hypothyroidism

MEDICAL HISTORY

1. Tab. Cardostab 1-0-1 A/F

PERSONAL HISTORY

Bowel – Once a day Micturition – 3-4 times a day Appetite – Increased Sleep – Disturbed Habit – Tea/Coffee (2 times a day) Diet – Vegetarian	Occupation – Sales Manager Physical Activity – Sedentary Lifestyle Weight – 86.6 Kg Height – 159 cm BMI – 34.3 Kg/m^2

EXAMINATION

Patient was obese and adequately nourished with normal hair and nails. Pallor, clubbing, cyanosis, icterus and lymphadenopathy were absent. Vitals were within normal limits.Systemic examination revealed no significant abnormalities.

DIAGNOSIS

Dyslipidemia was diagnosed based on the National Cholesterol Education Program – Adult Treatment Panel III (NCEP-ATP III) criteria,[9] considering the levels of Serum Total Cholesterol, Serum LDL, Serum VLDL, Serum Triglycerides and Serum HDL.

The investigations revealed elevated Serum Total Cholesterol, Serum LDL,Serum Triglycerides and Serum VLDL levels with a Serum HDL level within the normal range. The patient's BMI was 34.3 Kg/m^2, indicating Class I Obese. Ultrasonography of Abdomen and Pelvis revealed Grade II Fatty Infiltration of Liver.

THERAPEUTIC INTERVENTION

Date	Procedure	Duration
25/02/2026 – 01/03/2026	*Sarvanga Udwartana* followed by *Bashpa Sweda*	5 days
25/02/2026 – 03/03/2026	*Shirodhara* with *Brahmi Taila*	7 days
02/03/2026	*Sadyovirechana* with *Avipattikara Churna* 15g with warm water	No. of vegas – 4
02/03/2026 – 08/03/2026	*Sarvanga Abhyanga* with *Dhanvantara Taila* followed by *Sarvanga Jambeera Pinda Sweda*	7 days
04/03/2026 – 08/03/2026	*Yoga Basti*[10] (Modified Pattern) *Anuvasana basti* with *Triphala taila* – 60ml *Niruha basti* *Makshika* – 50ml *Saindhava lavana*–10g *Moorchita tila taila* (50ml) + *Triphala taila* (50ml) – 100ml *Kalka* -	5 days

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	Triphala churna–25g *Yavakshara* – 3g *Shatapushpa*–10g *Kashaya –Triphala Kwatha* – 250ml *Avapa – Gomutra* – 75ml	

04/03	05/03	06/03	07/03	08/03
	N	N	N	
A	A	A	A	A

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1. *Varasanadi Kashaya (Varadi)*[11]	20ml Twice a day with 10ml *Madhu* and 20ml *Sukoshna Jala*30min Before food
2. Tab. Cardostab[12]	1 tab. Twice a day After food
Duration –12 Days	

III. OBSERVATION& RESULTS

The patient was monitored throughout the treatment period and showed gradual clinical improvement, with a noticeable reduction in the heaviness of the body and a subjective sense of lightness. The initially increased appetite gradually improved and returned to normal. Lethargy reduced progressively, accompanied by improved energy and physical activity.A favourable improvement was noticed in the lipid profile, with reductions in serum total cholesterol, LDL, VLDL and triglyceride levels, along with an increase in serum HDL levels.Body weight gradually decreased from 86.6Kg to 81Kg. *Pathya Ahara* and *Vihara* were advised throughout the treatment period.

Parameters	**Before Treatment**	**After Treatment**
Serum Cholesterol	241 mg/dl	200 mg/dl
Serum LDL	141.1 mg/dl	107 mg/dl
Serum Triglycerides	202.6 mg/dl	152 mg/dl
Serum VLDL	40.52 mg/dl	34 mg/dl
Serum HDL	43.7 mg/dl	45 mg/dl
Weight	86.6 Kg	81 Kg
BMI	34.3 Kg/m^2	32 Kg/m^2
USG – Abdomen and Pelvis	Grade II Fatty Infiltration of Liver	

IV. DISCUSSION

Medoroga is a *Santarpanajanya Vyadhi* characterized by predominant *Kapha* and *Medo Dushti.* Hence, the treatment was primarily focused on *Kapha-Medohara, Lekhana*and *Srotoshodhana* therapies. In accordance with the *Apatarpana* line of management*, Udvartana, Sadyovirechana* and *Lekhana Basti* were adopted as the principal therapeutic interventions.

Initially, *Sarvanga Udvartana* followed by *Bashpa Sweda* was administered. *Udvartana* possesses *Kapha-hara, Meda-Pravilayana*and *Anga-sthairya* properties, thereby addressing *Alasya* and *Anga gourava*. It also facilitates *Srotoshodhana* and enhances peripheral blood and lymphatic circulation.[13]

Shirodhara with *Brahmi Taila* was administered to address elevated blood pressure and disturbed sleep. *Shirodhara* exert a calming effect on the autonomic nervous system, potentially through modulation of adrenergic activity. Its proposed sympatholytic effect may involve reduction in noradrenergic activity, which could contribute to its beneficial effects on blood pressure and sleep.[14]

Sadyovirechana was administered, following which the patient experienced four *Vegas*along with*Lakshanas*like *Agni deepana* and *Sharira Laghutva*. It was adopted to address *Medo Dhatvagni Mandya*, a key component in the pathogenesis of *Medoroga*, and to facilitate *Koshtha Shodhana.*

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Sarvanga Abhyanga with *Dhanvantara Taila* followed by *Jambeera Pinda Sweda* was administered for its *Vatahara* and *Balya* properties. *Jambeera Pinda Sweda*, being a *Ruksha Sweda,* possesses *Stambhahara* and *Kaphahara* properties and helps in relieving *Anga Gourava, Alasya,* and *Bhara vriddhi.*

Lekhana Basti was administered owing to its *Lekhana* property, which helps in reducing excess *Meda* while simultaneously maintaining *Vata* balance. The drugs used in the formulation possess complementary *Deepana, Pachana, Lekhana, Chedana,* and *Bhedana* properties. *Triphala Kwatha* provides *Lekhana* and *Srotoshodhana* effects, while *Madhu* acts as *Yogavahi* and contributes to *Deepana* and *Lekhana* activity. *Gomutra* possesses *Deepana, Pachana,* and *Lekhana* properties, whereas *Saindhava Lavana*, with its *Sukshma* and *Tikshna* qualities, facilitates the action of the *Basti*. *Yavakshara* exhibits *Lekhana, Chedana,* and *Bhedana* properties. The predominance of *Katu, Tikta* and *Kashaya Rasa* helps in reducing excessive *Kleda* and promoting *Lekhana*, thereby addressing *Meda Dushti.*[15]

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Varasanadi Kashaya mentioned in *Sahasrayogam, Sthoulya Adhikara*comprises *Vara (Triphala), Asana, Chitraka, Haridra* and *Loha* which collectively exhibit *Agni deepana, Ama pachana, Lekhana, Kapha Medohara* and *Rasayana* actions. These combined properties help in correcting *Medodhatvagni mandya, ama pachana* and promotes lipid metabolism thereby restoring metabolic balance.*Triphala* exhibits *Tridoshahara, Kledahara, Lekhana, Rasayana* and *srotoshodhana* properties. Through these actions, it helps in clearing the *srotas* by removing accumulated *meda* through its *lekhana* property, improves metabolism and maintains effective lipid metabolism.*Asana* having *Kashaya* and *Tikta rasa* promotes *Dhatvagni deepana* and *Ama pachana,* thereby facilitating *lekhana* of *medo dhatu* and *shoshana* of excessive *Kleda* contributing to the reduction of excessive fat accumulation. *Chitraka*and *Haridra* having*Katu rasa* and *Ushna virya* enhances *Agni* through *Deepana* and *ama pachana* properties, thereby correcting *Medodhatvagni mandya*. Its *Laghu* and *Tikshna guna* enable deep penetration into the *srotas*, removing the *sroto avarodha* by preventing the deposition of fats in the blood vessels and restores the *vata anulomana*.*Loha* possesses *Kashaya-Tikta rasa* and is *Kapha pitta hara* in nature, exhibiting *medohara* and *rasayana* actions, its *lekhana* property helps in reducing excessive fat accumulation. When administered with *Madhu* as *Anupana* in *Kaphaja* disorders, its properties are enhanced, thereby improving its efficacy in *Medoroga*.

Tab. Cardostab, comprising *Sarpagandha* and *Triphala*, was administered to address elevated blood pressure and sleep disturbances. *Sarpagandha*, with its *Tikta Rasa, Tridosha-hara* properties, and *Nidrajanaka Prabhava*, contributes to regulation of blood pressure and improvement in sleep.

V. CONCLUSION

Medoroga having clinical resemblance to dyslipidemia, is associated with an increased risk of serious cardiovascular complications. Its management should not be limited to symptomatic relief but should also aim at correcting the underlying metabolic disturbances, which can be effectively addressed through an *Ayurvedic* approach. Thus, the case highlights the potential of an individualized *Ayurvedic* treatment approach in addressing the clinical manifestations and underlying pathogenesis of *Medoroga* through the principles of *Apatarpana* and management of *Kapha-Medo Dushti*.

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