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How Ayurved Quickly Reverses Lipid Imbalances: Evidence Based Case Study

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Abstract

In the present case study, a 40-year-old male patient presented with symptoms including low appetite, hypersomnia, occasional constipation, multiple lipomas, and occasional chest burning. The patient was diagnosed with hypertriglyceridemia and was advised to initiate oral antihyperlipidemic drugs by a physician practicing contemporary medicine. However, the patient opted for Ayurvedic management. After 52 days of Ayurvedic treatment, the patient reported complete resolution of symptoms, improvement in lipid profile parameters, and a reduction in the size of the lipomas. Thus, it can be concluded that Ayurveda contributed significantly to the regulation of triglyceride levels by improving overall metabolism in this case. This paper explores the relationship between Ayurvedic intervention and modern lipid parameters, highlighting the potential of a pure Ayurvedic approach in the management of dyslipidaemia.

Key-words: *dyslipidaemia, Ayurveda, evidence, lifestyle*.

I. Introduction:

Medoroga arises due to the dysfunction of *Agni* (functional entities responsible for digestive and metabolic activities), particularly *Medo Dhatu Agni*, resulting in improper metabolism of fat. This may lead to the accumulation of improperly metabolized fat tissue, thereby disturbing the equilibrium of the *Dhatus* (bodily tissues) and increasing the burden on the circulatory system. The accumulation of *Kapha* and *Ama* (improperly processed metabolic products) further aggravates the condition. *Medoroga* represents a pathological state characterized by excessive accumulation of fat in the body, both visibly, as obesity, and at the metabolic level, as metabolic disturbances. *Medoroga* may be correlated with modern clinical conditions such as dyslipidemia, which are characterized by an imbalance in circulating lipids, including cholesterol and triglycerides.

Case History:

Patient information: 40 years old male patient, no any information about substance abuse

Main medical problem

- Low appetite,
- Hypersomnia,
- Constipation,
- Multiple lipoma,
- Occasional chest burning

He put on weight gradually in the past 3 years. He has sedentary 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 (June 2026). By that time, his triglyceride level was 294. He was advised to take oral antihyperlipidemic agents. But the patient decided to take Ayurvedic medicines, instead of allopathic medicine. So, he consulted 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 more then 6-7 hours of sleep at night. 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: 66 kg.

He was advised to follow *Pathya* in diet. He was advised to change his lifestyle. Classical *Ayurvedic* medicines were prescribed. He was advised to drink medicated water only when feeling thirsty.

Treatment:

Patient was advised to follow strict diet and line of treatment was planned as per *Sama Kapha Doshaa & Medohara Chikitsa. Langhana* and *Rukshan Upkrama* selected.

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Table No. 1 - Showing the detail of medicine given to the patient

Date of consultation & Follow up	Medicine	Dose	Time of administration
23/06/2026	*Varunadi Kashaya*[1] tablet (1.2 gm)	1/2 tab.	Thrice a day Empty stomach
08/07/2026	*Pathyadi Kwatha*	80 ml	twice a day Empty stomach
	Varunadi Kashaya tablet (1.2 gm)	1/2 tab.	Thrice a day Empty stomach
13/08/2026	*Pathyadi Kwatha*	80 ml	twice a day Empty stomach
	Varunadi Kashaya tablet (1.2 gm)	1/2 tab.	Thrice a day Empty stomach

Medicated water: *Sunthi Churna* (1.5 gm) and *Dhanyaka Churna* (1.5 gm)[2] was advised to boil with 3 liters of water for 20 minutes. Patient was advised to cool it after boiling (*Shruta Shita*) and then take this medicated water only when feeling thirsty.

***Apathya*:** All type of milk products, curd, *Guda* (jaggery), Ghee, black gram, potato, brinjal, lady finger, all type 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 grounded **rava (a variety of wheat flour)**. The use of ghee or oil in his diet was strictly prohibited. Only turmeric, ***Saindhava Lavana (rock salt), coriander (*Dhanyaka)* 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 advised 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 as per his tolerance, compliance and capacity and then gradually increasing the intensity of exercise over time.

Observation

Patient felt better from the very next day. His most of symptoms vanished within a 6 days of treatment. His before treatment and after treatment lipid profile was checked. (Table no.1) It shows significant improvement as mentioned below.

Table no. 2: Showing the lipid profile before treatment and after treatment

Investigation	22 June 2026	8 July 2026	25 July 2026	13 Aug 2026
Serum cholesterol	285..3	210.5	224	206
Serum triglyceride	**294**	**167.1**	**210**	**190**
Serum HDL	42.9	44.8	50	34
Serum VLDL	59.5	26	21	21
Serum LDL	182.8	139.7	153	151

II. 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). 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

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the management of ***Medoroga***, therapies focusing on ***Langhana***[3] (lightening), *Deepana* (enhancement of metabolic activity) and ***Rukshana***[4] (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*** (maximum), milder approaches such as ***Pachana***, ***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. To enhance *Medo Dhatvagni, Deepana* principle is applicable. Considering these factors, ***Langhana***, *Deepanna,* ***Pachana***, and ***Rukshana*** therapies were adopted, and **above described medicines** were prescribed, as they align with the treatment principles for this condition.

Katu, Tikta and *Kashaya Rasas* are *Ruksha* in nature, and thus, all three are depleting *Medas* and *Kapha*.Thus, drugs possessing these *Rasas* are applicable in the management of dyslipidemia. *Varunadi Kashayam* tablet is concentrated decoction of *Varunadi Gana*, that is in aqueous extract form. *Varunadi Gana* is *Katu* and *Tikta Rasatmak* formulation, and it is depleting *Kapha Dosha* and *Meda Dhatu*. *Varunadi Gana* also enhances *Agni.* Thus, it is applicable to manage this condition. This patient was not possessing any symptom of *Pitta Dosha*, thus *Katu Rasatmak* and *Ushna* medicine like *Varunadi Gana* is not contraindicated to this patient. *Pathyadi Kwatha* contains *Tikta* and *Kashaya Rasatmak* drugs like, *Bhunimba, Nimba, Guduchi, Haridra, Triphala* etc. Both *Tikta* and *Kashaya Rasa* are *Ruksha* in nature. Even *Kashaya Rasa* is the most *Ruksha* (dry) among all 6 *Rasas*. Thus, due to this *Ruksha* property, *Pathyadi Kwatha* decreases *Medas* in the body, by the basic principle "*Hraasa Hetu Visheshas Cha".* Thus, this medicine was adopted in this patient. *Sunthi Dhanyaka* medicated water is indicated in *Sneha Ajirna*, and it performs *Kaphaghna, Deepana, Paachana* action. Both the drugs, *Sunthi* and *Dhanyak* are *Katu Rasatmak* also, thus it is applicable here.

III. Conclusion

Ayurvedic treatments offer a promising complementary approach to managing elevated lipid levels through only *Ayurved* treatment. By emphasizing dietary balance, herbal formulations and lifestyle modifications, Ayurveda addresses not only the symptoms but also the root causes of hyperlipidemia. If dyslipidemia is diagnosed and treated according to the basic parameters of *Ayurvedic* science, it can be well managed definitely in a short time period. Ayurvedic treatment principles were adopted thoughtfully. If principles are followed, patients recover very fast with minimum dosage of medicines. When blood cholesterol come in a normal range, all *Ayurvedic* medicines can also be stopped, and patient can be moved to normal diet with minimal restriction gradually. With only *Pathya* (scientific diet), medicated water, and exercise, patients can live medicine-free. Pure *Ayurvedic* interventions approach has the potential to enhance outcomes, reduce dependency on synthetic drugs, and improve overall cardiovascular health. However, further more evidence based clinical studies are needed to global acceptance. In that sense, we can cure dyslipidemia with *Ayurvedic* treatment principles.

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