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Ayurvedic Management of Medo-Dushti in Hypercholesterolemia – A Single Case Report

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Abstract

Dyslipidaemia is a common metabolic disorder where blood lipids are imbalance, like raised cholesterol and triglycerides or low high-density lipoprotein levels. It's a major risk factor for atherosclerosis and cardiovascular diseases.[1]

In Ayurveda, this is explained through; *Medo Dushti*, which happens when *Medo-Dhatvagni* gets weak and *Medovaha Srotasa* are imbalanced.[2] Unhealthy eating and a sedentary lifestyle are the main causes.[1] Because of this, changing dietary habits (Nidana Parivarjana) is the basic of Ayurvedic chikitsa.[4]

A 53-year-old female came with an abnormal lipid profile and complaints of heaviness, low energy, and poor digestion. On Ayurvedic assessment, she showed Kapha-Meda dominance with impaired Agni. She was advised simple lifestyle changes and a diet based on Laghu, Ruksha, and Kaphamedohara foods while staying away from heavy, oily, and processed foods that increase Meda.[1,3]

With regular follow-up and sticking to the prescribed Pathya Ahara, her digestion and energy improved clearly. On repeat testing, her lipid values started coming down gradually. She also felt lighter and reported better overall well-being.[1,2]

Diet directly influences metabolic balance. Cutting down excess fats, oils, and refined foods stops further Meda build-up. So following Pathya-Apathya principles gives a simple, practical, and effective way to prevent and manage dyslipidaemia.[1,3]

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Key words : Hyperlipidemia, Dyslipidaemia, Medovaha Srotodushti, Nidan Parivarjana, Pathya.

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What is Dyslipidaemia?

- Dyslipidaemia is a condition where the body is unable to maintain healthy levels of fats in the blood.
- It occurs when cholesterol or triglyceride levels become too high or when protective cholesterol becomes too low.
- These fats are essential for normal body functions, but problems arise when they are present in excess or imbalance.
- Poor lifestyle habits, underlying diseases, or genetic factors can disturb this balance.[4]

Why Are Lipids Important?

- Lipids are a vital source of energy for the body.
- They help in building cell membranes and producing hormones.
- Cholesterol and triglycerides are carried in the blood by lipoproteins to different organs.
- Normal levels support good health, while abnormal levels increase the risk of heart and blood vessel diseases.[4]

Types of Lipids Explained Simply :

- **LDL cholesterol (bad cholesterol) :**
  - Carries cholesterol to tissues.
  - Excess LDL gets deposited in blood vessels, leading to blockages.
- **HDL cholesterol (good cholesterol):**
  - Helps remove excess cholesterol from the blood.
  - Protects the heart and blood vessels.
- **Triglycerides:**
  - Formed from extra calories not used by the body.
  - Stored as fat and released for energy when needed.
  - High levels indicate disturbed fat metabolism.[4]

Types of Dyslipidaemia[4]

- **Primary dyslipidaemia:**
  - Inherited from parents.
  - Present even with a healthy lifestyle.
- **Secondary dyslipidaemia:**
  - Develops due to lifestyle and health conditions such as:
    - Obesity
    - Diabetes
    - Thyroid disorders
    - Excess alcohol intake
    - Hormonal imbalances like PCOS
    - Metabolic syndrome
    - Long-term illnesses or infections

Dyslipidaemia in Ayurveda – A Simple View[4]

- In Ayurveda, dyslipidaemia is understood as a disorder of **fat metabolism (Medo Dushti)**.
- Weak digestion (**Agnimandya**) leads to improper processing of food.
- This results in the formation of **Ama** (undigested metabolic waste).
- Excess **Kapha Dosha** and **Meda Dhatu** accumulate in the body.
- Over time, this causes:
  - Blockage of channels (**Srotorodha**)
  - Thickening of blood vessels (**Dhamani Pratichaya**)
- These changes resemble modern concepts of atherosclerosis and raised lipid levels.

Ayurvedic Approach to Management[4]

- Focuses on correcting digestion rather than

only reducing fat levels.

- Aims to:
  - Remove **Ama**
  - Improve digestive fire (**Agni**)
  - Reduce excess **Kapha** and **Meda**
- Lifestyle changes, dietary regulation, and herbal formulations help restore balance.
- The goal is long-term metabolic health and prevention of complications

Case presentation :

- History of present illness – A 53-year-old female patient presented with abnormal lipid profile levels, along with complaints of heaviness in the body, low energy, and poor digestion. On Ayurvedic evaluation, a predominance of Kapha and Meda with weakened Agni was observed. She was advised to adopt simple lifestyle changes and follow a diet that was light and dry in nature. Foods having Kapha-Medohara properties were encouraged, while heavy, oily, and processed foods known to aggravate Meda were strictly avoided.
- Family history –There is no family history of vitiligo.
- Medicinal history – There is no history of trauma, surgical procedures, major psychiatric illnesses, diabetes, or previous psychiatric treatment. Menopause – one year before. For the last six months, she has been getting conservative treatment, which includes oral tablets like Atorvastatin.
- Personal history –
  - *Aahara* - fried food, fish, ice cream, mix dietary habits.
  - Behavioural pattern *(vihara)* - sedentary lifestyle
  - Bowel habits – regular
  - Micturition- Normal
  - Appetite – regular
  - Sleep – late night sleeping at 1am, day sleep
  - Addictions – no addictions

General examination –

1. Built - moderate
2. General condition - Fair
3. Temperature - afebrile
4. Pulse - 74/min
5. Blood Pressure - 140/90 mmhg
6. Respiratory Rate - 22/min
7. Height -157cm
8. Weight -78 Kgs

Physical examination -

- *Nadi* (Pulse)– *vaata pitta Pradhan*
- *Mala* (Stool)- *1-2* times/day*, saama mala* (irregular bowel movements)
- *Mutra* (Urine)- *6 -7* times/day*, Samyaka pravrutti*
- *Jivha* (Tounge)- *saama* (coated tongue)
- *Shabda* (Voice)- *Spashta*
- *Sparsha* (Touch)- *Samshitoshna*
- *Drika* (Eyes)- *Samyak*
- *Aakruti* (Built)- *Madhyam*

Systemic examination –

1) RS (Respiratory System) -AEBE (Air Entry Bilaterally Equal) Clear
2) CVS (Cardiovascular System) -S1S2 (First and Second Heart Sounds) normal
3) CNS (Central Nervous System) -Conscious and oriented

Table-1. First line of treatment- *Deepana – Pachana* :

Day	Medication	Time
1st	*Chitrakadi vati 1 tab before food*	Morning 6 to 8am
2nd	*Chitrakadi vati 1 tab before food*	Morning 6 to 8am
3rd	*Chitrakadi vati 1 tab before food*	Morning 6 to 8am

Table-2. Second line of treatment- *Snehapana*

Day	Medication	Time
4th	*Tikta Ghrita 30ml*	Morning 6 to 8am
5th	*Tikta Ghrita 30ml*	Morning 6 to 8am
6th	*Tikta Ghrita 30ml*	Morning 6 to 8am

Table-3. Third line of treatment- *Shodhana (Vamana)*

Day	Medicine	Diet	Time	*Vega* (frequency)
7th	*Madanaphala churna 4-6g + Yashtimadhu phanta with saindhava + madhu*	*Peya*	Morning 6 to 8am (*kapha kaala)*	11 times in a day *(pravara Shuddhi)*

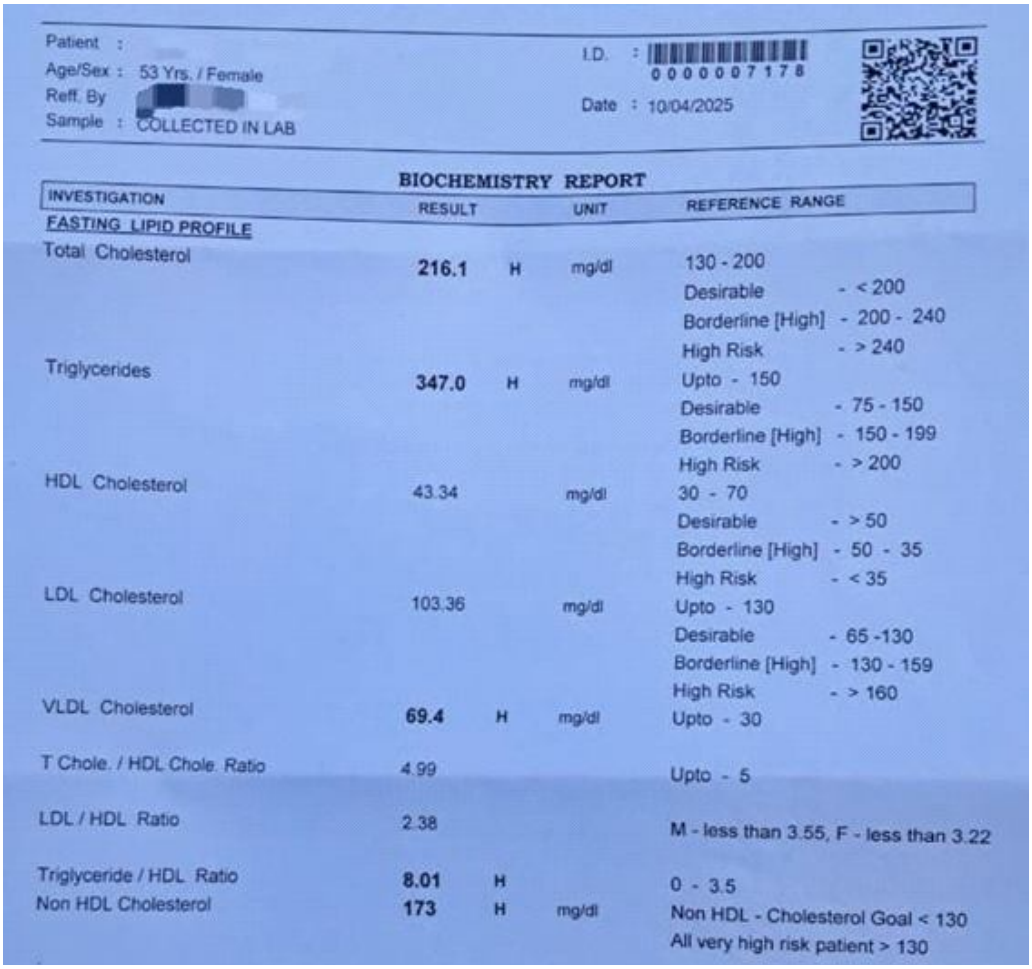
From 7th to 13th day *samsarjana krama* (diet) followed.

Table-4. Fourth line of treatment- *Shaman chikitsa* from 14th day of treatment

No.	Treatment	Dose with *Anupana*	Duration
1.	*Aarogyavardhini vati*	125 mg BD (twice a day) before meal with honey	For 30 days
2.	*Kaishora Guggulu*	125 mg BD (twice a day) before meal with warm water	For 30 day
3.	*Katu patoladi kwath*	10 ml BD (twice a day) after meal	For 30 days
4.	*Medopachaka vati*	125 mg TDS (thrice a day) after meal with warm water	For 30 days
5.	*Maamsa pachaka vati*	125 mg TDS (thrice a day) after meal with warm water	For 30 days

Table-5. Lipid profile of the patient

Fasting lipid profile	Before treatment	After treatment
Total Cholesterol	216.1 mg/dl	183.4 mg/dl
Triglycerides	374 mg/dl	229 mg/dl
HDL Cholesterol	43.34 mg/dl	44.72 mg/dl
LDL Cholesterol	103.36 mg/dl	92.88 mg/dl
VLDL Cholesterol	69.4 mg/dl	45.8 mg/dl
T Chole./ HDL Chole. Ratio	4.99	4.10
LDL/HDL ratio	2.38	2.08
Triglyceride/HDL Ratio	8.01	5.12
Non – HDL cholesterol	173 mg/dl	139 mg/dl



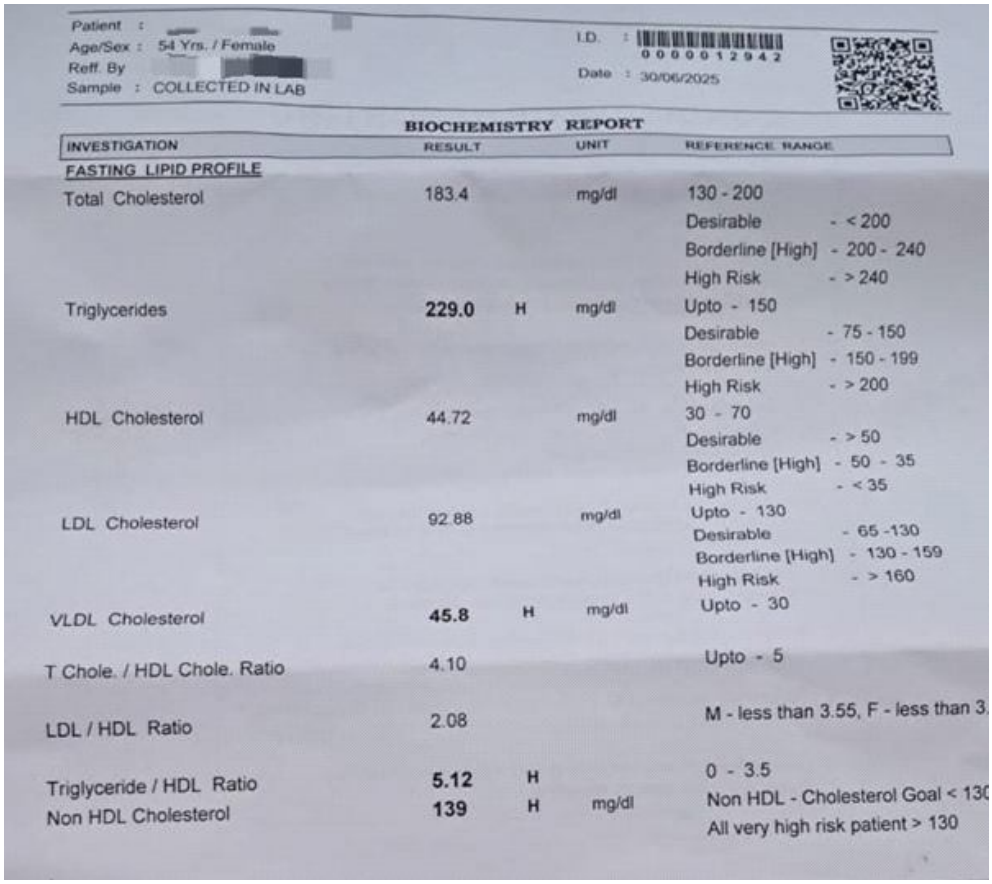
Patient :
Age/Sex : 53 Yrs. / Female
Reff. By
Sample : COLLECTED IN LAB

I.D. : 0000007178
Date : 10/04/2025

BIOCHEMISTRY REPORT

INVESTIGATION	RESULT		UNIT	REFERENCE RANGE
FASTING LIPID PROFILE				
Total Cholesterol	**216.1**	H	mg/dl	130 - 200 Desirable - < 200 Borderline [High] - 200 - 240 High Risk - > 240
Triglycerides	**347.0**	H	mg/dl	Upto - 150 Desirable - 75 - 150 Borderline [High] - 150 - 199 High Risk - > 200
HDL Cholesterol	43.34		mg/dl	30 - 70 Desirable - > 50 Borderline [High] - 50 - 35 High Risk - < 35
LDL Cholesterol	103.36		mg/dl	Upto - 130 Desirable - 65 -130 Borderline [High] - 130 - 159 High Risk - > 160
VLDL Cholesterol	**69.4**	H	mg/dl	Upto - 30
T Chole. / HDL Chole. Ratio	4.99			Upto - 5
LDL / HDL Ratio	2.38			M - less than 3.55, F - less than 3.22
Triglyceride / HDL Ratio	**8.01**	H		0 - 3.5
Non HDL Cholesterol	**173**	H	mg/dl	Non HDL - Cholesterol Goal < 130 All very high risk patient > 130

Figure 1. Before treatment



Patient : [redacted]
Age/Sex : 54 Yrs. / Female
Reff. By [redacted]
Sample : COLLECTED IN LAB

I.D. : 0000012942
Date : 30/06/2025

BIOCHEMISTRY REPORT

INVESTIGATION	RESULT		UNIT	REFERENCE RANGE
FASTING LIPID PROFILE				
Total Cholesterol	183.4		mg/dl	130 - 200 Desirable - < 200 Borderline [High] - 200 - 240 High Risk - > 240
Triglycerides	**229.0**	H	mg/dl	Upto - 150 Desirable - 75 - 150 Borderline [High] - 150 - 199 High Risk - > 200
HDL Cholesterol	44.72		mg/dl	30 - 70 Desirable - > 50 Borderline [High] - 50 - 35 High Risk - < 35
LDL Cholesterol	92.88		mg/dl	Upto - 130 Desirable - 65 -130 Borderline [High] - 130 - 159 High Risk - > 160
VLDL Cholesterol	**45.8**	H	mg/dl	Upto - 30
T Chole. / HDL Chole. Ratio	4.10			Upto - 5
LDL / HDL Ratio	2.08			M - less than 3.55, F - less than 3.
Triglyceride / HDL Ratio	**5.12**	H		0 - 3.5
Non HDL Cholesterol	**139**	H	mg/dl	Non HDL - Cholesterol Goal < 130 All very high risk patient > 130

Figure 2. After treatment

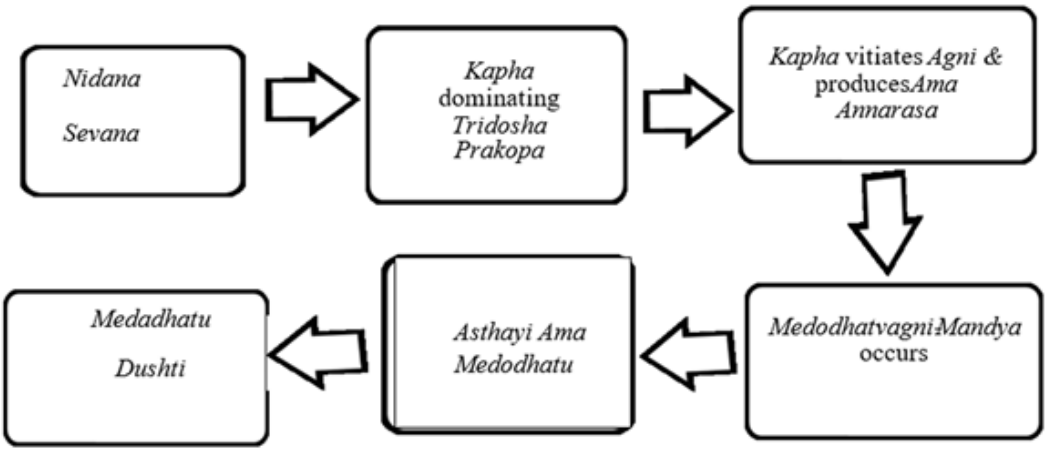


Figure 3. *Samprapti Of medodushti*

Hetu (causative factor):

- *AAHARA:*
  1. *Aanupa mamsa Sevana*- weekly
  2. *Dadhi Sevana* every night
  3. *Maamsa Sevana* once a week

- *VIHARA:*
  1. *Ratri jagarana*
  2. *Vega dharana*

Samprapti ghataka: Figure 3.

- *Dosha: kapha* dominating *Tridosha prakopa*
- *Dushya: Rasa, Rakta, Mamsa, Meda*
- *Adhishtana: meda and dhamani*

Treatment plan: It is started with *Nidana parivarijana* and *samprapti vighatana*.

1. First line of treatment- *Deepana–Pachana Chitrakadi vati*: Table-1
2. Second line of treatment- *Snehapana* : Table-2.
3. Third line of treatment- *Shodhana (Vamana)*: Table-3
4. Fourth line of treatment- *Shaman chikitsa* from 13th day of treatment: Table-4

Dietary advice:

- Pathya: *Laghu Anna, Tikta Rasayukta Shak,* Old *Shali* Rice, Yava (barley) *Moong Daal*, padaval shak, *Takra* (buttermilk).
- Apathya: *Guru, Snigdha, and Abhishyandi Ahara, madhur amla rasa sevan*, milk, *Dadhi* (curd), *Aanupa mamsa* (fish), *Divaswapna* (day sleep), *Navanna* (newly harvested grains).

Medodushti is a common metabolic disorder now, closely tied to a sedentary lifestyle, unhealthy eating habits, excess intake of Guru, Snigdha, and Madhura Ahara, and lack of physical activity.[8] In Ayurveda, it comes mainly from impaired Medo-Dhatvagni, which leads to both qualitative and quantitative vitiation of Meda Dhatu and blockage of Medovaha Srotas.[9] Clinically, this shows up as raised lipid levels, heaviness, lethargy, poor digestion, and a higher risk of cardiovascular disease, which lines up well with dyslipidaemia in modern medicine.[6]

In this case, the patient had clear Kapha-Meda dominance with Agnimandya, so a Shodhana-focused treatment approach was appropriate. According to classical Ayurvedic texts, treatment of Medodushti starts with Deepana and Pachana to correct Agni and digest Ama, and only then moves to Snehapana and Shodhana.[11]

Chitrakadi Vati was given for three days at the start, and it played a key role in strengthening Jatharagni and reducing Ama. Chitraka and the other Ushna-Tikshna drugs in the formulation are known for strong Deepana-Pachana action and prepare the body for the next step, oleation therapy.[7]

After that, Snehapana with Tikta Ghrita was done, chosen because Tikta Rasa has a special affinity for Meda Dhatu and has Kapha-Pittashamaka action. **Tikta Ghrita** mobilises vitiated Doshas from peripheral tissues into the Kostha, so they can be removed effectively during Shodhana. A fixed dose of 30 ml for three days provided adequate internal oleation without complications.[11]

Next, Vamana Karma was performed

with **Madanaphala Churna along with Yashtimadhu** Phanta, Saindhava, and Madhu, during Kapha Kala. Vamana is the treatment of choice for Kapha-dominant Medodushti because it directly expels accumulated Kapha and Meda from the body. Achieving Pravara Shuddhi with 11 Vega showed that the procedure was done correctly and Dosha elimination was effective. Post-Vamana Samsarjana Krama with Peya allowed Agni to recover gradually.[11]

After Shodhana was completed, Shamana Chikitsa started on the 13th day to maintain Dosha balance, improve metabolism, and prevent relapse**. Aarogyavardhini Vati** was given for its Medohara, Deepana, and Yakrit-uttejaka actions, supporting lipid metabolism. Kaishora Guggulu, with its Shothahara and Medo-Pachaka effects, helped correct metabolic disturbances and clear remaining Ama.[12]

Katu Patoladi Kwatha, rich in Tikta and Katu Rasa, further helped in Meda Shoshana, Srotoshodhana, and regulation of lipid metabolism. Medopachaka Vati and Maamsapachaka Vati were added to ensure proper digestion and transformation of Meda and Mamsa Dhatu, directly addressing the underlying Dhatvagni impairment.[7]

Putting all this together - Deepana-Pachana, Snehapana, Shodhana (Vamana), and Shamana therapy - led to correction of Agnimandya, clearance of vitiated Kapha-Meda, and better lipid metabolism. This case shows how classical Ayurvedic treatment protocols can effectively manage Medodushti and dyslipidaemia, offering a steady, long-term alternative to conventional management.[6,7]

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