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### RESEARCH ARTICLE

## AYURVEDIC APPROACH IN THE MANAGEMNET OF MEDO VAHA SROTO DUSHTI W.S.R TO HYPERLIPIDEMIA : A CASE STUDY

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#### Abstract

Hyperlipoproteinemia is characterized by hypercholesterolemia, isolated hypertriglyceridemia, or both. [1] Primary cause of hyperlipoproteinemia are genetic disorders. Diabetes mellitus, obesity, ethanol consumption, oral contraceptives, glucocorticoids, renal disease, hepatic disease, and hypothyroidism can cause secondary hyperlipoproteinemias or worsen underlying hyperlipoproteinemic states.[2] Hyperlipoproteinemia usually has no noticeable symptoms and is often detected during routine examination or evaluation for atherosclerotic/cardiovascular disease. However, in some cases it may present with features such as xanthomas, xanthelasma of the eyelids, chest pain, abdominal pain, enlarged liver and spleen, elevated cholesterol or triglyceride levels, increased risk of heart attack, higher rates of obesity and glucose intolerance, pimple-like skin lesions, atheromatous plaques in arteries, and arcus senilis.[3] There is no separate description or chapter about hyperlipidemia in the Ayurveda classics. This might be due to the fact that it is a metabolic disorder and a contributor to other diseases. But we can correlate it with Medovaha Sroto Dushti. According to Acharya Charaka, a person not doing physical exercise, having day time sleep, eating meat in excess, drinking excess alcohol leads to Medovaha Sroto Dushti.[4] The symptoms of Medovaha Sroto Dushti are similar to symptoms of Ashta Nindaniya Vyadhi and Puravrupa of Prameha.[5] In Ashta Nindaniya Vyadhi, specifically the symptoms of Atisthaulya such as Chala Sphika, Udara, Stana, Ayatha Upachaya (Abnormal growth of body), Anutsaha (Lack of Enthusiasm), Ayusho Hrasa (Shortening of the Life Span) can be correlated with hyperlipidemia.[6] According to Acharya Sushruta, increase of Meda produces Snighdata in the Sharira, increase of abdomen and flanks, cough, dyspnea, bad smell etc.[7]

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**Introduction: -**

According to Acharya Vagbhata, Alpa Cheshta (fatigue), Shwasa (dyspnoea), Sphika Stana Udara Lambanama (pendulous growth of buttocks, breast and abdomen) occurs due to deposition of excess Meda Dhatu.[8] Ruksha, Ushna & Tikshna Basti has been suggested by Acharya Charaka for the treatment of Santarpanajanya Roga.[9] Acharya Sushruta specifically mentioned Lekhaniya Basti for the treatment of Medovridhi.[10] So, in light of above references from classical texts, Lekhaniya Basti along with tablet Lipistab was selected for the present case study for the management of Hyperlipidemia.

**Case Report:**

A 47-year-old female patient, non-smoker and non-alcoholic, visited OPD of Panchakarma with chief complaint of general weakness, laziness, increased sweating, weight gain associated with difficulty in walking and pain in right knee joint since 1.5 years.

**History of Past Illness-** Hypothyroidism since 5 years, No history of DM, HTN

**Treatment History -** Patient is taking tablet Thyroxine 150 mcg, since 5 years

**Personal History: -**

- Appetite - Normal
- Diet - Mixed, 3 meals/day
- Bowel habits- Constipation on & off
- Sleep - Increased in frequency
- Urine - Normal

**General Examination: -**

- Blood pressure -130/90 mmHg
- Pulse rate - 70/min
- Temperature - 98.3 degrees
- Respiration rate - 18/min
- Pallor - Absent
- Cyanosis - Absent
- Edema - Absent
- Lymphadenopathy - Absent

**Dashvidha Pariksha: -**

- Prakriti – Vata-Kaphaj
- Vikriti-Tridoshaj
- Sara -Madhyama
- Samhanana-Madhyama
- Pramana- Madhyama
- Satmya- Sarvarasa
- Satva- Avara
- Ahara Shakti - Madhyama
- Vyayama Shakti - Avara
- Vaya- Yuva

**Diagnostic criteria: -**

Diagnosis was made on the basis of Complete Lipid Profile.

**Other blood investigations:**

**Thyroid Function Test**– within normal limits

**Uric Acid**- 6.2 mg/dL

**Assessment Criteria: -**

Patient was assessed on subjective and objective parameters before treatment and at the end of treatment.

**Table No. 1. Subjective parameter:**

<b>Alasya/Anutsaha (Laziness)</b>	<b>Score</b>
Doing work satisfactorily with proper vigor in time	0
Doing work satisfactorily with late initiation	1
Doing work unsatisfactorily under mental strain and taking time	2
Not beginning any work on his own obligation and doing little work	3
Refuses to take the initiative and not want to function even after pressure	4
<b>Daurbalya (General weakness)</b>	<b>Score</b>
Can do regular exercise	0
Can do moderate exercise without trouble	1
Can only perform mild exercise	2
Can do mild exercise with very difficult	3
Cannot do even mild exercise	4
<b>Daurgandhya (Bad odor from the body)</b>	<b>Score</b>
Absence of bad odor	0
Occasional bad smell from the body that is removed after Bathing	1
Persistent bad smell restricted to near places that is impossible to mask by deodorant	2
Persistent bad smell sensed from long distance that is not suppressed by deodorant	3
Persistent bad smell felt from long distance that is also intolerable to the patient himself	4
<b>Svedhaabaada (Excess Sweating)</b>	<b>Score</b>
Sweating after hard work and rapid movement or in hot weather	0
Profuse sweating after moderate work and movement	1
Sweating after little work and movement	2
Profuse sweating after some work and movement	3
Sweating even at rest or in cold weather	4

**Objective parameter:**

- Before and after treatment effect on complete lipid profile and body weight will be evaluated.

**Consent:**

Consent was obtained from the patient prior to the treatment.

**Treatment protocol: -**

The patient was administered with Lekhniya Bastiin Kala regimen along with oral administration of tablet Lipistab. The total duration of treatment was 40 days. The therapeutic response and progress were monitored through follow-up assessments conducted on the 20<sup>th</sup>, 40<sup>th</sup> and 60<sup>th</sup> day after initiation of the treatment.

**Table No. 2. Treatment Plan**

<b>Sr. No.</b>	<b>Type of treatment</b>	<b>Medications</b>	<b>Duration</b>	<b>Period</b>
1.	Oral Medication	ChitrakadiVati 2 Tab BD Anupana- Luke warm water	3 days	Day 1- 3 <sup>rd</sup>
2.	Panchakarma Procedure	Anuvasana Basti with Murchhita Tila Taila, Dose- 60 ml, post meal. Lekhniya Basti, Dose- 450 ml, empty stomach in the morning in Kala Regimen.	16 days	Day 4 <sup>th</sup> – 19 <sup>th</sup>

3.	Oral Medication	Tablet Lipistab Dose: 2 Tab BD Anupana- Luke warm water	40 days	Day 4 <sup>th</sup> –43 <sup>rd</sup> (16 days along with Basti and 24 days after Basti)
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**Contents of Lekhaniya Basti<sup>[11]</sup>:**

1. Madhu (Honey)
2. SaindhavaLavan(Rock Salt)
3. Sneha – MurchhitaTilaTaila
4. Kalka - Silajatu, Shudh Kasisa, ShudhTuttha, Hingu
5. Kwatha – TriphalaKwath
6. Prakshepa Dravya - Yavakshara, Gomutra

**Contents of Tablet Lipistab:**

1. Arjuna
2. Shunthi
3. Peepali
4. Pushkarmoola
5. Lasuna
6. Guggul

**Preparation of Lekhaniya Basti: -**

1. First of all, the Kwath was prepared for Lekhaniya Basti. For making the Kwatha, coarse powder of thoroughly cleaned and dried Triphala were taken in a quantity of 60 gm, which were added to 960 ml of water and boiled until the decoction reduced to 240 ml. Then the Kwath were sieved in a clean container to remove the solid portion.
2. Then 60 gm of honey were taken in a dry mortar and pestle to which 5 grams of Saindhava Lavan was added and mixed properly to make a homogenous mixture.
3. Next 90 ml of lukewarm Murchhita Tila Taila were added to the mixture and mixed thoroughly.
4. All the Kalka Dravyas were taken to make a wet ground paste then added in the mixture.
5. After this, warm Kwath were added to the mixture and churned properly.
6. At the end Gomutra were added to obtain a homogenous mixture for Basti. Then this homogeneous mixture was sieved into a container and were transferred to a Basti Putaka for administration.

**Murchhana of Tila Taila<sup>[12]</sup>:**

For Anuvasana Basti, Tila Taila Murchhna was done with these Kalka Dravya: Manjishtha, Triphala, Haridra, Musta, Vatt-Jata, Nakula, Kevra-Phool. Tila Taila were taken in a dry steel pan, and was heated until it became free from froth. The flame was turned off and once the temperature of the oil reduced a little, the paste of all the Kalka Dravyas i.e. Manjistha etc. were added into the oil. Once the froth settled down, a measured quantity of water was added to the oil, then the pan was replaced onto the flame and heated until Samyak Paka Lakshans were noted. Then the prepared oil was filtered through a cloth sieve, and was stored in a dry vessel.

**Drug Source:**

Tablet Lipistabis a Patent Yoga of DAVPharmacy, Mahatma Hans Raj Marg, G.t Road, Jalandhar-8 (PB.) India. [Manufacturing License No. 67(Ay.) Pb.]

**Results: -**

During the follow-up period, the patient demonstrated steady improvement in overall clinical symptoms and in Laboratory examination.

**Table No. 3 Assessment score for subjective parameters**

Sr. No.	Symptoms	Day 0	Day 20	Day 40	Day 60	% Improvement
1.	Alasya/Anutsaha	3	1	1	0	100 %
2.	Daurbalya	2	1	0	0	100%
3.	Daugandhya	0	0	0	0	0%
4.	Svedhaabaada	3	3	2	2	33.3%
5.	<b>Total Score</b>	<b>8</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>75%</b>

**Table No. 4 Assessment score for objective parameters**

Sr. No.	Lipid Profile	Normal range	B.T.	A.T.	% Improvement
1.	<b>Serum Cholesterol</b>	Adult: Desirable <200 mg/dL Borderline: 200 - 239 mg/dL High: >240	264 mg/dL	198 mg/dL	25%
2.	<b>Triglycerides</b>	Normal: <150 Borderline High: 150-190 High: 200-499	256 mg/dL	170 mg/dL	33.6%
3.	<b>VLDL</b>	5-40 mg/dL	51.2 mg/dL	34 mg/dL	33.6%
4.	<b>LDL</b>	<100 Optimal	162.8 mg/dL	122 mg/dL	25.1%
5.	<b>HDL</b>	35 – 80 mg/dL	50 mg/dL	42 mg/dL	-

**Table No. 5 Comparison in body weight**

	Before treatment	After treatment
<b>Body weight</b>	<b>96 kg</b>	<b>94 kg</b>

**Discussion: -**

The clinical assessment demonstrates marked symptomatic improvement, with Alasya/Anutsaha and Daurbalya showing complete relief (100%) by Day 60, while Svedhaabaada exhibited moderate improvement (33.3%). The total symptom score reduced from 8 to 2, indicating an overall improvement of 75%, reflecting significant improvement in the patient's general condition. The lipid profile also demonstrated considerable improvement, with reductions in serum cholesterol (25%), triglycerides (33.6%), VLDL (33.6%), and LDL (25.1%), bringing values closer to normal limits. However, HDL showed a slight decrease, which is not desirable. Additionally, a reduction in body weight from 96 kg to 94 kg further supports the beneficial effect of the intervention on metabolic parameters. Lekhaniya Basti is specifically a Tikshna Shodhana Basti and it is indicated in Bahudoshya Avastha which includes Medovridhi. Kapha and Vata are the main Doshas involve in the pathogenesis of Disease. Vata Prakopa is due to Margavrodha by Dushta Kapha and Meda.

Lekhania Basti acts by reducing excess Meda and clearing Srotoavrodha, helps in improving circulation and normalizing Vata movement. Its Laghu, Tikshna, and Ushna properties promote Deepana–Pachana, thereby enhancing Agni, digesting Ama, and correcting Medo-dhatvagni Mandya. Lekhaniya Basti has Kashaya Rasa dominance, followed by Katu Rasa and Tikta Rasa. Kashaya Rasa have Kapha Shamaka, Kleda Soshan and Ruksha properties. Tikta Rasa performs Lekhana action and have Meda, Vasa, Sweda, Sleshma Upsoshak properties. Katu Rasa is also having Sneha, Sweda, Kleda Nashak, Lekhana and Kapha Shamaka properties. Katu, Tikta, Kashaya Rasa by reducing increased Kleda, they cause wasting of all the Dhatus. Thus help in Lekhana Karma of all the Dhatus, and resulted in the reduction of laziness/lack of enthusiasm (Alasya/Utsahani), excess sweating

(Swedadhikya) and body odor (Daurgandhya). Tila Taila used for Anuvasana Basti is Balya, Vrishya and Vatahara, it balances the Tikshana Guna of Lekhaniya Basti along with providing Bala to the patient. The contents of Tablet Lipistab further support the action of Basti. Arjuna provides cardioprotective and lipid-lowering effects; Shunthi and Pippali act as potent Deepana–Pachana drugs that improve digestion and reduce Ama; Pushkarmoola helps in improving circulation and relieving Kapha-Vata imbalance; Lasuna has hypolipidemic and Amapachaka properties; and Guggul have Lekhaniya and Medohara action, helps in reducing lipid levels. Together, these drugs synergistically enhance metabolic activity, reduce hyperlipidemia and alleviate associated symptoms.

### **Conclusion: -**

The incidence of hyperlipidemia has markedly increased over the past few decades in developing countries, becoming a major health concern, particularly among younger individuals due to their diet and lifestyle. The present case study highlights the role of Lekhaniya Basti in the treatment of hyperlipidemia. The predominance of Kashaya, Tikta and Katu Rasa in Basti Dravya provides Kapha-shamaka, Lekhana, Kleda-shoshana and Meda-reducing actions, leading to improvement in clinical symptoms. The ingredients of Tablet Lipistab complements the action of Basti by improving blood circulation and reducing lipid levels through their cardioprotective, Deepana–Pachana, Lekhaniya and Medohara properties. Together, they address both the root cause and manifestations of hyperlipidemia, offering a holistic, safe and effective therapeutic strategy. Modern medical science, though helpful in improving the dyslipidaemia, has notable limitations due to the adverse effects. This study signifies the clinical relevance of Ayurvedic treatment in the management of hyperlipidaemia and encourages further studies with a larger sample size and longer follow-up period.

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