



Original Research Article

Volume 15 Issue 07

July 2026

SUCCESSFUL MANAGEMENT OF DYSLIPIDEMIA THROUGH VAMANA KARMA: A CASE REPORT

***Dr. Mehulkumar Subhash Patil¹, Dr. Payal D. Desai², Dr. Vishwa Dumasiya³**

¹Assistant professor, Panchakarma Department, P P Savani Ayurvedic College & Hospital, P P Savani University, Kosamba, Dhamdod, Surat.

²Assistant professor, Kayachikitsa Department, P P Savani Ayurvedic College & Hospital, P P Savani University, Kosamba, Dhamdod, Surat.

³Assistant professor, RSBK Department, P P Savani Ayurvedic College & Hospital, P P Savani University, Kosamba, Dhamdod, Surat.

***Corresponding Author's Email:** mkpatil37@gmail.com

Abstract:

Dyslipidemia is a disorder in which the blood lipid levels become abnormal, i.e., either increase or decrease. Dyslipidemia is a recognized, independent, and modifiable risk factor for CAD and stroke. Even though effective therapy exists, the management of dyslipidemia still lacks optimal quality, and there is variability within different risk categories, populations, and gender. As per the Global Burden of Disease Study, the mortality rate for CAD is increasing in India. The prevalence of dyslipidemia in the Indian population was reported to be around 79%. Dyslipidemia can be linked with the condition *Medoroga* in Ayurveda, which refers to metabolic disorders associated with the abnormal deposition and incorrect distribution of *Meda Dhatu* in the body. It is a disease of *Kapha dosha*, *Rasa dhatu*, and *Meda dhatu* due to the presence of *Ama* produced by *Dhatwagnimandhya*. Since *Medoroga* is primarily a *Santarpanotha Vyadhi*, *Shodhana Chikitsa*, particularly *Vamana Karma*, is regarded as the treatment of choice for eliminating aggravated *Kapha* and correcting the underlying metabolic imbalance. Therefore, the present case study was undertaken to evaluate the therapeutic effect of *Vamana Karma* in the management of dyslipidemia. Through this case, the aim was to demonstrate that *Vamana Karma*, as a classical Ayurvedic *Shodhana* therapy, can effectively improve lipid profile parameters and serve as a beneficial treatment modality in the management of dyslipidemia.

Keywords: Dyslipidemia, *Medoroga*, *Dhatwagnimandhya*, *Ama*, *shodhana*, *Vaman Karma*

Introduction:

Lipids, including cholesterol and triglycerides, are absorbed from the intestine and transported throughout the body by lipoproteins. These lipids play essential physiological roles by serving as a source of energy and as precursors for the synthesis of steroid hormones and bile acids. Major lipids associated with lipid metabolism include TC, LDL cholesterol, HDL cholesterol, and

triglycerides (TG). The balance of these lipids is important for normal metabolism. Any imbalances in their levels result in dyslipidemia, which greatly increases the risk of various cardiovascular disorders such as coronary artery disease and stroke. Imbalance in any of the above factors, due to either organic or nonorganic reasons, will cause Dyslipidemia.[1]

The dyslipidemia disorder entails abnormal levels of LDL cholesterol, HDL cholesterol, and triglycerides. Dyslipidemia is categorized as primary and secondary. The primary dyslipidemia disorder is genetically transmitted as a result of mutation of genes that affect lipid metabolism.[2] On the other hand, secondary dyslipidemia disorder arises due to an unhealthy lifestyle choice or pre-existing medical condition. The common types of dyslipidemia are:

- Low-Density Lipoprotein cholesterol (Bad Cholesterol): Increased LDL cholesterol causes increased deposits of cholesterol within the arterial wall, resulting in atherosclerosis.
- High-Density Lipoprotein cholesterol (Good Cholesterol): HDL removes excessive cholesterol from tissues and brings it to the liver to be excreted from the body.
- Triglycerides (TG): Triglycerides are the body's main form of stored fat and an important energy source. Elevated TG levels are associated with an increased risk of atherosclerosis and cardiovascular disease.
- Total cholesterol (TC): Total cholesterol represents the overall amount of cholesterol in the blood, including LDL, HDL, and other lipoprotein fractions. Elevated total cholesterol levels are associated with a greater risk of coronary artery disease and stroke.[3]

According to the ICMR-INDIAB Study, approximately 79% of the adult Indian population has abnormalities in at least one lipid parameter, with a similar prevalence in both urban and rural populations. Even the youngest age group has high rates of dyslipidemia.[4] The annual number of deaths from CVD in India is projected to rise from 2.26 million (1990) to 4.77 million (2020).[5] Dyslipidemia is associated with a major part of IHD (ischemic heart disease). Another major consequence of dyslipidemia, stroke, remains the second most common cause of death after ischemic heart disease.[6]

The quality of dyslipidemia management remains suboptimal and differs across cardiovascular risk groups, ethnicities, and genders. A patient with known atherosclerotic cardiovascular disease who has a predicted risk of major vascular events of 45% and of hard cardiovascular events of 30% within the next 10 years, lowering LDL-C level by 1mmol/L would be expected to result in absolute risk reductions of approximately 10% and 7%, respectively.[7] For every 10% lowering of cholesterol, CHD mortality reduces by 13%.

Dyslipidemia is usually asymptomatic and is diagnosed through a blood lipid profile. Although normal values may vary with age, sex, and individual risk factors, the recommended lipid levels are:

- LDL cholesterol: <100 mg/dL
- HDL cholesterol: >40 mg/dL in men and >50 mg/dL in women
- Triglycerides (TG): <150 mg/dL
- Total cholesterol (TC): <200 mg/dL

Early detection of dyslipidemia and its effective management are essential for preventing cardiovascular complications such as CAD, MI, and stroke, thereby improving overall health outcomes and quality of life.

Management of dyslipidemia includes changes in lifestyle and medicines. Changes in lifestyle include proper diet, exercise, maintaining body weight, avoiding smoking, and controlling alcohol consumption. Medicines will have to be taken by high-risk patients and in patients having lipid disorders. Reduction in levels of LDL cholesterol and triglycerides along with elevation in HDL cholesterol is the objective of the treatment.

There are few references in Ayurveda which can be linked to dyslipidemia. Lipids can be linked to *Medo Dhatu*. Imbalance in *Medo Dhatu* leads to *Medo dushti* and *Medoroga*.

As per Ayurveda, *Kapha Vriddhi*, *Medovaha Srotodushti*, and production of *Ama* in *Meda Dhatu* occurs on account of *Dhatvagnimandya*, leading to metabolic abnormalities and *Medo Dhatu* accumulation, which can be related to dyslipidemia. Further progression of this disease leads to *Strotorodha* and increased chances of developing metabolic disorders.

As per Ayurveda, *Medoroga* is a *Santarpanoththa* and *Bahu Dosha* condition. So, as a first-line therapy, *Shodhana Chikitsa*, particularly *Vamana Karma*, can be preferred for alleviating aggravated *Kapha Dosha* and improving *Agni*. In view of the high incidence of dyslipidemia and inadequate results of current therapies, *Vamana Karma* therapy can serve as an alternative modality. Hence, the present case study has been conducted to study the effectiveness of *Vamana Karma* in the management of dyslipidemia.

Case History:

A 56-year-old male OPD patient (No. 5524) reported to the Outpatient Department of P. P. Savani Ayurvedic Hospital and College, Dhamdod, Kosamba, suffering from a known case of dyslipidemia. His main complaint included raised lipids, itching on the chest area with reddish, raised and circular skin lesions. He also reported symptoms like back pain, morning stiffness and heaviness in abdomen. All the above symptoms were present for about 2-3 months and gradually became worse, thereby disturbing his routine activity.

On history taking, it was found that the patient had a history of dyslipidemia in the past but had not taken any lipid-lowering drugs or undergone any treatment at the time of visit.

Considering the patient's clinical features and Ayurvedic assessment, an individualized treatment plan was formulated. The patient underwent Ayurvedic management at P. P. Savani Ayurvedic Hospital and College, Dhamdod, Kosamba, to address dyslipidemia and its associated clinical manifestations.

On Examination

Blood Pressure (BP): 130/80 mmHg

Heart Rate (HR): 86/min

R.R.: 16-18/min

Height: 164 cm

Weight: 72.7 kg

BMI: 27.0 kg/m²

Mala: Samyak (1-2 times)

Koshtha: Madhyam

Mutra: Regular

Nidra: Samyak (6-7 hours)

Kshudha: Samyak

Jivha: Nirama

Past History

No history of DM, HTN, thyroid disorder, or surgical procedures. The patient came with an abnormal lipid profile report.

Systemic Examination

- Respiratory System: Air entry bilaterally equal (AEBE); chest clear.
- Cardiovascular System: S1 and S2 heart sounds heard; no added sounds.
- Central Nervous System (CNS): Patient conscious, well-oriented, and all superficial reflexes intact.
- Gastrointestinal System (GIT): Abdomen soft, bowel sounds present, with no tenderness or other abnormalities.

Samprapti Ghatak

Dosha: Vata- Samana, Vyana; Pitta- Pachaka; Kapha- Kledaka

Dushya: Rasa and Meda

Srotas: Rasavaha Srotas and Medovaha Srotas

Agni: Medodhatwagni

Ama: Medodhatwagnimandya janita

Udbhavasthana: Amashaya, Hridayastha Dhamani

After thorough clinical examination, the patient was diagnosed with dyslipidemia (*Medoroga*) and advised to undergo *Vamana Karma*.

A. Purva Karma

Deepana Pachana:

No.	Drug	Dose	Timing
1	Amapachaka Vati	2 Tab TID	Before food
2	Guduchyadi Kwath	20 ml BD	Before food
3	Haritaki Vati	4 Tab HS	At bedtime × 1 day

Snehapana:

Shodhartha Snehapana with *Triphala Ghrita* was administered in an escalating dose regimen from 22/03/2026 to 25/03/2026 (4 days) until the appearance of *Samyak Snigdha Lakshanas*. The *Jiryamana* and *Jirna Lakshanas* of *Snehapana* were assessed and documented daily to monitor the adequacy of oleation.

Dose of Snehapana:

Day	Date	Dose	Time
1	22/03/2026	30 ml	07:30 AM
2	23/03/2026	70 ml	07:15 AM
3	24/03/2026	100 ml	07:30 AM
4	25/03/2026	150 ml	08:00 AM

Vishrama Kala

On 26/03/2026, the patient underwent *Abhyanga* with *Nimba Taila*, followed by *Bashpa Sweda* for one day. *Kapha Utkleshaka Ahara* was administered to facilitate the mobilization of aggravated *Kapha* before *Vamana*.

B. Pradhana Karma (Vamana Karma)

On 27/03/2026, *Abhyanga* with *Nimba Taila* followed by *Bashpa Sweda* was performed. The patient was counselled regarding the procedure, and written informed consent was obtained before the initiation of therapy.

Vamana Dravya: *Madanaphala Pippali Yoga* comprising *Madanaphala Pippali Churna* (6 g), *Yashtimadhu Churna* (8 g), *Saindhava* (2 g), *Vacha Churna* (2 g), and *Madhu* (10 mL) was administered.

Vamanopaga Dravyas: *Ksheera* (milk), *Yashtimadhu Phanta*, *Lavanodaka* (salt water), and *Koshna Jala* (lukewarm water) were used to facilitate the *Vamana* procedure.

Vamana Karma Observation Chart:

Time	Drug	Matra	Vega	Upavega	Output	Signs/ Symptoms	Vitals	Complication
7:30 AM	Yavagu	150 gm	-	-	-	-	120/80 & 82	-
7:40	Godugdha	4 glass	-	-	-	-	-	-
7:48	Madhanphala Pippali yoga	25-30 gm	-	-	-	-	130/80 & 96	-
7:55	-	-	-	-	-	Hrullas, sweda pravrutti, lalastrav	130/90 & 102	-
8:10	Godugdha	1 glass	1	-	Kapha + dugdha	-	-	-
8:12	Yashtimadhu phanta	4	1	1	-	-	-	-

Time	Drug	Matra	Vega	Upavega	Output	Signs/ Symptoms	Vitals	Complication
8:16	Yashtimadhu phanta	2	-	2	Phanta + kapha	-	-	-
8:19	Yashtimadhu phanta	3	1	3	Phanta + kapha	-	-	-
8:23	Yashtimadhu phanta	4	1	2	Phanta + kapha	-	140/90 & 110	-
8:29	"	5	1	3	Phanta + kapha	-	-	-
8:33	"	2	-	3	Phanta	-	-	-
8:36	"	2	-	2	Phanta	-	-	-
8:39	"	1	1	2	-	-	130/86 & 101	-
8:46	Lavan jala	3	1	2	Phanta + yavagu	-	-	-
8:49	Lavan jala	1	-	2	Kapha + phanta	-	-	-
8:55	Lavan jala	4	-	4	Jala	-	-	-
8:58	Lavan jala	2	-	4	Jala	-	120/80 & 110	-
9:07	Lavan jala	5	-	5	Jala + pitta	-	120/80 & 100	-

C. Paschat Karma

After completion of *Vamana Karma*, the patient was advised complete bed rest. *Dhumapana* was administered at 09:30 AM using a formulation prepared from *Haridra*, *Trikatu Churna*, and *Murchita Go Ghrita*. Based on the degree of *Shuddhi* attained, *Samsarjana Krama* was advised for 5 days, consisting of three *Anna Kalas* per day.

Initially, *Peya* was prescribed during the first *Anna Kala*, and the diet was gradually progressed from *Laghu* to *Guru Guna Pradhana Ahara*. The patient resumed a normal diet by the evening of the fifth day. After successful completion of *Samsarjana Krama*, *Shamana Chikitsa* was initiated on 02/04/2026 according to the patient's blood investigation reports.

Observation and Result:

As the patient was in *Amavastha*, *Deepana* and *Pachana* were administered for three days to achieve proper digestion of *Ama*. This was followed by *Snehapana*, which was continued for four days until the attainment of adequate signs of *Samyak Snigdha Lakshanas*. Subsequently, one day of *Vishrama Kala* (rest period) was observed. During this period, the patient was advised to follow *Kapha-utkleshaka Ahara* and *Vihara* to facilitate the mobilization of *Kapha* before *Vamana Karma*.

On the day of *Vamana*, the procedure was initiated at 7:30 AM with the administration of *yavagu* as the preparatory diet. The *Vamana* procedure was completed at 9:10 AM. Throughout the therapy, the patient's clinical status and procedural parameters were carefully monitored and

documented. Based on the observations recorded during the entire *Vamana* procedure, the following findings were noted.

Vamana Karma Observation:

Sr. No.	Vamana Observation	Remarks
1	Vaigiki Pariksha	Uttam Shuddhi achieved with 7 vega
2	Maniki Pariksha	Input: 10 lit vaman dravya; Output: 9.7 lit vaman dravya
3	Antiki Pariksha	Pittanta observed
4	Laingiki Pariksha	Samyak Vamana Lakshana were observed

Assessment of Symptoms:

Sr. No.	Parameter	Before Vamana Karma	After Vamana Karma
1	Itching all over chest region	Present	Absent
2	Round reddish elevated lesions during itching	Present	Absent
3	Low back ache	Present	Absent
4	Morning stiffness	Present	Absent

Table 1: Assessment of Lipid Profile Before and After Therapeutic Intervention

Sr. No.	Parameter	Before Vamana Karma (mg/dL)	After Vamana Karma (mg/dL)
1	Serum cholesterol	241	216
2	Non-HDL	199	174
3	Direct LDL	194	163
4	Cholesterol/HDL ratio	5.7	5.1



Figure 1: Assessment of Lipid Profile Before and After Therapeutic Intervention

Discussion:

In the pathogenesis of dyslipidemia, the hypofunctioning of *medodhatvagni* plays a key role in the basic matrix of *medovaha-srotodushti* along with vitiation of *kapha dosha*. [8] Dyslipidemia is a *Santarpanajanya Roga*; therefore, *Apatarpana Chikitsa* is the principal line of treatment. In certain previous comparative studies, *Vamana karma* is proved to be effective in dyslipidemia as against a standard anti-lipidemic drug like Atorvastatin. [9] In modern medicine, there are effective anti-dyslipidemic drugs like statins which give rapid relief and remain the mainstay of lipid-modifying therapies, but they may cause long-term side effects. So, there is a need for a safe alternative treatment which may be effective in reducing lipid levels for prolonged use. [12]

Acharya Charaka has also clearly mentioned *Vamana* in the treatment of *Santarpana Janya Vyadhi*. [10] *Vamana Karma* was highly effective in improving the serum lipid profile and showed better therapeutic efficacy than the standard drug. *Vamana karma* can be used for the effective and safe management of dyslipidemia. [11]

Although dyslipidemia is not described as a distinct disease entity in the classical Ayurvedic texts, it can be correlated with *Medoroga* and understood in terms of *Meda Dushti*, involving the vitiation of *Kapha Dosha*, *Ama* formation, *Agnimandya*, and *Srotorodha*. The pathogenesis involves the vitiation of *Kapha Dosha* leading to abnormal accumulation of *Meda Dhatu* and obstruction of body channels, ultimately disturbing normal lipid metabolism.

From the *Samprapti*, it is clear that the *Chikitsa* for *Medoroga* should be able to correct the *Agni*, pacify *Kaphapradhana Tridoshas* and correct the *medodhatu*.

According to the principles of Ayurveda, *Vamana Karma* is the principal *Shodhana* therapy indicated for the elimination of aggravated *Kapha Dosha*. Classical texts recommend *Vamana* in conditions where *Kapha*, *Meda*, and *Ama* are predominant. By expelling the vitiated *Kapha* from its principal site, *Vamana* helps restore *Agni*, remove *Ama*, clear obstructed *Strotas*, and normalize the metabolism of *Meda Dhatu*.

Thus, *Vamana Karma* was chosen as the major method of detoxification for the patient with dyslipidemia. This therapy included removing the excess of *Kapha*, balancing the disturbed digestion and metabolism, decreasing the *Meda Dushti*, and overall improving the metabolic processes, thus addressing the underlying pathology instead of merely regulating blood lipid levels.

When *Agni* is normalized and *Meda Dhatu* is purified, the process of pathology starts reversing. Normal development of *Sara* and *Kitta Bhaga* occurs, which promotes normal metabolism and healing of the patient. Proper digestion leads to normal creation of *Annarasa*, eliminates *Srotorodha* and helps avoid the development of atherosclerotic plaque.

Conclusion:

In this case study, it has been seen that *Vamana Karma* may be considered a good Ayurvedic treatment modality for treating patients having dyslipidemia with the dominance of *Kapha*, *Meda*, and *Ama doshas*. According to classical Ayurvedic texts, in this case, the procedure of *Vamana* was performed after *Purva Karma* and the patient showed positive clinical results.

From the standpoint of Ayurvedic medicine, dyslipidemia must be related to *Medoroga*, a *Santarpanottha Vyadhi*, in which the vitiation of *Kapha Dosha* and *Meda Dhatu* takes place. Being the primary *Shodhana* procedure for expelling vitiated *Kapha*, *Vamana Karma* targets the pathology rather than offering temporary relief.

The process of *Vamana Karma* aids in the elimination of doshas that have gone out of balance, *Ama*, and metabolic wastes from the body. This helps restore the normal functionality of *Agni* and movement of doshas in *Strotas*. As *Kapha* and *Meda* have physiological similarities, eliminating *Kapha* through the process of *Vamana* may also help decrease *Meda Dushti* and promote healthy lipid metabolism. In addition, through the balancing of *Pitta* and promoting digestion and metabolism of food, *Vamana* may help maintain healthy liver function, as this organ is key in the metabolism of lipids. Through its purifying nature, it may help eliminate excess fat and metabolic wastes, helping to normalize serum lipid levels.

In conclusion, this case shows that *Vamana Karma* can be an effective therapy option for managing dyslipidemia through improvement of lipid profiles and achievement of metabolic balance. However, since this case report is from a single case, more clinical trials need to be conducted involving large sample sizes to validate the results of this case study.

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