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A REVIEW ON THE EFFICACY OF HOMOEOPATHIC REMEDIES IN HYPERLIPIDAEMIA

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ABSTRACT

Hyperlipidaemia, characterized by elevated levels of lipids such as cholesterol and triglycerides in the bloodstream, is a significant risk factor for cardiovascular diseases, including atherosclerosis, heart attacks, and strokes. It can be classified into primary (genetic) or secondary (resulting from lifestyle or other medical conditions) types. The rising prevalence of hyperlipidaemia is linked to poor dietary habits, insufficient physical activity, and increasing obesity rates globally. Early detection through routine screening and proactive management strategies, including lifestyle modifications, medications, and regular monitoring of lipid profiles, are crucial in mitigating associated cardiovascular risks. The homoeopathic approach to managing hyperlipidaemia focuses on reducing elevated plasma lipid levels without the use of conventional lipid-lowering medications, instead emphasizing lifestyle changes. This approach aims to restore balance in bodily functions and promote overall well-being. This review delves into the homoeopathic approach to managing hyperlipidaemia, which underscores the importance of individualized treatment tailored to patient's distinct symptomatology and constitutional constitution.

Keywords: Homoeopathy, Hyperlipidaemia, Lifestyle, Lipids

INTRODUCTION

Hyperlipidaemia, means that high levels of fats (or lipids) are in the blood. These fats include cholesterol and triglycerides.^[1] While fats play a vital role in the body's metabolic processes, high blood levels of fats increase the risk of coronary heart disease (CHD). Cardiovascular diseases, especially coronary heart disease (CHD), are epidemic in India.^[2] The problem can be due solely to hereditary factors, but more commonly it is an acquired condition. Diagnosing and managing hyperlipidemia as a way to prevent cardiovascular disease (CVD) is a common activity for primary care physicians. Physicians need to know the major categories of dyslipidemia and to have a well-reasoned action plan for dealing with each one, including knowing when to refer a case to a lipidology specialist.^[3] Treatment of hyperlipidemia continues to evolve as we better conceptualize the underlying pathophysiology, and we concurrently improve on preceding medical therapies.^[4]

Etiology:

Hyperlipidemia subdivides into two broad classifications: primary (familial) or secondary (acquired) hyperlipidemia. Primary hyperlipidemia derives from a plethora of genetic disorders that a patient may inherit through birth, while secondary hyperlipidemia typically originates from an alternate underlying etiology, such as an unhealthy diet, medications (amiodarone, glucocorticoids), hypothyroidism, uncontrolled diabetes, and/or a poor lifestyle regimen. In most patients, hyperlipidemia has a polygenic inheritance pattern, and manifestations of the disorder are largely influenced by secondary factors such as (central) obesity, saturated fat intake, and the cholesterol content within a person's diet. Genetic dyslipidaemias, much rarer, are the basis of the changes in the blood lipid rate in the measure of about 60% and are often responsible for cardiovascular diseases at an early age.^[4] Causes of hyperlipidemia include:^[2]

- A diet rich in saturated fat and cholesterol increases blood cholesterol and triglyceride levels.
- Other disorders as obesity, diabetes mellitus and hypothyroidism increase the risk of hyperlipidemia.
- Smoking and not exercising may lead to hyperlipidemia.
- Excessive use of alcohol also increases the risk of hyperlipidemia.
- Certain drugs as steroids and β -blockers may cause hyperlipidemia.
- Hereditary factor is also one of the common causes for hyperlipidemia.
- In some case hyperlipidemia occurs during pregnancy.
- Lipoprotein lipase mutations.

Pathophysiology:^[4]

Hyperlipidemia, in particular elevated LDL (hypercholesterolemia), is one of the most prevalent risk factors contributing to the evolution of atherosclerosis and consequent vascular disease. It is simply defined as elevated concentrations of lipids or fats within the blood. Numerous factors contribute to the development of atherosclerosis, including endothelial damage, hyperlipidemia, inflammatory and immunologic factors, plaque erosion or rupture, hypertension, and smoking.

Atherosclerosis frequently remains asymptomatic until plaque stenosis reaches 70 to 80% of the vessel's diameter. Atherosclerosis originates after underlying endothelial damage occurs, which appears to stem from the loss of nitric oxide within the endothelium. This process leads to increased inflammation directly around the site of dysfunction, permitting the accumulation of lipids within the innermost layer of the endothelial wall. The lipids are then engulfed by macrophages, leading to the establishment of "foam cells." This cholesterol build-up within the "foam cells" causes subsequent mitochondrial dysfunction, apoptosis, and, ultimately, necrosis of the underlying tissues. Smooth muscle cells encapsulate the pack of "foam cells" or debris, which produces a fibrotic plaque that inhibits the underlying lipids (debris) from being destroyed. Tissue factor, alongside increased platelet activity, is known as a primary initiator of coagulation, which increases the risk for plaque rupture and thrombosis. Atherosclerotic plaques evolve via two distinct mechanisms: a slower, chronic plaque build-up that progressively leads to luminal stenosis, versus an acute onset of rapid luminal obstruction secondary to plaque rupture and thrombosis. Both mechanisms are capable of causing clinically significant disease that should be addressed by a physician as soon as possible. It is often that there is a combination of genetic and environmental factors at play that ultimately contribute to a person's risk of developing hyperlipidemia and cardiovascular disease. Many systemic diseases, which stimulate an inflammatory sub-layer with clinical or sub-clinical values, can cause dyslipidemia and atherosclerotic problems. Some examples:

- Psoriasis.
- Crohn disease.
- Inflammatory bowel disease.
- Chronic obstructive pulmonary disease.
- Depression.
- Chronic pain.
- Pediatric alopecia areata.
- Chronic kidney disease.

Classification:

Hyperlipidemia in general can be classified to:

Primary Hyperlipidemia: It is also called familial due to a genetic defect, it may be monogenic: a single gene defect or polygenic: multiple gene defects. Primary hyperlipidemia can usually be resolved into one of the abnormal lipoprotein patterns summarized in the table below.^[5]

Table 1: Fredrickson Classification of Primary Hyperlipidemia

Type	Disorder	Cause	Occurrence	Elevated Plasma Lipoprotein
I	Familial hyperchylomicronemia or Primary hyperlipoproteinemia	Lipoprotein lipase deficiency or altered ApoC2	Very rare	Chylomicrons
IIa	Familial hypercholesterolemia or Polygenic hypercholesterolemia	LDL receptor deficiency	Less common	LDL
IIb	Familial combined hyperlipidemia	Decreased LDL receptor	Commonest	LDL and VLDL
III	Familial dysbetalipoproteinemia	Defect in APO-E2 synthesis and increased ApoB	Rare	LDL

Type	Disorder	Cause	Occurrence	Elevated Plasma Lipoprotein
IV	Familial hypertriglyceridemia	Increased VLDL production and decreased excretion	Common	LDL
V	Endogenous hypertriglyceridemia	Increased VLDL production and decreased LPL	Less common	VLDL and chylomicrons

Secondary Hyperlipidemia: It is acquired because it is caused by another disorder like diabetes, nephritic syndrome, chronic alcoholism, hypothyroidism and with use of drugs like corticosteroids, beta blockers and oral contraceptives. Secondary hyperlipidemia together with significant hypertriglyceridemia can cause pancreatitis. The main cause of hyperlipidemia includes changes in lifestyle habits in which risk factor is mainly poor diet in which fat intake from saturated fat and cholesterol exceeds 40 percent of the total calories uptake.^[5]

Causes of secondary hyperlipidemia include:^[19]

- Diet rich in saturated fat.
- Sedentary lifestyle
- Diabetes mellitus
- Cushing's syndrome
- Hypothyroidism
- Nephrotic syndrome
- Alcoholic intake
- Obstructive liver diseases
- Drugs (thiazide diuretics, steroids, estrogens, protease inhibitors)

Symptoms:^[2]

Hyperlipidemia usually has no noticeable symptoms and tends to be discovered during routine examination for atherosclerotic cardiovascular disease.

- Symptoms may include chest pain (angina), heart attack or stroke.
- When levels are exceedingly high, cholesterol may be deposited in tendons or just beneath the skin under the eyes.
- Swelling of organs such as liver, spleen or pancreas.
- Blockage of blood vessels in brain and heart.
- Higher rate of obesity and glucose intolerance.
- Pimple like lesions across the body.
- Corneal arcus (gray or white arc visible in the outer part of cornea) particularly in children and young adults.^[6]
- Other features of hypertriglyceridemia include xanthoma striata palmaris (orange-yellow discoloration of the palmar creases), tuberous xanthomas (small nodular papules over the trunk, buttocks and thighs).^[6]

Diagnosis:

Hyperlipidemia or high cholesterol, is typically diagnosed through a combination of physical examination, medical history, and blood tests. Here are some common methods used for diagnosing hyperlipidemia:

- **Physical Examination:** look for signs such as yellow, fatty deposits under the skin, which can indicate hyperlipidemia (xanthoma & xanthelasma).
- **Blood Tests:** Blood tests are essential for diagnosing hyperlipidemia. A lipid panel is commonly used to measure the levels of different types of cholesterol and triglycerides in the blood. This panel includes low-density lipoproteins (LDL), high-density lipoproteins (HDL), and triglycerides.
- **Secondary Causes Investigation:** If hyperlipidemia is suspected, further investigations may be required to identify any underlying causes. These can include liver function tests (to check for conditions like liver disease or excess alcohol consumption), thyroid function tests (to assess for hypothyroidism), and renal function tests (to evaluate for chronic kidney disease).
- **Genetic Testing:** In cases of familial hyperlipidemia, genetic testing may be performed to confirm the diagnosis and aid in identifying affected relatives.
- **Additional Diagnostic Procedures:** Depending on the severity and specific type of hyperlipidemia, additional procedures such as LDL apheresis may be considered for managing homozygous familial hyperlipidemia.

Normal levels for a lipid profile:^[2]

Table 2: Normal Levels for a Lipid Profile

Lipids	Desirable value	Borderline	High risk
Cholesterol	Less than 200 mg/dl	200-239 mg/dl	240 mg/dl
Triglycerides	Less than 140 mg/dl	150-199 mg/dl	200-499 mg/dl
HDL cholesterol	60 mg/dl	40-50 mg/dl	Less than 40 mg/dl
LDL cholesterol	60-130 mg/dl	130-159 mg/dl	160-189 mg/dl
Cholesterol/HDL ratio	4.0	5.0	6.0

Complications:

- Atherosclerosis
- Coronary Artery Disease (CAD)
- Myocardial Infarction (MI)
- Angina Pectoris
- Ischemic Stroke or Cerebrovascular Accident (CVA)^[2]

Prevention:

- Low fats and cholesterol diet should be taken.
- Eat foods high in soluble fiber such as oats, beans and certain fruits.

- Exercise regularly to maintain a healthy weight.

Diet modification, regular physical activity, smoking cessation, and weight reduction should be tried as initial treatment, especially in mild cases of hyperlipidemia and in persons without CHD or CHD risk equivalent and <2 risk factors. It should be kept in mind that when dieting, cholesterol intake is reduced. At the same time, production of cholesterol, especially by the liver, increases. It is recommended that the intake should be restricted to 25%–35% of energy intake and that saturated fatty acids make up less than 7% of energy intake and that cholesterol intake should be less than 200 mg daily. The intake of plant sterol esters and soluble fibre is advisable. A healthy diet can result in 10% to 15% reduction of cholesterol blood level. Controllable lifestyle changes are the best way to fight hyperlipidaemia. But when lifestyle changes fail to control the disease then treatment with cholesterol-lowering drugs is required.^[2]

Therapeutic Lifestyle Changes:^[6]

- Reduced intake of saturated fats (<7% of total calories) and cholesterol (<200 mg/day). Saturated fats (cheese, milk and red meat) are replaced with monounsaturated fats (olive oil, canola oil) and polyunsaturated fats (corn oil, peanut oil). Monounsaturated and polyunsaturated fats should constitute up to 10% and 20% of total calories, respectively.
- Increased intake of soluble fibers (10-25 g/day).
- Weight reduction if overweight or obese.
- Increased physical activity, practically every day.
- These should be tried for 12 weeks before considering the use of drugs (statin, bile acid resin, fibrate, etc).

HOMOEOPATHIC PHILOSOPHY

Organon of medicine's point of view

Disease Classification: Hahnemann's etiological and clinical classification of diseases does not directly address hyperlipidemia. However, his classification system divides diseases into several categories, which can provide a framework for understanding hyperlipidemia from a homeopathic perspective:

- **Indisposition** (§150): A slight alteration in health manifested by trivial symptoms.^[7] Hyperlipidemia might be considered an indisposition if it is mild and does not significantly affect the patient's overall health.
- **Surgical Diseases** (§186): Diseases involving injuries or conditions requiring mechanical intervention.^[7] Hyperlipidemia does not fit into this category as it does not involve physical trauma or the need for surgical intervention.
- **Dynamic Diseases or Diseases Proper** (§72): These are diseases where the vital force is deranged to the extent that it causes disagreeable sensations and abnormal functions in the organism. Hyperlipidemia can be seen as a dynamic disease as it involves metabolic disturbances that can lead to cardiovascular issues and other health complications. This can further be divided into Acute Diseases (these have a sudden onset and progress rapidly) and Chronic Diseases (these have a gradual onset and slow progression, deranging the living organism over time).^[7]

In Hahnemann's classification, Hyperlipidemia would likely be considered a dynamic disease (chronic disease) due to its impact on the body's metabolic processes and its potential to cause significant health issues, particularly cardiovascular diseases.

"Chronic Diseases" (§74-82) in the Aphorism 72, it states that "they are diseases of such a character that, with small often imperceptible beginnings, dynamically derange the living organism, each in its own peculiar manner, and cause it gradually to deviate from the healthy condition, in such a way that the automatic life energy, called vital force, whose office is to preserve the health, only opposes to them at the commencement and during their progress imperfect, unsuitable, useless resistance, but is unable of itself to extinguish them, but must helplessly suffer (them to spread and) itself to be every more and more abnormally deranged, until at length the organism is destroyed; these are termed chronic diseases."^[7]

Types of Chronic Diseases:

- Artificial Chronic Diseases (§74-76): diseases produced artificially due to prolonged use of violent heroic medicines in large and ever-increasing doses.^[7]
- False Chronic Diseases (§77): diseases which persons bring upon themselves due to continuous exposure to some avoidable noxious influences (maintaining cause).^[7]
- Natural Chronic Diseases (§78-81): diseases that arise from a chronic miasm (psora, sycosis & syphilis, can be simple or complex).^[7]

"Chronic Diseases" (§204-209) in the Aphorism 208 stated that "the age of the patient, his mode of living and diet, his occupation, his domestic position, his social relations and so forth must next be taken into consideration, in order to ascertain whether these things have tended to increase his malady, or in how far they may favor or hinder the treatment. In like manner the state of his disposition and mind must be attended to, to learn whether that present any obstacle to the treatment, or requires to be directed, encouraged or modified."^[7]

"Management in Chronic Diseases" (§245-263) in the Aphorism 261 stated that "the most appropriate regimen during the employment of medicine in chronic diseases consists in the removal of such obstacles to recovery, and in supplying where necessary the reverse: innocent moral and intellectual recreation, active exercise in the open air in almost all kinds of weather (daily walks, slight manual labor), suitable, nutritious, unmedicinal food and drink, etc."^[7]

Materia medica point of view

Homoeopathy along with lifestyle changes can offer a comprehensive approach towards the treatment of Hyperlipidemia. There are many drugs which act effectively in cases with high levels of lipids.^[8] Here are some homoeopathic remedies that help in cases with hyperlipidemia:

Adonis Vernalis (Pheasant's Eye): A heart medicine, after rheumatism or influenza, or Bright's disease, where the muscles of the heart are in stage of fatty degeneration. Precordial pain, palpitation, and dyspnea.^[9] It is reputed to be serviceable in cases of endocarditis, valvulitis and other heart affections secondary to Bright's disease.^[10]

Aurum Metallicum (Metallic Gold): Like the victim of syphilis, mental states of great depression are produced by it. Hopeless, despondent, and great desire to commit

suicide. Arteriosclerosis, high blood pressure; nightly paroxysms of pain behind sternum. Sclerosis of liver, arterial system, and brain.^[9] Aurum met. should not be overlooked in its actions over the heart where it causes great cardiac hypertrophy and a sort of fatty degeneration of that organ.^[10]

Cactus Grandiflorus (Night-blooming Cereus): The mental symptoms produced correspond to those found when there are heart affections, sadness, and melancholy. Atheromatous arteries and weak heart.^[9] Heart feels as if clasped and unclasped rapidly by an iron hand; as if bound, "had no room to beat."^[11] It has been used with great success in cardiac rheumatism, carditis, acute and chronic angina, fatty degeneration of the heart, etc. The patient complains of constant pain in the region of heart with a sensation, as if the heart were compressed or squeezed by an iron hand.^[10]

Crataegus Oxyacantha (Hawthorn Berries): Acts on muscle of heart, and is a heart tonic. High arterial tension. Arteriosclerosis. Said to have a solvent power upon crustaceous and calcareous deposits in arteries. Fatty degeneration. Pain in the region of heart and under left clavicle. All aggravated by exertion or excitement.^[9]

Fel Tauri (Ox-gall): Increases the duodenal secretion, emulsifies fats and increases the peristaltic action of the intestines. Liquifies bile and acts as a purgative and cholagogue. Biliary calculi. Jaundice. Tendency to sleep after eating.^[9]

Phosphorus (Phosphorus): Disorganizes the blood, causing fatty degeneration of blood vessels and every tissue and organ of the body.^[9] Phosphorus has cured enlargement of the heart and dilatation and also fatty degeneration. With fatty degeneration where there is much venous stagnation, puffiness of the face, particularly under the eyelids. Phosphorus is often the remedy. In all of these cardiac affections thirst for very cold water will always be present.^[12]

Strontium Carbonicum (Carbonate of Strontia): Arterio-sclerosis. High blood pressure with flushed face, pulsating arteries, threatened apoplexy.^[9] It has a great tendency to produce congestion. The arteries dilate to make room for the increased rush of blood and throb with the excitement of great rush. Such congestion may be in the heart, the lungs and the head. Aggravation of this congestion from the least movement. These patients are great subjects of apoplexy.^[10]

Strophanthus Hispidus (Kombe-seed): Acts on the heart, increasing the systole and diminishes the rapidity. May be used to tone the heart. Arterio-sclerosis; rigid arteries of aged. Especially useful in failing compensation dependent upon fatty heart.^[9] The pulse though weak betrays a weak action of the heart due to great debility of the heart muscles.^[10]

Vanadium Metallicum (The Metal): A remedy in degenerative conditions of the liver and arteries. Arterio-sclerosis, sensation as if heart was compressed, as if heart had no room in the aorta. Anxious pressure on whole chest. Fatty heart. Atheroma of arteries of brain and liver.^[9] Dr. Burnett reports of having cured a case of fatty degeneration of the liver and atheroma of arteries through the agency of Vanadium in

an old man of seventy. It is true it stimulates the liver and is applicable in all sorts of degeneration of tissues.^[10]

Curdlipid: For lipid metabolism disorders, Curdlipid, another new medicine, prepared from the fat of fat-tailed sheep has been in use in Russia. Curdlipid was investigated by different ways. The first method was the traditional homoeopathic proving and the second clinical trials. After clinical trials, Curdlipid 6C was found more effective in patients with disturbances connected with consequences of ischemic insult, acute brain bloodstream disturbance, atherosclerosis of blood vessels, and arterial hypertension. Clinical indications of this drug are ovarian dysfunction, endocrine infertility due to obesity, lipid metabolism disorders, such as dyslipidemia, obesity, and atherosclerosis.^[13]

Drugs of Indian origin are traditionally used in crude extract for reducing cholesterol levels; their use in potentized form is not fully explored in Homoeopathy. These drugs in mother tincture along with constitutional treatment can be utilized. They are also mentioned in homoeopathic Materia Medica, but their properties after potentization do not fully reflect the indications which they show in crude form. Some of the drugs are Rauwolfia Serpentine, Terminalia Chebula, Terminalia Arjuna, Allium Sativum, etc. Other known homoeopathic medicines such as Plumbum Metallicum, Baryta Muriatica, Kreosote, Calcarea Carbonica, Kali carbonicum, Arsenicum Album, Lachesis Mutans, Iodium, Lithium Carbonicum, Adrenalinum and Glonoine, also play a positive role in management of lipid disorders.^[13]

Repertory's point of view

The homoeopathic repertory is unique in that it systematically indexes the symptoms to make locating the treatment simple. The word “arteriosclerosis,” which refers to the thickening and lack of elasticity of the walls of arteries of all sizes, can be used in homoeopathic repertory. Atherosclerosis with fatty lesions in the arterial intima of medium and large muscular arteries is one of the many types of this that are categorized by the types of lesions and arteries involved. The rubrics in the repertory include arteriosclerosis, atheroma and arteriosclerosis, which denote atherogenic alterations in arteries that are known to increase the risk of CVDs.

Rubrics in different Repertories:

Boger's Boenninghausen Characteristics and Repertory^[14]

CIRCULATION – Blood – vessels, distended, swelled: Acon., Æsc., Agar., Alum., Am c., Ambr., Ant-t., ARN., Ars., Aur., Bar-c., BELL., Bov., Bry., Calc., Camph., Carb-v., Caust., Chel., CHIN., Cic., Clem., Cocc., Coloc., Con., Croc., Cycl., Ferr., Flac., Graph., HAM., Hep., HYOS., Kreos., Lach., Laur., Lil-t., Lyc., Mag-c., Meny., Mosch., Nat-c., Nat-m., Nux-v., Olnd., Op., PH-AC., Phos., PULS., Rheum, Rhod., Rhus-t., Ruta, Sars., Sel., Sep., Sil., Spig., SPONG., Staph., Stront., Sul-ac., SULPH., THUJ., Zinc.

CIRCULATION – Blood – vessels, hard, sclerotic, thickened: Arn., Aur., Calc., Calc-ar., Cupr., Fl-ac., Form., Iod., Plb., Sec., Stront., Tab., Visc.

Pocket Manual of Homoeopathic Materia Medica & Repertory^[9]

CIRCULATION, ARTERIES – Atheroma of arteries (arterio-sclerosis):

Adren., Am. iod., Am. vanad., Ant. ars., Arn., Ars., Ars. iod., Aur. iod., Aur., Aur. m. n., Bar. c., Bar. m., Cact., Calc. fl., Chin. s., Con., Crat., Ergotin, Glon., Iodothy., Kali iod., Kali sal., Lach., Lith. c., Nat. iod., Phos., Plumb. iod., Plumb. m., Polygon. av., Sec., Stront. c., Stront. iod., Stroph., Sumb., Vanad.

A Concise Repertory of Homoeopathic Medicines^[15]

A – Arteriosclerosis +: Sumb

A Clinical Repertory to the Dictionary of Materia Medica^[16]

Arteries – Atheroma of: Cac.

Arterio-sclerosis: Pb. i.

Atheroma: Lach., Van.

The Prescriber^[17]

Arteries – DISEASES OF – Suspected atheroma:

(1) Phos. 3, 6h. (2) Vanad. 6, 6h.

CONCLUSION

In India, hyperlipidemia, a leading cause of coronary heart disease, is extremely common. It has already been demonstrated that hyperlipidemia and the incidence of cardiovascular illnesses are related. Numerous studies have documented the use of bile acid binding resins, fibrates, antioxidants and other treatment for hyperlipidemic patients. The increase in CVDs among Indians has made managing hyperlipidemia a serious problem. However, the lack of a standardized set of country-specific standards makes it challenging for clinicians to make the diagnosis, which results in a variety of treatment approaches and individual treatment choices. Every patient with hyperlipidemia diagnosis has to be aware of the potential health hazards and how the condition impacts their organs. It is always important to talk about changing one's lifestyle, quitting smoking and maintaining a healthy diet. Homoeopathy bridges the gaps in treatment for lifestyle disorders like hyperlipidemia and is a savior in the battle against the never-ending cycle of medication. This review demonstrates the potential benefits of using customized homoeopathic medication in conjunction with lifestyle modifications to treat hyperlipidemia. Homoeopathic remedies not only help reduce the cholesterol safely but also help maintain the desired level for a longer time and maintain a healthy life. Homeopathic remedies for high cholesterol levels provide an excellent cure.

CONFLICT OF INTEREST

None declared

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