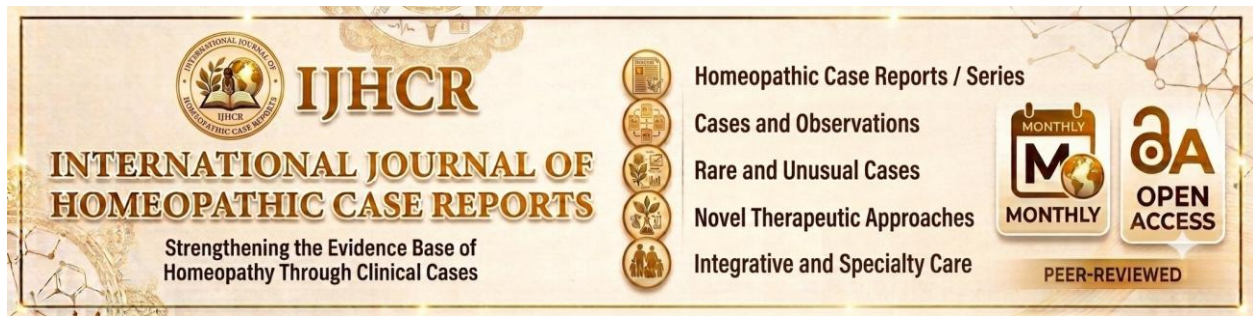




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## Successful Management of Hypertriglyceridemia Using Individualized Homoeopathic Treatment: A Case Report at Dr Batra's

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### Abstract

### Background

Hyperlipidemia is one of the most important modifiable cardiovascular risk factors and is characterized by elevated plasma cholesterol, triglycerides, or both. Persistent dyslipidemia contributes to atherosclerosis, coronary artery disease, cerebrovascular disease, and metabolic syndrome. Hypertriglyceridemia, in particular, has emerged as an independent risk factor for cardiovascular disease and pancreatitis. Lifestyle modification and statins remain the cornerstone of conventional management; however, individualized homoeopathy aims to address constitutional susceptibility while complementing dietary and lifestyle interventions.

### Case Presentation

A 36-year-old male presented with incidentally detected hyperlipidemia during routine health screening. Laboratory investigations demonstrated borderline hypercholesterolemia (206 mg/dL) with marked hypertriglyceridemia (339 mg/dL). The patient was a known case of hypertension on antihypertensive medication and had a positive family history of dyslipidemia. He led a sedentary lifestyle but maintained approximately 6000 steps daily. Constitutional evaluation revealed a disciplined, punctual, introverted, less-talkative yet friendly individual with lack of confidence, craving for salty and sweet foods, perspiration over palms and soles, and occasional acidity. Based on individualized constitutional analysis, **Natrum muriaticum** was prescribed as the constitutional remedy, **Cholesterinum** as the acute remedy, and **Calcarea fluorica** as an intercurrent remedy.

## Outcome

Following constitutional treatment with dietary counselling and lifestyle advice, serum triglycerides reduced from **339 mg/dL to 189 mg/dL** (44.2% reduction), total cholesterol decreased from **206 mg/dL to 195 mg/dL**, VLDL normalized, and gastric symptoms improved while blood pressure remained controlled.

## Conclusion

This case demonstrates objective biochemical improvement in hyperlipidemia associated with individualized constitutional homoeopathic treatment integrated with lifestyle modification.

**Keywords:** Hyperlipidemia, Hypertriglyceridemia, Natrum muriaticum, Cholesterinum, Homoeopathy, Case Report

## Introduction

Hyperlipidemia is characterized by elevated concentrations of plasma cholesterol, triglycerides, or both and represents one of the major contributors to cardiovascular morbidity worldwide. According to the World Health Organization, dyslipidemia contributes substantially to ischemic heart disease and stroke, accounting for millions of deaths annually.

Hypertriglyceridemia is increasingly recognized as an independent cardiovascular risk factor. Elevated triglycerides are frequently associated with obesity, insulin resistance, hypertension, sedentary lifestyle, and dietary indiscretion. Patients may remain asymptomatic for years until detected during routine health evaluation.

Conventional management includes dietary restriction, weight reduction, increased physical activity, lipid-lowering agents, and management of associated risk factors. Homoeopathy adopts a constitutional approach by considering the patient's physical constitution, mental characteristics, hereditary tendencies, and metabolic susceptibility rather than treating laboratory abnormalities alone.

The present report describes successful management of hyperlipidemia with predominant hypertriglyceridemia using individualized constitutional homoeopathic treatment with objective laboratory documentation.

## Case Presentation

A 36-year-old male presented to **Dr Batra's® Positive Health Clinics** following abnormal lipid profile findings during routine preventive health screening.

The patient denied any major cardiovascular symptoms. His primary concern was elevated cholesterol values reported during routine investigations. He complained only of occasional hyperacidity associated with burning pain over the right upper abdomen without significant eructations or nausea.

The patient was a known case of **hypertension** controlled on antihypertensive medication. There was a positive family history of dyslipidemia.

Despite a predominantly sedentary occupation, he reported walking approximately **6000 steps daily**.

### History of Present Illness

Routine laboratory investigations revealed:

- Total cholesterol: **206 mg/dL**
- LDL cholesterol: **132 mg/dL**
- HDL cholesterol: **36 mg/dL**
- Triglycerides: **339 mg/dL**

The patient had no previous history of ischemic heart disease, diabetes mellitus, chronic kidney disease, or liver disease.

Occasional acidity occurred mainly after tea consumption and was relieved spontaneously.

### Past History

- Hypertension
- No diabetes mellitus
- No thyroid disease
- No cardiac illness
- No previous hospitalization

### Family History

Positive family history of:

- Hyperlipidemia
- Hypertension

No premature cardiovascular disease was reported.

### Personal History

Occupation involved prolonged sedentary work.

Lifestyle included:

- Approximately 6000 steps daily
- No structured exercise programme
- Occasional outside food
- Tea consumption

### Physical Generals

**Appetite:** Good

## **Cravings**

- Salt
- Rice
- Sweets

## **Aversion**

- Deep fried food

## **Thirst**

Normal

## **Thermals**

Not markedly characteristic.

## **Perspiration**

Profuse over palms and soles.

## **Sleep**

Refreshing (approximately eight hours).

## **Bowels**

Regular.

## **Bladder**

Normal.

## **Mental Generals**

The patient described himself as:

- Friendly
- Introverted
- Less talkative
- Disciplined
- Punctual

He denied significant anxiety, irritability, or anger.

Although emotionally reserved, he admitted to occasional lack of confidence.

He reported:

- Good family relationships
- Supportive wife
- No significant financial or occupational stress
- Pleasant upbringing
- No major emotional trauma

## Life Space

The patient belonged to a stable family environment with supportive parents and spouse.

He reported a happy childhood without significant academic or interpersonal difficulties.

Professional life was satisfactory without excessive work pressure.

There was no history of major grief, emotional trauma, or psychiatric illness.

## Clinical Examination

General examination revealed:

- Moderately built adult male
- Blood pressure controlled on medication
- Weight approximately 83 kg during follow-up
- No xanthomas
- No xanthelasma
- No hepatomegaly
- No peripheral edema

Cardiovascular and respiratory examinations were within normal limits.

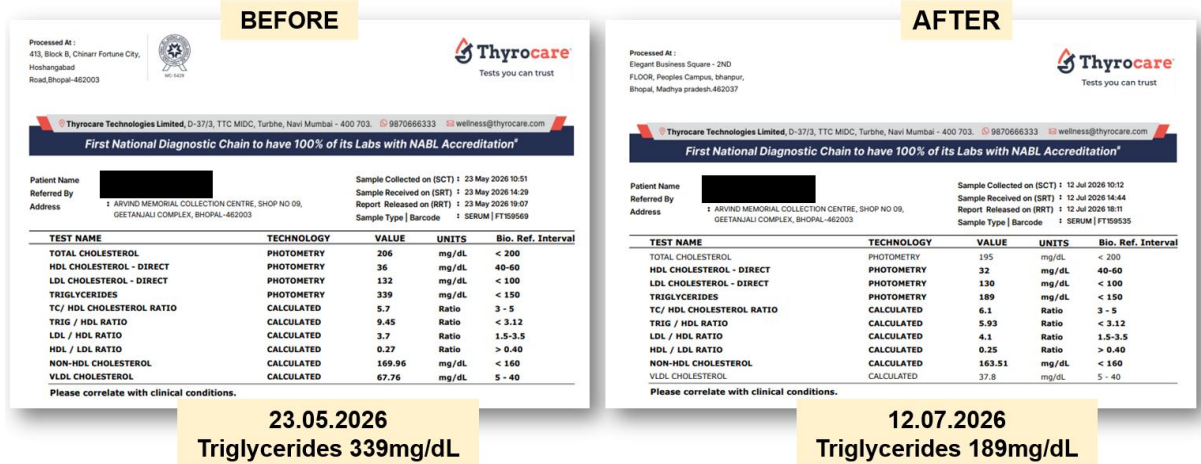
## Laboratory Investigations

### Baseline Lipid Profile (23 May 2026)

| Parameter         | Value            |
|-------------------|------------------|
| Total Cholesterol | 206 mg/dL        |
| HDL               | 36 mg/dL         |
| LDL               | 132 mg/dL        |
| Triglycerides     | <b>339 mg/dL</b> |
| VLDL              | 67.76 mg/dL      |

### Repeat Lipid Profile (12 July 2026)

| Parameter         | Value            |
|-------------------|------------------|
| Total Cholesterol | 195 mg/dL        |
| HDL               | 32 mg/dL         |
| LDL               | 130 mg/dL        |
| Triglycerides     | <b>189 mg/dL</b> |
| VLDL              | 37.8 mg/dL       |



The investigations demonstrated a **44.2% reduction in serum triglycerides**, normalization of VLDL cholesterol, and modest reduction in total cholesterol over the follow-up period.

## Diagnosis

### Primary Diagnosis

### Mixed Hyperlipidemia with predominant Hypertriglyceridemia

### Associated Conditions

- Essential hypertension
- Dyspepsia (occasional acidity)

### Differential Diagnosis

- Familial combined hyperlipidemia
- Secondary dyslipidemia
- Metabolic syndrome
- Diet-induced hypertriglyceridemia

### Case Analysis

The patient presented with asymptomatic mixed hyperlipidemia detected during routine screening. The predominant abnormality was severe hypertriglyceridemia in the presence of borderline hypercholesterolemia and controlled hypertension.

Although clinically asymptomatic, constitutional evaluation revealed a characteristic personality consisting of introversion, emotional reserve, punctuality, discipline, friendliness, and lack of confidence. Physical generals included craving for salt and sweets, palmoplantar perspiration, and occasional dyspeptic complaints.

Considering the constitutional totality rather than the biochemical abnormality alone, **Natrum muriaticum** was selected as the constitutional remedy. **Cholesterinum** was prescribed during

the active metabolic phase, while **Calcarea fluorica** was administered intermittently as an intercurrent remedy.

## **Totality of Symptoms**

### **Mental Generals**

- Introverted
- Reserved
- Less talkative
- Friendly
- Disciplined
- Punctual
- Lack of confidence
- Emotionally reserved

### **Physical Generals**

- Appetite good
- Desire for salty food
- Desire for sweets
- Desire for rice
- Aversion to deep fried food
- Normal thirst
- Refreshing sleep
- Perspiration over palms and soles
- Sedentary lifestyle

### **Particular Symptoms**

- Hypertriglyceridemia
- Borderline hypercholesterolemia
- Hypertension
- Hyperacidity
- Burning pain in right hypochondrium
- Better after dietary regulation

### **Evaluation of Symptoms**

### **Characteristic Mental Symptoms**

- Introverted personality
- Reserved nature
- Friendly disposition
- Disciplined and punctual
- Lack of confidence

## Characteristic Physical Symptoms

- Desire for salt
- Desire for sweets
- Perspiration on palms and soles
- Dyspepsia with burning
- Sedentary occupation

## Repertorial Analysis

Kent's Repertory was used to evaluate the constitutional symptoms.

## Important Rubrics

### Mind

- Mind; Reserved
- Mind; Introversion
- Mind; Confidence; want of self-confidence
- Mind; Friendly disposition
- Mind; Industrious
- Mind; Punctual

### Stomach

- Burning pain
- Hyperacidity

## Generalities

- Desire for salt
- Desire for sweets
- Perspiration palms
- Perspiration soles

| Remedies                 | nat-m. | rhus-t. | aur. | bell. | bry. | nux-v. | puls. | sep. | staph. | ars. | calc. | caust. | graph. | lach. | lyc. | merc. | op. | petr. | sil. | stry. | sulph |
|--------------------------|--------|---------|------|-------|------|--------|-------|------|--------|------|-------|--------|--------|-------|------|-------|-----|-------|------|-------|-------|
| Serial Number            | 1      | 2       | 3    | 4     | 5    | 6      | 7     | 8    | 9      | 10   | 11    | 12     | 13     | 14    | 15   | 16    | 17  | 18    | 19   | 20    | 21    |
| Symptoms Covered         | 3      | 3       | 3    | 3     | 3    | 3      | 3     | 3    | 3      | 3    | 3     | 3      | 3      | 3     | 3    | 3     | 3   | 3     | 3    | 3     | 3     |
| Intensity                | 9      | 9       | 8    | 8     | 8    | 8      | 8     | 8    | 8      | 7    | 7     | 7      | 7      | 7     | 7    | 7     | 7   | 7     | 7    | 7     | 7     |
| Result                   | 3/9    | 3/9     | 3/8  | 3/8   | 3/8  | 3/8    | 3/8   | 3/8  | 3/8    | 3/7  | 3/7   | 3/7    | 3/7    | 3/7   | 3/7  | 3/7   | 3/7 | 3/7   | 3/7  | 3/7   | 3/7   |
| Clipboard 4              |        |         |      |       |      |        |       |      |        |      |       |        |        |       |      |       |     |       |      |       |       |
| MIND - EMOTIONS          |        |         |      |       |      |        |       |      |        |      |       |        |        |       |      |       |     |       |      |       |       |
| MIND - IRRITABILITY      | 3      | 3       | 3    | 3     | 3    | 3      | 3     | 3    | 3      | 3    | 3     | 3      | 3      | 2     | 3    | 2     | 2   | 3     | 3    | 3     | 3     |
| MIND - CLEARNESS of mind |        |         |      |       |      |        |       |      |        |      |       |        |        |       |      |       |     |       |      |       |       |
| MIND - CONFUSION of mind | 3      | 3       | 2    | 3     | 3    | 3      | 2     | 3    | 2      | 2    | 3     | 1      | 2      | 3     | 2    | 3     | 3   | 3     | 3    | 3     | 2     |
| MIND - GRIEF             | 3      | 3       | 3    | 2     | 2    | 2      | 3     | 2    | 3      | 2    | 1     | 3      | 2      | 2     | 2    | 2     | 2   | 1     | 1    | 1     | 2     |

## **Remedy Differentiation**

### **Natrum muriaticum**

#### **Selected Constitutional Remedy**

Natrum muriaticum corresponded most closely with the constitutional picture.

Characteristic indications included:

- Introverted personality
- Reserved emotions
- Less talkative
- Disciplined
- Responsible
- Desire for salt
- Lack of confidence
- Perspiration over palms and soles

The constitutional picture remained stable throughout follow-up, supporting continuation of Natrum muriaticum.

### **Natrum sulphuricum**

Considered because of metabolic disturbances and dyspeptic complaints.

However, the patient's emotional picture lacked the marked depressive tendency and aggravation from damp weather commonly associated with Natrum sulphuricum.

### **Aurum metallicum**

Considered because of hypertension and cardiovascular risk.

Rejected because the patient had no marked perfectionism, hopelessness, suicidal tendency, or profound melancholy.

## **Acute Prescription**

### **Cholesterinum**

Prescribed during the active phase because of:

- Hyperlipidemia
- Severe hypertriglyceridemia
- Borderline hypercholesterolemia
- Family history
- Dyspeptic symptoms

**Intercurrent Remedy****Calcarea fluorica**

Given intermittently considering:

- Chronic metabolic imbalance
- Long-standing constitutional susceptibility

**Miasmatic Analysis**

The case predominantly represented a **sycotic miasm**.

Evidence included:

- Hyperlipidemia
- Hypertriglyceridemia
- Hypertension
- Metabolic dysfunction
- Chronic lifestyle-related pathology

A mild psoric background was reflected by recurrent dyspeptic symptoms.

**Follow-up**

**Table 1. Chronological Follow-up**

| Date               | Clinical Findings                                                                  | Prescription                      | Outcome                            |
|--------------------|------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|
| <b>March 2025</b>  | Hyperlipidemia diagnosed. Palm and sole perspiration. Stable general health.       | Natrum muriaticum + Cholesterinum | Constitutional treatment initiated |
| <b>April 2025</b>  | No new complaints. Clinically stable.                                              | Continued medicines               | Stable                             |
| <b>May 2025</b>    | Lipid profile advised. Lifestyle counselling.                                      | Continued treatment               | No deterioration                   |
| <b>23 May 2026</b> | Total cholesterol 206 mg/dL. Triglycerides 339 mg/dL. HDL 36 mg/dL. LDL 132 mg/dL. | Cholesterinum continued           | Hypertriglyceridemia documented    |
| <b>June 2025</b>   | Feeling better. No major complaints. Increased fluid intake advised.               | Continued medicines               | Clinical improvement               |
| <b>July 2025</b>   | Mild acidity after tea. Motions normal.                                            | Diet modification advised         | Gastric symptoms improved          |

|                               |                                                                                      |                                    |                                     |
|-------------------------------|--------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|
| <b>12 July 2026</b>           | Repeat lipid profile showed triglycerides 189 mg/dL and total cholesterol 195 mg/dL. | Constitutional treatment continued | Significant biochemical improvement |
| <b>October 2025</b>           | Gastric symptoms improved. Reports satisfactory.                                     | Continued medicines                | Stable                              |
| <b>November–December 2025</b> | Taking only antihypertensive medication. Cholesterol reported within normal limits.  | Continued constitutional treatment | Stable metabolic control            |
| <b>February 2026</b>          | Mild bloating after medicine gap. BP 136/95 mmHg. Weight 83.9 kg.                    | Lifestyle advice reinforced        | Symptoms improved                   |
| <b>May 2026</b>               | Travel-related dietary indiscretion. Thyroid profile normal. Lipid profile improved. | Continued medicines                | Improvement maintained              |
| <b>July 2026</b>              | No active complaints. Motion clear. Regular physical activity advised.               | Continued constitutional treatment | Clinical remission maintained       |

**Table 2. Comparative Lipid Profile**

| Parameter           | Baseline (23 May 2026) | Follow-up (12 Jul 2026) | Improvement               |
|---------------------|------------------------|-------------------------|---------------------------|
| Total Cholesterol   | 206 mg/dL              | 195 mg/dL               | ↓ 11 mg/dL                |
| HDL Cholesterol     | 36 mg/dL               | 32 mg/dL                | Slight decrease           |
| LDL Cholesterol     | 132 mg/dL              | 130 mg/dL               | Mild improvement          |
| Triglycerides       | <b>339 mg/dL</b>       | <b>189 mg/dL</b>        | <b>↓150 mg/dL (44.2%)</b> |
| VLDL                | 67.76 mg/dL            | 37.80 mg/dL             | Normalized                |
| Non-HDL Cholesterol | 169.96 mg/dL           | 163.51 mg/dL            | Improved                  |
| TG/HDL Ratio        | 9.45                   | 5.93                    | Improved                  |

**Clinical Outcome**

Following individualized homoeopathic treatment along with dietary counselling:

- Serum triglycerides reduced by **44.2%**.
- Total cholesterol declined below 200 mg/dL.

- VLDL cholesterol normalized.
- Gastric acidity improved.
- No progression of hypertension.
- Overall well-being remained satisfactory throughout follow-up.

## Discussion

Hyperlipidemia is a chronic metabolic disorder associated with increased cardiovascular risk. Elevated triglycerides, particularly above 200 mg/dL, are recognized as an independent predictor of atherosclerotic cardiovascular disease and are commonly associated with sedentary lifestyle, dietary habits, obesity, insulin resistance, and hypertension.

This patient presented with mixed hyperlipidemia, characterized predominantly by marked hypertriglyceridemia and borderline hypercholesterolemia, while remaining largely asymptomatic. Constitutional assessment revealed an introverted, emotionally reserved, disciplined, and punctual individual with cravings for salty and sweet foods, palmoplantar perspiration, and occasional dyspeptic complaints. These features closely corresponded to the constitutional profile of **Natrum muriaticum**, which was selected as the principal remedy. **Cholesterinum** was prescribed during the active metabolic phase because of its traditional homoeopathic use in disorders associated with abnormal lipid metabolism, while **Calcarea fluorica** was administered intermittently as an intercurrent remedy.

During follow-up, the patient demonstrated objective biochemical improvement, including a reduction in serum triglycerides from **339 mg/dL to 189 mg/dL** (44.2%), normalization of VLDL cholesterol, and reduction of total cholesterol below the borderline range. These laboratory findings were accompanied by improvement in dyspeptic symptoms and maintenance of controlled blood pressure with ongoing antihypertensive medication.

As this is a single case, causality cannot be established. Lifestyle modification, dietary regulation, and adherence to antihypertensive therapy may also have contributed to the favorable outcome. Nevertheless, the sustained constitutional improvement together with objectively documented laboratory changes suggests that individualized homoeopathic treatment may have played a supportive role as part of an integrative management strategy. Larger prospective controlled studies are required to further evaluate this approach.

## Patient Perspective

*"I had no major symptoms, but my blood reports showed high cholesterol and triglycerides. After treatment and following the dietary advice, my reports improved, acidity reduced, and I feel healthier. Seeing the laboratory values improve has motivated me to continue a healthier lifestyle."*

## Learning Points

- Hyperlipidemia is frequently asymptomatic and may only be detected during routine screening.
- Constitutional assessment may identify individual characteristics useful for individualized homoeopathic prescribing.
- Lifestyle modification remains essential in managing dyslipidemia.

- Serial laboratory investigations provide objective documentation of treatment outcomes.
- Integrative management combining constitutional homoeopathic treatment with dietary counselling and regular physical activity may support improvement in selected patients.

## Conclusion

This case describes the successful long-term management of **mixed hyperlipidemia with predominant hypertriglyceridemia** in a 36-year-old male using individualized constitutional homoeopathic treatment integrated with lifestyle modification. **Natrum muriaticum**, prescribed on the basis of the patient's constitutional characteristics, together with **Cholesterinum** during the active metabolic phase and **Calcarea fluorica** as an intercurrent remedy, was associated with objective biochemical improvement, including a **44.2% reduction in serum triglycerides**, reduction in total cholesterol, normalization of VLDL cholesterol, improvement in dyspeptic symptoms, and maintenance of overall clinical stability. Although the contribution of concurrent lifestyle changes cannot be excluded, this case highlights the potential role of individualized homoeopathic treatment as an adjunctive approach in the comprehensive management of dyslipidemia. Prospective controlled studies are warranted to further investigate these findings.

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