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# An ayurvedic and yogic approach towards dyslipidemia

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**Abstract**
Alteration in serum lipid profile from its normal range is considered as dyslipidemia. It is the main responsible factor for multiple diseases such as obesity, IHD, Cerebral infarct, peripheral vascular disease, Diabetes mellitus, Hypertension, Intermittent claudicating, impotence etc.
All the above diseases are reflection of its complication, which alters the whole daily life activity along with life span. This chapter has been explained in Ayurveda as Atisthaulya, which is the resultant product of Dyslipidemia. Atisthaulya has been given great emphasis in context of Asta nindita purush. Ayurveda has fully explained its etiology and complications with their multidirectional management.
Now Dyslipidemia is explained as metabolic syndrome, which includes five components- Obesity, Elevated triglycerides, Reduced HDL, Hypertension, Impaired fasting glucose. It has also been categorized under three category- lower, moderate, high-risk states. By use of Ayurvedic Ahar, Vihar (Theraptic life style change) and medicine, we can control metabolic syndrome up to some extent.

**Keywords:** Dyslipidemia, atisthulya, asthaninditapurush, metabolic syndrome, theraptic life style change

## Introduction
Dyslipidemia is defined as abnormal plasma lipid status. Elevated total Cholesterol, Low-density lipid protein (LDL) cholesterol, lipoprotein (a), triglyceride with Low level of High-density lipoprotein (HDL) cholesterol and a preponderance of small, dense LDL particle. These abnormalities can be found alone or in the combination.
In case of Dyslipidemia Serum LDL level is most important fact for whole pathology and risk faster (IHD) [1].

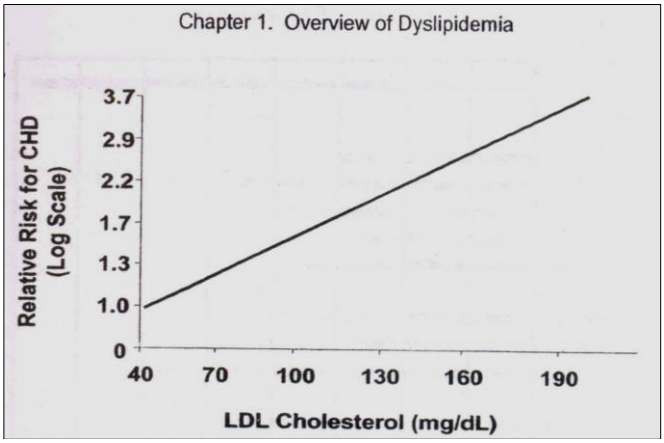


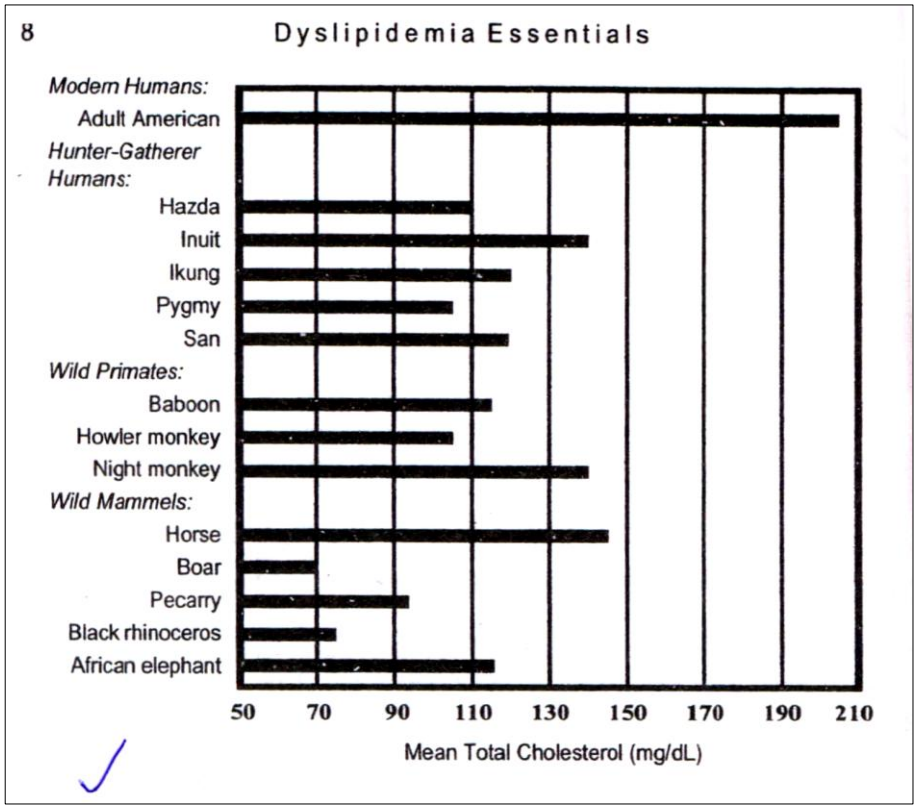

**Fig 1:** Overview of dyslipidemia

Some condition which are playing most important role for elevation of Serum LDL levels -
- Cigarette smoking
- Hypertension (BP > 140/90 mmHg or any Anti-hypertensive medication)
- Low HDL cholesterol (<40mg/dl)

- Family history of CHD
- Age (men> 45yr, women> 55yr).

Ayurveda has given more emphasis about the etiological factor of Atisthulya, which is explained, in term of dietic and behavior, which produces a significant role in alteration of total serum Cholesterol level.

In a study it is found that, total cholesterol levels for hunter-gatherers, wild primates, and wild mammals generally range from 70-140 mg/dl (LDL cholesterol 35-70 mg/dl). In modern westernized humans, mean total cholesterol levels (208 mg/dl; LDL cholesterol 130 mg/dl) are almost twice these normal values, and atherosclerosis is present in up to 50% of individuals by age 50.[2] In contrast, evidence from hunter gatherer populations following their indigenous lifestyle indicate average total cholesterol levels of 100-150 mg/dl (LDL cholesterol l50-70 mg/dl) and no evidence for atherosclerosis, even in individuals living into thee eight decade of life [3].




**Identification of Dyslipidemia**

**Lipoprotein Analysis:** A fasting lipoprotein profile, consisting of total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride should be obtained in all adults over age 20 and repeated at least once every 5 years. Blood samples should be drawn after a 9-12 hour fast while the person is in steady state-absence of active weight loss, acute illness, recent trauma, surgery, pregnancy, or recent change in diet. To ensure reliable measurements, blood samples should be sent to a laboratory recognized by an established standardization program.

**Exclusion of Secondary causes:** Once a dyslipidemia is identified, a history, physical examination, and basic laboratory tests are performed to screen for secondary causes of dyslipidemia is identified, including diet, medications, alcohol abuse, diabetes, hypothyroidism, nephritic syndrome, chronic renal failure, and obstructive live disease [4].

**Identification of genetic dyslipidemia[5]:** If severe hypercholesterolemia is present (total cholesterol>300mg/dL) or a genetic disorder is discovered, a family history and measurement of cholesterol in other family members are needed.

1. Heterozygous familial hypercholesterolemia (FH)
2. Homozygous familial hypercholesterolemia (FH)
3. Familial defective apo B-100
4. Polygenic hypercholesterolemia
5. Familial combined hyperlipidemia
6. Type III hyperlipidemia (familial dysbetalipoproteinemia)
7. Familial hyper triglyceridemia
8. Familial low HDL cholesterol (hypoalphalipoproteinemia)
9. Familial chylomicronemia

Due to multi direction pathogenesis and complication of dyslipidemia it is explained as metabolic syndrome, which is comprise of five conditions as per below.

1. Abnormal obesity (waist circumference); men>102cm (40) women>80cm (35 inch).
2. Elevated triglycerides > 150mg/dl or drug treatment for elevated triglycerides.
3. Reduced HDL cholesterol; men<40mg/dl, women <50mg/dl or drug treatment for reduction of HDL cholesterol.
4. Hypertension;>130/85 mmHg or drug treatment for hypertension
5. Impaired fasting glucose> 100mg/dl or drug treatments for elevated glucose.

**Complication of metabolic syndrome (obesity):** [7]

- Cardiovascular disease
- Atherosclerosis
- Hypertension
- Pulmonary disease
- Diabetes Mellitus (Adult onset)
- Fatty liver
- Cholelithiasis
- Arthritis
- Osteoarthritis (specially of the hips)
- Gout
- Varicose veins and thrombo-embolism
- Hernia-ventral and diaphragmatic
- Endometrial Carcinoma
- Toxemia of pregnancy

Same Ayurveda has also approach in multiple directions in context of Atisthasala and explained etiology, pathology, complication and treatment.

**Etiology** [8]

- **Diet-** Guru, Madhur, Sheet, Snigha, Pichhila, Amla and Shlesma Bahulya ahar
- **Dietic behaviour:** Atibhojana, Adhyasana
- **Specific diet:** Gorasa, Pistannam, Navannam, Navamadhya, Gandika vikar
- **Physical activity:** Avyavaya, Avyayam, Asyasukha, Shaiyyusukha, Divaswpna
- **Psychelogical factor:** Acinta, Nityaharsa
- **Genetic factor:** Beeja Dosh

**Complication of Atisthoulaya** [9]

Udara Roga, Bhagandar, Prameha,Urustambha, Pidika, Vidradhi, Kustha, Visarpa, Arsha, Atisar, Sleepad, Apaci, Vatavyadhi, Kamala.

**Management of Dyslipidemia**

Multiple cases of Dyslipidemia has been treated in S.S. hospital BHU, which are diagnosed during the treatment of its complication such as CVA, IHD, Hypertension, Diabetes mellitus, fatty liver disease etc.

**Drug: Rasona Kshirapak** [10]: 20 pods of Rasona are crushed and boiled in 200ml milk up to 100ml. It is used two times in a day. Duration of treatment was varies on the value of lipid profile. After achieving normal value, it is continued in half dose once in a day as per prophylactic use.

**Diet** [11]

- **Cereals:** Wheat, Rice, maize, Barley and Millet.
- **Pulses:** Green gram, Bean, Horse gram, lentil, Field pea, Black seeded dolichos and motha
- **Vegetables:** Caulai, Vastika, Palak, Surana kand, Cangeri, Parwal, Karkotaka, Tinda, Haridra, Shijan, Methi Soya, Karela, Saljam, Kheera
- **Oils:** Mustard, Sunflower.
- **Drinks:** Takra, Lukewarm water and Madhoodaka
- **Prohibitions:** Non-vegetarian food, Day sleep, Milk, Butter and Ghrita

| Food composition | Recommendation |
|---|---|
| Total fat | 25-35% of total calories |
| Saturated fat | <7% of total calories |
| Polyunsaturated fat | Up to 10% of total calories |
| Monounsaturated fat | Up to 20% of total calories |
| Carbohydrates | 50-60% of total calories |
| Fiber | 20-30 gm/d |
| Cholesterol | <200mg/d |
| Total calories | Sufficient to achieve or maintain desirable body weight |

[12] **Yogasans**

Bhujangasan, Shalabhasan, Pavanmuktasan, Surya Namaskarasan, Dhanurasan, Pascimocttasan, Matsendrasan, Savasan$_{13}$.

**Pranayama: Bhastrika. Anuloma-viloma, Kapalbhati**

**Conclusion:** western medicine has gained upper hand in the management of infectious diseases, but failed to achieve similar success in chronic, incurable disease and various metabolic condition. Adoption of Ayurvedic formulation in the daily routine followed by modification of diet and life style; help considerable to overcome the problem. So we have to adopt our ancient dietic schedule, which is Sufficient to achieve or maintain desirable body weight, along with ancient life style (physical and psychological) and yogaasan.

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