

Ayurvedic Perspectives on Dyslipidemia (Medoroga): A Comprehensive Review.

ABSTRACT

Background: Dyslipidemia is a common metabolic disorder associated with abnormal lipid levels and is a well-recognized risk factor for cardiovascular diseases. Although it is not described as an independent disease in Ayurveda, its etiopathogenesis and clinical features closely resemble those of *Medoroga* and *SantarpanajanyaVyadhi*.

Objective: To provide a comprehensive review of the Ayurvedic understanding of dyslipidemia (*Medoroga*) and explore the role of Ayurvedic principles in its prevention and management.

Methods: This narrative review was prepared by critically analyzing information from classical Ayurvedic texts, standard medical textbooks, and published scientific literature. Relevant evidence related to the etiopathogenesis, clinical presentation, diagnosis, and therapeutic approaches to dyslipidemia was systematically reviewed and synthesized.

Results: Ayurvedic literature suggests that impaired *Agni*, the formation of *Ama*, aggravation of *KaphaDosh*, and vitiation of *MedaDhatu* play a key role in the development of *Medoroga*. Management focuses on correcting these underlying metabolic disturbances through *NidanaParivarjana*, *Deepana*, *Pachana*, *Shodhana*, *Shamana*, *Rasayana* therapy, and appropriate dietary and lifestyle modifications. In addition, several Ayurvedic formulations and medicinal plants with *Medohara* and *Lekhana* properties have shown potential in improving lipid metabolism and reducing cardiovascular risk.

Conclusion: Although dyslipidemia remains a major metabolic health challenge, Ayurveda offers a holistic perspective by focusing on correcting the root cause of the disorder rather than simply controlling abnormal lipid levels. The integration of Ayurvedic principles with healthy dietary habits and lifestyle modifications may promote long-term metabolic well-being and help prevent cardiovascular complications. However, further high-quality clinical research is needed to establish stronger scientific evidence for the effectiveness of Ayurvedic interventions.

Keywords: Dyslipidemia, *Medoroga*, Ayurveda, *MedaDhatu*, *MedovahaSrotas*, *SantarpanajanyaVyadhi*, Hyperlipidemia.

INTRODUCTION

The human way of life is rapidly evolving, affecting dietary habits, living standards, and environmental conditions. These changes, along with sedentary lifestyle patterns, have led to a significant rise in metabolic disorders.¹ Dyslipidemia is one of the metabolic disorders related to lipoprotein metabolism and is characterised by elevated levels of total cholesterol, triglycerides, and low-density lipoprotein (LDL) along with decreased high-density lipoprotein (HDL). It is considered a major risk factor for cardiovascular diseases, diabetes mellitus, hypertension, and atherosclerosis.²

According to the World Health Organization (WHO), high cholesterol was reported as one of the major risk factors for non-communicable diseases in 2002.³ Recent studies conducted by ICMR-INDIAB have also reported increasing prevalence of Dyslipidemia in both urban and rural populations of India.⁴ The growing burden of Dyslipidemia has emerged as a major public health concern because of its strong association with cardiovascular morbidity and mortality. Early identification and comprehensive management are essential to prevent long-term complications. While conventional lipid-lowering drugs are effective, their long-term use may be associated with adverse effects in some patients. Therefore, there is increasing interest in evidence-based Ayurvedic interventions that emphasize correction of metabolic dysfunction through individualized dietary regulation, lifestyle modification, and herbal therapeutics.

In Ayurvedic texts, Dyslipidemia can be correlated with *Medoroga* and *SantarpanajanyaVyadhi* on the basis of similarities in etiology, pathology, and symptomatology. Factors such as *Avyayama*, *Divaswapna*, overeating, excessive intake of *Guru* and *SnigdhaAhara*, alcohol consumption, and sedentary lifestyle disturb normal metabolism and lead to *Meda Dushti*.² *Medoroga* is commonly observed in affluent societies and is increasingly prevalent worldwide. *Medoroga* is a disorder of *Medovahasrotasa* as per Ayurvedic concept characterized by deposition of *Meda* at the site of *Sphika* (buttocks), *Udara* (abdomen), *Stana* (breast) and all over body⁵.

Ayurveda emphasises a holistic approach for the management of Dyslipidemia through correction of *Agni*, elimination of *Ama*, purification of *MedovahaSrotas*, and proper *Ahara-Vihara*. Therapies possessing *Deepana*, *Pachana*, *Lekhana*, and *Medohara* properties help restore metabolic balance and prevent complications associated with Dyslipidemia. Therefore, the present review aims to explore the Ayurvedic understanding of Dyslipidemia (*Medoroga*) and highlight the role of Ayurvedic principles in its prevention and management.

AYURVEDIC REVIEW

Concept of Dyslipidemia in Ayurveda

Dyslipidemia is not described as an independent disease entity in the classical Ayurvedic texts. However, based on its etiological factors, pathogenesis, and clinical manifestations, it can be correlated with *Medoroga*, *Medodushti*, and *SantarpanajanyaVyadhi*. In Ayurveda, the pathogenesis of *Medoroga* is believed to originate from *Agnimandya*, which impairs normal digestion and metabolism. The resulting formation of *Ama*, along with *KaphaDosha* aggravation and *MedaDhatu* vitiation, disturbs lipid metabolism and ultimately leads to excessive fat accumulation. Various Ayurvedic scholars have also correlated Dyslipidemia with *RasagataSnehaVridhhi*, *Rakta-RasagataSnehaVridhhi*, and *Medovridhhi*.²

Concept of MedaDhatu

MedaDhatu is one of the seven fundamental body tissues (*SaptaDhatus*) responsible for lubrication, energy storage, structural stability, and nourishment of the body. According to Acharya Sushruta, *Sneha* is an essential component required for maintaining normal physiological functions. Disturbance in the metabolism of *MedaDhatu* leads to excessive fat accumulation, impaired tissue metabolism, and metabolic disorders such as *Medoroga*.⁶

Functions of MedaDhatu

According to Ayurveda, *MedaDhatu* plays an important role in maintaining the body's structural integrity and metabolic functions. It is responsible for providing unctuousness (*Snehana*), supporting sweat formation (*Sweda*), nourishing *AsthiDhatu*, maintaining body strength (*Dridhata*), and lubricating various organs and tissues. Proper balance and functioning of *MedaDhatu* are essential for normal metabolism and overall physiological homeostasis.⁷

Nidana of Medoroga

The etiological factors responsible for *Medoroga* are broadly classified into *Aharaja*, *Viharaja*, and *ManasikaNidana*.

- *AharajaNidana*: Excessive consumption of *Guru*, *Snigdha*, *MadhuraAhara*, overeating, alcohol intake, and high-calorie foods.
- *ViharajaNidana*: Physical inactivity (*Avyayama*), day sleep (*Divaswapna*), sedentary lifestyle, and lack of exercise.
- *ManasikaNidana*: Chronic psychological stress and unhealthy behavioural patterns.⁸

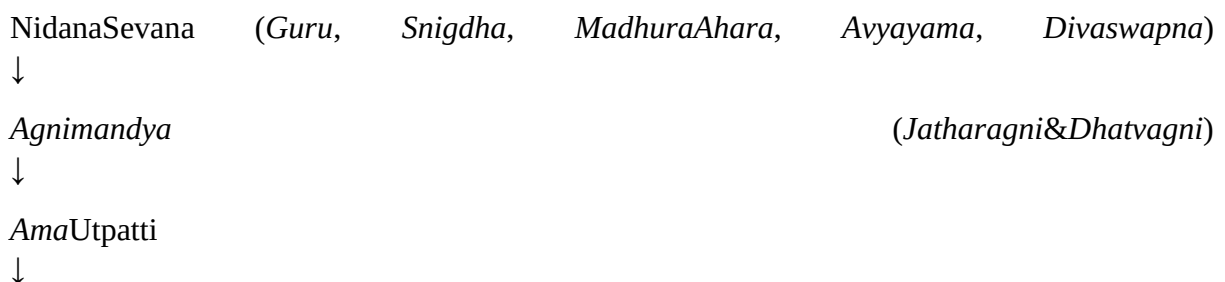
These factors impair *Agni*, promote *Ama* formation, aggravate *KaphaDosha*, and ultimately cause *MedaDhatuDushti* and *MedovahaSrotodushti*.

Samprapati.

The overproduction of *MedoDhatu*, which can result from dietary factors, behavioural factors, or genetic and hereditary factors, leads to various complications. Excessive *MedoDhatu* causes *margavarodh* (blockage of channels) and depletion of other Dhatus (tissues), along with the provocation of *Vayu* (air element). This provocation of *Vayu* increases false appetite, leading to overeating. Consequently, the excessive consumption of food further contributes to the overproduction of *MedoDhatu*, creating a cyclical pattern of imbalance.

These interconnected factors highlight the intricate balance within the body's functional dynamics and underscore the importance of maintaining a harmonious equilibrium to promote overall well-being.

Figure 1. Samprapti Chakra of Medoroga (Dyslipidemia)⁹



116 *KaphaPrakopa*
 117
 118 *MedaDhatuVridhhi&Dushti*
 119 ↓
 120 *MedovahaSrotodushti* (Sanga)
 121 ↓
 122 *Margavarodha&VataPrakopa*
 123 ↓
 124 Abnormal Lipid Metabolism
 125 ↓
 126 Dyslipidemia (Medoroga)
 127 ↓
 128 ↑TC ↑TG ↑LDL-C ↓HDL-C
 129 ↓
 130 Atherosclerosis • CAD • Stroke

131
 132
 133
 134

135 **Lakshana of Medoroga**

136 According to MadhavaNidana, *Medoroga* is characterized by symptoms such as
 137 *KshudraSwasa* (dyspnoea on exertion), *Angagaurava* (heaviness of the body), *Atikshudha*
 138 (excessive appetite), *Swedadhikya* (excessive sweating), *Trishna* (increased thirst), *Alasya*
 139 (lethargy), and excessive deposition of body fat. These clinical features indicate disturbed
 140 metabolism, *MedaDushti*, and dysfunctioning of *Medovaha Srotas*.⁸

141 **MODERN REVIEW**

142 **Definition**

143 Dyslipidemia is a disorder of lipoprotein metabolism, which can include overproduction or
 144 deficiency of lipoproteins or both. The disorder can manifest as an elevation of plasma
 145 cholesterol, TGs, or both, or a low high-density lipoprotein level or all three together that
 146 contribute to the development of atherosclerosis¹⁰.

147 **Classification**

Primary Dyslipidemia

Occurs due to genetic defects affecting lipid metabolism.

Secondary Dyslipidemia

Secondary Dyslipidemia develops as a consequence of underlying conditions or lifestyle factors. It is commonly associated with sedentary lifestyle, obesity, diabetes mellitus, hypothyroidism, excessive alcohol consumption, and the use of certain medications. These factors adversely affect lipid metabolism and contribute to abnormal serum lipid levels, thereby increasing the risk of cardiovascular diseases⁹.

Risk Factors

The major risk factors associated with dyslipidemia include:

- Unhealthy dietary habits
- Physical inactivity
- Obesity and central adiposity
- Diabetes mellitus
- Hypertension
- Smoking
- Excessive alcohol consumption
- Psychological stress
- Increasing age
- Family history of dyslipidemia

Clinical Features

Signs of Dyslipidemia include xanthelasma, xanthoma, and excessive fat deposition. Symptoms commonly include chest tightness, breathlessness, generalized weakness, excessive sweating, and obesity⁹.

According to guidelines of NCEP ATP III (National Cholesterol Education Programme)¹¹

Table:1 Adult Treatment Panel III

Serum lipoprotein	Fasting values (mg/dl)	Interpretations
• Total cholesterol	< 200 200-239 >or=240	Desirable Borderline high High
• LDL cholesterol	<100 100-129 130-159 160-189 >or=190	Optimal Near –optimal Borderline high High Very high
• HDL cholesterol	<40 >or=60	Low High

Triglycerides	150 150-199 200-499 ≥500	Normal Borderline high High Very high
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Diagnosis

The diagnosis of dyslipidemia is primarily based on fasting lipid profile assessment, which includes:

- Total Cholesterol (TC)
- Low-Density Lipoprotein Cholesterol (LDL-C)
- High-Density Lipoprotein Cholesterol (HDL-C)
- Triglycerides (TG)
- Very Low-Density Lipoprotein (VLDL)

Routine evaluation should also include blood glucose, thyroid function tests, liver function tests, and renal function tests to identify secondary causes.

Updrava:

The complications (Upadrava) of *Medoroga* include *PramehaPidaka*, *Jwara*, *Bhagandara*, *Vidradhi*, *Vatavikara*. These complications arise due to chronic *MedaDushti*, impaired *Agni* and progressive metabolic dysfunction¹².

Chikitsa

- NidanaParivarjana* (elimination of the causative factors)
- Shodhana* (purificatory therapies or detoxification)
- Shamana* (palliative or conservative treatments)
- Pathyapathyaahara* and *Vihara* (wholesome and unwholesome food and regimens)
- Rasayana* (rejuvenation therapy)

Nidanaparivarjana

Prime importance should be given to *NidanaParivarjana* by avoiding *Aharatmaka*, *Viharatmaka*, and *ManasikaNidanas*.

ShodhanaShodhana therapy plays a vital role in the management of *Medoroga*, particularly in patients with adequate strength (Bala)¹³. It helps eliminate aggravated *Doshas*, improve metabolic function, and restore the normal physiology of *MedovahaSrotas*. *RukshaUdavartan* (*bahyashodhana*) is recommended for *sthoor purusha*¹⁴. It is *Kaphahara* and *MedasaPra-* vilayana in action. *Abhyantarashodhana* employed for the patient include *Vamana*, *virechana*, *rakatmokshana*¹⁵. *Ruksha*, *Tikshna* and *Ushnabasti* 16. It helps in removing out the excessive collected *meda* and *kapha* from the body and also pacifies the other two *doshas*..

208 **Shamana:** The best line of treatment for *Medoroga* in Ayurveda is the use of *Guru* and
209 *ApatarpaṇaChikitsā* (lightening or depletion therapy)¹⁶. Chakrapāṇi states that the *GuruGuṇa*
210 (heavy quality) helps to balance *Agni* and *Vāta*, which are usually upset in *Medoroga*.
211 Excessive nutrition is reduced by *Apatarpaṇa* therapy resulting to the elimination of excess
212 *Medas* (fat tissue). Among the *Ṣaḍupakrama* (six therapeutic principles) *Langhana*
213 (lightening therapy) and *Rūkṣaṇa* (drying therapy) are highly applicable in the management
214 of *Medoroga*. Also *SamanaChikitsa* (palliative treatment) can be done via seven various
215 methods:

- 216 • *Deepana* (appetite-stimulating),
- 217 • *Pachana* (digestive),
- 218 • *Kṣut* (controlled fasting),
- 219 • *Tṛṭ* (thirst-inducing),
- 220 • *Vyayama* (exercise),
- 221 • *Maruta* (exposure to air), and
- 222 • *Atapa* (sun exposure)

223 **Deepana-Deepanadravyas** are mostly composed of *Agni* and *Vayu* Mahabhutas
224 which are hostile to the constitution of *Meda* and *Kapha*. *Jala* and *PrithviMahabhoot*.

225 **Kshudha and Trishanigraha**-Fasting is also useful because food is the main source of
226 Nutrition for *Medadhātu*. Fasting controls the overproduction of *medadhātu*. Hence,
227 *kshudhanigrahan* has been prescribed for fat people. Those who have difficulty in completely
228 fasting may observe *alpaahaarsevan*. small quantities of lukewarm water are good for obese
229 person. From the word control of thirst it can be said that fat person should avoid sweet and
230 soft beverages, nutri-tious fruit juice and cold water.

231 **Vyayama**-*Avyayam* is one of the reason of *medoroga* and hence, significance has been given
232 to *Vyayam* in the management of *medoroga*. It acts like *NidanaParivarjan*. also it melts the
233 excess fat produced in the fat depots of the obese.

234 **Atapa and Marutasevan**- It increases heat in the body. This raised body heat reduces *Meda*
235 by *Vibhajana* and *Vilayan*. It improves *KledaVilayana* and assists in weight loss. *Vatasevana*
236 is also useful as the *RukshaGuna* of *Vata* reduces *Kleda* and *Kapha* via *Shoshana* and
237 Stimulation *Jatharagni*.

238 **Rasayanas for Medoroga:** *Rasayana* is formed from *Rasa* (nutritive fluid/tissues) and *Ayana*
239 (nutrition) signifying therapies that nourish and regenerate the body tissues. In the
240 management of *Medoroga* the treatment begins with *AmaPachana*, *Deepana* and
241 *Srotoshodhana* to boost the metabolism and to clear the channels of the body. Then *Rasayana*
242 therapy is delivered to regenerate the tissues, restore the metabolic balance and improve the
243 general health.¹⁷

244 **Guduchi (Tinosporacordifolia)**

245 *Guduchi* is a Tridosha Shamaka Rasayana with *Tikta*, *Katu* and *Kashaya* Rasa. It promotes
246 *Agni*, decreases *Kapha*-Meda and beneficial in Santarpanajanya Vikaras.

247 **Guggulu**

248 *Guggulu* has *Tikta*, *Kashaya* and *Katu* Rasa with *Ushna Virya*. It acts as Srotoshodhaka, *Deepana* and
249 *Medohara* due to its Laghu and Sookshma properties.

250 **Shilajatu**

251 *Shilajatu* is having *Katu-Tikta* Rasa and *Ushna Virya*. It has Yogavahi and Chedana qualities
252 which helps in *Ama Pachana* and Meda reduction.

253 **Triphala**

254 *Triphala* comprises of *Haritaki*, *Bibhitaki*, and *Amalaki*. It acts as *Rasayana*, *Vatanulomaka*,
255 and *Medohara* while balancing *Kapha* and *Pitta*.

256 **Bhallataka**

257 *Bhallataka* is chiefly indicated in *Kaphaja Rogas*. It has *Kashaya* Rasa and *Ushna Virya*,
258 improves *Agni* and aids fat metabolism through *Kapha-Medohara* action.

259 **Rasanjana**

260 *Rasanjana* is an important medication for *medoroga*. It has properties of *Katu-Tikta* Rasa,
261 *Ushna Virya* and Chedana which helps in lowering the excess of Medas.

262 Several Ayurvedic formulations possessing *Deepana*, *Pachana*, *Lekhana*, *Medohara*, and
263 *Rasayan* properties have shown promising hypolipidemic and antioxidant activities in
264 experimental and clinical studies.

265 **Table : 2 Pathya/ Apathya**

Pathya	Apathya
Barley, <i>Mudga</i> , vegetables	Fried foods
Exercise, Yoga	Day sleep
Warm water	Sugary drinks

266 .

267 **DISCUSSION**

268 Dyslipidemia is one of the leading metabolic disorders worldwide and represents a major risk
269 factor for cardiovascular diseases, including coronary artery disease, stroke, and
270 atherosclerosis². Rapid urbanization, unhealthy dietary habits, physical inactivity, obesity,
271 and psychological stress have contributed significantly to its increasing prevalence. Although

conventional lipid-lowering agents effectively reduce serum lipid levels, long-term therapy may be associated with adverse effects in some individuals, highlighting the need for safe and holistic therapeutic approaches.

From an Ayurvedic perspective, Dyslipidemia can be correlated with *Medoroga* and *SantarpanajanyaVyadhi* based on similarities in etiological factors, pathogenesis, and clinical manifestations. Excessive intake of *Guru*, *Snigdha*, and *MadhuraAhara*, along with *Avyayama* (physical inactivity) and *Divaswapna* (daytime sleep), leads to *Agnimandya*, *Ama* formation, *Kapha* aggravation, and *MedaDhatu Dushti*². In Ayurveda, *AgniMandya* is regarded as the primary pathogenic factor in *Medoroga*. Impairment of *Jatharagni* and *Medodhatvagnileads* to the formation of *Ama*, which subsequently associates with *MedaDhatu* to form *AmaMeda*. This process disturbs normal lipid metabolism and promotes excessive accumulation of adipose tissue.¹⁸

Unlike conventional therapies that mainly focus on lowering serum lipid levels, Ayurveda emphasizes correcting the underlying metabolic disturbances responsible for the disease. Therapeutic measures such as *NidanaParivarjana*, *Deepana*, *Pachana*, *Shodhana*, *Shamana*, **and** *Rasayana* are intended to improve *Agni*, eliminate *Ama*, restore the normal function of *MedovahaSrotas*, and support healthy *MedaDhatu* metabolism. By addressing the root cause of the disorder, these interventions may help improve lipid metabolism and reduce the likelihood of disease progression.

Several Ayurvedic medicinal plants, including *Guduchi* (*Tinosporacordifolia*), *Guggulu* (*Commiphoramukul*), *Triphala*, *Shilajatu*, and *Bhallataka*, have demonstrated *Medohara*, *Lekhana*, antioxidant, anti-inflammatory, and hypolipidemic activities in experimental and clinical studies. These findings suggest that such herbal interventions may have a beneficial role in improving lipid metabolism and supporting overall metabolic health¹⁷.

Despite encouraging evidence, the available literature is limited by small sample sizes, heterogeneous study designs, and variability in treatment protocols. Therefore, well-designed multicenter randomized controlled trials with standardized outcome measures are required to further establish the efficacy and safety of Ayurvedic interventions in the management of Dyslipidemia.

CONCLUSION

Dyslipidemia shares considerable similarities with *Medoroga* in terms of its etiological factors, pathogenesis, and clinical manifestations. From an Ayurvedic perspective, the disorder develops due to *Agnimandya*, *Ama* formation, *KaphaDosha* aggravation, and *MedaDhatuDushti*, which collectively disturb normal lipid metabolism. Management focuses on correcting these underlying abnormalities **through** *NidanaParivarjana*, *Shodhana*, *Shamana*, *Rasayana* therapy, along with appropriate dietary and lifestyle modifications. Such an approach aims to improve metabolic function while addressing the root cause of the disease rather than merely controlling serum lipid levels. Although the available evidence is encouraging, further well-designed clinical studies are required to establish the efficacy and safety of Ayurvedic interventions and support their broader integration into evidence-based healthcare.

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