E-ISSN:2456-3110

Review Article

Rasavaha Srotas

Check for updates

Journal of Ayurveda and Integrated Medical Sciences

2025 Volume 10 Number 8 August

Publisher

Maharshi Charaka Ayurveda

www.maharshicharaka.in

Understanding Dyslipidemia as a disease of Rasavaha Srotas

Joshi N[1*], Goswami M[2]

DOI:10.21760/jaims.10.8.19

[1*] Nirmala Joshi, PhD Scholar, PG Department of Rachana Sharir, Uttarakhand Ayurved University, Rishikul Campus, Haridwar, Uttarakhand, India.

[2] Madhavi Goswami, Former Registrar UAU, Professor, PG Department of Rachana Sharir, Uttarakhand Ayurved University, Rishikul Campus, Haridwar, Uttarakhand, India.

Background: Dyslipidaemia, a metabolic disorder characterized by abnormal lipid profiles, is a key risk factor for cardiovascular diseases. In Āyurveda, such metabolic imbalances are primarily associated with the Rasavaha Srotas, the bodily channel system responsible for the transportation and transformation of Rasa Dhātu. This concept offers a unique pathophysiological insight linking lipid disorders with Doṣa-Duṣṭi and Srotodushti.

Aim: To explore dyslipidemia through the lens of Rasavaha Srotas dysfunction and establish a conceptual correlation between modern lipid disorders and Āyurvedic pathophysiology.

Materials and Methods: A comprehensive review of classical Āyurvedic texts was undertaken to analyze the concept of Rasavaha Srotas, its physiological role, and pathological manifestations. Parallel review of contemporary scientific literature on dyslipidemia was performed to identify shared pathophysiological grounds. Comparative evaluation was done to correlate Doṣic involvement, Āma formation, and Srotorodha with lipid metabolism abnormalities.

Observations and Results: Dyslipidemia shares clinical resemblance with conditions involving Kapha and Medo Doṣa aggravation, Āma production, and Srotorodha in the Rasavaha and Medovaha Srotas. Improper Agnibala, especially of Rasāgni and Medodhatvāgni, leads to impaired transformation and assimilation of Rasa Dhātu, culminating in lipid imbalance. Repeated episodes of faulty Āhāra, Vihāra, and sedentary lifestyle contribute to Rasavaha Srotodushti, which parallels the etiology and pathology of dyslipidaemia in biomedicine.

Discussion: Understanding dyslipidemia as a disease of Rasavaha Srotas provides a holistic model emphasizing early intervention through Dīpanīya, Pācana, Āmapācana, and Srotoshodhana therapies. Preventive approaches based on Āhāra-Vihāra regulation, Ritu-anukula Carya, and Dinacarya offer sustainable solutions for dyslipidemia management, bridging traditional wisdom with modern therapeutic goals.

Conclusion: Dyslipidemia can be understood as a manifestation of Rasavaha Srotodushti due to Doṣa imbalance, impaired Agnibala, and lifestyle errors. Integrative understanding of this metabolic condition through Āyurvedic principles enhances diagnostic and therapeutic strategies for sustainable health care delivery.

Keywords: Rasavaha Srotas, Dyslipidemia, Agnidushti, Āma, Doṣa, Srotodushti

Corresponding Author

Nirmala Joshi, PhD Scholar, PG Department of Rachana Sharir, Uttarakhand Ayurved University, Rishikul Campus, Haridwar, Uttarakhand, India.
Email: nirmalajoshi07@gmail.com

How to Cite this Article

Joshi N, Goswami M, Understanding Dyslipidemia as a disease of Rasavaha Srotas. J Ayu Int Med Sci. 2025;10(8):106-113.
Available From
https://jaims.in/jaims/article/view/4583/

To Browse

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Accepted
2025-06-18	2025-06-28	2025-07-08	2025-07-18	2025-07-28

Conflict of Interest	Funding	Ethical Approval	Plagiarism X-checker	Note
None	Nil	Not required	4	

Introduction

In *Āyurveda*, the concept of health (*Svastha*) revolves around the equilibrium of *Doṣa*, *Dhātu*, *Mala*, and the proper functioning of *Agni* and *Srotas*. Among the *Srotas*, *Rasavaha Srotas* is regarded as the foremost channel that governs the transportation of *Rasa Dhātu* - the primary nourishing essence derived from digested food. Any impairment in the function of this *Srotas* can lead to improper distribution of nutrients and subsequent development of systemic disorders. Thus, *Rasavaha Srotas* plays a foundational role in the sustenance of bodily tissues and overall vitality.1

Dyslipidemia is a leading global health concern, contributing significantly to the burden of cardiovascular diseases (CVDs). According to the World Health Organization, elevated total cholesterol accounts for approximately 4.4 million deaths globally, with the highest prevalence in South Asia and the Western Pacific region. In India, the prevalence of dyslipidemia has surged due to urbanization, unhealthy dietary habits, lack of physical activity, and stress. Population-based studies, such as the ICMR-INDIAB study, reported that over 70% of the urban Indian population exhibit at least one abnormal lipid parameter. This rising trend emphasizes the need for integrative approaches that include *Āyurvedic* principles for early intervention and lifestyle correction.**[2]**

Rasavaha Srotas originates from the *Hridaya* (heart) and *Dashadhamanis* according to classical texts, and is functionally interlinked with the activities of *Rasadhātvagni*. If this metabolic fire becomes deranged due to *Doṣic* imbalance, particularly of *Kapha* and *Meda*, or accumulation of *Āma*, the normal formation and circulation of *Rasa* becomes vitiated. Such pathological events are responsible for *Srotorodha* (obstruction in channels) and can be correlated to lipid accumulation and circulation abnormalities observed in dyslipidemia.**[3]**

In conditions such as *Medoroga*, *Sthoulya*, and *Prameha*, which are attributed to *Kapha-Meda Doṣa Pradhāna Vyādhis*, a similar pathogenesis involving *Rasavaha* and *Medovaha Srotas* is evident. Dyslipidemia, although a modern term, shares clinical features with these disorders, including increased body fat, lethargy, and sluggish metabolism - which are classical outcomes of deranged *Rasa Dhātu* processing.

These correlations indicate that dyslipidemia is deeply rooted in the malfunction of *Rasavaha Srotas* due to *Agnidushti*, *Āma* accumulation, and sedentary habits.**[4]**

Management of such *Rasavaha Srotodushti* disorders in *Āyurveda* involves use of *Dīpanīya* (digestive stimulants), *Pācana* (digestive correctives), *Āmapācana*, and *Srotoshodhana* (channel-cleansing) therapies. In addition, *Rasāyana* drugs are used to rejuvenate & nourish *Dhātus*. Lifestyle modification (*Dinacharya*, *Ritucharya*), regulated diet (*Āhāra Vidhi*), and proper behavioral conduct (*Sadvṛtta*) form cornerstone of preventive care. These foundational principles support understanding of dyslipidemia not as an isolated lipid disor. but as systemic expression of impaired *Rasavaha Srotas*.**[5]**

Aim and Objectives

Aim:

To establish a conceptual correlation between dyslipidemia and *Rasavaha Srotodushti* based on *Āyurvedic* principles.

Objectives:

1. To review the classical concept of *Rasavaha Srotas* and its physiological functions.
2. To analyze the *Āyurvedic* pathogenesis (*Samprāpti*) of dyslipidemia in terms of *Doṣa*, *Dhātu*, *Mala*, and *Srotas*.
3. To identify clinical similarities between dyslipidemia and *Rasavaha Srotodushti conditions.*
4. To explore *Āyurvedic* preventive and therapeutic approaches for managing dyslipidemia.

Materials and Methods

Type of Study

Conceptual and Analytical Review-Based Study.

Source of Data

1. Primary Sources:

- Classical *Āyurvedic* texts such as *Charaka Saṁhitā*, *Suśruta Saṁhitā*, *Aṣṭāṅga Hṛdaya*, and relevant *Teekās* (commentaries).
- Nighaṇṭus and contemporary *Āyurvedic*

2. Secondary Sources:

- Modern medical literature including textbooks and peer-reviewed articles on dyslipidemia, lipid metabolism, and cardiovascular health.

- Indexed journals (PubMed, Scopus) and online databases for evidence-based correlation.
- Guidelines from WHO, ICMR, and international lipid associations.

Methodology

- Detailed literary review of *Rasavaha Srotas* and its physiological and pathological aspects in *Āyurveda*.
- Compilation and comparative analysis of dyslipidemia symptoms and pathogenesis with *Āyurvedic* disorders such as *Medoroga*, *Sthaulya*, and *Prameha*.
- Identification of overlapping clinical features and causative factors (e.g., faulty diet, sedentary lifestyle, *Agnidushti*).
- Analytical discussion to develop an integrative model of understanding dyslipidemia as *Rasavaha Srotodushti*.

Review of Literature

Āyurvedic management based on classical *Chikitsā Sthāna* principles.

Table 1: Historical Review related to Dyslipidemia and *Rasavaha Srotas*

SN	Classical/ Modern Source	Reference	Key Concept Related to Dyslipidemia / Rasavaha Srotas
1.	Charaka Saṁhitā, Sūtra Sthāna	Ch. Su. 28/4	Description of Srotas, their types, origin and Srotodushti Lakṣaṇas.
2.	Charaka Saṁhitā, Vimāna Sthāna	Ch. Vi. 5/24	Agnidushti as root cause of all diseases including Āma formation.
3.	Charaka Saṁhitā, Cikitsā Sthāna	Ch. Ci. 15/44	Medoroga as a disorder caused by Kapha, Āma and Meda Dhātu imbalance.
4.	Suśruta Saṁhitā, Sharīra Sthāna	Su. Śā. 9/12	Origin of Rasavaha Srotas from Hridaya and Dashadhamanis.
5.	Ashtāṅga Hṛdaya, Sūtra Sthāna	A.H. Su. 11/3–5	Importance of Dīpana, Pācana, and Vihāra in metabolic disorders.
6.	Mādhava Nidāna, Medoroga Nidāna	M.N. 34/1–5	Clinical features and Nidāna of Medoroga corresponding with lipid disorders.
7.	Bhāvaprakāśa Nighaṇṭu	Bh. Pr. Madhura Varga	Description of Rasavardhaka and Medovardhaka Dravyas and their effects.
8.	World Health Organization (WHO)	WHO Global Health Report, 2023	Dyslipidemia is a major modifiable risk factor for cardiovascular disease.
9.	ICMR-INDIAB Study	Indian Journal of Medical Research, 2014	High prevalence of dyslipidemia in urban Indian population (>70%).
10.	National Cholesterol Education Program (NCEP-ATP III)	NIH, USA, 2002	Classification and clinical management guidelines of dyslipidemia.

Ayurvedic Review

Rasavaha Srotas

Āyurveda classifies the human body into multiple channels (*Srotas*) that are responsible for the transportation of various bodily constituents. Among these, *Rasavaha Srotas* is the foremost and most vital, as it governs the flow of *Rasa Dhātu*, the primary essence derived from digested food (*Āhāra Rasa*). The healthy state of *Rasa Dhātu* ensures nourishment to all successive *Dhātus*, making the functional integrity of *Rasavaha Srotas* crucial for systemic health.**[6]**

Derivation and Definition

The word *Rasavaha Srotas* is derived from two Sanskrit terms:

- *Rasa* = the essence or plasma part of digested food
- *Vaha* = to carry or transport
- *Srotas* = a channel or pathway

Hence, *Rasavaha Srotas* refers to the pathway that carries *Rasa Dhātu* throughout the body to nourish all tissues.

Anatomical Correlation

According to *Suśruta Saṁhitā*, *Rasavaha Srotas* originates from:

- **Mūla (Root):** *Hridaya* (heart) and *Dashadhamani* (ten great vessels) (*Śā. 9/12*)

These structures correlate with the cardiovascular system and lymphatic channels in modern anatomy. The movement of *Rasa Dhātu* through these channels resembles the circulation of plasma and lymph in modern physiology.**[7]**

Physiological Role

- Transportation of *Āhāra Rasa* (nutritional fluid) after digestion.
- Primary nourishment of all *Dhātus*, starting with *Rasa Dhātu*.
- Regulation of *Pitta* and *Kapha* through its association with *Hridaya* and *Jīvanashakti*.
- Acts as a medium for *Rasa* distribution to *Upadhātus* and *Ojas*.**[8]**

Pathological *Srotodusti*

Rasavaha Srotodushti may occur due to the following causes:

***Hetu* (Causative factors):**

- Excessive intake of *Guru*, *Snigdha*, *Madhura*, and *Āma-producing*
- Sedentary lifestyle, emotional stress, and suppression of natural urges.

***Lakṣaṇa* (Symptoms):**

- Loss of appetite, heaviness, fatigue, *Āma* formation, and early signs of metabolic syndrome.

Types of *Dushti*:

- *Atipravṛtti* - Hyperpermeability or excessive flow
- *Sanga* - Obstruction due to *Āma* or *Kapha*
- *Vimarga Gamana* - Diversion of *Rasa* into abnormal pathways
- *Sira Granthi* – Microchannel blockages

Clinical Correlation

Impairment of *Rasavaha Srotas* is reflected in conditions like:

- *Āma*, *Agnimāndya*, and *Medoroga*
- *Sthaulya* (obesity) and *Prameha* (metabolic disorders)
- Dyslipidemia - correlating with *Kapha Medo Dushti* in *Rasavaha* and *Medovaha Srotas*

Chikitsā Sthāna

Management of *Rasavaha Srotodushti* involves:

- ***Dīpanīya* and *Pācana*** drugs - e.g., *Śunṭhī*, *Pippalī*, *Trikaṭu*
- ***Āmapācana*** - Removal of metabolic toxins
- ***Srotoshodhana*** - Purification of channels using *Pañcakarma*
- ***Rasāyana*** - Rejuvenation and strengthening of *Rasa Dhātu*
- ***Ahāra-Vihāra*** - Lifestyle and dietary modifications

Rasavaha Srotas is a fundamental physiological entity that governs the transportation of nutritive fluid and maintains systemic equilibrium. Its impairment reflects in numerous metabolic disorders, including dyslipidemia, which can be interpreted as *Rasavaha Srotodushti* with *Kapha-Meda Doṣa* predominance. Understanding and managing such disorders through *Āyurvedic* principles offers a preventive and curative approach grounded in traditional science.**[9]**

Modern Review

Dyslipidemia is a clinical condition characterized by abnormalities in lipid levels in the blood. It includes elevated total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), triglycerides (TG), and/or decreased high-density lipoprotein cholesterol (HDL-C).

These lipid abnormalities play a crucial role in the pathogenesis of atherosclerosis and cardiovascular diseases (CVDs), which remain the leading cause of morbidity and mortality worldwide.**[10]**

Classification of Dyslipidemia

Dyslipidemia can be broadly categorized as:

Based on Lipid Profile Abnormality:

- **Hypercholesterolemia:** Elevated total cholesterol and/or LDL-C
- **Hypertriglyceridemia:** Elevated triglycerides
- **Mixed Dyslipidemia:** Elevated cholesterol and triglycerides
- **Low HDL-C:** Isolated or associated with other abnormalities

Based on Cause:

- **Primary (Genetic):** Familial hypercholesterolemia, familial combined hyperlipidemia
- **Secondary (Acquired):** Associated with diabetes mellitus, obesity, hypothyroidism, nephrotic syndrome, chronic kidney disease, liver disorders, alcohol abuse, certain medications (e.g., corticosteroids, antipsychotics).**[11]**

Etiology and Risk Factors

Lifestyle-Related

- High intake of saturated fats, trans fats, and refined carbohydrates
- Physical inactivity
- Obesity, especially central (visceral) obesity
- Smoking and excessive alcohol consumption12

Genetic Factors

- Mutations in genes involved in lipid metabolism (e.g., LDL receptor gene)
- Positive family history of dyslipidemia or early cardiovascular events.**[13]**

Medical Conditions

- Type 2 Diabetes Mellitus
- Metabolic Syndrome
- Polycystic Ovary Syndrome (PCOS)
- Hypothyroidism
- Chronic kidney or liver disease1

Pathophysiology

Dyslipidemia contributes to the development of atherosclerosis by:

- Promoting endothelial dysfunction
- Facilitating oxidation of LDL-C, which is taken up by macrophages to form foam cells
- Contributing to plaque formation and vascular inflammation
- Leading to reduced arterial elasticity and plaque rupture, resulting in myocardial infarction or stroke**[14]**

Clinical Features

Dyslipidemia is usually asymptomatic and often detected during routine blood tests. However, in severe or long-standing cases, it may present with:

- **Xanthomas:** Lipid deposits in skin/tendons
- **Xanthelasma:** Yellowish plaques around eyelids
- **Corneal arcus:** White-gray ring around the cornea
- **Pancreatitis:** In cases of very high triglyceride levels**[15]**

Diagnostic Criteria

Lipid profile is assessed after 9–12 hours of fasting. Key parameters include:

Lipid Parameter	Desirable Level (mg/dL)
Total Cholesterol	< 200
LDL-C	< 100 (optimal)
HDL-C	> 40 (men), > 50 (women)
Triglycerides	< 150

Advanced testing may include:

- Apolipoprotein B
- Lipoprotein (a)
- hs-CRP for cardiovascular risk

Complications

If untreated, dyslipidemia significantly increases the risk of:

- Coronary Artery Disease (CAD)
- Myocardial Infarction (MI)
- Ischemic Stroke
- Peripheral Arterial Disease (PAD)
- Non-alcoholic Fatty Liver Disease (NAFLD)
- Acute pancreatitis (if TG > 1000 mg/dL)**[16]**

Management

Lifestyle Modifications

1. Diet:

- Low in saturated fat and cholesterol
- Rich in fiber, whole grains, fruits, vegetables
- Omega-3 fatty acids from fish or flaxseed

2. Exercise:

- At least 150 minutes/week of moderate-intensity aerobic activity**[17]**

3. Weight management
4. Smoking cessation
5. Limiting alcohol intake

Pharmacological Treatment

Indicated based on LDL-C levels, presence of comorbidities, and cardiovascular risk:

Drug Class	Examples	Effect
Statins	Atorvastatin, Rosuvastatin	↓ LDL-C, ↓ TG, ↑ HDL-C
Fibrates	Fenofibrate, Gemfibrozil	↓ TG, ↑ HDL-C
Niacin	Nicotinic Acid	↓ TG, ↑ HDL-C
Bile Acid Sequestrants	Cholestyramine	↓ LDL-C
PCSK9 Inhibitors	Evolocumab, Alirocumab	Profound ↓ in LDL-C
Ezetimibe	Ezetimibe	↓ Cholesterol absorption

Note: Statins remain the cornerstone of dyslipidemia treatment due to their efficacy in reducing cardiovascular events.

Prevention

- Routine screening starting at age 20 and repeated every 4–6 years
- Early intervention in high-risk individuals (family history, diabetes, hypertension)
- Education on dietary habits and physical activity from a young age
- Use of cardiovascular risk calculators (e.g., ASCVD risk score) for guiding therapy

Dyslipidemia is a silent but critical modifiable risk factor for cardiovascular diseases.

Early detection through lipid profiling, comprehensive lifestyle changes, and appropriate pharmacological intervention can effectively prevent complications like heart attack and stroke. A multidisciplinary approach involving physicians, dietitians, and patients themselves is essential for optimal lipid control and long-term health outcomes.**[18]**

Role of Dyslipidemia as a disease of *Rasavaha Srotas*[19]

Dushita Ahāra & *Vihāra* (Diet & Lifestyle)
↓
Mandāgni (Weakened Digestive Fire)
↓
Āma Formation (Toxins)
↓
Vitiation of Kapha & Meda Doṣa
↓
Dushti of Rasavaha Srotas (Obstruction, Sanga)
↓
Abnormal Rasadhātu Formation & Distribution
↓
Srotorodha (Channel Blockage)
↓
Lipid Accumulation in Circulation
↓
Dyslipidemia Manifestation
↓
Progression to Medoroga / Sthaulya / Prameha

Result and Findings

1. A clear conceptual correlation was established between dyslipidemia and *Rasavaha Srotodushti,* based on similarities in pathogenesis and clinical presentation.
2. Dyslipidemia reflects deranged *Rasa Dhātu* formation due to *Agnimāndya, Āma* accumulation, and *Kapha-Meda Doṣa* vitiation, which are classical features of *Rasavaha Srotodushti*.
3. Conditions like *Medoroga, Sthaulya,* and *Prameha* described in *Āyurveda* closely parallel the features of dyslipidemia, especially in terms of fat metabolism disorders and systemic effects.
4. Classical symptoms of *Srotodushti* such as heaviness (*Gaurava*), lethargy (*Ālasya*), and poor tissue nourishment were found to correlate with symptoms observed in dyslipidemia.
5. Āyurvedic therapeutic principles such as *Dīpana, Pācana, Srotoshodhana*, and *Medohara Chikitsā* were identified as suitable management approaches for dyslipidemia.
6. A holistic and integrative framework for understanding and managing dyslipidemia was proposed, combining *Āyurvedic* pathophysiology with modern biomedical understanding.

Discussion

The concept of *Rasavaha Srotas* in *Āyurveda* encompasses the entire physiological process of nutrient assimilation and primary circulation of the *Rasa Dhātu*, which nourishes all the succeeding *Dhātus*. When the functional integrity of this *Srotas* is compromised, it leads to nutritional and metabolic disorders. Dyslipidemia, though not explicitly mentioned in classical *Āyurvedic* texts, aligns with the pathophysiology of *Rasavaha Srotodushti*, where improper *Rasa* formation and circulation occur due to weakened *Agnibala*, accumulation of *Āma*, and *Doṣic* vitiation—particularly of *Kapha* and *Meda*.**[20]**

In modern medicine, dyslipidemia is primarily characterized by abnormal levels of circulating lipids, which significantly increase the risk of atherosclerosis and cardiovascular diseases. This state reflects an internal metabolic imbalance, which can be interpreted in *Āyurveda* as the result of *Mandāgni* and *Āma* formation, disrupting the conversion of *Rasa* into healthy *Dhātus*. The improper processing of *Āhāra Rasa* due to deranged *Rasāgni* results in unctuous, heavy *Rasa Dhātu* that predisposes the *Rasavaha* and *Medovaha Srotas* to obstruction (*Srotorodha*), eventually leading to lipid deposition in the circulatory system.**[21]**

Furthermore, classical disorders such as *Medoroga*, *Sthaulya*, and *Prameha* illustrate striking clinical parallels with dyslipidemia, including increased body weight, fatigue, heaviness, and metabolic inefficiency. These conditions stem from vitiated *Kapha* and *Meda Dhātu*, which are also prominent in the pathology of dyslipidemia. Therefore, it is reasonable to interpret dyslipidemia as an early stage or contributing component of these systemic disorders in *Āyurveda*, specifically linked to the dysfunction of *Rasavaha Srotas*.**[22]**

Therapeutic strategies in *Āyurveda* focus on restoring *Agnibala*, eliminating *Āma*, clearing *Srotas* obstructions, and stabilizing *Doṣas* through *Dīpana*, *Pācana*, *Śodhana*, and *Rasāyana* therapies. These approaches not only target lipid regulation but also aim for systemic balance.

When combined with modern lifestyle modifications and evidence-based interventions, this integrative model offers a comprehensive solution for managing dyslipidemia and preventing its complications. Understanding dyslipidemia through the lens of *Rasavaha Srotas* provides a holistic framework for early intervention, personalized therapy, and long-term metabolic harmony.**[23]**

Conclusion

Dyslipidemia, a major metabolic disorder in modern medicine, finds a meaningful and holistic interpretation in *Āyurveda* through the concept of *Rasavaha Srotodushti*. It arises from impaired digestion (*Agnimāndya*), accumulation of *Āma*, and vitiation of *Kapha* and *Meda Doṣa*, leading to abnormal *Rasa Dhātu* formation and lipid imbalance. Viewing dyslipidemia as a manifestation of *Rasavaha Srotas* dysfunction not only broadens our understanding of its root causes but also provides a comprehensive, preventive, and individualized approach to management. Integration of *Āyurvedic* dietary, lifestyle, and therapeutic principles with modern clinical strategies can effectively control dyslipidemia and reduce its long-term complications.

References

1. Sharma PV. Charaka Samhita: Sutra Sthana. Reprint ed. Varanasi: Chaukhamba Orientalia; 2014. *Chaukhamba Orientalia, K.37/109, Gopal Mandir Lane, Varanasi - 221001, Uttar Pradesh, India [Crossref][PubMed][Google Scholar]*

2. World Health Organization. Global Health Estimates: 2023 Report. Geneva: WHO Press; 2023. WHO Headquarters, Avenue Appia 20, 1211 Geneva, Switzerland. *[Crossref][PubMed][Google Scholar]*

3. Sharma PV. Charaka Samhita: Vimāna Sthana. Varanasi: Chaukhamba Orientalia; 2014. Chaukhamba Orientalia, K. *37/109, Gopal Mandir Lane, Varanasi - 221001, Uttar Pradesh, India [Crossref][PubMed][Google Scholar]*

4. Sharma PV. Charaka Samhita: Cikitsā Sthana. Varanasi: Chaukhamba Orientalia; 2014. Chaukhamba Orientalia, K. *37/109, Gopal Mandir Lane, Varanasi - 221001, Uttar Pradesh, India [Crossref][PubMed][Google Scholar]*

5. Sharma PV. Ashtanga Hridaya: Sutra Sthana. Reprint ed. Varanasi: Chaukhamba Orientalia; 2016. *Chaukhamba Orientalia, K.37/109, Gopal Mandir Lane, Varanasi - 221001, Uttar Pradesh, India [Crossref][PubMed][Google Scholar]*

6. Singhal GD, Tripathi SN. Madhava Nidana with Madhukosha Commentary. Varanasi: Chaukhamba Sanskrit Pratishthan; 2006. Chaukhamba Sanskrit Pratishthan, K. *37/114, Gopal Mandir Lane, Varanasi - 221001, Uttar Pradesh, India [Crossref][PubMed][Google Scholar]*

7. Sharma PV. Sushruta Samhita: Sharira Sthana. Varanasi: Chaukhamba Visvabharati; 2010. Chaukhamba Visvabharati, K. *37/113, Gopal Mandir Lane, Varanasi - 221001, Uttar Pradesh, India [Crossref][PubMed][Google Scholar]*

8. Bhavamishra. Bhavaprakasha Nighantu: Madhura Varga. Reprint ed. Varanasi: Chaukhamba Bharati Academy; 2009. *Chaukhamba Bharati Academy, K.37/116, Gopal Mandir Lane, Varanasi - 221001, Uttar Pradesh, India [Crossref][PubMed][Google Scholar]*

9. Sharma PV. Dravyaguna Vijnana. Vol. 2. *Varanasi: Chaukhamba Bharati Academy; 2005. Chaukhamba Bharati Academy, K.37/116, Gopal Mandir Lane, Varanasi - 221001, Uttar Pradesh, India [Crossref][PubMed][Google Scholar]*

10. National Cholesterol Education Program (NCEP). Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). NIH Publication No. 02-5215. *Bethesda (MD): National Institutes of Health; 2002. 9000 Rockville Pike, Bethesda, Maryland 20892, USA [Crossref][PubMed][Google Scholar]*

11. Davidson MH, Toth PP. Lipid disorders. In: Kasper DL, Fauci AS, Hauser SL, editors. Harrison's Principles of Internal Medicine. *20th ed. New York: McGraw Hill; 2018. p. 2345–56. McGraw Hill Education, 2 Penn Plaza, New York, NY 10121, USA [Crossref][PubMed][Google Scholar]*

12. Goldberg IJ. Clinical review: Diabetic dyslipidemia: causes and consequences. J Clin Endocrinol Metab. 2001;86(3):965–71. *Endocrine Society, 2055 L Street NW, Suite 600, Washington, DC 20036, USA [Crossref][PubMed][Google Scholar]*

13. Austin MA, Hokanson JE, Edwards KL. Hypertriglyceridemia as a cardiovascular risk factor. Am J Cardiol. 1998;81(4A):7B–12B. *Elsevier Inc., 360 Park Avenue South, New York, NY 10010, USA [Crossref][PubMed][Google Scholar]*

14. Libby P. Inflammation in atherosclerosis. Nature. 2002;420(6917):868–74. *Nature Publishing Group, The Campus, 4 Crinan Street, London, N1 9XW, United Kingdom [Crossref][PubMed][Google Scholar]*

15. Mannu GS, Zaman MJ, Gupta A, Rehman HU. Evidence of lifestyle modification in the management of dyslipidemia. Curr Cardiol Rev. 2013;9(4):260–71. *Bentham Science Publishers, Executive Suite Y-2, PO Box 7917, Saif Zone, Sharjah, UAE [Crossref][PubMed][Google Scholar]*

16. American Heart Association. Understanding Cholesterol. Dallas (TX): American Heart Association; 2020. 7272 Greenville Avenue, Dallas, Texas 75231, USA. *[Crossref][PubMed][Google Scholar]*

17. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC Guidelines on the management of blood cholesterol. J Am Coll Cardiol. 2019;73(24):e285–e350. *Elsevier Inc., 360 Park Avenue South, New York, NY 10010, USA [Crossref][PubMed][Google Scholar]*

18. ICMR-INDIAB Study. Prevalence of dyslipidemia in urban India. Indian J Med Res. 2014;140(3):339–45. *Indian Council of Medical Research, Ansari Nagar, New Delhi - 110029, India [Crossref][PubMed][Google Scholar]*

19. Patwardhan K, Vaidya AD. Ayurvediya Trisutra: Relevance of dosha, dhatu, and mala in health and disease. J Ayurveda Integr Med. 2010;1(3):123–30. *Elsevier Health Sciences, 360 Park Avenue South, New York, NY 10010, USA [Crossref][PubMed][Google Scholar]*

20. Tiwari P. Concept of Agnimandya in metabolic disorders. AYU. 2011;32(1):1–4. *Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar - 361008, Gujarat, India [Crossref][PubMed][Google Scholar]*

21. Dwivedi V. Medoroga and lipid disorders: An Ayurvedic insight. J Ayurveda Integr Med. 2010;1(4):241–7. *Elsevier Health Sciences, 360 Park Avenue South, New York, NY 10010, USA [Crossref][PubMed][Google Scholar]*

22. Gupta AK, Mahapatra SC. Sthaulya and its clinical implications. AYU. 2012;33(2):167–71. *Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar - 361008, Gujarat, India [Crossref][PubMed][Google Scholar]*

23. Kumar A. Ayurvedic management of Rasavaha Srotodushti: A clinical review. J Res Ayur Sidd. 2020;41(2):45–52. *Central Council for Research in Ayurvedic Sciences (CCRAS), 61-65 Institutional Area, Opp. D Block, Janakpuri, New Delhi - 110058, India [Crossref][PubMed][Google Scholar]*