World Journal of Pharmaceutical and Life Sciences
WJPLS
www.wjpls.org
SJIF Impact Factor: 7.409

EFFECT OF *MARMA CHIKITSA* AND *PADA AVAGAHA SWEDA* IN HYPERLIPIDEMIA: A CASE STUDY

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Article Received on 05/8/2025 **Article Revised on 26/08/2025** **Article Accepted on 15/09/2025**

ABSTRACT
Hyperlipidemia is a significant risk factor for cardiovascular diseases, and its management is crucial for maintenance of overall health. This case study presents the therapeutic outcome of a 56-year-old female patient with elevated lipid profile levels treated using *Ayurvedic* interventions—*Marma Chikitsa* and *Pada Avagaha Sveda* for 14 consecutive days. A notable reduction in lipid profile parameters was observed Post-treatment, indicating the potential efficacy of these therapies in lipid modulation. The intervention showed promising results in reducing Total Cholesterol (from 301 to 168.3), Triglycerides (from 337 to 134.0), LDL (from 189 to 96.3), and a slight increase in HDL (from 40 to 45.0). This case supports the integration of traditional Ayurveda therapies into modern lifestyle disease management strategies.

INTRODUCTION
Hyperlipidemia, a condition marked by abnormally elevated levels of lipids or lipoproteins in the blood, is a major modifiable risk factor for cardiovascular diseases, stroke, and metabolic syndrome. According to World Health Organization (WHO) estimates, raised cholesterol is responsible for 2.6 million deaths[1] (4.5% of total) and 29.7 million disability-adjusted life years (DALYs) annually.[2] Although modern medicine has improved with the advent of hypolipidemic drugs, which are proven to safely reduce lipids in the blood, long-term use of statins and fibrates is still linked to side effects such as myopathy, liver dysfunction, and insulin resistance. Thus, there is a growing worldwide shift toward safe, effective and holistic alternatives to these adverse effects and risks, many of which include traditional systems of medicine, such as Ayurveda.

In Ayurveda classics, the pathological condition of Hyperlipidemia can be viewed under *Medoroga*. The condition is often attributed to *Santarpanajanya vyadhi* with impaired *Agni* and disturbed *Srotas* leading to improper metabolism. The *chikista* principles advocate *Shodhana* (purification) and *Shamana* (palliative) measures to correct the *dosha* imbalance and restore metabolic homeostasis. Classical *Shodhana* is not often a possible option in today's fast-paced lifestyle and it is need of the hour to find an easy to undergo and effective management protocols for addressing a metabolic disorder like Hyperlipidemia.

This article presents a clinical case study on the application of *MarmaChikitsa* in conjunction with *Pada Avagaha Sveda* using *Saindhava* (rock salt) and *Haridra* (turmeric) *churna* in the management of Hyperlipidemia. The objective is to explore the lipid-lowering potential of these therapies and provide a framework for further research in integrative approaches to metabolic disorders.

MATERIALS AND METHODS
Patient Profile
A 56-year-old female presented to Panchakarma OPD of our institution, with complaints of bloating, fatigue and feeling of heaviness in the body since 1month. On evaluation, her lipid profile showed elevated Total Cholesterol (301 mg/dL), Triglycerides (337 mg/dL), LDL (189 mg/dL), and slightly low HDL (40 mg/dL) and was admitted for further management.

History of present illness
A 56years old female patient was apparently healthy 1 month back. Since then she gradually developed bloating, fatigue and feeling of heaviness in the body for which she had visited near by hospital and was subjected to blood investigations where the lipid profile suggestive of elevated triglycerides and low HDL levels, for which she was advised with statins group of medications. She was not willing to start the allopathy medications hence she visited our hospital SPSAMCH & RC for further management.

Past Medical History
Patient is a K/C/O DM Type 2 on OHA (T. GLYCEPHAGE SR 500mg OD, T. GLYCEPHAGE SR1000mg OD) & Hypothyroidism on T. THYRONORM 50mcg OD.

Personal history
- Diet - Vegetarian
- Appetite - Normal
- Sleep - Normal
- Micturition - 5-6 times during day,3-4 times during night.
- Bowel - Soft, once/ twice in a day, constipated
- Habits - Coffee 2-3 times/day

Tea 2-3 times /day

Family history: Her Mother and Sister are K/C/O HYPERLIPIDEAMIA.

Examination of patient
General examination
- Built - Moderate
- Nourishment -Good
- Pallor - Absent
- Icterus - Absent
- Cyanosis - Absent
- Clubbing - Absent
- Lymphadenopathy - Absent
- Edema – Absent
- Tongue – Coated
- Temperature - 98.6F (afebrile)
- Pulse - 78 bpm
- B.P - 130/80 mm of Hg
- RR - 18 cycles / min
- Height – 158cm
- Weight -60.2kg
- BMI –24.1 kg/m^2

Systemic examination
- **Respiratory system:** Bilateral equal air entry, Normal vesicular breath sounds present.
- **Per Abdomen:** Soft, non-tender, no organomegaly.
- **Cardio-Vascular system:** S1-S2 sound heard, No murmurs.
- **Central Nervous system:** Oriented to time, place and person.

Menstrual History
Menarche-14 years
Menopause- Attained menopause at 46 years.

Obstetric history: Nulli-Gravida

Investigations
CBC - Within normal limits.

Lipid profile
Total Cholesterol – 276.1mg/dl
Triglycerides – 308mg/dl
HDL Cholesterol – 40.3mg/dl
LDL Cholesterol (direct) – 174mg/dl
VLDL Cholesterol – 62mg/dl

Intervention given
Table 1: Treatment given to the patient.

Day 1-14	***MARMA CHIKITSA*** *PADA AVAGAHA SVEDA* using warm water added with *Saindhava Lavana* and *Haridra churna.*

1. *Marma Chikitsa:* Specific Marma points associated with metabolic regulation and lymphatic circulation were stimulated daily for 25 minutes.
2. *Pada Avagaha Sveda*: The patient underwent foot sudation therapy for 20 minutes daily.
- Ingredients: 20g *Saindhava*, 10g *Haridra* in 2 liters of warm water
- Temperature maintained at 42–45°C throughout the procedure
- Duration: 14 consecutive days

Image 01: ***Padavagha Sveda.***

Image 02: *Marma* Points on Lateral Malleolus.

Image 03: *Marma* Points on Sole.

Image 04: *Marma* Points on Scalp.

Outcome Assessment

The lipid profile was assessed before treatment, on 7-day and after treatment (on 14th day).

RESULTS

A marked improvement was noted in the patient's Lipid Profile documented as follows:

Table 2: Lipid profile values.

Lipid profile	Before Treatment (Day 1)	After 7 days	After treatment (14 days)
Total Cholesterol	301 mg/dL	190.4 mg/dL	168.3mg/dL
Triglycerides	337 mg/dL	177.1 mg/dL	134.0mg/dL
LDL	189 mg/dL	112 mg/dL	96.3mg/dL
HDL	40 mg/dL	43.3 mg/dL	45mg/dL

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LABORATORY INVESTIGATION REPORT

BIOCHEMISTRY

Investigation Name	Values	Units	Ref Range
LIPID PROFILE			
TOTAL CHOLESTEROL	276.1	mg/dl	0-200
TRIGLYCERIDES	308.0	mg/dL	<150
HDL CHOLESTEROL	40.3	mg/dl	High Risk < 35 mg/dl Moderate Risk 35 - 55 mg/dl No Risk > 55 mg/dl
LDL - CHOLESTEROL(DIRECT)	174.0	mg/dL	High Risk :160- 180 mg/dl Moderate Risk :130 - 159 mg/dl Desirable :< 100 mg/dl Normal :100 - 129 mg/dl
VLDL CHOLESTEROL	62.0	mg/dL	10 - 40
RATIO OF TOTAL CHOLESTEROL / HDL CHOLESTEROL	6.8		

Note : Results pertained to sample tested.

——End Of Report——

Mr.N.Prabakaran Verified

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LABORATORY INVESTIGATION REPORT

BIOCHEMISTRY

Investigation Name	Values	Units	Ref Range
LIPID PROFILE			
TOTAL CHOLESTEROL	190.4	mg/dl	0-200
TRIGLYCERIDES	177.1	mg/dL	<150
HDL CHOLESTEROL	43.3	mg/dl	High Risk < 35 mg/dl Moderate Risk 35 - 55 mg/dl No Risk > 55 mg/dl
LDL - CHOLESTEROL(DIRECT)	112.0	mg/dL	High Risk :160- 180 mg/dl Moderate Risk :130 - 159 mg/dl Desirable :< 100 mg/dl Normal :100 - 129 mg/dl
VLDL CHOLESTEROL	35.4	mg/dL	10 - 40
RATIO OF TOTAL CHOLESTEROL / HDL CHOLESTEROL	4.39		

Note : Results pertained to sample tested.

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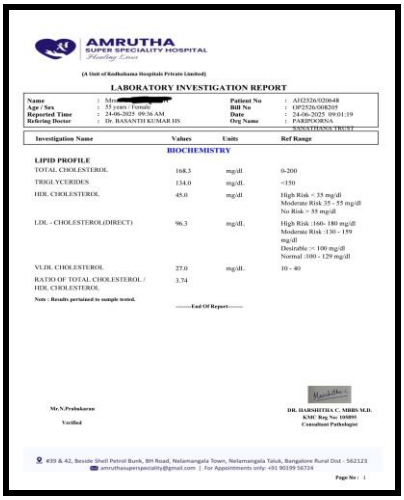

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LABORATORY INVESTIGATION REPORT

BIOCHEMISTRY

Investigation Name	Values	Units	Ref Range
LIPID PROFILE			
TOTAL CHOLESTEROL	168.3	mg/dl	0-200
TRIGLYCERIDES	134.0	mg/dL	<150
HDL CHOLESTEROL	45.0	mg/dl	High Risk < 35 mg/dl Moderate Risk 35 - 55 mg/dl No Risk > 55 mg/dl
LDL - CHOLESTEROL(DIRECT)	96.3	mg/dL	High Risk :160- 180 mg/dl Moderate Risk :130 - 159 mg/dl Desirable :< 100 mg/dl Normal :100 - 129 mg/dl
VLDL CHOLESTEROL	27.0	mg/dL	10 - 40
RATIO OF TOTAL CHOLESTEROL / HDL CHOLESTEROL	3.74		

Note : Results pertained to sample tested.

——End Of Report——

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IMAGE 5: Lipid Profile on Day 1 (Before Treatment).
IMAGE 6: Lipid Profile on Day 7.
Image 7: Lipid Profile On Day 14 (After Treatment).

The patient also reported subjective improvements in energy levels, digestion, and overall lightness of the body.

DISCUSSION

Hyperlipidemia, in *Ayurvedic* context, can be understood as a manifestation of *Medoroga*, where the vitiation of *Kapha* and *Meda* leads to impaired lipid metabolism.

Among the various modalities described in *Panchakarma*, *Pada avagaha Svedana karma* and *Marma Chikitsa* are known to stimulate the body's subtle energy points, enhance circulation, reduce stiffness, and promote detoxification through *Sroto shodhana*. In particular, *Pada Avagaha Sveda* is a localized treatment modality that influences the lower limb circulation and improves lymphatic drainage, indirectly impacting systemic metabolism.[3]

The use of *Saindhava lavana* and *Haridra* in the *Avagaha* procedure adds pharmacological benefits. *Saindhava* is considered *Tridoshaghna*, *Deepana* (digestive stimulant), and *Lekhana* (scraping action on fat), while *Haridra* is a well-established anti-inflammatory, antioxidant, and hypolipidemic herb as proven by modern pharmacological studies.

Saindhava is well-documented for its *Vata hara*, *deepana-pachana* and *srotoshodhana* actions, while *Haridra* is known for its antioxidant, lipid-lowering, and anti-inflammatory properties due to the presence of curcumin. Combined, they may enhance local detoxification and systemic metabolism.

Marma Chikitsa, which involves stimulation of vital points, is said to influence the neurovascular structures and modulate *Prana* (life force). The mode of action can be understood with that of reflexology concepts of acupuncture with subtle differences. Emerging evidence suggests that such targeted stimulation may influence autonomic balance, enhance lymphatic flow, and support systemic detoxification—mechanisms relevant to metabolic health.

Marma Chikitsa over the points *Shiras*, *kurpara*[4], *Jaanu*[5] might have influenced energy pathways and stimulate metabolism through Neuromuscular junctions and Lymphatic drainage. *Pada Avagaha Sveda* with *Saindhava* and *Haridra*, known for their *Kapha-Medohara* and anti-inflammatory properties, may have contributed to improved peripheral circulation and mobilization of stagnant lipids.

The rapid changes in lipid profile suggest a strong physiological impact, possibly mediated via neurovascular stimulation of *Marma* points in conjunction with the sudation effect.

Limitations include the single-subject design and lack of long-term follow-up. However, the results are promising and warrant further clinical trials with larger sample sizes and control groups.

CONCLUSION

This case study highlights the potential of *Ayurvedic* therapies—specifically *Marma Chikitsa* and *Pada Avagaha Sveda* using *Saindhava* and *Haridra churna*—in effectively reducing elevated cholesterol levels within a short duration. The integrative approach used here may offer a safe and non-pharmacological option for managing lipid disorders, especially in early or borderline cases. Further large-scale clinical studies are essential to validate these findings and understand the underlying mechanisms.

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