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CONCEPTUAL STUDY OF MEDA ROGA W.S.R. TO HYPERLIPIDEMIA

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ABSTRACT
Meda Roga is a metabolic disorder described in Ayurveda characterized by abnormal accumulation of Meda Dhatu (adipose tissue) leading to obesity and related complications. It is one of the Santarpanajanya Vyadhi described in Ayurveda,caused due to over nourishment and improper metabolism of Meda dhatu.In modern medicine, Hyperlipidemia refers to elevated levels of lipids such as cholesterol and triglycerides in the blood, which predispose individuals to cardiovascular diseases.It is considered a silent disorder and is one of the major risk factors for cardiovascular diseases, diabetes, hypertension, and atherosclerosis .Both conditions share similarities in etiology, pathogenesis, and clinical manifestations. This conceptual study aims to correlate the Ayurvedic understanding of Meda Roga with Hyperlipidemia to better understand disease mechanisms and potential integrative management approaches.

INTRODUCTION
Lifestyle disorders are diseases that occur mainly due to improper lifestyle habits such as unhealthy diet, lack of physical activity, stress, irregular sleep, and addiction to unhealthy substances. These disorders develop gradually and are commonly seen in modern society due to sedentary lifestyle and excessive intake of fatty, fried, and processed foods. The most common lifestyle disorders include obesity, diabetes mellitus, hypertension, and hyperlipidemia. These conditions are interrelated and increase the risk of serious complications such as heart disease, stroke, and metabolic syndrome.

In Ayurveda, lifestyle disorders can be correlated with Santarpanajanya Vyadhis (diseases due to over-nutrition). Among them, Medoroga is an important disease characterized by abnormal accumulation of Meda Dhatu (body fat). It occurs due to excessive intake of Guru (heavy), Snigdha (unctuous), Madhura (sweet) foods, lack of exercise, day sleep, and sedentary habits. These factors lead to Agnimandya (low digestive fire) and formation of Ama, which results in Meda Vriddhi (increase in fat tissue). Medoroga is mainly a Kapha predominant disorder with involvement of Vata Dosha.

Hyperlipidemia is a modern medical condition characterized by elevated levels of lipids such as cholesterol and triglycerides in the blood. It is considered one of the major risk factors for cardiovascular diseases. The etiology of hyperlipidemia includes high-fat diet, obesity, lack of exercise, genetic factors, diabetes, and stress. The clinical features and pathogenesis of hyperlipidemia closely resemble Medoroga described in Ayurveda.

Thus, Medoroga can be considered as the Ayurvedic counterpart of hyperlipidemia and obesity. Both conditions share similar etiological factors such as sedentary lifestyle, improper diet, and metabolic disturbances. Therefore, lifestyle modification, proper diet, regular exercise, and Ayurvedic management play an important role in the prevention and management of Medoroga and hyperlipidemia.

Nidana (Etiological Factors)
The causative factors (*Nidana*) of Medoroga are mainly divided into three categories: **Aharaja (dietary), Viharaja (lifestyle), and Manasika (psychological)** factors.
1. Aharaja Nidana (Dietary Causes)
Aharaja Nidana plays a major role in the development of Medoroga. Excessive consumption of foods that are **Guru (heavy), Snigdha (unctuous), Sheeta (cold), and Madhura (sweet)** in nature leads to the vitiation of Kapha Dosha and Meda Dhatu. Frequent intake of foods such as newly harvested grains, dairy products like curd, butter, ghee, excessive oil, fried foods, sweets, sugarcane products, and meat of aquatic animals contributes to fat accumulation. Overeating, eating before the previous meal is digested, and excessive consumption of alcohol also lead to impaired digestion (*Agnimandya*), which results in the formation of *Ama* and abnormal Meda Dhatu formation. Thus, improper diet is considered the prime cause of Medoroga.

2. Viharaja Nidana (Lifestyle Causes)
Viharaja Nidana includes lifestyle habits that reduce physical activity and increase Kapha Dosha. Lack of exercise, excessive sleeping (especially daytime sleep), sedentary habits, sitting for long periods, avoiding physical work, and excessive comfort-seeking lifestyle contribute to Meda accumulation. Day sleep (*Divaswapna*) is specifically mentioned in classical texts as a major cause of Medoroga because it increases Kapha and slows metabolism. Lack of proper physical activity leads to improper utilization of fat tissue, resulting in Medoroga.

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3. Manasika Nidana (Psychological Causes)

Mental factors also play an important role in Medoroga. Psychological conditions such as stress, depression, excessive happiness, lack of mental work, and emotional eating lead to improper metabolism and overeating. Ayurveda explains that emotions affect *Agni* (digestive fire), and when Agni becomes weak due to mental imbalance, it leads to *Ama* formation and Meda accumulation. People who are always relaxed, happy, and stress-free but physically inactive are also more prone to Medoroga according to Ayurveda because Kapha Dosha increases in such conditions.

Samprapti (Pathogenesis)

1.Excessive production of Medo Dhatu (due to dietary factor, behavioral factor, genetic or hereditary factor.

2. Excessive Medo Dhatu lead to margavarodh and depletion of other Dhatus and provocation of Vayu in kostha.

3. Provocation of Vayu in kostha causes an increase in false appetite, which leads to overeatingi,e Adhyasana.

4. Excessive consumption of food lead to excessive Medo Dhatu production.

Lakshana (Clinical Features)

The excessive accumulation of fat results in ugliness, such as pendulous buttocks, abdomen, and breasts, as well as a reduction in energy, making the person less interested in physical activity.Apart from these basic symptoms,the Madahav nidan mention other symptoms like Kshudrashwasa (Dyspnoea),Trushna(Excessive Thirst) ,
Moha (Syncope),Atinidra(Excessive Sleep),
Krathana (Snoring),Angasada (Lethargy),
Atikshudha (Excessive Hunger),
Daurgandhya (Odour),
Alpamaithuna (Sexual Weakness)Alpaprana (Generalized Weakness),Swedadhikya (Excessive Sweating).
Upadrava (Complications)
In Ayurveda medoroga leads to Prameha, Hridroga, Sandhivata rogas and in Modern it can leads to Atherosclerosis, coronary artery disease, stroke, metabolic syndrome.

Chikitsa Siddhanta (Management)

According to Acharya Charak the chikitsa sutra of medoroga are use of vata-sleshma hara durgs having properties of reduction in kapha meda hara gunas.Langhana, Rukshana, Basti with usna and Tikshna Dravya ,Udvartana, exercise, dietary control.
Common drugs: Triphala, Guggulu, Musta, Bidanga,Sunthi,Kshara,Haritaki, Madhu, Dasamoola,Shilajatu.
Modern: Lifestyle modification, low-fat diet, exercise, lipid-lowering drugs.

Discussion

Meda Roga and Hyperlipidemia share similarities in causation, pathology, and complications. Ayurveda explains via Dosha imbalance and Agni dysfunction, while modern science explains lipid metabolism disorder. Integrating both systems may improve prevention and management.

CONCLUSIONS

Medoroga can be conceptually correlate with Hyperlipidemia.Both origin due to improper diet and sedentary life.life style correction,proper diet and ayurvedic therapies help maintain metabolic disorder.

REFERENCE

1.Charaka Samhita, Sutra Sthana 21/4-9, Chaukhamba Orientalia, Varanasi.
2. Charaka Samhita, Sutra Sthana 22/9.
3. Sushruta Samhita, Sutra Sthana 15/37.
4. Ashtanga Hridaya, Sutra Sthana 12.
5.Madhav Nidan,chapter 34
6. Harrison's Principles of Internal Medicine, 21st Edition.
7. Davidson's Principles and Practice of Medicine, 24th Edition.
8. WHO Guidelines on Obesity and Hyperlipidemia.