

Struggling with Severe Hyperlipidemia? This Siddha Case Highlights a Systemic Path to Metabolic Recovery

A structured case report highlights the potential of metabolic correction beyond cholesterol numbers

By Dr. Pazhaniyappan BSMS,
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Can Siddha Reverse Severe Hyperlipidemia and Systemic Disturbances?

For many patients, high cholesterol is just a number on a lab report. But for one 40-year-old man, it became a turning point.

A case published in the International Journal of Siddha and Ayurveda Research Publications (Chennai, February 2026) documents how structured Siddha inpatient management was associated with substantial metabolic and functional improvement in a patient suffering from severe hyperlipidemia with systemic disturbances.

When Lipid Levels Become Dangerous

Hyperlipidemia is not merely a laboratory abnormality. When triglyceride levels exceed 1000 mg/dL, the risk of acute pancreatitis and cardiovascular events rises sharply. In this case, the patient's laboratory profile revealed critically elevated triglycerides (1142 mg/dL), total cholesterol of 264 mg/dL, low HDL (32 mg/dL), and a TGL/HDL ratio of 35.7—indicating very high metabolic risk.

AARTHI SCANS & LABS
 TARGET INTEGRATED DIAGNOSTIC CLINIC

Name: [REDACTED]
 PID: B320003390
 Age / Sex: 40 Y / Male
 Referrer: RATHNA SIDDHA HOSPITAL
 Branch: ARLUNBAKKAM - HCC

SID No: 232001182
 Reg Date & Time: 03/08/2025 13:32:00
 Coll Date & Time: 03/08/2025 16:38:27
 Report Date & Time: 03/08/2025 10:17:57

INVESTIGATION / METHOD	Final Test Report	UNITS	BIOLOGICAL REFERENCE INTERVAL
LIPID PROFILE			
CHOLESTEROL (Method: Cholesterol Oxidase,esterase,Peroxidase) (Specimen: SERUM)	264.0	mg/d L	Desirable <200 Borderline high 200-239 High >240
HDL CHOLESTEROL (Method: Direct) (Specimen: SERUM)	32.0	mg/dL	40-60
LDL CHOLESTEROL (Method: Enzymatic Clearance) (Specimen: SERUM)	73	mg/d L	Optimal <100 Near Optimal/above Optimal:100-129 Borderline high 130-159 High 159-199 Very high >199
TRIGLYCERIDES (Method: Lipase/Glycerol Dehydrogenase) (Specimen: SERUM)	1142.0	mg/dL	NCEP ATP III guidelines Normal <150 mg/dL Borderline high 150-199 mg/dL High 200-499 mg/dL Very high >500 mg/dL NCEP ATP III guidelines
VLDL CHOLESTEROL (Method: Calculation) (Specimen: SERUM)	228.4	mg/dL	<30 NCEP ATP III guidelines
Non-HDL Cholesterol (Method: Calculation) (Specimen: SERUM)	232.0	mg/dL	<130
CHO / HDL RATIO (Method: Calculation) (Specimen: SERUM)	8.2	Ratio	Optimal<3.5 Goal <5.0
LDL/HDL RATIO (Specimen: SERUM)	2.3	Ratio	1.5-3.5 NCEP ATP III guidelines
TG/HDL Ratio (Method: Calculation) (Specimen: SERUM)	35.7	Ratio	Ideal <2.0 High risk >2.0 Very High risk>6.0
LIVER FUNCTION TEST(LFT)			
BILIRUBIN TOTAL (Method: Diazo) (Specimen: SERUM)	1.32	mg/dL	0.1-1.2
BILIRUBIN DIRECT (Method: Diazo) (Specimen: SERUM)	0.26	mg/dL	0-0.3
BILIRUBIN INDIRECT (Method: Diazo) (Specimen: SERUM)	1.06	mg/dL	0.1 - 0.9

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At this stage, the serum often appears lipemic due to extreme fat concentration, suggesting impaired lipid clearance and metabolic overload.

More Than a Metabolic Disorder

Alongside abnormal lipid values, the patient experienced persistent appetite loss, severe insomnia, irregular bowel movements, altered urinary frequency, generalized fatigue, and increasing psychological stress. Despite dietary modifications, symptoms progressed. The biochemical imbalance was accompanied by systemic functional decline, suggesting deeper metabolic dysregulation.

He was admitted for structured Siddha inpatient management to address systemic correction rather than isolated lipid suppression.

Siddha Perspective: A Systemic Approach

In Siddha understanding, hyperlipidemia correlates with excess 'Meda' (lipid accumulation) and falls under disorders arising from metabolic stagnation. The therapeutic objectives included:

1. Digestive fire correction
2. Humoral balance restoration
3. Detoxification
4. Functional normalization

The approach emphasized systemic correction rather than targeting cholesterol alone.

Therapeutic Intervention

Initial detoxification (Days 1–3) included Thiripalakasayam for gut cleansing and Nilavahal Chooranam for metabolic detoxification support. This was followed by phased internal medicines, dietary regulation (Pathiyam), and continuous inpatient monitoring.

External Therapies

1. Banana Leaf Bath (Vaazhai Ilai)



The body was covered with fresh banana leaves followed by controlled early morning sunlight exposure. This therapy is traditionally indicated for Vatha–Kapha imbalance and is believed to promote circulation, thermoregulation, and metabolic activation.

2. Herbal Leaf Poultice Therapy (meethi seehichai)



The patients asked to keep foot and press continuously on the Prepared grinded paste of using neem and bitter gourd leaves, this therapy aims to reduce inflammatory accumulation, clear metabolic obstruction, and support systemic detoxification.

What Changed?

Following structured Siddha management, measurable improvements were observed.

Laboratory Changes

- **Triglycerides:** reduced from 1142 mg/dL to 654 mg/dL
- **Total Cholesterol:** reduced from 264 mg/dL to 226 mg/dL
- **Risk Ratio:** significantly decreased

While triglycerides remained elevated, the patient moved away from immediate high-risk danger levels.

Functional Improvements

More importantly:

- Appetite returned
- Sleep normalized
- Bowel and urinary patterns stabilized
- Fatigue reduced significantly
- Psychological stress diminished

The patient reported improved daily functioning and quality of life.

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SCANS & LABS

LARGEST INTEGRATED DIAGNOSTIC CHAIN

SIEMENS HERMAN MRI & CT SCANNERS | FULLY AUTOMATED ROBOTIC LAB

Name : [REDACTED] | SID No : 232001243
 PID : B320003390 | Reg Date & Time : 11/08/2025 14:05:01
 Age / Sex : 40 Y / Male | Coll Date & Time : 11/08/2025 16:41:31
 Referrer : RATHNA SIDDHA HOSPITAL | Report Date & Time : 11/08/2025 17:48:09
 Branch : ARUMBAKKAM - HCC

Final Test Report

INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY			
LIPID PROFILE			
CHOLESTEROL (Method : Cholesterol Oxidase,esterase,Peroxidase) (Specimen : SERUM)	226.0	mg/dL	Desirable <200 Borderline high :200-239 High >240
HDL CHOLESTEROL (Method : Direct) (Specimen : SERUM)	28.0	mg/dL	40-60
LDL CHOLESTEROL (Method : Direct) (Specimen : SERUM)	95	mg/dL	Optimal <<100 Near Optimal/above Optimal:100-129 Borderline high :132-159 High :159-189 VeryHigh >:190 NCEP ATP III guidelines
TRIGLYCERIDES (Method : Lipase/Glycerol Dehydrogenase) (Specimen : SERUM)	654.0	mg/dL	Normal <150 mg/dl Borderline high:150-199 mg/dl High :200-499 mg/dl very high >500 mg/dl NCEP ATP III guidelines
VLDL CHOLESTEROL (Method : Calculation) (Specimen : SERUM)	130.7	mg/dL	<30 NCEP ATP III guidelines
Non-HDL Cholesterol (Method : Calculation) (Specimen : SERUM)	198.0	mg/dL	<130
CHO / HDL RATIO (Method : Calculation) (Specimen : SERUM)	8.0	Ratio	Optimal<3.5 Goal <5.0
LDL/HDL RATIO (Specimen : SERUM)	3.3	Ratio	1.5-3.5 NCEP ATP III guidelines

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MUMBAI DELHI BANGALURU CHENNAI HYDERABAD KOLKATA VIZAG GURUGRAM TRIVANPUR PUNE BOMBAYCHERRY

"The best diagnosis a disease should not make a patient poor, that best treatment becomes unaffordable" and that's a vision we believe is worth striving for.

Why This Case Matters

This report suggests that severe hyperlipidemia may present as a systemic functional disorder — not merely a biochemical abnormality.

When digestion weakens and metabolic balance declines, lipid disturbances may follow. By addressing the root functional disturbance, improvement was seen in both laboratory parameters and subjective well-being.

However, as a single case, it cannot establish definitive clinical proof. Larger controlled studies are necessary to confirm reproducibility and long-term cardiovascular outcomes.

What This Means for People Living with High Cholesterol

If you are managing hyperlipidemia, this case offers several practical insights:

- Do not ignore symptoms like insomnia, appetite loss, or digestive irregularity — they may signal deeper metabolic imbalance.
- Lipid control may benefit from comprehensive metabolic correction, not just numerical reduction.

- Structured supervision, regulated diet, and monitored detoxification can play supportive roles.
- Integrative approaches should always be coordinated with regular medical monitoring and laboratory follow-up.

The broader message is simple:

Metabolic health is not only about lowering numbers — it is about restoring balance.

For patients whose cholesterol imbalance affects both body and daily life, structured Siddha inpatient care may offer a complementary pathway worth exploring — alongside standard cardiovascular risk monitoring.