

Management of Dyslipidaemia with Modified *Lekhana Basti* (*Triphala Gana* as *Prakshepa*) Along with *Shamana Chikitsa*: A Case Report

SAMIKSHA SATONE¹, SHWETA PARWE², MILIND NISARGANDHA³, GARIMA GUPTA⁴, FARID HYDRI⁵

ABSTRACT

Dyslipidaemia is a metabolic disorder commonly associated with obesity, diabetes mellitus, hypertension, and increased cardiovascular risk, contributing significantly to global morbidity and mortality. It is characterised by abnormal levels of serum lipids, including elevated total cholesterol, triglycerides, Low-Density Lipoprotein (LDL), and/or reduced High-Density Lipoprotein (HDL). In Ayurveda, it can be correlated with *Medo Dhatu Dushti*, *Mandagni*, and *Kapha predominance*, where impaired digestive and metabolic fire leads to improper transformation and accumulation of *Meda Dhatu*. The present case report describes a 57-year-old obese male with dyslipidaemia, hypertension, and type 2 diabetes mellitus, who presented with progressive weight gain, breathlessness on exertion, excessive sweating, heaviness of the body, lethargy, and disturbed sleep. Based on Ayurvedic principles, the condition was assessed as *Kapha-Meda Dushti* with *Agnimandya*. The patient was managed with a 16-day Ayurvedic treatment protocol comprising *Sarvanga Abhyanga*, *Swedana*, *Udvardana*, *Lekhana Niruha Basti* with *Triphala Gana* as *Prakshepa*, *Anuvasana Basti*, and concurrent *Shamana Chikitsa* aimed at improving *Agni*, reducing *Kapha* and *Meda*, and promoting metabolic correction. Improvement was observed in lipid profile parameters, body weight, and subjective symptoms. No adverse events were reported during the treatment period. The present case suggests a potential supportive role of an integrated Ayurvedic approach combining *Shodhana* and *Shamana* therapies in the short-term management of dyslipidaemia, warranting further systematic clinical evaluation through larger controlled clinical studies.

Keywords: Enema, Hyperlipidaemias, Metabolic disorders, Obesity, Traditional medicine

CASE REPORT

A 57-year-old male patient presented with complaints of progressive weight gain, breathlessness on exertion, excessive sweating, heaviness of the body, and disturbed sleep for the past five to seven months. The patient reported that his body weight had gradually increased from approximately 98 kg one year earlier to 107 kg at the time of presentation.

The patient was a known case of hypertension and type 2 diabetes mellitus for the past two years and was on amlodipine 5 mg once daily for hypertension and metformin 500 mg twice daily for diabetes mellitus. These medications were continued during the entire 16-day Ayurvedic treatment period without any modification. The patient was employed in a desk-based administrative occupation involving prolonged sitting and minimal physical activity.

On general physical examination, the patient was obese with a Body Mass Index (BMI) of 37.1 kg/m² and features suggestive of central obesity. Baseline vital parameters were stable and within acceptable limits for age. Waist circumference measured at baseline was 118 cm, indicating central obesity. There was no pallor, icterus, cyanosis, clubbing, or pedal oedema. The heart rate was 78 beats per minute, and the blood pressure was 138/86 mmHg. An Electrocardiogram (ECG) performed at baseline showed a normal sinus rhythm without any ischaemic changes.

Baseline laboratory investigations revealed deranged lipid parameters, with total cholesterol of 227 mg/dL, triglycerides of 285 mg/dL, LDL cholesterol of 125 mg/dL, and HDL cholesterol of 45 mg/dL. These abnormalities were identified during the current clinical evaluation, with no prior documented history of abnormal lipid parameters. Baseline glycaemic assessment showed fasting blood sugar of 102 mg/dL and postprandial blood sugar of 183 mg/dL. Hepatic and renal function tests assessed at baseline using standard biochemical parameters were within normal limits.

Ayurvedic assessment revealed *Kapha-Vata* predominant *Prakriti*, with *Vikriti* characterised by *Kapha-Meda Vridhhi*, *Mandagni*, and

the presence of *Ama Lakshana*. *Jihva Pariksha* showed mild coating, and *Nadi Pariksha* suggested *Kapha* predominance.

Based on the patient's clinical presentation, deranged lipid parameters, and Ayurvedic assessment indicating *Medo Dhatu Dushti* with *Kapha-Vata* predominance, an integrated treatment protocol was planned. Considering the chronicity of symptoms, obesity, and metabolic derangement, *Shodhana* therapy in the form of *Lekhana Niruha Basti* was selected along with supportive *Anuvasana Basti* and *Shamana Chikitsa*, in accordance with classical Ayurvedic principles for the management of *Medoroga*. Therapeutic outcomes were assessed at baseline and at the end of the 16-day intervention period using changes in lipid profile parameters, anthropometric measures, and patient-reported subjective symptoms.

Therapeutic Intervention

According to *Sushrut Samhita* [1], *Lekhana Basti* is indicated for the purification of vitiated *Vata* and *Kapha*. In the present case, *Lekhana Basti* with *Triphala Gana* as *Prakshepa* was administered as part of a combined Ayurvedic treatment approach, along with other interventions, to manage dyslipidaemia by targeting *Kapha-Meda Dushti*. No adverse events or complications were observed during the 16-day treatment period.

The sequence, duration, and timing of *Panchakarma* procedures administered during the 16-day treatment period are presented, illustrating the integrated use of *Abhyanga*, *Swedana*, *Udvardana*, *Lekhana Niruha Basti*, and *Anuvasana Basti* [Table/Fig-1] [2-8].

Lekhana Niruha Basti was administered in the morning after *Sarvanga Abhyanga* and *Swedana*, while *Anuvasana Basti* was administered after food, following *Abhyanga* and *Swedana*. The *Kala Basti* schedule was planned in accordance with classical Ayurvedic principles. Two consecutive *Anuvasana Basti* were administered at the beginning of the schedule to achieve adequate *Snehana*, facilitate *Dosha* softening, and prepare the body for subsequent *Lekhana* and *Shodhana* through *Niruha Basti*. Thereafter, *Lekhana*

Intervention	Drug	Time of administration	Duration
<i>Sarvanga Abhyanga</i> (Full body massage) [2]	<i>Karpooradi</i> Oil [3] (used for <i>Sarvanga Abhyanga</i> in the present case) was prepared as an <i>Anubhuta</i> Yoga. The formulation consisted of <i>Ajmoda</i> (<i>Trachyspermum roxburghianum</i>) fruit as the <i>Kwatha dravya</i> (480 g) and <i>Kalka dravya</i> (96 g), processed with <i>Keratala</i> (Coconut oil) as the <i>Sneha dravya</i> (768 mL). <i>Karpura</i> (<i>Cinnamomum camphora</i>) was added as <i>Patrapaka dravya</i> (96 g). This formulation was selected considering its <i>Kapha-Vatahara</i> , <i>Deepana</i> , and <i>Srotoshodhana</i> properties, making it suitable for <i>Abhyanga</i> in patients with <i>Medo Dhatu Dushti</i> and <i>Kapha</i> predominance.	Morning	16 days
<i>Nadi Swedana</i> (sudation) [4]	<i>Dashamoola Kwatha</i>	Morning	16 days
<i>Sarvanga Udavartan</i> [5]	<i>Triphala churna</i> + <i>Vacha</i> + <i>Rava</i> (Semolina) (1:1:1)	Morning	16 days
<i>Lekhana Basti</i> [6]	<i>Lekhana Basti</i> (240 mL) with <i>Triphala kwath</i> + honey 200 mL + <i>Saindhav</i> -12 g + <i>Triphala churna</i> (<i>Prakshepa Dravya</i>) 100g + <i>Til tail</i> 300 mL + <i>Gomutra</i> 150 mL [7]	Morning after <i>abhyanga</i> (oil massage) and <i>Swedana</i> (sudation)	6 days
<i>Anuvasan basti</i> [8]	<i>Tila tail</i> (60 mL)	After food and <i>abhyanga</i> (oil massage) and <i>Swedana</i> (sudation)	10 days

[Table/Fig-1]: *Panchakarma* intervention [2-8].

Niruha Basti was administered on alternate days in the morning after *Sarvanga Abhyanga* and *Swedana*, while *Anuvasana Basti* was administered after food, following *Abhyanga* and *Swedana*.

At the completion of the schedule, consecutive *Anuvasana Basti* were administered to pacify *Vata Dosha*, restore unctuousness, and prevent *Vata* aggravation following repeated *Niruha Basti* administration. The dose and volume of both *Anuvasana Basti* (60 mL) and *Lekhana Niruha Basti* (240 mL) remained constant throughout the entire treatment period. The *Kala Basti* schedule followed in the present case, including the sequence of *Anuvasana* and *Niruha Basti* administration [Table/Fig-2] [9].

The oral medications administered during the treatment period, along with their dosage, duration, and dosage form, are summarised in [Table/Fig-3] [10-12].

D-1	D-2	D-3	D-4	D-5	D-6	D-7	D-8	D-9	D-10	D-11	D-12	D-13	D-14	D-15	D-16
A	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A

[Table/Fig-2]: *Anuvasan basti* and *Niruha Basti krama* [9].

A: *Anuvasan basti*, N: *Niruha basti*

Drugs	Dose	Anupana	Time of administration	Duration	Route of administration
Tab. <i>Nishamalaki</i> [10]	500 mg	Lukewarm water	2 BD A/F	16 days	Orally
Tab. <i>Medohar vidangadi lauha</i> [11]	500 mg	Lukewarm water	2 TDS A/F	16 days	Orally
Tab. <i>Navak guggulu</i> [12]	500 mg	Lukewarm water	2 BD A/F	16 days	Orally

[Table/Fig-3]: Oral medications and their mode of action [10-12].

Abbreviations: BD: Twice daily, TDS: Three times daily, A/F: After food

The patient was counselled to follow a *Kapha-Meda* hara diet comprising light, easily digestible foods such as green gram, vegetables, and warm water intake, while avoiding oily, fried, heavy, and sweet foods. Additionally, lifestyle modifications including regular physical activity (brisk walking for 30-45 minutes daily), avoidance of a sedentary lifestyle and daytime sleep (*divaswapna*), and maintenance of proper sleep hygiene were advised. These measures were recommended to support *Agni*, reduce *Kapha-Meda Dushti*, and enhance the overall therapeutic outcome.

Therapeutic Outcome

Subjective outcome: Subjective symptoms were assessed based on patient self-reporting during clinical evaluation at baseline and after completion of the 16-day intervention period, focusing on fatigue, heaviness of the body, lethargy, digestive function, and overall physical stamina. At the end of the treatment period, the patient reported a marked reduction in fatigue, heaviness of the body, and lethargy. Digestive function showed improvement, evidenced by better appetite and a reduction in *Ama*-related symptoms such as bloating and coated tongue. The patient also

experienced improved physical stamina and a subjective sense of lightness of the body (*Laghutva*). These subjective improvements were recorded at the end of the 16-day treatment period, with no formal follow-up assessment conducted thereafter.

Objective outcome: Baseline fasting and postprandial blood sugar values were recorded. Post-treatment assessment included random blood sugar estimation as part of routine clinical monitoring. Although repeat fasting and postprandial blood sugar testing was advised during subsequent follow-up, complete laboratory reports were not available for documentation and were therefore not included in the analysis [Table/Fig-4].

Patient's perspective: At the end of the 16-day treatment period, the patient reported a subjective sense of improvement, including a reduction in breathlessness during walking, excessive sweating,

Parameters	Pre-treatment	Post-treatment
Lipid profile		
Total cholesterol (mg/dL)	227 mg/dL	135 mg/dL
Triglycerides (mg/dL)	285 mg/dL	181 mg/dL
LDL cholesterol (mg/dL)	125 mg/dL	57 mg/dL
HDL cholesterol (mg/dL)	45 mg/dL	42 mg/dL
Anthropometric parameters		
Body weight (kg)	107 kg	103 kg
Body Mass Index (BMI) (kg/m²)	37.1 kg/m²	35.6 kg/m²
Blood sugar levels		
Fasting blood sugar (mg/dL)	102 mg/dL	Not assessed
Postprandial blood sugar (mg/dL)	183 mg/dL	Not assessed
Random blood sugar (mg/dL)	Not assessed	96 mg/dL

[Table/Fig-4]: Pre- and post-treatment comparison of lipid profile, anthropometric parameters, and blood sugar levels.

heaviness of the body, and food cravings. The patient also perceived improved digestion, increased energy levels, and overall lightness of

the body. These perceptions were recorded based on patient self-reporting during the final clinical evaluation.

DISCUSSION

In the present case, the patient exhibited classical features suggestive of *Medo Dhatu Dushti*, including obesity, heaviness of the body, excessive sweating, breathlessness on exertion, disturbed sleep, and deranged lipid parameters. An integrated treatment approach combining *Shodhana* and *Shamana* therapies was adopted to address both the underlying *Dosha* imbalance and associated metabolic dysfunction. *Anuvasana Basti*, *Udvartana*, *Abhyanga*, *Swedana*, and concurrent *Shamana Aushadhi*. These therapies act collectively on *Kapha-Meda Dushti*, *Agnimandya*, and *Ama*, promoting *Srotoshodhana*, *Agni Deepana*, and *Medohara* effects, which may influence lipid metabolism. Additionally, weight reduction and improvement in digestion during the treatment period may have contributed to metabolic correction.

Mode of Action of *Sarvanga Abhyanga* and *Swedana*

***Sarvanga Abhyanga*:** It serves as a preparatory *Snehana* procedure that facilitates muscle relaxation, improves peripheral circulation, and supports metabolic activity. Improved circulation may enhance tissue perfusion and assist in better utilisation of glucose and lipids at the cellular level. *Abhyanga* also plays a crucial role in pacifying aggravated *Vata Dosha* and preparing the body for subsequent *Swedana* and *Basti* therapies [2].

***Swedana*:** It is a principal therapy indicated in *Vata* and *Kapha* dominant disorders, induces sweating and promotes liquefaction and mobilisation of vitiated *Doshas*. It helps reduce stiffness, heaviness, and *Srotorodha*, thereby contributing to *Srotoshodhana* and elimination of *Ama*. In metabolic disorders, *Swedana* may assist in improving *Agni* and supporting lipid metabolism [2].

Mode of Action of *Sarvanga Udvartana*

Udvartana is specifically indicated in *Kapha-Meda* predominant conditions. The dry powder massage generates friction, which aids in reducing excessive *Meda*, improving peripheral circulation, and enhancing metabolic activity. Classical texts describe *Udvartana* as beneficial in alleviating heaviness, improving skin tone, and imparting a subjective sense of lightness (*Laghutva*). In the present case, *Udvartana* contributed to symptomatic improvement and supported weight reduction as part of the overall therapeutic protocol [5].

Mode of Action of *Lekhana Niruha Basti*

Lekhana Basti, administered as a type of *Niruha Basti* within a *Kala Basti* schedule, is traditionally indicated in *Medoroga* and *Kapha-Meda Vriddhi*. The formulation used in this case contained drugs possessing *Kaphahara*, *Medohara*, and *Deepana* properties. *Lekhana Basti* may act through evacuation of accumulated *Doshas* from the *Pakvashaya*, correction of *Agni*, and modulation of digestive and metabolic processes. Absorption of active components through the rectal mucosa may contribute to systemic metabolic effects,

potentially influencing lipid metabolism. However, these effects should be interpreted as part of a comprehensive therapeutic response rather than as isolated actions [6].

Mode of Action of *Anuvasana Basti*

Anuvasana Basti is primarily a *Snehana* and *Vata*-pacifying therapy. When administered as part of a *Kala Basti* schedule, it counterbalances the *Lekhana* effect of *Niruha Basti*, prevents excessive *Vata* aggravation, and maintains tissue unctuousness. This supportive role is essential for ensuring tolerance, safety, and completion of repeated *Basti* administration, particularly in patients undergoing *Shodhana* therapies [8].

Mode of Action of *Shamana Aushadhi*

***Nishamalaki*:** It is classically indicated in *Prameha* and metabolic disorders. It possesses *Deepana*, *Pachana*, and *Medohara* properties and supports regulation of glucose metabolism. By improving *Agni* and reducing *Ama*, *Nishamalaki* may indirectly contribute to improvement in lipid parameters [10].

***Medohara Vidangadi Lauha*:** It contains ingredients with *Deepana*, *Pachana*, and *Medohara* actions. *Trikatu* present in the formulation aids in enhancing digestion and metabolism, while *Lauha Bhasma* may support metabolic correction. These actions collectively address *Agnimandya* and *Meda Dushti*, which are central to the pathogenesis of dyslipidaemia [11].

***Navaka Guggulu*:** It is a classical formulation indicated in *Medoroga* and *Sthaulya*. *Guggulu* is described as having *Lekhana* and *Medohara* properties and is traditionally used to regulate lipid metabolism and reduce excessive *Meda*. Its anti-inflammatory and metabolic actions may support improvement in lipid parameters when used as part of a comprehensive treatment protocol [12].

In a clinical study assessing *Lekhana Basti* in hyperlipidaemia, reduction in serum cholesterol (about 4.99%) and LDL (about 9.13%) along with improvement in anthropometric parameters such as body weight and body fat percentage was reported [13]. Another study evaluating the combined use of *Udvartana* and *Lekhana Basti* in patients with hypercholesterolaemia demonstrated statistically significant improvement in serum cholesterol and LDL levels after a 15-day intervention [14]. Similarly, recent clinical research has shown that *Lekhana Basti* used alone or in combination with *Shamana* therapy such as *Navak Guggulu* can produce improvement in anthropometric parameters and lipid markers in patients with metabolic disorders [15].

A comparison of previously published studies evaluating *Lekhana Basti* in the management of dyslipidaemia and *Medoroga*, along with the present case, is summarised in [Table/Fig-5], highlighting differences in formulation, study design, and outcomes [5,13,16].

In the present case, improvement was observed in total cholesterol, triglycerides, LDL cholesterol, and body weight following a 16-day treatment protocol including *Lekhana Niruha Basti* with *Triphala Gana* as *Prakshepa* along with *Shamana* therapy. Although the

Author and year	Study title	Study design and sample	Intervention used	Key outcomes	Limitations/Gap identified
Sreelakshmi C (2013) [16]	Evaluation of efficacy of <i>Oshakadi Lekhana Basti</i> in hyperlipidemia	Single-blinded randomised controlled study	Classical <i>Oshakadi Lekhana Basti</i>	Significant reduction in lipid parameters; HDL improvement noted	No comparison with other <i>Prakshepa Dravya</i> ; classical formulation only
Pooja BA et al., (2015) [6]	Effect of <i>Lekhana Basti</i> in the management of dyslipidaemia	Clinical study	Classical <i>Lekhana Basti</i>	Reduction in total cholesterol and triglycerides	No standard control group; no comparison of <i>Prakshepa Dravya</i> ; <i>Kala Basti</i> schedule not used
Auti SS et al., (2013) [13]	Assessment of <i>Lekhana Basti</i> in hyperlipidemia	Randomised controlled study	Classical <i>Lekhana Basti</i>	Improvement in lipid profile parameters	Variation in formulation and duration; findings not directly comparable
Present case	<i>Lekhana Niruha Basti</i> with <i>Triphala Gana</i> in dyslipidaemia	Single-case clinical observation	<i>Lekhana Niruha Basti</i> with <i>Triphala Gana</i> as <i>Prakshepa</i> , <i>Kala Basti</i> schedule	Improvement in lipid profile, weight reduction, and symptomatic relief	Single case; short duration; no long-term follow-up

[Table/Fig-5]: Previous studies on *Lekhana Basti* in dyslipidaemia/medoroga [5,13,16].

magnitude of improvement appears greater than that reported in some previous studies, the findings should be interpreted cautiously due to the single-case design, short duration of intervention, and the use of multiple therapeutic modalities. The large reduction in LDL cholesterol observed in this case (54% within 16 days) appears higher than the reduction generally reported with statin therapy, where most statins typically reduce LDL by about 30-50% over several weeks of continuous treatment. The improvement seen in this case may be explained by the combined effect of multiple Ayurvedic interventions, including *Lekhana Niruha Basti*. It is important to note that hdl cholesterol showed a slight reduction from 45 mg/dL at baseline to 42 mg/dL after the 16-day intervention. Although improvements were observed in total cholesterol, triglycerides, and LDL cholesterol, the decrease in HDL represents an unfavourable change and is acknowledged as a limitation of the present case. HDL levels are influenced by multiple factors, including dietary pattern, physical activity, body weight, and overall metabolic status, and the short duration of intervention may not have been sufficient to demonstrate a favourable change in HDL. Therefore, the overall improvement in the lipid profile should be interpreted cautiously, particularly with respect to HDL. longer-term follow-up with repeated lipid profile assessment is required to determine whether the observed changes, including HDL levels, are sustained over time.

Despite these limitations, the present case suggests that an integrated Ayurvedic approach combining *Shodhana* and *Shamana* therapies may have a supportive role in the short-term management of dyslipidaemia and associated metabolic symptoms. Larger, well-designed clinical studies with standardised protocols, objective outcome measures, and extended follow-up are required to validate these observations and to delineate the specific contribution of individual interventions such as *Lekhana Basti*.

CONCLUSION(S)

The case report highlights the potential supportive role of *Lekhana Basti* with *Triphala Gana* as *prakshepa dravya*, combined with *Shaman Chikitsa*, in managing dyslipidaemia. The treatment showed marked improvement in lipid profile parameters, along with symptomatic relief, without any adverse effects. This suggests that Ayurvedic interventions, particularly *Lekhana Basti* with appropriate herbal

combinations, can be a safe, holistic, and promising approach in the management of dyslipidaemia, warranting further clinical exploration and research.

REFERENCES

- [1] Sushruta. *Sushruta Samhita*. Acharya JT, editor. Varanasi: Chaukhambha Orientalia; 2014 (reprint). Sūtrasthāna, Ch. 38, Ver. 57.
- [2] Swathi C, Chaturvedi A, Vishwesh BN, Tripathi YB. Role of Panchakarma in the management of metabolic disorders. *Pharma Innov J*. 2019;8(6):653-56.
- [3] Vidyanath R, Nishteshwar K. Sahasrayogam. Varanasi: Chaukhambha Sanskrit Series Office; 2023.
- [4] Agnivesha. *Charaka Samhita*. Revised by Charaka and Dridhabala. Acharya JT, editor. Varanasi: Chaukhambha Orientalia; 2014. Sutrasthana, Chapter 14, Verse 43.
- [5] Patil VN, Nakil RB. Concept of Udvartanam. *Int J Multidiscip Health Sci*. 2015;1(2):1-11. Available from: <https://ijmhsjournal.in/issue%203/Concept%20of%20Udvartanam.pdf>.
- [6] Pooja BA, Bhatt S, Bhojani MK. Effect of Lekhana Basti in the management of dyslipidemia: a clinical study. *Int J Ayu Pharm Res*. 2014;2(7):18-21. Available from: <https://ijapr.in/index.php/ijapr/article/view/193>.
- [7] Kale VS. *Charaka Samhita*. New Delhi: Chaukhambha Sanskrit Pratishthan; 2019 (reprint). Siddhisthana, Ch. 3, Ver. 31-32; p. 886.
- [8] Momin JB, Kulkarni PV, Gogate VE. Understanding of Anuvasana Basti: compilation from Brihatrayi. *Int J Ayurveda Pharma Res*. 2020;8(7):42-52. Available from: <https://ijapr.in/index.php/ijapr/article/view/1500>.
- [9] Agnivesha. *Charaka Samhita* with Ayurveda Dipika commentary of Chakrapanidatta. Acharya YT, editor. Varanasi: Chaukhambha Surbharati Prakashan; 2000 (reprint). Siddhisthana, Ch. 1, Ver. 47.
- [10] Caraka, Agnivesha. *Charaka Samhita*. Sastri K, Chaturvedi P, editors. 1st ed. Varanasi: Chaukhambha Bharati Academy; 2005. p. 789.
- [11] Thakkar S, Jadhav M. A review on formulations of Trikatu choorna in the management of Sthaulya (obesity). *World J Pharm Res*. 2022;11(3):1236-43. Available from: https://wjpr.s3.ap-south-1.amazonaws.com/article_issue/5f18444364da5630298bad038155bc4c.pdf.
- [12] Choudhury B, Kumar V, Basumatary K. Management of sthauilya (obesity) through Ayurveda and yoga. *World J Pharm Res*. 2018;7(17):356-67. Doi: 10.20959/wjpr201817-13302.
- [13] Auti SS, Thakar AB, Shukla VJ, Ravishankar B. Assessment of Lekhana Basti in the management of hyperlipidemia. *Ayu*. 2013;34(4):339-45. Doi: 10.4103/0974-8520.127683.
- [14] Lolashri SJ, Goud KM, Usha R. Clinical efficacy of Udvartana with Lekhana Basti in hypercholesterolemia. *Int J Ayu Pharm Res*. 2019;3(7):20-25. Available from: <https://ijapr.in/index.php/ijapr/article/view/1159>.
- [15] Munshi R, Panchal F, Kumbhar D. Effect of Lekhan Basti and Navak Guggul on lipid markers and transcriptional effects of selected genes in obese patients. *J Ayurveda Integr Med*. 2025;16(3):101129. Doi: 10.1016/j.jaim.2025.101129.
- [16] Sreelakshmi C, Shylaja Kumari R, Sanpeti RV, Dasari S. Evaluation of efficacy of Ooshakadi Lekhana Basti in hyperlipidaemia: A single-blinded randomized controlled study. *Int J Ayurveda Pharm Res*. 2013;1(1):48-59.

PARTICULARS OF CONTRIBUTORS:

1. Postgraduate Scholar, Department of Panchakarma, Mahatma Gandhi Ayurvedic College Hospital and Research Centre, Wardha, Maharashtra, India.
2. Professor and Head, Department of Panchakarma, Mahatma Gandhi Ayurvedic College Hospital and Research Centre, Wardha, Maharashtra, India.
3. Associate Professor, Department of Physiology, Sunderlal Patwa Government Medical College, Mandasaur, Madhya Pradesh, India.
4. Postgraduate Scholar, Department of Panchakarma, Mahatma Gandhi Ayurvedic College Hospital and Research Centre, Wardha, Maharashtra, India.
5. Postgraduate Scholar, Department of Panchakarma, Mahatma Gandhi Ayurvedic College Hospital and Research Centre, Wardha, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Shweta Parwe,
Professor and Head, Department of Panchakarma, Mahatma Gandhi Ayurvedic College Hospital and Research Centre, Wardha-442001, Maharashtra, India.
E-mail: shweta.parwe@dmihir.edu.in

AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. NA

PLAGIARISM CHECKING METHODS: [Jain H et al.]

- Plagiarism X-checker: Jan 05, 2026
- Manual Googling: Jun 15, 2026
- iThenticate Software: Jun 17, 2026 (1%)

ETYMOLOGY: Author Origin

EMENDATIONS: 7

Date of Submission: Dec 08, 2025

Date of Peer Review: Jan 17, 2026

Date of Acceptance: Jun 19, 2026

Date of Publishing: Oct 01, 2026