



Hyperlipidaemia and Homoeopathy

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Abstract

Hyperlipidaemia is a broad term that refers to acquired or genetic disorders that results in high levels of lipids (fats, cholesterol & triglycerides) circulating in the blood. It is an individual risk factor for cardiovascular complications. Usually this condition is diagnosed by routine blood test because hyperlipidaemia doesn't cause any symptom. Its prevalence is increasing in many developing countries due to westernization of diet, obesity, aging, reduced physical activity and other adverse lifestyle changes. Statin is the first line of treatment for dyslipidaemia and there are known side effects of statin therapy. Considering the homoeopathic mode of treatment, we find a good scope in treating this condition. The development of a logical plan of treatment for this condition demands a good knowledge about homoeopathic therapeutics along with knowledge of practice of medicine.

Key Word- Hyperlipidaemia, Dyslipidaemia, Cholesterol, Homoeopathy.

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INTRODUCTION

Lipoproteins are complexes of lipids and proteins that are essential for transport of cholesterol, triglycerides (TGs) and fat-soluble vitamins in the blood. Disorders of lipoprotein metabolism include primary and secondary conditions that substantially

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increase or decrease circulating lipids (e.g., cholesterol or TGs) or lipoproteins (e.g., low density or high density lipoproteins). Hyperlipidaemia is a condition of excess lipids in the circulating blood and these lipids increase the risk of clinical complications of atherosclerotic cardiovascular disease (ASCVD). For this clinicians should be familiar with the diagnosis and treatment of lipoprotein disorders.

Definition:^[2]

Hyperlipidaemia is defined as elevation of fasting total cholesterol concentration which may or may not be associated with elevated TG concentration.

Classification of lipoproteins:^[2]

According to ultra centrifugal density they are classified into:

1. **Chylomicrons:** mostly triglyceride rich carrier of dietary fats.
2. **Very low density lipoprotein (VLDL):** mostly triglyceride rich carrier of hepatic synthesized triglycerides (TG).
3. **Intermediate and Low density lipoprotein (IDL, LDL):** cholesterol remnants particles derived from lipolysis of triglycerides in VLDL.
4. **High density lipoprotein (HDL):** cholesterol rich particles that transport cholesterol to liver for disposal or recycling.

Classification of hyperlipidaemia as defined by National Cholesterol Education Program-Adult Treatment Panel (NCEP-ATP 3) all values are in mg/dl-

LDL Cholesterol	
<100	Optimal
100-129	Near above or optimal
130-159	Borderline high
160-189	High
≥190	Very high
Total cholesterol	
<200	Desirable
200-239	Borderline high
≥240	High
HDL Cholesterol	
<40	Low
>60	High
Triglycerides	
<150	Normal
150-199	Borderline high
200-499	High
≥500	Very high

Classification of Hyperlipidaemia:^[1]

Hyperlipidaemia can broadly be classified into primary and secondary hyperlipidaemia. The cause may be genetic, environmental or both.

1. **Primary hyperlipidaemia:** Genetic causes of hyperlipidaemia are-

Genetic disorder	Protein/ gene defect	Lipoproteins elevated	Clinical findings	Genetic transmission	Estimated incidence
Hypertriglyceridemia:-					
Lipoprotein lipase deficiency	LPL	Chylomicrons, VLDL	Eruptive xanthoma, hepato-Splenomegaly, pancreatitis	AR	~1/100000
Familial Apo- ii deficiency	APOC2	Chylomicrons, VLDL	Eruptive xanthoma, hepato-Splenomegaly, pancreatitis	AR	<1/100000
APoA-V deficiency	APOA5	Chylomicrons, VLDL	Eruptive xanthoma, hepato-Splenomegaly, Pancreatitis	AR	<1/100000
GPIHBP1 deficiency	GPIHBP1	Chylomicrons,	Eruptive xanthoma, pancreatitis	AR	<1/100000
Combined Hyperlipidaemia:-					
Familial hepatic lipase deficiency	Hepatic lipase(LIPC)	VLDL remnants, HDL	Pancreatitis, CHD	AR	<1/100000
Familial dysbetalipoproteinemia	APOE	Chylomicrons remnants, VLDL remnants	Palmer and tuberoeruptive xanthomas, CHD, PVD	AR	~1/10000
Hypercholesterolemia:-					
Familial hypercholesterolemia	LDL receptor	LDL	Tendon xanthoma, CHD	AD	~1/250 to 1/500

Familial defective apo-B100	ApoB-100	LDL	Tendon xanthoma, CHD	AD	<~1/1500
Autosomal dominant hypercholesterolemia, type 3	PCSK9	LDL	Tendon xanthoma, CHD	AD	<1/1000000
Autosomal recessive hypercholesterolemia,	ARH	LDL	Tendon xanthoma, CHD	AR	<1/1000000
Sitosterolemia	ABCG5 or ABCG8	LDL	Tendon xanthoma, CHD	AR	<1/1000000

2. Secondary Hyperlipidaemia:

- **Diseases & Metabolic Disorders:-** Hypothyroidism, type 2 diabetes, obesity, renal diseases, HIV, PCOS.
- **Diet:-** Saturated trans fats, alcohol, red meat, whole milk, high sugar beverages and food.
- **Drugs:** Beta blockers, thiazide diuretics, glucocorticoids, sex hormones, antipsychotic, immunosuppressive agents etc.

Screening Programme:^[3]

Screening for hyperlipidaemia is required in the following conditions-

- Familial hyperlipidaemia
- Family history of premature CAD.
- Obesity
- Diabetes mellitus
- History of pancreatitis
- Nodular xanthoma

- Presence of arcus senilis or xanthelasma before the age of 40.
- In considering of renal transplantation.

HOMOEOPATHIC TREATMENT:

Homoeopathic medicines are prescribed on the basis of individualization and symptom similarity by using holistic approach. In hyperlipidaemia, many drugs of Indian origin are traditionally used in crude extract for reducing cholesterol levels; their use in potentized form is not fully explored in homoeopathy, but these drugs in mother tincture along with constitutional treatment can be utilized. ^[4]Some important therapeutic indications for hyperlipidaemia are as follows:-

1. **Aurum Metallicum:** Arteriosclerosis, high blood pressure. Pulse rapid, feeble and irregular. Sensation as if heart stop beating for two or three seconds,

- immediately followed by a tumultuous rebound, with sinking in epigastrium.^[5]
2. **Baryta Muriatica:** Indicated in organic lesions of the aged who are dwarfish, both mentally & physically. Arteriosclerosis and cerebral affections.^[5]
 3. **Chelidonium Majus:** Prominent liver remedy. Jaundiced skin with constant pain under inferior angle of right scapula. Great general lethargy.^[5]
 4. **Chionanthus Virginica:** Hepatic derangements. Jaundice & enlarged spleen(Cean.). painful eyeballs.^[5]
 5. **Cholesterinum:** For cancer of liver. Obstinate hepatic engorgements. Jaundice, gall stones.^[5]
 6. **Curdlipid:** For lipid metabolism new medicine prepared from the fat of fat-tailed sheep has been use in Russia. After clinical trials curdlipid 6C, found more effective in acute blood brain disturbance, hypertension, atherosclerosis of blood vessels.^[4]
 7. **Gautteria Gaumeri (Yumel):** Gautteria gaumeri Q is effective in controlling hypercholesterolaemia.^[6]
 8. **Lecithinum:** It has a favorable influence upon the nutritive condition & especially on blood. General debility.^[5]
 9. **Rauwolfia Serpentine Q:** Hypertension without any atheromatous changes in the vessels. Insanity; violent maniacal symptoms.^[5]
 10. **Strontium Carbonicum:** Chronic sequelae of haemorrhages, shock after surgery. Arteriosclerosis, hypertension with a flushed face. Pulsating arteries and threatened apoplexy.^[5]
 11. **Terminalia Arjuna Q:** Diseases of the heart both organic & functional; angina pectoris; suffocation, vertigo.^[5]
 12. **Terminalia Chebula Q:** Irregular pulse, pain in the cardiac region. Some heart beats are feeble, some are normal and some have a loud sound.^[5]
 13. **Vanadium Metallicum:** A remedy in the degenerative conditions of the liver and arteries. Arteriosclerosis, sensation as if the heart was compressed, as if blood had no room in the aorta. Fatty heart & anxious pressure in the whole chest; atheroma in arteries of brain and liver.^[5]

CONCLUSION:

Hyperlipidaemia is a highly modifiable risk factor for cardiovascular disease due to the influence of cholesterol on atherosclerosis. So the proper screening and regular health checkups are mandatory to control this risk factor and it shows the importance of the knowledge of practice of medicine. In homoeopathy, a combination of individualized homoeopathic treatment with a planned general management

including diet and exercise, provide us an effective outcome in the cases of hyperlipidaemia. This individualistic approach along with the lifestyle modifications and making use of mother tinctures in the treatment of hyperlipidaemia should be explored also at our individual clinical level, so that maximum evidences will be concluded.

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