



BEYOND STATIN THERAPY: MANAGING DYSLIPIDEMIA WITH INDIVIDUALISED HOMOEOPATHIC MEDICINE (LYCOPODIUM)- A CASE REPORT

Rukhsar Yusuf¹, Babita Saxena²

¹MD scholar, Department of Practice Of Medicine ' Government Homoeopathic Medical College & Hospita, Bhopal, Madhya Pradesh , India.

²Professor & H.O.D Gyaenecology & Obsterics, Government Homoeopathic Medical College & Hospita, Bhopal, Madhya Pradesh, India.

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ABSTRACT: Dyslipidemia is a term used for disorders of lipoprotein metabolism, which clinically present itself as elevated plasma levels of cholesterol, TGs (Triglycerides), LDL-C (Low Density Lipoprotein Cholesterol) or a decrease in HDL- C (High Density Lipoprotein – C). It is also one of the leading risk factors for CVD (Cardiovascular Diseases). This is a case report of a 38-year-old female with elevated lipid parameters, who was treated with individualised homoeopathic medicines, showing improvement in lipid profile performed after 3 months. There was also alleviation of other associated complaints, with a sense of general well- being in the patient, highlighting the effectiveness of homoeopathy in the successful management of cases of Dyslipidemia.

INTRODUCTION: Dyslipidemia refers to disorder of lipid and lipoprotein metabolism resulting in derangement in serum cholesterol, triglyceride, LDL-C and HDL-C. ^[1]It is generally classified as primary and secondary based on its aetiology. Primary dyslipidemias are a result of genetic mutation affecting lipid metabolism, whereas secondary dyslipidemias are caused by underlying conditions such as diabetes mellitus type 2, obesity, hypothyroidism, nephrotic syndrome and alcoholism or as a side effect of certain medications. ^[2]



Dyslipidemia often remains asymptomatic or may sometimes present as non-specific symptoms such as dyspepsia, acidity, etc, and is often detected only after lipid profile evaluation. As per the ICMR-INDIAB study, 79% of Indians have at least one abnormal lipid parameter. As it is evident that Dyslipidemia is a major contributing factor in the development of CVD [3], Its increasing prevalence is alarming. Conventional treatments include statins and fibrates, although these are effective but their long term use has significant adverse effects such as myalgia, renal diseases, hepatic toxicity, development of type 2 diabetes melitus and other psychiatric complications.[4] Individualised Homoeopathic Treatment can be a safer and effective way in managing cases of Dyslipidemia, providing a holistic approach and saving patients from the hazardous effects of conventional medications. This case report represents a modest contribution to the existing evidence supporting the effectiveness of homoeopathy in the treatment of dyslipidemia.

PATIENT INFORMATION

Demographic Information:

The patient is a 38-year-old female, housewife, residing in Nehru Nagar, Bhopal, Madhya Pradesh. She has been married for 12 years.

Chief Complaints:

The patient came to the O.P.D of G.HM.C Bhopal on 12/6/25 with the complaint of burning in the epigastrium associated with frequent sour eructations, worse after meals. She also complained of irregular bowel habits with constipation, characterised by hard, unsatisfactory stools requiring straining.

Over the past few months, the patient developed pain in the feet, especially after exertion, along with reddish eruptions over the skin, occasionally associated with mild itching. She also reports anxiety regarding family matters, fear of being alone, and becomes irritable when contradicted.

During her routine investigation, she was diagnosed with Dyslipidemia for which she wants to take homoeopathic treatment.

Medical, Family, and Psychosocial History:

The patient's medical history includes the occurrence of cystocoele in 2024, for which she took Allopathic and ayurvedic Treatment. Her family history notes that her mother underwent a hysterectomy in 2023 after suffering from uterine prolapse for a long time. Her father suffered



from MI in 2020 and has undergone angioplasty. Psychosocially, the patient displays irritability and quickly becomes angry when faced with opposition. She has a lofty demeanour and appears distrustful most of the time. Her anxiety is particularly pronounced regarding family matters, and especially about the future. Although she have a an authoritative behavior she desires company.

GYNAECOLOGICAL HISTORY

She has a regular 28-day cycle with a 4-day normal flow.

OBSTERICALHISTORY

G1P1L1A0 (FTND)

CLINICAL FINDINGS

PHYSICAL EXAMINATION FINDING

There were no physical signs of dyslipidemia in this patient. There were small reddish eruptions over the skin. The patient has a normal gait. No deformity or signs of inflammation were noted in any part. P/A was soft and non-tender, with normal bowel sounds. The patient is in a stable condition, showing proper general development and is well-nourished. In a sitting position, they maintain normal posture and spinal alignment, with an average build. The face is symmetrical, featuring normal facial characteristics, and is free from any signs of facial oedema or acne. The tongue appears moist and has no coatings, while the nails show no discolouration, deformities, or signs of infection. Lymphatic glands are not enlarged. Respiratory rate is normal at 16 breaths per minute, and the pulse is steady at 86 beats per minute. Blood pressure measures at 130/90 mmHg. The patient weighs 57.7 kg and stands 5'4" tall. Oral temperature indicates afebrile status, and there are no signs of pallor, oedema, icterus, or cyanosis detected.

CLINICAL HISTORY

The selection of homoeopathic treatment was guided by the synthesis of pathological signs, physical generals, and mental characters

PHYSICAL GENERAL

The patient follows a non- vegetarian diet, typically consuming 3 meals per day with a good appetite. Her thirst is moderate, and she exhibits a chilly thermal reaction. Bowel movements are irregular. Perspiration is profuse and offensive in odour. She shows a distinct desire for sweets with no specific aversion or intolerance. Sleep is frequently disturbed due to underlying anxiety.



MENTAL GENERAL

The patient is irritable and gets angry easily when contradicted. She exhibits a haughty attitude and tends to be suspicious in nature. There is marked anxiety regarding family matters, especially about the future, along with fear of being alone. She prefers company despite her authoritative behaviour.

TIMELINE

CLINICAL PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
Burning in epigastrium	Marked	absent
Sour eructations	Frequent, worse after meals	Absent
Constipation	Hard unsatisfactory stools, requiring great straining every now and then	significantly improved, stools regular and satisfactory.
Skin eruptions	Small reddish eruptions all over the skin with itching	No eruptions present
Pain in Feet	Marked ,after exertion	Occasionally with decreased intensity

Table no 1: Transformation Before and After Homoeopathic Treatment

LIPID PARAMETERS	BEFORE TREATMENT (23/05 /2025)	AFTER TREATMENT 25/09/25
Total Cholesterol	181.09 mg/dl	164.22
TG	466.24 mg/dl	218.30
LDL	82.75	67.40
HDL	28.55	53.20

Table no 2: Change In Lipid Parameters Before And After Treatment

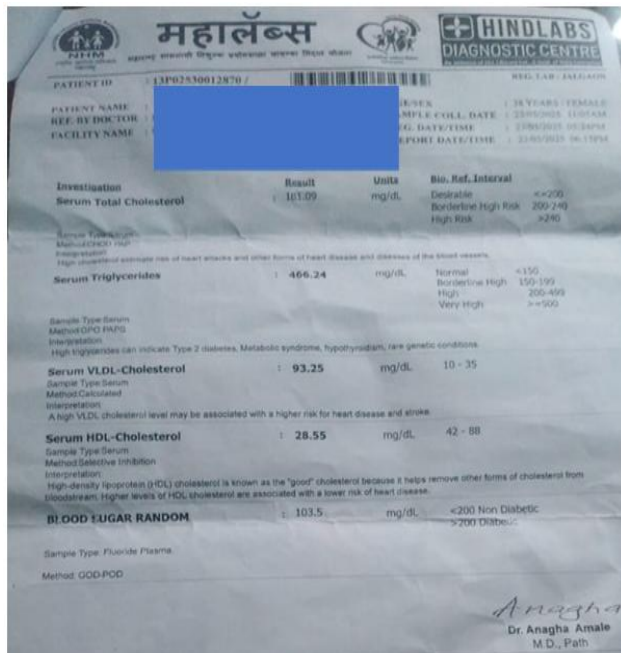


Fig no 1 Lipid Profile Before Treatment

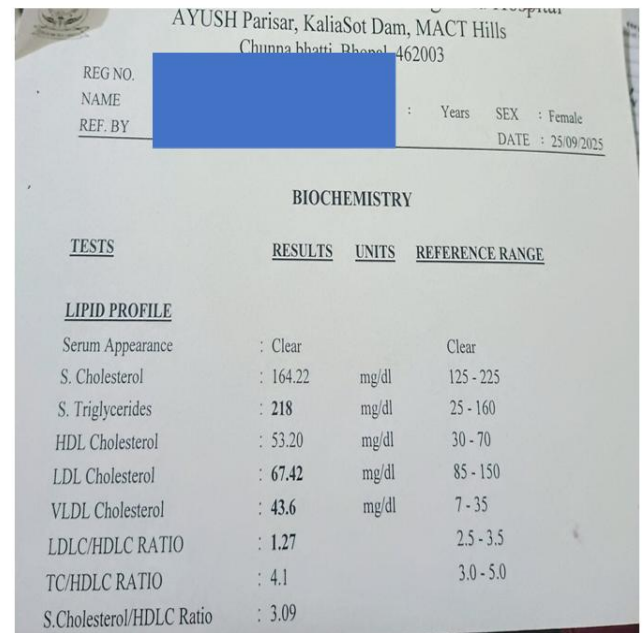


Fig no 2 Lipid Profile After Treatment

DIAGNOSTIC ASSESSMENT

DIAGNOSIS

Dyslipidemia

DIAGNOSTIC METHOD

The diagnosis was made primarily through detailed clinical history and lipid profile evaluation. According to the International Classification of Diseases, 11th revision, dyslipidemia is coded under 5C80, encompassing disorders of lipoprotein metabolism. Homoeopathic evaluation uses the totality of symptoms and repertorisation to find the indicated remedy.

Diagnostic Challenges

The diagnostic challenge in this case is the lack of observable signs and symptoms of Dyslipidemia.

Diagnostic Reasoning

The diagnostic reasoning follows a miasmatic and repertorial approach. While conventional diagnoses focused on evaluation of lipid profile, the homoeopathic analysis considered the patient's physical, mental and particular symptoms focussing on totality.



Repertorisl results pointed towards Lycopodium, Sulphur and Calcaea Carb, Lycopodium was selected as the primary remedy. The miasmatic analysis was identified as Predominantly Sycotic

Prognostic Characteristics

The prognosis was good

THERAPEUTIC INTERVENTION

Totality of Symptoms

MENTAL GENERAL

- Anger from contradiction
- Anxiety about her family
- Fear of being alone
- Haughty and suspicious

PARTICULAR

- Acidity, with sour eructations
- Constipation
- Skin eruptions
- Pain in feet

CONVERSION OF SYMPTOMS INTO RUBRICS

1. MIND – ANGER – contradiction; from
2. MIND – ANXIETY – family; about his
3. MIND – FEAR – alone, of being
4. MIND – HAUGHTY
5. MIND – SUSPICIOUS
6. STOMACH _ ACIDITY
7. STOMACH – ERUCTATIONS; TYPE OF – sour
8. ABDOMEN – COMPLAINTS of abdomen- constipation
9. EXTREMITIES – pain – FEET
10. SKIN – ERUPTIONS – red
11. GENERALS – HYPERLIPIDEMIA



REPERTORIAL ANALYSIS

Choice of repertory- Synthesis repertory

Working method – Computer

Software used – Synthesis

Process - Total addition process

REPERTORIAL RESULT

1 MIND - ANGER - contradiction; from	✕	lyc.	11	26	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
2 MIND - ANXIETY - family; about his	✕	sulph.	10	20	1, 2, 4, 5, 6, 7, 8, 9, 10, 11
3 MIND - FEAR - alone, of being	✕	calc.	10	15	2, 3, 4, 5, 6, 7, 8, 9, 10, 11
4 MIND - HAUGHTY	✕	ars.	9	17	1, 2, 3, 4, 5, 6, 7, 9, 10
5 MIND - SUSPICIOUS	✕	nux-v.	9	17	1, 3, 4, 5, 6, 7, 8, 9, 11
STOMACH		sep.	9	15	1, 3, 4, 5, 6, 7, 8, 9, 10
6 STOMACH - ACIDITY	✕	sil.	9	15	1, 3, 4, 5, 6, 7, 8, 9, 10
7 STOMACH - ERUCTATIONS; TYPE OF - sour	✕	merc.	9	13	1, 3, 4, 5, 6, 7, 8, 9, 10
ABDOMEN		con.	9	12	1, 3, 4, 5, 6, 7, 8, 9, 10
8 ABDOMEN - COMPLAINTS of abdomen - constipation	✕	phos.	8	17	2, 3, 4, 5, 6, 7, 9, 10
EXTREMITIES		bry.	8	13	1, 3, 5, 6, 7, 8, 9, 10
9 EXTREMITIES - PAIN - Feet	✕	stram.	8	13	1, 3, 4, 5, 6, 7, 9, 10
SKIN		verat.	8	12	1, 3, 4, 5, 6, 7, 9, 10
10 SKIN - ERUPTIONS - red	✕	plb.	8	10	3, 4, 5, 6, 7, 8, 9, 10
GENERALS		thuj.	8	10	1, 4, 5, 6, 7, 9, 10, 11
11 GENERALS - HYPERLIPIDEMIA	✕	bell.	8	9	3, 4, 5, 6, 7, 8, 9, 10
		vanil.	8	9	1, 3, 4, 5, 6, 7, 9, 10
		kali-c.	7	15	3, 4, 6, 7, 8, 9, 10
		puls.	7	14	2, 3, 4, 5, 6, 7, 9
		dulc.	7	13	1, 2, 4, 5, 7, 9, 10
		caust.	7	12	3, 4, 5, 6, 7, 9, 10

Fig no 3 Repertorial Result

TYPES OF INTERVENTION

The primary intervention was pharmacological , using individualized homoeopathic treatment. In addition to homoeopathic medication, dietary and lifestyle management was advised.



TYPE OF HOMOEOPATHIC INTERVENTION

The treatment utilised a personalised homoeopathic approach. A specific single remedy was chosen based on the patient's totality incorporating particular symptoms, physical generalities, and mental-emotional traits.

MEDICATION DETAILS

- Primary Remedy: Lycopodium, a single-constituent homoeopathic medicine
- Potency and Scale: The remedy was administered in centesimal potency
- Galenical Form: Medication was provided in standardized homoeopathic globule form for oral administration.
- Administration: Treatment commenced on 12/6/25, with Lycopodium 200 C, B.D for 2 days. The duration of treatment and documented followup spanned 3 months, from 12/6/25 to 12/09/25.

PRESCRIPTION

Rx

1. LYCOPODIUM 200 BD for 2 days
2. SAC LAC 30 BD for 15 days

FOLLOW UP(s): First Follow up will be taken after every 30 days or as per requirement of patient.

DATE	PROGRESS	PRESCRIPTION
20/6/25	Marked improvement in acidity and sour eructations. Burning sensation in epigastrium reduced. Bowel movements slightly improved but still irregular. Pain in feet mildly reduced.	LYCOPODIUM 200 OD for 2 days SAC LAC 30 BD for 1 month



22/07/25	Acidity and eructations are almost absent. Constipation significantly improved, stools regular and satisfactory. Pain in the feet has reduced considerably. Skin eruptions are lighter in colour and reduced in number	LYCOPodium 200 OD for 2 days SAC LAC 200 BD for 15 days.
19/08/25	Relief in previous complaints. No new complaint present.	SAC LAC 30 BD for 15 days.
12/09/25	Patient experience overall well-being. Lipid profile shows improvement compared to baseline values.	LYCOPodium 200 OD for 2 days. SAC LAC 30 BD for 15 days.

Table no 3: Follow-up Table

DISCUSSION

The primary strength of this case management is the marked improvement seen in lipid parameters after application of individualised homoeopathic treatment along with relief in all the associated complaints. Homoeopathy provides holistic treatment by covering the totality and providing relieve in all spheres – physical as well as mental with a sense of general well- being. According to an article on CCRH a study was conducted on the Clinical evaluation of homoeopathic therapy in the management of hyperlipoproteinemia aimed at evolving a group of useful homoeopathic medicines in the treatment of hyperlipoproteinaemia, Results obtained from the study are encouraging with findings that 26% of the patients improved markedly with evidence of changes in laboratory parameters^[5] This case report aligns with the findings of this study. Medical literature available highlights the effectiveness of homoeopathy in the successful management of such cases. A limitation of this report is that it is just a single case report, although the results are significant, further clinical research with a larger number of patients and a longer duration of study is needed to establish solid evidence for the effectiveness of homoeopathic medicines in the management of dyslipidemia. This could prove extremely



beneficial owing to the growing prevalence of Dyslipidemia and CVD even among young adults since Dyslipidemia is a major risk factor for CVD.

To conclude, individualised homoeopathic treatment for dyslipidemia leads to marked improvement, supported by changes seen in lipid parameters in the lipid profile of the patient before and after the treatment.

CONCLUSION

This case report is a contributory evidence for the effectiveness of Homoeopathic treatment in Dyslipidemia with marked improvement in lipid profile, since we have used an individualised homoeopathic approach further verifications and a longer duration observation are suggested to establish the effectiveness of homoeopathy in the treatment of Dyslipidemia.

CONFLICT OF INTEREST

None

FINANCIAL SUPPORT

None

DECLARATION OF PATIENT CONSENT

Consent was obtained in the appropriate written consent form. In the form the patient has given her consent for mentioning her clinical information to be reported in the journal. The patient understands that her name and initials will not be published.

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***Address for Correspondence:**

Rukhsar Yusuf, M.D Scholar
Department of Practice Of
Medicine , Government
Homoeopathic Medical College &
Hospita, Bhopal, Madhya Pradesh,
India,
Email:

rukhsaryusuf21.ry@gmail.com

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