Ayurvedic Approach in Management of Dyslipidemia: A Case Study

Deepak Deochand Bhoyar¹, Anjali Aniruddha Deshpande²

1. PG Scholar, Dept of kayachikitsa, BSDT’S Ayurved mahavidyalaya wagholi, Pune, Maharashtra, India
2. HOD of kayachikitsa, BSDT’S Ayurved mahavidyalaya wagholi, Pune, Maharashtra, India

ABSTRACT

Dyslipidemia is one of the commonest presentation and major cause for various lifestyle disorders like cardiovascular diseases, pancreatitis, fatty liver, and many other diseases. The prevalence of High Cholesterol is present in 25-30% of Urban and 15-20% in rural subjects in Indian Population [1]. According to Ayurveda, Dyslipidemia is the corresponding output of Medovaha srotodushti. In Ayurveda, the line of treatment for medoroga is shodhana karma (Basti / Virechana chikitsa), Rukshana chikitsa, Udvardana, Shamana chikitsa Nidan parivarjana. Virechana therapy is considered as a purificatory procedure, which improves the functions of the digestive system by the way of intensive purgation. This therapy removes the toxins and waste from the body up to the cellular levels by excessive secretion of digestive juices, enzymes and bilies. The Lipid lowering therapy in modern medicine including Statin and Fibrates is well tolerated with less side effects. But, this therapy in most of the cases is used lifelong and adds large financial burden in developing countries like India. A 64 year Female patient presented with complaints of Bhavruddhi (Overweight ), Swedadhikya (Excessive sweating), Angagaurav (Body heavyness), Udbhaya pada daa (Bilateral burning of foot), Katishoola (backache) since 1 year. Dadimashakta Churna for rukshana, pachana purpose was given before virechana karma. Triphalaghruta was used for Abhyantar Snehapana in the form of accha snehapana. Sarvanga Snehana and Sarvanga Swedan was done with Nirgundi Oil and Nirgundi patra bashpa sweda. Triphala, Trivrutta, Kutaki Kwatha, Aragwadh, Manuka phant and Eranda Sneha was used for Virechana Yoga. On completion of the treatment the significant improvement was seen in Swedadhikya, Udbhayapadadaaha,angagaurav, katishoola. The significant improvement was also observed in Lipid Profile. Thus, Virechana karma found effective in the patient of Dyslipidemia.

Keywords: Medoroga / Medovruddhi, Virechana, dyslipidemia.

INTRODUCTION

The advancement in technology, busy schedules, sedentary lifestyles and changes in dietary habits have made an individual prone to various ‘ Life Style Disorders’, Hyperlipidemia being one of them. Causes of secondary hyperlipidemia [2] includes, the causes of Secondary Hypertriglyceridaemia as Diabetes mellitus (type 2), Chronic Renal Disease, abdominal obesity, excess alcohol intake, hepatocellular disease and causes of Secondary Hypercholesterolaemia as Hypothyroidism, Nephrotic syndrome pregnancy, Anorexia nervosa, Cholestatic liver disease, Hyperparathyroidism, Drug (diuretics, Corticosteroids).

High fatty diet (Snighdha, Guru, Pichhila) and Sedentary Lifestyles (Cheshtadvesha, Asana sukha) may contribute to Medovruddhi, a Santarpanjanya vyadhi in Ayurveda. According to Ayurveda a person having Avyayama, Achinta, Diwaswapna, Atisnigdha, Adhyashan, Atimatra Ahara and Beeja swabhava leads to medovaha srotodushti [3]. In due course of time srotorodha (Blockage) of medovaha srotas propagates defective metabolic tissue metabolism which leads to Medoroga and its associated disorders like Sthaulya, Prameha, Kushtha, disorders of Ama, Napunsakata, Dysuria [4].

Dyslipidemia can be coorelated to Medovruddhi as described in Ayurveda [5]. Dyslipidemia involves abnormality in levels of any or all lipoproteins in the blood [6]. This condition is associated with several morbid manifestation like Diabetes mellitus, Obesity, Chronic heart Diseases, Thyroid Disorders. Dyslipidemia is highly prevalent and is one of modifiable risk factor for cardiovascular diseases. Worldwide, cardiovascular disease is now one of the most common cause of death [7]. The large number of cases get diagnosed of Dyslipidemia while evaluating the Lipid profile of the patients.

The Ayurvedic treatment and Diet (Ahara) prevent dyslipidemia and provide better management over Allopathic drugs burden.
Aim and Objectives

To evaluate the role of Virechana karma in the management of Medovruthi with special reference to Dyslipidemia.

MATERIALS AND METHODS

A 64 years old female patient came to the OPD of Kayachikitsa of Bsdt’s Ayurved hospital and research centre, Wagholi, Pune, in Maharashtra. The patient approached in February 2020, opd no-2020/1316 with signs and symptoms as Bharavriddi (Overweight), Swedadhikya, Ubhayapadadaha, Angagaurava, Katishoola suffering since one year. She was having the history of chronic alcohol consumption with spicy food and stressful work. Patient was admitted (ipd no-2020/464) in the hospital for Treatment. On examination: Pulse: 70/min, B.P.: 100/60 mmhg, Temp: 98.4F, Jivha-sama, weight- 73.1kg and no any abnormality found in systemic examination.

Sarvanga snehan, Sarvanga swedana, Accha snehapana followed by Virechana was the line of treatment decided.

Treatment Protocol

| S. No. | Treatment          | Drug Name                         |
|-------|--------------------|-----------------------------------|
| 1.    | Accha Snehapana    | Triphala Ghrit                   |
| 2.    | Sarvanga Snehan    | Nirgundi taila                   |
| 3.    | SarvangaSwedan     | Nirgundi patra Kwath             |
| 4.    | Virechana Yoga     | Triphala, Triivrutta, Kutaki Kwatha+ Aragwadh, Manuka phant +, Eranda Sneha. |

Shodhana chikitsa: Virechana Karma

Poorva Karma

Dadimashtak Churna [8] was given for the rukshana and pachana purpose in dose of 2gm at vyandod kaal with warm water. Accha Snehapana was given with Triphalaghrita [9] in increasing dose of 30,50,80ml for consecutive 3 days, early in the morning on empty stomach. Accha Snehapana was completed on 3rd day as Samyak snigdha lakshana [10] (stool with oil) was observed. During snehapana period patient was advised- drava, usha, anabhishyandi ahara, warm water to drink and asked to avoid Snigdha (oily) guru (heavy) bhojana and atyambupan (Excessive water intake). The patient was also advised to follow Bramhacharya (Abstinence), to avoid diwasswapa (day sleep), vegadharana (suppression natural urges), ati vyayama (heavy exercise), speaking loudly, krodha (anger), shoka (depression), hima-aatapa sevan (direct exposure to hot and cold air). Before the Virechana, the rest period of two days (no abhyantara snehapana) with Sarvanga snehana with Nirgundi oil and Sarvanga swedana of Nirgundipatra bashpa sweda.

Pradhan Karma

On the day of Virechana, patient was asked to pass natural urges. Sarvanga snehan, swedan was done. Before Virechana procedure patient was examined i.e. Blood pressure, Pulse, respiration rate, Udara and Ura Parikshana. The Virechana yoga of 200 ml (Triphala, Triivrutta, Kutaki Kwatha 100 ml and Aragwadh Manuka Phant 100ml with Eranda Sneha) was administered. The virechana vega (Frequency) was meticulously observed for Samyak virechana pariksha. The observations are Vaigiki- 07 vega, Antiki- Kaphant [11], Laingiki-Udarlaghavta, Prasanna atmendriya, The Madhyam shuddhi of virechana karma was observed.

Paschat Karma

After Samyak Virechana, Samsarjana Krama [12] for 2-2 Annakala (Peya, Vilepi) for 3 days was advised. The patient was keenly observed for Agnivardhana lakshana.

After Samsarjana Krama patient was instructed to follow pathyaapatrya (Wholesome Diet ). To avoid Amla, katu, lavana aahara, spicy, oily, heavy food, Diwaswapa (Day sleep), Ratri Jagarana etc. Advised to take meals in time regularly, Walking Exercise for 40 minutes daily and to wake up early morning.

ASSESSMENT CRITERIA

Subjective Parameters

Bharvruddhi (Overweight), Swedadhikya (Excessive sweating), Ubhayapadadaha (Bilateral legs burning sensation), angagaurav (Lethargy), katishoola (Backache). For all these symptoms following grades was applied.

1. Bharvruddhi ( Overweight):

| Grade | Score | Feature                  |
|-------|-------|--------------------------|
| 0     |       | No daha                  |
| +     | 1     | Sweating after moderate work and movement. |
| ++    | 2     | Sweating after little work and Movement |
| +++   | 3     | Sweating even at rest and in Cold season. |

2. Swedadhikya:- (At normal temp. and normal condition)

| Grade | Score | Feature                          |
|-------|-------|----------------------------------|
| 0     |       | No daha                          |
| +     | 1     | Occasional Ubhayapadadaha        |
| ++    | 2     | Frequent Prolong ubhayapadadaha  |
| +++   | 3     | Continuous ubhayapadadaha        |

3. Ubhaya pada daha

| Grade | Score | Feature                          |
|-------|-------|----------------------------------|
| 0     |       | Absent/ No heaviness             |
| +     | 1     | Feels heaviness in body but does not hamper Routine work. |
| ++    | 2     | Feels heaviness in body, which hampers daily Routine work. |
| +++   | 3     | Feels heaviness in body, which hampers movement of body. |

Advertising in Journal of Ayurvedic and Herbal Medicine| July-September 2021
5. Katishoola

| Grade | Score | Feature  |
|-------|-------|----------|
| 0     | 0     | Absent   |
| +     | 1     | Mild     |
| ++    | 2     | Moderate |
| +++   | 3     | Severe   |

Assessment was done before treatment (B.T) i.e. before snehapana and After treatment (A.T.) i.e after samsarjana Krama.

**OBSERVATIONS AND RESULTS**

Significant improvement was observed in the symptoms after the virechana karma as follows:

**Signs and Symptoms**

| Bharvruddhi (Weight in Kg) | B.T. | A.T. |
|---------------------------|------|------|
|                           | 73   | 70   |

**LIPID PROFILE**

| TEST                      | BT     | AT     | REFERENCE RANGE |
|---------------------------|--------|--------|-----------------|
| Sr. Cholesterol           | 179.00 | 173.40 | 130-250 mg/dl   |
| Sr. Triglycerides         | 169.00 | 121.20 | 40-160 mg/dl    |
| Sr. HDL                   | 50.48  | 45.50  | 30-80 mg/dl     |
| Sr. LDL                   | 94.72  | 103.66 | 0-150 mg/dl     |
| Sr. VLDL                  | 33.80  | 24.24  | 0.5-40 mg/dl    |
| Cholesterol/HDL ratio     | 3.54   | 3.81   | Upto 6.0        |
| LDL/HDL ratio             | 1.87   | 2.27   | Upto 4.5        |

There is 3 Kg significant reduction in weight was observed. Complete relief was observed in the symptoms swedadhikya angagaurav, ubhayaya pada daha. Partial Improvement was observed in katishool. The significant improvement was observed in the values of Sr. triglyceride from lipid Profile.

**DISCUSSION**

Dyslipidemia is a metabolic disorder. It has resemblance with medovriddhi described in Ayurveda. This patient was treated on the line of management of medovriddhi.

In Ayurveda, the symptoms of dyslipidemia can be analysed and co-related with medovriddhi. The analysis suggest Rasagata medas (Sneha Vridhdi, Rasaraktagata medas (Sneha vridhdi). It also point to Aama, Vikruta Kapha, Kleda and Avaranaajanyaa phenomenon. Medoroga (stholya) is Santaranantha vyadhdi. Similarly sedentary life styles and heavy fatty diet is main cause of dyslipidemia. Our Acharyas have suggested Rukshana followed by Shodhana Chikitsa in Santarananja vyadhdi.

To digest the Ama, to makes the Dosha Nirama and thereby to increase Agni Deepana, Pachana is useful. Abhyantar Snehapana make the lina Dosha free from their adherence deeply seated into the dhatu. By Snehana, Swedana Dosha gets liquefied and movable. To bring dosha from Shakha to Koshtha all these preparatory measures are necessary. Virechana dravya has vyavayi vikasi properties and by virtue of Veerya (potency) gets circulated quickly into large and small capillaries of the body. The ushna and vikasika guna or liquisifies lina dosha and Malas from the ashaya. Due to sukshma guna and Anupravana properties, Malas or Doshas pass through smallest capillaries and malrupi Pitta and kapha reaches to koshtha. Pathology is corrected by eliminating vitiated dosha from its main site of accumulation by virechana Therapy. Virechana cleanses the toxic material from body and restore the Agni (impaired metabolism) by acting at cellular level, thereby correcting acid secretions and Virechana action [13]. Triphala has the property of Agnideepana, Anulomana, Sansran, Rochana, Rechana. It is also Shothahara, Kaphapittahara, tridoshahara. Laghu Ruksha guna and ushna vira results into Srotovishodhan and Medodhatvagni vardhan. Kutaki, Trivrutta, Aragwadha having properties like Bhedana, Rechana, Medopachaka, Lekhana, Shothahara, Anuloman, Sansran which help to break the Samprapti of Medoroga.

In present case, before virechana patient was having bharvruddhi, swedadhikya, Angagaurav, ubhayaya pada daha, katishool as a presenting complaints. After the completion of treatment swedadhikya, ubhayaya pad daha, katishoola subsided completely and significantly improvement was seen in bharvruddhi and lipid profile.

**CONCLUSION**

We finally concluded that shodhana (virechana) chikitsa exerts beneficial effect as normalization of deranged lipid profile, body weight. The clinical symptoms subsided. Thus, we can say that selected measures are safe and helpful in the management of Dyslipidemia.

**Conflict of Interest**

None declared.

**Financial support and sponsorship**

Nil.

**REFERENCES**

1. ncbi.nlm.nih.gov/pmc/articles/PMC5485409, By Rajiv Gupta, Ravinder S. Rao, Anup Mishra, on 06 March 2017.
2. Davidson’s Principle And Practice of Medicine, 22nd Edition, Chapter no-16, Page no- 454.
3. Kashinath Shastri and Gorakhnath Chaturvedi, Agnivesha, Charaka Samhita. Sutrasthana 21/21, page. No. - 415.
4. Kashinath Shastri and Gorakhnath Chaturvedi, Agnivesha, Charaka Samhita. Sutrasthana 23/5-7, page. No. - 437.
5. Shastri R, Pandeya GS, Charaka Samhita. Vidyotani Hindi Commentary. Sutrasthana 28/15. Vol. 1. Varanasi: Choukhamba Bharati Academy; 2008. pageNo.572.
6. Shastri R, Pandey GA, Charaka Samhita. Vidyotani Hindi Commentary. Sutrasthana 23/3-4. Vol. 1. Varanasi: Choukhamba Bharati Academy; 2008. pageNo.436.
7. Kashinath Shastri and Gorakhnath Chaturvedi, Agnivesha, Charaka Samhita. Sutrasthana 23/5-7, page. No – 437.
