



Case Report

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Ayurvedic Approach in Management of Dyslipidemia: A Case Study

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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, Udvartana, 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 biles. 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 Bharvruddhi (Overweight), Swedadhikya (Excessive sweating), Angagaurav (Body heavyness), Ubhaya pada daha (Bilateral burning of foot), Katishoola (backache) since 1 year. Dadimashtaka Churna for rukshana, pachana purpose was given before virechana karma. Triphalaghrita was used for Abhyantar Snehapana in the form of achha 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, Ubhayapadadaha, 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, Madhura, Adhyashan, Atimatra Ahara and Beeja swabhava leads to medovaha srotodushti [3]. In due course of time srotorodha (Blockage) of medovaha srotas propagates defective tissue metabolism which leads to Medoroga and its associated disorders like Sthaulya, Prameha, Kushtha, disorders of Ama, Napunsakata, Dysuria [4].

Dyslipidemia can be coelated 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.

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Aim and Objectives

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

MATERIALS AND METHODS

A 64 years old female patient came to the OPD of Kayachikitsa of Bsd'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 Bharavridhi (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 snehana, 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.	Sarvanga Swedan	Nirgundi patra Kwath
4.	Virechana Yoga	Triphala, Trivrutta, 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 vyanodan 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, ushna, anabhishtyandi 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 diwaswapa (day sleep), vegadharana (suppression natural urges), ati vyayama (heavy exercise), speaking loudly, krodha (anger), shoka (depression), hima-apatapa sevan (direct exposure to hot and cold air). Before the Virechana, the rest period of two days (no abhyantar 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, Trivrutta, 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 pathyaapathya (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):

BT	AT
73.1KG	70 KG

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

Grade	Score	Feature
0	0	Sweating after heavy work and movement
+	1	Sweating after moderate work and movement.
++	2	Sweating after little work and Movement
+++	3	Sweating even at rest and in Cold season.

3. Ubhaya pada daha

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

4. Angagaurav

Grade	Score	Feature
0	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.

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	B.T.	A.T.
Bharvruddhi (Weight in Kg)	73	70
Swedadhikya	02	00
Ubhayapad daha	02	00
Angagaurav	01	00
Katishool	02	01

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	05-40 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, ubhaya 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 medovridhhi described in Ayurveda. This patient was treated on the line of management of medovridhhi.

In Ayurveda, the symptoms of dyslipidemia can be analysed and coorelated with medovruddhi. The analysis suggest Rasagata medas (Sneha) Vriddhi, Rasaraktagata medas (Sneha vriddhi). It also point to Aama, Vikruta Kapha, Kleda and Avaranaajanya phenomenon. Medoroga (stholya) is Santarpanotha vyadhi. Similarly sedentary life styles and heavy fatty diet is main cause of dyslipidemia. Our Acharyas have suggested Rukshana followed by Shodhana Chikitsa in Santarpanajanya Vyadhi.

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 vikasi guna detaches and liquifies 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 koshttha. 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, tridosahara. Laghu Ruksha guna and ushna virya 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, ubhaya pada daha, katishoola as a presenting complaints. After the completion of treatment swedadhikya, ubahaya 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.

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