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Effect of *Virechana Karma* along with *Guggulu Kalpanas* in the management of *Medoroga* - A Double Arm Study

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ABSTRACT

Metabolism is the natural process of the body, which is necessary to maintenance of the homeostasis of an individual person. Everybody constitutions are always in the process of metabolism, which is a combination of Anabolism (Construction) and Catabolism (Deterioration). As *Agni* is prime factor for all the *Chayapachayakriya*. *Medoroga*, is one of the Metabolic disease, in which contributing factors are *Agni*, *Ama* along with *Kaphapradhana Tridosha*, *Medodhathu*. Due to various types of etiological factors, the *Agni* in the body gets vitiated and *Jatharagnimandya* occurs. By this *Jatharagnimandya*, *Dhathuparinama* will not occur properly. This will lead to *Medoroga* and further many other *Upadravas*. To correct these conditions, Ayurveda has many modes of therapies like *Samshodhana*, *Samshamana*. By these we can correct the metabolism from the root cause. Here 40 Subjects diagnosed with *Medoroga* w.s.r. to Hyperlipidemia fulfilling the Inclusion criteria were selected for study and randomly categorized into two groups as Group A and Group B each consisting of 20 subjects. For both groups *Amapachana* with *Chitrakadi Vati*, *Sadhysonehapana* with *Murchita Sarshapa Taila*, *Sarvanga Abhyanga* with *Murchita Tila Taila* followed by *Swedana*. And *Virechana* was administered with *Virechana Gulika*. Than each group received two different *Shamanoushadhi*. So, the objective of the study is to establish the efficacy of *Virechana* along with *Dashanga Guggulu* and *Virechana* along with *Shadushana Guggulu* in the management of *Medoroga*.

Key words: *Medoroga*, *Hyperlipidemia*, *Dashanga Guggulu*, *Shadushana Guggulu*.

INTRODUCTION

The ancient Indians had attributed the secret of "Jivemsharadah shatam"^[1] - Hundred years of vigorous, healthy, happy and creative life - to the total harmony of the mode of living with the Nature and the spiritual inheritance of life. Like this health is multifactorial & complex. It is influenced by a number of factors. In which lifestyle has a significant influence on physical & mental health of human being.

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Metabolism in terms of synonyms of the body,

Kaya - *Chiyate Annadhibhirati Kayaha* = Anabolism

Sharira - *Shiryate Iti Shariram* = Catabolism

Deha - *Diha- Upachaye-Vardhate* = Metabolism

These terminologies show the importance of metabolic activity in the body by the Wear and Tear phenomenon at the proper time. Metabolism is the natural process of the body, which is necessary to maintenance of the homeostasis of an individual person.

These Metabolism is controlled by a many chemical reactions, hormonal activity etc. In our science these activities can be correlated with the *Prasadapaka* - Anabolism, *Malapaka* - Catabolism and *Dhatupaka* - Metabolism. Anabolic - the building up (synthesis) of compounds; Catabolic - the breaking down of compounds. Usually, anabolism consumes energy, and catabolism releases energy. Health is maintained by balancing these activities. Metabolism is controlled by a lot of chemical reactions, hormonal activity etc.

Medoroga does not bear a direct reference in the *Brihatrayi* though it can be studied under the broad umbrella of *Santarpanajanya Vikara*.^[2] Yet various scholars have tried to use distinct nomenclature as, *Rasagata Sneha Vriddhi*, *Rasa Raktagata Sneha Vriddhi*, *Medovriddhi*, *Medoroga* or *Medodosh*, *Amamedo dhatu*,^{[3],[4]} etc. A study of *Medoroga* reveals its similarity to *Asthayi Medo Dhatu Vriddhi*^[5] with regard to the pathophysiology. Also, this excessively increased *Asthayimedodhatu* is *Ama* in nature, due to which it is retained in the body for a longer time, resulting in *Pakshaghata*, *Dhamanikathinyata* and other *Upadravas*.

A detailed study of Hyperlipidaemia reveals its similarity to *Asthayi Medo Dhatu Vriddhi* on the basis of its pathophysiology. Also this excessively increased *Asthayi Medo Dhatu* is *Ama* in nature due to which it is retained in the body for a longer time resulting in further complications. *Santarpanottaahara-Vihara* causes *Agni Dushti* resulting in the formation of *Amaanna Rasa* and subsequent *Rasa Dhatu*. The *Amarasa Dhatu* leads to *Medodhatvagnimandhya*. This causes increase in *Asthayimedodhatu*. Then *Medodhatvagnimandhya* results in the increase of *amaasthayi medodhatu* (excessive circulatory lipids in blood) or *amasthayi medodhatu* (excessive adipose tissue) or both, which co-related with Hyperlipidemia.

The circulatory form of *Asthayimedodhatu* shows *Laxanas* as *Ashakthahasarvakarmasu*, *Kshudrashwasa*, *Utsahahani*, *Angagourava*, *Atisweda*, *Thrishna*, *Swedhadhikya* and *Nidradhikya*.^[6] Along with increase in the lipid levels of the blood. The contributing factors for the manifestation of Hyperlipidemia are *Agni*, *Ama* along with *Dosha*, *Dhathu* and *Mala*. Due to various types of etiological factors, the *Agni* in the body gets vitiated and *Jataragnimandya* occurs. By this *Jatharagnimandya*, *Dhathuparinama* will not occur properly. As a result, *Doshas* and *Dhathus* gets vitiated, especially *Kapha* and *Medas* along with *Vatadosha*.

For *Santarpanajanyavyadhi*, *Apatarpana (Langhana)*^[7] is the main line of treatment. *Langhana* includes *Chaturvidha Shodhana* and *Shamana* therapy.

Shodhana eliminates the vitiated *Doshas* from the body. Where as *Shamanaushadhi* without eliminating the *Doshas*, normalize the vitiated *Doshas* and *Dhatus*.

Medoroga being *Bahudosha* dominant condition *Samshodhana chikitsa*^[8] is preferred treatment modality among those *Virechana Karma* is best for the elimination of excessively vitiated *Pitta Dosha* and correct *Agni*, and to eliminate the *Vrudhaasthayi Medodhatu*.^[9] *Shodhananga Snehapana & Virechana* expels morbid *Doshas* as well as reduces the lipid levels & helps to maintain health and prevent vascular accidents.

For *Shamana* purpose we need the drugs which are having qualities like *Laghu*, *Rooksha*, *Lekhana*, *Ushna* *Veerya* and ultimately *Kapha & Medohara*.

Thus, considering the lack of definite Ayurveda comprehension as well as the magnitude of Hyperlipidaemia in the causing life threatening diseases. In the present study, the subjects were randomly selected according to the inclusion and exclusion criteria and were planned into two groups namely Group A and Group B containing 20 subjects of each.

The both groups were given with *Chitrakadivati* for *Amapachana*,^[10] *Sadhyosnehapana* with *Murchita Sarashapa Taila*^[11] and *Sadhyovirechana* with *Virechana Gulika*^[12] for *Koshtashuddhi*. Further for Group A *Dashanga Guggulu*^[13] and for Group B *Shadushana Guggulu*^[14] has been given as *Shamanoushadhi*.

OBJECTIVES OF STUDY

1. To study the effect of *Virechana Karma* in the management of *Medoroga*.
2. To compare the efficacy of *Dashanga Guggulu* and *Shadushana Guggulu* in subjects of *Medoroga*.

Inclusion Criteria

1. Subjects of age group between 20–60 years will be included.

- Subjects of either sex will be included.
- Both obese and non-obese subjects will be included.
- Subjects having all or at least any one of the lipid profile above normal ranges will be selected for the study.

Exclusion Criteria

- Subjects with Uncontrolled Systemic disorders like Hypertension, Diabetes mellitus, Thyroid disorder, Renal disorder which interfere with the course of treatment.
- Subjects with history of serious cardiac disorders like Myocardial infarction, Cardiac failure, Post-operative cardiac surgery.
- Subjects who are pregnant and lactating mothers.

Parameters of Study

Assessment Criteria

Improvement in Subjective & Objective Parameters of Medoroga (Hyperlipidemia) will be assessed before & after the treatment.

Subjective Criteria

A.	Subjective Parameters
1.	Ashaktaha Sarvakarmasu
2.	Kshudra Shwasa
3.	Utsahahani
4.	Angagourava
5.	Dourbalya
6.	Swedhadhikya
7.	Trishna
8.	Nidradhikya

Objective Criteria

Table 1: Showing gradings of Objective Parameters

B.	Lipid Profile
1.	Total Cholesterol
2.	Triglycerides

3.	LDL
4.	HDL

Intervention

Showing intervention of Group-A

Amapachana	Chitrakadi Vati till Nirama Laxanas are seen. Dose: 500mg with Ushnodaka before food (twice a day)
Sadhyo Snehapana	Moorchita Sarshapa Taila Matra : As per Agni, Koshta of Subject.
Vishramakala	Abhyanga with Moorchita TilaTaila followed by Swedana.
Virechana	Virechana Gulika Matra : As per Koshta of Subject.
Paschat Karma	Samsarjana Krama depending on Vega/Shuddi
Shamana Yoga	Dashanga Guggulu
Maatra & Anupana	1gram in divided doses with Ushnodaka before food.
Chikitsa Kala	45 days

Showing Intervention of Group-B

Amapachana	Chitrakadi Vati - Till Nirama Laxanas are seen. Matra: 500mg with Ushnodaka before food (twice a day)
Sadhyo Snehapana	Moorchita Sarshapa Taila Matra: As per Agni, Koshta of Subject.
Vishrama Kala	Abhyanga with MoorchitaTilaTaila followed by Swedana.
Virechana	Virechana Gulika Matra: As per Koshta of Subject.
Paschat Karma	Samsarjana Krama depending on Vega/Shuddi
Shamana Yoga	Shadushana Guggulu

<i>Maatra & Anupana</i>	1gram in divided dose with <i>Ushnodaka</i> before food.
<i>Chikitsa Kala</i>	45 days

Over all assessment of results	Grade of improvement
Complete relief	100% improvement
Marked response	76% - 99% improvement
Moderate response	51-75% improvement
Mild response	26 -50 % improvement
No response	Below 25% improvement

OBSERVATION AND RESULTS

TABLE 2: Showing observation on Subjective Parameters

Lakshana	Group A	%	Group B	%	Total	%
<i>Ashaktaha Sarvakarmasu</i>	16	80%	15	75%	31	77.5%

<i>Kshudrashwasa</i>	08	40%	12	60%	20	50%
<i>Angagourava</i>	17	85%	18	90%	35	87.5%
<i>Swedadhikya</i>	08	40%	12	60%	20	50%
<i>Dourbalya</i>	14	70%	16	80%	30	75%
<i>Utsahahani</i>	14	70%	17	85%	31	77.5%
<i>Trishna</i>	10	50%	08	40%	18	45%
<i>Nidradhikya</i>	08	40%	09	45%	17	42.5%

Table 3: Showing observation on Objective Parameters

Lakshana	Group A	%	Group B	%	Total	%
Total Cholesterol	16	80	14	70	30	75
Triglycerides	12	60	11	55	23	57.5
LDL	19	95	19	95	38	95
HDL	19	95	20	100	39	97.5

Table 4: Showing comparative effect of therapy on subjective & objective parameters in Group A & Group B

Assessment Parameters (N=40,D.F=38)	Group A			Group B			Unpaired t Test		
	Mean	S.D.	S.E.	Mean	S.D.	S.E.	t _{cal}	p value	Remarks
<i>Ashaktahasarva Karmasu</i>	1.5	0.97	0.22	1.9	1.17	0.26	1.17	>0.05	N.S
<i>Kshudra Shwasa</i>	0.65	0.80	0.18	1.4	1.2	0.27	2.32	<0.05	S.S
<i>Angagourava</i>	1.35	0.72	0.16	2.2	0.87	0.19	3.36	<0.05	V.S.S
<i>Swedhadhikya</i>	0.60	0.80	0.18	1.25	1.09	0.24	2.15	<0.05	S.S
<i>Dourbalya</i>	1.30	0.95	0.21	1.75	1.04	0.23	1.42	>0.05	N.S
<i>Utsahahani</i>	1.40	1.06	0.24	1.80	1.03	0.23	1.21	>0.05	N.S
<i>Trishna</i>	0.90	0.94	0.21	0.80	1.03	0.23	0.32	>0.05	N.S

<i>Nidradhikya</i>	0.70	0.95	0.21	1.05	1.20	0.27	1.02	>0.05	N.S
Total Cholesterol	0.70	0.55	0.12	0.80	0.74	0.16	0.48	>0.05	N.S
Triglycerides	0.40	0.58	0.13	0.45	0.67	0.15	0.25	>0.05	N.S
LDL	0.55	0.50	0.11	0.60	0.54	0.12	0.30	>0.05	N.S
HDL	0.15	0.36	0.08	0.10	0.46	0.10	0.38	>0.05	N.S

Table 5: Showing the overall effect of study on both Group A & Group B

Remarks	Group-A	%	Group-B	%	Total	(%)
Complete relief : 100% improvement	00	00	00	00	00	00
Marked response : 76% - 99% improvement	06	30	06	30	12	30
Moderate response : 51-75% improvement	11	55	14	70	25	62.5
Mild response : 26 -50 % improvement	3	15	00	00	3	7.5
No response : Below 25% improvement	00	00	00	00	00	00

DISCUSSION

The purpose of discussion is to interpret and describe the significance of findings in light of research study. It is a bridge which connects the findings with conclusion. If all the points are discussed with proper reasoning then they help to draw valid conclusions. Therefore, discussion is the main substratum of any type of research work.

The line of treatment for *Santarpanavikara* is “*Guru Cha Aparatpanam*” along with this *Vataghna*, *Kaphaghna*, *Medaharaannapana*, *Teekshna*, *Ruksha*

and *Ushna*, *Rukshabasthi*, *Udwartana* and many other herbal drugs are explained as per Acharya Charaka.

In *Raktadushti Chikitsa* it has been mentioned as “*Kuryatshonitarogeshuraktapittaharikriyam / virekamupasam cha sravanamshonitasya cha ||*” here *Pitta* is *Mala* of *Rakta*, so *Raktapitta Chikitsa* is adopted. *Virechana* to subside *Pitta*, *Upavasa* to do *Pachana* of *Dosha*, and *Raktamokshana* to prevent further aggravation of the disease.

Virechana not only eliminate *Pitta Dosha*, but also effective on *Kapha*, *Vata* and *Meda*. It eliminates those excessive *Kapha* and *Meda*. *Virechana* removes *Avarana* of *Vayu* in *Kostha* and corrects the *Agnivaigunyata*. Thus, *Ama Annarasa* is stopped to produce. Moreover, it corrects the *Medodhatvagni*. Therefore, the formation of *Uttaradhatu* is increased, while the excessive formation of *Medodhatu* is decreased.

In the present Study *Dashanga Guggulu* and *Shadushana Guggulu* is taken for Clinical study. *Dashanga Shuddha Guggulu* mainly contains drugs like *Haritaki*, *Vibhitaki*, *Amalaki*, *Shunthi*, *Maricha*, *Pippali*, *Chitraka*, *Musta*, *Vayuvudanga* and *Shuddha Guggulu* having highest concentration of *Guggulu* in the combination. *Shadushana Guggulu* contains (*Pippali*, *Pippalimoola*, *Chavya*, *Chitraka*, *Nagara*, *Maricha*), *Shuddha Guggulu*, *Ghrita* and *Madhu* in equal proportion.

Almost all the drugs are having *Katurasa*, *Laghu*, *Rukshaguna*, *Ushnaveerya*, *Katuvipaka* and *Kapha Vata Shamaka* with *Deepaniya*, *Pachaniya*, *Anahaghna*, *Asthanopaga*, *Sheetaprashmana*, *Kasahara*, *Triptighna*, *Vamana* properties which may

be helpful in disintegrating the *Samprapati* of *Medoroga*.

It is also having properties of *Deepana* (kindles the *Agni*), *Pachana* (enhances digestive power), *Kleda-Meda Shoshaka* (scrap out excessive *Meda* and *Kapha*), *Srotovishodhaka* (open the micro channels) and potent in *Lekhana* property. So, by all these properties it also helps in scrapping of excessive *Meda* and *Kapha*. It also acts on *Medodhatwagni*. Thus all properties in this formulation helps in breakage of pathogenesis of disease.

CONCLUSION

Hyperlipidemia is one of the greatest risk factor contributing to prevalence and severity of cardiovascular complications. Many allopathic Anti-hyperlipidemic drugs are available in the market but the side effects like hyperurecemia, myositis and hepatotoxicity were reported. Therefore attention is now paid to search natural hypolipidemic agents from herbal sources. Hyperlipidemia can be correlated with the *Medoroga*. It is a disorder of *Santarpananidana* with the involvement of mainly *Kaphapradhana Tridosha* and *Medodhatu* as *Dushya*. Excessive indulgence in oily and fatty food, sedentary life style, and psychological factors along with genetic predisposition play a major role in aetogenesis of *Medoroga*. *Kaphavritta Vatadosha* and *Medodhatvagnimandhya* are main responsible factors in pathogenesis of *Medoroga*. As it is *Bahudoshavastha*, *Shodhana* is indicated in *Medoroga*. And *Virechana* is one of the treatment modality in *Bahudosh* condition, it is selected for present study along with *Shamanoushadhi*. *Prakopanaviparyayo Hi Dhatunam Prashamkaranamiti*, as *Medoroga* is caused by the excessive *Snigdghata*, *Guruta*, *Picchila* etc.. to subside these *Ruksha*, *Laghu*, *Teekshna* and especially *Thridoshahara*, *Medohara*, *Lekhana*, and *Rookshana Dravyas* are selected for the study. Though both groups provided statistically significant results in subjects of *Medoroga*, but the overall percentage of improvement provided by *Shadushana Guggulu* is 71 %, while *Dashanga Guggulu* showed 60.93% of

improvement. From above results, we can conclude that comparatively *Shadushana Guggulu* showed more effectiveness on subjective parameters like *Ashaktaha Sarvakarmasu*, *Kshudrashwasa*, *Angagourava*, *Trishna* and remarkable reduction in the Total cholesterol, Triglycerides and LDL i.e. Group B. where as Group A shows improvement in subjective parameters, but in objective parameters 2 subjects were showed increase in Total cholesterol, Triglycerides, and LDL, may be due to not followed diet and regimen. In this study out of 40 subjects of *Medoroga* (Hyperlipidemia), after treatment 11 Subjects in Group A and 14 subjects in Group B had Moderate response to the treatment. 6 subjects in Group A and 06 subjects in Group B had marked response to the treatment, 03 subjects in Group A had Mild response to the treatment.

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