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Role of *Ubhaya Shodhana* in Hyperlipidaemia - A Case Report

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ABSTRACT

Hyperlipidaemia is an abnormal derangement of lipids in the blood and is found in many conditions including Diabetes Mellitus, Hyperthyroidism and Hypertension etc. The ability of hyperlipidaemia is to engage in the pathology of atherosclerotic diseases such as coronary heart disease, which dominates the scenario of diseases causing morbidity and mortality in the world. In Ayurveda, it can be correlated with *Medovaha Sroto Dushti* (vitiation of channels carrying fat tissue), management of which follows the treatment principles of *Medo Roga* (disorders of fat tissue). Here an attempt is made to discuss a successful case study of a 41 years male patient who presented with complaints of lethargy, unwillingness towards performing daily activities and easy fatigability since last 3 years diagnosed with hyperlipidaemia with Total cholesterol 317 mg%, LDL 193mg/dl, VLDL 45 mg% and HDL 79 mg% and Triglycerides 226 mg/dl. The patient was treated on *Kapha-Meda Nashak Chikitsa* using combination of *Shodhana Chikitsa* followed by diet and life style modifications. After the course of treatment, lipid profile was repeated. There was significant improvement in the biochemical parameters, indicating that hyperlipidaemia can be effectively treated with Ayurvedic interventions.

Key words: Hyperlipidemia, Ayurveda, *Medovaha Sroto Dushti*, *Shodhana*.

INTRODUCTION

Lipids are substances which are insoluble in water but soluble in hot alcohol, ether, benzene, petroleum ether and acetone. Lipids are either actual esters or potential esters of fatty acids.^[1] Elevated levels of fasting lipid levels in blood plasma with increased concentration of LDL cholesterol are known as Hyperlipidaemia. Physiologically lipids may be simple or complex. In

human plasma lipoprotein metabolism, the most important simple lipids are Fatty acids, Sphingosine and cholesterol. Cholesteryl esters and triglycerides are important complex lipids. Hyperlipidaemia is one such dietary condition described as a possible risk factor for cardiovascular disease, metabolic syndrome, and even hypertension. Hyperlipidaemia is elevated serum levels of cholesterol, triglycerides or both which may lead to pathology of atherosclerotic diseases such as coronary heart disease.

Hyperlipidaemia in Ayurveda classics can be studied as *Rasagata Sneha Vriddhi*, *Rasa Raktagata Sneha Vriddhi*, *Medovriddhi*, etc. Hyperlipidaemia is identical to elevated *Asthayi Sama Medo Dhatu Vriddhi* when stored in body for a longer time results in complications. *Kapha Dosha* and *Medo Dhatu* are affected which play an important role in the pathogenesis of *Atisthaulya* and *Prameha* in Hyperlipidaemia.

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According to *Charaka*, *Sarabhaga* or *Annarasa* of ingested food by action of both the *Jatharagni* and the *Bhutagnis* is directly absorbed from the *Amashaya* and is distributed throughout the body by means of the *Dhamanis*.^[2] After the action of the *Bhutagnis*, the *Upadana Medo Dhatu* thus formed is further subjected to the action of *Medodhatvagni*. *Chakrapani* has mentioned two types of *Dhatu*s viz., *Asthayi* and *Sthayi Dhatu*s after the action of *Dhatvagni*. Of these the *Asthayi Dhatu*s are the precursors of the *Sthayi Dhatu*s and are circulated throughout the body by means of *Srotas* which is specific for each of the *Dhatu*s. The *Asthayi* or *Poshaka Medo Dhatu* thus formed circulates through the *Medovaha Srotas* for nourishing the *Medo Dhatu*.^[3] *Asthayi Medo Dhatu* undergoes two *Pakas* or reactions viz; the *Prasada Bhaga* leading to the nourishment of the same *Sthayi Dhatu* and the preceding and *Kitta Bhaga* leading to the formation of the waste materials. *Medodhatvagni* results in *Sara-Kitta Vibhajana* and results in the formation of *Asthayi* or *Poshaka Medo Dhatu (Prasada Bhaga)* and *Sweda (Mala Bhaga)*. Thus, *Dhatvagnis* act in a twofold manner performing both, anabolism (for formation of *Sthayi Medo Dhatu* or Adipose tissue) and catabolism (to produce wastes like *Sweda*).

Hypo-functioning of *Dhatvagni* leads to increased synthesis leading to a quantitative increase of the *Dhatu* whereas its hyper-functioning will lead to a quantitative decrease. The same can be applied to *Medodhatvagni* which on impairment would lead eventually to either *Atisthoulya* or *Karshya*.^[4]

In case of the hypo-functioning of the *Medodhatvagni*, homologous nutrients present in circulation as the *Poshaka Medo Dhatu* (comprising of different categories of lipoproteins) will be in excess. This in circulation can be referred to the conditions such as quantitative increase of *Abaddha Meda* or *Asthayi Medo Dhatu* which is known as Hyperlipidemia (lipoprotein lipase deficiency, Apoprotein deficiency, LCAT deficiency, CETP deficiency, receptor proteins and receptor deficiency can be referred to *Medodhatvagni Mandyata* which will cause Hyperlipidemia). Basic line of treatment includes avoidance of etiological factors, *Apatarpana Chikitsa*

(depleting procedure), *Shodhana* (purification therapy) and *Shamana Chikitsa* (palliative therapy).

CASE REPORT

Pradhana Vedana

A 41 years old male approached Panchakarma OPD of Ayurveda Mahavidyalaya and Hospital, Hubballi, with complaints of weight gain, lethargy and unwillingness to do any work since 3 months. He also complained of easy fatigability since past 3 months.

Anubandhi Vedana

- Flatulence
- Abdominal heaviness after meal.
- Epigastric burning sensation since last 6 months.

History of Present Illness

Patient was said to be healthy before 6 months after which he had repeated complains of flatulence, abdominal heaviness after consumption of meals and epigastric burning sensation on and off. Patient also complains of gradual weight gain over a period of 3 months of about 4 kg, he also experienced easy fatigability on mild exertion and no will to perform day to day activities. Patient has past history of Hypothyroidism for which he is on oral medication, with no history of Diabetes Mellitus, Hypertension or cardiac illness.

Family history: Nothing significant.

Personal History

Patient was consuming more of non-vegetarian diet, with disturbed sleep pattern. He consumes betel nut 3-4 times a day and He also stand for prolonged duration with untimely eating habits due to work.

Systemic Examination

Respiratory, Cardiovascular, Gastrointestinal and Central nervous systems were within normal limits.

Astavidha Pariksha

- *Nadi - Kapha Pitta*, 74/min
- *Malapravrutti - Prakruta*

- Mutrapravrutti - Prakruta
- Jiwaha - Lipta
- Shabda - Prakruta
- Druk - Prakruta
- Akrti - Sthula

Roga Pareeksha

Nidana

- Consumption of more *Guru, Madhura, Sheeta, Snigdha, Dadhi*
- Prolonged standing for hours
- *Shrama Atiyogat* (excess work)
- *Avyayama, Avyavaya, Divaswapana, Bhojanottara Nidra*

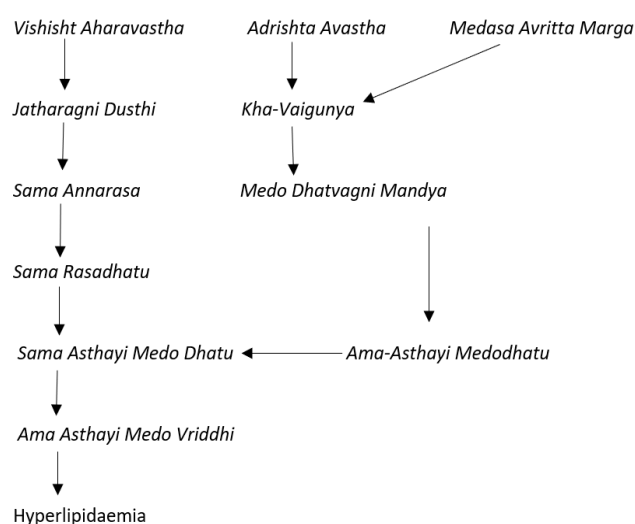
Purvaroop

Stholya

Roopa

- Weight gain
- Lethargic
- Easy fatigability

Samprapti



Samprapti Ghataka

- *Dosha - Tridosha (Kapha - Kledaka Dravyatah Gunatah Vriddhi, Pitta - Pachaka Karmatah*

Kshaya, Vata - Samana and Vyana Karmatah Kshaya)

- *Dushya - Rasa, Meda, Vasa, Mamsa*
- *Srotas - Medovaha Srotas, Rasavaha Srotas, Swedavaha Srotas, Udakavaha Srotas*
- *Srotodusthi - Sanga, Margavarodha and Ama Annarasa Atipravriti*
- *Udbhava Sthana - Amashaya*
- *Sanchara Sthana - Rasayani*
- *Vyakta Sthana - Sarva Shareera* (buttocks, elbow, tendons, eyelids etc.)
- *Agni - Jatharagni, Medodhatvagni*
- *Adhisthana - Vapavahana and Meda Dhatu Kala*

Chikitsa (treatment given)

The patient was administered *Ubhaya Shodhana* (Emesis and purgation therapy). After proper *Deepana Pachana* patient was given *Snehapana* followed by which *Vamana* and *Virechana* was administered in the following sequence. The details of the procedure are as described below.

Chikitsa Upakrama	Aushadha Dravya	Duration
Amapachana	Trikatu Churna	15 days
Snehapana	Murchhita Ghrita	5 days
Vamana	Madanaphaladi Yoga	Vega - 11 Upavega - 05
Abhyanga and Svedana	Murchhita Tila Taila	3 days
Virechana	Trivrut Lehya	Vega - 22 Upavega - 04

RESULT

A significant difference was observed in all parameters of assessment post treatment which were reflected in the investigations performed, the details are as follows.

Table 2: Functional Assessment

Parameter	Before treatment	After treatment
Height	164cm	164cm
Weight	85kg	81kg
BMI	31.6kg/m ²	30.1kg/m ²

Table 3: Pathological Investigation

Parameter	Before treatment	After treatment
Total Cholesterol	317mg/dl	226mg/dl
Serum Triglycerides	226mg/dl	156mg/dl
Serum LDL	193mg/dl	129mg/dl
Serum HDL	79.2mg/dl	66mg/dl
Serum VLDL	45mg/dl	31mg/dl
Total/HDL Cholesterol Ratio	4.0	3.4
LDL/HDL Cholesterol Ratio	2.4	2

DISCUSSION

Trikatu Churna was given for *Amapachana*, *Vata Anulomana* and *Koshtha Shuddhi*. *Trikatu Churna* possess *Ushana Veerya*, *Katu Rasa* acts as *Kaphahara*, *Deepana* and *Pachana* helps in breakdown of *Ama*.

Murchhita Ghrita - Main ingredients *Pathya*, *Dhatri*, *Bibhitaki*. In this study, *Ghrita* instead of *Taila* was selected for *Snehapana* considering palatability and *Taila* is heavier (hard to digest) than *Ghrita*. It has power to assimilate effectively properties of other substances (*Sanskara Anuvartana*). After attaining *Samyak Snigdha Laxana* next day *Abhyanga* was done with *Murchhita Tila Tail* followed with *Bashpa Swedan* prior to *Vamana*. Before *Virechana* in three days of *Vishrama Kala*, *Abhyanga* was done. *Abhyanga* and *Swedana* facilitate diffusion of *Dosha* towards *Koshtha*. Pressure given in direction of Lymph drainage increases flow of lymph and bring excess *Doshas* from

tissue spaces towards *Koshtha*. By *Swedana* heat is transformed inside body which liquifies *Dosha*, increases blood flow and leads to increased osmotic pressure.

After *Samyak Snehana*, *Vamana* is carried out with *Madana Phala*, *Pippali Churna*, *Vacha*, *Saindhava Lavana*, *Madhu*, *Yastimadhu Phanta*. *Vamana* drugs have *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, *Vikasi Gunas*. *Ushna Guna* helps in *Pachana*, *Deepana*, *Swedana*. *Agneya* property of *Vamaka Dravya* spreads drug at *Sukshma Srotas*. *Chinna* detaches from *Srotas* and brings to *Koshtha* by virtue of *Prabhava*. *Udana Vayu Prerana* with *Agni* and *Vayu Mahabhuta* helps in *Doshaharana*. *Vamana Karma* was the best line of management for *Medoroga*. *Vamana Karma* is one of the classical Bio-Cleansing therapy which eliminates the morbid material, like vitiated *Dosha*, metabolic waste, unwanted excessive accumulated substance from the body. It is specific for *Kapha Dosha* which belongs to the category of *Medo Dhatu* (Fats), there by having its direct effect on Fat tissue which may be one of the reasons for reduction in lipid levels, further *Vamana* also corrects *Pitta Dosha* to moderate extent indirectly improves functioning of liver which plays an important role in the lipid metabolism.

Trivrut Lehya with ingredients *Trivrut*, *Khanda Sharkara*, *Trijataka*, *Ghrita* was selected for *Virechana Karma - Sukha Virechana*. *Trivrut* being *Tikta*, *Katu Rasa*, *Ushna Veerya*, *Katu Vipaka* acts as *Pitta Kaphahara* and removes *Doshas* from *Koshtha* by *Rechana* property. *Katu Rasa "Margan Vivrunoti"* dilates *Srotas* at cellular level. *Laghu*, *Rooksha*, *Teekshna Guna* help for *Deepana* and *Pachana*. *Srotoshodhana* acts on minute channels and *Twak Prasadana*. *Virechana* procedure breaks the pathology by two ways - first by correction of deranged lipid metabolism and secondly by increasing the excretion of lipids through bile salts thus reducing the plasma overload.

CONCLUSION

Hyperlipidemia shows its resemblance to *Medovaha Srotodusti Vikara* based on the causative factor, clinical features and pathophysiology. *Ubhaya Shodhana* plays

potential role in management as well as on its prevention by reversing pathogenesis. While this case study was conducted with a single patient over a short period of time, the mass study with a broad statistical approach is necessary for further evaluation.

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