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case study on efficacy of Virechana Karma bv Α Phalatrikadi Kwatha in management of Dyslipidemia

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ABSTRACT

Dyslipidaemia itself harbour many future deadly diseases. Every 1% increase in cholesterol level is responsible for 1-2% increase in the incidence of Coronary Heart Disease. It is a lifestyle metabolic disorder because of faulty food habits, minimum physical exercise, stress etc. As there is no direct reference of Dyslipidaemia in Ayurveda. But due to resemblance of its etiopathogenesis and clinical features, it may come under broad umbrella of Santarpanjanyavyadhi, Medopradoshaja Vikara and Medosroto Dusti. Virechana Karma is line of treatment for Santarpanajanya Vyadhi and Bahudoshawastha. The aim of this study was to treat Dyslipidemia with Virechana Karma. Lipid profile was opted for the assessment of Dyslipidaemia before and after the treatment. Phalatrikadi Kwatha was chosen as Virechana Karma drug as its contents has hypolipidemic properties. The present case had 24 years old female with complaints of weight gain, fatigue, drowsiness, heaviness in the body, hyperacidity since 4 years. Before Virechana Karma, total cholesterol, VLDL & triglyceride levels were high. After Virechana Karma, significant result was found on the level of total cholesterol, VLDL & triglyceride. There was complete remission of symptoms. Patient lost 7 kg of weight. This improvement may be due to the correction of Agni by Virechana Karma and removal of abnormal lipids from body and Ruksha, Tikshna, Srotoshodhaka, Lekhana, Kaphamedahar, Agnivardhaka properties of Phalatrikadi Kwatha. Hence from this study it can be concluded that, Virechana Karma is effective and can be safely used in the management of Dyslipidaemia.

Key words: Dyslipidaemia, Santarpanjanyavyadhi, Bahudoshawastha, Medopradoshaja Vikara, Virechana Karma

INTRODUCTION

Urbanization has made man to acclimatize himself to the fast paced life by altering his dietary and lifestyle preferences, which are just enough to live but not beneficial to living being and his, giving birth to magnitudes of diseases which are widely mentioned as "lifestyle diseases". One such disease is Dyslipidaemia

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"disorder of lipoprotein", including either excess production of lipoprotein or deficiency.^[1] So, it causes abnormal amounts of the lipids (e.g., cholesterol and/or fat) in the blood. Dyslipidaemia may be manifested by elevation of total cholesterol, low Density Lipoprotein cholesterol (LDL), triglycerides, very low density lipoprotein cholesterol (VLDL) and decrease in high density lipoprotein cholesterol (HDL) concentration in the blood i.e. presence of abnormal serum lipid concentration of one or more types.^[2] Leading etiological factors are unhealthy dietary habits e.g., increased intake of sugar & refined carbohydrates and intake of food rich in saturated fatty acid and trans fatty acids & cholesterol. Habit of taking meals at wrong time, family history of Dyslipidaemia, Diseases like diabetes mellitus, obesity, hypertension and addiction like alcohol consumption, smoking, tobacco. Advanced age, sedentary lifestyle, lack of exercise, stress etc. Prevalence of Dyslipidaemia as per ICMR-INDIAB study is 13.9% population had

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hypercholesterolemia, 29.5% had hypertriglyceridemia, 72.3 % had low HDL-C, 11.8% had high LDL-C levels. Dyslipidaemia enhances the risk factors for causing cardiovascular diseases (CVDs). Being the leading causes of mortality, CVDs is responsible for more deaths annually than any other diseases.^[3] Hypercholesterolemia is estimated to be the cause of 18% of global cerebrovascular diseases & 56 % of global Ischemia heart disease.^[4] In India, the prevalence of CVD over the past two decades so much, that accounts for 24% of all deaths among adults aged 25-69 years.^[5]

Single contributory factor for many life style diseases is Medoroga (Dyslipidaemia). Lipids are structural component of various cell membranes. Lipids have a normal property of Snehatwa (lubricity). Sneha is present in Medo Dhatu, Vasa and Majja Dhatu, so they can be correlated to lipids, when it is in an morbid state it causes Rasagata Snehavriddhi and also leads to Medodushti (Dyslipidaemia).^[6] When Nidanas like Snigdha, Guru, Picchila Guna & Chesthadvesha (lack of physical activity) vitiate Doshas and leads to Santarpanajanya Vyadhis. Those morbid Doshas produces Agni Vikriti. As an outcome, the Ama goes straight forward to Medodhatu and blends with Kapha at the tissue level and causes an increase in Meda Dhatu. This results in Srotasavrodha, channels of Dosha are blocked and thus Vata in the Kostha causes Jatharagni Sandhukashan, which results in food cravings and leads to over-intake of food consequentially leading to Medoroga.^[7] The study of dyslipidaemia can be done on the basis of studying two of the closest diseases in Ayurveda having some amount of relation with hyperlipidaemia are Atisthaulya or Medoroga and Prameha. As there is no direct references in Ayurveda that can be associated with dyslipidaemia. Dyslipidaemia includes hyperlipidaemia and hyper lipoproteinemia due to presence of abnormal lipoproteins in the blood. Aggravated Medo Dhatu causes diseases like Prameha and obesity, diseases of Pitta , Kapha and Rakta etc., which are almost Santarpana Janya Vyadhi and have Bahu Doshawastha.^[8] Samshodhana is the line of treatment of Santarpana Janya Roga and Bahudoshawastha.^{[9],[10]} Virechana Karma (Purgation) is best for the elimination of excessively vitiated *Dosha* and for correction of *Agni* which is the basic factor involved in the pathogenesis of any *Roga*. Liver is the main organ involved in lipid metabolism and is vital *Pitta Sthana*. *Virechana Karma* is chief treatment for vitiated *Pitta* and *Pitta Sthana*^[11] Apart from *Pitta*, morbid *Kapha* and *Vata Dosha* are also eliminated from the body.^[12]

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Chief complaints

A female patient of 24 years old presented with chief complaints of weight gain, fatigue, drowsiness, heaviness in the body, hyperacidity since 4 years.

History of Past illness - No history of Hypertension, DM, Thyroid disorder

Personal history - She was consuming high saturated fatty acid (ghee, butter, cheese etc). Since she always felt tired, she didn't do much physical exercises.

General Examination

General condition: Fair Pulse rate: 80/min RR: 20/min BP: 110/80 mm hg Weight: 79 kgs Height: 166cm Temperature: 98°F BMI - 28.7 kg/m² *Rogipariksha*

- Prakriti (Constitution) : Pitta-Vataj
- Sara (composition) : Medosara
- Satva (mental health) : Avar
- Samhanan : Avar
- Koshta : Madhyama
- Agni (digestive power) : Rasadhatu Agni Mandhya, Medhodhatu Agni Mandhya

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- Aharshakti Abhyawaranshakti (capacity of intake food) : Madhyama
- Jaranshkti (digestive power) : Madhyama
- Vyayamshakti : Awar
- Vaya : Yuga
- Jihawa : Saam

Diagnosis

National cholesterol education program (NCEP), ATP III classification of total cholesterol, LDL cholesterol and HDL cholesterol.^[13]

Investigations: (before and after treatment)

Lipid profile

On initial assessment investigation revealed that the level of S. Cholesterol (T), VLDL and triglyceride was high. So *Virechana Karma* with *Phalatrikadi Kwatha* was planned.

Procedure	Drug, Dose	Duration
Deepana and Pachana	<i>Chitrakadi vati</i> 2 tablet thrice a day after taking meal with lukewarm water.	3 days
Snehapana	Mahatriphaladya Ghrita as per Koshta and Agni (in morning with empty stomach) Anupana - Dhanyaka Nagar Siddha Ushna Jala	6 days
Abhyanga & Swedana	Abhyanga with Tila Taila (35 min) and Sarvanga Sweda (10-15 min)	3 days
Virechana Karma	Virechaka Yoga - Phalatrikadi Kwatha ^[14]	1 day
Sansarjana Krama	Diet as per Prava Shudddhi (from the evening of Virechana Karma day)	7 days

OBSERVATIONS AND RESULTS

The patient had 28 *Vegas* and *Kaphanta Shuddhi*. So, the *Shuddhi* was *Pradhana*. The outcomes were assessed before *Deepana Pachana* and after

Sansarjana Krama. Even after completion of Snehapana patient lost 3kg. Patient felt relief in hyperacidity, lightness in body and felt more energetic and refreshed. There was significant improvement in the symptoms as level as the objective parameters given below.

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Parameters	Before treatment	After Treatment
Body weight	79 kg	72 kg
вмі	28.7 kg/m ²	26.1 kg/m²
S. Cholesterol	216 mg/dl	191mg/dl
S. Triglyceride	428.6 mg/dl	168.5mg/dl
VLDL	86%	34%

DISCUSSION

Dyslipidemia can be covered under the umbrella of Atisthaoulya, as it is a Medo Pradoshaj Vikara, Santarpana Janya Vyadhi and also under Prameha (symptoms of Medowaha Sroto Dushti are the Purva Prameha).^[7,8,14] of Development Roopa of dyslipidaemia may be prodromal sign of future diabetes which is proved by a study conducted in Korea i.e., Lipid and lipoprotein profiles can be independently associated with later development of type 2 diabetes.[15] Virechana Karma is line of treatment of Bahudoshawastha and Santarpana Janya Vyadhi, infact many diseases in which morbid Doshas are present in Medo Dhatu (Dhatugata Jwar).^[9,16,17] So, Virechana Karma was chosen in this case to correct Agni (factor responsible for digestion and absorption) which is the basic factors involved in the pathogenesis of Medoroga.[18,12]

Bile present in our body has similar function to the *Pitta*. The superlative treatment for *Pitta Dosha* and *Pitta Sthana Vyadhi (Yakrita)* is *Virechana Karma*. During *Snehapana* poly unsaturated fatty acids stimulate oxidation of cholesterol to bile acids. When lipid rich diet enters duodenum, Cholecystokinin hormone is released, stimulating contraction of Gall

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bladder, thus resulting in bile secretion. *Virechana Karma* corrects the functioning of *Agni* and ultimately

normalise the functions of Liver.

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Once the functioning of liver is corrected, the synthesis of cholesterol may be checked and excretion of cholesterol may be increased by stimulating the bile production. This is how the deleterious substances are brought from the peripheral tissues to the intestine. Faecal fat is largely endogenous, containing to appear in the faeces, though all the fatty materials has been excluded from the diet;^[19] This means the excess lipids present at the plasma and tissue level might have entered to the intestine for the excretion by Virechana Karma. This implies that through the Purvakarma the morbid Doshas are brought from Shakha to the Kostha from where they are excreted. Rationale behind using Phalatrikadi Kwath is that, it is drug of Prameha (Purvaroopa of Prameha are the symptoms of Medovaha Sroto Dushti). The contents of drug chosen has hypolipidemic properties which are scientifically proved. Musta has Kaphahara, Agnideepana, Aampachana properties which makes it Medohara drug.^[20] The bioactive compounds present in Musta (Cyperus Rotundus rhizome) have hypolipidemic potentials and compare effectively with the standard clinically used therapeutic hypolipidemic agent, Simvastatin.^[21] Cyperous rotundus treatment proved to be effective in reducing the extent of lipid peroxidation improves the lipid profile. The potential hyperlipidaemic activity of Cyperous rotundus may be due to presence of phenolic groups.^[21] Indrayana is a potent purgative drug with Tikta Rasa, Laghu Guna and Kaphahara properties.^[22] In a study it was reported that the presence of high amounts of saponins in Indrayana (C. colocynthis) might contribute to the reduction of cholesterol levels by reducing the absorption of cholesterol, increasing the repel of fecesic Estrol, and diarrhoea due to increase peristalsis (Milgate And Roberts, 1995).^[23] Daruharidra has same qualities like Haridra, it is Ruksha, Ushna, Tikta, hence it is Medohara and Kaphahara too.^[24,25] Berberis aristate / Silybum marianum reduced total cholesterol, triglycerides and low-density lipoprotein cholesterol and increased high-density lipoprotein cholesterol.^[26] *Triphala* is amongst one of the best drug for *Sthaulya*. It is proven remedy for anorexia, enhances *Agni* and has *Kaphahara* properties.^[27] It act as hypolipidemic drug due to reduction in the absorption of Cholesterol.^[28] Better result was found in the level of total Cholesterol, VLDL and triglyceride. Before *Virechana Karma*, level of total Cholesterol, VLDL and triglyceride were raised. After *Virechana Karma*, level of total cholesterol, VLDL were found in normal limit and triglyceride was slightly above normal range. Ample relief was found in the symptoms of heaviness in the body, drowsiness, hyperacidity, fatigue and hyperacidity. She lost 7kg of weight. Thus, there was improvement in the digestion and metabolism.

CONCLUSION

For every 1% increase in cholesterol level, there is 1-2% increase in the incidence of coronary heart disease. Dyslipidaemia is the abnormal amount of lipids in the blood due to impaired lipid metabolism. Primarily there is *Agni Vaishamya*, involvement of *Medo Dhatu*, *Medovaha Srotas* and *Bahudoshavastha*, *Santarpana Janya Vyadhi*. Hence, *Virechana Karma* is best to correct *Agni* and *Anuloman* of *Vata Dosha*. *Tikshna Ushna Katu Dravya* were chosen for *Virechana Karma*, these *Dravya* are used for *Chikitsha* of *Kapha Dosha*. So, *Virechana Karma* was very effective in reducing the cholesterol, triglycerides level and VLDL.

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