

“EFFECT OF VIRECHAN KARMA ON HYPERLIPIDEMIA - A CASE REPORT”

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ABSTRACT

Hyperlipidemia is a rise in plasma cholesterol, triglycerides or both (Low density lipoproteins, total cholesterol and high density lipoproteins ratio) in the blood. Obesity is frequently though not invariably accompanied by hyperlipidemia as a secondary cause.^[1] The treatment of obesity, if present can have a favourable impact on plasma lipid levels and should be actively encouraged.^[2] It is a major lifestyle disorder in affluent societies which has been referred as the santarpanjanya vyadhi (over nutrition) in the classical texts.^[3] Obesity exacerbates a large number of health related problems, both independently and in association with other diseases. The line of treatment of sthoulya is described as Nidanparivarjana and Apatanpara. Chikitsa (Shodhana like vama or virechana)^[5]. In this case study Rukshan – Pachan with Amapachaka vati, Triphala-musta kashaya, snehapana with guggulu tiktaka ghrita and virechana with Abhyadi modaka as shodhan chikitsa were given. At the end of the 20th day treatment, virechan karma showed good results in symptoms of obesity as well as complete normancy in lipid profile.

KEYWORDS: Hyperlipidemia, Obesity, Virechan karma, sthoulya, Medopradoshaja vikara.**I. INTRODUCTION**

Hyperlipidemia is the condition of abnormally elevated levels of any or all lipids and/or lipoproteins in the blood.^[1] The hyperlipidemia and obesity are the reflections of various factors like food habits, lifestyle, inherent genetic characteristics, diabetes, renal diseases. etc.^[2] Hyperlipidemia may be a clearly risk factor for coronary artery disease.^[3]

Obesity is a metabolic disorder, generally occurring in affluent societies, because of imbalance between energy intake and energy expenditure. It is associated with mortality and predisposes to the development of fatal diseases like – Diabetes, Hypertension, MI etc. It is also expressed in terms of body mass index.^[4] Obesity is frequently though not invariably accompanied by hyperlipidemia as secondary cause. The increase in adipocyte mass and accompanying decrease in insulin sensitivity associated with obesity have multiple effects on lipid metabolism. More free fatty acids are delivered from the expanded adipose tissue to the liver where they are re-esterified in hepatocyte to form triglycerides, which are packaged into VLDL for secretion into the circulation. High dietary intake of simple carbohydrates also drives hepatic production of VLDL leading to increase in VLDL or/and LDL in some obese individuals.^[5] Dietary and life style modification is the initial therapy recommended in the management of Hyperlipidemia.^[6] If hyperlipidemia is associated with

obesity, the treatment of obesity can have a favourable impact on plasma lipid levels and should be actively encouraged.^[7] Based on the guidelines of ADA and the American Heart association, the priorities in the treatment of Hyperlipidemia is (1) lower the LDL cholesterol, (2) Raise the HDL Cholesterol (3) Decrease the triglycerides.^[8] Obesity with Hyperlipidemia are described under the umbrella of Medopradoshaja vikara. i.e. sthoulya with asthaya medodhatu vriddhi. It is a major life style disorder which has been described as santarpanjanya vyadhi (over nutrition) in the classical texts.^[9] Sushrutacharya, clearly explained the Rasadhatwagni mandya which directly leads to medo dhatwagnimandya leads to rasagata, raktagata sneha vriddhi, Ashtayi medodhatu vriddhi i.e. extra deposition of fats.^[10] The line of treatment of sthoulya is described as Nidan parivarjana and Apatarpana chikitsa. i.e. shodhana like vama or virechana. In this case, virechana was selected which showed good results in the symptoms as well as complete normnancy of lipid profile.

II. A Case Report

A 45 years old female patient came to Panchakarma OPD of Government Ayurved College, Nanded, Maharashtra, India presented with the complaints of Weight gain, dyspnoea on exertion etc. since 6 months. Patient was thoroughly examined and detailed history was taken. Patient was housewife and did not have

history of any other major illness. O/E General Condition – moderate, afebrile, Pulse rate – 76/min. Regular.

done. Patient was advised for lipid profile and diagnosed as Hyperlipidemia on assessment.

III. Investigation

Routine investigations such as complete blood count, random blood sugar, urine routine and microscopic were

O/E Weight gain – Chala-sphika, stana udarlambanam, -Atikshudna Atipipasa, Nidradhikya, Dourgandya, Dyspnoea on exertion i.e. srama.

Lipid Profile

	Body Weight 92.6 kg
S.Cholesterol	265.0 mg%
S.Tryglyceride	213.0 mg%
S HDL	32 mg%
S LDL	188.4 mg%
CHO/HDL Ratio	7.7
LDL / HDL Ratio	5.5
Hb %	9 gm./dil.

ASSESSMENT CRITERIA

1)	Chala-sphika, stana	0	-	Absent
	Udar lambanam(CSUS)	1	-	Felt by himself
		2	-	Felt by himself only on brisk walking.
		3	-	Observable by others on brisk walking
		4	-	Observable by others on normal walk.
2)	Antipipasa	0	-	Normal 1 to 2 lit/day
		1	-	2 to 3 lit/day
		2	-	3 to 4 lit / day
		3	-	more than 4 lit /day
3)	Atikshudhaa	0	-	Normal - 2 times / day
		1	-	mild 2 to 3 times / day
		2	-	Moderate 2 to 4 times / day
		3	-	Severe more than 4 times / day.
4)	Swedadhikya	0	-	Normal
		1	-	Mild increase in sweating
		2	-	Moderate increase in sweating
		3	-	Profused sweating.
5)	Dourgandhya	0	-	Absent
		1	-	Mild
		2	-	Moderate
		3	-	Profused
6)	Nidradhikya			
	No day sleep	0	-	Normal 6 to 7 hrs satisfactory
	1 to 2 hrs /day	1	-	7 to 9 hrs / day
	2 to 3 hrs /day	2	-	9 to 10 hrs / day
	More than 3 hrs/day	3	-	more than 10 hrs / day
7)	Srama	0	-	Absent
		1	-	Srama on excess work
		2	-	Srama on Moderate work
		3	-	Srama on mild work.

IV. Treatment Given

- Rukshan – Pachan given with – triphala (Terminalia chebula, Embica officinals and terminalia belirica) and Musta [Cypercis rotundus] Kwatha given 40 ml BID after meal for 6 days as per procedure mentioned in Sharangdhar Samhita. Amapackak vati 2 gm BID was given for 6 days and Nirama lakshanas observed.
- Snehapana with guggulu tiktaka ghrita given for 5 days in increasing quantity everyday with lukewarm water as Anupana.
- Light diet in afternoon only Krishara i.e. Khichadi and at nights only 2 phulkas with leafy vegetables were advised. After 5 days samyak snigdha lakshanas observed.
- Sarvanga abhyang with Murchita tila taila for 30 min and petisweda for 10 to 15 min. was given for 3 days. Samyak snigdha and samyak swinna lakshanas observed. .
- Virechana on 4th day at 10.00 a.m. in the morning after sarvanga abhyanga and peti sweda was given

- with Abhayadi modaka 3 tab with lukewarm water as Anupana.
- After 1 ½ hr. virechan vega started. Total 14 vegas passed in 12 Hrs. In last vega mucoid (picchila) motion was passed. Pulse rate and blood pressure were within normal limits.
 - Patient felt lightness in body. Weakness etc. symptoms.
 - In paschat karma, samsarjana karma with Peyadi Krama advised for 5 days.

Day	Quantity	Time given	Time of apete
1 st	30 ml	8.45 a.m.	11.00 a.m.
2 nd	60 ml	7.30 a.m.	12.00 noon
3 rd	90 ml	7.35 a.m.	2.30 p.m.
4 th	120 ml	7.30 a.m.	5.30 p.m.
5 th	150 ml	7.30 a.m.	8.00 p.m.

Signs and symptoms	BT	AT
1. Chala-Shika,sthana udar lambanam	4	2
2. Atipipasa	1	0
3. Atikshuda	2	1
4. Swedadhikya	2	0
5. Dourgandhya	1	0
6. Nidradhikya	1	0
7. Srama	1	0
Objective Parameters		
Weight	92.6 Kg	86.1 Kg
Hb	9 gm/dl.	9.6 gm/dl

Lipid Profile

			Normal
S.Cholesterol	265 mg%	221 mg%	130-250 mg%
S.Tryglyceride	213 mg%	150 mg%	50-150
S HDL	31 mg%	44 mg%	30-70
S LDL	188.4 mg%	146.8 mg%	50-160
S VLDL	42.6 mg%	30.2 mg%	15-30
CHO/HDL Ratio	7.7	5	3.5 – 5
LDL / HDL Ratio	5.5	3.3	1 to 4.5

Roga Prakruti	Sampraptighataka	Samprapti vighatan
Dosha	Kapha-vataja	Kapha-vatahara-Virechana
Dushya	Rasa, Meda	Rukshan-pachan
Agni	Dhatwagni i.e. Rasa and Medodhatwagnimandya	Rukshan-pachan
Srotas	Medovahasrotodushti	Virechana
Uddhbhavasthana	Amashaya	Virechana
Vyaktisthana	Sarva sharira	Snehapana with guggulu tiktaka ghrita.
Roga	Medoprodoshaja vikara i.e. Sthoulya with Medovridhi	Shodhan chikitsa so virechana & snehapana with GTG with Samsarjankrama.
Upadrava	Dysponoea on exertion due to Medovridhi	Virechana Karma

DISCUSSION

In above case study, patient was suffering with Medopradoshaja vikara i.e. sthoulya which can be correlated with Hyperlipidemia and Obesity. Hyperlipidemia is the condition which shows increased levels of lipids and lipoproteins in the blood. The condition shows involvement of mainly asthaya medodhatu, and kapha predominance with Agnimandya which leads to production of Ama. Rasadhatwagnimandya directly leads medodhatwagnimandya which blocks proper formation of further dhatus are main pathological factors of

Medopradoshaja vikara w.s.r. to sthoulya. To remove the root cause of the disease, Virechana karma in terms of shodhan chikitsa was selected for this case. In poorva-karma, rukshana with (triphala+Musta) Kwatha was given which are Lekhaniya drugs. Amapachaka vati helps for amapachana snehapaa was selected with guggulu tiktak ghrita. The recent study shows that these compounds are antagonist legands for the bile acid receptor farnesoid X-receptor (FXR) which is an important regulator of Cholesterol homeostasis. Tikta Rasa drugs are having the quality of chedana and lekhana also, which are helpful for decrease in medodhatu i.e. fat

from the body. Virechana karma was given with Abhayadi modaka as Ruksha Virechak dravya. Samsarjana karma was given for 7 days to improve dhatwagnimandya. The overall effect of therapy, patient got significant improvement in signs and symptoms and weight was reduced by 6.5 kgs. S.cholesterol, S.triglycerides, S.LDL and S.VLDL were markedly reduced and S.HDL was increased.

CONCLUSION

In this case study, we got significant results of Virechan Karma. The treatment given for Hyperlipidemia was Rukshan-Pachana, Snehapana with guggulu tiktak ghrita, shodhan i.e. Virechana with abhayadi modaka helped for amapachana, rukshana and sroto vishodhana to remove the vitiated asthaya medodhatu i.e. increased lipids and lipoproteins as well as helped to increase HDL Cholesterol which is a good cholesterol means regulated the proper formation for Medadhatu by relieving medodhatwagnimandya to bring equilibrium.

Snehapana with GTG also helped for reduction in lipids and lipoproteins which may help to remove the misconception about the oral intake of sneha i.e. lipids may lead to an increase in biochemical parameters. It is found that there was reduction in LDL, VLDL, triglycerides, S.Cholesterol and increase in HDL, which is a very good sign. Thus an attempt was made to provide safe and effective treatment to the patient.

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