



A Case Study: Management of Medovrudhi with special reference to Hyperlipidaemia by Ayurvedic medicine.

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Abstract:

Hyperlipidaemia is one of the commonest presentation & major cause for various lifestyle disorders which is caused due to abnormally elevated levels of some of lipids in the blood. Human body is composed of 7 types of tissues known as *Dhatu*. *Meda* is one of those *Dhatus* and necessary to maintain *Snehatwa*. It can be correlated to lipids in modern science. Some factors present in human body like *Vasa* and *Majja* also resembles with lipids. *Medo Dhatu* is plays a significant role in developing various metabolic disorders like Obesity, Diabetes Mellitus which are already mentioned in *Ayurveda as Sthaulya, Prameha* those occurs due to excessive *Meda*. Thus Hyperlipidaemia is correlated with *Medovrudhi* in Ayurveda. Over the last two decades there has been an increasing emphasis placed on screening for ‘High Cholesterol’ and adopting interventions to reduce Cholesterol-levels in order to reduce the risk of Heart Disease. The high costs and side effects of Hyperlipidaemia-medications have stimulated many people to search for alternate treatments. But still, only few studies have been conducted to evaluate the effect of ‘*Ayurvedic Herbal Medicine*’ formulae to reduce Hyperlipidaemia among alternative therapies. *Mustadi ghanvati, Triphala guggulu and Haridradi kwatha* will act with ‘*Medovruddhihar Property*’ by involving their qualities (*Gunasa*) against *Medovruddhi*. We hereby report a case of a 48 year old female with complaints of Excessive Sleep, Irregular bowel movements and feels breathlessness on exertion occasionally. She was treated with internal *Ayurvedic* medication. During the treatment all the signs and symptoms reduced to a very high extend.

Keywords: Hyperlipidemia, Agni, Medovruddhi, Medororoga, Medodosha, Ama, Medodhatu

Introduction:

Ayurvedic medicine is one of the world’s ancient medical therapy. This 5,000 years old tradition is a holistic healing system, which regards each individual as unique, and also takes into account the inherent relationship between ‘Individual and the Universe’. *Ayurvedic* therapeutics is based on “laws” of the nature. In the present era, sedentary life style, unbalanced diet and stressful mental conditions leading to fatal diseases, resulting in irreversible complications. Disorders of lipid metabolism are increased with incidence of prevalence by 30% to 40% due to gross changes in life style and food habits. Risk is higher at an age of 65 and above due to cumulative effect on cholesterol metabolism. After menopause women become more prone to develop Coronary Heart Disease with high levels of cholesterol.

‘*Medovruddhi*’ has been narrated as *Dushya*-dominant disorder i.e. *Medoja Vyadhi*. All the three *Doshas* are vitiated especially *Kledaka Kapha, Pachaka Pitta, Samana and Vyana Vayu*. *Dushti* of these components results in indigestion, metabolic abnormality and formation of *Ama* leading to *Medo Dhatu Vruddhi*. ‘*Medovruddhi*’ is a complex process which occurs due to *Medodhatwagnimandya*, which leads to excess *MedoDhatu* in circulation which can be referred to the conditions such as ‘Hyperlipidaemia’.

Hyperlipidaemia is an excess of lipids, largely cholesterol and triglycerides in the blood. It is also called Hyperlipoproteinemia because these fatty substances travel in the blood attached to proteins. There is no direct reference of a single disease in Ayurveda that can be directly correlated with Hyperlipidaemia. Different scholars have defferent opinions about the nearest possible disease. Most of them have considered Hyperlipidaemia under the heading of *Medoroga, Medovruddhi, Rasagata-Snehavruddhi or Raktagata-*

Snehavruddhi whereas some considering Hyperlipidaemia under the broad umbrella of *Ama. Mustadi ghanvati, Triphala guggulu and Haridradi kwatha* has got very prominent role in this pathology. Here all the drugs possess qualities opposite to *Medo Dhatu* and *Teekshana* (most potent) in nature, *Tejo Guna Pradhana* (predominant of increasing the ability of digestive fire). This increases the *Jataragni* leading to metabolism of *Snigdhamsha and Rukshana* (drying) of *Medo*, by *Lekhana* (scraping) and *Chedana* (dissipating / clearing) action because of which the *Medo* in circulation will be decreased. With this classical background this case study has focus on effectiveness of *Ayurvedic* Herbal internal medicinal therapy.

AIM:

To see the efficacy of *Ayurvedic* medicine in management of *Medovruddhi* with special reference to Hyperlipidaemia.

Objectives:

- To correlate in between *Medovruddhi* and Hyperlipidaemia, if creates.
- To review the literature related to *Medovruddhi* and Hyperlipidaemia.

***Ayurvedic* Treatment Principle for Management of Hyperlipideamia:**


1. Reducing the Causative factors
2. Regulating Assimilation and Elimination
3. Reduction of Cholesterol, LDL, Triglycerides and increase in HDL
4. Increasing the metabolic activity

Case Report:

Patient Name: XYZ **Age:** 48 years old **Sex:** Female

Residence - Solapur **Occupation-** Teacher

C/O:

- Excessive Sleep
 - Lethargy
 - Irregular bowel movements
 - Feels breathlessness on exertion occasionally
- since
2 Years
- 

History of Present Illness:

A 48 years old female patient visited in OPD on 25/07/2019. The patient had been diagnosed with Hyperlipidaemia Two years prior to the initiation of *Ayurvedic* treatment. The patient was under the supervision of her physician and had been monitoring her diet and taking Tab. Atorvastatin 20 mg for one year without any improvement. She complained that taking her medication was causing cramping in the calves lethargy. She was 5'4 tall and weighed 65 kg indicating body mass index 24.6 which is in normal range. *Ayurvedic* examination revealed that the patient had weak digestive fire. A diagnosis of *Asthayi Medovrudhi* was made.

Past history-

No H/O Malaria/Typhoid/Jaundice. No K/C/O DM/ HTN / PTB / BA / Epilepsy.

Surgical: H/O Family planning surgery before 12 years.

Marital History: G3 P A L D

Family History: NAD

Investigations:

Blood CBC, ESR, Liver Function, Renal Function Tests, Urine routine and microscopy

Blood Sugar (Fasting and Post Prandial)

Lipid Profile before treatment and after treatment and repeated after 8 weeks,16 weeks and 24 weeks to observe the effects.

Diagnosis: At presentation her lipid profile showed high total cholesterol (270 mg/dl), average HDL (57 mg/dl) and high LDL (191 mg/dl).

Nidan panchak:⁽¹⁾

Hetu:

Aaharatmaka Nidana (Dietic factors causes) -

Adhyashana (Excessive consumption of food), Ati Sampurana (Over eating), Mamsa Sevana (Excessive use of Meat), Dadhi Sevana (Excessive use of Curd)

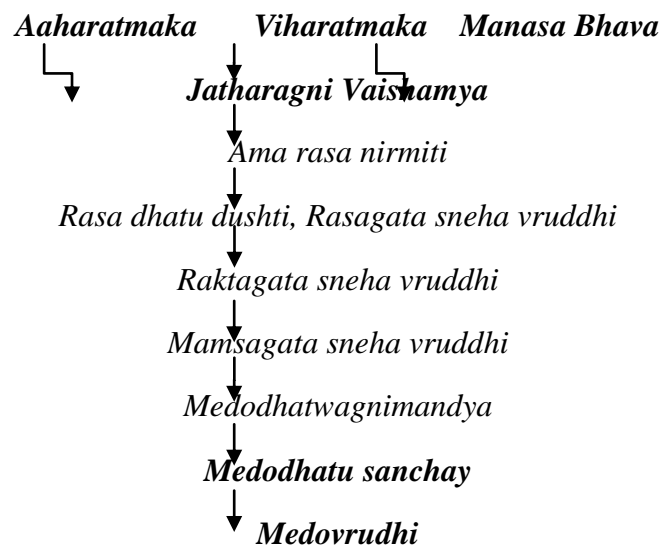
Viaharatmaka Nidana (Sedentary life causes) –

Avyayama (Lack of physical exercise), Divaswapa (Sleeping in afternoon), AsanaSukha (Luxurious sitting), Swapnaprasangat (Excessive sleep), Bhojanottara Nidra

Purvarup: Atinidra, Angagaurava, Alasya.

Rupa: Swedadhikya, Ati kshudha, Ati pipasa, Dourbalya, Kshudra Shwasa, Swapnadhikya, Angagouravata, Unutsaha, Aalasya.

SAMPRAPTI : ⁽⁵⁾



MATERIALS AND METHODS:

- Type Of Study: A Case Study.
- Duration: 6 months
- Follow Up: After every 7days.
- Study Center: OPD& IPD Dept.Of Kayachikitsa,Sai Ayurveda College and Hospital Vairag, Solpaur.
- Creiteria for assessment:

Subjective criteria: Symptomatic evaluation of the patient was undertaken for which a multidimensional scoring pattern was adopted. The patients were assessed weekly before and a to assess the severity of the symptoms. The severity was scored according to the criteria shown below and the percentage relief was calculated to assess the efficacy of the therapy.

- Absence of symptoms - 0
- Mild degree of symptoms - 1
- Moderated degree of symptoms - 2
- Severe degree of symptoms – 3

Objective criteria: The total duration of treatment was 6 months. Patient was assessed **after 8 weeks, 16weeks and 24weeks** on the basis of Lipid profile.

Treatment Given:

Mustadi Ghanvati: 500 mg tablets twice a day to be taken before meals

Cyperus rotundus (Musta), Acacia catechu (Khadir), Cassia fistiula (Aragvadha) Azadirachta indica (Nimba), Cissampelos pareira (Patha), Curcuma longa (Haridra) Emblica officinalis (Amalaki), Berberis arista (Daruharidra), Terminalia chebula (Haritaki), Cinnamomum verum (Twak), Terminalia belerica (Bibhitaki), Holarrhena antidysenterica (Kutaj), Cedrus devdara (Devdaru), Tribulus terrestris (Gokshur)(6)

Triphala Guggulu: 250mg tablets per day to be taken after dinner

Terminalia chebula (Haritaki Fruit), Emblica officinalis (Amilaki Fruit), Terminalia belerica (Vibhitaki Fruit), Piper longum (Pipli), Comifera mukul (Shuddha Guggulu)⁽⁴⁾

Haridradi Kwatha: Haridra (Curcuma longa) – 1 tbs , Shunthi (Zingiber officinale)-1/2tbs, Jeerak cyminum -1tbs

The mix was added to 200ml water and prepared as a decoction. It was prepared in the morning and taken at early morning before breakfast.

Results:

The patient in this case report showed a significant improvement in total Cholesterol, LDL, HDL levels after 6 months of Ayurvedic therapy with herbs after not receiving benefit from conventional medical care. No adverse effects were reported. She did not make any changes in her diet or lifestyle during the course of the treatment. This case lends support for using Ayurvedic treatments in the management of Hyperlipidaemia.

Patient's lipid profile Results	Total Cholesterol	HDL	LDL	Triglyceride
Baseline	270	57	197	165
At 2 months	255	45	184	160
At 4 months	231	52	163	151
At 6 months	208	63	146	150

Discussion:

Mustadi ghanvati:

It helps to maintain healthy metabolism and remove toxins from the body. It acts as good blood purifier. It stimulates the digestive fire and will help to digest *Aama*, which is main factor to be addressed when we are dealing with Hyperlipidaemia. It is *Tikta, Katu and kashaya rasa; Laghu and Rukshain guna ; and Katu vipaka*; and thus pacifies the vitiated *Kapha Dosha* which is dominant in pathogenesis of Hyperlipidaemia. *Argawadha and Triphala* have mild purgative action, which causes *Anulomana of Vayu* which further corrects the body *Vata*. Drugs like *Patha and Gokshur are Mutravirechaniy dyavya*, which bring about diuresis and thus relieves the body of the excess of *Kleda*. *Argwadha, Kutaj, Patha, Nimba, Khadir , Haridra and Daruharidra* are known to act on *Medo Dhatu* and are indicated in disease like *Kushtha, Medoroga and Prameha*. These drugs reduces excess *Kapha ,Meda , Kleda, vasa and Sweda* by diminishing their *Drava Guna* . Hence *Mustadi Ghanvati* indicated in Santarpanjanya Diseases like *Medoroga, Prameha and Kushtha* can be used in the treatment of Hyperlipidaemia.⁽⁶⁾

Triphala Guggulu:

it helps to improve digestion and regulate elimination, leading to proper formation of tissue. One of its main ingredients is Commiphora mukul, Aresin that inhibits the reabsorption of bile salts and acids, causing them to be excreted by laxative action of another ingredients. Thus this combination reduces the excessive Cholesterol by increasing its catabolism. Long pepper is an additional ingredients in this formulation, which boosts up fat metabolism in the liver and fatty tissue.⁽⁶⁾

Haridradi kwatha :

It helps to improve the digestive fire and breakdown undigested metabolites (Aama) in the body' In order to reduce the risk of heart disease conventional medical treatment for Hyperlipidaemia does not work in some individuals and is often associated with side effects. Thus there is a need for alternative treatments. Ayurvedic medicines has been used for thousands of years for the treatment of various metabolic disorders. However, few studies have been conducted to evaluate the effectiveness of Ayurveda herbal medicine formulae on Hyperlipidaemia⁽²⁾.

Conclusion:

Medovruddhi is a *dushya*-dominant-disorder with the involvement of MedaDhatu and *Kaphapradhan Tridosha*. *Medovruddhi nidana* can understood by both *Jatottara and Sahaja karanas (Niadanas)*. Most of *lakshanas of Medovruddhi* are subjective, but some objective parameters also explained in *Ayurveda* and Allied science can help us to diagnose its severity. Hyperlipidaemia can be explained through the principles of *Ayurveda*. This case illustrates how *Ayurvedic* medicines may be effective in the management of Hyperlipidaemia. With any single subject study, we must consider other possible causes for the results besides the treatment intervention. Although the patient indicated that she did not change her diet or lifestyle or begin any other therapies for Hyperlipidaemia during the course of *Ayurvedic* treatment , there is always the possibility that changes did occur .There may also have been other confounding life factors such as stressful events. A longer course of treatment within a more controlled trial may lead to more definitive conclusions. Further high quality studies with randomized clinical trials should be conducted to better understand the effectiveness of this treatment.

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