



EFFICACY OF UBHAYA SHODHANA IN MEDOROGA W.S.R TO DYSLIPIDEMIA –A CASE STUDY

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ABSTRACT: Medoroga is a condition in which there is an excessive accumulation of meda dhatu in the body. Accumulation of medo dhatu in different parts of the body causes blockage of srotas which ultimately leads to poor nourishment of other dhatus. Medoroga is one of the diseases that is gaining more and more attention at the global level after pandemic Covid-19, this disease is prevalent in developing as well as in developed countries, in both sexes across all ages and socio-economic groups.

Dyslipidemia is one of the commonest presentations and major cause for various lifestyle disorders like cardiovascular diseases, pancreatitis, fatty liver and many other diseases. The prevalence of high cholesterol is present in 25-30% of Urban and 15-20% in rural subjects in Indian population.

According to Ayurveda, Dyslipidemia is the corresponding output of Medovaha srotodushti. In Ayurveda, the line of treatment for medoroga or sthoulya is shodhana karma (Vamana / Virechana chikitsa), Rukshana chikitsa, Udvartana, Shamana chikitsa, Nidana parivarjana. Before shodhana karma it is very necessary to undergo the deepana and pachana karma as they digest the ama and improve the agni. It is a single case study of a 24-year-old female patient presented with an increased lipid profile. Classical Vamana karma and Virechana karma were done as the line of management. There was significant correction in values of Cholesterol and Triglycerides after Vamana and Virechana procedure.

Key words: Medoroga, Dyslipidemia, Ubhaya shodhana, Sthoulya

INTRODUCTION

Ayurveda is the science of living a holistic life. It mainly focuses on the dietary habits and daily regimen following with consistency. The advancement in technology, busy schedules, sedentary lifestyles and changes in dietary habits have made an individual prone to various 'Life style disorders'¹, Dyslipidemia being one of them. Dyslipidemia specially hypercholesterolaemia, elevated LDL and decreased HDL levels are strongly associated with increased risk for CAD². There are many causes of dyslipidemia like genetic, diabetes mellitus, alcoholism, diet rich in saturated fat, liver diseases, nephrotic syndrome etc³.

Lipoproteins are complexes of lipids and proteins that are essential for transport of cholesterol, glycerides and fat soluble vitamins in the blood. Lipoproteins play essential roles in the absorption of dietary cholesterol, long chain fatty acids and fat soluble vitamins⁴.

Dyslipidemia can be correlated to Medovridhi as described in Ayurveda⁵. According to Ayurveda, a person following apathya like avyayama, achinta, diwaswapna, atisnigdha, madhura, adhyashana, atimatra ahara and bija swabhavaja medovaha srotodusti⁶. With these aetiological factors, all the channels that continuously supply nutrients to other tissues are blocked by medas. So, further tissues are not properly formed and only get accumulated. Therefore the patients become weak and unable to perform any type of function⁷.

Dyslipidemia in Ayurveda classics can be studied as Rasa-Rakta gata Sneha vridhi, Medovridhi etc. Dyslipidemia is identical to elevated asthayi sama medodhatu vridhi when stored in body for a longer time results in complications. Kapha dosha and Medodhatu are affected which play an important role in the pathogenesis of atisthoulya and prameha in dyslipidemia⁸.

AIMS AND OBJECTIVES

To assess the efficacy of Ubhaya shodhana (Vamana and Virechana) in Medoroga.

MATERIALS AND METHODS

PATIENT INFORMATION

A female patient of aged about 23 years had visited our Outpatient department of Taranath Govt Ayurvedic Medical College and Hospital. The patient approached on 6th February 2023, OPD no- 2830/1069 with signs and symptoms as bhara vridhi (over weight), sarvanga supti, dourbalya, tandra, klama and associated complaints like irregular menstrual cycle, katishula, khalitya, udara shula since 4 months. She is from ballari and belongs to middle socioeconomic status.

CASE REPORT

Patient presented with chief complains of Bharavridhi, sarvanga supti, alasya, dourbalya, tandra, klama since 4 months. Associated with Irregular menstrual cycle, katishula, Udarashula and Khalitya. History of present illness revealed that 4 months back she has gradually noticed abdominal pain, unable to do work due to low back ache (katishula). She also experienced easy fatigability even on mild exertion and not willing to perform day today activities.

There was no history of DM, HTN, Thyroid disorder. There was no family history of similar complaints. Patient use to take Samisha, Guru, madhura, sheeta, snigdha, dadhi, vishamashana. She had madhyama kostha, and she used to take madhura rasa pradhana dravya. Her sleep was disturbed. She is tailor by profession and had a sedentary lifestyle. She used to face the Emotional stress and had Irregular cycles.

GENERAL EXAMINATION

General condition – Normal

Pulse rate – 76 bpm

B.P – 130/80 mm/Hg

Respiratory rate – 18cpm

Temp – 98.8 F

Height – 153 cms

Weight – 75 kg

B.M.I – 33.33 kg/m²

SYSTEMIC EXAMINATION

No abnormality was detected in Gastro-Intestinal, Respiratory, Cardio-vascular and Nervous System.

ASHTAVIDHA PARIKSHA

Nadi -Kapha – Vataja

Mutra - Prakruta

Mala - Nirama

Jihwa -Alipta

Shabda -Prakruta

Drik -Prakruta

Sparsha -Prakruta

Akriti –Madhyama

SAMPRAPTI

Aharaja and Viharaja Nidana



Kapha dosha prakopa



Agnimandhya



Ama annarasotpatti



Kapha + Medodhatu dushita + Sroto avarodha



Medodushti



Deerghakalaavastha



Medoroga

SAMPRAPTI GHATAKA

Dosha – Vata-Kaphaja

Dushya – Rasa, Meda, Vasa, Mamsa

Srotas – Medovaha, Rasavaha, Mamsavaha,

Srotodushti- Sangha, margavarodha

Udbhavasthana – Amashaya

Sancharasthana – Rasayani

Vyaktasthana – Sarvashareera

Agni – Jatharagni, Medodhatvagni

Adhisthana- Vapavahana and Medodhara kala

INTERVENTION: -

The patient was administered Ubhaya shodhana (Vamana and Virechana). After Proper Deepana Pachana, patient was given snehapana followed by Vamana and Virechana in the following sequence.(Table no: 01)

Table no: 01 Treatment Protocol

SI.No	Chikitsa upakrama	Aushadha dravya	Duration
1.	Deepana paachana	Chitrakadi vati	3 days
2.	Snehapana	Varunadi gritha	4 days
3.	Sarvanga Abhyanga f/b swedana	Brihat saindavadi taila	1 and 3 days
4.	Vamana	Madanaphalapippaliyoga	Single dose
5.	Virechana	Trivrith lehya	Single dose

Shodhana chikitsa

Patient was treated with Vamana karma. Initially Deepana and Pachana karma was carried out with dravyas having vayu and agni predominant properties such as chitrakadi vati⁹ TID with lukewarm water for 3 days. Then abhyantara snehapana was given with Varunadi gritha in arohana krama(acc to Table no. 2) according to kosta of the patient till appearance of samyak snigdha¹⁰ lakshana.

Table no: 02 Dose of snehapana

Dose	Quantity
Test dose	30 ml
1 st day	60 ml
2 nd day	90 ml
3 rd day	120 ml

Bahya snehana and Nadi swedana was done with Brihat saindhavadi taila for 1 day. Aakanthapana of ksheera was given to the patient., then madanaphala churna, vacha churna and saindhava in a ratio of 4:2:1 was given. Madanaphala is the best among all vamaka dravyas because of its anapayitva property (devoid of complications)¹¹. Madanaphala pippali yoga was given in this study.

Vamana yoga was given at 5am-6:30am. Process was continued till samyak shuddhi lakshana was seen. Patient had 4 vamana vegas and 6 upavegas. Samsarjana krama¹² was given for (2-2 anna kala) (Peya Vilepi)

Virechana procedure

Snehapana with Varunadi gritha¹³ for 3 days. Sarvanga abhyanga with Brihatsaindhavadi taila followed by bhashpa sweda for 3 days. 50gm of trivrit lehya¹⁴ was given as Virechana dravya. Patient had got 17 vegas and was advised samsarjana krama for 5 days.

ASSESSMENT CRITERIA

Subjective parameters

Bhara vridhhi (over weight), alasya, dourbalya, katishula, anga gourava, for all these symptoms following grades was applied. As shown in table no. 3

Table no: 03 Subjective parameter

Symptoms	Scale
1. Alasya	
No alasya (doing work satisfactorily with proper vigor in time)	Grade 0
Doing work satisfactorily with late initiation	Grade 1
Doing work unsatisfactorily under mental pressure and takes time	Grade 2
Not starting work on her responsibility and doing little work very slowly	Grade 3
Does not take any initiation and not want to work even after pressure	Grade 4
2. Dourbalya	
Can do routine exercise	Grade 0
Can do moderate exercise without difficulty	Grade 1
Can do only mild exercise	Grade 2
Can do mild exercise very difficulty	Grade 3
Cannot do even mild exercise	Grade 4
3. Katishoola	
Absent	Grade 0
Mild	Grade 1
Moderate	Grade 2
Severe	Grade 3
4.Anga gourava	
Absent/ No heaviness	Grade 0
Feels heaviness in body but does not hamper routine work	Grade 1
Feels heaviness in body which hampers routine work	Grade 2
Feels heaviness in body which hampers movement of body	Grade 3

OBSERVATION AND RESULTS

Significant improvement was observed in the subjective and objective parameters of the patient after the Vamana and Virechana karma as shown in table no.4 & 5.

Table no: 04 Result

Weight & BMI	B.T	A.T
Bharavridhhi	75 kg	70kg
BMI	33.33	31.11
Signs and symptoms	Grading	
Alasya	02	00
Dourbalya	02	00
Katishula	02	01
Anga gourava	01	00

Table no: 05 Lipid profile

Test	BT	AT
Sr.Cholesterol	233.7 mg/dl	189 mg/dl
Sr.Triglycerides	176.2 mg/dl	127.3 mg/dl
HDL	32.5 mg/dl	36.4 mg/dl
LDL	166.1 mg/dl	127.8 mg/dl
VLDL	35.2 mg/dl	24.5 mg/dl
Cholesterol/ HDL ratio	7.19	5.19
LDL/HDL ratio	5.11	3.51

There was significant weight reduction of 5 kg observed in the patient. Complete relief was observed in the symptoms alasya, dourbalya, katishula, anga gourava. The significant improvement was observed in the lipid profile.

DISCUSSION

The analysis suggests, rasa and raktagata medas (sneha vriddhi). It signifies to ama, vikruta kapha, kleda and avarana janya phenomena. Medoroga is santarpanotta vyadhi. Sedentary lifestyle and heavy fatty diet are main cause of dyslipidaemia. Our Acharyas have suggested Rukshana followed by shodhana chikitsa in santarpana janya vyadhi. To digest the ama, to make the dosha nirama and thereby to increase the agni, deepana and pachana was useful. Abhyantara snehapana make the leena dosha free from adherence into deeply seated dhatus. By snehana, swedana dosha gets liquified and movable. To bring doshas from shaka to kosta all these preparatory measures were necessary.

Deepana and pachana are essential procedures for all panchakarma therapies. All diseases according to Ayurveda are due to vitiated agni and ama is main factor for vitiation for agni. Acharya Charaka quoted before shodhana procedure snehana and swedana should be done. Deepana and pachana drugs prepare the body for panchakarma procedure by removing the srotorodha through digestion of ama.

Vamana :- It is specific therapy for kapha dosha which belongs to the category of medho dhatu (fats), there by having its direct effect on fat tissue metabolism which may be one of the reasons for reduction in lipid levels. Further vamana also correct pitta dosha to moderate extent indirectly, improves functioning of liver which plays an important role in the lipid metabolism. It also improves digestion and metabolism there by corrects the lipid metabolism and may regulate endogenous production of lipids.

Virechana:- Virechana dravyas has vyavayi, vikasi and ushna gunas which detaches and liquifies leena dosha and malas from the ashaya. Due to sukshma guna and anupravana properties, malas or doshas pass through smallest capillaries and malarupi pitta and kapha reaches to kosta. Pathology is corrected by eliminating vitiated doshas from its main site of accumulation by virechana therapy. Virechana cleanses the toxic materials from body and restore the agni (impaired metabolism) by acting at cellular level, thereby correcting acid secretions and virechana action. Trivrut having properties like rechana, medo pachaka, shothahara which helps to break the samprapti of medoroga.

CONCLUSION

Dyslipidemia is a common metabolic disorder due to abnormalities in the synthesis and metabolism of lipoprotein and can be correlated with medoroga. In this case study, after ubhaya shodhana (Vamana and virechana) chikitsa, there was significant beneficial effects were observed in normalization of deranged lipid profile, body weight and BMI.

The clinical symptoms subsided. Thus, it can be concluded that the classical principles of treatment of medoroga are safe and helpful in the management of dyslipidemias.

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