

AYURVEDIC APPROACH TO MEDODUSTI W.S.R. TO DYSLIPIDEMIA WITH
MUSTADI KWATH: A CASE STUDYDr. Jayshree Pandey*¹, Dr. O. P. Singh², Dr. Shweta Shukla³ and Dr. N. Sujatha⁴¹P.G. Scholar, P.G. Department. of Kayachikitsa Rishikul Campus, Uttarakhand Ayurveda University, Haridwar.²Professor and H.O.D, P.G. Department of Kayachikitsa Rishikul Campus, Uttarakhand Ayurveda University, Haridwar.³Assistant Professor, P.G. Department of Kayachikitsa Rishikul Campus, Uttarakhand Ayurveda University, Haridwar.⁴Medical Officer, P.G. Department. of Kayachikitsa Rishikul Campus, Uttarakhand Ayurveda University, Haridwar.***Corresponding Author: Dr. Jayshree Pandey**

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ABSTRACT

Rapid impact of westernisation, industrialization and stressful lifestyle in the present era, has led to a considerable increase in the incidence of lifestyle and behavioural diseases. Now a days majority of the population is following inappropriate junk food, excess fatty diet and sedentary life style, which may lead to a state of Dyslipidemia that may predispose to many disorders and disabilities.^[1] Dyslipidemia is responsible for many life threatening conditions like Coronary artery disease (CAD), Ischemic heart disease, Hypertension and Stroke.^[2] In this study an effort was made to treat a 48 year old male patient having symptoms of *Angamard*, *Angagaurav* and *Aruchi* and abnormal lipid profile with *Mustadi Kwatha*^[3] described by *Charak Sutra Sthan* in *Santarpajanyayadhi*. At the end of 90 days of treatment by *Mustadi Kwatha*, patient got significant improvement in symptoms and lipid profile as well.

KEY WORDS: Dyslipidemia, *Madodusti*, *Musthadi kwatha*.**INTRODUCTION**

Dyslipidaemia is one such disorder which is identified as a potential risk factor for multitudes of diseases like cardiovascular diseases, metabolic syndrome and even hypertension. Dyslipidaemia has gained worldwide interest in its ability to participate in the pathology of atherosclerotic diseases like coronary heart disease (CHD) which dominates the scenario of diseases causing morbidity and mortality in the world. Most common pattern of Dyslipidemia is Hypertriglyceridemia and reduced HDL cholesterol levels. Dyslipidemia cannot be directly correlated with any of the disease conditions described in *Ayurvedic* classics but the concept of *Abaddha Meda*^[4] expounded by *Acharya Chakrapani* have similarity with the condition of Dyslipidemia describe in modern science.

The symptoms of Dyslipidemia described in modern text shows resemblance with *Ama*, and with many of *Rasadushti*, *Raktadushti*, and *Medodustijanya lakshana*. In present study *Mustadi Kwath* with contents *Musta*, *Arghawadha*, *Patha*, *Triphala*, *Devdaru*, *Svadanstra*, *Khadir*, *Nimb*, *Haridra*, *Daruharidra*, *Twak*, *Kutaj* selected as internal medication. Most of the contents have *Tridoshshamak* *kaphpittshamak*, *Medohar*,

Agnideepak, *Aampachak* and *yakrituttejak*^[5] properties. Considering above facts, we have taken *Mustadi Kwatha* to manage the Dyslipidemia.

CASE REPORT

A female patient, aged 48 years was registered from the O.P.D (OPD/ IPD No. K-101/ 1131), P.G. Department of *Kayachikitsa*, Rishikul Campus Haridwar on 07/04/2017.

Chief Complaints

Patient came with the following chief complaints and increased level of total cholesterol and sr. LDL.

1. Heaviness in body (*Angagaurav*) and in head since 2 yrs.
2. *Angamard* from last 2 yrs.
3. Decrease physical work (*Javoparodh*) since last 2 yrs. 4. *Aruchi* associated with flatulence since last 5-6 yrs.

History of Present Illness

Patient was asymptomatic before 6 yrs, then she developed heaviness in body (*Anga Gaurav*) and *Angamard*, Inability to do physical work (*Javoparodh*) since last 2 yrs and *Aruchi* associated with flatulence since last 5-6 yrs. Patient got treatment of many other

doctors but could not get relief completely. So patient came here for better treatment.

History of Past Illness- No history of DM, HTN, Hypothyroidism.

Treatment History – No history of any treatment.

Family History - H/O Dyslipidemia-brother, H/O HTN-Father.

General Examination

Gen condition -average,

Pulse rate - 74/min

B.P. -130/78 mm Hg

Respiratory rate- 16/ min

Temperature –98.8F

Height-148 cm,

Weight- 53 kg,

BMI-24.200 kg/m² (i.e. within normal limit).

Systemic Examination-No abnormality was detected in Gastro-intestinal, Respiratory, Cardiovascular and Nervous system.

Investigation

Haematological	B.T.	A.T.	Haematological	B.T.	A.T.
Hb% (gm%)	13.4	14.05	Monocytes (%)	01	01
W.B.C/cmm.	8400	7850	Basophils (%)	00	00
Neutrophils (%)	66	60	S.Protein (mg/dl)	--	--
Lymphocytes (%)	25	22	FBS (mg/dl)	86.00	96.60
ESR(mm)	32	28	B. Urea (mgs %)	28.83	20.40
Eosinophils (%)	05	03	S. Creatinine (mgs %)	0.78	0.67

E.C.G. (If necessary and possible):- Not done

OBJECTIVE CRITERIA

Lipid Profile

S. no.	Investigation	BT(mg/dl)	After 30 th days	After 60 th days	After 90 th days
1.	S. Cholesterol	221.00	246.06	240.60	177.50
2.	S. Triglycerides	47.80	50.05	63.50	62.22
3.	S.LDL	192.00	180.40	189.30	133.36
4.	S.VLDL	09.56	10.40	12.76	12.44
5.	S.HDL	39.50	36.55	38.50	31.70

Subjective: The subjective assessment was done on the basis of following signs and symptoms of Dyslipidemia as described below:

AngaGaurava- (Feeling of heaviness in body)

Aruchi-(Reduced appetite)

KshudraSwasa-(Compare with dyspnoea)

Angmarda-(Compared with pain and intermittent claudication)

Atisweda-(excessive sweating)

Daurgandhya-(Unpleasant body odour)

Karpaaddaha-(burning sensation in hands and feet)

Javoparodha-(inability to do physical exercise)

Nidratiyoga-(excessive sleep)

Ashtavidha Pariksha

Nadi – Vatadhika tritdosaja.

Mutra (urine) - Samanya

Mala (stool) - Niram

Jihwa (tongue)- Samanya

Shabda(speech)- Samanya

Drika- Samanya

Sparsha- Samanya

Akriti- Samanya

Differential Diagnosis

Dyslipidemia (Diagnosis was confirmed on the basis of investigation report).

Study Design

a. Selection of Drug - Mustadi kwatha

b. Dose of Drug- 40 m.l. B.D

c. Duration of study: 90 days

d. Type of Study: Single blind

e. Assessment: The assessment of the patient was done at the interval of 90 days.

Progress of Patient in Three Follow Up Visits

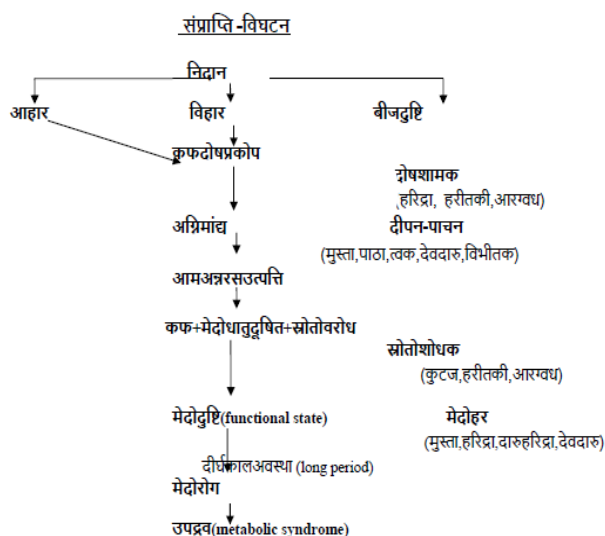
Symptoms	BT	(After 30 day)	(after 60 day)	(After 90 days)	Improvement (%)
Anga Gaurav	2	2	1	1	50%
Aruchi	2	2	1	0	100%
Kshudra swasa	---	---	---	---	---
Angamard	2	2	1	1	50%
Atisweda	----	---	---	---	----
Daugandhya	---	----	----	---	----
Karpaddah	---	---	---	---	----
Javoparodh	2	1	0	0	100%
Nidra atiyoga	1	1	1	0	100%

RESULT

Follow up was made on 30 day, 60 day and 90 day. During this period patient does not develop any other complaint. She reported gradual improvement in *Anga gaurav*, *Aruchi Angamard*, *Javoparodh*. After treatment patient got significant relief in the symptoms.

DISCUSSION

Probable Pharmacological Action



Medodusti (Dyslipidemia) is a disorder of *Agnimandhya* and *Sama rasa* formation^{vi} which leads to obstruction in the channels hence to manage this condition, the selected drug should be of *Dipana*, *Pachana*, *Kaphanashaka*, *Medohara* and *Srotoshodhka* properties.

Thus it corrects the vitiated Kapha and Vata Dosha thereby normalizing them. Total pharmacological effect of Mustadi Kwath is Tridosha Shamaka especially Kapha Vata Shamaka. It pacifies the vitiated Kapha Dosha which is dominant in the pathogenesis of Dyslipidaemia as well as depletes the excessively produced Rasa, Mamsa, Meda, Vasa, Sweda, and *Kleda* which are all similar in attributes to *Kapha Dosha*. Thus it is known to act against the *Kapha pradhana* pathogenesis of Dyslipidaemia. In the above case, cholesterol and LDL levels were elevated at the time registration. Rest of the components of lipid profile were within normal limits. At the end of study we can say that *Mustadi kwatha* showed

statistically highly significant improvement in both cholesterol and LDL levels. Other components of lipid profile showed abnormal alteration but they were within the range of normal limits. After the study and assessment of 90 days patient got significant relief in most of the symptoms. And no recurrence of symptoms found after 30 day follow up.

Here we can conclude that *Mustadi Kwath* helps in reducing Cholesterol and LDL cholesterol.

CONCLUSION

1. In Ayurvedic classics there is no direct reference of Dyslipidemia. In previous *Ayurvedic Researches*, it has been correlated to *RasgatSnehaVridhi*, *Medodusti*, *Medoroga*.
2. The culprits of *Medodusti* are vitiated *kapha*, *Medodhatvagnimandya*, *Sama rasa*.
3. *Mustadi kwath* has *Dipana*, *Pachana*, *Kaphanashaka*, *Medohara* and *Srotoshodhka* properties thereby pacify the symptom of *Medodusti* and correct the elevated or abnormal component of lipid profile.
4. Further high quality studies should be conducted to better understand the effectiveness of the treatment.

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