AYURVEDIC APPROACH TO MEDODUSTI W.S.R TO DYSLIPIDEMIA WITH MUSTADI KWATH: A CASE STUDY

Dr. Jayshree Pandey*1, Dr. O. P. Singh2, Dr. Shweta Shukla3 and Dr. N. Sujatha4

1P.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
P.G. Scholar, P.G. Department. of Kayachikitsa Rishikul Campus, Uttarakhand Ayurveda University, Haridwar.

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 dietic and sedentary life style, which may lead to a state of Dyslipidemia that may predispose to many disorders and disabilities. Dyslipidemia is responsible for many life threatening conditions like Coronary artery disease (CAD), Ischemic heart disease, Hypertension and Stroke. 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 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, Madodusthi, Mustadi 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 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 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**

<table>
<thead>
<tr>
<th>B.T.</th>
<th>A.T.</th>
<th>B.T.</th>
<th>A.T.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb% (gm%)</td>
<td>13.4</td>
<td>14.05</td>
<td>Monocytes (%)</td>
</tr>
<tr>
<td>W.B.C/cm³</td>
<td>8400</td>
<td>7850</td>
<td>Basophils (%)</td>
</tr>
<tr>
<td>Neutrophils (%)</td>
<td>66</td>
<td>60</td>
<td>S.Protein (mg/dl)</td>
</tr>
<tr>
<td>Lymphocytes (%)</td>
<td>25</td>
<td>22</td>
<td>FBS (mg/dl)</td>
</tr>
<tr>
<td>ESR(mm)</td>
<td>32</td>
<td>28</td>
<td>B. Urea (mgs %)</td>
</tr>
<tr>
<td>Eosinophils (%)</td>
<td>05</td>
<td>03</td>
<td>S. Creatinine (mgs %)</td>
</tr>
</tbody>
</table>

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

**OBJECTIVE CRITERIA**

**Lipid Profile**

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

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)
Aruchu-(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)

The above symptoms were graded as below:
None -0, Mild-1, Moderate – 2, Severe- 3
Progress of Patient in Three Follow Up Visits

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT</th>
<th>(After 30 day)</th>
<th>(after 60 day)</th>
<th>(After 90 days)</th>
<th>Improvement (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anga Gaurav</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Aruchi</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Kshudra swasa</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Angamard</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Atiswa</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Daargandhya</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Karpaddah</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Javoparodh</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Nidra atiyoga</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
</tbody>
</table>

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 Agnimandhyya and Sama rasa formation 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. 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 Kwath 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 RasgasnehaVridhhi, Medodushti, Medoroga.
2. The culprits of Medodusti are vitiated kapha, Medodhatvagnimandya, Sama rasa.
3. Mustadi kwath has Dipana, Pachana, Kaphanashaka, Medohara and Shrotoshodhka 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.

REFERENCES

5. J. L. N. Shastry Dravya Guna Vijnana, chaukhamba publication Delhi, print, 2009; 2.
6. Madhav Nidaan, Madhubosh Vyakhya, Bramhananda Tripathi, Voll. 2 reprint, 2003; 34.