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CASE STUDY

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Management Ayurvedic of Hyperlipedemia: A Case Report

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Abstract

Hyperlipedemia is a rise in plasma cholesterol, triglyceride or both. It is major lifestyle disorders in affluent societies. Here, a case of hyperlipedemic patient taking allopathic lipid lowering drugs regularly is successfully treated on Ayurvedic parlance. At the end of therapy, patient was not taking any allopathic or ayurvedic interventions; even though his lipid profile was normal. This condition can be considered as a *Raktagatameda*. Life style modifications and Ayurvedic therapy are clinically efficient in treating Hyperlipedemia like conditions.

Keywords

Hyperlipedemia, Ayurveda, Raktagatameda, Life style modifications

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INTRODUCTION

With urbanization and relative affluence, dyslipidaemia and cardiovascular diseases have emerged as an epidemic[1]. Hyperlipedemia is a condition of abnormal elevation of any or all lipids and or lipoproteins in the blood. Changes in lifestyle and food habits are thought to be the likely cause of higher incidence of hyperlipedemia, coronary heart disease and diabetes mellitus[2]. It is estimated that by the year 2020 there would be a 111% increase in cardiovascular death in India[3]. Plasma cholesterol and triglycerides are clinically important because they are major treatable risk factors for cardiovascular disease[4]. Research in the field of Ayurvedic herbo-mineral drugs have added several medicines for the management of chronic disease, but still there are several new avenues for obtaining structurally and functionally newer drugs.

Hrudaya is formed from the superior essence part of *raktadhatu* and *kapha*[5]. *Raktadhatu* is having – *Visrata, dravata, raga, spandan* and *laghuta*properties[6]. *Laghuta* is *aakashiya guna*[7]. For the normal physiological functioning of the heart this *laghuguna* in blood is also essential. Specific gravity of the blood depends upon plasma content[8]. It contains protein and fatty material. This fatty content includes serum lipids and serum cholesterol. These can be correlated with *medadhatu*. So, when *laghuta* in *raktadhatu* is diminished and *guruta* in *raktadhatu* is increased; it may produce conditions like Hyperlipedemia, Dyslipedemia etc. So, to treat hyperlipedemia, we have to reduce abnormal *guruta* in the blood and have to increase *laghuta* in the blood.

CASE DISCUSSION

A 40 year aged male patient, Physician - General Practitioner by occupation, came on (11/2/2016) to the OPD of *Kayachikitsa*, Govt. Ayurved Hospital, Nanded, M.S., India; with the complaints of sticky frequent defecation from 8 months. Defecation impulses increased after taking meals (*bhojanpachatmalapravruti*). He was also suffering from *jeernaamlapitta* (Acid peptic disorders), *katishul* (Lumbar pain), *Udarshul* (abdominal pain), Agnimandya (Anorexia).

Patient was diagnosed as a hyperlipdemic and taking Tb. Novastat TG (Fenofibrate 160 mg); Tb. Adilip (Fenofibrate 135 mg) 1 OD after dinner and D Rise sachet (Cholecalciferol 6000 iu) once in a week for last 2 months. Even though patient was

taking modern hypolipedemic drugs regularly his all lipid parameters were increased. The lipid profile of the patient at the time of first consultation is given in Table 1. USG of abdomen was showing mild heaptomegaly. All other hematologicalreports, blood sugar levels were found normal. Patient was a non smoker, non alcoholic and not having allergy to any substance. Patient had past history of haemorrides and appendicitis. No positive family history was found.

Table 1 Lipid profiles(mg/dl)

Visit	Sr. Cholesterol	Sr. Triglyceride	Sr. HDL	Sr. LDL	Sr. VLDL	Chol/HDL Ratio	LDL/HDL Ratio
11/1/2016	244	584	41	86.20	116.80	5.95	2.09
2/4/2016	207	632	46	34.60	126.40	4.50	0.75
15/5/2016	185	158	41	112.40	31.60	4.51	2.74
7/6/2016	167	93	37	111.40	18.60	4.00	3.01

Table 2 *Hetus* of the Patient and *pathya* advised

Hetu	Provocation of *Doshas*	*Hetuviparit*Treatment advised
Wake up at 8 am daily	*Kapha*	To wake up at 6 am
1glass of milk, every morning	*Kapha*	Not to take
Lack of exercise	*Kapha*	40 min jogging + *Suryanamskara* daily
Daily eating 1 fist of groundnuts	*Kapha*, *Pitta*	Not to take
Daily salad	*Tridosha*	Not to take
Excessive water intake daily (*Atyambupaan*)	*Tridosha*	Drink only *shunti siddha* lukewarm water
Non veg twice monthly	*Kapha*	Avoid non veg
Eating wheat chapatti regularly	*Kapha*	Eat *jwar, bajara* roti
Excessive rice intake	*Kapha*	Avoid to take rice at dinner

Diagnosis, Assessment and Treatment:

Before starting Ayurvedic intervention, life style modification was advised to the patient. *Hetuvipritchikitsa* is the first line of therapy[9] which was advised to the patient. *Hetus* that were observed in the patient is summarized in Table 2.

This condition can be coined as a *Raktagatameda*. So, medicine should be given to minimize excessive increased *guruta* in the blood. According to signs and symptoms of the patient, there is also *Grahanidushti*. Chronic *grahanidushti* causes *aama* formation which can also be considered as an elevated Sr. Cholesterol levels in the blood. Hence, while treating this condition, drugs acting on *Grahani* should also be selected.

DISCUSSION

Patient took three months continuous treatment, which includes various herbo-mineral *Ayurvedic* combinations. Regular follow-up and lipid profile were done. Patient was advised to take modern medication on alternate day up till first 15 days after intervening Ayurvedic treatment and completely stopped after that.

In present case, patient was advised to take Tb. *PanchamrutParpati* 1 BD after food with lukewarm water, Tb. *LasunadiVati* 2 BD after food with lukewarm water and Syp. *KumariAsava* 3 tsf before food; for the period of one month. At the end of first 15 days after intervening *Ayurvedic* therapy, symptoms such as abdominal pain, anorexia and acid-peptic disorders were relived. Lipid profile report at the end of second month is mentioned in Table 1. In this report, Sr. Cholesterol was slightly reduced but there was moderate increase in Sr. Triglyceride. This may because, during this period even though patient strictly followed dietary restrictions but he never done exercise regularly. So, at the time of next visit he was advised to do exercise daily.

At the end of second month, Tb. *Panchamrutparpati* was hold and patient was advised to take Tb. *LasunadiVati* as 1BD after food with lukewarm water and *Gomutraharitakichurna* 5 gm at the bedtime with lukewarm water. Lipid profile report at the end of third month is mentioned in Table 1. At this stage all lipid markers were moderately reduced.

At the end of fourth month, all the *Ayurvedic* interventions were stopped and patient had advised to follow strictly dietary and other life style modifications. Lipid profile report at the end of fourth month is mentioned in Table 1. At this all the lipid biomarkers were within the normal limit and patient was also symptomless. At the end of the therapy patient was fully satisfied as his lipid levels are normal without taking any Allopathic or Ayurvedic drugs. Patient was advised to do lipid profile after the end of two months.

CONCLUSION

Hyperlipedemia can be considered as a *raktagatmeda* in which there is abnormal increase of *guruta* in the blood. It is a metabolic disorder involving all three *aganis* viz., *jatharagni, dhatwagni and bhutagni*. There is also involvement of *grahani* in the pathophysiology of the disease. According to *Ayurveda*, *kaphaprovocatinghetus* were observed as a etiological factors for this conditions. Life style modification (*Hetuvipritchikitsa*) is utmost important. So,

to treat this condition on *Ayurvedic* parlance; drugs reducing the abnormally increased guruta of the blood and also acting on the *Grahani* should be selected. Hence Life style modifications and *Ayuvedic* interventions are clinically efficient in Hyperlipdemia like conditions.

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