

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 12, Issue 20, 827-836.

Case Study

ISSN 2277-7105

STUDY THE EFFECT OF DASHANG GUGGUL AND TRIPHALA KWATH IN THE MANAGEMENT OF MEDOROGA W.S.R. DYSLIPIDEMIA- A CASE REPORT

Rinkal Dnyaneshwar Mane¹* and Mahesh Pandey²

¹PG Scholar Kayachikitsa Department, YMT Ayurvedic Medical College, Kharghar, Navi Mumbai.

²Associate Professor, Kayachikitsa Department, YMT Ayurvedic Medical College, Kharghar, Navi Mumbai.

Article Received on 26 Sept. 2023,

Revised on 16 October 2023, Accepted on 06 Nov. 2023

DOI: 10.20959/wjpr202320-30249

*Corresponding Author Dr. Rinkal Dnyaneshwar Mane

PG Scholar Kayachikitsa Department, YMT Ayurvedic Medical College, Kharghar, Navi Mumbai.

ABSTRACT

Medoroga is a situation in which there is an excessive accumulation of Meda Dhatu in the body. Accumulation of Medo Dhatu in exclusive components of the body reasons blockage of Strotsa which sooner or later leads to bad nourishment of different Dhathus. Lack of workout routines and Kaphavardhak Ahar Viharar are the two foremost reasons of Medoroga. In modern-day times, way of lifestyles has changed substantially to quick nourishments and inactive inclinations during the world. Because of these factors, accumulation of Meda dhatu occurs immensely. In Ayurveda, dyslipidemia is viewed beneath Medoroga. Dyslipidemia is an emerging serious health abnormality associated with co-morbidities including CVD that continues to be the fundamental motive of dying worldwide. It is characterized by an

increase in cholesterol, triglycerides, LDL levels, and a decrease in HDL levels. This study has been designed to discover in the Effect of Dashang Guggul and Triphala Kwath on superbly a extent scientific parameters in the management of Medoroga w.s.r to dyslipidemia. Here in the case study a male patient of age 38 years presenting with clinical features of Medoroga like kshudrashwas, Atipipasa, Swedhadikya, Atinidra, Dourbalya, Kshudhaadhikya and was treated with Dashang Guggul and Triphala Kwath got relief within 30 days. This mixture therapy was most high significant in reducing the overall lipid profile with substantial gains related to subjective as well as objective parameters without any adverse effects.

KEYWORDS: – Medoroga, Dyslipidemia, Dashang Guggul, Triphala kwath.

INTRODUCTION

India is undergoing a rapid epidemiological transition with increasing population, economic wealth and urbanization, however increase in adverse lifestyles such as smoking and tobacco use, nutritional habits with intake of unhealthy diet, and increasing sedentary lifestyle ultimately leads to non-communicable diseases, including coronary heart disease, cerebrovascular and peripheral artery diseases. [2,3] Even in rural areas of India noncommunicable illness have come to be the primary cause of death. [2,3] Medoroga (Dyslipidemia) is a single contributory issue for many life style diseases. Acharya Charaka has included it in the context of Sthaulya and has included Atisthoola Purusha in Ashtanindita Purush. [4] Dyslipidemia is a metabolic disorder characterized by abnormally high or low amounts of any or all lipids (e.g. fats, triglycerides, cholesterol, phospholipids) or lipoproteins in the blood. Lipids are the naturally occurring molecules which constitute the structural element of range of cell membranes. Lipids have a normal property of Snehatwa (lubricity). [5] According to Ayurveda, Medo Dhatu, Vasa and Majja Dhatu are the three elements of out of seven Dhatus that comprises human body. These additionally show same property of Snehatwa thus lipids can be corresponded with these three elements. They show regular highlights however each one of those are available at destinations and perform various capacities. Sneha offers chubbiness, lubricates every cell of the body and provides strength, energy to the body when in normal state, [6] when it is in an upset state it causes Rasagata Snehavriddhi and cause to Medodushti (Dyslipidaemia). [6] The depiction of Medoroga has been given in various classical texts. It results for disparate etiological factors, for example, unhealthy eating regimen, doing no physical exercise, getting a cost out of day rest, and taking Kapha inciting diet and sweet foods eating routine. The etiological factors are Kapha and Meda Sadharmi Ansha in overabundance subsequently produce Kapha Bhuista Dosha Virddhi.^[7] That Dosha Vridhi because of its very nature influences the Agni and produces Agni Vikriti. As an result, the Ama goes straight forward to Medodhatu and blends with Kapha at the tissue level and causes an increase in Meda Dhatu. This results in Srotasavrodha, channels of Dosha are blocked and thus Vata in the Kostha causes Jatharagni Sandhukashan, which results in food cravings and leads to over-intake of food consequentially leading to Medoroga. [7] "Infections and intricacies that happen in patients of Medoroga are difficult to treat, than those of patients who don't have Medoroga". [8] There is no Direct reference in Ayurveda that can be associated with dyslipidemia. Still, based on

description of Medoroga, it can be correlated with Medoroga. Dyslipidemia incorporates hyperlipidemia and hyper lipoproteinemia which are caused because of abnormally raised degrees of lipoproteins in the blood. ^[9] These lipids incorporate phospholipids, cholesterol, cholesterol esters, and triglycerides. Lipoproteins are partitioned into 5 classes based on thickness as (a) HDL (High thickness lipoprotein), (b) LDL (Low-thickness lipoprotein), (c) IDL (Intermediate thickness lipoprotein), (d) VLDL (Very low thickness lipoprotein), (e) chylomicrons. Dyslipidemia is one of the significant issues, which is characterized by the increased levels of either cholesterol, LDL cholesterol or triglycerides in the serum or both LDL and triglycerides and decrease in HDL in the serum that adds to atherosclerosis. ^[9] Atherosclerosis is the major risk factor for morbidity and mortality associated with Cardiovascular Disease (CVD). ^[2,3] Keeping in view the prevalence and intricacies of Medoroga, this study has been designed Study in the Effect of Dashang Guggul and Triphala Kwath in the Management of Medoroga w.s.r. Dyslipidemia.

AIM AND OBJECTIVE

To evaluate the efficacy of 'Dashang guggul' and 'Triphala kwatha' in the management of 'Medoroga' (Dyslipidemia).

CASE REPORT

History of personal illness

The present case study is successful Ayurvedic management of a case of Medoroga (Dyslipidemia). A 38 year old Male patient came to us with chief compliant of –

| Sr. No. | Complaints | Duration |
|---------|---------------|----------|
| 1. | Bharavruddhi | 8 Months |
| 2. | Kshudrashwas | 2 Months |
| 3. | Daurbalya | 2 Months |
| 4. | Kshudhadhikya | 2 Months |
| 5. | Swdhadhikya | 2 Months |
| 6. | Atipipasa | 1 Months |
| 7. | Khudhaadhikya | 1 Months |

History of present Illness

Patient having complaints of weight gain since 8 months There was gradual increase in above symptoms, but above symptoms were aggravated since last 1-2 months. So for treatment, patient came to Kayachikitsa OPD for further treatment and management.

Past history

Known case of Hypertension since last 3 years on medication.

Present medicinal history

Tab. Amlokind 5mg (Amlodepine 5mg) 1 OD (After Breakfast)

Family history

Matruj Kula: Jeevit K/C/O: Hypertension,

Pitruj Kula: Jeevit K/C/O: Diabetes Mellitus.

Vaiyaktik vrittant

Occupation: Bank Manager (Desk Job);

Addiction: Smoking History last 10 years.

Diet: Mixed

Allergy – Not known yet

General examination

- 1. Pulse- 80/min
- 2. Bp- 130/90mmhg
- 3. Weight- 74.8 kg
- 4. Height- 167 cm
- 5. BMI- 26.90

Ashtavidha pariksha

- 1. Nadi- 80/min
- 2. Mala- Aamyukta
- 3. Mutra- Pit varni (5-6 times/day)
- 4. Jivha- Esah saam
- 5. Shabd-Spasht
- 6. Sparsh- Anushna shit
- 7. Drik- Aaraktavarni
- 8. Akriti- Sthula

Systemic examination

- 1. CVS-S1/S2, heard
- 2. CNS Concious and well oriented

- 3. RS –AEBE and clear
- 4. P/A Soft and nontender

Dashvidh pariksha

- 1. Prakruti Kapha-Pittaj
- 2. Vikruti Medodhatu dusht
- 3. Sara Madhyam
- 4. Samhanana Madhyam
- 5. Pramana Adhik
- 6. Satmya Madhyama
- 7. Satva Madhyam
- 8. Ahara Shakti Pravar
- 9. Vyayam Shakti Madhyam
- 10. Vaya Madhyam

Investigation

Lipid profile

- 1. Total Cholesterol = 245.3 mg/dl
- 2. Triglyceride = 215.3 mg/dl
- 3. Low Density Lipoproteins = 155.7 mg/dl
- 4. High Density Lipoproteins = 38mg/dl

MATERIALS AND METHODS

Methods

Centre of study: I.P.D of Kayachikitsa dept. of Ayurvedic hospital.

Method of sampling & study design: Simple Clinical Single case study.

| Sr. no. | Drug given | Dose | Anupan | Kala | Duration |
|---------|--------------------------------------|--|-------------------|----------------|----------|
| 1. | Dashang Guggul ^[10] | 250 mg each tablet (3 tablets trice a day) | Lukewarm water | Before Food | 30 Days |
| 2. | Triphala Kwath ^[11,12] | 40 ml BD | Lukewarm water | Before Food | 30 Days |

Material
Pharmacological characters of ingredients of dashang guggul

| Drug name | Ras | Vipak | Virya | Guna | Dosh Karma | Karma |
|--|------------------------------------|---------|--------|------------------------------|--|---|
| Sunthi (Zingiber officinale) | Katu | Madhra | Ushna | Laghu, Snigdha | Kapha- vaatghna | Vatanulomna, Dipan, pachan, hrudya |
| Maricha (Piper nigrum) | Katu, Tikta | Katu | Ushna | Laghu, Tikshna | Kapha- Vaatghna | Dipan, ruchya, chedan |
| Pippali (Piper Longum) | Madhur, Katu, Tikta | Madhua | Sheeta | Laghu, Snigdha | Kaphaghna, Pittashamak | Dipan, hrudya, rechan |
| Chitrak (Plumabago Zylanica hook) | Katu | Katu | Ushna | Laghu, Ruksha | Kaphaghna, Vaatghna | Dipan, pachan |
| Musta (Cyperus Rotandus) | Tikta, Katu, Kashay | Katu | sheeta | Laghu, Ruksha | Kaphaghna, Pittaghna | Dipan, Pachan Lekhan, grahi |
| Amalaki (Embelica Officinale) | Lavanaras varjita Pancharasa | Madhura | sheeta | Laghu, Ruksha | Tridoshahar | Vajikar, rasayana, Vayasthapana |
| Bhibitaki (Terminalia Belerica) | Kashaya | Madhura | Ushna | Laghu, Ruksha | Tridoshahar | Rechana |
| Haritaki (Terminalia Chebula) | Lavanaras varjita Pancharasa | Madhura | Ushna | Laghu | Tridoshahar | Rasayana, vatanulomana dipan |
| Vidang (Embelica Ribes | Katu | Katu | Ushna | Laghu Tikshna, Ruksha | Kaphaghna, Vaatghna | Vatanuluman Dipan |
| Guggul (Comiphora Mukul) | Tikta, Katu | Katu | Ushna | Laghu, Ruksha, Tikshna | Laghu,ruksh, Tikshna,sara, Vishada, Sukshma | Lekhana Balya, Medohara, Vatahara |

Pharmacological characters of ingredients of triphala kwath

| Drug Name | Ras | Vipak | Virya | Guna | Dosha Karma | Karma |
|--------------------------------------|----------------------|---------|--------|------------------|----------------|-----------------------|
| Amalaki (Embelica | Lavanaras varjita | Madhura | Sheeta | Laghu, | Tridoshahar | Vajikar, rasayana, |
| Officinale) | Pancharasa | | | Ruksha | | Vayasthapana |
| Bibhitaki (Terminali Belerica) | Kashaya | Madhura | Ushna | Laghu, Ruksha | Tridoshahar | Rechana |
| Haritaki | Lavanaras | Madhura | Ushna | Laghu | Tridoshahar | Rasayana, |

| (Terminalia | varjita | | | vatanulomana |
|-------------|------------|--|--|--------------|
| Chebula) | Pancharasa | | | dipan |

OBSERVATION AND RESULT

Subjective criteria gradation

| Symptoms Gradation Grade Symptoms Gradation Grade | | Symptoms Gradation Grade |
|--|--|--------------------------------|
| | Breathlessness after climbing 30 or more stairs | 0 |
| Kshudrashwas | Tiredness after climbing 20 to 30 stairs | 1 |
| Ksiiuuiasiiwas | Tiredness after climbing 20 to 10 stairs | 2 |
| | Tiredness after walking small distance also | 3 |
| | Samyak Nidra (6 to 8 hrs) | 0 |
| Atinidra | 8 to 10 hrs | 1 |
| Aumura | 10 to 12 hrs | 2 |
| | 12 to 14 hrs | 3 |
| | Normal thirst (3 to 5 litre water per day) | 0 |
| A 4: - : | 1 to 2 litre excess intake of water per day | 1 |
| Atipipasa | 2 to 3 litre excess intake of water per day | 2 |
| | More than 3 litres of water per day | 3 |
| | No fatigue except Exertional Activity | 0 |
| Danish alam | Occasional feeling sensation of Fatigue | 1 |
| Daurbalya | Intermittent feeling sensation of fatigue | 2 |
| | Always feeling sensation of fatigue | 3 |
| | Samyakkshudha (Hunger sensation every 6 to 8 hrs) | 0 |
| 17 -1 11 1'1 | Hunger sensation every 4-5 hrs after having regular meal | 1 |
| Kshudhadikya | Hunger sensation every 3-4 hrs after having regular meal | 2 |
| | Hunger sensation within 3 hrs after having regular meal | 3 |
| | Sweating after heavy work and fast movement or in hot season | 0 |
| Swedadhikya | Sweating after moderate work movement | 1 |
| | Sweating after little work and movement | 2 |
| | Sweating even at rest or in cold season | 3 |

Clinical evaluation on grading of symptoms

| Visit symptoms | Before treatment | After treatment |
|----------------|------------------|-----------------|
| Kshudrashwas | 2 | 1 |
| Dourbalya | 3 | 0 |
| Kshudhadikya | 2 | 1 |
| Swedadhikya | 3 | 0 |
| Atipipasa | 3 | 1 |
| Atinidra | 1 | 0 |

Assessment of lipid Profile & Physical parameters

| Sr. no. | Parameter | BT | AT |
|---------|------------------|-------------|-------------|
| 1. | Sr Cholesterol | 232.6 mg/dl | 196.7 mg/dl |
| 2. | Sr. Triglyceride | 198.3 mg/dl | 144.8 mg/dl |

| 3. | Sr.HDL | 38 mg/dl | 42.2 mg/dl |
|----|--------|-------------|-------------|
| 4. | Sr.LDL | 155.7 mg/dl | 122.9 mg/dl |
| 5. | Weight | 74.8 kg | 72.5 kg |
| 6. | BMI | 26.9 | 26.0 |

DISCUSSION

Medoroga is described in Ayurveda beneath the caption of Santarpanottha Vikara (disease precipitated by over nourishment.^[13] Medodhatu is the site of metabolic disturbance in an obese individual. In the Samprapti of Medoroga, Kapha is integral Dosha and Meda is imperative Dushya, while Agnimandya takes place at Medodhatvagni level.^[14] Fortunately, the drugs Dashang Guggul and Triphala kwatha fulfilled all these requirements. They helped in Sampraptivighatana of Medoroga either by their Rasa, Guna, Virya, Vipaka or Karma by acting at diverse levels i.e., Dosha, Dushya, Agni or Srotas and pacify the symptoms of Medoroga.

The mode of action of Dashang Guggul on Medoroga can be explained as follows-

On dosha

Dashang Guggul encounters Vata and Kapha Dosha by using advantage of its Katu-Rasa dominance and Ushna-Virya. Vatahara action is also achieved by Snigdha property.

On dushya

Meda and Kleda are the chief culprits in Medoroga. Katu-Rasa performs Medo-Kleda upshoshana action. Sthairya Guna of Madhura Rasa combats Sharira Shaithilya. Ushna-Virya also aids in Kleda and Meda Vilayana action.

On Agni & Ama

Katu-Rasa, Ushna-Virya encounters Dhatwagnimandya and enhances the weakened Dhatwagni and help in Amapachana thereby alleviates Aparipakwa and Ama dhatu.

On srotas

Due to Katu-Rasa, all the intricated channels are dilated i.e. "Srotansi Vivrunoti" action. Katu-Rasa and Ushna-Virya take a look at over Medovaha and Mamsavaha Srotodushti. In nut cell maximum ingredients of Dashang Guggul have Katu Rasa, Laghu, Ruksha and Ushna Virya, Katu Vipaka, VataKaphashamaka, Karshana, Lekhaniya, Medorogahara, Amapachana, Dhatushoshana properties, which normalize the state of Agni. Thus, regulated Jatharagni, checked the immoderate increase and accumulation of Medodhatu and thereby

inflicting Lakshana Upshamana of disease Medoroga. This might be due to the Agnimahabhuta Pradhanav(Su.Su.15/16) and Ushna, Virya, Dipana, Pachana effects of Dashang Guggul as claimed by our classics. Charaka Samhita also narrated long-term of the treatment for the disease of Jirna and Atisthulata.

Probable mode of action of triphala kwatha

Triphala has Katu and Tikta rasa pradhana so it is Dipana, Pachana, Tridoshashamana as well as Lekhana by virtue. It has mild purgative action which causes Vata anulomana, therefore, it is one of the best natural colon cleansers that play key role in Vata pradhana samprapti vighatana in Kostha. It stimulates Jatharagni and regulates the metabolism in our body by Ama pachana, that encourage the digestive system to work efficiently so that the fat taken in food can be consumed in proper manner and no unnecessary storage of fat can take place in the body. Triphala acts as Rasayana also, which leads to formation of essential Dhatu and protects the body from injury due to vitiated Dosha that improves blood circulation, and increases immunity. Thus the drug seen beneficial in breaking the Dosha Dushyasam murchana.

CONCLUSION

Medoroga is a very troublesome disease affecting the metabolism and producing Lifestyle disorders and various life-threatening complications. Shamana Chikitsa in the form of Dashang Guggul and Triphala kwath played an important role in the management of Medoroga. Therapy was well tolerated by patient and no adverse effects were seen in patient. There is reduction in symptoms of medoroga as well as significant results in Lipid profile and weight.

REFERENCES

- 1. Gupta R, Gupta KD. Coronary heart disease in low socioeconomic status subjects in India: an evolving epidemic. Indian Heart J, 2009; 61: 358–367.
- 2. Libby P. The pathogenesis of atheros clerosis. In: Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, editors. Harrison's Principles of Internal Medicine. New York: McGraw-Hill, 2005; 16: 1425-30.
- 3. Schoen FJ. Blood Vessels. Robbins Pathologic Basis of Disease. Philadelphia: W.B Saunders, 1994; 5: 467-516.
- 4. Gaur B.L, Translator, Charaka Samhita of Agnivesa, Sutra Sthana, Ashtaninditiya Adhyaya, New Delhi: Rashtriya Ayurveda Vidyapeeth, 2011; 625: 21 3.

- 5. Susruta, Susruta Samhita with Nibandhasangraha Commentary of Sri Dalhanacharya Edited by Vaidya Yadavji Trikamji Acharya; Chowkhamba Krishnadas Academy, Varanasi–Dalhana on Shareera Sthana, 2004; 4: 12 13.
- 6. Ashtang Samgraha of Vagbhata (text, English translation, notes, indeces etc.) translated by Prof. K.R. Srikantha Murthy vol.1publication by Chaukhambha orientalia, Varanasi, 2005; 9: 19 352.
- 7. Agnivesh, Kashinath Shastri, Gorakhnath Chaturvedi, Varanasi; Chaukhambha Bharati Academy, 2003; 411, 1: 21, 5 9.
- 8. Agnivesh, Kashinath Shastri, Gorakhnath Chaturvedi, Varanasi; Chaukhambha Bharati Academy, 2003; 413, 1: 21, 5 9.
- 9. Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo, Harrison's Principles of Internal Medicine, United States of America; Mc Graw-Hill Companies, 2008; 17: 2418.
- 10. Dr.Brahmanand Tripathi, editor Charak Samhita with Charak Chandrika commentary, Chaukhamba surbharti prakashana, sutrasthan adhyay, 2016; 399: 21 4.
- 11. Gaur B.L, Translator, Charaka Samhita of Agnivesa, Sutra Sthana, Ashtaninditiya Adhyaya, New Delhi: Rashtriya Ayurveda Vidyapeeth, 2011; 633: 21 22.
- 12. Sharangadhara. Vidyasager P. Sharangadhara Samhita with Dipika commentary of Adhamalla and Gudharthadipika commentary of Kashiramvaidya. Krishnadas Academy, Varanasi (India), 2000.
- 13. Gaur B.L, Translator, Charaka Samhita of Agnivesa, Sutra Sthana, Santarpaniya Adhyaya, New Delhi: Rashtriya Ayurveda Vidyapeeth, 2011; 662: 23 6.
- 14. Sharma AK, Kayachikitsa, Varansi: Chaukhamba Publishers, 2010; 3: 170.
- 15. Acharya Priyavat Sharma, Dravyaguna Vigyanam, Chaukhamba Bharti Akadami.