

MANAGEMENT OF (SHONITABHISHYANDANA) DYSLIPIDAEMIA THROUGH MARGAVARANA CHIKITSA

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ABSTRACT

As explained in our classics, it is observed that due to fast moving life style along with irregular & incompatible food habits practiced untimely by individuals can cause deviations in the normal healthy state. The imbalance can result due to lack of knowledge about the healthy dietary habits along with behavioral changes which is considered as gramya ahara. Along with gramya ahara the combination of food which is mutually contradictory in nature results in accumulation of abnormal amounts of kapha & medas in the rakta dhatu which is considered as shonitabhishyandana. There is mismatch between consumption of food with utilization of energy which leads to santarpana vikara. The same in modern parlance is identified as dyslipidaemia which later produces atherosclerosis in vessel wall leading to the manifestation of vascular diseases such as peripheral arterial disease as well neurological diseases like stroke. Hence for the treatment of shonitabhishyandana Therefore the treatment plan for shonitabhishyandana includes margavarana chikitsa in the form anabhishyandi snigha, sroto shuddikara chikitsa.

Keywords: shonitabhishyandana, dyslipidemia, anabhishyandi, margavarana chikitsa

INTRODUCTION

The increase of *kapha* & *medas* in the *rakta dhatu* is known as *abhishyandana*. ‘Syanda’ is the Sanskrit root and with the addition of prefix ‘abhi’ and suffix ‘gan’ forms the word ‘*abhishyanda*’ (*abhi* + *syanda* + *gan*).¹ ‘Abhi’ is the Sanskrit prefix to the verbs and nouns. It has got several meanings. Go towards, go against, sprinkle on and excess are the different meanings of the same.^{2,3,4} In the present context the prefix ‘abhi’ expresses excessiveness. Syanda means oozing or flowing. Put together the excessive oozing is said by the term *abhish-*

*yanda*⁵ which means *doshadhatumala srotah su kleda*” i.e. the moistening of the channels related to the circulation of dosha dhatu and mala is called as *abhishyanda*.⁶ “*abhishyanda medakapha vyapta shirah*” Morbid increase of medas and kapha within the vessels is known as *abhishyanda*.

Shonita: *Ranjitastejatsa twapah shareerasthena dehinaam | Avyapannaha prasannena raktamityabhidheeyate|| su.su.14/* The clear unaffected liquid rasa dhatu present in the body when gets colored by tejo mahabhuta, is named as rakta dhatu. This is formed in

yakrith & pleeha.⁷ The great increase of kapha & medas in the rakta dhatu is referred as shonitabhishyanda.^{8,9}

Abhishyanda definition: “*Dosha dhatu mala srotah su kleda*” Moistening of the dosha, dhatu & malavaha srotas is considered as abhishyanda.¹⁰

Shonita abhishyanda: The lifestyle adopted without following ashta ahara vidhi vishesha ayatana is considered as gramya ahara.¹¹ Consumption of those combinations which are having contradictory in nature is referred as viruddhahara results in serious diseases.¹² Ignorant persons consume wrong combinations of foods results in different diseases.¹³ for example, excessive consumption of fish (chilichima) & milk causes increase in medas since both have madhura vipaka, but fish is having ushna veerya & milk is with sheeta veerya which are contradicting mutually.¹⁴ Also, consumption of the vegetable such as pushkara & rohini or the meat of kapota fried in mustard oil consumed with honey & milk causes shonitabhishyanda.¹⁵ This food habit results in mahabhishyanda & eventually results in margavarana.¹⁶ When there is mismatch between food intake along with lack of physical activities along with less utilization, it results in santarpana vikara. Consumption of food which are sweet, heavy in nature, in association with lack of exercise with day sleep tends to abnormally increase the kapha & medas in the circulating rasa & rakta dhatu.^{17, 18, 19} Presence of excessive kapha & medas in the rakta dhatu is known as shonitabhishyanda.^{20, 21} The shonitabhishyandana if left untreated leads to plethora of diseases.²² Since there is identical qualities with that of medas & therefore predisposes to overweight & obesity. To name some of the diseases it starts

with dhamani praticahaya which results in margavarana.²³ All those diseases which is due to margavarana such as hritshula, vata vyadhi, unmada, gulma, mutraukasada, vata-rakta are the different manifestations.^{24,25,26,27,28,29} It is understood that there is excessive increase & abnormal accumulation of kapha & medas in rakta dhatu.

Nidana:

Santarpana nidana or specific viruddha ahara leads to excessive accumulation of kapha & medas in the rakta dhatu. This is considered as shonitabhishyanda.^{30, 31}

Some of the etiological factors for shonitabhishyandana are:

Aharaja nidana, viharaja nidana, manasika nidana.,

Aharaja nidana: Adhyashana (eating even before the previous meal is digested) Santarpana ahara (excessive consumption of nutritious food), Guru ahara sevana (food which is heavy for digestion), Madhura, sheeta, snigdha, (foods which aggravate kapha) ahara sevana., Navanna sevana (newly harvested grains), Masha sevana (Black gram preparation consumption), Audaka, gramya rasa sevana (intake of soup prepared of aquatic & domestic animals), Nava madyasevana (consumption of newly prepared alcohol), Dadhi, paya vikara, sarpi sevana (Consumption of gorasa varga), Ikshu, guda vikara sevana (preparation of ikshu), Consumption of fish & milk together, Pushkara (vegetable having leaves similar to lotus flower) fried in mustard oil taken with honey & milk, Kapota mamsa fried in mustard oil taken with honey & milk., The above said food articles are predominantly having madhura rasa, snigdha & guru guna, madhura vipaka & sheeta veerya. Having predominance of prithwi & jala mahabhuta

it will tend to increase kapha & medas thereby leading to shonitabhishyanda. The excessive consumption of fish and milk is said to have virudda veerya & such above mentioned food articles which are virudda in nature is considered to be maha abhishyandi & leads to plethora of diseases.

Viharaja nidana: Asana sukha (sitting for a prolonged time), Avyayama (lack of physical exercise), Avyayaya (absence of sexual intercourse), Divaswapna (day sleep), Swapna prasangat (excessive sleep). These behavioral factors tend to cause accumulation of kapha & medas which leads to shonitabhishyanda.

Manasika factors: Achintata (lack of mental activities), Harsha nityata (becoming cheerful always), Manaso nivritti (relaxation of mind). The above said psychological factors increase tamoguna & eventually lead to morbidity of kapha dosha along with medas thus resulting in shonitabhishyanda.

Beeja dosha swabhava: If there is any genetic abnormality. Hence above said itiological factors are considered to be prime factors in causation of shonitabhishyanda.

Lakshana:

The above said itiological factors leading to shonitabhishyanda in due course of time results in plethora of pathology which includes *sthoulya, prameha, dhamani pratichaya, margavarana & vata vyadhi*.^{32,33,34,35}

Samprapti:

Santarpana nidana or earlier discussed nidana results in excessive accumulation of kapha & medas on the walls of dhamani leading to dhamani pratichaya.^{36, 37} In the process of accumulation of kapha & medas on the walls of dhamani eventuates margavarana.³⁸

Santarpana nidana & virudda ahara, ----- ati snehat medo janayati----- shonita pradushana-----shonita abhishyanda. Shonitabhishyanda predisposes to adherence of medas inside the wall of dhamani resulting in dhamani pratichaya.^{39,40,41,42} Later dhamani pratichaya in due course causes margavarana.⁴³ Those disorders are vata vyadhi, hritshula, gulma, unmada, vatarakta, mutroukasada etc. Hence the root cause of all these diseases i.e. shonitabhishyanda has to be treated in order to prevent the progression of diseases. The different modalities to treat shonitabhishyanda includes lekshana, chedana & apatarpana.⁴⁴

Chikitsa should be targeted to the root cause of the illness which can be assessed through the **nidana panchaka**.

Hence the chikitsa sutra as explained in charaka chikitsa vata vyadhi has to be adopted such as anabhishyandi snigdha chikitsa which can be accomplished through the administration of guggulu tiktaka ghrita. Sroto shuddikaraka chikitsa: Since there is accumulation of kapha & medas in the rakta marga it has to be achieved through shodhana to attain sroto shuddi.

Kapha pitta avirudda & vatanulomana chikitsa: Here the treatment approach is intended towards oral administration of eranda taila along with milk, triphala, gomutra etc. Chikitsa starts with Shodhana, shamana & nidana parivarjana (avoiding etiological factors).

Shodhana: Since shonitabhishyanda is due to santarpanotha karana, hence apatarpana treatment is to be adopted which includes shodhana through urdhwa or adho marga such are vama, virechana, basti.

For the purpose of shodhananga sneha, those sneha having the properties of meda &

kaphahara along with lekhana karma has to be selected. Ghritha like guggulu tikataka ghritha can be selected for snehanapana followed by vamana & virechana karma. Basti in the form of lekhana basti which is kapha & medohara in nature is the ideal plan in such cases.

Next management is shamana chikitsa: Here the main principle to be adopted is guru & atarpana chikitsa. For this, oral administration of various drugs like shilajithu, triphala, guggulu prayoga, gomutra prayoga, madhvambu prayoga, takra prayoga, arishtapana is said to be ideal along with vihara like vyayama.

Dyslipidemia:

Dyslipidemia refers to the condition in which there is sustained elevation of plasma cholesterol, triglycerides (TGs), or both, or a low high-density lipoprotein level that contributes to the development of atherosclerosis. The Causes may be primary (genetic) or secondary.⁴⁵

Classification:

Dyslipidemias were classified according to patterns of elevation in lipids and lipoproteins. They are

- Increase in cholesterol only (pure or isolated hypercholesterolemia)
- Increase in triglycerides only (pure or isolated hypertriglyceridemia)
- Increase in both cholesterol and triglycerides (mixed or combined hyperlipidemias)

Etiology:

Primary causes are due to genetic in nature and secondary causes are due to modifications in lifestyle & food habits which contribute to dyslipidemias at varying degrees. In familial combined hyperlipidemia, manifestation of symptoms occurs only in the presence of significant secondary causes.

Secondary causes:

Secondary causes are contributed in many cases of dyslipidemia in adults. The most important secondary causes are sedentary lifestyle with excessive dietary intake of saturated fat, cholesterol, and trans fats. Trans-fats are polyunsaturated or monounsaturated fatty acids to which hydrogen atoms have been added; they are used in many processed foods and are as atherogenic as saturated fat. Other common secondary causes includes Diabetes mellitus, Alcohol overuse, Chronic kidney disease, Hypothyroidism, Primary biliary cirrhosis and other cholestatic liver diseases, Drugs, such as thiazides, β -blockers, retinoids, highly active antiretroviral agents, cyclosporine, tacrolimus, estrogen and progestins, and glucocorticoids.

Secondary causes of low levels of HDL cholesterol include cigarette smoking, anabolic steroids, HIV infection, and nephrotic syndrome.

Symptoms and Signs:⁴⁶

The primary pathologies include hypertension, atherosclerosis leading to coronary artery disease, dyslipidemia, heart disease, and hyperlipidemia.

Dyslipidemia itself usually causes no symptoms but can lead to symptomatic vascular disease, including coronary artery disease (CAD), stroke, and peripheral arterial disease. High levels of TGs (> 1000 mg/dL [> 11.3 mmol/L]) can cause acute pancreatitis. High levels of LDL can cause arcus corneae and tendinous xanthomas at the Achilles, elbow, and knee tendons and over metacarpophalangeal joints.

Patients that have elevation of TGs in severe condition can expect having eruptive xanthomas over their elbow, back, trunks, knees, buttocks, feet and hands. Those with rare dysbeta lipoproteinemia can expect having palmar xanthomas and tuberous xanthomas.

Diagnosis:

Dyslipidemia is diagnosed by measuring serum lipids. Routine measurements (lipid

profile) include total cholesterol (TC), TGs, HDL cholesterol, and LDL cholesterol.

Dyslipidemia is suspected in patients with characteristic physical findings or complications of dyslipidemia (i.e. atherosclerotic disease). Primary lipid disorders are suspected when patients have physical signs of dyslipidemia, onset of premature atherosclerotic disease (at <60 yr), a family history of atherosclerotic disease, or serum cholesterol > 240 mg/dL (> 6.2 mmol/L).

Elevated LDL cholesterol treatment:

Treatment options to lower LDL cholesterol in all age groups include lifestyle changes i.e. through diet and exercises, drugs, dietary supplements, procedural interventions, and experimental therapies. Many of these options are also effective for treating other lipid abnormalities.

Dietary changes include decreasing intake of saturated fats and cholesterol, increasing the proportion of dietary fiber, and complex carbohydrates, and maintaining ideal body weight. Exercise lowers LDL cholesterol in some people and also helps maintain ideal body weight.

Elevated lipid levels are a risk factor for atherosclerosis and thus can lead to symptomatic coronary artery disease and peripheral arterial disease.

When LDL cholesterol levels are high, fatty deposits (called plaques) can build up in the arteries, the blood vessels that carry blood from the heart throughout the body. Over time, plaques narrow the arteries, producing atherosclerosis (hardening of the arteries). This can cause heart disease, heart attack, peripheral artery disease (reduced blood flow in the limbs, usually the legs), or stroke. Low levels of HDL and high levels of triglycerides can also increase fat build-up in the arteries.

Risk factors for dyslipidemia:

Family history, diets high in total fat, saturated fat.

Diabetes mellitus & metabolic syndrome: hyperinsulinemia is associated with low HDL levels & hypertriglyceridemia.

Chronic renal failure is associated with hypertriglyceridemia

Hypothyroidism

Hypopituitarism

Obesity

Physical inactivity

Alcoholism, steroid use, oral contraceptives, smoking.

Metabolic syndrome:

The term metabolic syndrome refers to a group of metabolic risk factors. People who have the metabolic syndrome are at risk to develop serious conditions like cardiovascular disease and diabetes. The exact cause of the metabolic syndrome is unknown, but genetic factors, too much body fat (especially around the waist), and lack of exercise contribute to it.

The metabolic syndrome is often defined as the presence of three or more risk factors.

- Elevated waist circumference: Men - equal to or greater than 40 inches; Women - equal to or greater than 35 inches
- Reduced HDL cholesterol: Men - less than 40 mg/dL, or currently taking medication to increase HDL; Women - less than 50 mg/dL, or currently taking medication to increase HDL
- Elevated triglycerides: Equal to or greater than 150 mg/dL, or currently taking medication to lower triglycerides
- Elevated blood pressure: Equal to or greater than 135/85 mm Hg, or currently taking medication to reduce BP
- High blood glucose: Fasting glucose equal to or greater than 100 mg/dL, or currently taking medication to lower glucose levels

The main aim of treatment is to lower the risk of cardiovascular disease and diabetes. This includes quitting smoking and reducing LDL (bad) cholesterol, blood pressure, and glucose to recommended levels. Lifestyle changes also help losing weight, eating a healthy diet with fewer fats and cholesterol, and increasing physical activity.

CONCLUSION

Shonitabhishyandana manifests due to the itiological factors pertaining to santarpana. As such there are no symptoms explained for shonitabhishyandana. But if left untreated leads to plethora of diseases starting with dhamani pratichaya, hritshula, vata vyadhi, gulma, vatarakta. This condition is closely associated with dyslipidemia, wherein in untreated cases causes atherosclerotic disease which may result in heart disease, peripheral arterial disease, stroke etc. Thus meticulous treatment is necessary to avoid further complications. Hence margavarana chikitsa which includes shodhana, shamana & shilajithu loha rasayana as explained in the classics were considered to be the appropriate remedy for this condition.

REFERENCES

1. Raghakantadeva Bahadurena, Shabdakalpadruma, 1st volume, Delhi: Nag publishers, reprint 1988. 5th khanda. p.76 – 77
2. Raghakantadeva Bahadurena, Shabdakalpadruma, 1st volume, Delhi: Nag publishers, reprint 1988. 5th khanda. p.72
3. Arthur Anthony Macdonell, A Practical Sanskrit Dictionary. New Delhi: Bharatiya Granth Nikethan; 2006. p.24
4. Monier monier Williams, A Sanskrit-english dictionary, Delhi: Motilal banarsidass publishers, reprint 2005. p.71
5. Venimadhavashastri Joshi editor. Ayurvediya Mahakosha. Mumbai. p.40
6. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.453
7. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.52.
8. Monier monier Williams, A Sanskrit-english dictionary, Delhi: Motilal banarsidass publishers, reprint 2005. p. 71
9. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.453
10. Venimadhavashastri Joshi editor. Ayurvediya Mahakosha. Mumbai. p.40
11. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.387.
12. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149 -150.
13. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149 -150.
14. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149 -150.
15. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149 -150.
16. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149 -150.
17. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149 - 150.
18. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149 - 150.
19. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.73.
20. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.556.
21. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita.

- Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.453
22. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149 - 150.
23. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.150
24. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.726.
25. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.73.
26. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.470
27. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.435
28. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.719
29. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.627.
30. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.73.
31. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149
32. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.73.
33. Hari Sadasiva Sastri editor. Ashtanga Hridaya, Varanasi: Chaukhamba Sanskrit sansthan, Reprint 2010. p.225
34. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.73.
35. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.150
36. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149-150
37. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.150
38. Kaviraja Shree Narendranath Sengupta & Kaviraja Shree Balaichandra Sengupta editor. Charaka Samhita. Delhi: Chaukhambha Orientalia; 2009. p.780
39. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.150
40. Kaviraja Shree Narendranath Sengupta & Kaviraja Shree Balaichandra Sengupta editor. Charaka Samhita. Delhi: Chaukhambha Orientalia; 2009. p.780
41. Shivaprasad Sharma editor. Astanga sangraha, Chaukhambha Sanskrit series office, Varanasi, 2008. p. 159 – 160
42. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.115
43. Yadavji Trikamji Acharya editor. Charaka Samhita, Varanasi: Choukhambha Surbharati Prakashan; 2008. p.149-150
44. Jadavji Trikamji Acharya and Narayanaram Acharya editor. Sushruta Samhita. Varanasi: Choukhamba Sanskrit Sansthan; 2005. p.73 – 74.
45. <http://www.strokecenter.org/professional/s/stroke-management/for-pharmacists->

counseling/pathophysiology-and-
etiology/

46. <http://symptomscausetreatment.com/dyslipidemia-symptoms-causes-treatment.html>

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