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CLINICAL EVALUATION OF THE EFFICACY OF *LEKHANBASTI* AND *MEDOHARAVIDANGADILAUHA* IN THE MANAGEMENT OF DYSLIPIDEMIA

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ABSTRACT

This study was conducted to evaluate the efficacy of *lekhanbasti* and *medoharavidangadilauha* in the management of dyslipidemia. Consent from all the selected patients was taken before the study after explaining to them about the disease and the procedure. Ethical clearance was accredited by the ethical committee of Government Ayurvedic College and Hospital Guwahati, Assam. Patients from IPD and OPD of the department of Kayachikitsa of the aforesaid institute were chosen. *Lekhanbasti niruha* and *tiltaila anuvasana* on alternate days was administered for 8 days Follow up was done at an interval of 30,60 and 90 days. Oral intake of *medoharavidangadilauha* was advised during these 90 days. The *basti* was repeated in the follow-up period. After comparing the fasting lipid profile before and after treatment it was found that there was a significant change in it.

Keywords: Dyslipidemia, *Lekhanbasti*, *Medoharavidangadilauha*, *Medoroga*, Fasting lipid profile.

INTRODUCTION

Dyslipidemia is a bane of today's modern age. Lipids are a very essential component of our body but any disorder in them results in complications. Dyslipidaemia is a key contributor to atherosclerosis, coronary artery disease (CAD) and peripheral vascular diseases (PVD. Unwholesome dietary habits, increasing mental stress, abstinence from physical exercise, certain medications like oral contraceptives

are the cause of Dyslipidemia to mention a few. Though there is no direct mention of Dyslipidemia in Ayurvedic classics from the etiopathogenesis it can be correlated to *Medoroga*. Excessive accumulation of *medas* at various parts of the body is termed in Ayurveda as *Medoroga. Sleshmavriddhikara aharasevana* and genetic factors i.e. *beejaswabava* are the main causative factors of *medaroga* (dyslipidemia). Since *kaphadosha* and *medadhatu* are mutually dependent, any etiological factors *(nidana)* which increase *kaphadosha* will increase *meda* fat *(medavriddhi*) thereby resulting in dyslipidemia.

MATERIALS AND METHOD

The clinical study was done on 30 patients. They were explained about their disorder and the procedure of treatment. The consent form was taken before the study. The ethical clearance was given by the Institutional Ethical Committee of Government Ayurvedic College and Hospital Guwahati, Assam (ref no-IEC/19, 20-213). Patients from IPD and OPD of Kayachikitsha department of the above-mentioned institute were taken for the study. *Katutailaabhyanga* and *nadiswedan* followed by *lekhanbastiniruha*[7]and *tiltailaanuvasana* on alternate days for a period of 8 days[2] were given in addition to this *medoharavidangadi lauha*[8,4] orally was also advised for 90 days. Follow up was done at an interval of 30, 60 and 90 days. The *basti* procedure was repeated at each follow.

Table 1: Content of *lekhanbasti*

Drug	**Quantity**
Triphala decoction	300ml
Gomutra	200ml
Honey	50ml
Til oil	60ml
Saindhavalavana	10gm
Suddhashilajatu	500mg
Yavakhsar	5gm
Hingu	125mg

Table 2: days of Administration

Day	**Type of Basti[2]**
1	*Anuvasana*
2	*Niruha*
3	*Anuvasana*
4	*Niruha*
5	*Anuvasana*
6	*Niruha*
7	*Anuvasana*
8	*Anuvasana*

SELECTION CRITERIA:

A. Inclusion Criteria:

1. Patients between age group (20 -70) years of either sex.
2. Patients having at least one of the following criteria are to be selected for study- T. Cholesterol ≥200 mg/dl, Triglycerides ≥ 150 mg/dl, HDL< 40 mg/dl, LDL ≥130 mg/dl, total cholesterol/HDL ratio ≥4.5
3. BMI >/= 25kg/m2

B. Exclusion Criteria:

1. Age: Patient below 20 years and above 70 years.
2. Pregnant lady and Lactating lady[5,9]
3. Type 1 Diabetes Mellitus[1,10]

4. Chronic Renal failure
5. Carcinoma
6. Nephritic syndrome.
7. Bleeding disorders
8. Any serious trauma
9. Any Ano-rectal diseases[3]
10. Established familial history of Dyslipidemia.
11. BMI>40kg/m2[1,8,10]

STUDY DESIGN: It was an Open Clinical Trial with pre-test and post-test conducted on 30 patients with elevated fasting lipid profile reports.

ASSESSMENT OF RESULTS: The assessment of the result of the patient was done based on the response of the trial drugs based on Fasting lipid profile, BMI, Circumference of Hip and Circumference of Waist before and after treatment on 30th, 60th and 90th day respectively.

CRITERIA FOR WITHDRAWAL: The patient will be withdrawn from the therapy if any serious complication develops which requires urgent treatment during therapy.

OBSERVATION AND RESULTS

Table 3: Effects obtained before and after treatment shown in Investigations after 90 days.

Sl.no	Investigations	Mean		SD		SEM		SED	T	P
		BT	AT	BT	AT	BT	AT			
1	**Total Cholesterol**	271.23	179.5	68.82	50.3	12.5	9.2	11.97	7.65	<0.0001
2	**Serum Triglycerides**	322.1	150.6	117.38	70.24	21.43	12.82	16.55	10.36	<0.0001
3	**Serum HDL**	38.93	46.47	8.97	6.47	1.63	1.18	1.51	4.98	<0.0001
4	**Serum LDL**	131.36	106.2	34.63	23.10	6.32	4.21	4.68	6.34	<0.0001
5	**Serum VLDL**	58.85	41.9	19.35	20.9	3.53	3.8	2.83	5.97	<0.0001
6	**Total Cholesterol: HDL ratio**	5.98	4.03	1.27	1.10	0.23	0.20	0.192	10.14	<0.0001
7	**Circumference of Waist**	104.6	95.17	19.37	18.42	3.54	3.36	1.48	6.36	<0.0001
8	**Circumference of hip**	102.18	98.6	10.65	9.79	1.94	1.78	0.79	4.43	=0.0001
9	**BMI**	29.66	26.27	4.70	3.48	0.85	0.63	0.47	7.08	<0.0001

DISCUSSION

From the statistical analysis, it is seen that the increased value of total cholesterol, triglycerides, LDL, VLDL and total Cholesterol: HDL ratio decreased and shows a significant result. The HDL value increased after the completion of the study period. There was a significant decrease in the circumference of the waist and hip. The BMI was also decreased after the completion of 90 days. The pharmacological properties of the ingredients of the trial formulation were mainly of *katu, tikta, kashaya, ushna, tikshna, laghu* and *ruksha* which are opposite to the properties of *kapha* and *medas.* The *katutailaabhyanga* followed by *nadiswedan* helps in *kaphabilayana.* The ingredients of *medoharavidangadilauha* are said to be effective against *kaphavikaras*. Thus, as a combination, they showed the significant result in the study.

CONCLUSION

Results obtained from the study reveals that the trial medicine is effective in correcting Dyslipidemia to a satisfactory level. Further, no adverse effect was observed in any patient during the trial. Thus, it can be concluded that *Lekhanbasti* along with *Medoharavidangadilauha* is effective in the management of dyslipidemia.

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