

**MEDODUSHTI IN AYURVEDA WSR DYSLIPIDEMIA – A CONCEPTUAL REVIEW**

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**ABSTRACT**

India is a country where lifestyle disorders are at a peak in their occurrence. Consumption of fast foods on a daily basis and lack of exercise are the main contributing factors to lifestyle disorders. Thus, the cause for disorders such as diabetes mellitus and dyslipidemia may be equated to the *Medovaha srotho vikaras* such as *Prameha* and *Medodushti*. The prevalence of hyperlipidaemia ranges from 25-30% in urban people and 15-20% in rural subjects. Preventing these lifestyle disorders which are a major contributing factor to many life-threatening diseases such as coronary artery disease is a need of the hour. Proper Ayurveda modalities when used will help in preventing this condition in a better way. This review is an attempt for understanding the similarities between *Medodushti* and dyslipidemia.

Keywords: Dyslipidemia, *Medodushti*

INTRODUCTION

Lipids are defined as a heterogeneous group of compounds that are relatively insoluble in water but which are freely soluble in non-polar organic solvents like benzene, chloroform, ether, hot alcohol, acetone that is mostly related to physical properties

than their chemical properties. Lipoproteins are aggregates of lipid and protein molecules that are necessarily stable to form particles for circulation in plasma. ¹Dyslipidemia is a disorder of lipoprotein metabolism that includes lipoprotein over production

or deficiency. Dyslipidemia may manifest by the elevation of the total cholesterol, the low-density lipoprotein cholesterol and also triglyceride concentrations, and a decrease in the high-density lipoprotein cholesterol in the blood. Dyslipidemia may be categorized into hypolipoproteinemia and hyperlipoproteinemia based on the over production or deficiency of lipoproteins. Hyperlipoproteinemia is a major disorder, and it is classified in to two, primary and secondary. Primary hyperlipidemia is inherited in nature and it is due to the following causes.

1. Monogenic causes- LDL receptor defects and APO B 100 defects lead to Familial hypercholesterolemia. Monogenic lipase defects and apo- protein C2 defects lead to familial hypertriglyceridemia.

2. Polygenic causes- Apolipoprotein E2 homozygosity and increased quantity of apo-lipoproteins B leading to Familial combined hyperlipidemia.

The secondary is of acquired in nature due to ²

- Hypothyroidism
- Nephrotic syndrome
- Diabetes Mellitus
- Biliary cirrhosis
- Obesity
- Diet-induced
- Insulin resistance

In Ayurvedic parlance, dyslipidemia may be equated to "Medodushti" where the *Kaphavardhakara ahara viharas* will result in the formation of *Sama rasa*. This *Rasa dushti* leads to *Medodhathu agni mandhya* resulting in *Ama- asthayai Medo dhathu* and hence resulting in *Medo- dushti*.

Rationale and background

According to WHO, high cholesterol is estimated to cause 18% of global cardiovascular disease (mostly nonfatal events) and 56% of global ischemic heart disease. Overall, this amounts to about 4.4 million deaths (7.9% of total) and 40.4 million disability-adjusted life years (2.8% of total DAILYs). A review of population-based studies in India has reported high cholesterol is present in 25-30% of urban and 15-20% of rural subjects. In India, living in India or abroad, raised triglycerides with low High-density Lipoproteins [HDL] have been found to be

atherogenic. ³ Prevalence of suspected familial Dyslipidemia in urban subjects varies from 1:125 to 1:4503. Statins are the mainstay treatment for Dyslipidemia; however, the limitations of statins include treatment resistance, intolerance due to adverse events, and a lack of adherence which contribute to poor outcomes. While statins are generally well-tolerated, they are associated with numerous adverse effects, including gastrointestinal events, musculoskeletal pain, respiratory infections, and headaches. So, Ayurveda has a great role in intervening dyslipidemia with limited side effects. ⁴

AIM

- To study the *Nidana Panchakas* of *Medodushti* and equate them with dyslipidaemia. And thus, to adopt the treatment modalities mentioned for managing *Medoroga* in treating dyslipidemia also.

MATERIALS AND METHODS

The classical ayurvedic *Samhitas* such as *Charaka Samhita*, *Susrutha Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, *Bhasavarajeeyam*, etc were analyzed critically for a better understanding of the *Nidana Panchaka* as well as the *Chikitsa* of the disease.

Dyslipidemia from in ayurvedic perspective

Nidana ⁵

Acharyas of ayurveda have clearly explained the *Nidanas* of *Sthoulya* in various *Samhitas* that cover all aspects of life. *Acharya Charaka* has explained the *Nidanas* of *Sthoulya* in detail which include *Aharaja*, *Viharaja*, *Manasika*, and also included *Bheeja dushti* that can be included in any other

Niidanas. *Acharya Dalhana* has explained mainly about three *nidanas* for *Sthoulya* or *Medodushti*. 1) *Visishta Aharavasat* (Use of specific diet,lifestyle, psychological factors) 2) *Adrishtavashat* (Factor that which cannot be seen or assessed directly), 3) *Medosavrta maragavat* (*Avarana* of the *Marga* by *Medodhathu*)

^{1.} *Visishta ahara vashat*

It explains the use of specific dietary, and lifestyle and also includes the psychological factors that lead to *Medoroga*. They can be classified into *Aharaja* and *Viharja nidanas*. These *Nidanas* will lead to

Santharpana janya vyadhi and also *Medo- vaha srotodushti* which is explained by *Acharya Charaka* and can be considered as the aetiological factors for the *Medoroga*. It may be categorized into three *Aharaja* – It can be classified into the *vidana* of *Guna, Dravya, Bhojana Vidana*. In *Guna Vidana* the *Guna* of *Dravyas* like *Guru, Madhura, Sheetha, Snigdha, Sleshmala, Atipichila*, and *Abhisyandi* will have a predominance of *Prithvi, Ap mahabhuta* will result in a direct increase in *Kapha dosha* and *Medo dhathu*. In *Dravya vidana* the *Dravyas* like *Navanna, navamadya, Gramyarasa, Audaka rasa, Mamsa sevana, Payavikara Dadhi, Sarpi, Ikshuvikara, Guda vikara, Shali, Godhuma, Musha, Varuni madya* are considered as the etiological factors. In *Bhojana vidana* the *viharas* like *Atisampurna, Adhyasana, Vishamasana, Viruudhashana, Samasana, Atyambupana* and also *Bhojanantara jalapana* leads to the *Vridhi* of *kapha* and finally leads to *medoroga*.

b. Viharaja - Viharaja nidanas include *Avyayama, Avyavaya, Diwaswapna, Asyasukha, Swapna sukha, Bhojanantra snana, Bhojanantra nidra* that will cause *kapha vridhi* finally leading to *medoroga*.

c. Manasa Nidana – *Harshanityatwa, Achitanath* is described as the *Nidanas*, according to *Acharya Charaka* that will result in *Athisthoulya*

1) *Adrishtavashat*- The *nidanas* that cannot be perceived or assessed directly are known as *Adrishtavat*. It may be equated to the causes which are hereditary or genetic in nature. This includes the defects of *Shukla* or *Sonitha* known as ‘*Beeja swabhava*’ which is being transmitted through the progeny. According to *Acharya Charaka*, *Beeja dosha* is said to be the etiological factor that will cause the *Khavaigunya* in *Medo dhatu* which will further result in the vitiation of *doshas*.

2) *Medasaavrittha margatvath*
Acharya Charaka has explained that the *Prakritha gathi* of *Vata dosha* gets obstructed due to the *Vridhi* of *Medo dhathu* which further gets vitiated resulting in *Medodushti*. According to the commentary of *Acharya delhana*, the *Vata rogas* manifest due to the *Marga avarna* of *Vata dosha* by the *Medo- dhathu*. This leads to the secondary conditions of *Medo roga*

like *Prameha*, which are also known as *Nidanarthakara rogas* where one *Vyadhi* results in the manifestation of the other.

Roopa⁶

Acharya Madhavakara has explained the signs and symptoms of *Medoroga* it is as follows

1. *Chala, sphik, sthana, Udara lambana*
2. *Kshudraswasa*
3. *Trishna*
4. *Ati kshudha*
5. *Dourgandhya*
6. *Alpa prana*
7. *Alpa maidhuna*

Symptoms of *Dyslipidemia* are very difficult to be explained According to *Ayurvedic Perspective* because the symptoms of *Medoroga* can only be equated to obesity but not *dyslipidemia*.

Samprapthi⁷

The *Ahara viharas* that cause *Kapha vridhi* will result in *Jataragnimandya* which leads to the formation of *Sama rasa*. *Medodhatuagni mandya* occurs as a result of this *Rasadushti* resulting in the formation of *Ama asthaya medodhatu* and manifests as *dyslipidemia*. If the *Medo- rogi* continues to indulge in the same *Apathya nidanas* it will cause the *Sanga* of the *Ama- asthaya Medo dhathu* in *Medovaha Srothas* that will lead to *Marga Avarna janya vata prakopa, Sandukshna of Jataragni* and also *Upadravas* such as *Atisthaulya* will occur.

Samprapthi ghatakas

1. *Dosha: Tridosha with kapha predominance*
: *Vata – Samana, Vyana*
Pitta- Pacaka
Kapha: Kledaka
2. *Dooshyas: Rasa, Raktha, mamsa and medas*
3. *Agni: Jataragni, Medodhaywagni*
4. *Ama: Jataragni mandya janitha, Medodhatwagni mandya*
5. *Srotodushti: Medovaha srothas*
6. *Srotodushti prakara: Sanga*
7. *Udhbhava sthana: Amavasya*
8. *Sanchara sthana: Rasayani*
9. *Rogaswabhaba: Chirakari*
*Sadya asadyatha*⁸

Medoroga is explained as *Krichasadhyavyadhi*. *Acharya Charaka* has explained the bad prognosis of *Medoroga*. If an individual having *Medodushti* is not properly intervened properly it will lead to various *Upadravas* such as *Trishna*, *Kshut*. *Sahaja Medoroga* is considered *Asadhya*.

According to *Acharya Vagbahta*, *Medogata Vyadhis* are considered as *Sadhya* only in uncomplicated patients having more *Bala* and also *Vyadhiis* less *Chirakari*. So, *Acharya Vagbahta* has mentioned *Medoroga* as *Asadhyavyadhi*. *Acharya Yogaratnakara* has explained that sudden weight gain or loss could be fatal within six months.

Table 1: UPADRAVAS OF ATISTHOULYA

SL NO	UPADRAVA	C.H	S.U	A.S	Y.R
1	<i>Ayusho Hrasa</i>	+	-	-	-
2	<i>Jwaparodha</i>	+	-	-	-
3	<i>Krichra vyavayatha</i>	+	-	-	-
4	<i>Dourgandhyam</i>	+	-	-	-
5	<i>Swedabadha</i>	+	-	-	-
6	<i>Kshudh atimatra</i>	+	-	-	-
7	<i>Pipasiathyoga</i>	+	-	-	-
8	<i>Prameha pidaka</i>	-	+	-	-
9	<i>Jwara</i>	-	+	-	-
10	<i>Bhagandhara</i>	-	+	-	-
11	<i>Vidradhi</i>	-	+	-	-
12	<i>Vata vikaras</i>	-	+	-	-
13	<i>Udara</i>	-	-	+	-
14	<i>Urustambha</i>	-	-	+	-
15	<i>Visarpa</i>	-	-	-	+

Chikitsa^o

In the ayurvedic management of *Medoroga* or *Sthoulya* various treatment modalities such as modification of lifestyle, use of single drug preparations, various *Chikitsa yogas*, *Vyayama*, have been explained. According to the ayurvedic perspective *Chikitsa* can be explained under three headings

1. Samshodhana 2.Samshamana 3. Nidana parivarjana.

1. Samshodhana

Langhana is an important management aspect of *Medoroga*, *Samshodhanachikitsa* also comes Under *Langhana*. *Samshodhana* is a type of *Upakrama* in which the vitiated doshas are completely expelled out of the body after performing the *Poorvakarmas* *Snehana* and *Swedana* from their respective sites through the *Urdhwakaya* or *Adhakaya*. *Samshodhana* is only performed only after assessing the *Rogibala* and *Rogabala*. *Sodhana chikitsa* for *Medodushti* comprises *Vamana*, *Virechana*, *Vasthi*, and *Raktamokshana*.

As the doshas are in *Bahudosha* state *Shodhana* *Poorva Snehana* and *Swedana* are not required. *Vasti* with *Rooksha ushnvasthi* or *Lekhana vasthi* can be done. *Vamana* can be done in a patient having *Prabhootha Kaphadushti*. According to *Acharya Kashyapa* and *Bhavaprakasha* *Raktamokshana* can also be used as a treatment option for *Santarpana janyavyadhi* *Nasya* with *Triphaladi tailam* can also be done.

2. Samshamana

Samsamana is the treatment modality that does not eliminate the *Dosha* from the body by not disturbing the equilibrium of the *Prakritha doshas* but will bring the *Vaikritha doshas* back into the *Prakritha avastha*. *Acharyas* have explained the use of *Guru* and *Apatarpana ahara* and *Aushadha Dravyas* in the management of *Medoroga*. *Aushadhas* used for *Medoroga* should be *Sleshma medohara* and *Vata anulomana* also. *Guru guna* of *Dravya* helps to correct the *Atikshut* associated with *Medoroga*. *Apatarpana guna*

result in less nourishment and will eventually lead to the *Lekhana* of *Medas*,

The *Agni deepana* and *Pachana aushadhas* help in removing the *Ama* and *Agni deepana*. *Dravyas* having the *Katu*, *Thiktha*, and *Kashaya rasa*, *Katuvipaka* will help in reducing the *Kapha* and *Lekhana* of *Medodhathu*. *Dravyas* like *Gomutra*, *guggulu*, and *Lekhaneeya guna Dravyas* having *Laghu*, *Ruksha*, *Ushnaveerya* can also be used in this condition. *Chikitsa yogas* that can be used in *Medoroga* include *Kashaya yogas* such as *Varunadi Kashaya Asanadi-kashayam*, *Krimghnadikashaya*. *Choorana yogas* include *Guggulu panchapala choornam*, *Guduchyadi choornam etc*. *Vatika yogas* include *Amritadi guggulu*, *Tryushnadi guggulu*. *Rasayana chikitsa* can also be done in this condition because the *ama* formed here have attained *Dhathu leenathwa*. *Dravyas* such as *Triphala*, *Shilajatu* can also be used they have *Deepana*, *Pachana* as well as *Rasayana guna*. *Udwarthana* is a best treatment option as *Bahir parimarijana chikitsa* as it is *Kapha medo hara*.

“*Nidanaparivarjanamevachikitsa* “explains the role of restraining *Nidana* in the management of a disease. Applying this particular management modality in the *Chikitsa* of *Medodushti* includes doing proper *Vyayama*, restraining from the *Medo* and *Kaphavardhakara*, *Aharaja nidanas* such as *Mamsa aharasevana*, following proper *Pathya*, and also restraining from the *Manasika nidanas*.

Pathya and apathya^{10,11,12,13}

Pathya and *apathya* in disease are very important as far as the management of the disease is concerned. “*Bhinadapi bhesheje vyadhi pathya eva nivarthathe nathupathya vihinasya bhesajanam shameheapi*”. This *Sloga* explains the importance of *Pathya- Apathya* in *Chikitsa*. The meaning of this *Sloka* is that without following proper *Pathya* the *Vyadhi* cannot properly be treated with the help of *Aushadha* only. *Aushadha* will properly act against the *Vyadhi* if proper *Pathya* is followed and *Apathya* is avoided.

Table 2: Nidana parivarjana
Pathyas for medoroga

<i>Dravya</i>	<i>Takra, Madhu, Ushnodaka, Sarshapa, Arishta, Asava, Ikshu, Navaneetha, Dadhi</i>
<i>Shuka Dhanya</i>	<i>Yava, Venuyava, Kodrava, Navanna, Shali</i>
<i>Shami Dhanya</i>	<i>Mudga, Rajamasha, Kulatha, Chanaka, Masura, Adhakimasha, Tila</i>
<i>Shakavarga</i>	<i>Patrashaka, Patola, Madhurashaka, Kantha</i>
<i>Phala</i>	<i>Kapitha Jambu, Amalaki, Madhuraphala</i>
<i>Mamsavarga</i>	<i>Rohitha mamsa</i>
<i>Manasika vihara</i>	<i>Sharirika and Manasikashrama, Chinta, RatriJatagarana, Krodha</i>
<i>Saririka vihara</i>	<i>Vyayama, Vyavaya, Riding on animals, Walking, Bathing with hot water, Doing Asanas such as Ardhakatichakrasana, Vajrasana, Pavana Muktasana, Bhujanga asana and Pranayama such as Kapalabhathi, Bhastrika, Surya anuloma – viloma,</i>

Table 3: *Apathyas for medoroga*

<i>Sukadhanya</i>	<i>Godhuma, Navanna, Sali</i>
<i>Sami dhanya</i>	<i>Masha, tila</i>
<i>Shakavarga</i>	<i>Madhuraphala</i>
<i>Dravyavarga</i>	<i>Ksheera, Ikshuvikrithi, Gritha, Dadhi</i>
<i>Mamsavarga</i>	<i>Anoopa, Udalaka, Gramya</i>
<i>Viharaja</i>	<i>Sheetha jalasnana, Divaswapna, Sukashayana, Abhyanga</i>
<i>Manasika</i>	<i>Nithya harsha, Achinthana, Manasonivrithi</i>

DISCUSSION

In Ayurveda, Symptoms of Dyslipidemia are very difficult to be explained, according to the Ayurvedic Perspective the symptoms of *Medoroga* can only be equated to obesity but not dyslipidemia. *Medodushti* may be considered the premonitory stage of *sthoulya*. Dyslipidemia is a major lifestyle disorder and is a risk factor for the majority of cardiovascular diseases, so a conceptual evaluation of the disease from in ayurvedic perspective will help in intervening the disease condition with ayurvedic management modalities having limited side effects and also will in turn helps in preventing the further complications of the disease such as cardiovascular events, diabetes mellitus, etc.

CONCLUSION

This article which is a conceptual review explains the importance of *Nidana Panchaka* in the diagnosis of dyslipidemia and it can be concluded that *Agni Mandya* at the level of *Medo-dhathu* is the reason for *medodushti*. So, the management of dyslipidemia in ayurveda includes *Nidana parivarjana*, correcting the *agni mandya* at the level of *medo dhathu*, using the *dravyas* which are having *deepana*, *pachana*, *karmas*, and *lekhana karma* which help in correcting the *medo-dhathu vridhi*. Thus, ayurvedic management will help in intervening in the condition using natural drugs having limited side effects.

REFERENCES

1. Victor v David a peter j, P. Anthony R.O.D.W.E.L.L., B.E.N.D.E.R, B.O.T.H.A.M., K.E.N.N.E.L.L.Y., W.E.I.L. Harpers illustrated biochemistry. (31st ed.). England: Me Graw Hill; 2018. Ch.12. p.75
2. David, G.A.L.T.O.N. Dyslipidemia in Clinical Practice. New York: Churchill Living stone; 1990. Ch.2. p.23
3. WHO? *The World Health Report Menu*. Ch 4 2016 *WHO.google.weblight.com*
4. Rajiv Gupta, Samin Sharma. K. Recent trends in the epidemiology of dyslipidemia in India. *Indian Heart Journal*.2017; May-June, issue3, volume 69, pages 382-392.
5. Priyavara Sharma. Charaka Samhita. Varanasi: Chaukambha Orientalia; 2007 Varanasi Sutrasthana. Varanasi: Chaukambha Orientalia;
6. Madhavakara.Madhavanidana-with Madhukosha commentary by Vijayarakhata and Sri Kanthadatta. translated by Dr.P. Himasagara Chandra Moorthy.1st ed. Varanasi: Chaukambha Orientalia; 2007 Varanasi Sutrasthana – vol.2 ch.34.verse 3.p.20
7. Charaka. Charaka samhita. -with Ayurveda Dipika commentary by Chakrapanidutta. translated by Dr. Ram Karan Sharma and Vaidya Bhagwan Dash Varanasi: Chaukambha Orientalia; 2009 Varanasi Sutrasthana – ch.15.verse.17. p.12.
8. Charaka Samhita. Agnivesha elaborated by Charaka and Drudabala with Ayurvedika Dipika's commentary by Chakrapanidatta edited by Vaidya Yadavji Trikamji Acharya, Sutra sthana Ch 21; Verse 9, Page no: 117
9. Vridha Jivaka.Kashypa Samhita -with commentary P V Tiwary.Varanasi: Chaukambha Orientalia; 2002 Varanasi Sutrasthana — ch.18.verse.13. p.248.
10. Bhava Misra.Bhavaprakasha – with commentary by Dr. Bulusu.Sitaram: Chaukambha Orientalia; reprint 2017. — vol2.ch.39. verse.12. p.437.
11. Charaka. Charaka samhita. -with Ayurveda Dipika commentary by Chakrapanidutta. translated by Dr. Ram Karan Sharma and Vaidya Bhagwan Dash. Varanasi: Chaukambha Orientalia; 2009 Varanasi Sutrasthana – ch.28.verse.50. p.500.
12. Charaka. Charaka samhita. -with Ayurveda Dipika commentary by Chakrapanidutta. translated by Dr. Ram Karan Sharma and Vaidya Bhagwan Dash. Varanasi: Chaukambha Orientalia; 2009 Varanasi Sutrasthana – ch.28.verse.51. p.500.
13. Charaka. Charaka samhita. -with Ayurveda Dipika commentary by Chakrapanidutta. translated by Dr. Ram Karan Sharma and Vaidya Bhagwan Dash. Varanasi: Chaukambha Orientalia; 2009 Varanasi Sutrasthana – ch.28.verse.52. p.500

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