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ROLE OF NITYA VIRECHANA IN MEDOROGA - A CASE STUDY

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ABSTRACT

Medoroga (overweight) has become a burning problems of the caused by unconventional dietary habits and regimen. In Ayurveda it is said that the etiological factors which increase kapha, and kapha increases the fat (Medovriddhi) there by it reflects as hyperlipedemia in blood. The body lipids do the function of unction (binding the tissue) but when vitiated deposited as adipose (durmedas). According to the World Health Organization (WHO), obesity is one of the most common, yet among the most neglected, public health problems in both developed and developing countries. The medovahastrotodushti i.e. obliteration or occlusion with depositions leads to Sthula (Obesity) or Atishthoola (morbid obesity). If the medoroga is prevented at right time there may not any risk generative factorial development or disease establishment. As kapha and Medas are interdependent, the excessive accumulation of medas takes place in the body parts viz. Udara (Abdomen), Stan (Breast), Sphik (Buttock region). Present study is helpful in obese Patient having constipation.

Keywords: Medoroga, Ksheerpaka, Virechana

INTRODUCTION

Medoroga (overweight) ^[1] has become a burning problems of the caused by unconventional dietary habits and regimen. In Ayurveda it is said that the etiological factors which increase *kapha* increases the fat (Medovriddhi) there by it reflects as hyperlipedemia in blood. The body lipids do the function of unction (binding the tissue) but when vitiated deposited as adipose (durmedas)^[2].

According to the U. S. National Institutes of Health, obesity and overweight are the second leading cause

of preventable death in the United States and approximately 300,000 deaths per year caused by obesity [3].

According to the World Health Organization (WHO), obesity is one of the most common, yet among the most neglected, public health problems in both developed and developing countries [4]. According to the WHO World Health Statistics Report 2012, globally one in six adults are obese and nearly 2.8 million individuals die each year due to over-

weight or obesity. Due to the increased risk of morbidity and mortality, obesity is now being recognized as a disease in its own right. Additionally, obesity is strongly associated with other metabolic disorders including diabetes, hypertension, cardiovascular disease and even some cancers. The risk for these disorders appears to start from a body mass index (BMI) of about 21 kg/m². Obesity is generally classified as generalized obesity (GO) and abdominal obesity (AO). Individuals with obesity have higher rates of mortality and morbidity compared to non-obese individuals [5].

Obesity is a medical condition in which excess of body fat has accumulated to such an extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. More to add, overweight and obesity have reached epidemic proportions in India in the 21st century affecting 5% of country's population [6].

Medoroga (overweight /fat depositions) is an independent disease dealt by Madhavakara [7] and Bhavamishra [8] but it is a risk factor or a component of Sthoulya (obesity) and so many other diseases. The medovahastrotodushti i.e. obliteration or occlusion with depositions leads to Sthula (Obesity) or Atishthoola (morbid obesity)^[9]. If the medoroga is prevented at right time there may not any risk generative factorial development or disease establishment. As kapha and Medas are interdependent, the excessive accumulation of medas takes place in the body parts viz. Udara (Abdomen), Stan (Breast), Sphik (Buttock region)^[10].

Present case study. observation "TrivrutadiksheerpakaVirechana" [11] lipidolytic action extends the aim of regulating the fat accumulations well before to establish the fats as obesity and to give rise complications of it. The virechana is one out of five eliminative procedures by which the accumulated are expelled out. Present case study combination is helpful even in constipated people.

Aim –To rule out NityaVirechana in Medoroga

Objective— To find out the role of *NityaVirechana* in Medoroga.

Methods and Materials:

This study was carried out in the department of Panchakarma MGACHRC Salod (H). The virechana is one out of five eliminative procedures by which the fat deposition was accumulated in the patient which were expelled out. In this patient we did procedure of Nityavirechan in Medoroga for 7 days.

- Name of the patient: XYZ
- Age: 38 years Gender: Female
- Opd/Ipd no.: 1712070029/1700022288
- Address: Chandurailway,
- Dist: Amravati State: Maharashtra
- Occupation: Housewife

Complaints:

Present complaints	Durations
1. Increase weight	6 months
2. General weakness	5months
3. Excessive sweating	5months
4. Excessive hunger	5months
5. Excessive thirst	5months

Findings:

- Subjective criteria:
- Dourbalyam (general weakness)
- Swedabadha (excessive sweating)
- Kshudhatiyoga (excessive hunger)
- Pipasaatimatram (excessive thirst)
- **Objective criteria:**
- 1. Body Mass Index (weight in kg divided by height in meters square)
- 2. Lipid profile (12 hours fasting)
- 3. Weight

History of Present illness:

Patient was symptomless before 6 month. She had increase weight since 6 months after that general weakness, excessive sweating, excessive hunger, and excessive thirst since 5 months. This was associated with constipation since 1 month.

Then she approached Panchakarma OPD for further management.

History of Past: No H/O of DM and HTN

Family history: Nil

ASHTAVIDH PARIKSHA:

- *Nadi-* 80/ min
- Mala- Malavshtambha
- Mutra- Samyak
- Jivha- Saam
- Shabda- Spashta
- Sparsh Anushanashita
- Druk- Prakrut
- Aakruti- Madhyam

O/E:-

- ➤ GC- fair
- T- Afebrile
- ➤ P-80/min
- ➤ BP- 130/80 mm of Hg

<u>P/A</u>:-

> Soft ,Non tender

S/E :-

- ➤ RS-AE=BE
- > CVS- normal
- > CNS- conscious, oriented

P/H:-

- ➤ Bowel- Constipation
- ➤ Bladder- Normal

Treatment Advised:

Procedure	Medication	Dose	Duration
Deepanapachana	Chitrakadivati	2 tb (125 gm each) twice a day before meal	3 Days
(8-12-2017 to 10-12-2017)			
Snehapana	Go ghruta	Day1- 25ml	3 Days
(11-12-2017 to 13-12-2017)		Day2- 25ml	
		Day3- 25ml	
Sarwangasnehana and swedana	Til tail	4 Day	1 Day
(14-12-2017)			
Virechana	Trivruttadiksheerpaka	48 ml daily empty stomach in morning	7 Days
(15-12-2017-21-12-2017)		(Day5-Day11)	
Samsarjan karma	Peyavilepe, kruta-yakrutayusha	Day 12, 13 & 14	3 Days
(22-12-2017 to 24-12-2017)			

Investigations Advised:

- ➤ CBC with ESR
- ➤ BSL-R
- > Urine- routine microscopic
- ➤ Lipid profile

Observation and Result:

Sr no.		Before treatment	After treatment
1.	Total Cholesterol	243 mg/dl	185mg/dl
	Triglyceride	140 mg/dl	128mg/dl
	LDL	183mg/dl	120mg/dl
	HDL	32mg/dl	40mg/dl
	VLDL	28mg/dl	25mg/dl
2.	Weight	75kg	70 kg
3.	BMI	31.24	29.16

DISCUSSION

- Chitrakadivati- Deepana and pachana (koshtashuddhi). It has tikshnavirechana property and is ruksha in nature).
- Goghrita—Snehapana (capability to receive more active principles while the *virya* of *sneha* enhanced. It is the best one for providing strength and *snehana*. It is also has beneficial action on the *Agni* (digestion) [12, 13].
- Trivruttadiksheerpaka-- NityaVirechana (Virechana removes the toxic materials from the body and provides purification of the body at two level; [14]
 - 1) Gross level, where various organs and systems of the body are thoroughly cleansed cardiovascular level and GIT ^[15].
 - 2) Cellular level, where the purification and cleansing of the body is produced at cell membrane and molecules. Gut absorption improves considerably and metabolism is also corrected).

CONCLUSION

- From the above study, we can conclude that the *Panchakarma* therapies (*Nityavirechana*) are effective in the management of *Medoroga* significantly.
- Which helped in removal of vitiated *Doshas* from the body and opened the *strotomukh* and to bring *Samyavastha* of *Doshas*.
- This treatment helps to relieve symptoms of diseases and also an attempt to provide safe and effective treatment to the patient and easy to taken.
- It also reduces various symptoms of *Medoroga*.
- Clinically no *Vyapad* of *NityaVirechana* was seen in Patient.

REFERENCES

- http://www.nhlbi.nih.gov/health/educational/lose_wt/ BMI/bmicalc.htm
- Shri Sanskara Mishra ed, Bhavprakash of Shri Bhamishra (vidyotinihindi), Vol 2 Sthaulyadthikara 39, Chaukhambha Surbharati Prakashan, Varanasi, p404.

- Obesitystatistics, Jumat, 29 April 2011 http://obesitystatisticsnumbers.blogspot.com/2011_0 4 01 archive.html
- World He1.alth Organization (WHO). Obesity: preventing and managing the global epidemic. Report of a WHO consultation. World Health Organ Tech Rep Ser 2000; 894: i-xii, 1-253.
- World Health Organization (WHO). World Health Statistics 2. 2012. Geneva: WHO; 2012. Available from: http://www.who.int/gho/publications/world_health_st
 - http://www.who.int/gho/publications/world_health_st atistics/EN WHS2012 Full.pdf
- Wikipedia, Obesity in India/ India facing obesity epidemic dated 13/10/2008, (Cited Wikipedia foundation, Inc): available from http://en.wikipedia.org/wiki/obesity in india.
- Bramhmananda Tripatied, Madhav Nidana of Shri Madhavakara (Sanskrit) vol 2, Nidana Medoroganidanam 34/1, Chaukhambha Surbharati Prakashan, Varanasi, p 35.
- ShriSanskara Mishraed, Bhavprakash of Shri Bhamishra (vidyotinihindi),vol2, Sthaulyadthikara 39, Chaukhambha Surbharati Prakashan, Varanasi, p404.
- 9. Bramhmananda Tripatied, Madhav Nidana of Shrri Madhavakara (Sanskrit) vol2 (edition), Nidana Medoroganidanam 34/9, Chaukhambha Surbharati Prakashan, Varanasi, p 35.
- Bramhmananda Tripatied, Madhav Nidana of Sri Madhavakara (Sanskrit) vol2, Nidana Medoroganidanam 34/1-4, Chaukhambha Surbharati Prakashan, Varanasi, pp34-35.
- HariS Adashiv Paradkared, Ashtanga Hridayam of Vaghbhat, Chikitsa Saptadoshaadhayam 17/9-10, Chaukhambha Surbharati Prakashan, Varanasi, pp 705.
- K.C. Chunekar, Dravyaguna Vigyana of J.I.N Sashtry, vol2, Chaukhambha Orentalia edition 2nd 2005, pp 363, 448, 452, 488, 871 1047.
- Islam MN, Nyeem MAB, Taher MA, Awal A (2015)
 Analgesic and CNS Depressant Effect of the crude
 Ethanolic Extract of the Operculinaterpethum.
 Biosens j4:132. doi:104172/2090 4967. 1000132
- K.R Shrikanth Murthied, Sharangadhar Samhita of Sharanghdara (English), section 2 Quatha Kalpnaadhaya2/161, Chaukhambha Orientation, Varanasi, p75.

Bramhanada Tripati, editor. CharakaSamhita of Charaka, sutrastana, snehaadhyaya, shloka no. 13, 41-43.
 Chowkhambhasurbharatiprakashanvaranasi, 2005, p204.

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