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Ayurveda

ROLE OF VIRECHANA KARMA IN THE MANAGEMENT OF MEDOROGA WITH SPECIAL REFERENCE TO DYSLIPIDAEMIA: A CASE REPORT

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ABSTRACT Dyslipidaemia is a common metabolic disorder characterized by abnormal levels of circulating lipids and lipoproteins and is a major risk factor for cardiovascular diseases. In Ayurveda, dyslipidaemia may be correlated with Medoroga resulting from Medovaha Srotodushti. A 29-year-old male presented with complaints of Bharavruddhi (overweight), Swedadhikya (excessive sweating), and Angagaurava (heaviness of body) for two years. Laboratory investigations revealed elevated serum cholesterol (239 mg/dL), triglycerides (321.2 mg/dL), LDL cholesterol (137.96 mg/dL), and VLDL cholesterol (64.24 mg/dL). The patient was diagnosed with Medoroga associated with dyslipidaemia and treated with Deepana-Pachana, Rukshana, Snehapana, Abhyanga, Swedana, and Virechana Karma. After treatment, body weight reduced from 73 kg to 68.9 kg. Complete relief was observed in Swedadhikya and Angagaurava. Significant improvement was noted in serum cholesterol, triglycerides, LDL, and VLDL levels. This case suggests that Virechana Karma may be beneficial in the management of Medoroga associated with dyslipidaemia.

KEYWORDS : Medoroga, Dyslipidaemia, Virechana Karma, Panchakarma, Medovriddhi

INTRODUCTION

Dyslipidaemia is a metabolic disorder characterized by abnormalities in serum lipids and lipoproteins, including elevated cholesterol, triglycerides, low-density lipoprotein (LDL), and decreased high-density lipoprotein (HDL). It is one of the most important modifiable risk factors for cardiovascular diseases and is increasingly prevalent due to unhealthy dietary habits, physical inactivity, obesity, and stress. [1]

According to Ayurveda, excessive intake of Guru, Snigdha, Madhura, and Pichhila Ahara along with sedentary lifestyle practices such as Avyayama, Diwaswapa, and Asana Sukha leads to Medovaha Srotodushti and Medovriddhi.[2] Persistent vitiation of Medovaha Srotas eventually results in Medoroga and associated disorders.[3] Dyslipidaemia may be correlated with Medoroga because both conditions involve derangement of Meda Dhatu metabolism and abnormalities in circulating lipoproteins.[4-5] Virechana Karma is considered an important Shodhana therapy for Santarpanajanya Vyadhis and is indicated in disorders involving Kapha, Pitta, and Meda predominance. The present case report evaluates the effect of Virechana Karma in a patient with dyslipidaemia.

CASE REPORT

A 29-year-old male attended the Panchakarma Outpatient Department with complaints of Bharavruddhi (overweight), Swedadhikya (excessive sweating), and Angagaurava (heaviness of body) for the previous two years.

The patient had a history of frequent intake of spicy and heavy foods along with a stressful lifestyle. No significant past medical history or family history was reported.

General Examination

Pulse Rate:	70/min
Blood Pressure	120/80 mmHg
Weight	73 kg
Temperature:	97.4°F
Tongue	Sama Jivha

Systemic examination revealed no significant abnormality.

- Based on clinical assessment and laboratory findings, the patient was diagnosed as Medoroga (Medovriddhi with Medovaha Srotodushti) correlated with dyslipidaemia.

TREATMENT

The patient was managed with Shodhana Chikitsa in the form of Virechana Karma.

Table 1: Treatment Protocol

Procedure	Medication
Deepana-Pachana and Rukshana	Medohara Guggulu, Giloya Churna, Shunthi Churna Paniya, Chitrakadi Vati, Lekhaniya Mahakashaya
Snehapana	Shatapala Ghrita, Karpasasthyadi Taila
Sarvanga Abhyanga	Mahanarayana Taila
Sarvanga Swedana	Dashamoola Bashpa Sweda
Virechana Yoga	Amla Swarasa, Eranda Bhrishta Haritaki Churna, Saindhava Lavana, Madhu

Poorva Karma

Deepana-Pachana and Rukshana therapies were administered for five days. Accha Snehapana was subsequently performed with Shatapala Ghrita and Karpasasthyadi Taila in increasing doses over five days. Samyaka Snigdha Lakshanas were observed on the fifth day. After a three-day Vishrama Kala, Sarvanga Abhyanga and Dashamoola Bashpa Sweda were performed[6].

Pradhana Karma

Virechana Yoga comprising Amla Swarasa, Eranda Bhrishta Haritaki Churna, Saindhava Lavana, and Madhu was administered. Fourteen Vegas were observed with Kaphanta and Laingiki Shuddhi, indicating Madhyama Shuddhi[7].

Paschat Karma

Samsarjana Krama was advised for five days followed by Pathya-Apathya recommendations[8].

RESULTS

Table 2: Clinical Assessment

Parameter	Before Treatment	After Treatment
Weight (kg)	73	68.9
Swedadhikya	2	0
Angagaurava	1	0

Table 3: Lipid Profile Assessment

Parameter	Before Treatment	After Treatment	% Improvement
Total Cholesterol (mg/dL)	239	203.7	14.8%
Triglycerides (mg/dL)	321.2	246.4	23.3%
HDL (mg/dL)	36.9	37.7	2.1%
LDL (mg/dL)	137.96	116.72	15.4%
VLDL (mg/dL)	64.24	49.28	23.3%
Cholesterol/HDL Ratio	6.48	5.40	16.7%
LDL/HDL Ratio	3.74	3.10	17.1%

A reduction of 4.1 kg body weight was observed after treatment. Complete relief was observed in Swedadhikya and Angagaurava.

Significant improvement was noted in serum cholesterol, triglycerides, LDL, and VLDL levels.

DISCUSSION

Medoroga is a Santarpanajanya Vyadhi involving Kapha Dosha, Meda Dhatu, Agnimandya, and Medovaha Srotodushti. Management aims at improving Agni, reducing excess Meda, and eliminating vitiated Doshas.

Deepana-Pachana therapies help digest Ama and improve metabolic activity. Rukshana and Lekhana drugs reduce excessive Meda accumulation. Snehapana mobilizes Doshas from peripheral tissues to the Kostha, while Swedana liquefies and facilitates their movement. Virechana Karma eliminates vitiated Pitta and Kapha Doshas and may contribute to correction of metabolic disturbances.

In the present case, reduction in body weight, complete relief in Swedadhikya and Angagaurava, and improvement in lipid profile parameters indicate the beneficial role of Virechana Karma in Medoroga associated with dyslipidaemia. However, post-treatment lipid values remained above optimal levels, suggesting the need for continued lifestyle modification and long-term follow-up.

CONCLUSION

Virechana Karma administered after appropriate Deepana-Pachana, Rukshana, Snehana, and Swedana procedures was associated with improvement in clinical symptoms and lipid profile parameters in a patient with Medoroga correlated with dyslipidaemia. This case highlights the potential role of Panchakarma in the management of metabolic disorders. Further controlled clinical studies with larger sample sizes are required to establish efficacy and reproducibility.

PATIENT CONSENT

Written informed consent was obtained from the patient for treatment and publication of this case report. Confidentiality and anonymity have been maintained.

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