



Case Study

www.ijrap.net (ISSN:2229-3566)



THE EFFECT OF GUDUCHYADI CHOORNAM IN HYPERLIPIDAEMIA: A CASE STUDY

Shamna S^{1*}, K. Govindan Namboodiri²

¹ PG Scholar, Department of Kayachikitsa, Sree Narayana Institute of Ayurvedic Studies and Research, Puthur, Kollam, India

² Professor and HOD, Department of Kayachikitsa, Sree Narayana Institute of Ayurvedic Studies and Research, Puthur, Kollam, India

Received on: 11/06/20 Accepted on: 05/07/20

***Corresponding author**

E-mail: shamnashihab15@gmail.com

DOI: 10.7897/2277-4343.110484

ABSTRACT

Hyperlipidaemia is a major risk factor in the pathophysiology of cardiovascular diseases which account for most Non communicable disease (NCD) death around the world. It is a medical term for abnormally high levels of fat in the blood which is the result of unhealthy lifestyles such as faulty dietary habits, smoking, alcoholism and lack of physical exercise. In Ayurveda, it is described under different headings such as sthauilya (obesity), medo roga (disease affecting fat), medo vridhi (aggravation of fat) etc. It is the result of excessive intake of Shleshma vardhaka ahara vihara (diet and regimen causing aggravation of Phlem) and reduced exercises that causes Agni dushti (vitiation of digestive fire) resulting in excessive formation of Sama meda. Here I am presenting a single case of Hyperlipidaemia. A 32-year-old female patient, with complaints of fatigue for 2 years and heart burn occasionally came with a report on lipid profile in which elevation in the level of total cholesterol and triglycerides were noted. Patient was advised to take 6 gm of Guduchyadi choornam with honey as anupana two times/day ie, morning and evening half an hour before food for 30 days. Guduchyadi choornam is a formulation mentioned in Basavarajeeyam, 'Sthauilyaroganidana lakshanachikitsadaya' chapter, having deepana, pachana, Lekhana, kaphamedohara and Vatanulomana properties. On the 31st day the values of total cholesterol and triglyceride get reduced to normal and also the patient got symptomatic relief. The drug Guduchyadi Choornam was effective in the management of Hyperlipidaemia.

Keywords: Hyperlipidaemia, NCD, medo roga, Guduchyadi Choornam

INTRODUCTION

Hyperlipidaemia is abnormally elevated levels of any or all lipids or lipoproteins in the blood¹. It is a conventional risk factor for Coronary artery disease. According to WHO, high cholesterol is estimated to cause 18% of global cardiovascular disease (mostly nonfatal events) and 56% of global Ischaemic 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 disability adjusted life years). Behaviors such as smoking, harmful use of alcohol, unhealthy diet and physical inactivity leads to hyperlipidaemia in turn leading to increased risk of cardiovascular diseases. Review of population-based studies in India shows increasing mean total cholesterol levels. Recent studies have reported high cholesterol is present in 25-30% of urban and 15-20% of rural subjects. Prevalence of suspected familial Hypercholesterolemia in urban subjects varies from 1:125 to 1:450². In India, living in India or abroad, raised triglycerides with low HDL has been found to be atherogenic³. Ayurveda explains Hyperlipidaemia as sthauilya or medoroga. Acharya caraka has described sthauilya under Ashta nindita purusha⁴ (eight undesirable constitution) based on their appearance, victim to public abuse and unmanageable health condition. It is also one among kaphaja nanathmaja vyadhi involving kapha and medas as main dosha and dushya in pathogenesis and also santharpanotha vyadhi. Kapha vardhaka ahara viharas and avyayamas are causing Agnimandya and formation of ama further leading to samameda resulting in sthauilya or medo roga.

Guduchyadi choornam is mentioned in Basavarajeeyam in Sthauilyaroganidana lakshanachikitsadaya prakarana⁵. It consists

of Guduchi (*Tinospora cordifolia*), Abhaya (*Terminalia chebula* Retz) and musta (*Cyperus rotundus* Linn) possessing the properties of pacana, deepana, lekhana, kaphamedohara and vatanulomana properties.

MATERIAL AND METHODS

Place of Study

Sree Narayana Institute of Ayurvedic Studies and Research, Puthur, Kollam, India

Present study was carried out in accordance with ethical principles by following International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP).

Case presentation

A 32-year-old Hindu female patient, lab technician by occupation, reported to Kayachikitsa OPD, Sree Narayana Institute of Ayurvedic Studies and Research, Puthur on 15/2/2019 with OP No. 1902155 with complaints of fatigue for 2 years and heart burn occasionally. She came with a report of lipid profile which showed elevated level of total cholesterol and triglyceride level.

History of presenting complaint

The patient was asymptomatic before 2 years. Then she gradually developed fatigue and occasional heart burn. It did not bother her in the first 3 months but later the symptoms got aggravated. She took an allopathic consultation and found elevated level of

cholesterol. She took some antacids for her heartburn that was prescribed by the doctor. Also, she began to control her unhealthy food habits and got only slight relief. Later she did not follow the diet and the symptoms got aggravated. So, she came to Sree Narayana Institute of Ayurvedic Studies and Research, Puthur, Kollam, India.

History of Past illness

Not a known case of Diabetes, Hypertension
Known case of Hyperlipidaemia, not under medication

Menstrual and obstetric history

Menarche - 13 years
Menstrual cycle - Regular, 28-30 days cycle
G₂ P₂ L₂ A₀

Family history

No known cases of Hyperlipidaemia in family

Personal history

Table 1: Personal History

Appetite: good	Bladder: Normal
Allergy: Not detected	Diet: prefers non vegetarian diet, took fish and egg daily and beef once in a week
Addiction: Nil	Sleep: Sound
Bowel: Regular	Exercise: moderate

Investigations

Table 2: Investigation

Lipid profile	
Total cholesterol	206 mg/dl
HDL	41 mg/dl
LDL	121 mg/dl
TGL	219 mg/dl
VLDL	44 mg/dl

Assessment

Assessment is done by comparing the values of lipid profile and symptomatic relief before and after treatment. Normalcy of lipid profile is based on NCEP guidelines⁶.

Course of treatment

Patient was advised to take 6 gm of Guduchyadi Choornam twice daily i.e. morning and evening half an hour before food with honey as anupana for a period of 30 days. Patient was advised to take low fat food.

RESULT

Observed changes are mentioned in the Table 3.

Table 3: Observations

Parameters	Before treatment	After treatment
Total cholesterol (mg/dl)	206	188
HDL (mg/dl)	41	38
LDL (mg/dl)	121	120
TGL (mg/dl)	219	149
VLDL (mg/dl)	44	30
Fatigue	Moderate	Mild
Heartburn	Moderate	Mild
Weight (Kg)	56	55.4
BMI (Kg/m ²)	26.27	25.99
Atherogenic index	0.727	0.593

Thus, Guduchyadi Choornam is effective in Hyperlipidaemia by reducing the raised lipid profile values.

DISCUSSION

Hyperlipidaemia is a vital public health concern throughout world. Development of human in injudicious track without natural health concern leads to hazardous change in human lifestyle, dietary habits and genetic impacts which is underline cause of such diseases. People with Hyperlipidaemia invariably affected with various diseases like cardiovascular diseases, type 2 diabetes, obstructive sleep apnea etc. Hence it is a general growing medical condition in the worldwide.

Kaphavardhaka ahara viharas cause jathar agnimandya (reduced digestive fire) leads to the formation of Sama rasa. This rasa dushti leads to medodhatwagnimandya resulting in Ama Asthaya medo dhatu (undigested and unstable fat) and manifesting as Hyperlipidaemia. If the medorogi continue to follow the same improper regimens, there will be sanga (accumulation) of Ama Asthaya medo dhatu in Srotas (channel) leading to margavarodhajanya vata prakopa, jatharagnisandukshana and formation of upadravas like atisthaulya.

Ayurveda recommend Vataghna annapana and Shleshma medohara measures in the management of sthaulya⁷. Guduchyadi Choornam is such a medicine containing three drugs having the rasa predominance of Kashaya, tikta and Katu which gives

Shleshma medohara properties along with laghu, ruksha gunas. Kashaya and tikta rasa have shoshana and lekhana karma that results in the alleviation of kapha as well as medas⁸. Thus, results in reduction of vrdha medas. Dipana (appetizer) and Pachana (digestive) karmas of these drugs help in correction of Agni. Ushna virya and katu vipaka of drugs may relieves srotosanga and helps in reducing the vrdha medas by normalizing other dhatu metabolism.

CONCLUSION

Hence Guduchyadi Choornam has effect in the management of Hyperlipidaemia.

REFERENCES

1. Hyperlipidaemia. Available at <https://en.m.wikipedia.org>. Hyperlipidaemia. accessed on 20th Jan. 2018
2. Rajiv Gupta. Recent trends in epidemiology of dyslipidemia in India. Indian Heart Journal 2017; 69 Suppl 3: 382-92.
3. Sidharth N Shah *et.al*. API Textbook of medicine. 7th edition. India: The Association of Physicians of India; 2003. p. 430.
4. Agnivesha. Charaka. Dridhabala. Sutra sthana. Ashtauninditiya. Verse 3. Priyavrat Sharma (editor). Charaka

- Samhita. Varanasi; Chaukhambha Orientalia. Chapter 21; 2007. p. 144.
5. Basavaraja. Krishnamurthy MS (translator). Basavarajeeyam. English Translation. Varanasi; Chaukhambha Orientalia: chapter 18; verse 17; 2014. p. 450.
6. Third report, NCEP (ATP III) Executive summary. Available as. NCEP ATP 111 Cholesterol Guidelines-Cholesterol 2.0-SCYMED. Cited May 2001.p. 2 and 17.
7. Agnivesha. Charaka. Dridhabala. Sutra sthana. Ashtauninditiya. Verse 21. Priyavrat Sharma (editor). Charaka Samhita. Varanasi; Chaukhambha Orientalia. Chapter 21; 2007. p. 146.
8. Agnivesha. Charaka. Dridhabala. Sutra sthana. Ashtauninditiya. Verses 42 (5)-43. Priyavrat Sharma (editor). Charaka Samhita. Varanasi; Chaukhambha Orientalia. Chapter 21; 2007. p. 182.

Cite this article as:

Shamna S and K. Govindan Namboodiri. The effect of Guduchyadi Choornam in Hyperlipidaemia: A Case Study. Int. J. Res. Ayurveda Pharm. 2020;11(4):33-35 <http://dx.doi.org/10.7897/2277-4343.110484>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.