



Review Article

## A COMPREHENSIVE REVIEW OF MEDOVAHA SROTODUSHTI W.S.R HYPERLIPIDAEMIA

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### ABSTRACT

Hyperlipidaemia does not bear a precise reference in Ayurveda though the study of Ayurvedic literature bears some implicit allusions. This might be due to the fact that it is a metabolic disorder and not a full-fledged disease in itself. The term hyperlipidemia is not used in our classic. But we can correlate it with *Medovaha Sroto Dushti*. Hyperlipidaemia is term used to denote raised serum levels of cholesterol or triglycerides or both. Raised total cholesterol is a major cause of disease burden in both the developed and developing world as a risk factor for ischemic heart disease and stroke. CVDs accounts for one third of total deaths around the world, it is believed that CVDs will turn out to be the main cause of death and disability worldwide by the year 2020. Lack of exercise and *Kaphavardhak Ahar Vihar* are the two main causes of vitiation of *Medovaha Srotas*. Dietary low fat intake or nutrition supplementation is the key of lowering blood lipids as art for keeping hyperlipidaemia in control and manageable.

### INTRODUCTION

The WHO statistics indicate that every year, 15 million people aged between 39 and 69 years die from NCDs and more than 80% of these deaths occur in developing countries, disproportionately affecting the poorest population. NCDs share common risk factors, including biological intermediaries such as hyperlipidaemia. These include a set of alterations in blood lipid levels, secondary to genetic factors or lifestyles.<sup>[1]</sup>

Lipids are organic compounds soluble in organic solvents and poorly soluble in water. Lipids are insoluble in plasma and are therefore, transported in circulation in association with proteins. These complexes of lipids and proteins are known as lipoproteins. Lipids disorders are common in clinical practice and some of them are associated with an increased risk of atherosclerotic cardiovascular disease. Disorders of lipoprotein metabolism are called as dyslipidemias.

Hyperlipidaemia is an increase in one or more of the plasma lipids including triglycerides, cholesterol, cholesterol esters and phospholipids. Hyperlipidaemia is considered one of the major risk factors causing cardiovascular diseases (CVDs).

*Meda dhatu* is formed from the *Mamsa Dhatu* by the action of *Mamsaagni*. *Meda* is also defined as the one which performs the function of *Snehana*, which means lubrication. *Medo Dhatu* though *Panchabhautika* in nature, is mainly composed of *Jala* and *Prithvi Mahabhuta*.<sup>[2]</sup> The total quantity of *Medo Dhatu* is 2 *Anjali* <sup>[3]</sup>.

*Chakrapani* has classified all the *Dhatu*s into two types on the basis of their function of *Poshana*:

1. *Poshak (Asthayi)*
2. *Poshya (Sthayi)*

There are two type of *Medo Dhatu* *Poshak* (nourishing) and *Poshya* (which get nourishment). Among these two *Poshak Medovahadhatu* is mobile in nature, which circulates in the whole body along with *Rasa, Rakta Dhatu* to give nutrition to *Poshya Medodhatu*. The *Poshya Medodhatu* which is immobile in nature is stored in *Medodhara Kala*. The site of *Medodhara Kala* is *Udar* and *Anuasthi*.<sup>[4]</sup>

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*Meda* is present mainly on *Udar* but when it is present inside *Anuasthi* it is called *Sarakta Meda* and when in *Sthoola Asthi* the same is called *Majja*. The pure form of *Meda* present in *Mamsa (Peshi)* is called *Vasa*. Thus, all form of lipids in the body is present mainly in *Meda Dhatu*.<sup>[5]</sup>

In the context of description of *Kala*, *Maharishi Sushruta* has described the third *Kala* named *Medodhara* which can be considered as Omentum and Deep fascia according to modern anatomy. Charak has considered *Vapavahana* as a one of fifteen *Kostang*. *Vapavahana* is explained as '*Udarastha snigdhavartika*' (Ca.Vi.5/8, *Cakrapanidutta Teeka*). Modern science explains omentum as large peritoneal folds attached to the stomach that act as storehouse of fat. Absorption of excess fat as intra-abdominal fat i.e., onto the omentum leads to pot-belly (*Udara lambanam*). Thus, we can say that *Vapavahan* have similarities with omentum.

**Srotas:** The *Srotas* are the channels in the body in which the transportation of *Asthayi Dhatu* takes place which leads to the formation of *Sthayi Dhatu*. The major role of *Srotas* in pathogenesis is explained by *Acharya Sushruta*. Similarly, the main defect in the *Medovaha Srotas* is responsible for the pathogenesis taking place in hyperlipidaemia.

In this regard *Charaka* opines a word that "*Parinaman-apadyaman-anam*" (undergoing transformation) indicates that the channel carries such of the tissue elements as are undergoing transformation from their previous states. The channels of circulation do not carry the *Sthira* (stable) *Dhatus* but only such of the mobile *Dhatus* are carried by them.

*Srotansi* of the body comprise of channels of different kinds. They may be *Sthula* or *Sukshma* or *Anu*; Perceptible and Imperceptible.<sup>[6]</sup>

**Types of Srotas**

**Table 1: Total number of Srotas**

Acharya	Total number of Srotas
Charaka	13
Sushruta	11 pairs
Kashyap	2
Sharangdar	9 + <i>Bramrandra</i> in male, 12 + <i>Bramrandra</i> in female

They are 13 in number according to *Charaka* and there are 11 pairs or 22 *Srotas* according to *Sushruta* who called them *Yogavahi*. Mainly *Srotas* is classified into two kinds, namely *Bahya* and *Abhyantara Srotas*.

**Srotodushti Lakshanas**

The main signs of the vitiation of the channels are<sup>[7]</sup>

- 1) **Atipravrutti:** Increased flow of contents or over functioning of the *Srotas* (channel).

- 2) **Sanga:** Obstruction or stagnation of the flow of content of the *Srotas* (channel).
- 3) **Siragranthi:** Appearance of nodules in the *Srotas* (channel).
- 4) **Vimargagamana:** Diversion of the flow of the contents to an improper *Srotas* (channel) or flow in the path other than its own.

**Function of Srotas**

- 1) *Grahana* or *Sangrahana*: Storage or collection
- 2) *Sravana*: Secretes, oozing, discharge, exudates
- 3) *Vahana*: Carry, conduction, transportation
- 4) *Shoshana*: Absorption, Assimilation
- 5) *Nissarana*: Elimination or excretion
- 6) *Pachana*: Digestion
- 7) *Vivechana*: Selectivity
- 8) Receptable
- 9) Diffusion
- 10) Perniation

*Chakrapani datta* has made a direct mention of the specificity of *Srotansi*. He observes: "*Srotansi*" do not transport *Sthira Dhatus* but only the *Dhatus* which are undergoing metabolic transformations. The *Dhatus* which are formed consecutively from the *Poshaka Dhatus* are the *Sthayi Dhatus*. The nutrient material of a particular *Dhatu* does not nourish it through a *Srotas* other than its own, because of the location of the *Poshya Dhatus*, in different parts of the body. (*Chakrapani Datta on Charaka: Vi: 5: 3.*)<sup>[8]</sup>

*Dhatu* are nourished through their respective *Srotas*. The *Medodhatu* gets its nutrition from the *Srotas* called *Medovaha Srotas*. As per Dr. C. Dwarkanath, the channels through which nutrition to the adipose tissue is transported are to be termed as the *Medovaha Srotas*. Dr. *Ghanekar* considered the *Medovaha Srotas* as the capillaries of the perinephric tissue and omentum.

*Acharya Charaka* and *Acharya Astanga hridya* have describe the origin or *Moola* and symptomatology of pathological involvement of *Srotansi* in idiopathic type of diseases. *Sushruta* has, on the other hand, described *Srotas*, in the context of injuries, as may have been inflicted on their *Moola* or origin.<sup>[9]</sup>

Each and every *Srotas* has two parts or endings one is from which the *Srotas* is originated i.e., the *Moola* and another is through which nutritive material travel to their respective places in the body.

**Table 2: Moola of Medovaha Srotas**

Acharyas	Moola of Medovaha Srotas
Charaka	<i>Vrikka</i> and <i>Vapavahana</i>
Sushruta	<i>Vrikka</i> and <i>Kati</i>
Vagbhatt	<i>Vrikka</i> and <i>Mamsa</i>

**Nidana of Medovaha Srotas Dushti**

The etiological factors for *Medovaha Srotodushti* and Hyperlipidaemia are same as mention in our classic and modern science. Specific factors that leads to *Medovaha Srotodushti* and hyperlipidaemia is lesser energy expenditure than input which include lack of exercise, day sleeping, eating fatty foods, excess intake of alcohol etc [10].

According the law of 'सामान्यवृद्धिकारणम्' those food having *Guru, Madhura, Sheeta, Snigdha, Shleshmala, Atipicchil, Abhishyandi* qualities in them, are seen to cause a direct increase in the *Kapha Dosha* and *Medo Dhatu*. Excess intake of this food cause excess *Abadh Medo Dhatu* (mobile) in our body which ultimately obstruct our *Medovaha Srotas* and result into hyperlipidemia.

**Table 3: Aharatmaka Nidana**

No	Aharatmaka Nidana	Ch.[11]	Su.[12]	A.S.[13]	A.H.[14]	M.N.[15]	B.P.[16]
1	<i>Ati Sampurana</i> (Over eating)	+	-	+	-	-	-
2	<i>Santarpana</i>	+	-	+	+	-	-
3	<i>Adhyashana</i>	-	+	-	-	-	-
4	<i>Guru Aharasevana</i> (Excessive consumption of Heavy food)	+	-	-	-	-	-
5	<i>Madhura Aharasevana</i> (Excessive consumption of sweet food)	+	-	+	+	-	+
6	<i>Sheeta Aharasevana</i> (Excessive consumption of cold diet)	+	-	-	-	-	-
7	<i>Snigdha Aharasevana</i> (Excessive consumption of unctuous food)	+	-	+	+	-	+
8	<i>Sleshmala Aharasevana</i> ( <i>Kapha</i> increasing food)	+	+	-	-	+	+
9	<i>Navannasevana</i> (Usage of fresh grains)	+	-	-	-	-	-
10	<i>Nava Madyasevana</i> (Usage of fresh alcoholic preparation)	+	-	-	-	-	-
11	<i>Gramya Rasasevana</i> (Usage of domestic animal's meat & soups)	+	-	-	-	-	-
12	<i>Audak Rasasevana</i> (Usage of aquatic animal's meat & soups)	+	-	-	-	-	-
13	<i>Mamsa Sevana</i> (Excessive use of meat)	+	-	+	+	-	-
14	<i>Paya Vikara Sevana</i> (Excessive usage of milk and it's preparations)	+	-	+	+	-	-
15	<i>Dadhi Sevana</i> (Excessive use of curd)	+	-	-	-	-	-
16	<i>Sarpi Sevana</i> (Usage of Ghee)	+	-	-	+	-	-
17	<i>Ikshu Vikara Sevana</i> (Usage of sugarcane's Preparations)	+	-	-	+	-	-
18	<i>Guda Vikara Sevana</i> (Usage of jaggery's preparations)	+	-	-	-	-	-
19	<i>Shali Sevana</i> (Excessive use of Rice)	+	-	-	-	-	-
20	<i>Godhuma Sevana</i> (Excessive use of wheat)	+	-	-	-	-	-
21	<i>Masha Sevana</i> (Usage of <i>Phaseolus mungo</i> )	+	-	-	-	-	-
22	<i>Rasayana Sevana</i>	+	-	-	-	-	-
23	<i>Vrushya Sevana</i>	+	-	-	-	-	-

**Table 4: Viharatmaka Nidana**

No.	Viharatmaka Nidana	Ch.	Su.	A.S.	A.H.	MN.	B.P.
1	Avyayama (Lack of physical exercise)	+	+	+	-	+	+
2	Avyavaya (Lack of sexual life)	+	-	+	-	-	-
3	Divaswapa (Day's sleep)	+	+	+	-	+	+
4	Asana Sukha (Luxurious sitting)	+	-	+	+	-	-
5	Swapnaprasangat (Excessive sleep)	+	-	+	+	-	-
6	Gandhamalyanu Sevana (Using of perfumes, garlands)	+	-	-	-	-	-
7	Bhojanotara Snana (Bathing after taking the meal)	+	-	-	-	-	-

**Table 5: Manasika Nidana**

No	Manasika Nidana	Ch.	Su.	A.S.	A.H.	MN.	B.P.
1	Harshnityatvat (Uninterrupted cheerfulness)	+	-	+	+	-	-
2	Achintanat (Lack of anxiety)	+	-	+	+	-	-
3	Manasonivritti (Relaxation from tension)	+	-	+	-	-	-
4	Priyadarshana (Observations of beloved things)	+	-	-	-	-	-
5	Saukhyena	-	-	-	+	-	-

**Table 6: Rupa Of Medovaha Vikar**

Rupa	Ch.	Su.	A.S.	A.H.	M.N	B.P.	Y.R <sup>(17)</sup>
Chala Sphika, Udara, Stana	+	-	+	+	+	+	-
Ayatha Upachaya	+	-	+	-	+	+	-
Anutsaha	+	-	+	-	+	+	-
Ayushohrasa	+	-	-	-	-	+	-
Javopardha	+	-	-	-	-	+	-
Kriccha Vyavaya	+	-	-	-	-	-	+
Daurbalya	+	-	+	-	-	-	-
Daugandhya	+	+	+	-	+	+	+
Swedabadha	+	-	-	-	-	-	+
Sukumarata	+	+	-	-	-	-	-
Anga Shaithilya	+	+	-	-	+	+	-
Kshudra Shwasa	-	+	+	-	+	+	+
Nidradhikaya	-	+	+	-	+	+	+
Gatrasada	-	+	-	-	+	+	+
Gadgadvani	-	+	+	-	-	-	-
Krathana	-	+	-	-	+	+	+
Alpaprana	-	+	-	-	+	+	+
Survakriyasu Asamarthata	-	+	-	-	+	+	-
Alpavyavaya	-	+	-	-	+	+	-
Kasa	-	+	-	+	-	-	-
Shwasa	-	+	+	-	-	-	-
Snigdhagata	-	+	-	+	-	-	-
Udaraparshva Vriddhi	-	+	-	+	+	+	-

<i>Alasya</i>	-	-	+	-	-	-	-
<i>Ama</i>	-	-	+	+	-	-	-
<i>Moha</i>	-	-	-	-	+	+	+
<i>Alpabala</i>	-	-	+	-	-	-	-
<i>Alpavega</i>	-	-	+	-	-	-	-
<i>Kshudhaatimatra</i>	+	+	+	-	+	+	+
<i>Pipasatiyoga</i>	+	+	+	-	+	+	+

### Pathogenesis

*Agni* is responsible for all metabolic activities in the body, *Agnimandya* leads to production of *Ama* (undigested food). *Ama* is the main cause of all metabolic disorders in Ayurveda. Cholesterol is considered as one such product that originates due to metabolic impairment in the alimentary tract and fat tissue (*Meda*).

The pathology of *Medoroga* occurs when *Medodhatu agni* is impaired, then the homologous

nutrients present in *Poshaka Medodhatu* are excess in circulation, which leads to excess accumulation of abnormal quantities of *Poshaka Medodhatu* in *Rasa*. This condition can be referred to as hyperlipidaemia in this way *Badh* (immobile) or *Abadh Medas* (mobile) both will be increased. When *Badh Medas* is increased, it can be correlated to obesity or *Medoroga*. When *Abadh Medas* is increased, it can be correlated to dyslipidemia or *Medo Dosha*.<sup>[18]</sup>

**Table 7: Samprapti Ghataka**

<i>Dosha</i>	<i>Tridosha (Kapha pradan)</i> <i>Kapha - Kledaka</i> <i>Pitta - Pachaka</i> <i>Vata - Samana, Vyana</i>
<i>Dushya</i>	<i>Meda Dhatu, Rasa</i>
<i>Srotas</i>	<i>Medovaha, Mamsavaha, Rasavaha</i>
<i>Adhithana</i>	<i>Vapavahana and Medo dhara Kala (Sphik, Udar, Sthan)</i>
<i>Srotodushti</i>	<i>Sanga, Margavarodha (Cha. Su. 21/4), Amatah (Su. Su. 15/37)</i>
<i>Udbhav</i>	<i>Amashaya</i>
<i>Agni</i>	<i>Jatharagni janit, Dhatvagni Mandhyajanit</i>
<i>Vyadhi Swabhava</i>	<i>Daruna</i>
<i>Sadyasadya</i>	<i>Krichsadya, Asadya</i>

### Anthropometric Measurements<sup>[19]</sup>

Body mass index (BMI) is useful for categorizing under- and over-nutrition. It is the weight in kilograms divided by the height in meters, squared.

**Table 8: Anthropometric Measurements**

Obesity and BMI (kg/m <sup>2</sup> )		
	WHO Criteria	Indian Criteria
Normal	18-25	18-23
Overweight	< 30(26-29)	≤ 25
Obesity	> 30(30-39)	< 25
Morbid obesity	>40	≥ 32.5

### Waist-Hip Ratio

It is determined in the erect position by measuring the abdominal girth at the level equidistant between Costal margins and iliac crest and at the level

of greater trochanter. It indicates abdominal obesity ingredient of metabolic syndrome.

**Waist Circumference:** indicating abdominal obesity  
> 102 cm (>90cm in Indian) in men  
> 88 cm (≥80cm in Indian) in women

### Diagnosis

Dyslipidemia is diagnosed if any one of the following is present. Total cholesterol >200mg/dl, LDL cholesterol >100mg/dl, HDL cholesterol < 40mg/dl, triglycerides >150mg/dl. The common laboratory abnormality observed in dyslipidemia is any one of the following: Hypertriglyceridemia, raised LDL cholesterol, combination of hypertriglyceridemia and raised LDL cholesterol. [20]

### Treatment

1. *Nidanparivarjana*
2. *Samshamanaa*
3. *Samshodhana*

### Nidana Parivarjana

*Any* *Nidana*, which is responsible for the disease, should be avoided. Lifestyle modification, such as low fat, low cholesterol diet, limitation of saturated and trans fats, regular exercise, body weight control, smoking cessation, restriction of alcohol is the primary approach, whether drugs are used or not. [21]

### Samshamanaa therapy

The therapy, which do not eliminate the *Dosha* from the body, do not disturb the equilibrium of balanced *Dosha* and simultaneously bring equilibrium to imbalanced *Dosha*, is called as *Samshamanaa*.

### Samshodhana therapy

The therapies in which the vitiated *Doshas* are eliminated from the body after mobilizing them from their respective sites by *Urdhva* (oral) or *Adhaha Marga* (rectal route) is known as *Shodhana* therapy.

### DISCUSSION

According to *Acharya Charak* "man is nothing but a conglomeration of *Srotansi* which pervade the entire body." They act as transporter in which *Prakopa* and *shaman* factors of *Doshas* were transported. Any kind of vitiation in *Medovaha srotas* leads to pathogenesis manifested as metabolic disorder in the body i.e., hyperlipidaemia. The reason for vitiation of *Srotas*, in general, is any attribute either similar to that of *Dosha* or opposing to the *Dhatu*. When *Srotas* is in its *Prakrita* nature, the body is not inflicted with diseases but if vitiated causes aggravation of *Doshas* as well as *Sthayi* or *Margaga dhatu*.

### CONCLUSION

Fat gives an oily appearance to the body, same in case of *Meda* which gives *Snigdhangata*. *Meda* is the main factor which is affected (*Dushya*) in *Sthaulya* and *Prameha*. Obesity and diabetes are often associated with abnormal lipid levels. Hence, we can say that

*Medovaha Srotoduhti* can be correlated with hyperlipidaemia which is a recent growing concern. It is a major risk factor for cardiac disease. After the brief discussion on the *Nidana* of, *Medovaha Srotodushti* it shows that is the primary concerned of every individual in which disease is depend. For disease free life we should maintain our diet.

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