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Case Study

# EFFECT OF *VIRECHANA KARMA* ON LIPID PROFILE IN DYSLIPIDEMIA

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## ABSTRACT

Dyslipidemia is a major metabolic disorder and a significant risk factor for cardiovascular diseases. Despite the availability of conventional hypolipidemic drugs, concerns regarding adverse effects necessitate exploration of alternative therapies. In Ayurveda, dyslipidemia can be correlated with *Medoroga*, involving *Kapha* and *Meda* (adipose) vitiation along with impaired *Agni* (metabolic and digestive fire). *Virechana Karma* (therapeutic purgation), a key *Panchkarm* procedure, is indicated for metabolic dysfunction. **Objective**-To evaluate the therapeutic effect of *Virechana Karma* (therapeutic purgation), in the management of dyslipidemia. **Methods**-A 58-year-old male patient with dyslipidemia was managed by *Virechana Karma* (therapeutic purgation), protocol comprising *Poorva Karma*- preprocedure (*Snehpana* (oral intake of medicated *ghee*) with *Rasanadi Ghrita*, followed by *Sarvang Abhyanga* (external application of oil and *Swedana* (sudation)), *Pradhana Karma*-main procedure administration of *Trivrit Avleha* for purgation), and *Paschat Karma*-post procedure (*Samsarjana Krama* -dietary regimen). Lipid profile parameters were assessed before and after intervention. **Results**- The intervention resulted in a reduction in total cholesterol (277 to 215 mg/dL), triglycerides (610 to 283mg/dL), and VLDL (122 to 56mg/dL), along with improvement in liver enzyme levels and cholesterol ratio. HDL showed a slight decrease, while LDL showed a mild increase but remained within acceptable limits. **Conclusion** - *Virechana Karma* (therapeutic purgation) demonstrated a beneficial effect in improving lipid profile and metabolic function. It may serve as a safe and effective Ayurvedic intervention in the management of dyslipidemia.

## INTRODUCTION

Dyslipidemia is a risk factor for the development of atherosclerotic cardiovascular diseases, which include coronary artery disease, cerebrovascular disease, and peripheral artery disease.[1] Other factors, such as comorbid conditions and lifestyle in addition to dyslipidemia, is considered in a cardiovascular risk assessment.[2]

The epidemiology of dyslipidemia varies by region, age, sex, and ethnicity and is influenced by genetic and environmental factors.[3]

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According to a systematic review protocol, the global prevalence of dyslipidemia in adults is estimated to range from 20% to 80%, depending on the definition and criteria used. The awareness, treatment, and control of dyslipidemia are also suboptimal in many countries, especially in low- and middle-income countries.[4]

Dyslipidemia is an abnormal metabolic status leading to persistent high plasma concentration of lipids. This condition can be divided into three different presentations, hypercholesterolemia (high cholesterol), hypertriglyceridemia, and mixed hyperlipidemia (both triglyceride and cholesterol are high). [5]

Elimination of *Dosha* (humour) through the *Adhobhaga* (lower part of the body) is known as *Virechana karma* (therapeutic purgation). *Virechana* (therapeutic purgation) is a key therapeutic procedure

of *Panchkarm* in Ayurveda, involving controlled purgation to eliminate aggravated *Pitta Dosha* from the body. The procedure is carried out in three stages: *Poorva Karma* (preparatory stage like *Snehpaan* (oral intake of medicated ghee) and *Abhyanga* (external application of oil), *Swedan* (sudation) to mobilize toxins, *Pradhana Karma* (administration of purgatives to induce purgation), and *Paschat Karma* (post-therapy *Samsarjana Karma* dietary regimen) to restore digestive strength.

Dyslipidemia, (*Kapha Medoja Vikara)*, results from *Kapha* aggravation, *Meda Dhatu* (Adipose tissue) vitiation, and impaired *Agni* (digestive and metabolic fire) leading to lipid accumulation and *Srotorodha* (obstruction of channels). As *Kapha* and *Meda* (adipose) are *Snigdha* (unctuous) and *Guru (heavy)*, treatment follows *Ruksha* (dry) and *Lekhana* (scrapping) principles so *Ruksha Virechana* is better treatment option in dyslipidemia.

## Patient Information

A 58-year-old male patient came to Panchkaram OPD of RGGPGACH, Paprola, with deranged lipid profile report, suggestive of dyslipidemia. The patient is a known case of Hypertension for the past one year but is not taking any medication and has not been regularly monitoring blood pressure. The patient is currently asymptomatic. There is no history of chest pain, palpitations, dizziness, syncope.

Personal history is significant for a mixed diet, often rich in fatty and oily foods, along with a sedentary lifestyle. The patient has a history of smoking approximately 10–12 cigarettes per day and consumes alcohol regularly, about 120ml-150ml. There is no significant past history of diabetes mellitus, thyroid disorders, renal disease, or prior cardiac illness.

## Clinical Findings

### *Ashthavidha Pariksha*

His *Nadi* (pulse*)* was *Niyamita* (regular), *Mutra* (urine) was *Peeta* (yellowish*), Mala* (stool) was *Badha* (constipated), *Jihva* (tongue) was *Aavrit* (coated*), Shabda* (speech) was *Spashta* (clear*), Saparsha* (temperature) was *Ushna* (hot*), Drik* (eyes*)* was *Nirmala* (clear), *Akriti* (shape) was *Madhyama* (normal).

## Timeline

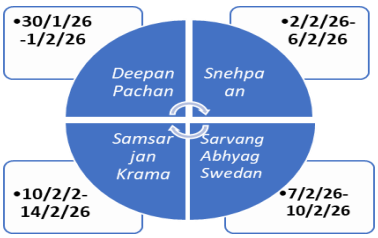


**Figure 1**

**Table 1: *Snehpaan* dose**

| Day | Date | Dose |
|---|---|---|
| 1 | 2/2/26 | 40 ml |
| 2 | 3/2/26 | 90ml |
| 3 | 4/2/26 | 130ml |
| 4 | 5/2/26 | 190ml |
| 5 | 6/2/26 | 240ml |

*Trikatu Churna* was administered to the patient twice daily at a dose of 3 grams, taken orally with *Shukhoshna Jala* (lukewarm water) before meals for three days.

Following this, *Rasanadi Ghrita* was given at 7:30 AM in a gradually increasing dose, starting from 40 ml on the first day and reaching 240 ml by the fifth day Table -1, with *Dhanyanagara Ambu (*water drink of coriander and dry ginger) as the *Anupana* (after drink). By the fifth day, the patient exhibited *Samyak Snigdha Lakshanas* (proper oleation signs), indicating proper internal oleation.

Subsequently, *Sarvanga Abhyanga* (full-body massage) using *Murchit Til Taila* was performed for 35 minutes, followed by *Sarvanga Swedana* (mild sudation) for 10 minutes. This regimen was continued for four days, including the day of *Virechana Karma* (therapeutic purgation). After *Sarvanga Abhyanga and Swedana* (external application of oil and sudation), *Trivrit Avleha* along with *Triphala Kwath* (decoction) was administered to the patient at 10:00 AM on 10/2/26. Following the administration of the medicine, the patient was advised to take warm water in small sips at intervals of 10–15 minutes and to consume one glass of warm water after each *Vega* (bowel movement). The patient was instructed to avoid sleeping during the daytime and not to consume anything other than warm water during the procedure. It was also advised to keep the hands and feet warm, avoid excessive talking, and refrain from using mobile phones or laptops, not to sit under fan or expose to strong winds or sunlight. Light walking was recommended to facilitate the process. A *Vega Talika* was maintained (record of bowel movements) for proper monitoring of the procedure. A total of 21 vegas were observed, Following the procedure, a 5-day *Samsarjana Krama* (dietary regimen) was advised to patient.

**Table 2**

| Date | Day | Morning | Evening |
|---|---|---|---|
| 10/2/26 | 1 | - | *Peya* |
| 11/2/26 | 2 | *Peya* | *Vilepi* |

| | | | |
|---|---|---|---|
| 12/2/26 | 3 | *Vilepi* | *Akrit yusha* |
| 13/2/26 | 4 | *Krit yusha* | *Khichadi* |
| 14/2/26 | 5 | *Khichadi* | Normal diet |

Following *Virechana* (therapeutic purgation), a 5-day *Samsarjana Krama* (dietary regimen) Table 2 was advised to patient. The dietary regimen was starting with *Peya*, which was prepared by cooking one part rice with fourteen parts water in an open vessel, once adequately cooked, the liquid portion along with a small quantity of rice was given. This was followed by *Vilepi*, prepared using one part rice with four parts water, cooked in an open vessel until soft, and then given along with the semi-solid rice and water. Subsequently, *Akrita Yusha* was given, which was prepared by cooking one part *Moong Dal* (green gram) with sixteen parts water in an open vessel, and administered without any seasoning. Later, *Krita Yusha* was given, prepared similarly with one part *Moong Dal* (green gram) and sixteen parts water, but processed with ghee, asafoetida, cumin, salt, turmeric, curry leaf and black pepper. *Khichadi* prepared from *Moong Dal* (green gram) and rice with adequate water was administered as part of the *Samsarjana Krama* (dietary regimen) the patient was gradually advised to resume a normal diet.

**Diagnostic Assessment** [5]

**Table 3: Lipid Profile Values**

| | Low | Optimal Value | Borderline high | Borderline high | Very high |
|---|---|---|---|---|---|
| Total Cholesterol | - | Less than 200mg/dL | Between 200 and 239mg/dL | Equal to or higher than 240mg/dL | - |
| low-density lipoproteins (LDL) | - | Less than 100mg/dL | Between 130 and 159mg/dL | Equal to or higher than 160 up to 189mg/dL | Equal to or higher than 190mg/dL |
| Triglycerides | - | Less than 150mg/dL | Between 150 and 199 mg/dL | Equal to or higher than 200 up to 499mg/dL | Equal to or higher than 500mg/dL |
| high-density lipoproteins (HDL) | Less than 40mg/dL | Above 40mg/dL | - | Equal to or higher than 60mg/dL | - |

**Table 4: Result**

| Parameter | BT | AT |
|---|---|---|
| Parameter | 277 mg/dl | 215 mg/dl |
| Total cholesterol | 60 mg/dl | 48 mg/dl |
| HDL | 610 mg/dl | 283 mg/dl |
| Triglycerides | 95 mg/dl | 111 mg /dl |
| LDL | 122mg/dl | 56 mg/dl |
| VLDL | 4.6 | 4.4 |
| Chol/HDL Ratio | 46 IU/L | 41 IU/L |
| SGOT | 59 IU/L | 50 IU/L |

## DISCUSSION

Dyslipidemia can be conceptually correlated with *Medoroga* or *Sthaulya* (obesity). *Atisthaulya* as a *Kaphaja Nanatmaja Vikara* is condition originates as a physiological imbalance and quickly progresses into a pathological state. Adhamalla's commentary on *Sharangdhara Samhita*, differentiate between *Sthaulya* and *Medo Dosha*, which can be linked to lipid abnormalities. The therapeutic effect of *Virechana Karma* (therapeutic purgation) in dyslipidemia can be understood through several mechanisms: being the main treatment for *Pitta Dosha*, it facilitates the excretion of bile, thereby aiding in cholesterol elimination, and acts on the *Adho Amashaya* (small intestine) to reduce cholesterol reabsorption by converting it into a non-absorbable form. Moreover, since the *Yakrit* (liver) is a major seat of *Pitta* and plays a key role in lipid metabolism, *Virechana* (therapeutic purgation) helps improve its function, thereby regulating cholesterol synthesis and enhancing its excretion. Through preparatory procedures like *Snehana* (oleation) and *Swedana* (Sudation), accumulated lipids from peripheral tissues are mobilized to the intestine for elimination. *Virechana* (therapeutic purgation) also influences triglyceride

levels by improving *Agni* (digestive and metabolic fire), and metabolic processes, as well as by regulating intestinal absorption of precursor substances. Enhanced liver function further supports control over triglyceride synthesis and storage. Additionally, improvement in HDL levels can be attributed to better *Agni* (digestive and metabolic fire), liver activity, and intestinal function, leading to proper *Dhatu* (tissue) formation, while reductions in LDL and VLDL occur due to regulated lipid metabolism and decreased endogenous production.

Dyslipidemia, (*Kapha Medoja Vikara)*, results from *Kapha* aggravation, *Meda Dhatu* (adipose tissue) vitiation, and impaired *Agni* (digestive and metabolic fire) leading to lipid accumulation and *Srotorodha* (obstruction of channels). As *Kapha* and *Meda* (adipose) are *Snigdha* (unctuous) and *Guru* (heavy), treatment follows *Ruksha* (dry) and *Lekhana* (scrapping) principles so *Ruksha Virechana* was given.

*Trikatu Churan* - *Trikatu* literally means three specific *Katu Dravyas* (pungent substances), consist of *Shunthi* (*Zingiber officinale*), *Maricha* (*Piper nigrum*), and *Pippali* (*Piper longum*). *Trikatu* literally means three *Kaphamedoghana* (alleviate *Kapha Dosha*) and *Deepana* (appetizer),[6] which means that it removes the *Kapha Dosha* and *Meda* (Adipose) and improves the *Agni* (digestive and metabolic fire). Sharangadhara mentioned it as *Sleshma-Medoghna*, i.e. it alleviates *Kapha Dosha* and *Medo Dosha* (lipids disorders).[7] Due to its *Deepana* (appetizer) and *Pachana* (digestant) properties, it help in correcting *Agnimandya* (low digestive and metabolic fire) and digesting *Ama* (Metabolic waste), which are considered key factors in the pathogenesis of *Medoroga* (dyslipidemia), therapeutical actions like *Deepana* (appetizer), *Pachana* (digestive), *Rukshana* (producing dryness), *Lekhana* (producing sliminess), *Karshana* (extraction), and *Shoshana* (absorption) etc., also along with its *Tikshna* (sharp), *Laghu* (light) and *Sukshma* (micro in size) properties, as a whole *Trikatu* reduces the quantity of *Meda* (which has the nature of *Ama*-metabolic waste) and also makes the channels patent to carry on the nutrients to subsequent *Dhatus* (tissue) as per the chronological order mentioned in Ayurveda. These pharmacological actions may be due to its chemical substance piperine which enhances the secretion of digestive juices and might catalyze the functions of enzymes in small intestine too, i.e. it helps improve function of *Jatharagni* (digestive fire). [8]

*Rasnadi Ghrita* is one such formulation which mainly consist of *Rasna (Pluchea lanceolata), Shati (*Hedychium spicatum*), Pushkaramula (*Inula *racemosa), Mahoushada (Zingiber officinale), Pippali (Piper longum), Chitraka (Plumbago zeylanica), Pluchea lanceolata* are as *Kalka Dravyas* and as well as *Kashaya Dravya* and *Go Ghritam* as base. *Ghritam* (clarified butter) contains SCFA, MCFA, these are quickly oxidized for energy, not stored as fat. This improves fat metabolism, liver efficiency, triglyceride breakdown.

*Abhyanga* (massage) with medicated oils helps mobilize accumulated *Doshas*, improves circulation, and reduces stiffness and heaviness by loosening deep-seated toxins and directing them toward the gastrointestinal tract. *Swedana* (sudation), performed after *Snehana* (oleation), enhances this effect by applying heat to liquefy *Doshas*, promote sweating, and open the *Srotas* (channels), thereby helping reduce *Kapha* and *Meda* (adipose).

The main action of *Virechana Karma* (therapeutic purgation) is on *Pitta Dosha*, indirectly on *Agni* (digestive and metabolic fire) which plays an important role in the digestion and metabolism through which the synthesis of triglycerides might have been regulated. It has also action on *Koshtha* (small intestine) from where the raw materials for the synthesis of TGL will be absorbed. Hence, regulating the functions of intestine may regulate the uptake and absorption of raw materials for TGL. The liver plays a major role in the synthesis and storage of TGL. *Virechana Karma* (therapeutic purgation) is the major treatment for *Pitta Dosha* and *Pitta Sthana*. Liver being one of the major *Pitta Sthana*, *Virechana Karma* (therapeutic purgation) significantly improve the function of liver which indirectly regulates the synthesis of TGL. The improvement in the HDL level had occurred as *Virechana Karma* (therapeutic purgation) mainly works on *Agni, Pitta Sthana* (liver) and *Koshtha*, i.e., intestine which helped for the proper formation of *Dhatu*, i.e., tissues in general and quality of the tissues in particular[9].

*Trivrit Avleha* is a *Leha Kalpana* (semisolid preparation of drugs), prepared with addition of jaggery and boiled with prescribed decoction. It is indicated specifically for *Virechana Karma* (therapeutic purgation). It has contents like *Trivrit* (*Operculina turpethum*), *Trijata* (*Tamalpatra-Cinnamomum Tamala*, *Tvak-Cinnamomum verum*, *Ela -Elettaria cadamomum*), honey and sugar. *Trivrit* (*Operculina turpethum*) have a *Tikta* (bitter), *Katu* (pungent), and mildly *Kashaya* (astringent) taste. It possesses *Laghu* (light), *Ruksha* (dry), and *Teekshna* (penetrating) qualities, which contribute to its strong cleansing action in the body. Its *Veerya* (potency) is Ushna (hot), meaning it stimulates digestive and metabolic activity. The *Vipaka* (post-digestive effect) is *Katu* (pungent), which further supports its ability to reduce excess *Doshas*.

*Samsarjana Krama* (dietary regimen) followed after *Virechana Karma* (therapeutic purgation) to

restore and stabilize the *Agni* (digestive and metabolic fire) that becomes weakened due to *Virechana* (therapeutic purgation). After the elimination of *Doshas,* especially *Pitta*, the gastrointestinal tract remains in a sensitive and depleted state. *Samsarjana Krama* (dietary regimen) gradually restore *Agni* (digestive and metabolic fire) without causing irritation or overloading the system.

## CONCLUSION

*Virechana Karma* (therapeutic purgation) is an effective *Shodhana* (detoxification) therapy that acts primarily on *Pitta Dosha* and secondarily improves *Agni* (digestive and metabolic fire), liver function, and intestinal metabolism, thereby regulating lipid homeostasis. In dyslipidemia, it helps in reducing excessive *Meda* (adipose tissue) by enhancing bile excretion, improving lipid metabolism, and decreasing intestinal absorption of lipid precursors.

The preparatory procedures of *Snehana* (oleation) and *Swedana* (sudation) facilitate mobilization of accumulated *Doshas*, while the controlled purgation phase ensures their elimination. Post-therapeutic *Samsarjana Krama* (dietary regimen) is essential for gradual restoration of *Agni* (digestive and metabolic fire), and stabilization of metabolic functions.

Overall, this integrated Ayurvedic approach demonstrates significant improvement in lipid parameters and supports *Virechana Karma* (therapeutic purgation) as a therapeutic modality in the management of dyslipidemia.

## Declaration of Patient Consent

Authors certify that they have obtained patient consent form where the patient has given his consent for reporting the case.

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