Role of *virechana karma* in metabolic syndrome- Clinical trial

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**Abstract**

Metabolic Syndrome is a constellation of several factors like hyperglycemia, raised blood pressure, insulin resistance, dyslipidemia, and central obesity. Among these factors central obesity & insulin resistance are the dominant parameters of this collection. In today’s era its prevalence is rising rapidly and it has a high socioeconomic burden. Being the major risk factor for Cardio Vascular Disease and Type 2 Diabetes Mellitus, it is the need of the hour to find a safe and cost effective remedy for Metabolic Syndrome. *Santarpana Nimitaj Vikara* in Ayurvedic Classics can be correlated to Metabolic Syndrome and *Virechana Karma* is an effective measure which helps in cleansing congested *Strotas* and removing vitiated *Dosha* hence pacifying the symptoms of Metabolic Syndrome. Patients of either sex in the age group of 20 to 60 years, fulfilling the study criteria were included in the study. Two sittings of *Virechana Karma* were administered with 15 day gap in between. Highly significant in all criteria except Blood sugar fasting. Conclusion: *Virechana Karma* is an ideal therapy for Metabolic Syndrome

**Key words:** Metabolic Syndrome, Virechana Karma, Santarpana Nimitaj Vikara, Dosha, Strota, Type 2 Diabetes Mellitus

**Introduction**

Metabolic Syndrome is a group of certain factors like hypertension, dyslipidemia, insulin resistance, obesity and glucose intolerance that increase a person’s risk to develop cardiovascular disease (CVD) and type 2 diabetes (Miranda et al., 2005). It has many synonyms, the most common being Insulin Resistance Syndrome and Syndrome X. Although many definitions of Metabolic Syndrome have been proposed from time to time but the most widely accepted is that of the National Cholesterol Education Program Adult Treatment Panel III (ATP III) which has defined diagnostic criteria for Metabolic Syndrome, which is easily used for classifying patients (Grundy et al., 2005). Estimates show that approximately 20-30% of the middle-aged population are affected by this syndrome (Meigs, 2002). About 8 to 24% males (Gupta et al., 2003; Ford et al., 2002) and 7 to 46% females (Balkau et al., 2003; Ramachandran et al., 2003) are suffering from this syndrome. Some studies show an increasing prevalence of Metabolic Syndrome in developing countries and Asia (Meigs, 2000). It is as such not described in Ayurvedic classics, but we can symptomatically correlate it to *Santarpana Nimitaj* of treatment is treating the individual components of Metabolic Syndrome in order to enhance the overall condition of the patient. On the other hand, *Vikara* mentioned by Acharya Charaka (Shastri, 2009a). According to Modern Medicine, the basic principal treatment through *Ayurveda* includes removal of the root cause and cleansing congested *Strotas* (microchannel). *Virechana Karma* is an effective *Panchakarma* procedure that cleanses congested *Strotas* and removes vitiated *Dosha*, thus pacifying the symptoms of Metabolic Syndrome.

**Aims and Objectives**

To evaluate the efficacy of *Virechana Karma* in the Management of Metabolic Syndrome.

**Material and Methods**

**Criteria for Selection of Patients**

22 patients of Metabolic Syndrome were selected from the O.P.D. / I.P.D. Department of Panchakarma and Kayachikitsa, Rishikul Campus, Haridwar.

**Ethical clearance**- The research has been ethically approved by our University and also enrolled in CTRI with CTRI number CTRI/2018/05/014339. Written consent was taken from all the subjects.
before the trial and study was in accordance with
ICH GCP Guidelines.

**Type of Study:** Randomized open clinical trial

**Duration of Study:** 60 days

**Assessment:** Done at interval of 15 days

**A) Inclusion Criteria (NCEP ATP III -any 3 or more out of 5)**

1. Age 20-60 years
2. Fasting glucose > 100 mg/dl (or receiving drug therapy for hyperglycaemia).
3. Blood pressure > 130/85mmHg (or receiving drug therapy for hypertension).
4. HDL-C < 40 mg/dl in men or < 50 mg/dl in women (or receiving drug therapy for reduced HDL-C)
5. Waist circumference >102 cm (40 inches) in men or > 88 cm (35 inches) in women, if ASIAN > 90 cm (35 inches) in men or > 80 cm (32 inches) in women.

**B) Exclusion Criteria-**

1. Age group: < 20 years and >60 years of age.
2. Uncontrolled Diabetes Mellitus (Type 2) or with complications (Nephropathy).
3. Uncontrolled Hypertension or with complications.
4. Known case of IHD, CHF and any other vascular Disorders.
5. Patient suffering from ano-rectal ailments.
6. Aggravation of complaints
7. Patient develops any serious adverse effect (necessitating hospitalization)

From patients, written informed consents were taken before entering into study. The importance of them for adherence to the treatment, Pathya-Apathya associated with the disease, schedule for follow up, dates for visits to hospital was issued.

**Materials and Methods**

**Methodology for Virechana Karma**

**Procedure of Virechana:** All the 22 patients were treated with Virechana Karma in 2 consecutive sitting with a gap of 15 days in between.

**Purva Karma:**

**Deepan-Pachana:** It was carried out with Churna or Vati depending upon the Koshtha and prakriti of the patient. **Snehapan:** Sneha was also given according to Koshtha of patient till appearance of Samyaka Snigdha Lakshana for Abhyantar Snehapan in increasing dose.

**Bahya Sneha:** Then Sarvanga Snehana and Swedana were done for three days after Snehapan.

**Pradhana Karma:** Virechana Dravya according to Koshtha was given in empty stomach at 9:30 a.m. – 10:30 a.m. Process was continued till Samyaka Shuddhi Lakshana was obtained.

**Paschata Karma:** Samsarjana Karma was followed as per type of Shuddhi.

**Follow Up:** After the completion of the therapy, patient was advised to visit O.P.D. at interval of 30 days for 60 days.

Demographic data was collected from the registered patients along with baseline assessment according to the proforma. Periodic assessments of the patients were done at regular interval for 60 days. A follow-up assessment was done after one month to check the recurrence if any, after withdrawing the therapy.

**Methods of data collection:**

Pre-treatment and clinical observational data were collected from the registered patients. They were then evaluated for the chief objective parameters mentioned in table 1. Assessment was done before the initiation of trial and regular interval of the procedure for 60 days. Follow up was done after completion of the trial for one month to look for any recurrence.

**Table 1: Assessment of the Patient on above parameters**

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>BT</th>
<th>F1</th>
<th>F2</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waist Circumference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Sugar (F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triglycerides</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDL</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Statistical analysis:**

The information collected on the basis of above observations was subjected to statistical analysis using Graph Pad In stat, Software version 3.10 and SPSS software. For intra group comparison of objective parameters paired- t test was applied.
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Thus the obtained results were interpreted as:

- P > 0.05 Not Significant
- P < 0.01 & <0.05 significant
- P < 0.001 highly significant

Table 2: Effect of Intervention on Objective Parameters

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>Mean BT</th>
<th>SD</th>
<th>t-Value</th>
<th>P-Value</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>80.800</td>
<td>7.05</td>
<td>20.219</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>Waist Circumference</td>
<td>107.2</td>
<td>35.44</td>
<td>6.649</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>Blood Sugar (F)</td>
<td>105.95</td>
<td>27.46</td>
<td>0.982</td>
<td>&gt;0.05</td>
<td>NS</td>
</tr>
<tr>
<td>Systolic BP</td>
<td>129.80</td>
<td>65.85</td>
<td>3.784</td>
<td>0.001</td>
<td>HS</td>
</tr>
<tr>
<td>Diastolic BP</td>
<td>84.700</td>
<td>79.03</td>
<td>6.845</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>118.42</td>
<td>100</td>
<td>4.607</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>HDL</td>
<td>32.906</td>
<td>40.27</td>
<td>-4.609</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>LDL</td>
<td>117.25</td>
<td>87.67</td>
<td>4.961</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
</tbody>
</table>

Table 3: Estimation of overall Response of Treatment

<table>
<thead>
<tr>
<th>Overall improvement</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Marked improvement</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Moderate improvement</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>Mild improvement</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>No improvement</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Results and Discussion

Total Registered patients- 22
Completed the treatment -20
LAMA patients -2

1) Discussion of Disease

The term Metabolic Syndrome as disease entity is not conceived in Ayurveda but the etiological factors for initiating the process of disease such as faulty dietary habits, life style errors, and defects in gene & variety of epigenetic factors have been clearly mentioned in the concept of health & disease. As per Ayurvedic parlance, Metabolic Syndrome is the outcome of over nutrition due to defective tissue metabolism. Obesity and lipid disorders have been vividly conceived in Ayurveda with context of Medoroga & Prameha. Ayurveda discusses Medadhatu (lipid tissue) in detail in the context of Medoroga or Sthaulya Roga and clearly explains how to maintain healthy quantity and quality of fatty tissues in the body (Chaudhary, 2017b). When Meda Dhatu interacts with preformed form of Ama, it changes and alters the quality of fatty tissues including cholesterol. The interaction of Ama with fatty tissues is known as Sama Meda dhatu, which is the main cause of Medo Roga, and it is the liver (Yakrita) which is responsible for qualitative derangement of lipids and cholesterol. This form of Ama, when circulates all over the body may lead to blockade of micro channels and precipitate antigenic reactions & generic series of inflammatory events in the body. If such category of Ama interacts with Meda Dhatu, it may lead to metabolic disorders. Ayurveda also believes that this form of Meda is checking the function of Vata at tissue level that may lead to insulin-resistance & finally type 2 Diabetes mellitus (Tiwari, 2018). The Buddha Meda is deposited in subcutaneous region or unused and responsible for increased waist circumference, ultimately lead to central obesity, which is the key causative factor for
the assessment and diagnosis of Metabolic Syndrome. As in Ayurveda the whole process described under Santarpana Janya Vyadhi with major involvement of Vata Dosha which is cause of Vishamagni and increased hunger (Chaudhary, 2017b; Chaudhary, 2017c).

2) Discussion on mode of action of Virechana Karma in Metabolic Syndrome

Therefore, Virechana Karma acts on the liver, which is the seat for all microsomal enzymal activity. It improves metabolism which in turn reduces FFA accumulation. This in turn results into weight loss and reduction in waist circumference. All these conditions together help in pacifying symptoms of Metabolic Syndrome.

Conclusion

Thus on the basis of observations made in the present study it can be concluded that Metabolic syndrome is well defined and still evolving in biomedical sciences. It is as such not described in Ayurvedic classics, but it may be considered as the Meda dominant disorder has strong resemblance with Prameha and Sthaulya/Medoroga. Thus, it can be concluded that Virechana is a safe, effective and acceptable Treatment modality for Metabolic Syndrome.

References


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