



ADRAVYABHUTA CHIKITSA OF SANTARPANAJANYA VYADHI W.S.R. TO HYPERTRIGLYCERIDEMIA - A CONCEPTUAL REVIEW

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ABSTRACT:

Introduction- *Ayurveda* states two treatment modalities i.e. *Dravyabhuta* (pharmacological therapy) and *Adravabhuta* (non-pharmacological therapy). *Santarpana* can be explained as the nourishment of *Dhatus* and *Indriyas* up to its saturating level. Improper or excessive exposure to *Santarpana* can lead to various disorders, known as *Santarpanajanya Vikaras*. Hypertriglyceridemia, defined as fasting serum triglyceride levels of 150 mg/dL or higher, is associated with increased risk of cardiovascular disease can enlist under *Santarpanajanya Vikara*. The prevalence of hypertriglyceridemia is 32.1%, with more than 10 million cases per year in India. **Material & Methods-** Review was done from various Ayurvedic classical texts, modern textbooks, published research papers, different databases such as PubMed, Google scholar etc. and subject related data on internet. **Discussion-** *Santarpana Janya Hetus* like *Ati Madhura*, *Ati Snigdha Ahara*, *Avyayama*, *Atyashana* etc. lead to vitiation of *Jatharagni* and production of *Ama*. This *Jatharagni Dushti* and *Aama* cause *Medo Dhatwagnimandya* which further leads to formation of *Aama Asthayi Medas* (hyperlipidaemia) alone or together with *Sthayi Meda Dhatu* (obesity). The non-pharmacological management includes reassurance, lifestyle modifications including observance of *Dinacharya*, *Ritucharya*, dietary interventions like intake of *Pathyaahara*, healthy low-calorie, low-fat diet, and moderate physical activity, implementing *Sadvritta*- the ideal code of conduct, performing yoga etc. **Conclusion-** Ayurvedic treatment offers a holistic approach that treats the body, mind, and soul instead of treating the symptoms or disease only. Hence, *Chikitsa* has been classified into three categories: *Daivavyapashraya*, *Yuktivyapashraya*, and *Satvavajaya Chikita*. Thus, Ayurveda plays a significant role in the non-pharmacological management of Hypertriglyceridemia.

INDEX TERMS: *Adravyabhuta Chikitsa, Santarpanajanya Vyadhi*, Non-pharmacological management, Hypertriglyceridemia

INTRODUCTION

Ayurveda describes *Chikitsa* (treatment) as establishing/maintaining the tissues of body in *Samyavastha* (equilibrium state).^[1] Therefore, any type of activity fulfilling this criterion comes under the *Chikitsa Karma* (treatment procedure). It is of two types-*Dravyabhuta* (drug therapy) and *Adravyabhuta* (non-pharmacological therapy).^[2] Importance of non-drug therapy has been justified by the synonyms given for *Bheshaja* (drug) in *Charaka Samhita*, which are- *Pathya, Prayashchitta & Hita*.^[3] Ayurveda states three different categories of therapeutic techniques i.e. *Daivavyapashraya* (divine therapy), *Yuktivyapashraya* (rational therapy), and *Sattvavajaya Chikitsa* (psychotherapy).^[4] The *Sattvavajaya* and *Daivavyapashraya Chikitsa* abundantly contains *Adravyabhuta* measures. Non-pharmacological management refers to the management without the use of medications that can be correlated to *Adravyabhuta Chikitsa*. This modality forbids the administration of any kind of medication, and includes practices like reassurance, lifestyle modifications including observance of *Dinacharya, Ritucharya*, psychotherapy, *Pathyaahara* (dietary interventions), healthy low-calorie, low-fat diet, moderate physical activities, implementing *Sadvritta* and *Achara Rasayana*, performing yoga, etc.

In Ayurveda, *Santarpana* can be explained as the nourishment of *Dhatus* and *Indriyas* up to its saturating level.^[5] Improper or excessive exposure to *Santarpana (Brimhana)* can lead to various disorders. They are termed as *Santarpana Janya Vikaras*. Hence, it can be correlated with *Santarpanjanya Vikara. Nidana Parivarjana* and *Pathya Palana* should be followed in conjunction with *Shaman* and *Shodhan Chikitsa* in *Santarpanajanya Vikara*.

Hypertriglyceridemia refers to a fasting plasma triglyceride measurement that is increased up to 150 mg/ dL or above.^[6] It is the most common form of dyslipidaemia observed in the general population. Familial tendency, metabolic syndrome, certain drugs and dietary causes are some of the common etiological factors. People with hypertriglyceridemia are frequently obese, insulin resistant, hypertensive or diabetic, all of which are risk factors for cardiovascular disease.^[7] The prevalence of hypertriglyceridemia is 32.1%, with more than 10 million cases per year in India. Serum triglycerides are usually higher in men than in women, especially until 70 years of age.^[8]

MATERIAL AND METHODS

All available Ayurvedic classical texts with their commentaries and Modern textbooks have been thoroughly reviewed. Different databases, such as Pub-Med, Research Gate, Google Scholar, J-Gate, Science Direct, were also searched using key words like *Adravyabhuta Chikitsa, Santarpanjanya Vikara*, Hypertriglyceridemia with the help of Boolean operators like “AND”, “OR” and “NOT”. Among these, research paper and articles have been reviewed.

Hypertriglyceridemia (HTG) as *Santarpanjanya Vyadhi*

Hypertriglyceridemia (HTG) in Ayurveda, can be correlated with *Santarpanjanya Vikara*, chiefly *Medoroga*. According to Ayurveda, *Agni* plays a crucial part in every metabolic process in the human body.^[9] *Mandagni*

(poor digestion/metabolism) is mainly caused by vitiated *Kapha Dosha* ^[10] and it has been told to be the root cause of almost all diseases.^[11] The *Meda Dhatu*, one of the *Sapta Dhatu* (seven body tissues), mimics fat or adipose tissue, *Medoroga* is a term used to describe the excessive production and build-up of *Meda* in the body. *Avyayama* (lack of exercise), *Diwaswapna* (sleeping at day time), *Atibhakshana* of *Medavardhaka Ahara* (excessive intake of fatty acids), intake of *Varuni* (fermented drink prepared with date tree and palm tree), excessive intake of *Madhura* (sweet), *Snigdha* (unctuous) or other *Kapha Dosha* vitiating food items results in *Medovaha sroto dushti*^[12] with a redundant increase in *Meda Dhatu*.^[13] These *Nidana* vitiate *Agni*, especially *Medodhatvagni* produce *Aam*, *Kapha* and *Meda* leading to diseases like *Prameha* (diabetes), *Atisthoulya* (obesity), *Gurugatrata* (heaviness of body) mentioned under *Santarpana Janya Vyadhi*.^[14] *Jatharagni Dushti* and *Aam* cause *Medo Dhatwagnimandya* which further leads to formation of *Aam Asthaya Medas* (hyperlipidaemia) alone or together with *Sthayi Meda Dhatu* (obesity). The *Aam Asthaya Medo Dhatu*, if left untreated, on further vitiation leads to *Margavarodhajanya Vataprakopa* leading to *Shoshana* and *Kathinya* of *Sthanika Medo Dhatu*. This results in a condition termed as *Dhamani Pratichyaya* which is a *Kapha Nanatmaja Vikara*.^[15]

HYPERTRIGLYCERIDEMIA (HTG)

Hypertriglyceridemia is usually multifactorial. A combination of genetic factors, increased production, and or impaired clearance of triglyceride-rich lipoproteins (TRLP) are known to play a role in hypertriglyceridemia.^[16] Genetic causes include syndromes that present primarily with HTG (common) or chylomicronaemia (rare). Secondary causes of HTG include certain medical conditions, drugs, and dietary causes. Obesity, metabolic syndrome, Diabetes mellitus type 2, hypothyroidism, Cushing's syndrome, have been associated with HTG.^[17]

According to National Cholesterol Education Program Adult Treatment Panel III (NCEP ATP III) guidelines, HTG is classified into mild: TG level 150-199 mg/dL, high: TG 200-499 mg/dL and very high: TG > 500 mg/dL.^[17] As per the current guidelines, a triglyceride level of less than 150 mg/dL is desirable from a management perspective. High levels of triglyceride levels at baseline have been associated with low HDL-C and high LDL-C, and the combination is well known for increased risk for atherogenesis.^[18]

UTILITY OF ADRAVYABHUTA CHIKITSA

Ayurveda is a comprehensive, individualized, and long-lasting system of health founded on logical principles. *Sattvavajaya Chikitsa* refers to a non-pharmacological approach aimed at victory over mind by refraining it from unpleasant things with upliftment of mind.^[19] According to different studies, psychological stress is a risk factor for HTG. *Sattvavaja Chikitsa* works to promote the right intake of impressions, increases the *sattva* in our consciousness through spiritual knowledge, patience and positive memory.

Langhana: *Santarpanajanya Vyadhi*, which encompasses metabolic problems including dyslipidemia, is mostly treated with *langhana*. *Ek Kala Bhojana*, is considered as *Sukha Parinamakara*. Food that is properly and easily digested results in the formation of *Prakrita Dhatu* and proper nutrition for every *Dhatu*. *Langhana* will lead to *Agni vridhhi* and pacify the *Kaphabhuistha Dosha Vridhhi*.^[20]

Pathyapathya: - This is the unique contribution of Ayurveda and is explained for almost all diseases. It plays an important role as much as medicine. The things which are best for *Srotas* are called *Pathyam*, and one

which deteriorates the condition is called *Apathya*. The *Pathaapathya* followed in *Santarpanajanya Vyadhi* are mentioned in Table 1.

Ritucharya (seasonal regimens): - Ayurveda has outlined several guidelines and routines (*Charya*) on diet and behaviour to help people adapt to seasonal changes without disrupting their body's balance.

Dinacharya (Daily Regimen) includes things that are mandatory to follow regularly so as to maintain a normal equilibrium of *Dosha*, *Dhatu*, *Mala*, and *Agni*. It also regularizes a person's biological clock, and aids in the digestion, absorption, and assimilation of food.

Vyayama^[21] (Exercise) renders body light and efficient in activities, improves digestive power, wanes obesity, and renders finely chiselled contours and consistent body structure.

Sadvritta (code of conduct): - physical & mental decorum which should be followed by everyone on a daily basis which includes behavioural do's & don'ts, eating etiquettes, social rules, rules for study, *Havana Karma*, guidelines for chastity, etc.^[22] *Acharya Charaka* has explained the importance of *Sadvritta* as by following these rules one will lead a healthy life without suffering from any diseases.^[23]

Acharya Rasayana (behavioural conduct) has been explained by *Acharya Charaka* which is nothing but the code of right socio-behavioural conduct to be followed by definite methods to lead an ideal ethical way of living. *Acharya Rasayana* may act as a *Rasayana* by improving and promoting all facets of health viz. physical, mental personality, social and physical health.^[24]

DISCUSSION

Non-pharmacological management, i.e., *Adravabhuta Chikitsa* plays a prime role in the management of *Santarpanajanya Vikara*. Compliance of the principles of *Ritucharya*, *Dinacharya*, *Sadvritta*, *Acharya Rasayana* etc. helps in maintaining the integrity of *Agni*. *Nidana Parivarjana* should also be followed by avoiding *Nidana* like *Adhyashana* (eating before the digestion of previous food), *Anashana* (no intake of food), *Vegadharana* (suppression of urges), etc. In Ayurveda, *Ashta Ahara Vidhivisheshayatana* (eight rules for consuming food) and *Dwadasha Ashanapravicharana* (the twelve kinds of food administration) are explained in a very systematic and scientific manner. A thorough understanding of them will help in reducing *Agni Dushti* (digestive distress).

Santarpana Nidanas like *Ati Madhura*, *Ati Snigdha Ahara*, *Avyayama*, *Atyashana* lead to *Jatharagni Dushti* and *Kaphavridhi*. The *Agnimandya* and *Ama* thus generated vitiates the *Rasa Dhatwagni* and produces *Ama Rasa Dhatu*. This *Ama Rasa Dhatu* further causes *Medo Dhatwagni Mandya* that leads to *Ama Roopa Medovridhi*. This is seen as *Sthoulya* or *Medoroga* based upon the involvement of *Sthayi* and *Asthai* *Medo Dhatu*.

CONCLUSION

Worldwide several nations, including India, are seeing an alarming rise in Hypertriglyceridemia. The precise mechanism of HTG is not yet fully understood, although hereditary factors, high-calorie food, unhealthy lifestyle, stresses, central obesity, and endocrine abnormalities all play significant roles in the disease's pathophysiology. HTG bears significant similarities to the over-nutritional (*Santarpanajanya Vikaras*) ailments of Ayurveda. In contemporary sciences also management for HTG chiefly includes lifestyle and dietary modifications, which lead us to explore the scope of *Adravabhuta Chikitsa* in HTG. As Ayurveda aims on

maintaining the health of a healthy individual and also curing the ailment of the diseased one. Thus, Ayurveda has provided a new dimension for the management of HTG in the form of *Adravayabhuta Chikitsa*.

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Annexure-:

Table 1: Pathya- Apathya

<i>Pathya</i>	<i>Apathya</i>
<i>Yava, Kodrava</i>	<i>Godhuma, Navanna, Shali</i>
<i>Mudga, Rajamasha, Kulattha, Chanaka, Dhanyaka</i>	<i>Masha, Tila</i>
<i>Patola, Vrunthaka</i>	<i>Dugdh, Draksha, Navaneeta, Ghrutha, Dadhi</i>
<i>Takra, Madhu, Ushnodhaka, Sarshapa Taila, Jeerna Madya</i>	<i>Madhura Phala</i>
	<i>Anupa, Gramya Mamsa</i>