



Therapeutic Efficacy of Saptahik Rechan with Erand Tailam in Dyslipidemia - A Case Study

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ABSTRACT:

Dyslipidemia is a significant risk factor for cardiovascular diseases (CVD), affecting lipid metabolism and leading to abnormal levels of lipids in the blood. This case study investigates the therapeutic efficacy of *Sapthahik Rechan* (weekly purgation therapy) with *Erand Tailam* (castor oil) in managing dyslipidemia in a 42-year-old female presenting with symptoms including chest pain, burning sensation, right arm pain and constipation, feeling of heaviness in abdomen. Pre- and post-treatment lipid profiles demonstrate marked improvements, suggesting the potential of this Ayurvedic approach in managing dyslipidemia effectively. The study highlights the patient's symptoms, lipid profile before and after treatment, and the overall impact of the treatment regimen on her health. The findings suggest significant improvements in lipid levels, indicating the potential of this Ayurvedic approach in managing dyslipidemia.

Conclusion: This case study suggests that *Sapthahik Rechan* with the *Erand Tailam* give valuable effects in managing dyslipidemia.

1) Introduction

Dyslipidaemia, marked by irregular blood lipid levels, plays a crucial role as a risk factor for cardiovascular conditions. Metabolic disorders, including insulin resistance, dyslipidaemia, and obesity, are often closely linked with fatty liver disease¹. The development of these conditions is driven by a complex interaction of genetic, environmental, and lifestyle influences, which complicates their management. Dyslipidemia is characterized by elevated total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), very low-density lipoprotein cholesterol (VLDL-C), or triglycerides (TG), and/or reduced high-density lipoprotein cholesterol (HDL-C). It is a primary modifiable risk factor for atherosclerosis and

cardiovascular diseases. With change in lifestyles, sedentary habits, and poor dietary choices have increased the prevalence of lifestyle disorders, including hyperlipidaemia². Ayurveda offers holistic and individualized therapeutic approaches, including dietary modifications, herbal formulations, and Panchakarma therapies such as *Sapthahik Rechan*³. In Ayurveda, dyslipidaemia, metabolic disorders and fatty liver disease are often attributed to an imbalance of the three doshas (Vata, Pitta, and Kapha) and the accumulation of Ama (toxins)⁴. In Ayurveda, dyslipidaemia is correlated with the condition known as *Medovrudhi*⁵, which refers to an excess of fat tissue in the body. This condition is characterized by irregular levels of lipoproteins in the bloodstream. The Ayurvedic perspective emphasizes the importance of maintaining a balanced metabolism and



proper dietary habits to prevent the development of these related disorders.

Traditional treatment methods often involve lifestyle changes and pharmacological interventions. However, there is a growing interest in alternative therapies, particularly in Ayurveda, which offers holistic approaches to health. *Sapthahik Rechana*⁶, an Ayurvedic procedure given with *Eranda Tailam*⁷, a medicated oil, are often used in Ayurvedic practice to address these conditions. *Eranda Tailam*, derived from castor seeds, is a traditional purgative and lipid-modulating agent. *Sapthahik Rechan* is performed weekly to eliminate accumulated toxins (ama) and balance aggravated doshas, particularly Kapha and Meda (fat tissue)⁸. This case study examines the effects of *Sapthahik Rechan* with *Eranda Tailam* on a female patient suffering from dyslipidaemia.

2) Objectives

To evaluate the therapeutic efficacy of *Sapthahik Rechan* with *Eranda Tailam* in improving lipid profiles and alleviating symptoms associated with dyslipidaemia in a 42-year-old female patient.

This was a case study

3) Methods

Case Report

Patient Demographics:

- Age: 42 years
- Gender: Female
- Presenting Symptoms: Chest pain, burning sensation, right arm pain, and constipation, feeling of discomfort in abdomen since 2 months.
- Menstrual History (M/H): 3day /regular
- History of primary infertility
- Family history of Hypertension
- No any History of Past illness has been observed.
- Surgical history -history of Laparoscopic Surgery of Tubal blockage 7 yrs before.

Clinical Examination: The patient displayed mild obesity with a body mass index (BMI) of 28 kg/m², indicative of Kapha-Meda imbalance.

Weight -78kg

On Eight Folded Examination (*Astavidha Prikshana*) –

<i>Nadi</i> (Pulse)-Regular, <i>Kapha nadi</i>	Shabd(Voice) -clear
<i>Mala</i> (Stool)-Constipation, Irregular ,Bowel Movements	<i>Druka</i> (Sight)-clear
<i>Mutra</i> (Urine) -Frequent Urination at night (5-6 times)	Sparsha (Touch)-skin dryness
<i>Jivha</i> (Tonge)- white coated(<i>jivaha Samata</i>)	Aakriti - <i>sthula</i>
Prakriti (Constitution) : <i>kaha-Vataj</i>	Agni (digestive power) : <i>Rasadhatu</i> <i>Agni Mandhya</i> , <i>Medhodhatu Agni</i> <i>Mandhya</i>

The patient presented with a history of dyslipidaemia and associated symptoms. A thorough medical history was taken to rule out other underlying conditions.

Investigations-Lipid profile⁹

SR NO	Lipid Profile	Values
1.	Total Cholesterol (TC)	294.81 mg/dL
2.	HDL Cholesterol	57.96 mg/dL
3.	LDL Cholesterol	215.28 mg/dL
4.	VLDL Cholesterol	21.57 mg/dL
5.	Triglycerides/HDL Ratio:	1.86 (Desirable: <3)
6.	Cholesterol/HDL Ratio:	5.09 (Desirable: <5)
7.	HDL /LDL ratio	3.71



Assessment and Results

The treatment plan included:

- *Saptahik Rechan*: Erand Tailam (Castor oil): in a dosage of 10-15 ml, preferably on an empty stomach in the morning with warm water was given for 12 weeks
- *Sutshekhara Rasa* 2Tb BD before meal with Leuk warm water, were given for 4 weeks
- The patient underwent weekly purgation therapy for four consecutive weeks.
- On Follow-up after 4 weeks of treatment. The patient reported
 - reduced fatigue
 - improved energy levels
 - Symptoms of bloating and indigestion significantly decreased after two weeks of treatment.
 - Weight loss of approximately 2 kg was observed after 4 weeks.
 - Abdominal girth reduced, indicating improved metabolic health.

After 4 weeks, *Sutshekhara rasa* tab were stopped as symptoms like sour blenching, chest pain, burning sensation in chest were totally subsides.

In next visit

Only *Eranda tailam* were continued up to consecutive 8 weeks .

Dos and don't Advice -

Dietary Modifications:

- o Low-fat, high-fiber diet emphasizing fresh vegetables, fruits, whole grains, and legumes.
- o Avoidance of fried and processed foods, and refined sugars.

Lifestyle Recommendations:

- o Daily brisk walking for 30 minutes.
- o Regular practice of Pranayama and meditation to reduce stress and promote cardiovascular health.

Lipid Profile:

After Treatment (12 weeks) Assessment

Sr no	Lipid profile	Values
1	Total Cholesterol (TC)	142.79 mg/dL
2	HDL Cholesterol	37.95 mg/dL
3	LDL Cholesterol	84.95 mg/dL
4	VLDL Cholesterol	19.89 mg/dL
5	Triglycerides/HDL Ratio:	2.62 (Desirable: <3)
6	Cholesterol/HDL Ratio:	3.76 (Desirable: <5)
7	LDL/HDL Ratio**:	2.24

4) Results

The treatment resulted in significant improvements in the patient's lipid profile. The reduction in cholesterol and LDL levels indicates the effectiveness of the Ayurvedic approach. Additionally, the patient reported a decrease in chest pain and burning sensations, contributing to an overall improvement in quality of life. The treatment resulted in significant improvements in the patient's lipid profile. The reduction in cholesterol and LDL levels indicates the effectiveness of the Ayurvedic approach. Additionally, the patient reported a decrease in chest pain and burning sensations, contributing to an overall improvement in quality of life. The patient also noted an increase in energy levels and a reduction in constipation.

The patient reported significant relief in chest pain, burning sensation, and right arm pain within three weeks. Constipation resolved entirely after the first purgation. Post-treatment lipid profile showed:

- Reduction in total cholesterol by 51.56%.
- LDL cholesterol decreased to optimal levels.
- HDL cholesterol remained within the desirable range, ensuring cardiovascular protection.
- VLDL cholesterol and triglycerides were maintained within normal ranges.

These improvements indicate successful lipid regulation and symptom alleviation.

5) Discussion

The findings of this case study align with existing literature on the benefits of Ayurvedic treatments for dyslipidaemia. The combination of *Saptahik Rechan*

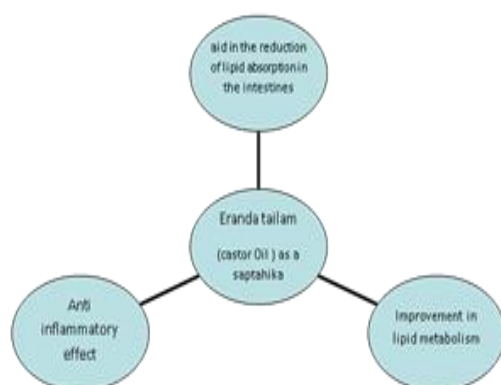


and *Erand Tailam* appears to facilitate lipid metabolism and promote cardiovascular health. Further studies with larger sample sizes are needed to validate these results and explore the mechanisms behind the observed improvements.

- *Saptahik Rechan* with *Erand Tailam* has shown significant therapeutic benefits in managing metabolic disorders, particularly in fatty liver¹⁰.
- Why purgation - The purgation therapy helped in eliminating excess toxins (ama) from the body, improving digestion, and promoting overall detoxification, which may have contributed to the reduction of fat accumulation in the liver¹¹.
- *Eranda tailam*- (castor oil) is an effective agent for detoxification in Ayurveda. It has been found to promote liver function, reduce inflammation, and which are all crucial in managing fatty liver disease and metabolic disorders¹²
- *Sutsheskar Rasa*- improve digestion and prevent sama pitta formation and reduces the symptoms of vidagdha pitta¹³.
- Pachan medicine-. It aids in digestion,

Saptahik Rechan with *Erand Tailam* leverages Ayurveda's holistic approach to dyslipidaemia management. Purgation therapy addresses Kapha and Meda vitiation by eliminating ama and reducing lipid levels. *Erand Tailam*, a potent purgative, also exhibits lipid-lowering and anti-inflammatory properties¹⁴.

Action of Eranda Tailam¹⁵



The integration of dietary modifications and lifestyle interventions enhances treatment efficacy by addressing underlying metabolic imbalances¹⁶. Herbal supplements like *pachana* medicines (digestive) synergize with purgation therapy to normalize lipid metabolism and maintain digestive health.

Compared to conventional pharmacological treatments, this approach minimizes side effects and promotes overall well-being, aligning with Ayurveda's emphasis on preventive and curative healthcare.

Flowchart showing the transformation of causes into *Medovruddhi*¹⁷ and its associated disorders.

Pathophysiology of *Medoroga*

Causes

Sedentary Habits like Daily day sleeping

Aversion to physical activity , Lack of Exercise,
Excessive Fatty/Sweet Food, Genetic Predisposition



Medovaha Srotodushti

(blockage of fat metabolism pathways)



Srotorodha

(blockage in the metabolic channels)



Disrupted Tissue Metabolism



Medoroga (Fat Metabolism Disorders)

Obesity, Diabetes, Skin Diseases, Ama Disorders,
Impotence, Dysuria

Management of Dyslipidemia in Ayurveda:

The process of addressing dyslipidemia involves a comprehensive approach combining therapies and lifestyle changes. Here is a flow chart representation

Nidan Parivarjana (Lifestyle Modification):

- Avoid fatty/sweet/heavy foods



- Encourage physical activity

- Reduce sedentary habits

Along with



Pachana Therapy + *Saptahika Rechana* (Weekly Purgation):



reduce Ama (metabolic toxins) and cleansing the digestive system, improving digestion and metabolic efficiency.



Improved *Medovaha Srotas* Function by

Clearing blockages in fat metabolism pathways



Restoration of Tissue Metabolism so

Reduction in Medoroga symptoms helps in restoring metabolic balance



facilitates normal fat metabolism and prevents further complications also Improves overall systemic function



Improved Health Outcomes:

- Weight management

- Blood sugar control

- Skin health improvement

- Reduced cardiovascular risks

In the current case, prior to the initiation of *Saptahika Rechana* over a 12-week period, the patient experienced issues such as weight gain, digestive complaints, and a burning sensation in the chest. Following the completion of the treatment, symptoms including *urodaha* (chest discomfort), constipation, and pain in the right arm completely resolved.

6) Conclusion

This case study demonstrates the potential of Ayurvedic treatments, specifically *Sapthahik Rechan* with Erand Tailam, in managing dyslipidemia. The significant improvements in lipid profiles and symptom relief suggest that such holistic approaches can be effective adjuncts to conventional therapies.

Limitations

While the results are promising, this case study is limited by its single-patient design.

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