

AYURVEDIC MANAGEMENT OF *MADHUMEHA* – A CASE STUDY

1. Dr. Archana S. Wadkar, Associate Professor ,Panchkarma Department
2. Dr. Aishwarya R. Parte, PG Scholar, Panchkarma Department

Hon. Shri. Annasaheb Dange Ayurved Medical College, Ashta, Dist. Sangli

ABSTRACT

Diabetes mellitus is the disease afflicting mankind since a very long time. Over 30 million have been diagnosed with Diabetes in India and it is one among the cause for morbidity, which makes the life of individual miserable. In Ayurveda, Diabetes mellitus can be understood as *Madhumeha* which is one among the *Vataja Prameha*. *Lakshana* pertaining to *Madhumeha* as per the classical text are *Prabhoota Mutra*, *Aavila mutra* etc. In the present case study, a 52 years old female patient came to Panchakarma OPD with complaints of pain in smaller joints and increased frequency of micturition. Through physical findings and Investigations the diagnosis leads to *Madhumeha* (Diabetes mellitus). The treatment plan opted was *Shamana Aushadhi* with change in Diet and Lifestyle. *Madhumeha* being a lifetime disorder hampers daily routine activities and its management would be a challenging task. *Shamana Aushadhi*, Proper Diet and Change in Lifestyle would be an apt management in such case. Through this case study it was concluded that *Asanadi Kashaya*, *Goranchi* and *Nishamalaki* is helpful in controlling *Madhumeha* and maintain quality of life.

KEYWORDS

Madhumeha, Diabetes mellitus, *Shamana Aushadhi*, Lifestyle

INTRODUCTION

Lifestyle diseases are linked with the way people live their life. With decreasing physical exertion, irregular food habits and sleep patterns, predominantly sedentary lifestyle has led to many disorders, one among them being Diabetes. Epidemiological studies of type 2 diabetes provide evidence that overeating, especially when combined with obesity and under activity, is associated with the development of type 2 diabetes. Globally, as of 2013, an estimated 382 million people were diagnosed with Diabetes, with Type 2 diabetes making up about 85% of the cases. Diabetes mellitus is a group of metabolic diseases characterized by chronic hyperglycemia resulting from defects in insulin secretion, insulin action or both. The high blood sugar produces the symptoms of frequent urination, increased thirst, and increased hunger. Untreated Diabetes can cause many complications. Acute complications include diabetic ketoacidosis and non-ketotic hyperosmolar coma. Serious long-term complications include heart disease, stroke, kidney failure, foot ulcers etc.

In Ayurveda, Diabetes mellitus is referred to *Madhumeha* which is a *Santarpanajanya vikara* and one among the type of *Vataja Prameha* and grouped under *Ashtamahagada*. Due to continuous indulgence in *Nidana*, it results in *Aparipakwa Kapha* and *Meda*; which in turn vitiates *kleda* and *meda* further resulting *Doshadushyasamoorchhana*. *Kleda* remaining after *Dhatvagnipaka* through the *Mootravahasrotas* and get localised at *Bastimukha* and leading to symptoms like *Prabhootamutra*, *Aavilamutra* etc.

Diabetes cannot be cured, but it can be managed. The management should be very particular because the management should include altering eating habits, physical activity and Anti-diabetic drugs. *Ayurvedic* management includes *Samshamana chikitsa* and *Samshodhana chikitsa* along with *Vyayama*. *Samshamana chikitsa* includes some of the *Yogas* like *Asanadi kashaya*, *Nishamalaki* etc and single drugs like *Haridra*(*Curcuma longum*), *Amalaki* (*Embllica officinalis*) along with *Madhu*(honey), *Tuvaraka*(*Hydnocarpus laurifolia*)etc. In this study *Samshaman Aushadhi* like *Asanadi Kashaya* along with *Goranchi* and *Nishamalaki* is given to the patient.

AIMS AND OBJECTIVES

To evaluate the efficacy of *Ayurvedic* medicines in the management of *Madhumeha*

MATERIALS AND METHODS

Place of study: Panchakarma OPD

Age: 52 years

Gender: Female, weight - 67kg and Height – 162cm

Chief Complaints:

Patient came with complaints of Pain in smaller joints along with increased frequency of micturation since 3 years.

Personal History:

Details are mentioned in Table 1

Table 1 Personal history

Wakes up at 6.30	Sleeps at 11pm
Food	Vegetarian
Appetite	Increased
Micturation	BEFORE TREATMENT:8-10 times during day,4-5 times at night AFTER TREATMENT:3-4 times during day, 1-2 times at night
Bowel	Once a day
Habits	Coffee twice a day Now- Decoction of Fenugreek [<i>Trigonella foenum-graecum</i>](early morning)

Food Habits

Details are mentioned in Table 2

Before	Current
Breakfast – 10 am (food prepared of rice was more)	Breakfast – 9 am (food prepared of foxtail millet) Rice items are reduced
Lunch – At 2pm (same food items of breakfast)	Lunch – 12.30pm (prepared fresh food)
Dinner – 9.30pm (ragi ball, sambar, rice)	Dinner – 7.30 -7.45pm (ragi ball, sambar /chapati)

General Examination

Consciousness – Conscious

General appearance – Normal

Built – Moderate

Pallor – Absent

Icterus – Absent

Cyanosis- Absent

Clubbing – Absent

Oedema – Absent

Lymphadenopathy – Absent

Gait – Normal

Dashavidha pareeksha

- Prakriti – Vata kapha
- Vikriti- Dosha: Vata pradhana tridosha; Dushya: medha, raktha, sukra, ambu, vasa, lasika, majja, rasa, ojas and mamsa
- Sara- Madhyama
- Samhanana- Madhyama
- Satmya- Madhyama
- Satva- Madhyama
- Pramana – Madhyama
- Ahara Shakthi- Madhyama
- Vyayama Shakthi- Madhyama
- Vaya- Madhyama

Investigations

1. FBS
2. FUS
3. PPBS
4. PPUS
5. RBS

DIAGNOSIS: Madhumeha (Diabetes mellitus)**TREATMENT PLAN**

Details explained in the Table 3.

DURATION	MEDICATION
For 6 Months	Asanadi gana kashaya3tsf TID Goranchi 2-0-2 Dibizide 1-0-1
Slight Modification in the Treatment plan	
For Next 4 Months	Asanadi gana kashaya3tsf TID Nishamalaki 2-0-2 Dibizide 1-0-0
For Next 2 Months	Asanadi gana kashaya 3tsf TID Nishamalaki 2-0-2

INVESTIGATION

Details discussed in the Table 4.

	FBS / FUS	PPBS/PPUS
Before Treatment	287.2 mg/dl 2.0%	335.5mg/dl 2.0%
After 6 Months	183mg/dl	221.5mg/dl
After 1 Year	104.5mg/dl Absent	158mg/dl Absent

RESULTS

Improvement in subjective signs and symptoms was found as mentioned in the Table 5.

- Increased frequency of micturition (Prabhoota mutra) was decreased.
- Marked reduction in the Blood sugar level.

Table 5

Physical findings	Physical findings	After treatment
Frequency of micturition	8-10 times during day 4-5 times at night	3-4 times during day time 1-2 times at night
Weakness	Present	Absent
INVESTIGATIONS		
Duration	Before treatment	After treatment
Before and After Treatment (within year)	FBS /FUS– 287.2 mg/dl,2% PPBS/PPUS-335.5 mg/dl,2%	FBS/FUS- 104.5mg/dl, Absent PPBS/PPUS- 158mg/dl, Absent

DISCUSSION

The present study includes medications like *Asanadi Kashaya*, *Nishamalaki*, *Tab Goranchi*. Where *Asanadi gana kashaya* include drugs like *Asana (Pterocarpus marsupium)*, *Tinisha (Ogeinia dalbergioides)*, *Bhurja (Betula utilis)*, *Meshahringi (Gymnema sylvestre)*, *Daruharidra (Berberis aristata)* etc. It is indicated in *Prameha*, *Meda dosha* and *Kapha vikara*. Most of the drugs have *Kashaya rasa*, *Laghu ruksha guna*, and *Katu vipaka*. Mainly acts on *Kaphadosha*.

Nishamalaki tablet contains *Nisha (Haridra) [Curcuma longa]*, *Amalaki (Phyllanthus emblica)*, *Nimba patra (Azadirachta indica)*, *Jambu beeja (Syzygium cumini)*, *Madhunashini (Gymnema sylvestre)*. All the drugs possess *Medahara karma* and it is indicated in *Prameha*.

Goranchi tablet include *Madhunashini* (*Gymnema sylvestre*) leaf and root, Jambuphala (*Syzygium cumini*), Amalaki (*Phyllanthus emblica*), Haridra (*Curcuma longa*), Shilajatu. It is Tridosahara. Most of the ingredients have Medahara karma and also improves the digestive fire.

Treatment is based on *Samprapti* of the *Vyadhi* and the *Doshas* involved. In the present study, *Vyadhi* is due to *Agnimandya* and *Medodushti* along with involvement of *Kapha dosha*. The medications selected above are based on *Vyadhi* as well as *Dosha* involved i.e *Vyadhipratyanika* & *Doshapratyanika chikitsa*. The drugs having *Tikta*, *Kashaya* and *Katu Rasa* along with *Laghu*, *Ruksha guna* and *Lekhana Karma* plays a major role in the management of *Santarpanajanya Vikara* where *Madhumeha* is one among them. The drugs mentioned in the above formulations also possess the same properties along with *Medahara Karma*, hence the *Vyadhipratyanika* and *Doshapratyanika Chikitsa* is established.

CONCLUSION

From the present study it can be concluded that *Ayurvedic* management of *Madhumeha* is better achieved by the proper eating habits, *Shamana Aushadhi*, and physical activity. The holistic approach of *Ayurveda* utilising the above concept will definitely pay the way not only to control the blood sugar level and also to prevent the complications caused by *Madhumeha*.

REFERENCES

1. Haslett Christopher, Chilvers Edwin R, Hunter John A A, Bonn Nicholas A. (1999). Davidson's principles and practice of medicine. Edinburgh: Churchill Livingstone/Elsevier.
2. Nita Gandhi Frouchi, Nicholas J. Wareham. *Medicine* (abingdon) 2014 Dec; 42(12): 698-702. doi: 10.1016/j.mpmed.2014.09.007.
3. American diabetes association. *Diabetes Care*. 2010 jan; 33 (suppl 1): s62-s69. Doi: 10.2337/dc10-s062.
4. *Acharya Agnivesha; CharakaSamhita*; redacted by *Charaka* and *Dridabala* with *Ayurveda Dipika* Commentary by *Chakrapani Dutta*; edited by *Vaidya Yadhavji Trikamji Acharya*; 4th Edition; *Sutrasthana 23/5* published by *Chaukambha Surabharathi Prakashana Varanasi*, 2001; 296.
5. *Acharya Agnivesha; CharakaSamhita*; redacted by *Charaka* and *Dridabala* with *Ayurveda Dipika* Commentary by *Chakrapani Dutta*; edited by *Vaidya Yadhavji Trikamji Acharya*; 4th Edition; published by *Chaukambha Surabharathi Prakashana Varanasi*, 2001; 213.
6. Ajay Kumar Sharma. *Kayachikitsa Dvithiya Bhaga*. 2013. ed. Delhi: *Chaukambha Orientali*; 2013.p.885-6

7. Kaviraja Ambikadutta Shastri editor *Sushruta Samhita of Sushruta, Chikitsa sthana*11/11, *Chaukhamba Sanskrit Sansthan*, Varanasi, 2003:62.
8. Acharya Vagbhata, *Astanga Hridaya* with *Sarvangasundara* commentary of Arunadatta, *Ayurveda Rasayana* of Hemadri Edited by Pt. Harisadashiva Shastri Paradakara Bhishak Acharya Published by *Chaukambha Surabharathi Prakashan*, Varanasi, reprint 2007 *Sutrasthana*, Chapter 15/19-20; Page no 236.
9. Acharya Vagbhata, *Astanga Hridaya* with *Sarvangasundara* commentary of Arunadatta, *Ayurveda Rasayana* of Hemadri Edited by Pt. Harisadashiva Shastri Paradakara Bhishak Acharya Published by *Chaukambha Surabharathi Prakashan*, Varanasi, reprint 2007 *Chikitsasthana*, Chapter 12/5; Page no 628.
10. Acharya Agnivesha; *Charaka Samhita*; redacted by Charaka and Dridabala with *Ayurveda Dipika* Commentary by Chakrapani Dutta; edited by Vaidya Yadhavji Trikamjib Acharya; 4th Edition; *Chikitsasthana* 6/41-42, published by *Chaukambha Surabharathi Prakashana* Varanasi, 2001; 513.
11. Kaviraja Ambikadutta shastri editor *Sushruta Samhita of Sushruta, Chikitsa sthana*11/8, *Chaukhamba Sanskrit Sansthan*, Varanasi, 2003:60.

