

## **ROLE OF SHILAJITU IN THE MANAGEMENT OF MADHUMEHA**

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### ABSTRACT

The incidence of diabetes mellitus is increasing rapidly because of changes in dietetic habits and life style. A great deal of work has also been done by *Ayurvedic* research scholars on various herbal and mineral drugs to find an effective treatment for *Prameha*. *Prameha* (Diabetes) which has been a global problem is well described in the ancient Indian classics. *Shilajatu* is one such drug which has been described for the management of *Prameha* in *Ayurveda* texts. To provide relief to the diabetic condition, *Shilajit* play a tremendous role. It is an organio-mineral compound; it is obtained from rocks in the Himalaya region. It drips from the cracks of the rocks during hot weather. In *Charaka Chikitsa*, it is mentioned that when the mountain rocks, which are abundant in metallic elements like gold, silver, copper and iron are heated up then the Lac like exudates oozes out from the rocks is *Shilajatu* it has several important constituents. Fulvic acid is the major constituent of *Shilajit*. It also has small peptides, lipids, pyrones and other chemicals. This substance is extremely effective in treating diabetes away. Further description of *shilajatu* and its uses and efficacy will be described in paper.

**Keywords:** *Shilajatu, Prameha, Diabetes, Exudates, Ayurveda.*

### INTRODUCTION

Diabetes is one of the most common Non-communicable diseases (NCD's). It is a chronic metabolic disorder of impaired carbohydrate, fat and protein metabolism. The hyperglycemia has been shown to affect almost all tissue in the body and is associated with sig-

nificant complications of multiple organ systems, including the eyes, nerves, kidney and blood vessels. The development of diabetes is projected to reach pandemic proportions over the next 10-20 years. International Diabetes Federation (IDF) data indicate that by the year

2025, the number of people affected will reach 333 million –90% of these people will have Type 2 diabetes. In most Western societies, the overall prevalence has reached 4-6%, and is as high as 10-12% among 60-70-year-old people. The annual health costs caused by diabetes and its complications account for around 6-12% of all health-care expenditure<sup>1</sup>.

*Prameha* in *Ayurvedic* literature closely resembles to diabetes mellitus. It has been clearly mentioned about *Prameha* that it is *Krichha Sadhya* and even *Asadhya*<sup>2</sup>. *Ayurveda* has laid down a range of therapeutic measures to address various issues linked with *Prameha*. Many studies have already been conducted on a number of herbo-mineral drugs mentioned in *Ayurvedic* literature. At present many researches are in progress to establish some effective therapeutic modality for the management of *Prameha*. *Prameha* has been a disease of great concern since Vedic Period. In *vedas* no direct reference regarding word *Prameha* can be found, but in Atharvaveda disease called 'Astrava' along with its management has been mentioned which means *Bahumutrata*. The name *Prameha* is self-explanatory which means 'Prabhutamutrata' excessive urination and 'Avilmutrata' turbid urination. *Vagbhatacharya* classified the urinary disorders under the two broad heading of 'Mutraatipravrttijavyadhi' and 'Mutrapravrttijavyadhi' and categorized *Prameha* as 'Mutraatipravrttijavyadhi'<sup>3</sup>. *Acharya Charak* has called it *Anusanginam*<sup>4</sup>.

Shilajatu is obtained from rocks in the Himalayan region. It is a form of mineral that drips from the cracks of the rocks during hot weather. In *Charaka Chikitsa*, it is mentioned that

when the mountain rocks, which are abundant in metallic elements like gold, silver, copper and iron are heated up then the Lac like exudate oozes out from the rocks is *Shilajatu*. According to *Acharya Charaka* "There is hardly any curable disease which cannot be controlled or cured with the aid of Shilajeet"<sup>5</sup>.

### **Etiology-**

Enjoying sedentary habits and the pleasure of sleep excessively, too much use of yoghurt and its preparation, meat juice of domestic, aquatic and swampy animals, milk and its preparation, newly harvested cereals, new/fresh wines, preparations of jaggery (cane sugar preparations) and all other *Kapha*-aggravating factors are the causes of the diabetes syndrome<sup>6</sup>.

### **1. Etiological Classification:**

*Acharya Sushruta* has described two types of *Prameha* on the basis of its etiology i.e. *Sahaja* or hereditary and another is *Apathyaja* or acquired.

#### **I. Sahaja Prameha:**

It has been described in *Sushruta Samhita* and its etiology has been said to be *BijaDoshaja*. The patients are lean, thin and emaciated. *Charaka Samhita* also narrated *JataPramehi* because of *Bija Dosh* and has emphasized it as *KulajaVikara*.

#### **II. Apathyaja Prameha:**

This type of *Prameha* results due to *AhitkaraAharaVihara*. It can be further divided into two sub types.

a. **Avaranjanya:** Its pathogenesis occurs due to etiological factors which lead to the vitiation or increase of *Kapha*, *Pitta*, *Meda* and *Mansa*, which in turn cause *Avarana* of *Vata*

Dosha leading to its provocation and manifestation of *Madhumeha*.

b. **Dhatuprakashanjanya:** Its pathogenesis occurs due to depletion of *Dhatu*s because of the *Vata* vitiated etiological factors.

**2. Doshika Classification:**

*Brihatrayi* and *Laghutrayi* have classified the disease *Prameha* on the basis of *Doshika* dominance. The opinion of the authors for this classification is that it was convention to classify every disease according to *Doshaja* predominance in the body.

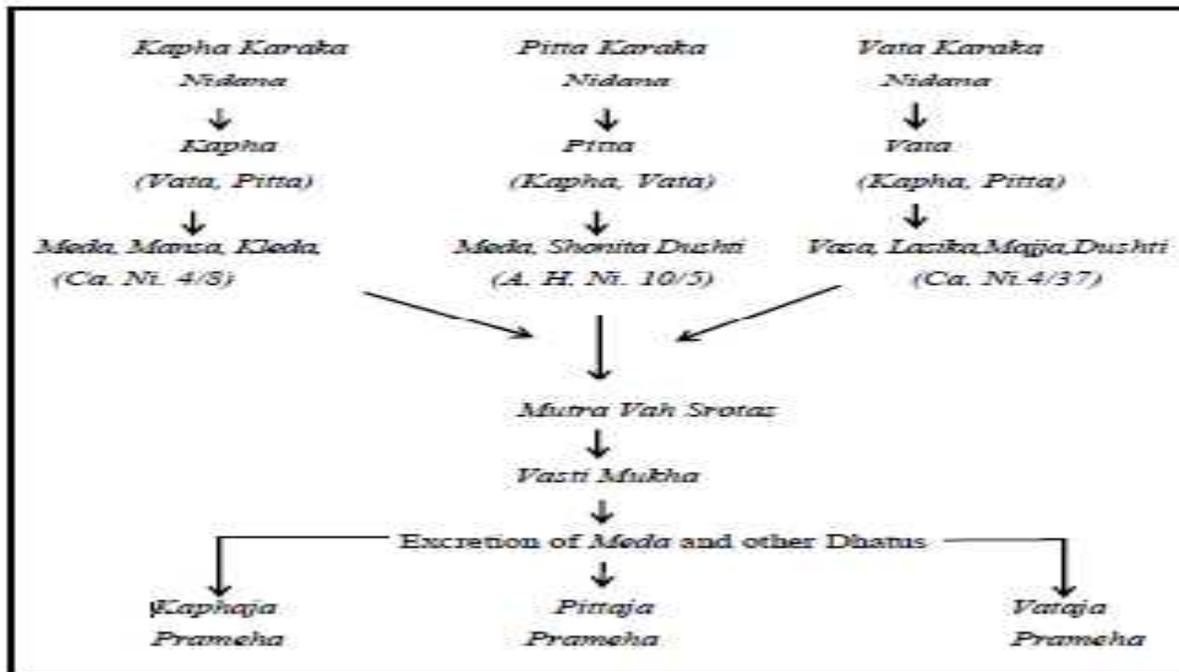
**i. Vataja– 4 ii. Pittaja– 6 iii.Kaphaja– 10**

**Table 1:** Doshika Classification Of *Prameha* <sup>7</sup>

Prameha	Ca.Ci. 6/9-11	Su.Ni. 6/8-14	A.H.Ni. 10/8-19	Ma.Ni 33	Sa.P.K 7/60-62	B.P.M.K. 38/8-17
<b>I. Kaphaja Prameha</b>						
1.Udaka Meha	+	+	+	+	+	+
2.Ikhu Meha	+	+	+	+	+	+
3.Sandra Meha	+	+	+	+	+	+
4.Sandra Prasad Meha	+	-	-	-	-	-
5. ShuklaMeha	+	-	-	-	-	-
6. ShukraMeha	+	+	+	+	+	+
7. ShitaMeha	+	-	+	+	+	+
8. SiktaMeha	+	+	+	+	+	+
9. ShanairhMeha	+	+	+	+	+	+
10. Lala Meh	+	-	+	+	+	+
11. SuraMeha	-	+	+	+	+	+
12. PishtaMeha	-	+	+	+	+	+
13. LavanaMeha	-	+	-	-	-	-
14.Phena Meha	-	+	-	-	-	-

Pathogenesis (*Samprapti*)-

*Samprapti chart According to Doshika Predominance.*



*Samprapti* of *Madhumeha* is best described by *Acharya Vagbhata*. He said *Madhumeha* can originate in two ways- 1. By the aggravation of *Vata* caused by *Dhatukshaya*. 2. By the obstruction of *Vata* caused by *Doshas* covering it. *Madhumeha* which is caused by *Dhatukshaya* manifests as thin and asthenic individual due to loss of *Oja*. All this is *Ojakshaya* meaning an imbalance in *Ojas*. In *Margavaranjanya Madhumeha* the vitiated *Kapha* and *Meda* obstruct the passage of *Vata*. The obstructed *Vata* is vitiated again and carries *Ojas* to *Basti* thus manifests *Madhumeha*. 3 As per *Ayurveda* according to the potency of particular feature of etiology, *Dosha* (innate pathogenic factors) and *Dushyas* (substratum of pathology), response occurs in the form of non-manifestation or otherwise of the disorders. When these three factors do not combine to-

gether or if combined after a long time or in weakened state, disorder will not be there, or it will manifest lately, or in a mild form or without all the said symptoms. On the contrary, the result will be contrary. Thus is said the cause of response in the form of non manifestation or otherwise of all disorders<sup>8</sup>.

In *Ayurvedic* Texts the following specific actions of *Shilajatu* are given:

**Specific Properties of *Shilajatu*:**

*Shilajitu* possesses *Tikta, Katu Rasa, KashyaAnurasa, Katu Vipaka, Ushna Virya, Sara, Shoshaka and Chedana properties. Chhedana, Vrishya, Balya, Lekhana, Yogavahi, Rasayana and Medha Samritikar*<sup>9</sup>. All these properties of *Shilajatu* are responsible for the *sampraptivighatan* of *Prameha*.

**Premonitory Symptoms:-**

There premonitory symptom are- feeling of burning in the palms and soles, body (skin) becoming unctuous and slimy, heaviness in body, urine is sweet, bad in smell and white in color, stupor, debility, profound thirst, dyspnea, more accumulation of dirt in the palate, throat, tongue and teeth, hairs of the head adhering to one another and more growth of the hairs and nails<sup>10</sup>.

#### **Clinical Feature:-**

The general feature of the diabetes syndrome is the passage of a profuse and/ or turbid urine, the urine becomes like honey and the entire body becomes very sweet<sup>11</sup>. *Sushrut Acharya* also says that *Sahajameha Rogi* are usually *Krishna* (Thin built) while *Apathyanimittaja-Rogi* are usually *Sthula* (Obese)<sup>12</sup>.

#### **Classification of Diabetes Mellitus:-**

Type- 1 Diabetes Mellitus- Type 1 diabetes, formerly called juvenile diabetes, is usually diagnosed in children, teenagers and young adults. Type 1 diabetes may develop in adults. This is an autoimmune disease causing specific destruction of Beta-cell of pancreas which results in an absolute insulinopaenia.

Type- 2 Diabetes Mellitus- Type 2 diabetes, formerly called adult onset diabetes, is the most common form and has an insidious onset. It is commonly seen in adults, but can occur even in childhood. Weight loss is uncommon unless hyperglycaemia is severe while ketosis is rare. Familial inheritance is very common. This form of diabetes usually begins with insulin resistance and initially there is a counter regulatory hyperinsulinaemia. With time, the pancreas loses its ability to secrete

enough insulin in response to meals and clinical diabetes develops<sup>13</sup>.

#### **Other types of diabetes:-**

A number of other types of diabetes exist which develop due to:

- Genetic defects of the beta-cell
- Genetic defects in insulin action
- Disease of the pancreas
- Excess amounts of counter regulatory hormone
- Infection
- Rare autoimmune disorders
- Genetic syndromes associated with diabetes

#### **Criteria for the diagnosis of DM:-**

Fasting:-

- Normal- < 110 mg/dl
- Impaired fasting glucose- > 110 and < 126 mg/dl
- Diabetes mellitus- 126 mg/dl 2-hour post load –
  - Normal- < 140 mg/dl
  - Impaired glucose tolerance- > 140 and < 200 mg/dl
  - Diabetes mellitus- > 200 mg/dl with symptoms

Investigation:-

- O.G.T.T. (Oral Glucose Tolerance Test) • Lipid profile
  - Liver Biochemistry
  - Glycosylated Haemoglobin (GHb)
  - Blood glucose-Random, Fasting, Postprandial
  - Urine tests-Urine testing for glucose is still widely used.
  - Proteinuria is a reflection of the development of renal complication.

#### **Complications (Upadrava)<sup>14</sup>:-**

1. Metabolic complication- Ketoacidosis, Hyper osmolar coma.

2. Infective- Bacterial and fungal infections of the skin, mucosa, soft tissues, bone, urinary tract and lungs.

3. Late complication- Atherosclerosis Coronary heart disease, cerebrovascular disease and Peripheral vascular disease. Cataract, Diabetic ulcer (Diabetic foot), Infection, Microangiopathy, Nephropathy, Retinopathy, Dermopathy, Neuropathy- Polyneuropathy, mononeuropathy, radiculopathy amyotrophy, autonomic neuropathy.

4. Complications of therapy- Hypoglycemia, Insulin resistance, Insulin allergy, Lipodystrophy, Lactic acidosis, Depression of bone marrow.

## DISCUSSION

As in *Prameha Tridosha* are involved, *Shudha Shilajatu* possess *Tridoshashamak* properties *Katu- Rasa, Ushna Virya and Katu Vipaka* acted upon the *Kapha Dushti*. *Ushna Virya* breaks *Avarana* of *Vata* and normalise the *Dhatvaagni* along with *Amapachana* which facilitates the normal metabolism in the body. *Tikta* and *Kashaya Rasa* helped in *pittashama*. In *Prameha*, body acquires *Shaithilya* due to *bahu* and *abadhakaphameda*, *Shilajatu* is having property as *Dehadardhyakara* which is able to improve the consistency and quality of tissue elements. *Meda* and *Kapha* is the main etiological factors in the obstruction of the *strotas* and causes *strotodushti*. *Lekhaneeya* property of *shilajatu* initiates *lekhana* process of the excess *meda* and expelled the vitiated material from the *Srotas*. Lyses of excess of *Meda* also help in rectifying the insulin receptors which may be helpful in proper utilization of glucose by target cells. *Shilajatu* having

*Rasayan* properties, which not only correct the hyperglycemic episodes, but also produce their effect by enhancing the *Agni* and *ojus* status thereby an improved metabolic and immune status of the patient.

## CONCLUSION

Diabetes mellitus is a metabolic disease of multiple aetiology and described as *Madhumeha* in Ayurvedic. Two type of clinical presentation are seen *Krishna Pramehi* & *Sthula Pramehi* as type-I & type-II diabetes respectively. Modern therapeutics has many limitation but Ayurvedic principles of management can help the patient to have better blood sugar control and routine life. Various researches on shilajit formulation have promising results in patient. In addition life style modification with adopting proper food habits, yoga & exercise have very important role in the management of diabetes mellitus.

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