



OBSERVATIONAL STUDY OF STHOOLA AND KRISHA MADHUMEHA

¹Swati Wasnik, ²Santosh Girbide, ³Jyoti Meghdamber, ⁴Milind Kamble, ⁵Sandeep Kale¹PG Final year student, Department of *Rognidan evum Vikruti Vidyan*, RAPMC²HOD Department of *Rognidan evum Vikruti Vidyan*, RAPMC³Associated Professor Department of *Rognidan evum Vikruti Vidyan*, RAPMC⁴Associated Professor Department of *Rognidan evum Vikruti Vidyan*
GAC, Jalgaon⁵Assistant Professor, Department of *Rognidan evum Vikruti Vijnana*, RAPMCCorresponding Author: swati26_wasnik@rediffmail.com<https://doi.org/10.46607/iamj3712072024>

(Published Online: July 2024)

Open Access

© International Ayurvedic Medical Journal, India 2024

Article Received: 12/06/2024 - Peer Reviewed: 28/06/2024 - Accepted for Publication: 15/07/2024.



INTRODUCTION

Diabetes is the single most important metabolic disease which can affect nearly every organ system in the body. It has been projected that 300 million individuals will be affected by diabetes by the year 2025. In India, it is estimated that presently, 19.4 million individuals are affected by this deadly disease, which is likely to go up to 57.2 million by the year 2025. The reason for this escalation is due to lifestyle changes; a low birth rate could lead to diabetes during adulthood. Diabetes-related complications are coronary artery disease, peripheral vascular disease, neuropathy, retinopathy, nephropathy, etc. People with Diabetic are 25 times more likely to develop

blindness, 17 times more likely to develop kidney disease, 30-40 times more likely to undergo amputation, 2-4 times more likely to create Myocardial Infarction and twice as likely to suffer a stroke, than non-diabetic¹. Diabetes and its complications are the significant causes of morbidity and mortality in India, and the prevalence of type 2 Diabetes is on the rise. This calls for an assessment of the economic burden of the disease.² There is no permanent treatment for diabetes in any pathy. Lifestyle modifications, including dietary changes, regular physical activity and weight reduction, are indicated for preventing Diabetes¹. *The Ayurvedic* approach is the perfect answer to

diabetes because *Ayurveda* has a holistic, prevention, promotive and curative approach where the aim is not only to cure the disease of an ill person but also to maintain the health of a healthy person³. *Ayurveda* also play an essential role; it targets food and habits important in Diabetes prevention and manages a healthy diet⁴

Prameha Hetu-

Sedentary lifestyle, excessive sleep, curd, meat soup of domestic, aquatic, and marshy animals, milk products, freshly harvested food articles, fresh wine, jag-gery preparation, and all other *Kapha* promoting substances, intake of food which are cold, unctuous, sweet, fatty and liquid^{5,6}

Prameha Samprapti –

Improperly processed *Vata*, *Pitta*, and *Kapha* mixes with *Dushya*, i.e. *Medas*, *Rakta*, *Sukra*, *Ambu*, *Vasa*, *Lasika*, *Majja*, *Rasa*, *Ojas* and *Mamsa* in the *mutravaha srotas*, leading to the manifestation of twenty types of *Prameha*^{7,8}

Classification Based on Etiology-

Prameha is classified by *Acharya Sushrut* based on aetiology in two types as follows:⁹

1) *Sahaj / Kulaja—Juvenile or hereditary Prameha*. *Prameha inheritance may be seen in either or both of the parents suffering from the disease or due to some abnormality in the sperm or ovum (Beeja dosha)*.

2) *Apathyanimittaja –*

It is acquired through dietary irregularities, Overeating, overnutrition, Lack of exercise, and other Sedentary habits.

Classification Based on *Doshas-*

Through all the *Doshas* are involved in the pathogenesis of *Prameha*, by the *Dosha* predominance, it is classified into three main categories: *Vaat*, *Pitta*, and *Kapha*; these are further classified into twenty sub-types, ten for *Kapha*, six for *Pitta*, four for *Vata*. Characteristics of colour, density, and volume of these types of¹⁰

Classification Based on Constitutes.

The classification of the disease based on these considerations gives the guidelines of treatment advocated for both types of *Prameha*¹¹.

Sthoola / Balavan –

These patients suffer from *Apathyanimittaja*. *Prameha* has a *Sthoola* constitution. These patients advise *Shodhana* therapy.

Krishna/ Paridurbala—Patients suffering from Sahaj Prameha generally bear Krishna. These patients are advised to undergo *Brimhana* therapy.

Definition of *Madhumeha*

Excretion of urine is mainly related to the ‘*Meha*’ word. so, the definition is that the patient voids the urine having concordance with *Madhu*, i.e. of *Kashaya* and *Madhura* taste, *Ruksha* [dry] texture and honey-like colour, and the body acquires sweetness called *Madhumeha*.¹²

Madhumeha - All etiological factors aggravate *Kapha*, *Pitta*, *Meda* and *Mamsa* and obstruct the normal pathway of *Vata*. Agitated *Vata* carries the *Ojas* to the *Basti*, i.e. *Mutravaha Srotas*, and manifests *Madhumeha*, which is difficult for management¹³. Disease *Madhumeha* is characterised by the excess excretion of urine, which resembles honey. It arises due to two main reasons, i.e. aggravation of *Vata* by *Dhatuksaya* and obstruction of its path by the *Dosha* covering it¹⁴. Nowadays, we can diagnose *Sthoola* and *Krishna Madhumeha* with the help of BMI. *Madhumeha* can also be diagnosed with the help of glucose examination in Urine. *Dosh*, *Dhatu*, and *Mala* are considered the body's foundation; any diseases occurring in the body are due to the derangement of these three entities.

Definition of *Sthaulya* :

A person having the sagging appearance of *Sphika*[hip], *Udara* [abdomen] and *Stana*[chest] due to excess deposition of *Medo* along with *Mansa Dhatu* and also having uneven an abnormal distribution of *Meda* reduced enthusiasm towards life is called ‘*Atisthoola*’. *Atisthoola* is defined as a person who, owing to an excessive increase of fat and flesh, is distinguished with pendulous buttocks, belly and breasts and whose increased bulk does not match the corresponding increase in energy.¹⁵

Definition of *Karshya*

Decreasing stage of *Dhatu*s results in *Karshya*. The lean person has *Shushka- Sphik*, *Udar*, *Greeva* [dried up to buttock, abdomen, neck, prominent vascular

network, a remnant of skin and bone, thick joints, over lean person unable to tolerate physical exertion, unable to endure high hunger, thirst, disease, drugs, too much of cold, heat, and sexual intercourse.¹⁶

Aim and objective: To study *Sthoola* and *Krishia Madhumeha*.

Material :

The Materials were collected from classical *Ayurvedic* literature and modern research journals.

Method:

Study design: Observational and analytical study
Screening of the subject based on the inclusion criteria.



Detail history of patients who take *Pramehajanya Ahar, Vihar, and Sevan*.



Selection of patients who are known cases of *Madhumeha*.



Observe the patients with *Sthoola* and *Krishia Madhumehi* with the help of BMI.



Data will be collected and analysed.

Inclusion Criteria-

- 1) Patients of both genders.
- 2) Patients have age limits from 10 years to 70 years.
- 3) Patients showing classical signs and symptoms of *Madhumeha*, as above, will be included in the Study.
- 4) Patients, both obese and nonobese, with Diabetes.
- 5) Patients have the classical signs and symptoms of *Madhumeha*, even though their blood sugar levels are normal.

Exclusion criteria -

- 1) Patients who have Any Psychological disorder.
- 2) Immunocompromised Patients, i.e. HIV and HBsAg positive.
- 3) Patients with systematic illness, e.g. Cancer, Tuberculosis.
- 4) Patients with severe Diabetic complications like Diabetic ketoacidosis, Diabetic Nephropathy, Diabetic foot, Diabetic coma

Observation and result

The collection of data was analysed based on the following headings

1. Demographic distribution.
2. Study regarding the estimation of *Lakshan* obtained in the patients of *Sthoola* and *Krishia Madhumeha* and the prevalence of *Hetu* seven by the patients.

Result :

Out of 64 patients of *Madhumeha*, 49 [76.56%] patients are *Sthoola*, and 15 [23.43%] patients are *Krishia*. As per age criteria 1 [1.56%] patient found between 20-25,4 [6.25%] patient between 36-40 years age ,5 [7.81%] patient between 41-45years, 15 [23.43%] patients between 46-50 years,12 [18.75%] patients between 51-55 years,10 [15.62%] patients

between 56-60 years, 7 [10.93%] patients between 61-65 years, 10 [15.62%] patients between 66-70 years. Out of 64 patients 36 [56.25%] patients are male out of which 28 [77.77%] males are *Sthoola* and 8 [22.22%] males are *Krishia* on the other hand 28 [43.75%] are females out of which 21 [75%] females are *Sthoola* and 7 [33.33%] females are *Krishia Madhumehi* patients. Occupation-wise, 23 [35.93%] patients are housewives, 36 [56.25%] patients are in service, and 7 [10.93%] patients are labourers. According to *Prakruti Kaphapradhan Pittanubandhi* *Pakruti* is 32 [50%], *Pittapradhan Kaphanubandha* is 12 [18.75%], *Kaphapradhan Vatanubandhi* is 8 [12.50%], *Pittapradhan Vatanubandhi* is 5 [7.8%], *Vatapradhan Pittanubandhi* is 5 [7.8%], *Vatapradhan Kaphanubandhi* is 2 [3.12%]. According to *Koshtha Madhyam Koshtha Madhumehi* is 34 [53.12%], *Krura Koshtha* is 29 [45.31%], and *Mrudu Koshtha* is 1 [1.56%]. According to *Agni*, patients of *Madhumeha* with *Mandagni* 21 [32.81%], *Samagni* is 20 [31.25%], *Vishamagni* is 11 [17.18%] and *Tikshnagni Madhumehi* is 12 [18.75%]. According to symptoms presented by *Madhumehi* patients, 33 [51.56%] patients showed severe symptoms, 30 [46.87%] patients showed moderate symptoms, and 1 [1.56%] patient showed mild symptoms. Out of which, 7 [2] *Krishia* patients show moderate and, 8 *Krishia* patients show severe symptoms like this, 23 *Sthoola* patients show moderate, 25 *Sthoola* patients show severe, and 1 *Sthoola Madhumehi* patient shows mild symptoms. According to *Hetu* consume by *Madhumehi* patients 58 [90.62%] patients consuming *Kaphaja Ahar*, 57 [89%] patients consuming *Pittaja Ahar*, 28 [43.75%] patients consuming *Vataj Ahar*, 56 [87.50%] patients consuming *Kaphaja Vihara*, 23 [35.93%] patients consuming *Pittaja Vihara* and 28 [43.75%] patients consuming *Vataja Vihara*.

DISCUSSION

The prevalence of *Sthoola Madhumeha* is more as compared to *Krishia Madhumeha*. *Madhumeha* is more common in the middle age group between 46 and 50. Males are more prone to this *Madhumeha Vyadhi* than females. Those in service with a seden-

tary lifestyle are more prone to *Madhumeha*. Labourers are less prone to this disease. According to *Prakruti*, a person with *Kaphapradhan Pittanubandhi Prakruti* is more prone to this disease. Persons with *Mandagni* are more prone to this disease. According to *Koshtha Madhyam*, *Koshtha* patients are more prone to this disease, and *Krura Koshtha* person is less prone. When *Prameha* is not treated well, the patient lands into *Madhumeha*, which is a chronic condition of *Prameha*. Thus, as per the gradation of symptoms, most patients show a maximum number of symptoms, which fall under the category of severe gradation of symptoms. According to this study on the prevalence of *Hetu* consumption, *Kaphaja* and *Pittaja Ahar* consumption is higher. The prevalence of *Kaphaja Vihara* is higher than that of *Vataj Ahara* in this study.

REFERENCES

- 1) Pradeepa R, Deepa R, Mohan V, Epidemiology of Diabetes in India current perspective and future projects., Journal of the Indian Medical Association, 01 March 2002, 100(3): 144-148 PMID: 2408271.
- 2) Charles AK Yesudian, Mari Grepstade et al., Economic burden of Diabetes in India: a review of the literature, Globalization and Health 10(1), 1-18, 2014.
- 3) Ambikadattashastri Kaviraj, Sushrut Samhita, volume 1, Sutra sthan, Adhyaya 1, Chaukambha Sanskrit Sansthan, Varanasi, page no 7, shlok no 22.
- 4) Tripathi Ravi Datta, Shukla Vidyadhar, Charak Samhita, volume 2, Chikitsa sthan, Adhyay 6, Chaukambha Sanskrit Pratishthan, Delhi, page no 175, shlok no- 46, 47.
- 5) Tripathi Ravi Datta, Shukla Vidyadhar, Charak Samhita, volume 2, Chikitsa sthan, Adhyay 6, Chaukambha Sanskrit Pratishthan, Delhi, page no 167, shlok no 4.
- 6) Ambikadattashastri Kaviraj, Sushrut Samhita, volume 1, Nidan Sthan Adhyay 6, Chaukambha Sanskrit Sansthan, Varanasi, page no 326, Shlok no 3.
- 7) Tripathi Ravi Datta, Shukla Vidyadhar, Charak Samhita, volume 2, Chikitsa sthan, Adhyay 6, Chaukambha Sanskrit Pratishthan, Delhi, page no 167, shlok no 6
- 8) Ambikadattashastri Kaviraj, Sushrut Samhita, volume 1, Chikitsa sthan, Adhyaya 11, Chaukambha Sanskrit Sansthan, Varanasi, page no 75, shlok no 3.

- 9) Ambikadattashastri Kaviraj, Sushrut Samhita, volume 1, sutra sthan, Adhyay 15, Chaukambha Sanskrit Sansthan, Varanasi, page no 73, shlok no 3.
- 10) Tripathi Ravi Datta, Shukla Vidyadhar, Charak Samhita, volume 2, Chikitsa Sthan, Adhyay 6, Chaukambha Sanskrit Pratishthan, Delhi, page no 177, Shlok no 56.
- 11) Tripathi Ravi Datta, Shukla Vidyadhar, Charak Samhita, volume 2, Chikitsa sthan, Adhyay 6, Chaukambha Sanskrit Pratishthan, Delhi, Page no 170, shlok no 15.
- 12] Bramhanand Tripathi, Charak Samhita, Volume 1, Nidan Sthan, Adhyaya 4, Chaukamba Surabharati Prakashan, Varanasi, Page No 620, Shlok No 44.
- 13) Tripathi Ravi Datta, Shukla Vidyadhar, Charak Samhita, volume 1, sutra sthan, Adhyay 17, Chaukambha Sanskrit Pratishthan, Delhi, page no 267, shlok no 79-80.
- 14) Kunte Anna Moreswar, Ashtanghrdaya Nidan sthan, Adhyay 10, Chaukambha Surbharti Prakashan, Varanasi, page no 504, shlok no 18-21.
- 15] Bramhanand Tripathi, Charak Samhita, Volume 1, Sutra Sthan, Adhyay 21, Chaukamba Surabharati Prakashan, Varanasi, Page No 401, Shlok No 8.
- 16] Bramhanand Tripathi, Charak Samhita, Volume 1, Sutra Sthan, Adhyay 21, Chaukamba Surabharati Prakashan, Varanasi, Page No 402, Shlok No 15.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Swati Wasnik et al: Observational study of Sthoola and Krishna Madhumeha. International Ayurvedic Medical Journal {online} 2024 {cited July 2024} Available from:

http://www.iamj.in/posts/images/upload/1406_1410.pdf