

## ROLE OF DHATRI-NISHA-SHILAJATU VATI (MADHUSOODAN VATI) IN MANAGEMENT OF MADHUMEHA WITH SPECIAL REFERENCE TO DIABETES MELLITUS

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### ABSTRACT

Diabetes is chronic clinical syndrome characterized by hyperglycaemia due to absolute or relative deficiency of insulin. It is also termed as silent killer and occurrence of side effects from prolonged administration of conventional drug have triggered the search for safe and effective alternatives. Various risk factors like advancing age, obesity must be given equal attention and importance and must be coordinated with proper glycaemic control as far as management of diabetes is concerned. Ancient science of Ayurveda has discuss diabetes at length thousands of years ago.

*Prameha* is included among *Ashtomagada* in *Brihat Trayee* which denotes it's importance during those days. *Madhumeha* is described under *Prameha*.

The present study was designed to evaluate role of *Dhatri*(*Embillica officinalis*),*Nisha*(*Curcuma longa*),*Shilajatu Vati (Madhusoodan Vati)* in management of *Madhumeha* with special reference to Diabetes Mellitus.This study was the Open Comparative Therapeutical Trial.Clinical data obtained from the trial which was analyzed with proper statistical method and the results were prepared. According to the statistical analysis, the *vati*(tablet) was more effective in relieving the symptoms of *Madhumeha* and also effective in lowering the blood sugar level along with reducing the dose of the conventional medicine.

In this *vati Dhatri* is *tridoshashamak* and the best *Rasayan* (rejuvenator & anti-aging) for *Dhatupushti* and *Ojavrudhi*. *Shilajatu* is also best *Rasayan*, *Medachedakar* and *Kledashoshak* property. *Nisha* is *kaphavatshamak* and *paittashamak*. *Nisha* acts as *mootravirajaniya* so it helps out to improve the quality of urine.

**KEY WORDS** -*Madhumeha, Prameha, Madhusoodan Vati, Rasayan, Dhatri, Nisha, Shilajatu.*

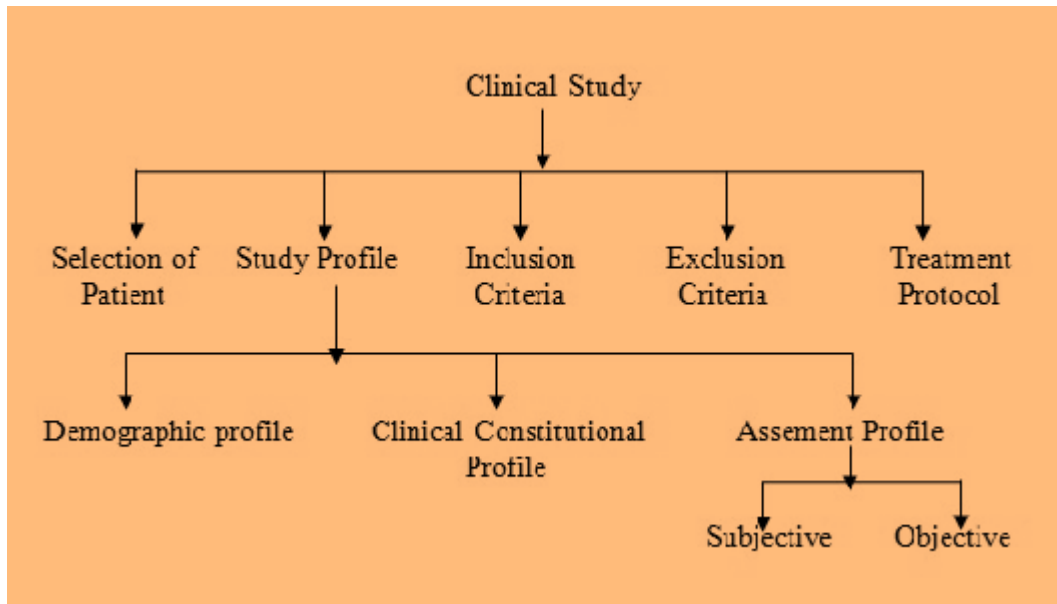
### INTRODUCTION

*Prameha* is included among *Ashtomahagada* in *Brihat Trayee* which denotes its importance during those days<sup>1</sup>. *Madhumeha*, the final stage of *Prameha*, is disease of civilization & one of the major killer of the recent time. Diabetes Mellitus is chronic clinical syndrome characterized by hyperglycaemia due to

absolute or relative deficiency of insulin<sup>2</sup>. As per WHO report, About 5-10% of world population suffers from it & it is estimated that the global prevalence of diabetes will increase two times more from 135 million to 300 million by 2025. India stands at first in the whole world to have the largest number of diabetic patients.

Currently, various antidiabetic drugs in modern medicine are used for controlling

2. Standardization of Drug
3. Clinical study



diabetes which is life long requirement. But their long applications cause side effects gastro intestinal disturbances, renal and hepatic impairment etc. In Ayurveda, various drugs were used before invention of anti diabetic drug and till date many more of them are being used. *Dhatri, Nisha, Shilajatu* have been given (Ref.-*Charak Samhita, Sushrut Smahita*) for the treatment of *Madhumeha*<sup>3,4,5</sup>. This research work has been taken up for documenting the role of *Dhatri-Nisha- Shilajatu Vati* in management of *Madhumeha* along with the aim of reduction in dose of conventional medicine.

#### AIM & OBJECTIVES

**Aim:** Assessment of *Dhatri-Nisha-Shilajatu Vati* in management of *Madhumeha* w.s.r. to Diabetes Mellitus.

#### Objectives:

1. To observe the relief in signs and symptoms of *Madhumeha* with *Vati* and Conventional Medicine.
2. To observe the reduction in Conventional Medicine due to *Dhatri-Nisha-Shilajatu Vati* in 'A' group (*Dhatri-Nisha-Shilajatu Vati* + Conventional Medicine) with comparison to 'B' group (Conventional Medicine)

#### ❖ MATERIAL & METHODS

The detailed Research plan comprises of following-

1. Review of Literature

#### 1. Review of Literature:

A thorough review of Samhitas of Ayurveda was done and reference regarding following points were studied and collected.

##### (A) Prameha

- a. Historic and Vedic consideration
- b. Classification
- c. *Nidanpanchak*
- d. *Chikista Sutra*
- e. *Madhumeha*
- f. *Prameha Pidaka*
- g. *Upadrava*

##### (B) Diabetes Mellitus

- a. Definition
- b. Classification
- c. Etiology and Pathogenesis
- d. Management of Diabetes Mellitus
- e. Complications and its management

##### (C) Drug Review

- a. *Dhatri*
- b. *Nisha*
- c. *Shilajatu*

#### 2. Standardization of Drug :

Authentication and standardization of *Dhatri-Nisha-Shilajatu Vati* was done as per Ayurvedic Pharmacopia in BSDT's Atharva pharmacy, Wagholi, Pune.

#### 3. Clinical Study :

The present study was designed to evaluate the role of *Dhatri-Nisha-Shilajatu Vati* in

management of *Madhumeha* w.s.r. to Diabetes Mellitus. Total 60 patients were selected randomly. They were divided in two groups-

**1) Group A :** *Dhatri-Nisha-Shilajatu Vati* and Conventional Medicine.

Clinical data obtained from the trial was analyzed with proper statistical method and the results were prepared.

**(A) Selection of Patient:**

This was the Open Comparative Therapeutic Trial. Total 60 patients were selected randomly. Further they were divided into two groups as “A”(Conventional medicine+*Madhusoodan Vati*) &”B”group (Conventional medicine)

Patients were explained about the whole procedure of the treatment & its possible results through Consent Form.

**(B) Inclusion Criteria :**

1. Signs & Symptoms of *Madhumeha*.
2. Between age group of 40-70 years of both sex.
3. Type-2 (NIDDM).
4. Having BSL range-

**Table 1 : Treatment Protocol**

Dose of Vati	Sevan Kala (time)	Anupan	Duration	Follow up	Root of Administration
2 gm in two divided doses	Abhakta Kala (i.e.early in the morning & after digestion of afternoon meal)	Warm water	3 months	Monthly	Oral root

**(E) Study Profile :**

Recording of detailed history and performing detail physical examination of the patient was done under following headings-

- Demographic Profile
- Clinical Constitutional Profile -

All the registered cases were subjected for their detailed examination after history taking under following headings-

- Systemic & Physical examination.
- Assessment of effect of drug

All the selected patients were advised to visit the clinic at the end of every month of therapy. The effect of the drug was assessed on various subjective and objective parameters.

**Subjective Assessment -**

**2) Group B :** Only conventional Medicine.

All the groups were advised standard dietary regimen.

For Fasting – upto 200 mg/dl

For Post Prandial - upto 350 mg/dl

**(C) Exclusion Criteria :**

1. Patients below 40 yrs & above 70 yrs of both sex
2. Type -1 (IDDM)
3. Having BSL range-  
For Fasting - above 200 mg/dl  
For Post Prandial - above 350 mg/dl
4. Patients having complications of diabetes mellitus such as any renal & cardiac pathology.
5. Pregnancy & lactating mothers.
6. Diabetes Mellitus developed due to secondary causes such as infective pancreatitis, drug induced diabetes, autoimmune pathology etc

**(D) Treatment Protocol -**

Follow up with all the patients were assessed for the subjective improvement in the clinical symptomatology. Gradations according to sign and symptoms was assessed before and after treatment on the basis of changes in gradation.

**Objective Assessment -**

Under this heading, objective parameters i.e. laboratorial and other clinical findings have been evaluated to assess the effect of the drug.

1. Blood Sugar Level
2. Urine Sugar Level

**❖ OBSERVATION & RESULT**

All the findings & data were observed & tabulated under various headings. Among all the sign & symptoms, biochemical markers statistical analysis was under

various headings such as BSL fasting, BSL PP, USL fasting, USL PP, *Prabhut Mootrata*, *Alasya*, *Hastapadtaladaha*, *Hastapadtaladsuptata*, *Galatalushosh*, *Pipasa*, *Dantmala* & *Sweda Gandhata*. After detailed statistical analysis, results were noted down. In short, the main points of the results of research work are:

1. There is no significant difference between group A & group B in BSL fasting on day 0 & day 30 but significant difference on day 60 & day 90.
2. There is no significant difference between group A & group B in BSL PP on day 0 & day 30 but highly significant difference on day 60 and day 90 in BSL PP.
3. There is no significant difference between A group & B group in USL fasting on day 0, day 30 & day 60 but highly significant difference on day 90.
4. There is significant difference between group A & group B in USL PP on day 30, day 60 & day 90.
5. There is no significant difference between group A & group B in *Prabhut Mootrata* on day 0 & day 30 but significant difference on day 60 & day 90.
6. There is no significant difference between group A & group B on day 0, day 30 but significant difference between day 60 & day 90 in *Alasya*.
7. There is no significant difference between group A & group B in *Hastapadtaladaha* on day 0, day 30 & day 60 but significant difference on day 90.
8. There is no significant difference between group A & group B in *Hastapadtaladsuptata* on day 0 & day 30 but significant change on day 60 & no significant difference between day 60, day 90.
9. There is no significant difference between A group & B group in *Galatalushosh* on day 0 but significant difference on day 30, day 60 & day 90.

10. There is significance difference between group A & group B on day 30, day 60, day 90 in *Pipasa*.

11. There is no significant difference between A group & group B on day 30, day 60, day 90 in *Dantmala*.

12. There is no significant difference between A group & group B on day 30, day 60, day 90 in *Sweda Gandhata*.

## DISCUSSION

Madhumeha has been discussed as one of the types of the Vataj Prameha<sup>6</sup>. According to all the ayurvedic samhitas, Prameha when left untreated, converges to Madhumeha<sup>7,8</sup>. Sushrut described two types of Prameha as Sahaj & Apathyanimittaj<sup>9</sup>. Vagbhat also described types of pathogenesis of Madhumeha as-Madhumeha due to vitiation of vata caused by dhatukshaya & another one due to vitiated dosha causing vataprakop<sup>10</sup>. Charakacharya has mentioned specific causes & samprapti of Madhumeha in Sutrasthan . It is clear that the most of the Hetu are Santarpanothajanya & Kapha, Meda, Mamsa Pitta increase excessively, which cause margavarodh of vayu<sup>11</sup>. The vitiated vata withdraw the dhatu, oja, from the body into basti or mootravaha srotas. The main aim of the treatment is to break the samprapti (samprapti bhanga) & the main factors are -

- To remove the *Margavarodh*.
- To normalize the *gati of vayu*.
- To improve the inherent properties of *dosha, dhatu, mala*.

According to modern science the importance is given to lower down the blood sugar level, to improve the tissue level metabolism, to revise the dose of conventional medicine.

In this study, *Madhusoodan Vati* works at this level, the effect of the *vati* is explained as follows-

The main contents of *Madhusoodan Vati* are *Dhatri, Nisha & Shilajatu* -

From which *Nisha & Shilajtu* have *Tikta Rasa, Katu vipak, Ushna virya*<sup>12,13</sup> & *Dhatri* having *Shita virya* which collectively act on *Tridosha*<sup>14</sup>. Also *Dhatri & Shilajatu* act as *Rasayan* means improve the quality of life, *ojadushti & dhatu balyakar*. *Shilajatu* has *Medachedakar, virukshan* property & *kle-dashoshak* by *Kashay anurasa*<sup>15,16</sup>. *Nisha* acts as *mootravirajaniya* so it helps out to improve the quality of urine<sup>17</sup>. *Nisha* also act as *ras raktagata sam dosha pachan & prasadan*. So if we concentrate on the pathology of *Madhumeha*, these all properties act against *margavarodh*, the properties of *dushta & drava, snigdha, picchila guna of Kapha* & also *dushta Vata* causing *prakopas*. So the basic pathology can be stopped.

*Dhatri* is *tridoshashamak*. *Shilajatu* is *shoshak & chedak* so its best action is mostly on increased *meda & kleda*<sup>13</sup>. *Nisha* is *kaphavatshamak & pittashamak* by *tikta rasa*. These three drugs have *Pramehaghna* property. According to modern parameters, this study also shows the action to reduce the blood sugar level which helps out to reduce the dose of conventional medicine. It was also seen that this *vati* is well compatible with *Biagonyl grp* & also effective in relieving the symptoms.

## CONCLUSION

After analyzing all the data and the observations

- We concluded that administration of *Madhusoodan Vati* was effective in *Madhumeha* (Diabetes Mellitus).
- *Madhusoodan Vati* was effective in most of the symptoms such as *Prabhut-mootrata* (polyuria), *Alasya* (laziness), *Pipasa* (thirst), *Kanthatalushosh* (dryness of mouth) *Hastapadataladaha* (burning sensation in palms & feet).
- It was also effective in lowering the blood sugar levels.

- In this study, the reduction of conventional medicine in study group was seen in 19 patients.
- In most of the patients it was be seen that enthusiasm (*Utshaha Vridhi*) in routine work was increased in comparison to before the treatment.

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