

**MANAGEMENT OF MADHUMEHA ACCORDING TO AYURVEDA – A CASE STUDY****Nitin Bhairavnath Bansode¹, Prashant Dhanaraj Chandekar², Nilesh Dnyaneshwar Dhumne³**

¹Department of Kaumarbhritya, Smt. Vimladevi Ayurvedic Medical College and Hospital, Wandri, Chandrapur, Maharashtra, India

²Department of Sharir Kriya, Vimladevi Ayurvedic Medical College and Hospital, Wandri, Chandrapur, Maharashtra, India

³Department of Kaumarbhritya, Smt. Vimladevi Ayurvedic Medical College and Hospital, Wandri, Chandrapur, Maharashtra, India

Corresponding Author: sukanyawaghmare1998@gmail.com

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**ABSTRACT**

Diabetes mellitus is the disease afflicting mankind since a very long time. Over 30 million people 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 45 years old male patient came to Smt. Vimladevi Ayurvedic Medical College and Hospital 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*, Proper Diet and Change in Lifestyle would be an apt management in such case.

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 Lifestyle disorders, one

among them is Diabetes. Epidemiological studies of type 2 diabetes provide evidence that overeating, especially when combined with obesity and underactivity, is associated with the development of type 2 diabetes. Globally as of 2019, an estimated 390 million people were diagnosed as Diabetic, with Type 2 diabetes making up about 85% of the cases. Diabetes mellitus is a group of metabolic disorders characterized by chronic hyperglycemia resulting from defects in insulin secretion, insulin action or both. The high blood sugar produces the symptoms like frequent micturition 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 *Santarpanjanya vikara* and one among the type of *Vataja Prameha* and grouped under *Astamahagada*. Due to continuous indulgence in *Nidana*, it results in *Aparipakwa Kapha* and *Meda*, which inturn vitiates *kleda* and *meda* further resulting *Doshadushyasamoorchana*. *Kleda* remaining after *Dhatavagnipaka* through the *Mootrava-hasrotas* 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 dietary modification, lifestyle modification and Anti-diabetic drugs. *Ayurvedic* management includes *Samshamana chikitsa* and *Samshodana chikitsa* along with *Vyayama*. *Samshana chikitsa* includes some of the *Yogas* like *Asanadi kashaya*, *Nishamalaki choorna*, *Madhvasava* etc and single drugs like *Haridra (Curcuma longum)*, *Amalaki (Embllica officinalis)* along with *Madhu (honey}*, etc.

Aim and Objectives: To evaluate the efficacy of *Ayurvedic* medicines in the management of *Madhumeha*

Materials And Methods

Present complaints:

A 45 years old Indian, married Male consulted on

08-01-2019 in Smt. Vimladevi Ayurvedic Medical College And Hospital, Wandri, Chandrapur for complaints of pain in smaller joints along with increased frequency of micturition since 1.5 years.

His body weight and height were found to be 68kg and 170cm respectively.

Patients personal History:

The patient wakes up at 6.30am and sleeps at 11pm. He is a vegetarian, suffering from increased appetite & disturbed sleep. The micturition frequency was changed from 8-10 times during day & 4-5 times at night to 3-4 times during day & 1-2 times at night after the treatment. The patient used to take coffee twice a day before treatment which is replaced to decoction of Fenugreek [*Trigonella foenumgraecum*] in early morning.

Food Habits:

Breakfast at 10am including food prepared of rice items more was changed at 9am with food of foxtail millet & reduced rice items. The lunch timing was changed from 2pm to 1pm with freshly prepared food items and the dinner at 9.30pm with ragi balls, sambar, rice was shifted to 8.30-8.45pm with ragi balls, sambar/chapathi.

General Examination:

During general examination, patient was found conscious with Normal *general appearance* & *gait* and Moderate *built*. The *Pollar*, *Icterus*, *Cyanosis*, *Clubbing*, *Oedema* & *Lymphadenopathy* was found to be Absent.

Dashavidha Pareeksha:

The results of Dashavidha Pareeksha was found as *Madhyama* for *Sara*, *Samhanana*, *Satmya*, *Satva*, *Pramana*, *Adhara*, *Shakthi*, *Vyayama Shakthi* & *Vaya*. The *Tridosha* ; *Dushya* includes *medha*, *raktha*, *sukra*, *ambu*, *vasa*, *lasika*, *majja*, *rasa*, *ojas*, *mamsa*.

The *Prakriti* and *Vikriti-Dosha* was found as *Vata kapha* & *Vata pradhana* respectively.

Investigations:

It includes

- FBS, FUS, PPBS, PPUS, RBS

Diagnosis – On the basis of symptoms the patient is diagnosed with *Madhumeha* (Diabetes mellitus)

Treatment Plan

Details explained in the Table3.

Table 3 Treatment

| Date | Medication |
|---------------|--|
| 08.01.2019 TO | <i>Asanadi gana</i> |
| 08.06.2019 | <i>kashaya3tsf TID</i> <i>Goranchi 2-0-2</i> <i>Dibizide 1-0-0</i> |

Slight Modification in the Treatment plan

| | |
|---------------|---|
| 15.07.2019 to | <i>Asanadi gana</i> |
| 14.09.2019 | <i>kashaya3tsf TID</i> <i>Nishamalaki2-0-2</i> <i>Dibizide1-0-0</i> |

| | |
|---------------|--|
| 29.10.2019 to | <i>Asanadi gana kashaya</i> |
| 01.01.2020 | <i>3tsf TID</i> <i>Nishamalaki2-0-2</i> |

| | |
|------------|---|
| 29.04.2020 | <i>Asanadi gana kashaya</i> <i>3tsf TID</i> <i>Nishamalaki2-0-2</i> |
|------------|---|

Investigation

Details discussed in the Table 4

Table 4 Investigations

| Date | FBS/ FUS | PPBS/PP US | RBS/RUS |
|----------------|--------------------------|------------------------|------------------------------|
| 08/01/19 | 285.2 Mg/dl 2.0% | 330.5 Mg/dl 2.0% | |
| 07/04/19 | - | - | 293mg/dl 2% |
| 30/05/19 | - | - | 155.5mg/dl RUS- Absent |
| 15/08/19 | 106.5 Mg/dl Absent | 158 Mg/dl Absent | |
| 22/09/20 19 | 99.4 mg/dl Absent | | |

| | | |
|----------|-------|-------|
| 16/11/20 | 228.2 | 287.1 |
| 19 | mg/dl | mg/dl |
| | 1.5% | 2.0% |

| | | |
|----------|--|------------|
| 14/03/20 | | 189.7mg/dl |
| 20 | | |

| | | |
|----------|-------|-------|
| 15/04/20 | 105.6 | 180.5 |
| 20 | mg/dl | mg/dl |
| | Abse | 0.5% |
| | nt | |

| | | |
|----------|-------|-------|
| 29/05/20 | 250.2 | 314.4 |
| 20 | mg/dl | mg/dl |
| | 1.5% | 2.0% |

| | | |
|----------|--|-------------|
| 15/06/20 | | 155.8 mg/dl |
|----------|--|-------------|

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: Results

| Physical finding | Before treatment | After treatment |
|--------------------------|---|--|
| Frequency of micturition | 8-10 times during day 4-5 times at night | 3-4 times during daytime 1-2 times at night |
| Weakness | Present | Absent |

Investigations

| Date | Before treatment | After treatment |
|-------------|-------------------------|------------------------------|
| 08/01/2019- | FBS/FUS- 285.2 mg/dl,2% | RBS/RUS- 155.5 mg/dl, Absent |
| 15/06/2020 | PPBS/PPUS-330.5mg/dl,2% | |

DISCUSSION

The present study includes medications like *Asanadi Kashaya*, *Nishamalaki*, *Tab Gornachi* where *Asanadi gana kashaya* include drugs like *Asana* (*Pterocarpus marsupium*), *Tinisha* (*Ogeinia dalbergioides*), *Bhurja* (*Betula utilis*), *Meshahringi* (*Gymnema sylvestri*), *Daruharidra* (*Berberis aristata*) etc. It is indicated in *Prameha*, *Medo dosa* and *Kapha vikara*. Most of the drugs have *Kashaya rasa*, *Laghu ruksha guna*, *Sheeta virya* 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 sylvestri*). All the drugs process

Mehahara karma and it is indicated in *Prameha*. *Goranchi* tablet include *Madhunashini* (*Gymnema sylvestri*) leaf and root, *Jambuphala* (*Syzygium cumini*), *Amalaki* (*Phyllanthus emblica*), *Haridra* (*Curcuma longa*), *Shilajatu*. It is *Tridosahara*. Most of the ingredients have *Mehahara karma* and also improves the digestive fire. Treatment is based on *Samprapthi* of the *Vyadi* and the *Doshas* involved. In the present study, *Vyadi* is due to *Agnimandya* and *Medodushti*

along with involvement of *Kalpa dosa*. The medications selected above are based on *Vyadhi* as well as *Dosha* involved i.e *Vyadhipratyanika & Dosha-pratyanika 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 *santarpanjanya Vikara* where *Madhumeha* is one among them. The drugs mentioned in the above formulations also possess the same properties along with *Mehahara 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 following the proper dietary food habits, lifestyle along with *Shamana Aushadi*. 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*.

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