

Role of an Indigenous Compound Medicine in the Management of Madhumeha Vis-A-Vis Diabetes Mellitus

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A clinical trial of compound indigenous medicine comprising powders of Amalaki and Haridra was carried out in the institute's hospital, on the patients of type-H⁴ Diabetes mellitus. The treatment response was compared with a placebo group using barley powder filled inside the capsule. The patients were randomly divided into two groups of 25 individuals each. A common diet schedule was devised for patients of both the groups. The treatment response was assessed on the basis of blood and urine sugar levels taken every fortnightly. After one month of therapy, treatment response on the symptoms like Prabhutamutrata, Avilmutrata, Kshudhadhikya and Triksha and on blood sugar level has been found significant along with improvement in general condition of the patient. The treatment response was found better among the individuals of the group in which combination of Amalaki and Haridra was used.

Key Words : Madhumeha = Diabetes Mellitus, Prabhutamutrata = Polyurea, Avilmutrata ~ Turbid urine, Kshudhadhikya = Polyphagia, Trisha = Polydypsia, Sthaulya = obesity, Rasayana ~ Rejuvenation, Srotas = Channels, Kleda - fluid

INTRODUCTION:

Madhumeha, often correlated with Diabetes Mellitus stands as a global problem. Diabetes Mellitus is the most common among serious metabolic diseases. When a patient presents with sign and symptoms attributable to an osmotic diuresis and is found to have hyperglycaemia, essentially all the physicians agree that diabetes is present. It was well known to the ancient Indian physicians who described not only the sweet taste of urine as one of the major symptoms but also the relationship of the disease with obesity and consequences of bio-chemical abnormalities in the body creating dislipidemia in the glucose metabolism.

An elaborate description of its clinical features and effective management are seen in classical texts. A number of herbal preparations and plant extracts have been used with varying degree of success in the management of NIDDM. In the present study a herbal preparation containing the powders of Amalaki and Haridra in equal amount, was taken under trial and its effects on clinical features, blood and urine sugar levels was assessed. Amalaki (*Embllica officinale*) and Harkfra (*Curcuma longa*) have been described as best herbs for the treatment of Madhumeha by Vagbhatta. The present study was planned keeping in mind the properties of aforesaid medicines as Rasayana, Balya and Rakta prasadaka.

Material and Methods :

(1) Selection of Cases : The clinical trial was carried out at

SRM Ayurvedic College, Bareilly. Patients of nearby areas attending the OPD/IPD services were selected to ensure regular followup :

- ❑ Patients were randomly divided into two groups viz A and B. Containing 25 individuals in each group with an age group of 30 to 70 years.
- ❑ A common diet schedule was advised to the patients of both the groups.
- ❑ Patients of group A received a placebo (Barley powder) in a dose of one gram thrice daily while the patients of group B were administered powder of compound drug in a dose of one gram thrice daily.
- ❑ Total duration of therapeutic trial was six weeks and the patients were followed up every fortnightly.
- ❑ Patients diagnosed as IDDM and individuals having systemic complication were considered unfit for the studies.

(II) Parameters for Assessment:

Clinical Parameters ;

Certain classical sign and symptoms based on the protocol cleared were taken up for the study e.g. prabhutamutraia (polyuria), Avilmutratra (Turbid urine), Kshudhadhikya (Poly phagia), Trisha (polydypsia) and sthaulya (obesity).

Symptoms were graded as 'O' (Nil), '4' (Mild), 7 (Moderate) and 10 (Severe),

(ii) Pathological parameters :

Value of fasting and post prandial blood sugar (before and after treatment).

Urine sugar (before and after treatment).

(iii) Treatment response :

Response of the treatment was observed on the basis of improvement in clinical features, blood and urine sugar after completion of therapy.

Results and Observation :

- ❑ Severity of the symptoms was remarkably decreased following therapy in the patients of group B.
- ❑ Among the individuals of group B the symptom like Prabhutamutrata ($P < .001$), Trisha ($P = < .01$), and Kshudhadhikya ($P = < .02$) shown significant results while in group A only prabhutamutrata ($P = < .05$) shown less

significant result.

- ❑ 32% individuals of group 'A' and 40% individuals of group 'B' have shown improvement in the level of urine sugar following the treatment.
- ❑ Response of the treatment on Blood Sugar level was found less significant ($P = <.]$) among the individuals of group B, while in the group A the response was insignificant.
- ❑ Kaphaja ($P = <.001$) and vata Kaphaja ($P = <-.1$) individuals have shown better response to the treatment on fasting blood sugar level among group "B". This strengthens the classical view about better prognosis of Kaphaja Prameha.

Discussion :

- ❑ The indigenous compound drug selected for clinical trial is a combination of Amalaki (*Embllica officinalis*) and Haridra (*curcuma longa*), also advocated by Vagbhata as a drug of choice for the treatment of prameha. Both of these medicines possess tridosha shamaka properties. Haridra is well known as a blood purifier while the Amalaki has potent Rasayana effect.
- ❑ Group B, in general shown better response to the treatment considering symptomatology and decrease in the level of blood and urine sugar. This indicates that the drug may have the efficacy as a hypoglycemic agent.
- ❑ Patients with NIDDM have two physiological defects, abnormal insulin secretion and resistance to insulin action in target tissues. Insulin resistance may be due to the any one of the three general causes i.e. an abnormal insulin molecule, an excessive amount of circulating antibodies and target tissue defects.
- ❑ As described in the Ayurvedic text, the Jaiiyansha or Kleda present in the body is vitiated. Dhatus viz, meda, mansa, rasa, rakta etc. having plenty of kleda content are the major factors which are implicated in the madhumeha. This indicates the derangement of the function at the level of Dhatwagnis.

❑ It may be possible that this medicine may have some role against circulating antibodies and on the target tissue defects. Both the medicines included in the compound have tridosha shamaka and Rasayana property. They are acting at the level of Rasa, Agni and srotas. Thus, they may exert positive response on the whole system.

❑ Response of the treatment was found better among the individuals having kaphaja content in their body constitution, favours the better prognosis of kaphaja prameha as described in the Ayurvedic texts.

Conclusion :

The compound drug seems to be simple safe and cost effective remedy for the treatment of Diabetes mellitus vis-a-vis madhumeha. Probably it may not be very useful in controlling the blood sugar levels above 200 mg %. In such condition help of some modern oral hypoglycaemic agent may be useful. No untoward effect was observed during the therapeutic trial period. So the high safety profile favours the use of this drug for a longer time, it may also be used as adjuvant therapy for the treatment of diabetes.

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