



IJAPC

VOLUME 9 ISSUE 3 2018

**GREEENTREE GROUP
PUBLISHERS**

E ISSN 2350-0204

WWW.IJAPC.COM

"A peer-reviewed journal dedicated to allied Sciences"



Ayurvedic Management of *Madhumeha* – A Case Study

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ABSTRACT

Diabetes mellitus is the disease afflicting mankind since a very long time. Over 30 million 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 49 years old female patient came to SDM college of Ayurveda Kayachikitsa special 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* with change in Diet and Lifestyle. *Madhumeha* being a lifetime disorder hampers daily routine activities and its management would be a challenging task. *Shamana Aushadhi*, Proper Diet and Change in Lifestyle would be an apt management in such case.

KEYWORDS

Madhumeha, Diabetes mellitus, *Shamana Aushadhi*, Lifestyle



Greentree Group Publishers

[Received 05/09/18](#) [Accepted 26/06/18](#) [Published 10/11/18](#)



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 being 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 diabetes¹. Globally, as of 2013, an estimated 382 million people were diagnosed as Diabetic, with Type 2 diabetes making up about 85% of the cases². Diabetes mellitus is a group of metabolic diseases characterized by chronic hyperglycemia resulting from defects in insulin secretion, insulin action or both. The high blood sugar produces the symptoms of frequent urination, 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 etc³.

In Ayurveda, Diabetes mellitus is referred to *Madhumeha* which is a *Santarpanajanya vikara*⁴ and one among the type of *Vataja Prameha* and grouped under

*Astamahagada*⁵. Due to continuous indulgence in *Nidana*, it results in *Aparipakwa Kapha* and *Meda*; which in turn vitiate *kleda* and *meda* further resulting *Doshadushyasamoorchana*. *Kleda* remaining after *Dhatvagnipaka* through the *Mootravahasrotas* and get localised at *Bastimukha* and leading to symptoms like *Prabhootamutra*, *Aavilamutra* etc⁶.

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*⁷. *Samshana chikitsa* includes some of the *Yogas* like *Asanadi kashaya*⁸, *Nishamalaki choorna*⁹, *Madhvasava*¹⁰ etc and single drugs like *Haridra*(*Curcuma longum*), *Amalaki* (*Emblica officinalis*) along with *Madhu*(honey)¹¹, *Tuvaraka*(*Hydnocarpus laurifolia*)¹²etc.

AIMS AND OBJECTIVES

To evaluate the efficacy of *Ayurvedic* medicines in the management of *Madhumeha*

MATERIALS AND METHODS

Place of study: SDM college of Ayurveda Hospital Kayachikitsa special OPD.



Name of patient: xxx

Reg no: OPD .no - 000142

Date of first visit: 02/01/2015

Age: 49 years

Gender: Female weight - 65kg and Height – 162cm

Chief Complaints

Patient came with complaints of Pain in smaller joints along with increased frequency of micturition since 3 years.

Personal History

Details are mentioned in Table 1

Table 1 Personal history

Wakes up at 6.30	Sleeps at 11pm
Food	Vegetarian
Appetite	Increased
Sleep	Disturbed
Micturition	BEFORE TREATMENT:8-10 times during day,4-5 times at night AFTER TREATMENT:3-4 times during day, 1-2 times at night
Bowel Habits	Once a day Coffee twice a day Now- Decoction of Fenugreek [<i>Trigonella foenum-graecum</i>](early morning)

Food Habits

Details are mentioned in Table 2

Table 2 Food habits

Before	Current
Breakfast – 10 am (food prepared of rice was more)	Breakfast – 9 am (food prepared of foxtail millet) Rice items are reduced
Lunch – At 2pm (same food items of breakfast)	Lunch – 1pm (prepares fresh food)
Dinner – 9.30pm (ragi ball, sambar, rice)	Dinner – 8.30 -8.45pm (ragi ball, sambar /chapathi)

General Examination

Consciousness – Conscious

General appearance – Normal

Built – Moderate

Pallor – Absent

Icterus – Absent

Cyanosis- Absent

Clubbing – Absent

Oedema – Absent

Lymphadenopathy – Absent

Gait – Normal

Dashavidha pareeksha

- *Prakriti* – Vata kapha
- *Vikriti- Dosha: Vata pradhana tridosha; Dushya: medha, raktha, sukra, ambu, vasa, lasika, majja, rasa, ojas and mamsa*
- *Sara- Madhyama*
- *Samhanana- Madhyama*
- *Satmya- Madhyama*
- *Satva- Madhyama*
- *Pramana – Madhyama*
- *Ahara Shakthi- Madhyama*
- *Vyayama Shakthi- Madhyama*
- *Vaya- Madhyama*

Investigations

1. FBS
2. FUS
3. PPBS
4. PPUS
5. RBS



DIAGNOSIS: Madhumeha (Diabetes mellitus)

TREATMENT PLAN

Details explained in the Table 3.

Table 3 Treatment

DATE	MEDICATION
02.01.2015 TO 09.12.2016	<i>Asanadi gana</i> <i>kashaya3tsf TID</i> <i>Goranchi 2-0-2</i> <i>Dibizide 1-0-0</i>
Slight Modification in the Treatment plan	
27.01.2017 to 14.04.2017	<i>Asanadi gana</i> <i>kashaya3tsf TID</i> <i>Nishamalaki 2-0-2</i> <i>Dibizide 1-0-0</i>
14.07.2017 to 01.12.2017	<i>Asanadi gana kashaya</i> <i>3tsf TID</i> <i>Nishamalaki 2-0-2</i>
29.06.2018	<i>Asanadi gana kashaya</i> <i>3tsf TID</i> <i>Nishamalaki 2-0-2</i>

INVESTIGATION

Details discussed in the Table 4.

Table 4 Investigations

DATE	FBS / FUS	PPBS/PP US	RBS/RUS
02/01/15	287.2 mg/dl 2.0%	335.5mg/d 1 2.0%	
07/08/15	-	-	297 mg/dl 2%
30/10/15	-	-	150.5mg/dl RUS- Absent

Table 5 Results

Physical findings	Before treatment	After treatment
Frequency of micturition	8-10 times during day 4-5 times at night	3-4 times during day time 1-2 times at night
Weakness	Present	Absent
INVESTIGATIONS		
Date	Before treatment	After treatment
02/01/2015- 15/07/2018	FBS /FUS- 287.2 mg/dl,2% PPBS/PPUS-335.5 mg/dl,2%	RBS/RUS – 153.8 mg/dl, Absent

DISCUSSION

The present study includes medications

15/04/16	104.5 mg/dl Abse nt	158mg/dl Absent
22/07/20 16	97.4 mg/dl Abse nt	
16/09/20 16	230.2 mg/dl 1.5%	289.1 mg/dl 2.0%
14/04/20 17		187.7mg/dl
15/09/20 17	103.6 mg/dl Abse nt	181.5 mg/dl 0.5%
29/06/20 18	248.2 mg/dl 1.5%	312.4 mg/dl 2.0%
15/07/20 18		153.8 mg/dl Absent

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.

like *Asanadi Kashaya* , *Nishamalaki*, *Tab Goranchi* where *Asanadi gana kashaya* include drugs like *Asana (Pterocarpus*



marsupium), *Tinisha* (*Ogeinia dalbergioides*), *Bhurja* (*Betula utilis*), *Meshahringi* (*Gymnema sylvestre*), *Daruharidra* (*Berberis aristata*) etc. It is indicated in *Prameha*, *Medo dosha* 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 sylvestre*). All the drugs possess *Mehahara karma* and it is indicated in *Prameha*.

Goranchi tablet include *Madhunashini* (*Gymnema sylvestre*) 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, *Vyadhi* is due to *Agnimandya* and *Medodushti* along with involvement of *Kapha dosa*. The medications selected above are based on *Vyadhi* as well as *Dosha* involved i.e. *Vyadhipratyanika* & *Doshapratyanika 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 *Santarpanajanya 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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