



Ayurvedic management of *Prameha* w. s. r. to diabetes mellitus: A case series

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ABSTRACT: Introduction: Diabetes Mellitus (DM) refers to a group of common metabolic disorders sharing the phenotype of hyperglycemia. Depending on the etiology of DM factors contributing to hyperglycemia includes reduced insulin secretion, decreased glucose utilization and increased glucose production. Globally the number of people with diabetes mellitus has quadrupled in the past three decades, and DM is the ninth major cause of death. India had 64.5 million people with DM as per 2015 data. In year 2019 estimated 1.5 million deaths were directly caused by DM. Prevalence rate of DM in the adult population is 12.10%. In Ayurveda DM can be correlated etio-pathologically to *Prameha* which is described as one of the *mahagada*. An estimated 12% of the global health expenditure is spent on treating diabetes federation. The current medications used in DM are metformin, OHA and alpha glucosides etc which controls only sugar levels but does not treat a root cause. **Material and method:** In present study 3 cases diagnosed as DM with symptoms like *polyurea*, profuse sweating

and general weakness are treated with ayurvedic treatment protocol. Starting with *deepana-pachana* followed by *Virechana* with *Abhayadi modaka*, *Yogabasti* of *Dashmula-triphala* and *Shamana Chikitsa* were done. Assessment were done on HBA1C prior and after treatment. **Result and Discussion:** significant results were found in symptoms like polyurea, general weakness as well as reduction in HBA1C. **Conclusion:** *panchakarma* treatment like *virechana*, *Basti* along with *shamana chikitsa* is effective in DM.

KEYWORDS: Diabetes, *Virechana*, *Yogabasti*, *Shamana*, *Prameha*, Panchakarma.

INTRODUCTION: Globalization brings fast and easy life to the world as well as changes in lifestyle too. Various diseases enters through changing lifestyle nowadays. The most common Life-style disease include Diabetes mellitus, Hypertension, Obesity, etc. which are the major cause of mortality in today's world. Not only are these lifestyle

disease life threatening, but these are also interfering with natural comfort of wellbeing. Lifestyle disorders were more common in western world but the scenario has changed dramatically. Developing countries like India is predicted to have most number of Lifestyle related patients in the next 10 years in the entire world. As Ayurveda is recognized as foremost life science and it describe ways to prevent and manage Lifestyle disorders; the world is being attracted towards its potential. Diabetes mellitus (DM) comprises a group of common metabolic disorders that share the phenotype of hyperglycemia. Several distinct types of DM exist and are caused by a complex interaction of genetics, environmental factors, and life style choices. Diabetes mellitus is a clinical disorder described by an expansion in plasma blood glucose. The incidence of diabetes is rising. Globally the number of people with diabetes mellitus has quadrupled in the past three decades, and DM is the ninth major cause of death. India had 64.5 million people with DM as per 2015 data. In year 2019 estimated 1.5 million deaths were directly caused by DM. Prevalence rate of DM in the adult population is 12.10%.⁽¹⁾ An estimated 12% of the global health expenditure is spent on treating diabetes federation. The current medications used in DM are metformin, OHA and alpha glucosides etc which controls only sugar levels but does not treat a root cause. In Ayurveda DM can be correlated etio-pathologically to *Prameha* which is described as one of the *mahagada*⁽²⁾ i.e difficult to cure having cardinal symptom *prabhut avila mutrata*.⁽³⁾ Acharya Charaka has highlighted the role *bahudrava*

shleshma, and other vital elements like *meda*, *kleda*, *mamsa* and finally *oja* in the *samprapti* of *madhumeha* (*prameha*).⁽⁴⁾ Panchakarma treatments like *virechana* removes vitiated *doshas* from *strotas* and help in *strotoshodhana*. It helps in removal of *doshas* at microcellular level. *Basti* is a prime treatment for *vata dosha* and help in *strotoshodhanan*.

AIM & OBJECTIVES:

To highlight the role of ayurvedic management like *virechana* and *basti* treatment in *Prameha* wsr to Diabetes mellitus.

MATERIALS AND METHODS: Three clinically diagnosed cases of *Prameha* were selected for this study and treated by designed protocol (table no. 1). After completion of treatment and follow up (total duration 4 months), all three patients were assessed based on subjective and objective parameters (table no 2) and encouraging results were found in reliving clinical signs and symptoms (table no 3).

Case no 1: A 57 years old female patient, reported with the chief complaints of Diabetes mellitus since 15 years and associated complaints of swelling in B/L legs, hands and face, heaviness in the body, pain in B/L knee joints, weakness and fatigue from 1 year. She was taking allopathic medicines since 15 years. Patient was asked for investigations i.e. fasting and post prandial blood glucose and HbA1c to assess the severity of the disease. On 15/6/2021 she was reported to have fasting blood glucose 116mg/dl, post prandial 176mg/dl & HbA1c 9.2.

Case no 2: A 41 years old female patient came with complains of gradual onset of pain and numbness in upper limb and lower limb for 4 months. She also complains frequent urination and body weakness. She was known case of hypertension and hypothyroidism. She was diagnosed as type 2 diabetes 6 years back. Before admitting to our hospital she had taken allopathic medicines. But she didn't get relief due to ignorance of diet and regiments. To overcome this she decided to admit in hospital. There was no any family history related to this condition. On 1/5/2021 her post parandea sugar level was 281 mg/dl.

Case no 3: A 51 year old male patient came with the chief complains of *angasada* (body ache), *asyamadhurata* (sweet taste of mouth), *karapadataladaha* (Burning sensation at sole), *pipasadhikya* (polydipsia), *mutraadhikya* (polyurea) for more than 8 month, and other associated complains were *kshudha vridhhi* (excessive hunger) *atichinta* (excessive mental stress), and *nidravriddhi* (excessive sleepiness) for last 1

month. Personal history revealed that the patient had mix food habits but used to take extra oily and fatty diet, with a habit of intake of junk food and diurnal sleep. Frequency of micturition is 9-10 times during day and 5-6 times at night, bowel habits are irregular with mild constipation (once/1-2 days, hard stool) and the patient has no addictions. Past history revealed that patient was suffering from type 2 Diabetes mellitus for 6 year. He was on metformin but was very irregular in taking medicines and routine check-up of blood sugar levels. Family history revealed that his mother is diabetic. On investigations his HBA1c was found as 8.1

INVESTIGATIONS:

All routine investigations such as complete blood count, liver function test, renal function test and urine investigations were carried out found within normal limits. Patients were asked to report the Blood sugar level fasting and post parandial as well as HBA1C level before and after treatment.

Table no 1: Treatment modality given in case of diabetes mellitus

Sr. No.	Treatment	Drug	Dose	Duration
1	<i>Deepana pachana</i>	<i>Arogyavardhini vati</i> , <i>Shankhvati</i>	500 mg	5 days
2	<i>Snehapana</i>	<i>Mahatikta ghrita</i>	70 ml-1 st day 120 ml-2 nd day 170 ml- 3 rd day	3 days
3	<i>Virechana</i>	<i>Abhayadi Modak</i>	500 mg 2 tab	1 day
4	<i>Sansarjana krama</i>	<i>Peyadi karma</i>		7 days
5	<i>Basti- Yogabasti Niruha</i>	<i>Dashmula+</i> <i>Triphala kwath+</i> <i>Madhu+</i>	<i>Kwath-</i> 350 ml <i>Madhu-</i> 40 gm <i>Saindhava-</i> 10 gm	3 days

		<i>Saindhava+ Tila taila+ Gomutra</i>	<i>Tila taila- 100 ml Gomutra- 10 ml</i>	
6	<i>Anuvasana</i>	<i>Tila taila+ Nimba taila+ Eranda Taila</i>	<i>Tila taila- 50 ml Erandataila- 20 ml Nimba taila- 20 ml</i>	5 days
7	<i>Shamana chikitsa</i>			3 months

OBSERVATIONS AND RESULT:

Table no 2: Assessment of subjective and objective criteria in DM:

Sr. No.	HBA1c		BSL Fasting		BSL Post Parandial		Fatigue		Swelling		Polyurea	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Case 1	9.2	7.9	116	100	176	142	3	1	3	1	3	1
Case 2	7.2	5.7	118	98	282	90	2	1	2	1	2	1
Case 3	8.1	6.91	214	110	324	184	3	1	3	1	2	1

DISCUSSION:

Virechana- *Virechana* (therapeutic purgation) is the process in which, the elimination of morbid humor occurs through the *Adhobhaga*. It brings down the morbid *doshas*, particularly *pitta* from the body to *pakvasaya*. The *virechana* drug possesses properties like *ushna*, *tikshna*, *sukshma*, *vyavayi*, and *vikasi*. *Prameha samprapti* is mainly caused by *jathragni*, *bhutagni* and *dhatvagni mandya*. It is also featured with *strotorodha* at cellular level due to *sama rasa*, *medadi dhatu* and *sama kapha*, which further disturb metabolic process i.e *chayapachaya kriya*. It leads to formation of excess of *kleda* i.e waste products of our body.⁽⁵⁾ *Virechana* help to remove this excess *kleda* and *sama kapha* from *strotasa*. It also results into *Agnisandhukshana* at cellular level. Thus, it improves basal metabolic rate, metabolism is corrected through *dhatvagnideepana* at

microcellular level. *Virechana* is effective in *pitta* as well as *kapha* disorders. It also cleanses sense organs by *shodhana karma* i.e improves their functions, purifies *rasa*, *raktadi dhatus* and also helps in improving the efficacy of *shamana* drugs.⁽⁶⁾

Basti - Basti is considered to be the best treatment to normalize the *vata dosha* which is mainly involved in this conditions. *Basti* therapy indication in classics in *madhumeha* disease. As *basti* is not clearly mentioned in the *madhumeha chikitsa*, in spite of it *vamana* and *virechana Shodhana* therapies are indicated in texts but, it is told as half *Chikitsa* by *Acharya Charaka* in *Siddhi sthana*.⁽⁷⁾

Acharya Charaka has mentioned *Madhumeha* in *Santarpana Jnya vydhi* (Disorders due to over saturation).⁽⁸⁾ That essentially requires *Shodhana* (detoxification) of body that successfully

removes all the vitiated *Doshas* of the body. *Basti* is considered as comfortable line of treatment as compare to other *shodhana* therapy. Also due to the poor strength of the patient due to most of the patients are obese this disease we recommend *basti* as a safe procedure which expels out *doshas* without giving much stress to the patient. It evacuates impurity quickly and comfortably, free from incontinent effect and does *Aptarpana/Santarpana* quickly according to the drugs used in it.

Basti is invariably beneficial for the treatment of disease involving two, three or all of the *Vata*, *Pitta*, *Kapha* and *Rakta dosha*. It actually destroys the disease by cleansing the *srotas* (micro channels) and by increasing the *Oja*, *Teja*, *Shukra*, *Agni* and *Medha*.⁽⁹⁾ In *prameha* there is mainly vitiation of *Kapha*, this vitiated *Kapha* in turn affects the *Jathragni* and *Dhatwagni* and disrupts metabolism and produces excess of deranged quality *Rasa*, *Meda*, *Kled*, *Vasa*, *Lasika*, *Mamsa*, etc. All this vitiated *Dushyas* obstructs the path of *Vata* thus *Vata* because of obstruction get aggravate and changes its path and carries vital *Dhatu*s towards *basti* excretes them out causing depletion. *Basti* does *ashayshuddhi* as well as *doshaharana* in case of *prameha*.

CONCLUSION: *Prameha* (DM) is a life affecting disease. As it is considered as *mahagada* and *chirkari vyadhi* it can be best avoided by avoiding the *nidanas* and by undergoing *shodhana*. Panchakarma Treatment like *Virechana*, *Basti* along with *shaman chikitsa* brings much satisfactory results as shown above. All the above mentioned *Shodhana chikitsa* will help in

Samprapti vighatana. *Vyadhi pratyaneeka shaman chikitsa* along with proper *pathya* is must in the patients of *prameha* after the relevant *Shodhana* therapy.

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