

Shilajatu prayoga in Madhumeha-A Conceptual study

## ABSTRACT

Present day sedentary life style habits are the cause for increase in the life style disorders like Diabetes Mellitus (DM) at an alarming rate. Based on the symptoms of Hyperglycaemia, DM can be understood as *Madhumeha vyadhi* explained in our classics. *Madhumeha* is a *santarpanotha vikara*. *Madhumeha samprapti* may be due to *avarana* or *swa vardhaka vata hetus*. All types of *prameha* when neglected in the initial phase leads to *Madhumeha*.

*Bahu drava shleshma* is the *Dosha Vishesha* in *Madhumeha* and *Bahu abadha meda, shariraja kleda* are amongst the *Dushya Visheshas*. *Shilajatu*, which has been emphasized in *Madhumeha chikitsa*, with its *tikta, katu, kashaya rasa, katu vipaka, ushna veerya, shoshana* and *chedana karma* helps in the *samprapti vighatana* of the condition.

Diabetes Mellitus in its chronic course might manifest many complications and reduce the quality of life of the patient. Hence apart from controlling the blood sugar levels, prevention of complications and improvement in the quality of life is equally important. Hence administration of *Shilajatu*, which is effective in the *samprapti vighatana* of *prameha*, due to its *rasa panchaka* and also the *rasayana* properties, is the ideal drug of choice.

Keywords: Diabetes Mellitus, *Santarpanotha vikara*, *Madhumeha*, *Shilajatu*, *Rasayana*.

## INTRODUCTION

Having a sedentary lifestyle, with a high calorie diet and no or irregular physical activity, life style disorders have become a major health issue in the developing and developed countries. Diabetes Mellitus is one such disease frequently encountered in clinical practise. Globally, as of 2010, an estimated 285 million people had Diabetes, with type 2 making up about 90% of the cases.<sup>1</sup> Its prevalence is increasing rapidly, and by 2030, this number is estimated to almost double.<sup>2</sup>

Hyperglycaemia is an important manifestation of Diabetes mellitus which presents with symptoms like thirst, dry mouth, polyuria, nocturia, tiredness, fatigue, lethargy, change in weight (usually weight loss), blurring of vision, pruritus vulvae, balanitis (genital candidiasis), nausea, headache, hyperphagia, predilection for sweet foods, mood change, irritability, difficulty in concentrating, apathy.<sup>3</sup> Considering these symptoms Diabetes Mellitus can be understood as *Madhumeha vyadhi* explained in our classics.

*Prameha* is one among the *astamahagada* as accepted by all the *Acharya*.<sup>4,5,6</sup> *Acharya Sushruta* explains two types of *Prameha* as *Sahaja* and *Apathyanimittaja*.<sup>7</sup> *Sahaja prameha*

where the patient is *rooksha*, *alpaashi*, *bhrisha pipaasayukta* and *parisaranasheela*, is due to *matru* and *pitru beeja dosha*. This indicates the involvement of genetic factor in the disease. The other type i.e. *apathyanimittaja* is produced due to *ahita ahara* and *vihara* where in the patient is usually *sthula*, *bahwashi*, *snigdha* and *sukha shayyasana swapna sheela*. Similar understanding is seen in *Charaka samhita* where *acharya* mentions *jaatapramehi*<sup>8</sup> and *Prameha* as a *santarpanaja vikara*.<sup>9</sup> *Apathyanimittaja prameha* or *prameha* as a *santarpanottha vikara* is better understood when we consider the *prameha nidanas*. The *aharaja nidanas* causing *prameha* are *atidadhi sevana*, *graamya*, *anupa*, *oudaka mamsa*, *paya*, *nava anna pana*, *guda vikara*, *anya kapha vardhaka ahara*. *Viharaja nidanas* are *asyasukha*, *swapnasukha*, *anya kapha vardhaka vihara*.<sup>10</sup> All the aforesaid *nidanas* are *santarpanakara* and *shleshma*, *meda vardhaka* in *swabhava*.

### ***Samprapti:-***

*Acharya Charaka* mentions *Madhumeha* as a type of *Vataja meha*.<sup>11</sup> In the *samprapti* of *Madhumeha*, *vata prakopa* may be due to *avarana* or *swa hetu*. *Margavarajananya samprapti* is explained in *Kiyantashiraseeya Adhyaya*, where the explanation states that *santarpanakara ahara vihara* lead to *kapha*, *pitta*, *meda* and *mamsa vriddhi*, which in turn causes *avarana* to *vata gati*. Thus *prakupita vata* takes the *oja* to the *basti* and manifests symptoms of *Madhumeha*.<sup>12</sup> Another *samprapti* is due to *vata prakopa* by *swavardhaka hetus* such as *kashaya*, *katu*, *tikta*, *rooksha ahara*, *vyavaya*, *vyaayama* etc. *Prakupita vata* transforms the *madhura oja* to *kashaya* by its *rookshata* and takes the *oja* to *basti* leading to features of *Madhumeha*.<sup>11</sup> *Kshoudra meha*, a type of *vataja meha* of *sushruta* is similar to *Charaka's Madhumeha*.<sup>13</sup> Irrespective of the *doshaja bheda*, *Acharya Sushruta* mentions that *sarva prameha*, if not timely treated, end in *Madhumeha*.<sup>14</sup>

### ***Dosha-dushya vishesha***

*Bahu drava shleshma* is the *dosha vishesha* in *Prameha*. Only when the *dravata* of the *shleshma* increases, it contributes to the *samprapti* of *Prameha*.<sup>15</sup> *Bahu*, *abaddha* i.e. *asamhata* and *aghana meda*, *mamsa*, *vasa*, *majja* and *aghana shariraja kleda*, *shukra*, *shonita*, *lasika*, *rasa* and *oja* are the *dushya vishesha* in *Prameha*.<sup>16</sup> Even among these *dushya meda*, *mamsa* and *shariraja kleda* are invariably involved in all types of *Prameha*, while the rest may or may not be *dushita*.<sup>17</sup>

### ***Lakshanas***

On careful observation, the patient can notice the prodromal symptoms such as *jatilibhava of kesha*, *asya madhuryata*, *suptata* and *daha of karapada*, *mukha talu kantha shosha*, *pipaasa*, *alasya*, *paridaha*, *anga suptata*, *sharira mutrabhisarana* by *shat pada pipilika*, *visram shariragandham*, *sarvakalam nidra tandra*.<sup>18</sup> On manifestation of the *vyadhi* at *vyaktavastha*, it is characterized by the *pratyatma lakshana* of *avila prabhuta mutrata*. *Avila mutrata* is due to the *avayava mishri bhava* of the *dushya* and *prabhuta mutrata* is due to *dravairekibhutatva*

of the *dushya*.<sup>19</sup> Being a *Vataja meha*, it is *asadhya* as it does the *pidana* of *kritsna sharira* and there is *samasta dhatu pravaha* through the *mutramarga*.<sup>20</sup> In chronic course of the disease the *upadravas* of *Prameha* are *trishna, atisaara, jwara, daha, dourbalya, arochaka, avipaka, putimamsa pidaka alaji, vidradhi*.<sup>21</sup> *Vataja meha upadravas* in particular are *hridgraha, loulya, anidra, stambha, kampa, shula* and *baddha purishatva*.<sup>22</sup>

### ***Shilajatu in Madumeha Chikitsa***

*Shilajatu* has been explained by *Acharya Charaka* and *Vagbhata* in the context of *Rasayana*.<sup>23,24</sup> *Shilajatu* is an *agroushadhi* mentioned for *bastija rogas* by *Vagbhata*.<sup>25</sup> *Acharya Sushruta* specifically mentions it in the context of *Madhumeha chikitsa*. Explaining the treatment, *Acharya Sushruta* mentions that even when *Madhumeha* becomes *varjya*, *shilajatu* can be used. This emphasises the importance of *Shilajatu prayoga* in *Madhumeha* even in the chronic conditions. As a part of *poorvakarma* patient needs to undergo *Shodhana karma*. Later *Shilajatu* which has undergone *bhavana* with *saalasaraadi gana kashaya* for a period of 10/20/30 days is to be administered to the patient. This is administered at *prabhata kaala* with *saalasaraadi gana kashaya* as *anupana*. The *matra* is 1 *tula*. *Anna bhojana* with *jangala rasa* is the *pathya* to be followed during the period of *Shilajatu sevana*. *Kulattha, kapota mamsa* are *varjya*. *Parihara vidhi* mentioned in the context of *Bhallataka vidhi* is followed.<sup>26</sup> After *samyak jeerna* of *aushadhi, sarpi* or *paya* with *shashtika shaali* has to be consumed as *Parihara vidhi*. After the period of *aushadha prayoga*, *rogi* should be in the *pathya* of *paya sevana* for a period of double the days of *aushadha prayoga*.<sup>27</sup>

*Acharya Charaka* advises the use of *Shilajatu* as *rasayana* for the duration of 7 *saptaha* or 3 *saptaha* or 1 *saptaha* respectively for *uttama, madhyama* and *avara bala vyakti*. The *uttama, madhyama* and *avara matra* that is to be administered is 1 *pala, 1/2 pala* and 1 *karsha* respectively. *Paya, takra, mamsa rasa, yusha, toya, mutra* and *vividha kashaya* are the different *anupana* which can be administered as per the *avastha*.<sup>23</sup>

### **DISCUSSION**

*Shilajatu*, owing to its *chedaniya property*, may be more beneficial in *avaranajanya Madhumeha*. *Shilajatu* has *katu, tikta, kashaya rasa, ushna veerya* and *katu vipaka*.<sup>28</sup> This helps in acting against the *bahu drava shleshma*. *Shilajatu* also has *virookshaneeya* i.e. *medoghna* and *chedaniya* i.e. *srotovishodhaneeya* property.<sup>29</sup> This helps in *samprapti vighatana* at the level of *bahu abaddha meda, mamsa* and *shariraja kleda*. *Acharya sushruta* emphasises on the use of *saalasaradi gana kwatha* for the *bhavana* of *Shilajatu* and also as *anupana*. *Saalasardi gana kashaya* is, in particular, *mehamayahara* and *kaphamedo vishoshaka* in nature.<sup>30</sup> *Bhavana* with *saalasaradi gana kashaya* helps in bringing about the desired *veeryotkarsha* in *Shilajatu*. *Srotovishodhaneeya* property of *Shilajatu* will help in improving the absorption. Improved absorption along with all the above said properties will help in improvement of the nourishment of *dhatu*.

### **CONCLUSION**

Diabetes Mellitus is a disease which requires lifelong medication. In its chronic course, it might manifest many complications in terms of nephropathy, retinopathy or neuropathy. Also there is a compromise in the quality of life of the patient. Hence apart from controlling the blood sugar levels, prevention of complications and improvement in the quality of life of the patient is equally important. Administration of *Shilajatu*, is effective in the *samprapti vighatana* of *prameha*, due to its *rasa panchaka* and *rasayana* properties. Thus Shilajatu becomes an ideal drug of choice in *Santarpanaja Prameha*. Its efficacy is further increased when administered with *saalaradi gana kashaya*.

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