

## A CASE STUDY ON THE RELATION BETWEEN MADHUMEHA WSRT DIABETES MELLITUS (TYPE II) AND AAMVATA WSRT RHEUMATOID ARTHRITIS AND ITS MANAGEMENT

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### ABSTRACT

*Park K.* (2012) opines that, once regarded as a single disease entity, diabetes is now seen as heterogeneous groups of disease, characterized by state of chronic hyperglycemia, resulting from a diversity of etiologies such as environmental and genetic factors, are acting jointly. The underlying cause of diabetes is the defects in insulin secretion, insulin action or both. Diabetes Mellitus is a disorder mainly related to disturb lifestyle. But there is one Canadian study which revealed one specific risk factor for diabetes Mellitus which is Arthritis especially Rheumatoid Arthritis. This study explained that, there is 50% more risk of getting DM in patients having RA. One more interesting thing in this study is that, the increased risk in these patients doesn't result from Steroid use. When patients have RA, the immune system gets confused and attacks the joints and other organs, instead of defending them. If the organ that attacked is the Pancreas where insulin is made, it can lead to scarring and decrease production of insulin, which may lead to diabetes. Diabetes mellitus is a chronic disorder in which metabolism of carbohydrate, proteins, fat, water and electrolytes is affected by lack of insulin. Acute decompensating may result death, long standing condition may cause permanent and structural changes in body cells. In Ayurvedic point of view there is no any relation between *Madhumeha* and *Aamvata* as per *Samhita*. But on the consideration on *Doshdushya-Sankalpana* there are so many patients found in this era. On the concept of *Vyadhisankara* taken in the mind, we treat the patient on these concept getting fruitful results. This is helpful to encouraging to medical society.

**Keywords:** *Madhumeha, Amavata, Vyadhisankara*

### INTRODUCTION

In science, there is no place for miracle but some circumstances give us a chance to achieve new horizon with some new ideas. *Park K.* (2012) opines that, once regarded as a single disease entity, diabetes is now seen as heterogeneous groups of disease,

characterized by state of chronic hyperglycemia, resulting from a diversity of etiologies such as environmental and genetic factors, are acting jointly. The underlying cause of diabetes is the defects in insulin secretion, insulin action or both. Diabetes Mellitus is a

disorder mainly related to disturb lifestyle. But there is one Canadian study which revealed one specific risk factor for diabetes Mellitus which is Arthritis especially Rheumatoid Arthritis.

This study explained that, there is 50% more risk of getting DM in patients having RA. One more interesting thing in this study is that the increased risk in these patients doesn't result from Steroid use.

One hypothesis is that, the inflammation of RA is associated with insulin resistance. The clarification of this statement is given as, when patients have RA, the immune system gets confused and attacks the joints and other organs, instead of defending them. If the organ that attacked is the Pancreas where insulin is made, it can lead to scarring and decrease production of insulin, which may lead to diabetes. Diabetes mellitus is a chronic disorder in which metabolism of carbohydrate, proteins, fat, water and electrolytes is affected by lack of insulin. Acute decompensating may result death, long standing condition may cause permanent and structural changes in body cells.

#### AIMS AND OBJECTIVE

1) To study the association between Rheumatoid Arthritis and Diabetes Mellitus in detail.

2) To assess the effect of 'Daruharidradi Ghanavati' in the patient has complained of Rheumatoid Arthritis and Diabetes Mellitus

#### PLAN OF WORK

The clinical study of this research work conducted in the I.P.D. of Government Ayurveda Hospital.

1. Patient was suffering from *Amavata* (Rheumatoid Arthritis) with *Madhumeha* (Diabetes Mellitus) admitted in I.P.D. of Government Ayurveda Hospital.

2. The patient was assessed on the basis of their clinical signs and symptoms.

3. Classification Criteria for Rheumatoid Arthritis was used for assessment.

3. After history taking and assessment of Patient, we found the symptomology of start initially so that *Laghana* was planned for *Amapachana*. In *Laghana*, *AkrutaYusha* was advice when hunger produced and *RukshanaKwatha*(*Triphala* powder + *Musta* powder+ *Vidang*powder) 40ml before meal for seven days.

4. *Valuka Pottali Sveda* was decided for *Sthanik Dosh Pachana* twice in a day for 14 days

5. *Daruharidra GhanaVati* {(*Daruharidra* (Berberis aristata), *Mamajjaka* (Enicostena littorale), *Vijaysara* (Pterocarpus marsupium), *Meshshrungi* (Gymnema sylvestre), *Jambubeej* ( Syzygium cumini) and *Methika*(*Trigonella foenugreek*)} was given for treatment of Diabetes Mellitus.

6. Although *Basti* is contraindicated in *Prameha* but on the *Vyadhisankara* state we decided treatment separately for each disease. *Vaitarana Basti* has decided for *Aamvata* which have the reference of *Chakradatta*.

#### 7. Preparation of Vaitarana Basti:

*Amlika* (*Tamerindus indica*) (20gm) and *Guda* (*Jagery*) (10gm) were taken and mixed in required quantity of water was allowed to soak. It was kept for whole night. In the morning, the mixture was smashed and was filtered. *Saindhava* (5gm) and *Tilaitaila* (10ml) in the given modified dose were added to it. 80ml of *Gomutra* (Cow's urine) was added to it. Whole mixture was prepared to make it homogeneous with the help of electric mixture. This *Basti* was heated in a container with boiling water to make it

lukewarm tolerated by patients. This lukewarm homogenous mixture is then poured into a syringe of 60 ml and was used for administration. As the quantity of the *Basti Dravya* declined the level of syringe the rest quantity of *Basti Dravya* was poured in the syringe till the whole *Basti Dravya* is administered.

8. The *Vaitarana Basti* was administered in *Pschat-Bhakta* (After meal) Kala at around 12 pm for 15 days.

9. The Six months follow-up of patient gave the encouraging effects with her modifying lifestyle.

**Case Report:** A 42 year old female patient came to OPD (OPD no.CR-25677) with complaints of *Mandajvara* (~Mild fever), *Bahumutrata* (~Polyurea), *Sarvang-Sandhi-Shoola-Sanchari* (~Joint pain-fleeting in nature), *Pratahgraha* (~Morning stiffness), and *Malabaddhata* (~ Constipation) since 5-6 months. Patient was admitted to Govt. Ayurved Hospital, (IPD NO. 2302 on 2/05/2015 and further management of *Aamvata* along with *Madhumeha* were done with Ayurvedic perspectives. She did not have any history of Hypertension, Asthma, Tuberculosis or any other major surgical illness. No history of any addiction and drug allergy.

**Past History:** The patient was absolutely alright before 6 months ago. Then she had developed all joint pain with morning stiffness gradually. Along with above chief complaints she was also suffering from polyuria, constipation etc. For that she had taken treatment from private practitioner but not got satisfactory relief, so came to Govt. Ayurved Hospital.

**Family History:-**

Maternal – No History of diabetes mellitus, Hypertension, Rheumatoid Arthritis

Paternal- No History of diabetes mellitus, Hypertension, Rheumatoid Arthritis

**Chief complaints –**

*Sarvasandhishoola* (~joints pain)- 6 months

*Pratgraha* (~Morning stiffness)- 6 months

*Jvara*(~fever) –3 months

*Bahumutrata* (~Polyurea)- 3 months

*Malabaddhata*(~constipation)-3 months

*Sandhishotha*( ~Joint swelling )- 3 months

*Kshudhamandya* (~ loss of appetite)- 3 months

**Examination on Admission**

1) General condition of patient was moderate

2) Pulse: 98/min

3) Blood Pressure: 120/80 mm of hg

4) Pallor: Present

5) Systemic Examination:

CNS: S<sub>1</sub>S<sub>2</sub> Normal

CVS: Well oriented, conscious

RS: Chest clear, AE=BE

P/A Soft, mild tenderness present, liver-kidney-spleen-not palpable.

Joint examination: crepitus present at right knee joint

Temperature increase both knee and elbow joint

***AsthavidhaParikshana:***

1) *Nadi:* 98/min

2) *Mutra:* *Bahumutrata*

3) *Mala:* *Malabaddhata*

4) *Jivha:* *AlpaSama*

5) *Shabda:* *Spasta*

6) *Sparsha:* *Samshitoshna*

7) *Druka:* *Panduta*

8) *Aakruti:* *Madhyam* (Height-133cm, Weight-46, BMI-26)

***Vikruta Srotas Parikshana:***

- 1) *RasavahaSrotas: Mandjvara*(~mild fever), *Pratahgraha* (~morning stiffness), *Panduta* (~Pallor).
- 2) *AsthivahaSrotas: Sarvang-Sandhi-Shoola* (~joint pain)
- 3) *MutravahaSrotas: Bahumutrata* (~polyurea).

**Criteria OfAssesment**

Textual and clinical signs and symptoms of *Madhumeha*<sup>1</sup> (~diabetes) and *Aamvata*<sup>2</sup> (~Rheumatoid Arthritis) with classification of Rheumatoid Arthritis

**Investigation Done:**

On dated 20/4/2015:

- 1) RA Factor: 25.8
- 2) Blood Sugar Level: Fasting-204 mg/dl  
Post-meal 240 mg/dl
- 3) Glycated Haemoglobin: 10.2 (5/5/2015)
- 4) Complete Blood Count (06/05/2015)  
Haemoglobin: 11.2gm%  
Total leucocyte count: 7300cu/mm  
DLC: N-56%, L-38%, E+M-6%  
ESR: 29 mm/hr.

- Platelets: 2.68 lac/mm
- 5) Urine: R-Albumin-nil  
Sugar-0.5%
  - 6) ECG: WNL

**Treatment:**

Started on 02/05/2015:

- 1) *Langhana* in the form of *Laghu Aahara-Krushara* (liquid mixture of *Mungdal* + rice+ water) 60ml was given twice in a day when patient was hungry.
- 2) *Rukshana Kvatha* (*Triphala* powder + *Musta* powder+ *Vidang* powder) 40 ml BD before ½an hour of diet.
- 3) *Sunthi Siddha Erand Sneha* 15 ml HS
- 4) *Valuka Pottali Svedana* for half an hour twice in a day
- 5) *Daruharidradi Ghanavati* 500 mg BD before meal

On 06/05/2015 added:

- 6) *Vaitrana Basti*<sup>3</sup> for 15 days

**Observations and Results**

The patient shows improvement in subjective as well as objective criteria.

**Table 1: Showing the effect of therapy on blood sugar level, Urine and Glycated hemoglobin**

Sr. No.	Date	Blood Sugar Level		Urine (Routine)		Glycated Haemoglobin
		Fasting (mg/dl)	Post Meal(mg/dl)	Albumin	Sugar	
1.	20/4/2015	204	240	Nil	1%	
2.	05/05/2015	137	266	Nil	0.5%	10.2
3.	22/06/2015	135	196	Nil	Nil	
4.	10/08/2015	143	220	Nil	Nil	
5.	24/09/2015	97	136	Nil	Nil	6.4

**Table2: Showing the effect of therapy on Classification of Rheumatoid Arthritis<sup>4</sup>**

		Score	
		BT	AT
<b>Joint Involvement</b>	>10 joints	5	2
<b>Serology</b>	RF-25.8	3	0
<b>Acute phase reactant</b>	Normal ESR	0	0
<b>Duration of symptoms</b>	>6 weeks	1	0

**Table3: Showing effect of therapy on the Body Temperature**

Sr. No.	Date	Mild Fever	
		Morning	Evening
1.	20/4/2015	99F	100F
2.	05/05/2015	99.2F	99.6F
3.	22/06/2015	98.4F	99F
4.	10/08/2015	99.8F	98.2F
5.	24/09/2015	97F	98F

The above management gave the encouraging results in which RA factor has significantly reduced. The six months follow up also seen fruitful observations in clinical signs and symptoms as well as related investigations.

### DISCUSSION

Some Modern researches show the relation between RA and Diabetes. But In Ayurvedic point of view there is no any relation between *Aamvata* and *Madhumeha* in the text. In general consideration we can only say that when the body may be prone to other disease due to Mandagni. When two separate disease were exist in the body at same time, it is called as 'Vyadhidsankara'. The patient has *Vyadhidsankara*, in which Vaidya always think to treat more dangerous or fatal condition. The concept of Mandagni is taken into consideration. We go for Dipana-Pachana first so that it gave results in *Amajanya Shoola*. After that combine therapy for *Aamvata* and *Madhumeha* gave us success in the patient.

### CONCLUSION

A case study, give the fruitful results. The combination of disease occurrence in the body always challenging but such type of combinations is rare. Very few research data are available in this kind of manner. In this study six months follow up give us so much confidence about management and further study can carry out on

large population which can enlighten the medical science.

### REFERENCES

1. Kushvaha H., Charaka Samhita, Prameha-Nidana 4/47, page no553, Prameha-Chikitsa 6/13-14, 2012, Chaukhamba Orientalia Publication, page no187.
2. Upadhyaya Yadunandana, Madhavani-dana, Amvatanidanam 25/4-5, Chaukhamba Sanskrita Sansthan, 2011, page no. 461
3. Tripathi Indradeva, Chakradatta, Niruhabasti Rogadhikar 73/31-32, Chaukhamba Prakashana-2014, page no. 455
4. Harrison's Principle of Internal Medicine, Ankur Shah- E. William Clair, Chapter no. 321 Rheumatoid Arthritis, 18<sup>th</sup> edition, page no 2738.

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