

## CLINICAL STUDY ON ROOKSHANA POORVAKA VIRECHANA KARMA IN THE MANAGEMENT OF STHOOLA MADHUMEHA WSR TO TYPE 2 DIABETIC MELLITIS

Neethu. K.J<sup>1</sup>, Kiran M. Goud<sup>2</sup>, Vinay Kumar.K.N<sup>3</sup>

<sup>1</sup>PG Scholar; <sup>2</sup>Professor& Principal; <sup>3</sup>Reader;  
Department of Panchakarma, SKAMCH&RC, Bangalore, Karnataka, India

Email: [neethukj2016@gmail.com](mailto:neethukj2016@gmail.com)

### ABSTRACT

Diabetic Mellitus refer to group of metabolic disorders that share the phenotype of hyper glycaemia. Several distinct types of Diabetic mellitus are caused by Complex interaction of Genetics and Environmental factors. There are two broad categories of DM designated. Type I and Type II DM. Both type me and type II DM is preceded by Phase of abnormal glucose Homeostasis as the pathogenesis processes progress. Type I DM is the result of complete or near total Insulin deficiency. Type II is heterogeneous group of disorders characterized by variable Degree of Insulin Resistance, Impaired Insulin secretion and increased Glucose production. In *Ayurveda Prameha* is classified into two *Sthula* and *Krishna prameha*. *Madhumeha* is said to be a *kulaja*, *Sahaja Vyadhi*. In *Avarana janya Madhumeha*, *Vridhhi* of *Kapha*, *Pitta*, *Mamsa* and *Medas* occurs and cause obstruction to path of *Vata* by doing *Avarana Shodhana* is main line of treatment explained by Acharyas, Thus *Vamana* and *Virechana karma* can be adopted. Thus *Virechana Karma* is adopted in the study. The Clinical study conducted on 10 patients of *Madhumeha* and given statistically highly significant result i.e.  $p < 0.001$

**Keywords:** *Madhumeha, Rookshana, Virechana karma*

### INTRODUCTION

Diabetes Mellitus is a chronic disorder characterized by abnormal metabolic regulation as well as by potential Vascular and neuropathic complications<sup>1</sup>. Diabetes comprise of cluster of heterogeneous disorders with elevated blood glucose level as common diagnostic feature however as genetic and molecular studies have suggested ,it's likely that cluster includes many subcategories each of which requires tailored prevention diagnosis and treatment approaches.<sup>2</sup>

Number of people with Diabetes in India were 61.9 million in 2011, 40.9 million in 2016 and this number is likely to rise to 69.9 million by 2025 and 79.4 million by 2030.<sup>3</sup> *Rookshana* is one among the *shadvidha upakrama*.<sup>4</sup> Among *shadupakrama rookshana* is one such modality of treatment which exclusively exerts the *apatarpana* effect and specially used to treat the *apatarpana* effect and specially used to treat the *santarpana vyadhi*, which are presenting with *Abhishyanna*, *Mahadosha*, *Marmastha vyadhi*.<sup>5</sup> In

*sthula Madhumehi*, patients presenting with *mamsala*, *medhura bhuri shleshma* and *vishamagni Rookshana karma* to be done before *Shodhana*<sup>6</sup>.

**OBJECTIVE:** To Evaluate therapeutic efficacy of *Rookshana poorvaka Virechana* in *Sthoola Madhumeha* w.s.r. to Type 2 DM

**MATERIALS AND METHODS:** The patients were selected from the OPD and IPD of SKAMCH&RC after considering the Inclusion and Exclusion Criteria. Then they were randomly selected on the basis of Clinical examination in a single group and treatment was adopted.

Totally 10 patients were registered for the study & Assessment of results was done by considering subjective and objective Parameters pre and post-treatment.

Then, it was compared for Assessments and results. All the Results were analysed statically for 'P' Value using paired t-test.

**DIAGNOSTIC CRITERIA:**

- Patients presenting with *Lakshanas* of *Sthula Madhumeha*
- Patients presenting with Signs and Symptoms of Type 2 DM
- Fbs > 126mg/dl
- PPBS > 200 mg/dl

**INCLUSION CRITERIA:**

- Patients of Either Sex in between the age group 30-60 years
- Patients presenting with *Lakshanas* of *Sthula Madhumeha*
- Patients presenting with Signs and Symptoms of Type 2 DM
- Patients Fit for *Rookshana Karma*
- Patients fit for *Virechana karma*

**EXCLUSION CRITERIA:** Patients with Juvenile Diabetes, Gestational Diabetes, Type I Diabetes Mellitus and Other systemic disorders were excluded in the study

**STUDY DESIGN:**

A Clinical Study of *Virechana karma* in the management of *Sthula Madhumeha* where in pre-test and post-test design was done.

Minimum of 10 patients of *Sthula madhumeha* who fulfilled the inclusion criteria are selected for the study.

**SUBJECTIVE PARAMETERS:** *Bahu aashi*, *Shayyasana Sheelata*, *Swapna Sheelata*, *Prabhoota mootrata*, *Ati trishna*, *Dourbalya*

**INVESTIGATION:**

Blood for

- Fasting Blood sugar
- Post Prandial Blood sugar

**INTERVENTION**

**Purva Karma –**

- *Udwartana* with *Triphala+Kolakulathadi choorna* followed by *Takra dhara* with *Musta*, *Amlaki*, *Asnadi* and *Takra* done for 14 days
- *Snehapana* with *Moorchita taila* given till *Samyak snigdha lakshanas* attained.
- After attaining *samyak snigdha lakshanas* patients are advised for *vishrama kala* for 3 days, *Sarvanga Abyanga* with *Moorchita taila* followed by *Bashpa sweda* done.

**Pradhana Karma –**

- After *sarvanga Abyanga* with *Moorchita tala taila* followed by *Bashpa sweda*, *Virechana aushadhi* i.e. *Trivrut lehya* is given to the patients.

**Paschat Karma:**

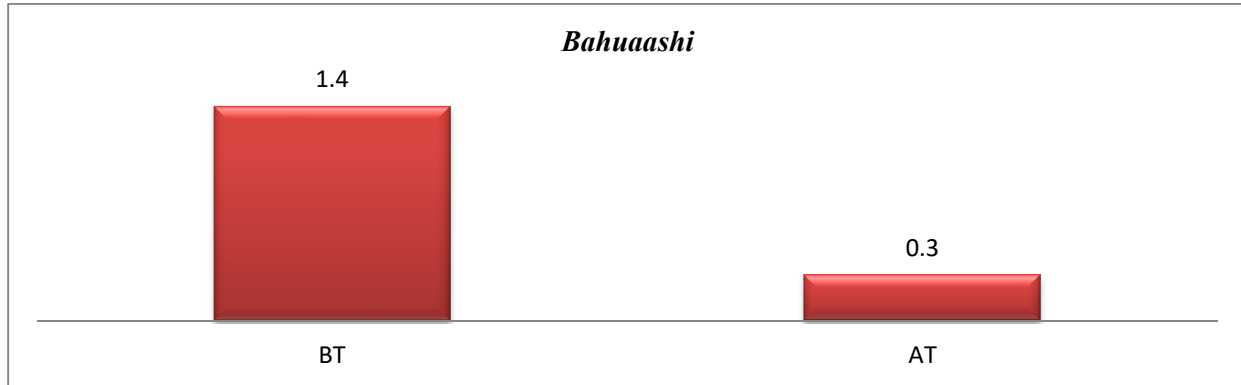
- Patient is advised to take bath with Luke warm water.
- Patient was advised to follow *Samsarjana krama* based on *shuddhi*
- Patient was advised to avoid *Asta maha Varjyakara bhavas*

**OBSERVATION AND RESULT:**

In this study, 10 patients fulfilling the inclusion criteria were registered .All the patients were examined before and after the treatment .Both subjective and objective changes were recorded.

**Table 1:** Showing the effect of the treatment on *Bahu Aashi*:

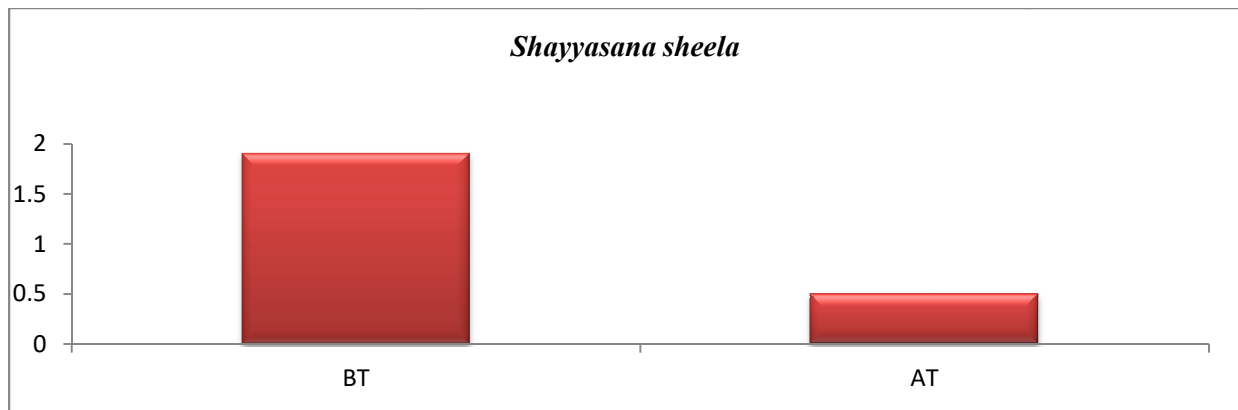
<i>Bahu aashi</i>	Mean		Mean diff.	Paired 't' Test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.4	0.3	1.1	0.31	0.09	11.22	< 0.001	H.S



**Figure: 1**

**Table 2:** Showing the effect of the treatment of *Shayyasana sheela*:

<i>Shayyasana sheela</i>	Mean		Mean diff.	Paired 't' Test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.90	0.50	1.40	0.51	0.16	8.58	< 0.001	H.S



**Figure: 2**

**Table 3:** Showing the effect of the treatment on *Swapna sheela*

<i>Swapna Sheela</i>	Mean		Mean diff.	Paired 't' Test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.40	0.30	1.10	0.31	0.10	11.00	< 0.001	H.S

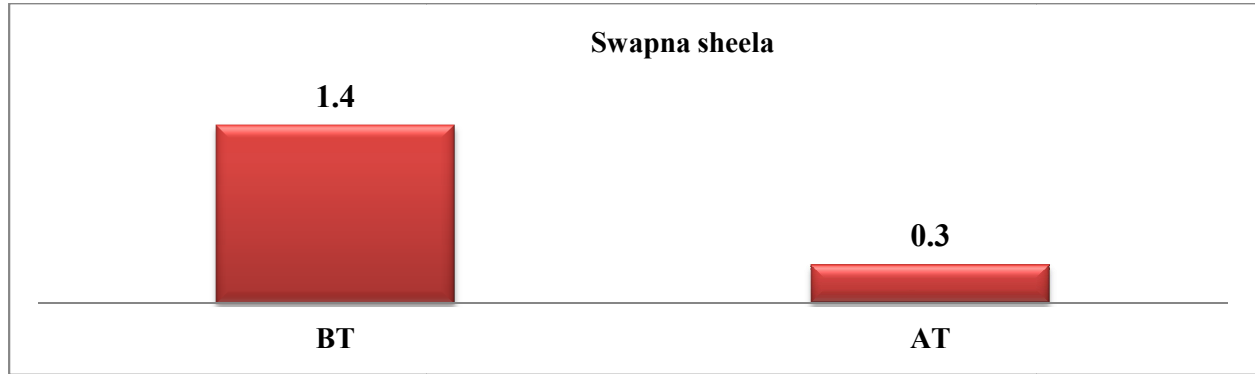


Figure 3

Table 4: Showing the effect of the treatment on *Prabhoota mutrata*

Prabhoota mutrata	Mean		Mean diff.	Paired 't' Test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.60	0.40	1.20	0.42	0.13	8.99	< 0.001	H.S

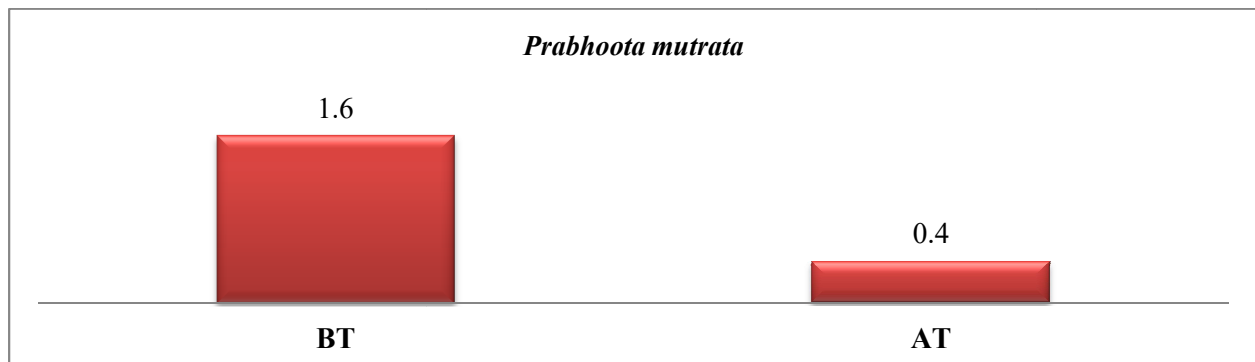


Figure 4

Table 5: Showing the effect of the treatment on *Ati trishna*

Ati trishna	Mean		Mean diff.	Paired 't' Test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.62	0.50	1.12	0.35	0.12	8.97	< 0.001	H.S

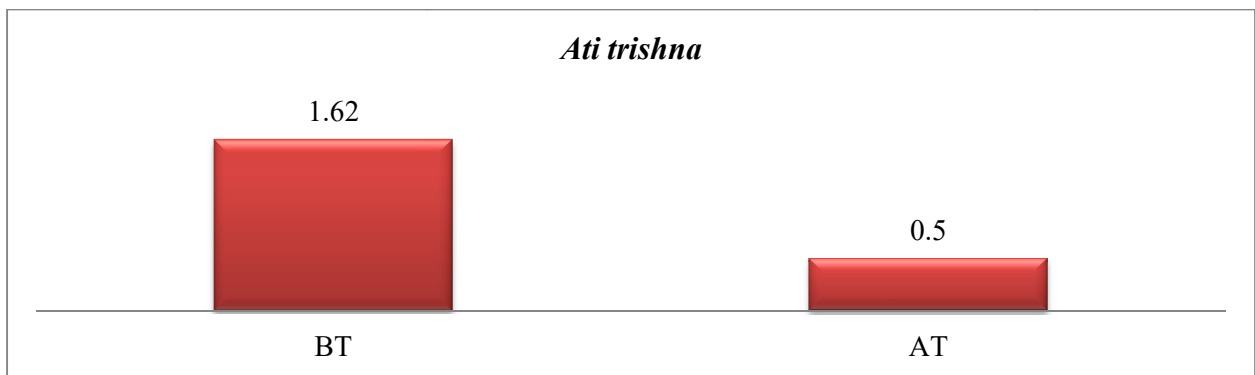
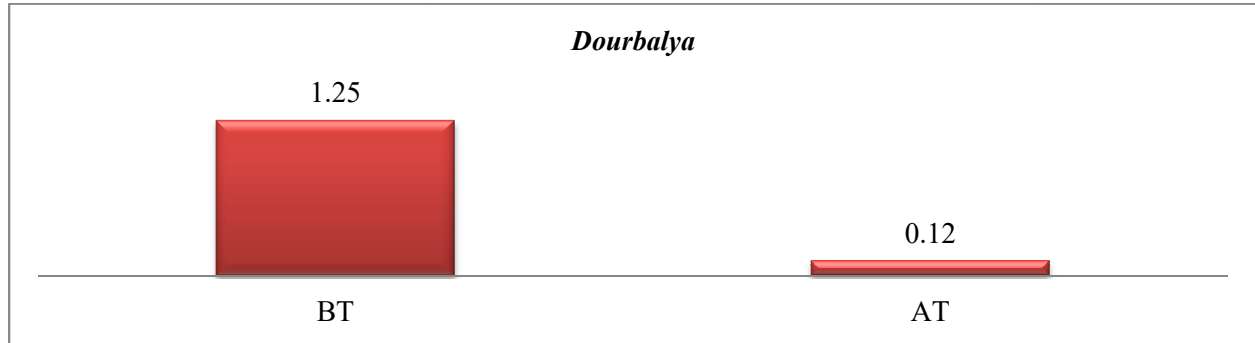


Figure 5

**Table 6:** Showing the effect of the treatment on *Dourbalya*

Dourbalya	Mean		Mean diff.	Paired 't' Test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.25	0.12	1.12	0.35	0.12	9.00	< 0.001	H.S



**Figure 6**

## DISCUSSION

*Sthula madhumeha* is a disease in which *Vata* and *kapha doshas* are predominant even though the disease is *tridosha prakopa janya*. Acharya vagbhata classified *Madhumeha* into two categories. *Dhatu kshaya janya*, and *Avarana janya*. In *dhatu kshaya janya Vata dosha* gets vitiated either due to *nidan*as or by *dhatu kshaya*. In *avarana janya Madhumeha* the *Kapha* and *pitta* gets vitiated due to indulging in *nidan*as which does *avarana* to the path way of *vata* and thus *vata vruddhi* occurs and manifest the diseases. *Dhathukshayajanya Madumeha* is considered to be *Asadhya* and *Avarana janya Madhumeha* has been told as *krichra saadhya*.

*Sthula Madhumeha* can be correlated to Type II DM. It is the most common chronic diseases, effecting 366 million worldwide. Type II DM is characterized by defects in both insulin secretion and insulin action. *Madhumeha* has turned out as a biggest silent killer in today's world. The disease burden related to diabetes is high and rising in every country. The latest estimates shows a global prevalence of 382 million people with diabetes in 2013, expected to rise 592 million by 2035.

*Rookshana* is indicated as *poorvakarma* before administration of *snehapana* in *mamsala*, *medhura*, *bhuri shleshma* and *vishamagni*, according to *acharya vagbhata* treatments are mainly of *santarpana* and

*Apatarpana*, as *apatarpana acharya* mentioned *rookshana* and *Swedana*

It is indicated in *Abhishyanna*, *Mahadosha*, *Marmastha vyadhis*. *Madhumeha* is also *kleda pradhana*, *marmastha vyadhi* and involves *Mahadosha*, thus *rookshana* is selected.

### Mode of Action of Virechana Karma:

*Virechana dravyas* possess *Ushna*, *teekshna*, *Sukshma*, *Vyavayi* and *vikasi gunas*. It reaches the *hridaya* by the virtue of its *virya* and then circulates through the Vessels, its *Agneya guna* causes *Vishyandana*, its *Tikshna guna* disintegrates the *doshas* in the body located in the *sthula* and *sukshma srotas*. Because of the predominance of *prithvi* and *jala mahabhoota* in the *virechana aushadha* it expels the *dooshita doshas* out through *guda*.

### Trivrut Lehya:

It is a *Virechana yoga*. *Trivrut* is having *Tikta*, *Katu rasa*, *Kapha pittahara* and *rechana* property thus it expels the *utklista doshas*

## CONCLUSION

Though *Madhumeha* is a variety of *Vataja prameha*, *Sthula madhumeha* caused due to *Santarpano*tha pathology pertaining to *kapha medo Avarana*, *Bahudoshavasta* and *Kleda pradhanyatha* generally presenting with *Bahu aasyatha*, *prabhoota mutrata*, *Shayyasana*, *sheelatha*, *swapnasheelata*, *Ati Trishna*,

*Dourbalya* which is commonly noticed in *Madhumeha*.

The present study is a single group clinical study of 10 patients diagnosed as *Sthoola madhumeha*. The Result obtained in the study were subjected to statistical analysis by adapting paired 't' test for assessment. The study revealed statistically highly significant result after *rookshana poorvaka virechana*. Thus study reveals that *Rookshana poorvaka Virechana karma* are highly beneficial in management of *Sthula madhumeha*

## REFERENCES

1. Harrison's, Harrison's principle of internal medicine vol.2, edited by Wilson Braunwald, Isselbacher, McEwen, part 12, chapter 417, pg 2399.
2. Goldman, Goldman medicine, vol 2, edited by Lee Goldman, 25<sup>th</sup> edition, Andrew Scafer, Goldman, chapter 229, pg 1527
3. <https://en.m.wikipedia.org>
4. *Agnivesha, Charaka Samhita* with the *Ayurveda-Dipika* commentary of *Chakrapanidatta*, edited by *Vaidya Jadavji Trikamji acharya*, Chaukhamba Krishnadas Academy, Varanasi, Reprinted 2006, *Sutra sthana* 22<sup>nd</sup> Chapter, Verse-4, 98 Pg-120
5. *Agnivesa, chaaka samhita* revised by *charaka, Driddhabala* with *Ayurveda deepika* commentary of *charapanidatta*, edited by *vaidya trikamji*, published by *choukumba orientalia*, Varnasi, Reprint 2004, pg no:120.
6. *Vagbhatta, Astanga hrudaya, sarvanga sundara of Aruna dutta, Ayurveda rasayana* of Hemadri, Chowkumba Sanskrit series, varnasi, edition 2010, pg 25
7. *Agnivesa, charaka samhita* revised by *charaka, Driddhabala* with *Ayurveda deepika* commentary of *chakrapanidatta*, edited by *vaidya trikamji*, published by *choukumba orientalia*, Varnasi, Reprint 2004, *Chikitsa sthana* 6<sup>th</sup> chapter, 15<sup>th</sup> sloka, pg no:446

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Neethu. K. J et al: Clinical Study On Rookshana Poorvaka Virechana Karma In The Management Of Sthoola Madhumeha w.s.r. To Type 2 Diabetic Mellitis. International Ayurvedic Medical Journal {online} 2019 {cited March, 2019} Available from: [http://www.iamj.in/posts/images/upload/359\\_364.pdf](http://www.iamj.in/posts/images/upload/359_364.pdf)