MANAGEMENT OF MADHUMEHA ACCORDING TO AYURVEDA – A CASE STUDY

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ABSTRACT

Diabetes mellitus is the disease afflicting mankind since a very long time. Over 30 million people have been diagnosed with Diabetes in India and it is one among the causes for morbidity, which makes the life of individuals 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 45 years old male patient came to Smt. Vimladevi Ayurvedic Medical College and Hospital 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, Proper Diet and Change in Lifestyle would be an apt management in such case.

Keywords: Madhumeha, Diabetes mellitus, Shamana Aushadhi, Lifestyle

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 is 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 diabetes. Globally as of 2019, an estimated 390 million people were diagnosed as Diabetic, with Type 2 diabetes making up about 85% of the cases. Diabetes mellitus is a group of metabolic disorders characterized by chronic hyperglycemia resulting from defects in insulin secretion, insulin action or both. The high blood sugar produces the symptoms like frequent micturition, 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 etc. In Ayurveda Diabetes mellitus is referred to Madhumeha which is a Santarpanajanya vikara and one among the type of Vataja Prameha and grouped under Astamahagada. Due to continuous indulgence in Nidana, it results in Aparipakwa Kapha and Meda, which in turn vitiates kleda and meda further resulting Doshadushyasanmorchana. Kleda remaining after Dhatavagnipaka through the Mootravahasrotas and get localised at Bastimukha and leading to symptoms like Prabhootamutra, Aavilamutra etc. 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. Samshana chikitsa includes some of the Yogas like Asanadi kashaya, Nishamalaki choorna, Madhvasava etc and single drugs like Haridra (Curcuma longum), Amalaki (Emblica officinalis) along with Madhu (honey), etc.

**Aim and Objectives:** To evaluate the efficacy of Ayurvedic medicines in the management of Madhumeha

**Materials And Methods**

**Present complaints:**
A 45 years old Indian, married Male consulted on 08-01-2019 in Smt. Vmldavey Ayurvedic Medical College And Hospital, Pandri, Chandrapur for complaints of pain in smaller joints along with increased frequency of micturition since 1.5 years.

His body weight and height were found to be 68kg and 170cm respectively.

**Patients personal History:**
The patient wakes up at 6.30am and sleeps at 11pm. He is a vegetarian, suffering from increased appetite & disturbed sleep. The micturition frequency was changed from 8-10 times during day & 4-5 times at night to 3-4 times during day & 1-2 times at night after the treatment. The patient used to take coffee twice a day before treatment which is replaced to decoction of Fenugreek [Trigonella foenumgraecum] in early morning.

**Food Habits:**
Breakfast at 10am including food prepared of rice items more was changed at 9am with food of foxtail millet & reduced rice items. The lunch timing was changed from 2pm to 1pm with freshly prepared food items and the dinner at 9.30pm with ragi balls, sambar, rice was shifted to 8.30-8.45pm with ragi balls, sambar/chapathi.

**General Examination:**
During general examination, patient was found conscious with Normal general appearance & gait and Moderate built. The Pollar, Icterus, Cyanosis, Clubbing, Oedema & Lymphadenopathy was found to be Absent.

**Dashavidha Pareeksha:**
The results of Dashavidha Pareeksha was found as Madhyama for Sara, Samhanana, Satmya, Satva, Pramana, Adhara, Shakti, Vyayama Shakti & Vaya. The Tridosha; Dushya includes medha, raktha, sukra, ambu, vasa, lasika, majja, rasa, ojas, mamsa.

The Prakriti and Vikriti-Dosha was found as Vata kapha & Vata pradhana respectively.

**Investigations:**
It includes - FBS, FUS, PPBS, PPUS, RBS
Diagnosis – On the basis of symptoms the patient is diagnosed with Madhumeha (*Diabetes mellitus*)

Treatment Plan
Details explained in the Table3.

**Table 3** Treatment

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.01.2019</td>
<td><strong>Asanadi gana</strong> kashaya3tsf TID</td>
</tr>
<tr>
<td>08.06.2019</td>
<td><em>Goranchi 2-0-2</em> Dibizide 1-0-0</td>
</tr>
</tbody>
</table>

Slight Modification in the Treatment plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.07.2019</td>
<td><strong>Asanadi gana</strong> kashaya3tsf TID</td>
</tr>
<tr>
<td>14.09.2019</td>
<td><em>Nishamalaki2-0-2</em> Dibizide1-0-0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.10.2019</td>
<td><strong>Asanadi gana kashaya</strong> 3tsf TID</td>
</tr>
<tr>
<td>01.01.2020</td>
<td><em>Nishamalaki2-0-2</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.04.2020</td>
<td><strong>Asanadi gana kashaya</strong> 3tsf TID</td>
</tr>
<tr>
<td></td>
<td><em>Nishamalaki2-0-2</em></td>
</tr>
</tbody>
</table>

Investigation
Details discussed in the Table 4

**Table 4** Investigations

<table>
<thead>
<tr>
<th>Date</th>
<th>FBS/PPBS/PP FUS</th>
<th>RBS/RUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/19</td>
<td>285.2 330.5 2.0% 2.0%</td>
<td></td>
</tr>
<tr>
<td>07/04/19</td>
<td>- - 293mg/dl 2%</td>
<td></td>
</tr>
<tr>
<td>30/05/19</td>
<td>- - 155.5mg/dl RUS-Absent</td>
<td></td>
</tr>
<tr>
<td>15/08/19</td>
<td>106.5 158 Absent  Absent</td>
<td></td>
</tr>
<tr>
<td>22/09/20</td>
<td>99.4 mg/dl Absent</td>
<td></td>
</tr>
</tbody>
</table>
16/11/20 228.2 mg/dl 1.5% 287.1 mg/dl 2.0%
19

14/03/20 189.7mg/dl
20

15/04/20 105.6 mg/dl 180.5 mg/dl
20
0.5%

29/05/20 250.2 mg/dl 314.4 mg/dl
20
1.5% 2.0%

15/06/20 155.8 mg/dl

**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.

**Table 5: Results**

<table>
<thead>
<tr>
<th>Physical finding</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of micturition</td>
<td>8-10 times during day</td>
<td>3-4 times during daytime</td>
</tr>
<tr>
<td>micturation</td>
<td>4-5 times at night</td>
<td>1-2 times at night</td>
</tr>
<tr>
<td>Weakness</td>
<td>Present</td>
<td>Absent</td>
</tr>
</tbody>
</table>

**Investigations**

<table>
<thead>
<tr>
<th>Date</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2019-</td>
<td>FBS/FUS- 285.2 mg/dl,2%</td>
<td>RBS/RUS- 155.5 mg/dl, Absent</td>
</tr>
<tr>
<td>15/06/2020</td>
<td>PPBS/PPUS-330.5mg/dl,2%</td>
<td></td>
</tr>
</tbody>
</table>

**DISCUSSION**

The present study includes medications like *Asanadi Kashaya*, *Nishamalaki*, *Tab Gornachi* where *Asanadi gana kashaya* include drugs like *Asana* (*Pterocarpus marsupium*), *Tinisha* (*Ogeinia dalbergioides*), *Bhurja* (*Betula utilis*), *Meshrtingi* (*Gymnema sylvestre*), *Daruharidra* (*Berberis aristata*) etc. It is indicated in *Prameha*, *Medo dosa* 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 process *Melahara 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 Tridoshahara. 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, *Vyadi* is due to *Agnimandya* and *Medodushti*
along with involvement of *Kalpa dosa*. The medications selected above are based on *Vyadhi* as well as *Dosha* involved i.e *Vyadhipratanika & 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 *Vyadhipratanika* 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*.

**REFERENCES**


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Conflict of Interest: None Declared