



UNDERSTANDING EFFECT OF AYURVEDIC TREATMENT IN KAPHAJA PRAMEHA (DIABETES MELLITUS) WITH REFERENCE TO RECURRENCE (ANUSANGITVA): A CASE STUDY

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ABSTRACT

Introduction: *Prameha* is mentioned as '*Anusangi*'. Though some types of *Prameha* are curable, in practice, *Prameha* not receiving medicine is rare. **Case:** 55 years old male, known case of DM, came in July 2010, with raised post prandial BSL (207 mg/dl) and HbA1c (7.6). He was receiving metformin 250 milligrams per day. According to *Ayurveda* it was case of *Kaphaja Prameha*. Patient received *Vatsakadi Yoga*, three grams thrice daily before food as add-on treatment. After one-month metformin was stopped. Patient continued *Vatsakadi Yoga* till April 2012. Afterwards no treatment was advised. **Results:** Patient showed normal BSL even without any treatment for last eight years. But symptoms of *Dhatu Shaiyhilya* persist. **Conclusion:** Patient may be claimed as cured as BSL is within normal range. But as symptoms of *Dhatu Shaithilya* are still seen, risk of recurrence persists. That helps in understanding '*Anusangi*' nature of *Prameha*.

Keywords: Doshadushyasangraha, Herbal medicines, Cure for Prameha, Prognosis of Diabetes, Ayurveda

INTRODUCTION

Diabetes mellitus (DM) is serious condition from clinical and public health point of view. Hallmark of the condition is hyperglycemia, caused by varying degrees of insulin deficiency, peripheral insulin resistance or both. Complications of diabetes mellitus are long term cardiovascular, neurological, ocular, renal diseases.

Standard allopathic medicines alone can be effective in DM. Many allopathic treatments have toxicities and side effects. Metformin is frequently poorly tolerated due to its Gastrointestinal toxicities, Sulfonylureas and insulin can cause hypoglycemia.

Case History

A 55-year male patient presented in outpatient department of our hospital in July 2010 with complaints of polyurea, excessive sweating, frequent nocturnal micturation two to three times since 15days. Blood investigations showed blood sugar level (BSL) fasting (F) was 101mg/dl, post prandial (PP) was 207mg/dl, HbA_{1c} was 7.6%, while urine routine and microscopic was normal. Patient had consulted physician and was diagnosed as case of DM (type II) and was advised metformin 250milligrams (mg) once a day.

In view of modern sciences, it was case of DM diagnosed by a competent physician. According to *Ayurveda*, it was case of *Prameha* due to polyurea, excessive sweating, frequent nocturnal micturation. According to *Charaka*, *Bahudravashleshma* (*Kapha* in excess quantity and liquidity) is chief causative *Dosha* for *Prameha*. According to *Dosha* dominance it was *Kaphaj Prameha*.

Patient received *Vatsakadi Yoga* (*Sharangadhara Samhita*, *Madhyama Khanda*, *Adhaya 2*) containing seed of *Indrayava* (*Holarrhena antidysentrica*), *Haritaki* (*Terminalia chebula*), *Bibhitak* (*Terminalia belerica*), *Amalaki* (*Emblica officinalis*), *Daruharidra* (*Berberis aristata*), *Musta* (*Cyprus rotundus*) and *Vijaysara* (*Pterocarpus marsupium*) powdered and mixed in equal proportion. Dose was three grams trice a day before food. After one-month, good glycemic control was achieved. BSL-F was 105mg/dl and BSL-

PP was 132mg/dl in September 2010. Moderate relief was seen in symptoms. Patient was advised to discontinue metformin, while *Ayurvedic* medicines were continued till April 2012 (22 months). Repeated BSL-F and PP done during the period were within normal limits (Table1). All symptoms showed complete remission. Hence *Ayurvedic* herbal medicine was also stopped since April 2012 and patient was asked to keep periodic follow up and BSL estimation. Even after stopping *Ayurvedic* medicine no episode of raised BSL is noted till date (Table 1) and no recurrence of symptoms is yet observed. But patient continues to exhibit symptoms indicating presence of *Dhatu Shaithilya* such as *Bhrama*, *Dantadinam Maladhyatvam*, *Twakrukshata*

DISCUSSION

In present case, patient was a clear case of *Kaphaj Prameha*. In *Prameha* along with dominant *Kapha* with *Pitta* and *Vata*, *Dushyas* involved are *Rasa*, *Rakta*, *Mansa*, *Meda*, *Majja*, *Shukra*, *Lasika*, *Vasa*, *Oja*, *Ambu*. In this patient dominance of *Kapha* and vitiation of *Rasa* (*Daurbalya*), *Rakta* (*Drushtimandya*), *Meda* (*Atiswedapravritti*, *Prabhut Mutra Pravritti*, *Naktamutrata*) were seen.

Prameha has three types –*Kaphaj*, *Pittaj* and *Vataja*. Among these *Kaphaj Prameha* is curable. But patient may suffer from recurrence of the disease mentioned aptly as ‘*Anusangitva*’ (recurrence)^[1]. The main reason for recurrence or incurability is continued use of etiological factors and involvement of more and more *Dushya*. In practice, also it is observed that for a certain span of time patient shows remission of symptoms and BSL, but after some period BSL is deranged and symptoms recur. This phenomenon is termed as ‘honey moon remission’ in modern sciences.

From *Ayurveda*'s point of view occurrence of such stage can be justified with the help of *Doshadushyasangraha*. Considering pathology of *Prameha*, there can be stage in body when after some treatment *Doshas* are either evacuated or their adherence with

Dhatu is wrecked. So, the symptoms may show remission reducing or nullifying need of medicine. But laxity of *Dushya* persists, hence after *Dosha* are again collected and become adherent to *Dhatu* pathology of *Prameha* will complete and recurrence of symptoms is seen. Factors responsible for collection of *Dosha* can also be simple habit such as *Vega Dharana* (suppression of natural urge)^[2] or day time sleeping after having food^[3]. Factors such as *Prakruti*^[4], *Kala* (season), age etc. can also be responsible. Major physiological incidences such as pregnancy or post-partum phase are also known to cause diseases such as rheumatoid arthritis^[5], DM, hypothyroidism etc. These factors need to be assessed on a continuous basis while treating a patient and treatment of *Prameha* needs to be continued till all *Dushyas* become normal and become *Samhata* (stout).

Keeping this in mind, *Ayurvedic* medicines were continued further though patient showed complete relief in symptoms of involvement of *Dushya* were minimized.

Patient received *Ayurvedic* combination of *Haritaki* (*Terminalia chebula*) which has *Tridosha* property and rejuvenating. *Amalaki* (*Embllica officinalis*) is well known for its *Pramehaghna* property and also for *Rasayana Karma*. *Bhibhitak* (*Terminalia bellerica*) is *Kaphavatashamak* mainly works in *Rasa*, *Raktha*, *Mamsa Medojanyavikara*. *Indrayava* (*Holarrhenaantidysentrica* seed) has *Kaphapittashamak* property. *Daruharidra* (*Berberis aristata*) has *Kaphghna*, *Deepen* property. *Musta* (*Cyprus rotundus*) has *Lekhniya*, *Trushnanighrhan* and *Upashoshana* property. *Vijaysar* (*Pterocarpus Marsupium*) has *Kaphapittashamaka*, *Lekhaniya*, *Rasyana* property. Many ingredients such as *Amalaki*, *Vijayasara*, *Daruharidra*, *Triphala* have proved hypoglycemic effects. Hence it can be estimated that above formulation has *Laghu*, *Rukshaguna*, *Kashay – Tikta Rasa* and *Aushna-Sheetavirya*. According to *Acharya*, concept of treatment of *Kaphaja Prameha* (*‘Samkriyatwat’*), Combination of *Laghu*, *Ushna*, *Tikta*, *Kashaya Kaphaghna* And *Pramehaghna* medicines was used to correct the pathology of *Prameha*. These medicines can also be supplemented by *Daivavyapashraya Chikitsa*, that

may have shown better results in long run. Such treatment modalities have shown better results in other non-communicable diseases such as hypertension^[6]. This concept needs further elaboration in other non-communicable diseases such as Diabetes mellitus.

Currently, blood sugar levels were within normal limits. But in spite of this other symptoms are still present which has been showing *Dhatu Shaithilya* (laxity) like *Bhrma*, *Dantadinam Maladhayathwam*, *Twakrukshata*. According to this if patient indulges in any kind of etiological factors it may recur. That is the reason for continuing follow up with patient and estimation of BSL is being continued.

CONCLUSION

Precise knowledge of status of *Dushyas* along with *Dosha* is necessary for precise treatment of patient. It is observation in a single patient and needs to be substantiated with more such studies.

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Table 1: Effect observed in patient

Date	BSL-F	BSL-PP	Symptoms of Prameha
05.07.2010	101 mg/dl	207 mg/dl HbA1c 7.6	polyurea, excessive sweating, frequent nocturnal micturition.
22.07.2010	96 mg/dl	105 mg/dl	Symptoms reduced.
07.09.2010	105 mg/dl	132 mg/dl	Symptoms reduced.
01.11.2010	111 mg/dl	157 mg/dl	Symptoms absent.
04.12.2010	85 mg/dl	143 mg/dl	Symptoms absent.
22.02.2011	97 mg/dl	134 mg/dl	Symptoms absent
27.05.2011	92 mg/dl	147 mg/dl	Symptoms absent
13.11.2011	101 mg/dl	112 mg/dl	Symptoms absent
30.12.2011	84 mg/dl	165 mg/dl	Symptoms absent
20.04.2012	109 mg/dl	114 mg/dl HbA1c 7.2	Symptoms absent
20.12.2012	98 mg/dl	123 mg/dl	Symptoms absent
25.04.2013	114 mg/dl	152 mg/dl	Symptoms absent
10.08.2013	96 mg/dl	131 mg/dl	Symptoms absent
04.09.2014	97 mg/dl	100 mg/dl	Symptoms absent
20.12.2014	88 mg/dl	90 mg/dl	Symptoms absent
03.12.2015	86 mg/dl	125 mg/dl	Symptoms absent
01.12.2016	97 mg/dl	115 mg/dl	Symptoms absent
14.02.2017	101 mg/dl	125 mg/dl HbA1c 5.6	Symptoms absent
22.10.2017	107 mg/dl	165 mg/dl	Symptoms absent
07.12.2017	101 mg/dl	129 mg/dl HbA1c 6.4	Symptoms absent

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