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 santarpanottha vilka. Madhumeha samrapti 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, Santarpanottha vilka, 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.1 Its prevalence is increasing rapidly, and by 2030, this number is estimated to almost double.2

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.3 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.4,5,6 Acharya Sushruta explains two types of Prameha as Sahaja and Apathyanimittaja.7 Sahaja prameha
where the patient is rooksha, alpaashi, bhrisha pipasayukta and parisaranasheela, is due to matri 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 suka shayyasana swapna sheela. Similar understanding is seen in Charaka samhita where acharya mentions jaataprameha and Prameha as a santarpanaja vikara. 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. All the aforesaid nidanas are santarpanakara and shleshma, meda vardhaka in swabhava.

Samprapti:-

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

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. 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. 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.

Lakshanas

On careful observation, the patient can notice the prodromal symptoms such as jatilhibava of kesha, asya madhuryata, suptata and daha of karapada, mukha talu kantha shosha, pipaasa, alasya, paridaha, anga suptata, sharira mutrabhisara by shat pada pipilika, visram shariragandham, sarvakalam nidra tandra. On manifestation of the vyadhi at vyaktavastha, it is characterized by the pratatma 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.\textsuperscript{19} Being a Vataja meha, it is asadhya as it does the pidana of kritsna sharira and there is samasta dhatu pravaha through the mutramarga.\textsuperscript{20} In chronic course of the disease the upadravas of Prameha are trishna, atisaara, jwara, daha, dourbalya, arochaka, avipaka, putimamsa pidaka alaji, vidradhi.\textsuperscript{21}Vataja meha upadravas in particular are hridgraaha, louluya, anidra, stambha, kampa, shula and baddha purishatva.\textsuperscript{22}

\textbf{Shilajatu in Madumeha Chikitsa}

Shilajatu has been explained by Acharya Charaka and Vagbhata in the context of Rasayana.\textsuperscript{23,24} Shilajatu is an agroushadhi mentioned for bastija rogas by Vagbhata.\textsuperscript{25} 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. Kulatatha, kapota mamsa are varjya. Parihara vidhi mentioned in the context of Bhallataka vidhi is followed.\textsuperscript{26} 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.\textsuperscript{27}

Acharya Charaka advises the use of Shilajatu as rasayana for the duration of 7 saptaha or 3 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.\textsuperscript{23}

\textbf{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.\textsuperscript{28} This helps in acting against the bahu drava shleshma. Shilajatu also has virookshaneeeya i.e medoghma and chedaniya i.e. srotovishshletha property.\textsuperscript{29} 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. Saalasard gana kashaya is, in particular, mehamayahara and kaphamedo vishoshaka in nature.\textsuperscript{30} Bhavana with saalasaradi gana kashaya helps in bringing about the desired veeryokarsha in Shilajatu. Srotovishdhaneeeya 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.

\textbf{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 Santarpahanaja Prameha. Its efficacy is further increased when administered with saalasaradi gana kashaya.

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