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

Nisha Munishwar¹, Chawre Sushil Vilas², Rathod Suraj³, Kabra P.R.⁴
¹P.G.Scholar, ²Assistant Professor, ³P.G.Scholar, ⁴Professor and H.O.D;
Department of Kayachikitsa, Govt. Ayurved College, Nagpur, Maharashtra, India

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 Samskta. But on the consideration on Doshdushya-Sankalpanathere 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.
4. 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+ Vidangpowder) 40ml before meal for seven days.
4. Valuka Pottali Sveda was decided for Sthanik Dosha Pachana twice in a day for 14 days
5. Daruharidra GhanaVati { (Daruharidra (Berberis aristasta), Mamajjaka (Enicostennalittorale), Vijaysara (Pterocarpusmarsupium), Meshshrunji (Gymmnemasylvestree), Jambubeej ( syzygiumcumini) and Methi-ka(Trigonellaoenugreek)} 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 Tilataila (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 Pscrat-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), Sarvance-Sandhi-Shoola-Sanchari (~Joint pain-fleeting in nature), Prataghrasha (~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 –
Sarvasandhishoolo (~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: S1S2 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: Sposta
6) Sparsha: Samshitosha
7) Druka: Panduta
8) Aakruti:Madhyam (Height-133cm, Weight-46, BMI-26)

Vikruta Srotas Parikshana:
1) Rasavaha Srotas: Mandjvara (~mild fever), Pratahgraha (~morning stiffness), Panduta (~Pallor).
2) Asthivaha Srotas: Sarvang-Sandhi-Shoola (~joint pain)
3) Mutravaha Srotas: Bahumutrata (~polyurea).

Criteria Of Assessment
Textual and clinical signs and symptoms of Madhumeha (~diabetes) and Aamvata (~Rheumatoid Arthritis) with classification of Rheumatoid Arthritis

Investigations 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.
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 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

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Date</th>
<th>Blood Sugar Level</th>
<th>Urine (Routine)</th>
<th>Glycated Haemoglobin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Fasting (mg/dl)</td>
<td>Post Meal(mg/dl)</td>
<td>Albumin</td>
</tr>
<tr>
<td>1</td>
<td>20/4/2015</td>
<td>204</td>
<td>240</td>
<td>Nil</td>
</tr>
<tr>
<td>2</td>
<td>05/05/2015</td>
<td>137</td>
<td>266</td>
<td>Nil</td>
</tr>
<tr>
<td>3</td>
<td>22/06/2015</td>
<td>135</td>
<td>196</td>
<td>Nil</td>
</tr>
<tr>
<td>4</td>
<td>10/08/2015</td>
<td>143</td>
<td>220</td>
<td>Nil</td>
</tr>
<tr>
<td>5</td>
<td>24/09/2015</td>
<td>97</td>
<td>136</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Table 2: Showing the effect of therapy on Classification of Rheumatoid Arthritis

<table>
<thead>
<tr>
<th>Score</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Involvement</td>
<td>&gt;10 joints</td>
<td>5</td>
</tr>
<tr>
<td>Serology</td>
<td>RF-25.8</td>
<td>3</td>
</tr>
<tr>
<td>Acute phase reactant</td>
<td>Normal ESR</td>
<td>0</td>
</tr>
<tr>
<td>Duration of symptoms</td>
<td>&gt;6 weeks</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 3: Showing effect of therapy on the Body Temperature
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 Vyadhisankara, 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**

3. Tripathi Indradeva, Chakradatta, Niruhabasti Rogadhikar 73/31-32, Chaukhamba Prakashana-2014, page no. 455

**CORRESPONDING AUTHOR**

Dr. Chawre Sushil Vilas

Email: sushilvilaschawre@gmail.com

**Source of Support:** Nil  
**Conflict of Interest:** None Declared