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

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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 Krisha prameha. Madhumeha is said to be a kulaja, Sahaja Vyadhi. In Avarana janya Madhumeha, Vriddhi 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 complications¹. 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.² 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 2030.³ Rookshana is one among the shadvidha upakraama.⁴ Among shadupakraama rookshana is one such modality of treatment which exclusively exerts the apatarpaṇa effect and specially used to treat the apatarpaṇa effect and specially used to treat the santarpana vyadhi, which are presenting with Abhishyanna, Mahadosha, Marmastha vyadhi⁵. In
sthula Madhumehi, patients presenting with mamsala, medhura bhuri shleshma and vishamagni Rookshana karma to be done before Shodhana.

OBJECTIVE: To Evaluate therapeutic efficacy of Rookshana pooryvaka 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 tila 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 Varjya-kara 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:

<table>
<thead>
<tr>
<th>Bahu aashi</th>
<th>Mean Before</th>
<th>Mean After</th>
<th>Paired ‘t’ Test</th>
<th>S.D</th>
<th>S.E</th>
<th>t</th>
<th>p</th>
<th>Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-AT</td>
<td>1.4</td>
<td>0.3</td>
<td>1.1</td>
<td>0.31</td>
<td>0.09</td>
<td>11.22</td>
<td>&lt; 0.001</td>
<td>H.S</td>
</tr>
</tbody>
</table>

Figure: 1

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

<table>
<thead>
<tr>
<th>Shayyasana sheela</th>
<th>Mean Before</th>
<th>Mean After</th>
<th>Paired ‘t’ Test</th>
<th>S.D</th>
<th>S.E</th>
<th>t</th>
<th>p</th>
<th>Re</th>
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</thead>
<tbody>
<tr>
<td>BT-AT</td>
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<td>0.50</td>
<td>1.40</td>
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<td>8.58</td>
<td>&lt; 0.001</td>
<td>H.S</td>
</tr>
</tbody>
</table>

Figure: 2

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

<table>
<thead>
<tr>
<th>Swapna Sheela</th>
<th>Mean Before</th>
<th>Mean After</th>
<th>Paired ‘t’ Test</th>
<th>S.D</th>
<th>S.E</th>
<th>t</th>
<th>p</th>
<th>Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-AT</td>
<td>1.40</td>
<td>0.30</td>
<td>1.10</td>
<td>0.31</td>
<td>0.10</td>
<td>11.00</td>
<td>&lt; 0.001</td>
<td>H.S</td>
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Table 4: Showing the effect of the treatment on Prabhoota mutrata

<table>
<thead>
<tr>
<th>Prabhoota mutrata</th>
<th>Mean Before</th>
<th>Mean After</th>
<th>Mean diff.</th>
<th>S.D</th>
<th>S.E</th>
<th>‘t’</th>
<th>p</th>
<th>Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-AT</td>
<td>1.60</td>
<td>0.40</td>
<td>1.20</td>
<td>0.42</td>
<td>0.13</td>
<td>8.99</td>
<td>&lt; 0.001</td>
<td>H.S</td>
</tr>
</tbody>
</table>

Figure 3

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

<table>
<thead>
<tr>
<th>Ati trishna</th>
<th>Mean Before</th>
<th>Mean After</th>
<th>Mean diff.</th>
<th>S.D</th>
<th>S.E</th>
<th>‘t’</th>
<th>p</th>
<th>Re</th>
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</thead>
<tbody>
<tr>
<td>BT-AT</td>
<td>1.62</td>
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<td>0.35</td>
<td>0.12</td>
<td>8.97</td>
<td>&lt; 0.001</td>
<td>H.S</td>
</tr>
</tbody>
</table>

Figure 4
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 *nidanas* or by *dhatu kshaya*. In *avaranajanya Madhumeha* the *Kapha* and *pitta* gets vitiated due to indulging in *nidanas* which does *avarana* to the path way of *vata* and thus *vata vruddhi* occurs and manifest the diseases. *Dhathukshayajanya Madhumeha* is considered to be *Asadhya* and *Avaranajana 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 vyadhish*. *Madhumeha* is also *kleda pradhan*, *marmastha vyadhi* and involves *Mahadosha*, thus *rookshana* is selected.

**Mode of Action of Virechana Karma:**

*Virechana* drayyas 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 pitthara* and *rechana* property thus it expels the *utklista doshas*.

**CONCLUSION**

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

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

<table>
<thead>
<tr>
<th>Dourbalya</th>
<th>Mean Before</th>
<th>Mean After</th>
<th>Mean diff.</th>
<th>Paired ‘t’ Test</th>
<th>S.D</th>
<th>S.E</th>
<th>'t'</th>
<th>p</th>
<th>Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-AT</td>
<td>1.25</td>
<td>0.12</td>
<td>1.12</td>
<td></td>
<td>0.35</td>
<td>0.12</td>
<td>9.00</td>
<td>&lt; 0.001</td>
<td>H.S</td>
</tr>
</tbody>
</table>

**Figure 6**
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

3. https://en.m.wikipedia.org

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Conflict Of Interest: None Declared