

## ROLE OF *PANCHAKARMA* IN THE MANAGEMENT OF *MADHUMEHA* w.s.r. to TYPE 2 DIABETES MELLITUS: A REVIEW

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### ABSTRACT

Diabetes Mellitus is a chronic progressive metabolic disorder that affects majority of the population. Type 2 Diabetes Mellitus is one such type of Diabetes Mellitus which possesses a major risk factor for various other diseases. Ayurvedic literatures vividly describe about the prognosis, complications and management of Diabetes Mellitus. Diabetes Mellitus has grown to such a status of global epidemic. The prevalence of Diabetes Mellitus is increasing day to day due to change in life style activities, stressful life etc. Treatment mainly involves herbal medicines, panchakarma, dietary modifications, and lifestyle changes for healthy lifestyle, exercise, yoga and pranayama. *Panchakarma* (fivefold therapeutic) methods of ayurveda have immense potential in context of tackling lifestyle disorders like *Madhumeha*. *Panchakarma* is major Ayurvedic purificatory and detoxification treatment. Here *panchakarma* procedures like *basti* (colon treatment) and *virechana* (purgation therapy) are mentioned in treatment of Diabetes Mellitus. *Panchakarma* also have a major part to do with prevention and management of Diabetes as these are purificatory procedure which removes the stagnated, vitiated *doshas* (toxins) out of body in a natural way. Hence, *panchakarma* in the management of Diabetes Mellitus stands far beyond mere glucose control. Increased demand of Ayurvedic medicines in treating the root cause and thus achieving complete wellness is of vital importance. Present paper highlights on Role of *panchakarma* in the management of *Madhumeha*

**Keywords:** Diabetes Mellitus, *panchakarma*, *madhumeha*, *basti*, *virechana*.

### INTRODUCTION

- Changing life style, lack of exercise, improper and unbalanced diet, sedentary life styles are showing an upward trend in India. This has lead to the increase of Diabetes Mellitus in the region.
- The global prevalence of diabetes among adults over 18 years of age has risen from 4.7% in 1980 to 8.5% in 2014<sup>1</sup>.
- WHO projects that diabetes will be the 7<sup>th</sup> leading cause of death in 2030<sup>2</sup>
- Recent WHO report revealed that in 1998, 135 million adult diabetics worldwide and the figure is projected to reach 300 million by 2025, 20% of the current global diabetic population resides in the South East Asia and India is one of the countries in this region. One out of 7 persons

with diabetes in the world lives in India which has the largest diabetic population<sup>3</sup>.

- Holistic approach of ayurveda with regard to preventive, promotive and purificatory measures with due consideration of appropriate diet management has proven to be fruitful to provide better health to diabetes

#### AYURVEDA VIEW

- In ayurveda we find a vivid description of the disease attributed to metabolic derangement along with genetic predisposition. *Madhumeha* subtype of *Vataja Prameha*<sup>4</sup> due to involvement of vital elements causes alarming instability of health with higher prevalence.
- According to *Vagbhata*, two types<sup>5</sup>
  - *Dhatuprakarshanajanya madhumeha*– pathology occurs due to depletion of *dhatu*s, because of *Vata* vitiating etiological factors
  - *Avaranajanya madhumeha*- pathogenesis occurs due to etiological factors mainly *kapha* and *pitta*, but the vitiation of *Vata* occurs due to *Avarana*.
- According to *Charaka*, two types<sup>6</sup>
  - *Krishna (Apatarpanajanya)* - can be correlated to *Dhatuprakarshanajanya madhumeha*
  - *Sthula (Santarpanajanya)* – can be correlated to *Avaranajanya madhumeha*

#### CHIKITSA

##### RITU (seasonal) SHODHANA AS PREVENTIVE AND PROMOTIVE MEASURE

Just as slit develops surely in course of time, even in pure water kept undisturbed in a earthen pot, so also dirt accumulates inside the body, So one should undergo *Ritu Shodhana* at proper time<sup>7</sup>.

After undergoing *ritushodhana* one should take proper *rasayana* and *vajikarana* drugs will prevent the occurrence of *nijavyadhis*.

##### SHODHANA CHIKITSA IN MADHUMEHA

- One type of patient of *prameha* is obese and strong, while the other one is lean and weak of course promotive treatment should be given to the lean and evacuation in case of patient having

abundance of *dosha* and strength, after unction, various formulations for evacuation mentioned in *kalpastana* should be administered. After *shodhana* from upward and downward passages, *santarpana* therapy should be applied<sup>8</sup>.

- *Kleda, meda* and *kapha* are the causes of *prameha* and as such the physician, at first, should administer *apatarpana* measures in *prameha* of *kaphaja* and *pittaja* type<sup>9</sup>

#### POORVA KARMA

##### ROOKSHANA:

- If *snehana* therapy is administered to persons who are very muscular and fatty, who have profound increase of *kapha*, whose digestive activity is disturbed and who are accustomed to fatty foods, they should be given therapies which cause dryness of the body first and next the oleation therapy followed by purificatory therapies<sup>10</sup>.
- If *Snehana* is to be administered to person of following category *Rookshana* should be administered first.
  - who are very muscular and fatty,
  - who have profound increase of *kapha*,
  - whose digestive activity is altered
  - who are accustomed to fatty foods
  - *Bahyarookshana – udwartana*
  - *Abhyantarookshana – takrapaana, kashayapaana*

##### SNEHAPANA

- According to *Sushruta*, *snehapana* with *ghrita* or *taila* processed with *priyangvadigana dravyas* should be used<sup>11</sup>.
  - According to *Vagbhata*
- In *kamala, pandu* and *meha* person *atisneha* should not be done<sup>12</sup>
- According to *Charaka-Trikantakadya taila*<sup>13</sup>
  - According to *Sushruta-Priyangvadi siddha taila, Dhanvantara taila, Nikumbadi taila*<sup>14</sup>
  - According to *Bhavaprakasha- Dhanvantara ghrita, Simhamruta ghrita, Arjunadya taila*<sup>15</sup>

**VISHRAMAKALA:**

- *Swedana* is contraindicated in *madhumehi* as it increases *shareera shaitilya* and *kleda*.
- Acc to *Sushruta*, *atiswedana* does *visheeryata* of *bahumeda*. *Madhumeha* person should never be sudated as due to abundance of fat their body gets shattered by sudation<sup>16</sup>.

**PRADHANA KARMA**

**VAMANA AND VIRECHANA IN MADHUMEHA**

- In classics *Madhumeha* is considered as *shodhaneeyaroga*<sup>17</sup>
- For the management of *sthula* or *avaranajanya madhumeha* patients, *shodhana* therapy which can eliminate both *kapha* and *pitta* is must before the *vyadhihara chikitsa*.

Acco to *Dalhana*, for *rooksha meha* persons *vamana* is contraindicated<sup>18</sup> (*Dalhana*)

**VAMANA DRAVYA:**

- *Madanaphala kashaya*
- *Ikshkvaku kalka with mamsa rasa*<sup>19</sup>

**VIRECHANA DRAVYA:**

- As *Madhumehis* are considered as *durvirechya*, *Teekshnavirechana* should be administered<sup>20</sup>

According to *Sushruta*,

*Jayapalabeeja*, *Arkaksheera*

- *Manibhadraguda*<sup>21</sup>,
- *Abhayadimodaka*<sup>22</sup>
- While administering *Vamana* and *Virechana* care has to be taken to avoid *atiyoga* of *shodhana* as it can again provoke *vata* resulting in aggravation of *Madhumeha*.

**BASTI CHIKITSA IN MADHUMEHA**

Physician should not administer *brimhana basti* in diseases requiring evacuation such as *kushta*, *prameha* etc<sup>23</sup>

*Anuvasana basti* administration in acute fever, *pandu*, *kamala* and *prameha* may cause *udararoga* by exciting the *doshas*<sup>24</sup>

Acc to *Charaka*,

- *Rasnadi niruha basti*<sup>25</sup>
- *Patolanimbadi basti*<sup>26</sup>

Acc to *Sushruta*<sup>27</sup>

- *Surasadigana dravya basti*

- *Nyagrodhadigana dravya basti*

Acc to *Vagbhata*<sup>28</sup>,

- *Madhutailika basti*
- *Rajayapana basti*

**RAKTAMOKSHANA IN MADHUMEHA**

*Siravyadha* in *prameha pidaka*<sup>29</sup>

**OTHER TREATMENT PROTOCOLS**

*Pramehas* disappear quickly by the use of various physical exercises, *praghada udwartana*, *snana*, *jala avaseka* and paste of *ushira*, *twak*, *ela*, *agaru*, *chandana* etc<sup>30</sup>

- ❖ *Vyayama*

*Pragada Udwartana*

- ❖ *Snana* and *Jalavaseka*

- ❖ *Vilepana* – *sevya*, *twak*, *ela*, *agaru*, and *chandana*

**PRACTICAL APPROACH:** The following formulations can be used in *purvakarma* and *pradhanakarma* in practice for managing *madhumeha* by *shodhana* therapies.

**DEEPANA PACHANA**

- *Panchakola churna*
- *Chitrakadi vati*
- *Trikatu churna*
- *Agnitundi vati*

**ROOKSHANA**

- *Kolakuttadi churna*
- *Triphala churna*
- *Triphala kashaya and gomutra*
- *Takra prayoga*

**SNEHAPANA**

- *Guggulutiktaka ghrita*
- *Panchatikta guggulu ghrita*
- *Murchita ghrita*

**VISHRAMAKALA**

**ABHYANGA**

- *Abhyanga* with *Moorchita tilataila*, *thriphaladi taila*, *Dhanvantara taila*

**SWEDANA**

- *Mridu Swedana* – *ushnajala snana*, *kayaseka*

**VAMANA**

- *Ikshvakubeeja majja yoga*
- *Madanaphala yoga*

### VIRECHANA

- *Abhayadi modaka*
- *Trivrut lehya*

### BASTI

- *Madhutailika basti*
- *Salasaradigana basti*
- *Panchatikta prasritika basti*- diabetic retinopathy<sup>31</sup>
- *Vamana* and *Virechana* are contraindicated in *durbala* and *vruddha*.
- In such conditions *basti* prepared with the drugs having *shodhanaguna* should be given to the patients to reduce *doshadushti*
- *Yoga/Kala/Karma basti –Vyadhibala*
- Though *anuvasanabasti* is contraindicated administration of *niruhabasti* alone will aggravate *vata*.

So small quantity of medicated *ghrita* can be administered for *anuvasanabasti*

### OTHER TREATMENT PROTOCOLS

#### UDWARTHANA<sup>32</sup>

- *Rooksha* and *pragadha udgarshana*
- Drugs having *rooksha, tiksha, ushnagunas* and *tikta rasa*.
- *Thriphaladi choorna, Kolakulathadi choorna* etc

#### SNANA AND AVASEKA

- Drugs like *Thriphala*
- Effective in excessive sweating and bad smell.

#### TAKRADHARA<sup>33</sup>

- Drugs containing *ksheera* and *amalaki kalka*
- Useful in *hasta* and *padadaha* (diabetic neuropathy)

### PROBABLE MODE OF ACTION OF SHODHANA IN MADHUMEHA

- In *samprapti* of *Madhumeha* dominance of *kleda, meda, kaphadosha* are involved.
- *Shodhana* procedure explained in *Madhumeha* improves and stabilizes *agni* and reduces the excess of *kapha, meda* and *kleda*.
- *Vamana* and *Virechana* procedure specifically removes the *kapha* and *kleda* from the *shareera*

there by removing the *sanga* and help in *samprapti vighatana*.

- Probably *Vamana* by reducing *kapha* and *meda* helps to minimize insulin resistance, whereas *virechana* probably by lowering down the hepatic glucose production and by promoting insulin secretion helps to control blood sugar.
- *Basti* clears the *Avarana* of *vata* and normalizes the functions of *Vyana* and *Apana*. Also eliminates the excess *doshas* and helps to form the *samyakdhatu*.
- *Udvaratana* helps to reduce the excess of *kapha* and *meda* by performing *shoshana* and *lekhana*.

### DISCUSSION

*Rookshana dravya* have the predominance of *tikta, katu, kashaya rasa, ruksha, laghu, usna, vishada guna* which are opposite to *nidana* of *madhumeha* hence helping in *samprapti vighatana*.

*Snehana* is contraindicated in *avaranajanya Madhumeha* due to its complications like *tandra, utklesha, kandu, kushta, jvara* etc. Hence one should not wait till *samyak snigdha lakshanas* appear.

*Vamana* is effective in pacifying symptoms like *prabhutamutrata* and *avilamutrata* by eliminating excess of *kleda, meda* and *kapha*.

*Virechana* helps in correcting *dhatwagni*.

*Basti* by virtue of its *Rasayana* properties it will increase the immunity of the body. It acts on *vyana* and *apanavata*, thus affect physiology of whole body.

### CONCLUSION

As *Madhumeha* is considered as *chirakari vyadhi* it is best avoided by non indulging in the *nidanas* and by undergoing *rutushodhana*.

All the above mentioned *shodhana chikitsa* will help in *samprapti vighatana*.

*Vyadhi pratyaneeka shaman chikitsa* along with proper *pathya* is must in the patients of *madhumeha* after the relevant *shodhana* therapy.

The rational use of *shodhana* not only protects from the disease but also helps live a longer life thereby achieving *Hitayu* and *Sukhayu*.

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