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 posseses 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.
• WHO projects that diabetes will be the 7th leading cause of death in 2030
• 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. • 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 due to involvement of vital elements causes alarming instability of health with higher prevalence.

According to Vagbhata, two types

- Dhatuprakarshana madhumeha— pathology occurs due to depletion of dhatus, because of Vata vitiating etiological factors

- Avarana 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

- Krisha (Apatarpanajanya) - can be correlated to Dhatuprakarshana 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. 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.

Kleda, meda and kapha are the causes of prameha and as such the physician, at first, should administer apatarpaya measures in prameha of kaphaja and pitta type.

POORVA KARMA

ROOMKSHA:

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.

If Snehana is to be administered to person of following category Roomksha 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

Abhyantararookshana– takrapaana, kashayapaana

SNEHAPANA

According to Sushruta, snehapan with ghrita or taila processed with priyangvadigana dravyas should be used.

According to Vagbhata

According to Charaka-Trikantakadya taila

According to Sushruta-Priyangvadi siddha taila, Dhanvantara taila, Nikumbadi taila

According to Bhavaprakasha- Dhanvantara ghrita, Simhamruta ghrita, Arjunadya taila
VISHRAMAKALA:
- **Swedana** is contraindicated in **madhumehi** as it increases **shareera shaitilya** and **kleda**.
- According 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\(^{16}\).

**PRADHANA KARMA**

**VAMANA AND VIRECHANA IN MADHUMEHA**
- In classics **Madhumeha** is considered as **shodhaneeyaroga**\(^{17}\)
- For the management of **sthula** or **avaranajanya** **madhumeha** patients, **shodhana** therapy which can eliminate both **kapha** and **pitta** is must before the **vyadhihara chikitsa**.
- According to **Dalhana**, for **rooksha meha** persons **vamana** is contraindicated\(^{18}\) (Dalhana)

**VAMANA DRAVYA:**
- **Madanaphala kashaya**
- **Ikshkvaku kalka with mamsa rasa**\(^{19}\)

**VIRECHANA DRAVYA:**
- As **Madhumehis** are considered as **durvirechya**, **Teekshnavirechana** should be administered\(^{20}\)

According to **Sushruta**, **Jayapalabeeja**, **Arkaksheera**
- **Manibhadraguda**\(^{21}\),
- **Abhayadimodaka**\(^{22}\)
- 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\(^{23}\)
**Anuvasana basti** administration in acute fever, **pandu, kamala** and **prameha** may cause **udararoga** by exciting the **doshas**\(^{24}\)
- According to **Charaka**, **Rasnadi niruha basti**\(^{25}\)
- **Patolanimbadi basti**\(^{26}\)

**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
- 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 doshadoshti
- Yoga/Kala/Karma basti –Vyadhibala
- Though anuvasanabasti is contraindicated administration of niruhabasti alone will aggravate vata.

OTHER TREATMENT PROTOCOLS

UDWARTHANA

- Rooksha and pragadha udgarshana
- Drugs having rooksha, tiksha,ushnagun and tikta rasa.
- Thrifaladi choorna, Kolakulatthadi choorna etc

SNANA AND AVASEKA

- Drugs like Thrifalha
- Effective in excessive sweating and bad smell.

TAKRADHARA

- 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.
- Udvardhana 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 prabhatamutrata 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 apnavata, 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*.

**REFERENCES**

1. www.who.int.diabetes
2. www.who.int.diabetes
3. https://books.google.co.in.diabetes
5. Prof. Jyothir Mitra and Dr. Shivprasad Sharma Ashtana Samgraha with the Shashilekha Sanskrit commentary by Indu, Nidanasthana chapter 10 verse 15, Varanasi, Choukamba Sanskrit Sansthan; p. 393
7. Prof. Jyothir Mitra and Dr. Shivprasad Sharma Ashtana Samgraha with the Shashilekha Sanskrit commentary by Indu, Sustrastana chapter 5 verse 22, Varanasi, Choukamba Sanskrit Sansthan; p. 33
10. Prof. Jyothir Mitra and Dr. Shivprasad Sharma Ashtana Samgraha with the Shashilekha Sanskrit commentary by Indu, Sustrastana chapter 25 verse 45, Varanasi, Choukamba Sanskrit Sansthan; p. 194


28. Kaviraj atrideva gupta & Yadunandana Upadhyaya, Ashnta Samgraha with the vidyotini Hindi commentary completed by vridhaVagbhata, Kalpa sthana Chapter 5 verse 2,13th edition,Varanasi, Choukhambha Sanskrit Sansthan ; p.600


31. ijapr.in>index.php>ijapr>article>view clinical study on efficacy of panchatikta basti, tilatailadi nasya and amrutadi guggulu in the management of diabetic retinopathy By Prasanta Kumar Sahoo (cited 26th March 2018 time 9:25am)


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