

INTEGRATIVE APPROACH TO DIABETES MELLITUS: AYURVEDA WITH MODERN HEALTHCARE**¹Dr. Rutuja Chandrakant Solunke, ²Dr. Abhishek Girish Taksale, ³Dr. Rupali T. Khobragade**¹PG Scholar, Department of Kayachikitsa PDEA's College of Ayurveda and Research Centre, Nigdi Pradhikaran, Pune, Maharashtra, 411044.²Guide, Associate Professor, Department of Kayachikitsa PDEA'S College of Ayurveda and Research Centre, Nigdi Pradhikaran, Pune, Maharashtra, India, 411044.³Professor & HOD Department of Kayachikitsa PDEA'S College of Ayurveda and Research Centre, Nigdi Pradhikaran, Pune, Maharashtra, India, 411044.***Corresponding Author: Dr. Rutuja Chandrakant Solunke**

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ABSTRACT

Introduction: adhumaha, Described As A Santarpanottha Vyadhi And Included Among The Ashtamahagada. Acharya Charaka Has Described Various Hetus (Causative Factors) of Prameha, Including Sedentary Lifestyle (Aasya Sukha), Excessive Sleep (Swapna Sukha), Excessive Intake Of Curd (Dadhini), Consumption Of Meat From Domestic And Aquatic Animals (Gramya–Audaka–Anupa Rasa), Newly Harvested Grains (Nava Annapan), And Excessive Intake Of Jaggery Products (Gud Vaikrutam). These Factors Lead To Vitiation Of Tridoshas, Predominantly Kapha, Along With Increased Kleda And Dhatvagnimandya. The Cardinal Feature Of The Disease Is Prabhuta Avila Mutrata (Excessive And Turbid Urination). The Pathogenesis Involves Vitiation Of Dushyas Such As Meda, Mamsa, Shukra, Shonita, Vasa, Majja, Lasika, Rasa, And Oja, Ultimately Leading To Accumulation In The Basti. From A Modern Perspective, Diabetes Mellitus Is Defined As A Group Of Metabolic Disorders Characterized By Chronic Hyperglycemia Due To Defects In Insulin Secretion, Insulin Action, Or Both. Type 2 Diabetes Mellitus, Which Accounts For Approximately 90% Of All Cases, Is Characterized By Insulin Resistance And Impaired Insulin Secretion. Major Risk Factors Include Advancing Age, Obesity, Sedentary Lifestyle, Genetic Predisposition, Dyslipidemia, And Hypertension. The Global Prevalence Of Diabetes Has Increased Significantly, With India Being Considered The “Diabetic Capital Of The World.” The Number Of Affected Individuals Is Projected To Rise Substantially In The Coming Decades, Highlighting The Urgent Need For Preventive And Integrative Management Approaches. **Methods And Material:** The Patient Was Treated With Abhyantar Chikitsa- Nisha-Aamlaki Yog, Phaltrikadi Kwath, Saraswatarishta, Chandraprabha Vati Along With This Pathya-Apathya Explained. **Result:** Patient Was Assesed Before And After Treatment With Bsl -Fasting, Bsl- PP, Hba1c Reports And Patient Satisfactory Relief In All Symptoms. **Conclusion:** This Intergrated Approach Of Modern Medicine Along With Ayurvedic Medicines Gave A Significant Output. This Actually Resulted In Reduced The Frequency Of On Going Tablet -Tab Glycoment SR From Twice A Day To Once A Day. And With Help of Ayurvedic Management We Were Able To Bring Dynamic Reduction In Sugar Levels, Average Sugar Levels, Significant Weight Loss, Reduced Naktamutrata Frequency For Multiple To One Or None And Sleep Was Improved, which indicate metabolic correction, Hence This Treatment Has Patient Centered Outcomes And Cost Effectiveness.

KEYWORDS: Diabetes Mellitus, Madhumeha, Integrated Approach, Hba1c, Madhumeha, Prameha, Kapha-Medoghna Chikitsa.

K/C/O- Diabetes Mellitus Since year 2021 under regular treatment
MEDICINAL HISTORY- Tab Glycomet SR 500 Twice a Day before food
FAMILY HISTORY –
MATERNAL Not any Known

PATERNAL DM TYPE II
SURGICAL HISTORY – No any known
ALLERGY HISTORY – No any known

PERSONAL HISTORY

Appetite	Loss of Appetite
Occupation	Shopkeeper
Bladder	Nocturnal Micturation and frequency of micturition Day – 3 to 4 eps Night – 4 to 5 eps
Bowel	1 ep/day Satisfactory
Sleep	Inadequate sleep
Habit	No any known

GENERAL EXAMINATION

BP – 130/90 MM OF HG	Palor – Normal
P – 82/ MIN	Oedema-
T – AFEB	Lymphadenopathy – Normal
RR – 18/MIN	Cyanosis – Normal
SPO2 – 98% ON RA	Icterus- Normal

ASTHAVIDHA PARIKSHA

Nadi	Vata-Kapha
Mala	Bowel – 1ep/Day
Mutra	Nakta Mutrata Bladder – 3 To 4 Eps/Day 4 To 6 Eps/Day
Jivha	Ishat Saam
Shabda	Spashta
Sparsha	Ushna
Druk	Prakrut
Akruti	Madhyama

DASHAVIDHA PARIKSHA

Prakruti	Vata – Kaphaja
Vikruti	Rasa, Rakta, Mamsa, Meda, Shukra
Sara	Rasa, Mamsa
Samhanana	Madhyama
Satwa	Madhyama
Satmya	Madhur, Amla
Ahara Shakti	Madhyama
Vyayama Shakti	Madhyama
Vaya	Madhyama
Pramana	90 Kgs

SYSTEMIC EXAMINATION

RS	AEBE Clear, No Added Sounds
CVS	S1S2 Present, No Murmur
CNS	Concious And Oriented
P/A	Soft And Non Tender

NIDANA

Aharaja	Non Veg – Mainly Chicken, Mutton, Fish Almost 4 Times A Week Mamsa Adhika Sevana Dadhi Sevana Akala Bhojana
Viharaja	Asyasukha – Shopkeeper Had To Sit For Prolonged Period Swapnasukha Diwaswapna
Manas	Stress
Kulaja	Paternal History Of Dm Type II

SAMPRAPTI

HETU SEVANA OF SIMILAR GUNAS

GURU, SNIGDHA, SHITA, PICCHILA, SARA, MANDA, DRAVA GUNAS ARE VITIATED

KAPHA – VATA PRADHANA TRIDOSHA DUSTHI

SPREADS ALL OVER BODY

SHARIR SHAITHAILYA

COMBINES WITH MEDA DUE TO ITS BAHUAWBADHATA

VITATION OF MEDA DHATU BECAUSE OF VITIATED SHLESHMA DHATU

KLEDA, MAMSA ALSO GETS VITIATED BY SAMA GUNA BHUYISTHA

AVILA AND BAHUMUTRATA, PADASHOTHA, PADADAHA, ANGASADA

MADHUMEHA

SAMPRAPTI GHATAK^[1]

Dosha	Kapha And Vata Pradhana Kapha – Kledaka Kapha Vata – Apan Vayu, Saman Vayu
Dushya	Rasa, Rakta, Mamsa, Meda, Majja, Shukra, Oja, Lasika, Vasa, Ambu
Agni	Mandagni – Jatharagni And Saptadhatu Agni
Ama	Sama
Strotas	Mutravaha, Medovaha, Udakavaha, Swedavaha, Mamsavaha, Rasavaha, Majjavaha, Shukravaha
Strotodushthi	Sanga, Atipravrutti
Adhithana	Basti
Udbhavasthana	Amashaya
Vyaktasthana	Mutravaha Strotas And Sarva Sharir
Swabhava	Chirkari, Anushangaja

CHIKITSA

SR NO	DRUG	DOSE	KALA	ANUPANA
1	Nisha Amalaki yoga(250mg)	2-0-2	Vyanodana	Koshna Jala
2	Phalatrikadi Kwatha(15 ML)	1-0-1	Vyanodana	Koshna Jala
3	Chandraprabha vati(250mg)	2-0-2	Vyanodana	Koshna Jala
5	Saraswataristha(10 ML)	0-0-1	Nisha	Dugdha 30 ML

● PATHYA – APATHYA^[13]

	PATHYA	APATHYA
Shooka dhanya	Yava, Truna Dhanya, Godhuma, Kodrava, Uddalaka, Shyamaka, Shastika Shali These Must Not Be Newly Harvested	Shali Navinadhanya
Shami dhanya	Chanaka, Arahar, Kulattha, Mugdha, Thuvari	Masha Nishpava
Mamsa	Jangala Mamsa Which Is Fatless E.G., Mriga. Dvija Mamsa Which Is Jangala In Origin. Vishkira And Pratuda Mamsa. These Mamsa Must Be Shulya, Roasted With The Help Of	Gramya Mamsa Oudaka Mamsa Anupa Mamsa

	<i>Shulya</i>	
Milk preparations	<i>Takra</i>	<i>Payasa Mandaka Dadhi</i>
Pana	<i>Madhuudaka, Sarodaka, Kushodaka Triphala Rasa, Sidhu, Madhuvika</i>	<i>Ikshurasa, Ksheera With Sugar Newly Made Wine, Curd, Different Kinds Of Fermented Beverages</i>
Fats and oils	<i>Sarshapa, Atasi, Danti, Ingudi Taila, Aja Mamsa, Sashaka Mamsa, Kapota, Titira, Lavaka, Harina</i>	<i>Ghrita, Pastry, Payasa</i>
Fruits	<i>Bilva, Beejapura, Tinduka, Amla, Jambu</i>	<i>Mango, Banana, Papaya, Jack Fruit, Pineapple Etc.</i>
Vegetables	<i>Patola, Shigr, Methika, Karavellaka, Karkatee, Gojihawa</i>	<i>Aluka</i>

Pathya Vihar	Apathya Vihar
<i>Vyayama</i>	<i>Aasyasukha</i>
<i>Yoga – Asanas</i>	<i>Swapnasukha</i>
<i>Niyuddha -Vigorous Activity</i>	<i>Madyapna</i>
<i>Travel</i>	<i>Ratrijagarana</i>
<i>Chankramana</i>	<i>Avyayama</i>
<i>Adequate 6 To 8 Hours Of Sleep</i>	<i>Diwaswapna</i>

DISCUSSION

1. NISHA AMALAKI YOGA^[15]

Nisha + Amalaki is Rasyana for Madhumeha Rogi Argya sangraha for prameha

Sr No	Dravya	Rasa	Virya	Vipaka
1	<i>Nisha</i>	<i>Tikta, Katu</i>	<i>Ushna</i>	<i>Katu</i>
2	<i>Amalaki</i>	<i>Pancharasa, Lavana Varjit, Amla Pradhana</i>	<i>Shita</i>	<i>Madhur</i>

Dosha	<i>Katu Rasa, Ushna Virya - Reduces Kapha And Regulate Vata. Madhura Vipaka -Prevents Vata Aggravation.</i>
Dushya	<i>Meda Dhatu And Kleda are responsible for Madhumeda predominately. Katu Rasa – Medakledopa Shoshana Madhura Rasa – Sthira Guna reduces Sharir Shaithaliya Ushna Virya - Kleda Meda Vilayana</i>
Agni And Ama	<i>Katu Rasa and Ushna Virya – Deepana, Ama Panchana, Works On Dhatwagni and Produces Samyaka Dhatu.</i>
Strotas	<i>Haridra mainly does Mutrasangrahani Action and Reduces Prabut Mutrata and Nakta Mutrata</i>

2. PHALATRIKADI KWATHA^[12]

Drug	Action on prameha
Triphala	<i>Kapha-Medahara, Kledashoshka, Rasyana, Pachak, Anulokama</i>
Daruharidra	<i>Anulomaka, Kledashosha, Medo Gamitwa</i>
Vishala	<i>Kledshoshaka, Pachaka, Rechaka</i>
Musta	<i>Rasa Dhatu, Aap Dhatu Pachaka, Amashaya Gata Kleda Pachaka, Mutra Margatun Kleda Pachana Va Nirharana</i>

According to above mentioned mode of actions, *phalatrikadi kwatha* is useful in *prameha chikitsa* by enhancing Agni and *Virechana* removes all the waste.

3. CHANDRAPRABHA VATI^[6]

<i>Medohara</i>	<i>Shilajatu, Maricha</i>
<i>Pramehaghna</i>	<i>Guduchi, Haridra, Amalaki</i>
<i>Tridoshaghna</i>	<i>Guggulu</i>
<i>Lekhana, Vyavayi</i>	<i>Vacha, Ativish, Vidlavana</i>
<i>Kaphaghna</i>	<i>Haridra, Devdaru</i>
<i>Shothagna</i>	<i>Kiratikta, Ativisha</i>
<i>Rasyana</i>	<i>Guduchi, Haritaki</i>

This Drug Gives An Overall Effect On *Madhumeha Samprapti*.

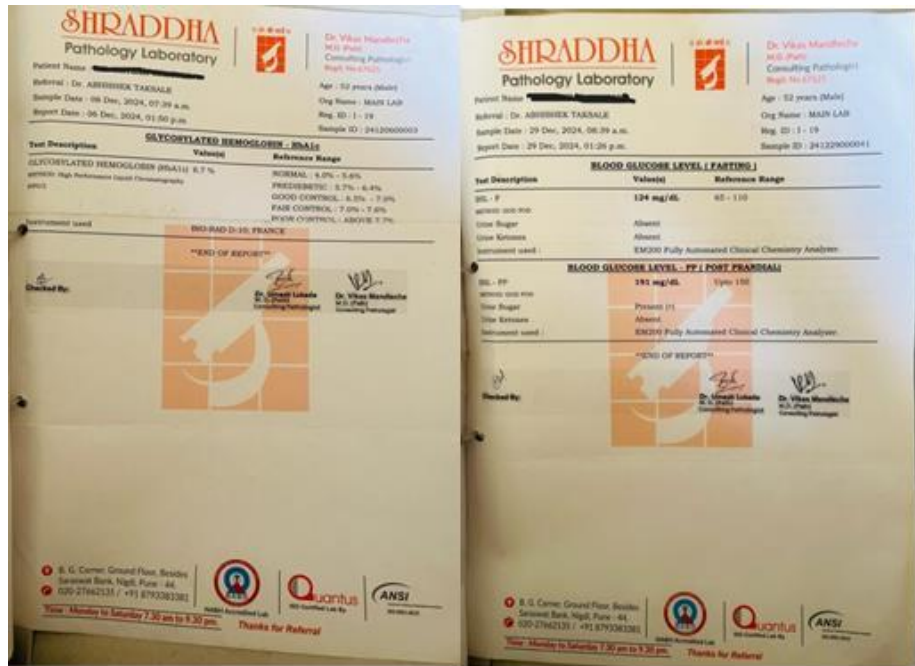
4. SARASWATARSISTHA^[14]

Sarastwatarishta is a Medhya Rasayana. Acts on vitiated vata. Saraswatarishta works on mansik bhava in this

case. As the stress induced increase in blood sugar levels is maintained with help of Sasraswatarishta by relaxation and providing adequate sleep.

OBSERVATION AND RESULT

SR NO	PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
1	BSL – FASTING	124 mg/dl	107 mg/dl
2	BSL – POST PRANDIAL	191mg/dl	139 mg/dl
3	HBA1C	6.7 %	5.7 %
4	Naktamutrata Frequency	4 To 5 Eps Through Night	1 Ep Sometimes , Mostly No
5	Sleep	Inadequate	Sound Sleep
6	Burning Over Soles	Moderate Level	No Burning Present
7	Weight	90 Kgs	78 Kgs



BEFORE TREATMENT.



AFTER TREATMENT

SUBSEQUENT FOLLOW UP

CONCLUSION

Hence, This Intergrated Approach Of Modern Medicine Along With Ayurvedic Medicines Gave A Significant Output. This Actually Resulted In Reduced The Frequency Of On Going Tablet - Tab Glycoment SR From Twice A Day To Once A Day. And With Help Of Ayurvedic Management We Were Able To Bring Dynamic Reduction In Sugar Levels, Average Sugar Levels, Significant Weight Loss, Reduced Naktamutrata Frequency For Multiple To One Or None And Sleep Was Improved, which indicate metabolic correction, Hence This Treatment Has Patient Centered Outcomes And Cost Effectiveness. This Was Just A Single Case Study How We Can Use Knowledge Of Both Sciences And Give Output. This Single Case Study Can Be Used As A Treatment Protocol For Large Scale Population.

DECLARATION OF PATIENTS CONSENT

Patient's written consent has been taken to publish patient's information without disclosing identity of patient.

CONFLICT OF INTEREST

The author declares no conflict of interest.

SOURCE OF SUPPORT

None.

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