



CASE STUDY ON DIABETES: AN AYURVEDIC TREATMENT REVIEW

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ABSTRACT

Diabetes is major health problem affecting mankind since ancient time. The people live in developed and developing country shows rapidly rising glycaemic concentration. Diabetes is metabolic disorder in which carbohydrate utilization is reduced & that of lipid and protein enhanced due to deficiency of insulin which ultimately results in hypoglycaemia. Ayurvedic text briefly describe about the etiology, pathogenesis, types, prognosis, complications and management of *prameha*. The present case study is of 65 years old male patient visiting Ayurved College with chief complaints of increased frequency of micturition, excessive hunger, excessive thirst, excessive sweating, and weakness. On the basis of physical findings and investigations the diagnosis of *Prameha* (Diabetes mellitus type-2) was made. The treatment plan opted was use of *Sanshamana Chikista* along with modification of diet and lifestyle. Regular follow up visits at the interval of fifteen days were done for a period of 4 months.

KEYWORDS: *Sanshamana Chikista, prameha.*

INTRODUCTION

The aim of *Ayurveda* science is not only to treat the disease but also maintain the health of the healthy person.^[1] *Prameha* is one of the important diseases which have been giving prime importance in our literature. It is one of the from *mahagada* diseases i.e difficult to treat.^[2] It is an *aanushangi vyadhi*.^[3] The main symptoms of *prameha* are increased frequency, and quantity of urine along with turbidity of urine.^[4,5] *Prameha* correlated with diabetes which is a global health problem. Population living in developed and developing country shows rapidly rising glycaemic concentration.^[6] Diabetes is metabolic disorder in which carbohydrate utilization is reduced & that of lipid and protein enhanced due to deficiency of insulin which ultimately results in hypoglycaemia.^[7] Diabetes mainly caused due to when pancreas does not produce enough insulin or when the body cannot effectively use the insulin due to its resistance. Various complications which are commonly seen includes kidney damage (nephropathy), nerve damage (neuropathy), retina damage (retinopathy), cardiovascular diseases, foot damage, hearing impairment, skin infection.^[8] Rising prevalence of diabetes mellitus in adult globally estimated to be 150 million and figured to be double by 2025.^[9] Prevalence of diabetes in India is 8.4%.^[10] One in six people with diabetes in the world is from India

which estimated 77 million diabetics.^[11] The history of diabetes (*Prameha*) traced back in 1000 BC (*Caraka Samhita*). Descriptions concerning the disease and its management are available in *Ayurvedic* literature. *Caraka Samhita* (1000 BC) and *Susruta Samhita* (1000-600 BC) defined *Prameha* in details as the disease which is manifested by frequent and copious micturition with turbidity is known as *Prameha*. Classical text attributes multi-factorial etiology to the causation of *prameha*. The main etiological factors are dietary, life style and environmental factors which includes; Hereditary factors (*Jatah-Pramehi*), genetic association (*Beeja Dosha*), sedentary life, excessive eating, freshly harvested foods and grains (*Navannapana*), consumption of sweet food articles (*Gudavikrita*), intake of certain foods from geographical areas enriched water resources (*Anupadesha*), and all the factors (food/lifestyle) that aggravate *Kapha Dosha* etc.

CASE STUDY

A 65 yr old male patient came to the O.P.D. of *Kayachikitsa* of our college. He was presented with the following complaints.

Main complaints with duration

- 1) Weakness (dourbalya)
- 2) Increased frequency of micturition (prabut mutrata)
- 3) Excessive hunger (ksudha-adhikya)

- 4) Excessive thirst (pipasa- adhikya)
 5) Excessive sweating (sweda-adhikya)
 Since last 03 months

History of present illness: Patient was normal before 03 months and then gradually developed above symptoms. For the better treatment he came to O.P.D of *Kayachikitsa* of Shri G.N.T Hospital of Vidarbha Ayurved Mahavidyalaya, Amravati.

Past History: No any past history.

Family History: No any family history to any family member.

Personal history: Patient is vegetarian but used to take extra oily and spicy diet, with a no habit of intake of junk food. Frequency of micturition is 8-9 times during day and 1-2 times at night, bowel habits are irregular with mild constipation (once/day, hard stool sometimes) and the patient has no addictions.

General examination

General condition	Good
BP	140 /80 mmHg
PR	86 / min
RR	19 / min
Body Wt	64 kg
BMI	20.1 Kg/m ²
Tongue	Coated
Temperature	98.5 ⁰ F
Pallor	Absent
Icterus	
Clubbing	
Cyanosis	

Systemic examination

Respiratory System	Air entry bilaterally equal
Cardiovascular System	S ₁ , S ₂ clear, No Murmur
Central Nervous System	Conscious and oriented
GI System	P/A- Soft, Normal bowel sounds, No splenomegaly & hepatomegaly

Ashatavidh Pareeksha

<i>Nadi</i>	<i>Gati</i> - 86/ min
<i>Mala</i>	<i>Vibandhita mala yadakada</i> (sometimes)
<i>Mutra</i>	D/ N – 9 / 2 times
<i>Jivha</i>	<i>Alpa saam</i>
<i>Shabda</i>	<i>Prakrita</i>
<i>Sparsha</i>	<i>Ushna</i>
<i>Druk</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Madhyama</i>

Dashvidh Pareeksha

<i>Prakriti</i>	<i>Vata Pitta</i>
<i>Vikriti</i>	<i>Kapha – bahumutrata, Pitta- sweda-adhikya</i>
<i>Sara</i>	<i>Rakta, Rasa Sara</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Shada rasa satmya</i>
<i>Ahara Shakti</i>	<i>Abhyavarana shakti: Madhyama</i> <i>Jarana Shakti: Avar</i>
<i>Vyayama Shakti</i>	<i>Madhyama</i>
<i>Vyavay</i>	<i>Alpa</i>

Treatment plan

Choorna preparation-

- A)
- 1) Daruharidra
 - 2) Amalaki
 - 3) Guduchi
 - 4) Musta
 - 5) Shunthi
- } all in equal proportion. 03 gm after lunch & dinner.

B)

Arogyavardhini vati, *Sutshekhar rasa* & *Avipittikar choorna* were given from first day of the treatment while *Shilajatwadi vati* was started after one month. Medicine was given for the period of 4 months.

No	Kalp	Kal	Matra	Anupan
1	<i>Arogyavardhini</i>	Aft lunch & dinner	500 mg	<i>Koshna jal</i>
2	<i>Sutshekhar rasa</i>	Before lunch & dinner	500 mg	<i>Koshna jal</i>
3	<i>Avipittikar choorna</i>	At bed time	3 gm	<i>Koshna jal</i>
4	<i>Shilajatwadi vati</i>	Aft lunch & dinner	500 mg	<i>Koshna jal</i>

C) Exercise- 4 km walking in near about 50 minutes

Pranayama- Anulom – Vilom, Kapalbhata, Bhramari, for 30 min daily.

Investing of the patient

No	Investigation	B.T	A.T 30 days	A.T 60 days	A.T 90 days	A.T 120 days
1	Fbs	156	140	135	120	104
2	Pmbs	265	225	212	190	153
3	HbA _{1c}	6.8	-	-	-	5.4

Rests of CBC, Lipid profile were within normal limit.

DISCUSSION

The use of insulin & other OHA^S drug is great achievement of modern medicine science but side effect of long term use of these drugs are serious & incurable or difficult to treat. The changing life style, lack of exercise, consumption of fast food, cold drinks & faulty food habits which is responsible for formation of *Ama* which reduces the digestive power. *Prameh* is *tridoshaj kapha pradhan vyadhi* & important *dushya meda, kled, lasika, masa* are involved in the pathogenesis of the diseases.

Probable mode of action of *Arogyawardhini vati*- it act as *deepan, pachan* as it contains *chitraka, vara, tamra bhasma*. It reduces *ama, kleda* increase the appetite. Rejuvenating property also seen as it contains *shilajatu*.^[12]

Probable mode of action of *Sutshekhar Rasa*- It contains *chaturjat, tankan, tamra bhasma, shanka bhasma, gandhak, tirkatu*, which has mainly *katu, tikta, kashaya, madhur rasa katu vipaka, ushana veerya, & ruksha guna* in nature. In *prameha mandagani* leads to *ama* formation. *Trikatu* is good medicine for *ama pachana*. Overall it reduces *kled*, increases the *agani*. Due to above mention action *Sutshekhar Rasa* help to break the pathophysiology of the diseases.

Probable mode of action of *Shilajatwadi Vati*- Most of the content of the *Shilajatwadi Vati* are *tridosh-shamak* and has *kashay, tikta rasa* which act as *deepan, ropan, preenan, sangrahi, kapha-pitta prashman*. *Shilajatu* has mainly *katu, tikta, kashaya, rasa katu vipaka, ushana veerya, tridosh-shamak* properties. *Katu rasa* pacify the

kapha dosha & meda- dhatu dushhi. It acts as *deepan, amahara*, destroys *swed, kled, mala*.^[13] Being *rasayan* property improves quality of the *dhatu* production.

Probable mode of action of *Choorna- Choorna* contains *shunti, musta, guduchi, daruharidra, amalaki*. Overall action of the *choorna* is *deepan, pachan, triodsh-shamak, swedhar, kledhar*.

CONCLUSION

Prameha is a diseases which mainly caused due to multidimensional etiological factors and also silent killer which needs to be treated as early as possible to avoid complications. From *Ayurvedic* classical text and the above data it can be concluded that *Ayurvedic* management of *prameha* can be achieved by proper use of *Shamana aushadha* and following proper dietary habits and lifestyle changes(exercise, *pranayama*). In this case *Shamana aushadhi* have given good results and within 3 months of starting the treatment, raised blood sugar levels decreases to pre-diabetics range while after 4 months, the sugar levels were in normal range. To validate the treatment plan study can be carried out on large sale.

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