



# A CASE STUDY ON MADHUMEHA (DM TYPE II) MANAGEMENT: A LIFESTYLE DISORDER VYADHI

DR. NAMIT VASHISTHA<sup>1</sup>, DR. PREETI SHARMA<sup>2</sup>

1. Associate Professor and Head - Department of Swasthavritta and Yoga, Kunwar Shekhar Vijendra Ayurved Medical College and Research Centre, Shobhit University, Gangoh, Saharanpur, UP.
2. Assistant Professor, Department of Maulik Siddhant and Samhita, Kunwar Shekhar Vijendra Ayurved Medical College and Research Centre, Shobhit University, Gangoh, Saharanpur, UP.

**Corresponding Author - Dr. Namit Vashistha**, Associate Professor and Head - Department of Swasthavritta and Yoga, Kunwar Shekhar Vijendra Ayurved Medical College and Research Centre, Shobhit University, Gangoh, Saharanpur, UP. **Mob -9034284997**

## ABSTRACT

Diabetes mellitus is a significant health epidemic that has afflicted humanity from the dawn of civilization. It's a well-known multifactorial metabolic condition marked by unusually high blood glucose levels caused by a shortage of insulin, either absolute or relative. Diabetes has become much more common in recent years as a result of sedentary lifestyles and poor eating habits, which are the primary etiological causes of the condition. According to the latest IDF data, India now has 72.9 million individuals living with diabetes. Madhumeha, a kind of Vataja Prameha characterized by the passage of an excessive volume of sweet urine, is recorded in ancient Ayurvedic scriptures. Body soreness, sweet taste in the mouth, burning feeling at sole, excessive hunger, excessive thirst, excessive mental tension, and increased frequency of micturition are the main symptoms of a 56-year-old male patient attending my Clinic. The diagnosis of Madhumeha (Diabetes mellitus, type-2) was obtained based on physical findings and studies. The treatment approach chosen included the usage of Sanshamana aushadhi as well as dietary and lifestyle changes. For a month, regular follow-up visits at seven-day intervals were conducted. Significant results were found after one month of therapy.

**Keywords:** *Madhumeha*, Diabetes mellitus, Lifestyle, Diet.

## INTRODUCTION

Diabetes mellitus was named Madhumeha by ancient Indian physicians because sufferers' urine attracted ants. The illness Prameha has a Vataja sub-type called Madhumeha. This sickness, known in Ayurveda as

mahagada<sup>1</sup>, has been plaguing humans since the dawn of time, and the evidence of this disease and its repercussions is growing by the day. It's a group of clinical conditions that include obesity, prediabetes, diabetes, and metabolic syndrome. The cardinal symptom of sickness Prameha is described in Ayurvedic books as "prabhootavila mutrata," or the excretion of large amounts of turbid urine, which is similar to the sign of Diabetes mellitus described in current sources.<sup>2</sup> According to epidemiological research, the global incidence of diabetes in adults is rising, with 424.9 million persons diagnosed in 2017<sup>3</sup>.

India is no exception to this worldwide trend, with the world's second-highest number of diabetics. Diabetes mellitus is a collection of metabolic illnesses defined by long-term hyperglycemia caused by impaired insulin production, insulin action, or both.<sup>3</sup> The symptoms of hyperglycemia (high blood sugar) include frequent urine (polyuria), increased thirst (polydipsia), and increased appetite (hyperglycemia) (polyphagia). Diabetes mellitus can progress to diabetic ketoacidosis, non-ketotic hyperosmolar coma, heart disease, stroke, kidney failure (nephropathy), foot ulcers, retinopathy, cataracts, and glaucoma if left untreated.

Santarpanajanya tridoshaja vyadhi Prameha is a Santarpanajanya tridoshaja vyadhi Prameha is Santarpanajanya tri-dosha Excessive pramehotpadaka ahara-vihara, according to Sushruta, causes the vitiation of aparipakva Vata, pitta, and Kapha, which then mixes with medodhatu<sup>4</sup>. These vitiated dosha and dhatus descend through the mutravaha srotas, generating Prameha. Madhumeha (Vataja Prameha) is classified as asadhya, or incurable, according to Ayurveda, although it may be treated. Shamana chikitsa (drug intake), Shodhana chikitsa (panchakarma treatment), and Pathya aahara vihara are all examples of Ayurvedic management (dietary modification and lifestyle changes).<sup>5</sup>

## CASE STUDY

On the 12th of October 2021, a 56-year-old male patient with Sarvangasana (body ache), madhuryamasyata (sweet taste of mouth), karapadadaha (burning sensation at sole), pipasadhikya (polydipsia), mootraadhihikya (polyurea) for more than 6 to 7 months, and other associated complaints of kshudha vridhhi (ex-the patient is lacto-vegetarian but used to eat an extra greasy and fatty diet, as well as a tendency of eating junk food and sleeping throughout the day. Micturition occurs 10-11 times throughout the day and 5-6 times at night, and the patient's bowel habits are inconsistent, with slight constipation (once every 4-5 days, firm stool), and no addictions. For the previous year, the patient had been diagnosed with type 2 diabetes mellitus. He was on metformin, but he was inconsistent in taking his medication and having his blood sugar levels checked regularly. His mother has diabetes, according to his family history.

The patient's general examination indicated dry tongue, with a pulse rate of 78 beats per minute, a respiratory rate of 17 beats per minute, and a blood pressure of 130/70 mm Hg. He weighed 70 kg, was 167 cm tall, and had a BMI of 25.1 kg/m<sup>2</sup>.

The examinations of his respiratory system, gastrointestinal system, cardiovascular system, central nervous system, and locomotor system revealed no abnormalities. On October 10, 2021, his blood tests revealed a

fasting blood sugar level of 212 mg/dl (normal range: 70-110 mg/dl), a postprandial blood sugar level of 264 mg/dl (normal range: 70-140 mg/dl), and Glycosylated hemoglobin (HbA1c) of 7.8%. (4-6 percent Normal). The patient was diagnosed with Madhumeha based on his or her presentation (Diabetes mellitus type-2).

For the above complaints and investigation results, and Modern doctor recommended that he take Injection Humalog 25/75 (Insulin Lispro) 12 units before breakfast and 6 units before dinner, but he preferred to try Ayurvedic medications and came to this clinic for the first time on October 10, 2021.

## TREATMENT PROCEDURE

**For 30 days, the following oral drugs were given:**

- Take two tabs of Madhunashini Vati and two tabs of Chandraprabha Vati twice a day with lukewarm water after each meal.
- Take one tab of BGR-34 three times a day with lukewarm water before each meal.
- Take Madhu Meha Rasa (100 mg), Trivanga bhasma (125 mg), and Giloy Swarasa (10 ml) twice a day before meals with honey.
- Take Yoga like Mandukasana, Balaasana, Ustrashana, etc. for 20 mins.

**The following treatment program was followed after 30 days:**

- Take two tabs of BGR-34 three times a day with lukewarm water before each meal.
- Take two tabs of Madhunashini Vati and two tabs of Chandraprabha Vati twice a day with lukewarm water after each meal.
- Take Yoga like Mandukasana, Balaasana, Ustrashana, etc. for 20 mins.

Along with the foregoing prescriptions, the patient was instructed to drink Amla juice (15 ml) in the morning with Haridra Churna (1.5gm), go for a daily outdoor walk for 1/2 hour, and avoid divaswapna (sleeping during the day).

The patient reported a decrease in the previously described symptoms at the first follow-up (after 15 days of medication).<sup>6</sup> The frequency of micturition was reduced, and body soreness, sleep, thirst, and hunger were improved. On the second follow-up (21st day), the patient's symptoms were significantly improved. On the third follow-up (the 28th day), the patient reported feeling lighter and more active in daily activities, as well as less mental tension and foot burning.

Follow Up	Fasting blood Sugar	Postprandial blood Sugar
Reference point (0 Day) [12 October, 2021]	212 mg/dl	264 mg/dl
Follow up-1 (15 <sup>th</sup> Day) [27.10.2021]	155 mg/dl	175 mg/dl
Followup-2 (21 <sup>th</sup> Day) [03.11.2021]	116 mg/dl	147 mg/dl
Followup-4 (28 <sup>th</sup> Day) [10.11.2021]	105 mg/dl	128 mg/dl

On October 12, 2021, the patient's serum creatinine was 0.7 mg/dl, his serum cholesterol was 152 mg/dl, his serum triglycerides were 189 mg/dl, his VLDL was 13 mg/dl, his HDL was 24 mg/dl, his SGOT(AST) was 117 U/L, and his SGPT(ALT) was 203 U/L. His total bilirubin was 0.6 mg/dl on October 12, 2021, total proteins were 5.0 g/dl, alkaline phosphatase was 202.8 IU/L, and SGOT and SGPT improved to 52 and 61 U/L, respectively. Improvement in subjective symptoms and signs, as well as lower fasting and postprandial blood sugar levels, as well as SGOT and SGPT levels.

## DISCUSSION

Madhumeha's pradhan tridoshaja vyadhi is Vata-Kapha. Madhumeha has two types: Sahaja (type-1) and Apathyanimittja (type-2).<sup>7</sup> Krishna, Dhatukshayajanya, and Apatarpanjanya are kinds that can be associated with Sahaja Madhumeha, whereas Sthula, Avaranjanya, and Santarpanjanya are types that may be correlated with Apathyanimittaja Madhumeha. Because this patient has apathyanimittaja Madhumeha, medications that act on the primary components of the illness, such as media dhatu, kleda, Kapha, and meda dhatvagni, as well as pharmaceuticals with deepen, pachanga, lekha, Vata-kaphahara, and medohara characteristics, are necessary for therapy.

In Prameha Chikitsa Adhyaya<sup>8</sup>, Yogaratnakar mentions Vasant Kusumakar Rasa.<sup>8</sup> It is a powerful anti-diabetic drug<sup>9</sup> that works by combining the effects of each of the drug's constituents. Praval Pishti, Ras Sindoor, Mukta Pishti, Abhrak Bhasma, Swarna Bhasma, Rajat Bhasma, Loha Bhasma, Naga Bhasma, Vanga Bhasma, Vasa, Haldi, Ikshu, Kadali, Kamal, Chameli, Shatavari, Chandan, Vasa, Haldi, Ikshu, Kadali, Kamal, Cha Trivanga bhasma is an Ayurvedic medicine made up of lead, zinc, and tin.<sup>9</sup> It is also an effective antidiabetic, as evidenced by references in ancient writings and research. Guduchi is a hypoglycemic or antidiabetic drug.<sup>10</sup> As a result, the Vasant kusumakar rasa, Trivanga bhasma, and Giloy satva combo successfully lowered blood sugar levels.<sup>11</sup>

Guduchi, Jambu, Katuki, Nimba, Kirata Tikta, Gudamara, Karavellaka, Kutaja, Go-kshura, Karcura, Haridra, Kala-Megha, Babbula, Krishna Jiraka, Ativisha, Ashwagandha, Bilva, Triphala, Vata, Shilajatu, and Methika are some of the herbs included in Madhunashani Vati Karela, Kutki, Chiraita, Neem, Methi, Jamun,



Ashvagandha, Atis, Shilajeet; Giloy, Peepalamool, Dhaniya, Bahera, Chavya, Atees, Yavkkshar, Nishoth, Dantimoola, Tejpaat, Dalchini, Badielaichi, Vanshlochan, Sugar.<sup>12</sup> All of the compounds listed above have anti-diabetic and hypoglycaemic properties, making them useful in the treatment of diabetes.<sup>13</sup>

## CONCLUSION

Madhumeha is a multifactorial silent killer that requires prompt treatment to avoid complications. Based on the information presented above, it can be stated that Ayurvedic care of Madhumeha may be done by the use of Shamana aushadha and the implementation of correct dietary and lifestyle adjustments. In this example, Shamana aushadhis produced great results, with elevated blood sugar levels dropping to pre-diabetic levels after one week of commencing therapy, and sugar levels returning to normal after 21 days. To validate the treatment plan, more research can be done on a wide population.

## REFERENCES

1. Sharma H, Chandola HM, Prameha in Ayurveda: correlation with obesity, metabolic syndrome, and diabetes mellitus. Part 1-etiology, classification, and pathogenesis. J Altern Complement Med., 2011 Jun; (6):491-6.
2. International Diabetes Federation. IDF Diabetes Atlas, 8th ed., Chapter-3. Brussels, Belgium: International Diabetes Federation, 2017; p. 49.
3. Rasheed A, Naik M, Mohammed-Haneefa KP, Arun-Kumar RP, Azeem AK. Formulation, characterization and comparative evaluation of Trivanga bhasma: A herbs-mineral Indian traditional medicine. Pak J Pharm Sci. 2014 Jul;27(4):793-800.
4. Dhulia I, Parcha V, Pant G, Kumar D, Maithani A. Anti-hyperglycemic effect of methanolic extract of *Tinospora cordifolia* (Willd.) stem on experimentally induced diabetic rats'; Journal of Pharmacy Research. 2011; 4(8): 2828-2830.
5. Gupta SS. Some observation on the antidiabetic effect of *T. cordifolia*, Ind J Physi Pharm.1964;8(2).
6. Rajalakshmi M, Eliza J, Priya CE, Nirmala A, Daisy P. Anti-diabetic properties of *Tinospora cordifolia* stem extract on streptozotocin-induced diabetic rats. African Journal of Pharmacy and Pharmacology, 2009 May; 3(5). p.171-180.
7. Shastri Ambikadutta. Sushruta Samhita of Sushruta, Part-I, Nidanasthana; Prameha Nidana, Chapter-6, Verse 6. Varanasi: Chaukhamba Sanskrit Sansthan, 2009; p.326.
8. Shastri Ambikadutta. Sushruta Samhita of Sushruta, Part-I, Nidanasthana; Prameha Nidana, Chapter-6, Verse 4. Varanasi: Chaukhamba Sanskrit Sansthan, 2009; p.326.
9. Sashtri Brahmashankar. Commentary Vidyotini by Pt. Laxmipati Sashtri on YogaRatnakar, Uttaradha, Prameha Chikitsa Adhaya, Chapter 12, Verse 1-4. Varanasi: Chaukhambha Prakashan, Edition 10th; p. 94
10. International Diabetes Federation. IDF Diabetes Atlas, 8th ed., Chapter-3. Brussels, Belgium: International Diabetes Federation, 2017; p.43.

11. Wadood N, Wadood A, Shah SA. Effect of *Tinospora cordifolia* on blood glucose and total lipid levels of normal and alloxan-diabetic rabbits. *Planta Med.* 1992; 58(131):6.
12. Bhardwaj R, Gangary SK. Ayurvedic Management of Diabetes Mellitus Type-II: A Case Study. *J Ayu Herb Med* 2020;6(2):60-62.
13. Jameson J. Larry, Fauci Anthony S. et al; *Harrison's Principles of Internal Medicine*, 20th Edition, Volume-II; Diabetes mellitus: Complications, Chapter 398. New York: McGraw-Hill Education, 2018; p.2875.

