



MANAGEMENT OF PRAMEHA (DIABETES MELLITUS) WITH THE HELP OF AYURVEDIC INTERVENTION – A CASE STUDY

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ABSTRACT

Prameha, which is known to world as Diabetes, is a global health problem and receiving much attention now-a-days. Prameha is a common functional metabolic disorder characterized by hyperglycemia. It includes all those clinical conditions which are characterized by increased quantity of urine associated with or without the increased frequency of micturition. In the present case study, a 46 years old male patient came to us with complaints of Mukh daurgandhya (halitosis), daurbalya (generalized weakness), malaavstambha (constipation), Prabhutmutrata (excessive urinations), Naktamutrata (nocturia), aruchi (anorexia), adhman (bloating) since 2 years and treated with the combination of Ayurvedic drugs and advised to follow proper diet. The patient got satisfactory symptomatic relief as well as reduction in blood glucose level and HbA1c level within 3 months of treatment.

KEYWORDS: Prameha, Madhumeh, Diabetes mellitus, Ayurvedic drugs.

INTRODUCTIONS

Prameha is one of the disorders described in ancient Ayurvedic samhitas which get prime importance in Ayurvedic literature as it is included in Mahagadas. Due to more increasing number of patients found in India it also terms as "DIABETES CAPITAL OF WORLD". The manifestation of the disease is described as "Prabhutavilmutrata," which means frequent and copious urine with turbidity.^[1] Dushya involved in Prameha are meda, mansa, kleda, shukra, shonit, vasa, majja, lasika, rasa and oja in association with three doshas manifests different sub-types of prameha which causes variation of all above doshas and oja.^[2]

An Ayurvedic Pharmaco-epidemiological study has shown that 41% of diabetic patients are taking Ayurvedic treatment to treat diabetes.^[3] According to data presented by WHO in the year 2000, 171 million people were suffering from diabetes, out of them 31.7 million were from India. According to International Diabetes Federation Estimated figure of Diabetics in India by year 2030 is 31.7 to 79.4 million which will be 1/5th of the total diabetic population at that time. The prevalence of diabetes for all age-groups worldwide was 2.8% in 2000 and estimated to be 4.4% in 2030.^[4]

Hence taking into consideration of its severity combination of Ayurvedic medicines was taken to prove its efficacy for the satisfactory management of Prameha. The patient came with complaints of prabhutmutrata, mukh daurgandhya and had a history of diabetes with increased level of Blood glucose and HbA1c. The patient was treated with combination of Ayurvedic herbs and formulations for duration of 3 months and found tremendous result in a reduction of symptoms and reduced level of blood glucose and HbA1c.

CASE REPORT

A 46 years old male patient came to us with below mentioned complaints.

Showing symptoms of patient:

Sr.no	Chief complaints	Durations
1	Prabhutmutrata (excessive urination)	Since 2 years
2	Daurbalya (Generalized weakness)	Since 2 years
3	Naktamutrata (nocturia)	Since 2 years
4	Aruchi (Anorexia)	Since 7 months
5	Adhaman (bloating)	Since 4- 5 months
6	Malavastambha (constipations)	Since 3 -4 months
7	Mukha daurgandhya (Halitosis)	Since 3-4 months

History of present illness

The patient was healthy before 2 years back, after that he was diagnosed with Prameha (diabetes mellitus). He had complaints of Prabhutmutrata (excessive urination), daurbalya (weakness), Naktamutrata (nocturia) and took an allopathic treatment for that. He was taking Tab.Metformin from 2 years but there were no satisfactory reduction in blood sugar level and new symptoms started to appear i.e Mukha daurgandhya that's why he came to our hospital – Ayurvedrugnalaya and sterling multispecialty hospital Nigdi, Pimpri-chinchwad in kaychikitsa opd .

Ashtavidha pariksha

Nadi (pulse):80/min

Mala : Malavibandha

Mutra: 9-10 times a day(5-6 times in night)

Jivha:Saam

Druk: Prakrut

Akriti: Madhyam

Shabdha: Spastha

Sparsha: Anushnasheet

Raktadabh: 120 /70 mm of hg

MATERIAL AND METHOD

Centre of study:

Centre of study: PDEA'S Ayurved Ruganalay And Sterling Multispecialty Hospital Nigdi, Pimpri – Chinchwad, India.

Method of sampling & study design: Single Case Study.

Table 2: Showing Material used in study.

Sr.no	CHIKITSA	MATRA	KALA	Anupana
1	Daruharidra churna	250 mg	1pack bd	Luke warm water
2	Chitrakmula churna	250 mg		
3	Trikatu churna	250 mg		
4	Vidang churna	250 mg		
5	Nishakathakadi kwathghan vati	500 mg	1 bd	Luke warm water
6	Chandra prabha vati	500 mg	1 bd	Luke warm water
7	Lavangadi vati	500 mg	1 bd	Chewable

Table 3: Showing Material used for procedure.

Procedure	Dravya	Dose & Durations
Kawal	Triphala+vidang +yastimadhu	15 gm bd . For gargling with luke warm water

DISCUSSION

Hetu sevan^[5]

Ahar: Navanna paan (newly harvested food), guda (jaggery), masya (fish), mutton, chicken, eggs, milk, oily food, spicy foods, vadapaav results vitiations of tridosha .

Vihar: He was a watchman by professions, continuous sitting work (asyasukham) and waking up at night (ratrijagaran) and sleeping in day (Diwaswap), alpavyayam results vitiation of kapha dosha.

Samprapti: Prameha samprati.

Samprapti Ghatak

Dosha-Tridosha (Kapha, Pitta and Vayu.)

Dushya - Rasa, Rakta, Mamsa, meda, majja, shukra, oja, lasika, kleda and vasa

Srotasa-Mutravaha, Medovaha, Udakavaha, Swedavaha, Mamsavaha, Rasavaha, Raktavaha, Majjavaha, Shukravaha srotas.

Srotodushti- Sanga and Atipravritti.

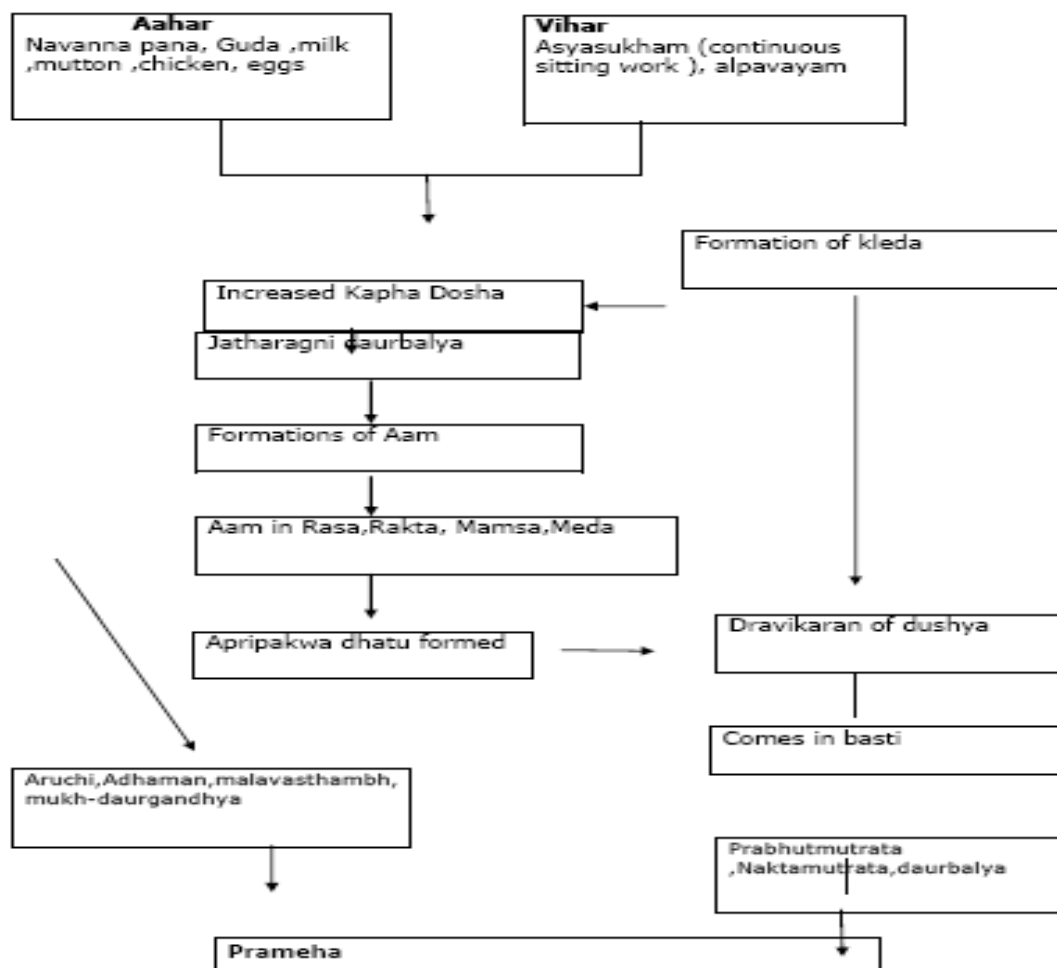
Agni- Vaishamya of all Agnis (or Dhatvagnimandya)

Sanchar sthan- Sarva shareer

Udhava sthana- Amashaya

Adhisthan- Basti

Vyakta sthan -mootravaha srotas as well as Sarva Shareer.



Samprapti bhanga

Ayurveda believes Kapha is the main culprit dosha in Prameha Samprapti, therefore patient had been suggested to follow nidana pariwarjan i.e. to avoid the causative factors mentioned previously. In the present case study patient had complained of mukh daurgandya (halitosis) aruchi (anorexia), Adhmana etc. due to deterioration of Agni and Ama formation, therefore the choice of treatment was Aampachak, deepan, khaphagna, grahi and rasayan chikitsa. Drugs like Druharidra, chitak,

lavangadi vati and Trikatu helped to enhance the digestive fire. Proper metabolism and balanced Kapha dosha hamper the process of kleda formation. Ayurvedic formulation like Nishakathakadi Ghana vati did the appropriate lekhan karma and reduced the excessive production of Kleda. It results into decreased evacuation of kleda through urine. Balya and Rasayan formulation like chandraprabhavati had been used to overcome the dhatu-shaithilya brought by excessive kleda. As well as kawal paan was advised for mukhshodhan.

Table no. 4: Showing samprapti bhanga.

Sr.no	Dravya	Actions
1	Daruharidra ^[6]	Balya, Deepan, Pachan, Grahi, Pittavirechak, Rasayan.
2	Chitrakmula ^[7]	Deepan, pachan, grahi, rasayana, vanhikrut, hrudya
3	Trikatu ^[8]	Deepan, medoghna, aampachak, mehagna, galamaya
4	Vidang ^[9]	Krumihara, vatahara, aruchihara, agnimandya hara
5	Nishakathakadi kwath ghan vati ^[10]	Lekhan, mehaghna, hrudya samshranay
6	Chandraprabha vati ^[11]	Tridosahar, Lekhan, deepan, krumighna, sarvroga pranashini
7.	Lavangadi vati ^[12]	Deepan, pachan, ruchikara, kaphapitta hara

OBSERVATIONS AND RESULTS

Clinical examination of patient shows reduction in symptoms.

Table no. 5: showing revealed regression of symptoms in 3 months.

Sr.no	Symptoms	1 st day	15 th day	30 th day	45 th day	60 th day	75 th day	90 th day
1	Prabhutmutrata	++++	+++	++	++	++	+	+
2	Daurbalya	++	++	++	+	+	-	-
3	Naktamutrata	+++	++	++	++	+	+	+
4	Aruchi	++	++	+	-	-	-	-
5	Adhaman	+	+	+	-	-	-	-
6	Malavastambha	++	++	+	+	-	-	-
7	Mukha daurgandhya	+++	+++	++	+	-	-	-

Table no. 6: Showing investigations result before and after treatment.

Investigations	Before treatment	After treatment
BSL – Fasting	238 mg/dL	103 mg/dL
BSL –Post Prandial	392mg/dL	168 mg/dL
HbA1c	11.1 %	7.5 %
Urine sugar	+++	+

CONCLUSION

There was significant improvement in overall symptoms, blood sugar level and HbA1c after 3 month of treatment given as Shaman aushadhi and with proper diet.

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