

THE ROLE OF *BHUMYAMALAKI KWATH GHANVATI* IN THE MANAGEMENT OF *MADHUMEHA***Vd. Tejal Suryavanshi^{1*}, Vd. Medha M. Joshi², Vd. Rupali Khobragade³, Vd. Vrinda Kurande⁴,
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ABSTRACT

Diabetes mellitus is a significant health epidemic that has afflicted humanity from the dawn of civilization. It is 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. This article is a case study of a 52 years male patient with signs & symptoms of *Madhumeha*. Patient was treated with ayurvedic medicine and principles of Ayurveda according to *Rogavastha* and *Doshavastha*. This case study shows potential of Ayurveda and it proves Ayurveda has evidence-based treatment. Single drug of plant origin along with *Nidana Parivarjana* is given to the patient. *Bhummyamalaki* is mentioned in *Yogratnakar* in *Prameha Chikitsa* and also *Raja Nighantu* has described it in *Parpartadi Varga*. So patient was treated with *Bhummyamalaki Kwatha Ghanavati* along with life style modification.

KEYWORDS: *Diabetes Mellitus, Madhumeha, Bhummyamalaki, Nidana Parivarjana.***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*,^[1] 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.^[2] According to epidemiological research, the global incidence of diabetes in adults is rising, with 424.9 million persons diagnosed in 20173. 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.^[3] 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*.^[4] These vitiated *Dosha* and *Dhatu*s descend through the *Mutravaha Strotas*, 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).^[5]

AIM: To study Effect of *Bhumyamalaki Kwath Ghanvati* in The Management of *Madhumeha*.

OBJECTIVE: To study role of *Bhumyamalaki Kwath Ghanvati* to reduce sign and symptoms of *Madhumeha* with special reference to Diabetes Mellitus.

CASE REPORT

A 52-year-old male patient having following complaints was came in OPD of Kayachikitsa Department, PDEA'S College of Ayurved and Research Centre, Nigdi Pune.

Chief Complaints

Daurbalya
Kshudha-Vrudhdhi
Pipasavritti
Prabhut-Mutrata
Nakta-Mutrata
Hasta-padatata Daha

Since last 6 months

CASE HISTORY

52 years male patient came to OPD with Above complaints since last 6 months. he was Previously diagnosed with Diabetes mellitus. Patient was not willing for Allopathy medicines. So for Ayurvedic management, patient came to Kayachikitsa OPD for further treatment and management.

Past History: K/C/O: Diabetes Mellitus since last 1 month.

Present Medicinal History : No Any Medication.

Family History: *Matruj Kula:* *Jivit.*
Pitruj Kula: *Mruta.* (H/O: Hypertension)

Past Surgical History: No History of any major Surgery.

General examination

Temperature	98.4 F
RR	18/ Min
Pulse rate	84 /Min
Blood pressure	120/80 mm of Hg

Systemic Examination

RS	AEBE
CVS	S1 S2 Normal
CNS	Conscious, oriented
P/A	Soft and Non tender

Ashtavidha Parikshan

<i>Nadi</i>	<i>Manduk Gati</i>
<i>Mutra</i>	9-10 times in 24 hour
<i>Mala</i>	<i>Asamyak</i>
<i>Jivha</i>	<i>Sama</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Samshitoshna</i>
<i>Druk</i>	<i>Prakrit</i>
<i>Akruti</i>	<i>Madhyam</i>

Vyadhi Nidana: *Madhumeha.*

Management

Bhumyamalaki Kwatha Ghanavati

Yog Ratnakar in its *Prameha Prakaran* chapter mentioned that even incurable *Prameha (Madhumeha)* can be cured with intake of *Bhumyamalaki* 20 gm and *Maricha* twenty in number are pounded together and taken. It alleviates *Madhumeha* within a week. So *Bhumyamalaki* was selected for the treatment of *Madhmeha*.

Drug: *Bhumyamalaki Kwath Ghanvati*

- *Matra:* 500mg 2 tablets twice a day
- *Anupana:* *Sukoshna Jala*
- *Aushadhasevan Kala:* *Vyano-Udane*
- Duration: 90 days

Table 1: Latin Name, Family and Part use in of *Dravya* in *Bhumyamalaki Kwath Ghanvati*.

No.	Drug	Latin Name	Family	Part Used
1.	<i>Bhumyamalaki</i> ^[6]	<i>Phyllantus Niruri</i>	<i>Euphorbiaceae</i>	<i>Panchanga</i>
2.	<i>Marich</i> ^[7]	<i>Piper Nigrum</i>	<i>Piperaceae</i>	<i>Phala</i>

Table 2: *Rasa, Virya, Vipaka, Doshagnata* and *Karma* of *Dravya* in *Bhumyamalaki Kwath Ghanvati*.

No.	Drug	<i>Rasa</i>	<i>Virya</i>	<i>Vipaka</i>	<i>Guna</i>	<i>Doshghanata</i>	<i>Karma</i>
1.	<i>Bhumyamalaki</i>	<i>Tikta, Kashaya</i>	<i>Sheeta</i>	<i>Madhur</i>	<i>Laghu, Ruksha</i>	<i>Kapha-Pittaghna</i>	<i>Shwas-Kasahara, Pramehahara</i>
2.	<i>Marich</i>	<i>Katu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Laghu, Tikshna, Sukshma</i>	<i>Kapha-Vatghna</i>	<i>Deeipaniya, Krimighna, Shoolaghna</i>

Table No. 3: Showing Observation and results: Subjective Parameters.

Symptoms ^[8]	Gradation	Grade	BT	AT
<i>Daurbalya</i>	None	0	2	1
	Increased fatigue over baseline but not altering normal activities	1		
	moderate- causing difficulty performing some activities	2		
	severe- loss of ability to perform some activities	3		
	bedridden or disabling	4		
<i>Kshudhavridhdhi</i>	Taking diet three times a day (without any supplementary)	0	3	0
	Taking diet three times a day (with some supplementary diet)	1		
	Taking diet 4 times a day (with supplementary diet)	2		
	Taking diet more than 4-5 times a day	3		
	Taking diet more than 5 times a day	4		
<i>Pipasavritti</i>	Average of 2-3litres of water intake in 24 hours	0	3	1
	Average of more than 3 liters of water intake in 24 hours	1		
	Average of more than 4 liters of water intake in 24 hours	2		
	Average of more than 5 liters of water intake in 24 hours.	3		
	Average of more than 6 liters of water intake in 24 hours.	4		
<i>Prabhut-Mutrata</i>	None at all and turbidity absent.	0	3	0
	Less than 1 in 5 times and turbidity absent	1		
	Less than half the time and turbidity present.	2		
	More than half the time and turbidity present.	3		
	Almost always and turbidity present.	4		
<i>Hasta-Padatala Daha</i>	No burning sensations.	0	2	1
	Burning sensation that is not continuous does not disturb routine	1		
	Continuous burning sensation does not disturb routine activity	2		
	Severe continuous burning sensation disturbs routine activity.	3		
	Severe continuous burning sensation disturbs routine activity and Sleep	4		
<i>Nakta-Mutrata</i>	None at all	0	3	0
	1-2 times	1		
	3-4 times	2		
	5-6 times	3		
	More than 6 times	4		

Table No. 4: Showing Observation and results: Objective Parameter.

Parameter	BT	AT
Blood Sugar Fasting (mg/dl)	156	100
Blood Sugar Post Prandial (mg/dl)	200	126
HBA1C (%)	7.2	6.2

DISCUSSION

The condition of *Prameha*, as described by *Acharya Charaka*, is considered as a long-lasting ailment, and in modern terms, it corresponds to diabetes mellitus. India has unfortunately seen a surge in diabetes cases, mainly due to factors like genetic predisposition, urbanization, insulin resistance, and changes in lifestyle. The impact of technology and reduced physical activity has played a role in this. Managing diabetes is crucial. While modern medicine offers treatments like oral medications and insulin, there's a need for a safer and more effective remedy. Ayurveda suggests that an ideal treatment should not only address the disease but also avoid causing new health issues.

In *Prameha*, imbalances in *Agni* disrupt the balance of *Tridosha*, leading to improper conversion of ingested substances into *Ama*, affecting the process of tissue

formation. This disruption impacts the metabolic fire of each bodily tissue, particularly fat tissues. Therefore, treatment aims at restoring *Agni* to its normal state and reducing *Kapha-Meda* (fat tissue) while enhancing overall strength as all bodily tissues are involved. *Bhumyamalaki* (*Phyllanthus niruri* Linn.) consists of many active constituents like phyllanthin, hypophyllanthin in leaves, estradiol in bark, root and ellagic acid, gallic acid as a whole plant. The drug has shown significant anti-diabetic activity, anti-inflammatory, hepatoprotective activity and stomachic activity. *Yog Ratnakar* has also mentioned in *Prameha Prakarana* that even incurable *Prameha* (*Madhumeha*) can be cured with intake of *Bhumyamalaki* with of Black pepper.

Bhumyamalaki has *Tikta, Kashaya & Madhura Rasa; Laghu, Ruksha Guna; Madhura Vipaka* and *Kapha-Pittahara Dosha Karma*. (Table No. 2) *Tikta Rasa* is *Kleda Upashoshaka*. Also, it may be due to improved blood sugar level brought about by the anti-diabetic action of the drug which reduces osmotic diuresis. *Tikta & Kashaya Rasa* of *Bhumyamalaki* are *Mutra Sangrahaniya*. *Bhumyamalaki* consists of *Madhura Vipaka* and *Sheeta Veerya*. Also, *Madhura Vipaka* is

Dhatuvardhaka which leads to proper formation of *Rasa Dhatu* and thus by working on *Rasa Dhatu* it will also work & nourish the rest of *Agrima Dhatus* and thus providing energy to cells. Hence it acts as *Balya* and *Rasayana* by promoting all *Dhatu*. *Tikta Rasa* is *Akash* & *Vayu* dominant which leads to *Srotoshodhana* by which insulin resistance is also corrected. This leads to better utilization of glucose. Due to *Madhura* & *Tikta Rasa*, *Sheeta Virya* and *Madura Vipaka* of *Bhumyamalaki* pacifies *Pitta* leading to reduction in *Daha* in *Kara-Pada Tala*. *Tikta Rasa* also helps in eliminating excessive *Mukh Madhurta* which is due to aggravated *Kapha*; which leads to *Shoshana* of *Kapha (Mala)* and also causing *Srotomukh Shodhana* by which it cleanses mouth that increases mucus secretion of both mouth and throat; hence overcoming dryness of mouth and hence acting on *Mula* of *Udakavaha Srotas* i.e., *Talu* and *Kloma*. *Tikta rasa* possess *Trishna-Nigrahana (Mala Rupa Kapha)* property which reduces thirst.

CONCLUSION

In this case study we got good result of *Bhumyamali Kwatha Ghanavati* in the treatment of *Madhumeha* in both subjective and objective parameter. (Table No. 3 and 4) The Ayurvedic Concepts in Diabetes, having fruitful effect; be planned and evaluated systematically, adopting meticulous methods.

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