

AN OBSERVATIONAL CLINICAL STUDY ON THE NIDANAS OF MADHUMEHA

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ABSTRACT

Madhumeha is related primarily with *Mutravaha* and *Medovaha Srotasa* but along with these many other *Srotas* are also involved. So it is a multisystem disorder as it involves ten *Dushya* and *Tridosha*. According to etiological factors, Clinical features and pathogenesis, *Madhumeha* can be correlated with Diabetes Mellitus which is most common endocrine & metabolic disorder marked by high level of blood glucose resulting from defects in insulin secretion, glucose production & utilization. According to *Ayurveda*, *Nidana* for *Madhumeha* is excessive intake of *Shleshma Vardhaka Ahara-Vihara*, intake of new grains and alcohol, excessive sleep, reduced exercise and not performing any *samsodhan karma* (Body purifying procedures like

vamana, virechana) causes *Agnidushti* resulting in excessive formation of *Sama Meda*. *Nidan Parivarjana* or discontinuation of the etiological factors serves as the first line of treatment in any disease and it is the most important line of treatment in *Madhumeha* also. *Aharatmaka, Viharatmaka, Manasa* & other *Nidana* which are responsible for causation of the disease should be avoided.

KEYWORDS: *Madhumeha*, Diabetes, *Nidana*, *Nidana Parivarjana*.

INTRODUCTION

In this modern era of science and technology, man has become more and more physically inactive along with the dietary habits that has been changed towards unhealthy food like fast foods, cold drinks, liquors, smoking etc. and hence now a days the code and conduct

narrated in the ancient texts of *Ayurveda* have been ignored. By exposing on self to all these factors human beings unknowingly invited dramatic increase in non-communicable diseases (NCDs). According to WHO NCDs kill 38 million people each year. 16 million NCD deaths occur before the age of 70 years. The 4 main types of non-communicable diseases are Cardiovascular disease (like Heart attack, Stroke), Cancers, Chronic Respiratory Diseases (such as COPD, Asthma) and Diabetes. These 4 groups of disease account for 82 % of all NCD deaths.^[1]

Madhumeha is related primarily with *Mutravaha* and *Medovaha Srotasa* but along with these many other *Srotas* are also involved. So it is a multisystem disorder as it involves ten *Dushya* and *Tridosha*, According to etiological factors, Clinical features and pathogenesis, *Madhumeha* can be correlated with Diabetes Mellitus which is most common endocrine & metabolic disorder marked by high level of blood glucose resulting from defects in insulin secretion, glucose production & utilization.^[2] According to *Ayurveda*, *Nidana* for *Madhumeha* is excessive intake of *Shleshma Vardhaka Ahara-Vihara*, intake of new grains and alcohol, excessive sleep, reduced exercise and not performing any *samsodhan karma* (Body purifying procedures like *vamana*, *virechana*) causes *Agnidushti*^[3] resulting in excessive formation of *Sama Meda*. *Nidan Parivarjana* or discontinuation of the etiological factors serves as the first line of treatment in any disease and it is the most important line of treatment in *Madhumeha* also. *Aharatmaka*, *Viharatmaka*, *Manasa* & other *Nidana* which are responsible for causation of the disease should be avoided.

MATERIAL AND METHODS

1. The study was conducted on clinically diagnosed and confirmed cases of Diabetes mellitus type II patients. The selection of patients were made from OPD/IPD of *Arogyashala*, National Institute of Ayurveda, and SSBH, Kishanpole Bazar, Jaipur and Sawai Man Singh Medical College and Hospital Jaipur.
2. Total 30 patients selected for the study were randomly selected.

OBSERVATION AND RESULTS

An observation was made on 30 patients of *Madhumeha*. Detail history was taken such as *Nidana* to which they were exposed such as *Aharaja*, *Viharaja* and *Mansika Nidan*s, smoking history alcoholic history, family history of *Madhumeha*, nature of work, etc. The following observation were made maximum incidence was found in the age group 51-60 years (33.33%), Male Sex (63.33%), Hindu religion (73.33%), office worker (43.33%),

Urban area (70%), Middle class (76.67%), secondary educated patients (33.33%), equal numbers of vegetarian and mixed diet participants. Majority of the patients i.e. 43.33% were having *Madhyama Kostha*, 30% were having *Tikshnagni*, 86.67% patients showed *Madhyama Abhyavaharana Shakti* and 76.67% patients showed *Madhyama Jarana Shakti*. Maximum number of the patients i.e. 60% patients were having *Vata-Kaphaj Prakriti*, 60% patients were having *Rajsik Prakriti*, 73.33% patients were of *Madhyama Saara*, 83.33% patients were of *Madhyama Samhanana*, 76.67% patients were of *Pravara Satmya*, 66.67% patients were of *Madhyama Satva*. Maximum number of patient's i.e. 56.67% were having 1-2 years year chronicity. Maximum patients 73.33% were found to be consuming *Gurvati Sevana Nidana*, 63.33% patients had *Madhurati Sevana and Kshirad Sevana* as *Nidana*. 60% patients had complaint of *Alpamaithuna*, 56.67% patients had complaint of *Tandra*, 60% patients had complaint of *Sthoulya*, 53.33% patients had complaint of *Prabhoot Mutrata*, 46.67% patients had complaint of *Panduvarna Mutra* and *Atinindra* each, 43.33% patients had complaint of *Trishna*, 40% patients had complaint of *Alpaprana*, 30% patients had complaint of *Hastpadtala Daha* and *moha* each, 26.67% patients had complaint of *Atikshudha*, 20% patients had complaint of *Swedadhikya* and *Avila Mutrata*, 16.67% patients had complaint of *Daurgandya*.

Table no. 1: Nidana wise distribution of 30 patients of madhumeha.

Sr. no.	Incidence of Nidana	Total	Percentage
1	<i>Gurvati Sevana</i>	22	73.33
2	<i>Madhurati Sevana</i>	19	63.33
3	<i>Snigdhati Sevana</i>	14	46.6
4	<i>Sheeta aahara Sevana</i>	7	23.34
5	<i>Kshirad Sevana</i>	19	63.33
6	<i>Navanna Sevana</i>	16	53.33
7	<i>Atibhojana</i>	5	16.67
8	<i>Aanupa & Jaliya Mamsa Sevana</i>	7	23.34
9	<i>Swapna Sukha</i>	11	36.67
10	<i>Diwaswapna</i>	20	66.67



Above data shows that most of the patients were having habit of consuming of *Gurvati Sevana*, *Diwaswapna*, *Madhurati Sevana*, *Kshirad Sevana*, *Navanna Sevana*, *Snigdhati Sevana*, *Swapna Sukh*, *Anupa & Jaliya Mamsa Sevana*, *Sheetahara Sevana* and *Atibhojana* as *Nidana* as mention in diagram.

DISCUSSION

The etiological factors mentioned in *Charaka samhita* can be classified under four broad groups, *Aharatmak*, *Viharatmak*, *Manasa* and *Anya nidana*. Besides these *nidanas*, now a day it can be seen that high-tech-machineries makes a person less active both in physical and mental level which ultimately leads into *Medhovridhi* and *Madhumeha*.

1. **Excessive Guru, Snigdha and Drava:** *Guru Agnimandyakara*, *Ajirnakara*; *Snigdha Abhishyandi*, *Agnimandyakara*, *Kaphakara Dravanna Kledakara*, *Agnimandyakara*. Taking excessive *Guru*, *Snidgha Ahara* produces *dusti* in *Medovaha Srotas*.
2. **Diwaswapna:** Among *viharatmak nidana* Acharya *Charaka*, *Susustru*, *Vagbhatta*, *Bhavprakasha* and *Madhavakara* specially mentioned *Divaswapna* as a causative factor of *Madhumeha*. According to *Ayurveda* *Divaswapna* leads to incomplete processing of *annarasa*, it becomes *ama*, and it is selectively converted to *medadhatu* owing to the principle of homogeneity (*Karma Samanya Siddhanta*) and thus lead to *Madhumeha* Most of the samples were having *Divaswapna* in afternoon time so they were more prone to *sthaulya* in comparison to morning time *Divaswapna*. In this

study, it was also shown that maximum samples were taking *Divaswapna* in afternoon after having lunch. In this state, restricted physical activity and excessive sleep which intern may increase growth hormone level and diminishes the metabolism which leads to *Madhumeha*.

3. **Anupa & Jaliya mamsa sevana:** Excessive intake of *Matsya* vitiates *kapha dosha*, *mamsa* is *guru* and *snigdha* which when consumed excessively cause vitiation of *kapha dosha*, these food items when consumed by a person with poor digestive power leads to formation of *Ama* which leads to information of diseases. A study found a positive association between intakes of red meat and poultry, and risk of developing diabetes. Specifically, compared to those in the lowest quartile intake, those in the highest quartile intake of red meat and poultry had a 23 per cent and 15 per cent increase in risk of diabetes.^[4]
4. **Atibhojana:** Taking excessive amount of diet is known as *Atibhojana* which is best known to produce *Dushti* of *Agni* and *Ama* leading *Rasavaha* and *Medovaha Strotasdushti*.
5. **Lack of physical activity:** Any type of physical inactivity is responsible for *Kapha Vriddhi* and *Medho dhatu vriddhi* lead to increased risk of *Madhumeha*.
6. **Kshirad sevana:** The *gunas* of *Mahisha Kshira* are *guru*, *snigdha* and *abhishyandi* due to these properties it lead to *Kapha* and *Medho dhatu vriddhi*. Half a pint of milk has around 13g of carbohydrate. If taking a glass of milk, be aware that it will raise blood glucose levels to some degree. Because of the fat content, whole milk will tend to raise blood glucose levels slightly less quickly than skimmed milk but bear in mind the extra calories. Cow's milk has been linked with an increased incidence of autoimmune diseases including type 1 diabetes. Research has indicated that the presence of cow's insulin within cow's milk leads to an increased number of autoantibodies which raise the risk of type 1 diabetes.^[5]

CONCLUSION

Nidan is defined as the causes of the disease. Elucidation of *nidan* is necessary for the proper identification of *Dosha*, the *Roga*, *Rogavasta*, *Roga Bala*, and *Sadhyata- Asadhyata* of disease. The knowledge of *nidan* is useful for diagnosis, prognosis and treatment. Even one can protect his health if he knows about the *nidan* of various diseases. The first line of

treatment is *nidan - parivarjana* (to avoid causative factors) of diseases. Acharya *Charaka* says that a physician should first of all diagnose the disease and then he should select proper medicine. Thereafter, he should administer the therapy applying the knowledge of the science of medicine. A physician who initiates treatment without proper diagnosis of the disease can accomplish the desired object only by chance; the fact that he is well acquainted with the knowledge of application of medicine does not necessarily guarantee his success. That's why Acharya *Charak* has stated^[6]

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