

## A CASE STUDY TO EVALUATE THE EFFICACY OF MADHUMEHAHARKASHAY IN MADHUMEHA (TYPE II DIABETES)

**Dr. Chhaya S. Tanmane\***

Prof. and H.O.D., Bhausaheb Mulak Ayurveda Mahavidhyalaya Nanadanwan, Kayachikitsa  
Department, Nagpur, Maharashtra, India.

Article Received on  
24 Dec. 2019,

Revised on 14 Jan. 2020,  
Accepted on 04 Feb. 2020

DOI: 10.20959/wjpr20203-16824

### \*Corresponding Author

**Dr. Chhaya S. Tanmane**

Prof. and H.O.D.,  
Bhausaheb Mulak Ayurveda  
Mahavidhyalaya  
Nanadanwan, Kayachikitsa  
Department, Nagpur,  
Maharashtra, India.

### ABSTRACT

Diabetes mellitus is a life style disorder prevalent in both developed and developing countries and has increased alarmingly, giving the disease the dimension of an epidemic. It is explained in Ayurveda as *Madhumeha*. The objective of the study is to use of *shaman chikitsa* using particular "*madhumehahar kashay*" from *yogratnakar prameha chikitsa* in the disease *madhumeha*. Diabetes is one of the type of *vatajprameh* that has been consider an incurable disease (*mahagada*). Due to indulgence in etiological factors its results in the incomplete formation of kaph and meda which further proceed downward through the channels of *mutravaha strotas* and get localized at *bastimukh* leading to the symptoms like polyuria (*prabhutmutrata*), turbidity(*avilamutrata*). This clinical study has a single study where

the patient was assessed before and after the treatment. Therapeutic effect of the treatment was observed using subjective and objective criteria. Thus the usage of "*Madhumehaharkashay*" is proved to be useful in the condition *madhumeha*.

**KEYWORDS:** *Madhumeha, Madhumehharkashay.*

### INTRODUCTION

*Madhumeha* identified as "*Mahagada*" is increasing day by day with their complication.<sup>[1]</sup> Diabetesmellitus similar to *madhumeha* which is one among the *vatajprameha*. in which patients voids excessive quantity of urine having *madhurras, rukshasparsha* and *kashayvarna*.

Diabetes mellitus is metabolic disorder in which carbohydrate utilization is reduce and that of lipid and protein enhanced. it is caused by deficiency of insulin and it is characterized by hyperglycemia.<sup>[2]</sup> The prevalence of type 1 and 2 D.M. increase more rapidly in the future because of increasing obesity and reduce physical activity. Over the 20 million people are reported to be suffering from this sweet disease.<sup>[3]</sup>

It is seen that most of the *nidanas like Adhyasana, Guru, Snigdha Madhuraras, Dadhi, Anoop, Audaka, Gramya mams.*<sup>[4]</sup> This type of *madhumeha* is considered the *Apathyanimithaja* variety. few *nidana* like *Katu, Tikta, Kashayaras, Laghu Rukshaaahar, vyayam, vegdharana, Sodhana atiyog.*<sup>[5]</sup> According to sushruta, the excessive indulgence in the etiological factors related to *prameha* results in *aparipakwavata, pitta, kapha and vitiates meda as meda and kapha* have similar properties. *Meda* further proceed downward through the *mutravahasrotas* to get localized at *basti* much and thus leading to disease *prameha*. Excessive *kledadushti* leads to *Atimutrapravritti* and further *mamsa* gets vitiated and ends up in *mamsa pidika utpatti.*<sup>[6]</sup>

Depending upon the physical strength *prameha* classified in to *sthul* and *krushpramehi.*<sup>[7]</sup> The main cardinal features of this disease are *pipasa,prabhataavilmutrata*<sup>[8]</sup>, *karpaddahthis* can be correlate with diabetes mellitus.

*Acharya charak* described management of *madhumeha* considering constitution and strength of the patient. There are two types of *madhumehi sthula and krush.*

The treatment of *sthul pramehi* is comparatively easier than *krish pramehi* as because incase of *sthul pramehi* the main *dosha* and *dushya* are similar in nature.<sup>[9]</sup> In this case adjunct Ayurveda treatment was given for the better control of diabetes

## AIM AND OBJECTIVE

To evaluate the efficacy of *madhumehharkashay in madhumeh.*

## CASE HISTORY

A 70 years male patient came in opd of *kayachikitsa* department. The chief complaints burning sensation of *palm and sole*, general weakness, fatigue, polyuria sinse 6 months taking Tablet metformin hydrochloride-500mg(BD).

Past history- Paralysis before 12years.

Family history- N.A.D.

Personal history-Daily intake of curd (*Dadhi*), sleep during day time(*Divaswap*)

Appetite-Good

Sleep –Disturb

Bowel-Irregular

Bladder- 3-4 times at night

General examination-

Build –medium

Height-169cm

Weight-74 kg

Pulse-78/min

B.P.-130/80 mmhg

Tounge- *Sama*

*Dashvidhapariksha-*

*Prakruti-vata, pitta*

*Vrikriti-Vata*

*Sara -Madhyam*

*Samhanan-Madhyam*

*Satmya -Madhyam*

*Satva-Madhyam*

*Praman-Madhyam*

*Aaharshakti–Madhyam*

*Vyayam Shakti-Madhyam*

*Vaya-Madhyam*

Investigations- FBS, PPBS, Urine Sugar, Hba<sub>1c</sub>.

### **Treatment plan**

*Madhumehharkashay*<sup>[10]</sup> from *Yogratnakar Prameh Chikitsa*.

20 ml twice a day after meal.

**Table: 1<sup>[11]</sup> pharmacological properties and action of proposed drugs according to Ayurveda literature.**

Sr. No.	Name	Latin name	Ras	Virya	Vipaka
1	Haritaki	Terminalia chebulartz.	Kashaya, katu, tikta, amla, madhur	Ushna	Madhur
2	Amlaki	Embelica officinalis	Amla, kashaya, madhur, tikta, katu	Shita	Madhur
3	Bibhitaki	Termilia belerica	Kashaya	Ushna	Madhur
4	Kutaj	Holarrhenaantidysentrica	Tikta, kashaya	Shita	Katu
5	Devdaru	Cedrus deodara	Tikta	Ushna	Katu
6	Daruharidra	Berberis aristata	Tikta	Ushna	Katu
7	Nagarmotha	Cyperus rotundus	Tikta, katu, kashaya	Shita	Katu

All are taken in one part, fine churna done.

### Pathya<sup>[12]</sup>

**Fruits-** Guava, pomegranate, indiangooseberry, orange, mausambi, lemon, cucumber Old shali rice, yav, sattu, mungyush, jangal pashu-pakshi mansa rasa

**Vegetable-** Fenugreek, cabbage, cauliflower, drum sticks, beans, pulses.

**Regimen-** Exercises, ubtan, jalvgahan

**Apathy** –Fruits-apple, mango, cherry

Maida flour, sugar, excessive water

**Vegetable-**Brinjal, pamkin

**Regimen-**Sedentary life style, Divaswap(sleep during day time)

**Table 2: Assessment criteria.**

Sr.no	Criteria	Before treatment	After treatment
1	Polyuria(bahumutrata)	3-4 times	1 time
2	General weakness(daurbalya)	Present	Absent
3	Burning sensation in palm (hasta pad dah)	Present	Absent
4	Fatigue(klam)	Present	Absent
5	BMI	25.9	24.6
6.	Hip	40cm	38cm
7.	Waist	43cm	40cm

**Table 2: Investigations details of patient.**

Sr.no.	Investigations	Before treatment	After treatment
1	FBS	256mg/dl	114mg/dl
2	PPBS	370mg/dl	204mg/dl
3	URINE SUGAR	Glucose 2%	Absent
4	Hba1c	10.4%	6.4%

## DISCUSSION

This study was carried out for period of 3 months with *madhumehahar kashaya* which was prepared fresh. Patient was advised to take this *kwath* twice in a day 20 ml in quantity is at 9 am and 7pm. strict monitoring regarding the method of preparation *kwath* and diabetic dietic regimen was done. Patient had given regular visit and his physical parameters were assessed in each visit. Random blood sugar was monitored mid treatment which showed positive balanced sugar level. There was substantial decrease in physical parameters too. At the end of 3 months average sugar was assessed i.e. is HbA1c. Which showed positive decline. At beginning of treatment HbA1c 10.4 which implies poor control of average blood sugar and at the end of 3 months it was 6.4 which implies good control. Rest of the parameters assessed were *Bahumutrata*, *daurbalya*, *hast pad dah* and results were found considerably positive.

## CONCLUSION

The *Madhumehhar kashay* was effective in reducing physical parameter and biochemical parameter. Blood sugar, urine sugar, BMI and there was relieve in all major sign and symptoms of patients. It was also suggested that drug selected for current trial was absolutely safe for internal use.

## REFERENCES

1. Aacharya V. Shukla and prof. R. Tripathi, editor, Varanasi: chaukhamba sansrut pratisthan; Charaksamhita, Indriyasthan, chap., 2001; 9/8-9: 848.
2. Harsh Mohan, textbook of pathology, 5<sup>th</sup> edition, Chandigarh, 2005; 820.
3. King H et al, Global burden of diabetes 1995-2025; prevalence, numerical Estimate and Projections. *Diabetes care.*, 1998; 21(9): 1414-31. <http://dx.doi.org/10.2337/diabetescare.21.9.1414>
4. Aacharya V. Shukla and prof. R. tripathi, editor, Varanasi: chaukhambasansrutpratisthan; charaksamhita, Chikitsasthan., 2001; 6/4: 167.
5. Aacharya V. Shukla and prof. Raviduttatripathi, editor, Varanasi; chaukhambasansrutpratisthan; charakasamhita, nidasthan, 4/36; 507.
6. Acharyayadvajitrikamji, chaukhambaorientalia, Varanasi; Sushrutasamhitanidansthan, 2005; 6: 289,824.
7. Aacharya V. Shukla and prof. R. tripathi, editor, Varanasi: chaukhambasansrutpratisthan, charaksamhita, chikitsasthan, chap, 6/15: 171.

8. Ambikaduttashastri, sushrutasamhita, Varanasi; chaukhambaparakashan Sanskrit sansthan, nidansthan, 6/6.
9. Kashinathsastri, Dr. Goraknathchaturvedi, charaksamhita, 2<sup>nd</sup> ed. varanasi; chaukhambaparakashan, of charaknidansthan, 1996; 4(11): 638.
10. Vd.Shstri, yogratnakar, chaukhambasanskruksansthanuttaradha, pramehsamanyachikitsa, 1: 85.
11. Prof. Deshpande, Prof. Rande, Dravyagun vijnyan proficient publishing house, 283,331,357,393,396,466,487.
12. Acharyashukla, Ravidatta tripathi, Charak samhita, chaukhamba pratisthan, chikitsa sthan, 6/19-24,50, 171-172,176.