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A Case Study On Diabetes : An Ayurvedic Treatment

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ABSTRACT

Diabetes mellitus (*Madhumeha*) is a group of metabolic diseases marked by high level of blood glucose resulting from defects in insulin production, insulin action or both. Diabetes may lead to serious complications in multiple organ systems. Ayurvedic literatures vividly describe about the etiology, pathogenesis, prognosis, complications, its management and scientifically attributed the causal relationship of dietary, lifestyle, environmental and genetic factors. The treatment modalities are designed and recommended based on type and stage of disease. Furthermore many classical references to use dosage forms of single plant drugs and compound formulations, which are vogue in clinical practice call for further scientific validation for their attributes, principles and extent of use. Despite of recent progression in medical science, several challenges still exist in the management of diabetes that requires special attention to develop unexplored fields of medical knowledge. Ayurveda offers comprehensive safe and effective approaches to manage such conditions. Designing pertinent research model is a key challenge behind the examination of safety and efficacy of Ayurvedic interventions satisfying its fundamental principles and systems approach. Here is a single case study representing the role of Ayurveda in treating *Madhumeha*.

Key words: *Madumeha, Diabetes, Lifestyle, Ayurveda.*

INTRODUCTION

Diabetes mellitus (*Madhumeha*) is a group of metabolic diseases marked by high level of blood glucose resulting from defects in insulin production, insulin action or both. Diabetes may lead to serious complications in multiple organ systems. Diabetes is of two types - type I or Insulin Dependent Diabetes Mellitus (IDDM) and type II or Non Insulin Dependent Diabetes Mellitus (NIDDM). Complete or near total insulin deficiency is found in type I while type II

diabetes mellitus is characterized by variable degree of insulin resistance, impaired insulin secretion and increased glucose production.^[1]

The classical symptoms of diabetes mellitus are polyuria (frequent urination), polydipsia (increased thirst) and polyphagia (increased hunger). The prevalence of diabetes mellitus is increasing globally with a rise from about 30 million cases in 1985 to 177 million cases in 2000 and worldwide estimates project that more than 360 million individuals will have diabetes by the year 2030. The prevalence of the disease increases with the age. Type II diabetes mellitus is increasing more rapidly due to obesity caused by sedentary life habits and changed life style. Insulin is the only treatment for type I diabetes and conventional modern medicine provides a number of drugs for controlling the blood sugar level in the patients of diabetes mellitus type II. However, with the prolonged treatment doses of the drugs often need to be increased to control the blood sugar level and a time comes when patient has to be switched

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over to insulin. Such patients become cases of insulin dependent diabetes mellitus.

Ayurveda emphasizes on the riddance of the etiological factors as the main principle therapeutic opinion. Two major components of Ayurvedic management comprise; *Sanshodhan* (biocensing) and *Sanshamana* (palliation). Accordingly regulation of diet and exercise has been laid special emphasis along with use of herbal and herbo-mineral preparations.

The history of diabetes (*Madhumeha*) can be traced back in 1000 BC (Caraka Samhita). Descriptions concerning the disease and its management are available in Ayurvedic literature. Caraka Samhita (1000 BC) and Susruta Samhita (1000-600 BC) defined *Madhumeha* as the disease in which the patient passes frequent urine characterized as astringent, sweet.^[2]

Ayurveda attributes multi-factorial etiology to the causation of diabetes and described as one among the eight major diseases (*Asthamahagada*), which are difficult to cure and refractory in nature. Dietary, lifestyle, environmental and genetic factors are ascribed to the causation of this condition. The core contributory dietary, life style and environmental factors comprise; excessive eating, sedentary life, intake of certain foods from geographical areas enriched water resources (*Anupadesha*), freshly harvested foods and grains (*Navannapana*), consumption of sweet food articles (*Gudavikrita*) and all the factors (food/lifestyle) that aggravate *Kapha Dosh* etc. Hereditary factors (*Jatah-Pramehi*) and genetic association (*Beeja Dosh*) have also been attributed as important factors of etiology.^[3]

CASE STUDY

Name: xyz

Age: 58 yrs

Address: Vadodara

H/o: Diabetes since 2013, from 2013 patient on galvus met 50/500 - bd.at that time he had fbs 188 mg/dl. He came in march 2018. At that time patientt had same dose of medicine with hba1c : 8.0 % in 02/10/2017.

Date	FBS	PPBS	HBA1C	Medicine	Ayurvedic Medicine	Weight
02.10.2017	130	173 mg/dl	8.0 %	galvus met 50/500 mg	-	
04.08.2018	128	152	6.7 %	same	diet + ayu	73.4 kg
12.03.2019	-	-	6.4 %	omit	diet + ayu	70.0 kg
08.07.2019			6.5 %	no medicines	diet + ayu	67.9 kg

Diet: Laghu Anna

Barley Roti - Veges

Langhan: Weekly once fruit fasting + weekly once mung fast

Exercise: 6-7 kms of walking. Speed 6kms/hr.

Pranayama: *Kapalbhati*, *Bhramari*, *Anulom - Vilom* - for 20 min daily.

Asan: Basic *Sukshma Kriya* for 20 min

Relaxing Asan: *Shavasana* for 10 min

Ayurvedic medicines

From March

Churna preparation:

1. Haridra : 1 part
2. Amalaki : 1 part
3. Methika : 1 part
4. Guduchi : 1 part
5. Sunthi : 1 part
6. Vijaysara : ½ part

This combination taken : morning 6.00 A.M and evening 5.00 P.M, 1 table spoon 5 gm approx full with warm water .

Kwatha preparation:

1. Haridra : 1 part

2. Guduchi : 1 part
3. Meshashringi : 1 part
4. Kirattikta : 1 part
5. Haritaki : 1 part

1 glass of water 1 table spoon full aprox. 5 gm of powder boil till half quantity.

Taken bd: after lunch and dinner

DISCUSSION

The following drugs were selected for the treatment because of the following characters;

Haridra

Because of *Katu*, *Tikta*, *Ushna* properties *Haridra* balances *Kapha* which is the primary *Dosha* involved in diabetes. Antiseptic properties of *Haridra* makes it useful in curbing the infections in diabetic patients. It also is beneficial in Boils of skin and urinary tract infections which are very common in diabetics.

Methi (fenugreek)

Tiktarasa (bitter taste) and *Ushnavirya* of *Methi* makes it *Kaphashamak*, which fights the root cause of diabetes.

Vijaysaar

Due to its *Kashaya* (astringent) taste and light and drying nature It balances *Kapha* and regulate glucose level and due to *Katuvipaka*, balance metabolism in the body. Works also well for diabetic complications.

Amla

Comprises chromium, a mineral that regulates carbohydrate metabolism and is said to make the body more responsive to insulin, further keeping the blood sugar levels in check. Amla's benefits are attributed to the presence of vitamin C, which is a powerful antioxidant.

Giloy

Is a good remedy to boost immunity. It has antioxidants which fight damaging free radicals. Diabetic patients are vulnerable to immunological

deficiency. The herb helps acts as an immunomodulator to control glycemia in the body.

It is a natural anti-diabetic medicine. It acts as a hypoglycaemic agent for diabetes mellitus patients.

Sunthi

The major active component of ginger rhizome - can increase uptake of glucose into muscle cells without using insulin, and may therefore assist in the management of high blood sugar levels.

Meshshrungi

It known to have a good effect for curbing of diabetes by blocking sugar binding sites and hence not allowing the sugar molecules to accumulate in the body.

Kirattikta

It acts as a *Mehopaha* - useful in diabetes.

Haritaki

Has been shown to exhibit antidiabetic activity in rats. Although the fruits are known for their antidiabetic properties, the whole powder of dried ripe fruits is also being widely used for the control of diabetes. So far, little is known on the medicinal values of *T. chebula* seeds. In the present study, the chloroform extract of the seeds of *T. chebula* was tested for its antidiabetic activity using short term and long term study protocols after oral administration in streptozotocin-induced diabetic rats. Moreover, the extract was also tested for its renoprotective effects upon long term study in diabetic rats.

CONCLUSION

In nutshell, all Ayurvedic therapies were found to be significantly effective and clinically safe as no adverse events of adverse drug reactions were reported during treatment period. It was concluded that *Shodhana Karma* followed by *Shamana* along with *Pathya Ahara* and *Vihara* was found as a suitable treatment plan to manage diabetes. In *Shamana Chikitsa*, some *Medhya Aushadha* (brain tonics) should be prescribed along with other drugs, as while treating disease pathology, it is equally important to alleviate the disease triggering factors

such as emotional stress. Along with drug interventions, emphasis must be given to promote a healthier diet and lifestyle plans among affected individuals. When used along with conventional drugs; no interactions were reported in any study. Moreover increased QoL was reported and in cases the dose of conventional drugs was reduced on tapering basis. Considering these leads; it is suggested that multi-centric trials involving scientists from different fields is the need of the hour that can evaluate probable mode of action of these drugs to give a scientific flavor to the age old science.

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