

Effect of Virechanottara Rasayana in Madhumeha - A Case Series

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ABSTRACT

Type 2 Diabetes Mellitus is spreading all over India with 8.7% diabetic population in the age of 20-70 years. It occurs as a result of sedentary lifestyle, unhealthy food habits, stress this leads to genetic mutation causing type 2 diabetes mellitus at early age. Insulin resistance is the main cause of all other disease including type 2 diabetes mellitus. In females with Polycystic disease 05-07% chances of becoming future diabetic which is also due to increased insulin resistance. Increased blood sugar levels leading to many complications which further leads to direct cause of death. In the present article a study has been done to see *Virechana* is given 2 patients irrespective of age and sex followed by oral medications for 45 days later the efficacy of single drug formulation that is *Nishamalaki churna* with multidrug formulation that is *Nyagrodhadi churna* who is not taking any other allopathy medication. Later subjective and objective parameters are assessed.

KEYWORDS: *Insulin resistance, polycystic disease, virechana, type 2 diabetes mellitus*

INTRODUCTION

India is capital of Diabetes mellitus because of change in lifestyle. *Madhumeha* is a post viral autoimmune metabolic endocrine progressive multi organ lifestyle disorder due to defective glucose transporter, can be taken as Type 2 Diabetes mellitus. In 2019, Type 2 diabetes mellitus was the ninth leading cause of death with an estimated 1.5 million deaths directly caused by diabetes i.e 48% death rate. *Madhumeha Samprapti*¹ due to defective food and lifestyle, stress, not undergoing *Rutu samshodana* then *Kapha Pitta Meda Mamsa* are increased and cause *Avarana* upon *Vata Dosha* and *Ojas* is displaced and by affecting nephron urological system will land up in *Madhumeha*, which is *Krucra Sadhya Vyadhi*. *Madhumeha* is a *Avasthata Vishesa* where *Upekshita Pramehas* land up in *Asadhya Madhumeha Avasta*. Honey like urination is called *Madhumeha* which will manifest either due to *Dhatukshaya Janya Vata Prakopa* or due to *Doshavruta Patha*. In *Avruta Vata Janya*² *Madhumeha Avaraka Dosha Lakshana* and *Vata Dosha Lakshana* also will be manifested. The respective symptoms have multiple ups and

downs leading to *Krucra Sadhya Avasta* of *Madhumeha*.

This article will describe two case studies and importance of *Ayurveda Rasayana* treatment in type 2 DM, and response to *Virechana* and *Rasayana* upon glucose levels, HbA1c and others subjective parameters. *Virechana* is common to both cases. One patient was assigned with *Nishamalaki Yoga* 4 gm three times a day for 45 days. The second patient was treated with *Nyagrodhadi Churna* 4gm three times a day for 45 days. Pretest and posttest design showed improvement in subjective parameters as well as reduction in glucose level and HbA1c was noted.

Methods – case study 1

A male patient of 36 years came to *Kayachikitsa* outpatient department Taranath Ayurvedic medical college Ballari with complaints of *Karapada Daha* and *Suptata, Dourbalya* since 4 months. Known case of type 2 diabetes mellitus since 5 years on glimepiride 1 mg twice a day after food. Few years back patient had a change in hunger pattern, thirst

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pattern, general weakness hence patient had a consultation with allopathy doctor and through evaluation he has been diagnosed as type 2 diabetes mellitus (maturity onset diabetes in young). later after intake of allopathy medicine patient had a reduction of *Kshuda Adhikya, Pipasa Adhikya, Dourbalya*. no any history of alcohol and cigarette smoking habits.

General examination – central was obesity present, no acanthosis nigricans/candid infection/muscle atrophy/foot ulcers/. BP – 130/90 mm Hg and pulse – 80/m weight – 60kg, height – 160 cm BMI- 23.4. Central nervous system - conscious well oriented, Cardio vascular system– S1 S2 heard no murmur, Respiratory system - clear Per abdomen - soft and non tender. *Nadi was Vatapitta, Jivha was Aliptata, Kosta was Madhyama, Prakruti was Vatapitta, Dosha was Kapha, Pitta, Vata, Dushya was Meda, Mamsa, Kala was Sharat Rutu, Desha is Jangala Desa, Sara was Meda, Satva is Pravara, Ahara Shakti is Pravara,*

This case was diagnosed as *Avaranajanya Madhumeha* and posted for *Virechana* with *Snehapana Murchita Tila Taila* for 4 days 40 ml, 100ml, 100ml, 100ml respectively (*Avara Sneha Sneha Siddhi Lakshana* were seen). *Sarvangabyanga* with *Murchita Tila Taila* followed by *Patrapinda Sweda* and *Virechana* with tab 2 *Abayamodaka Vati* with cold water. No of *Vegas* – 05 and *Nishamalaki Churna* is given for 4 gm three times a day for 45 days.

Effect of intervention on subjective parameters, case 1

Before treatment	After treatment	Observation
<i>Kara Pada Daha – 3</i>	<i>Kara Pada Daha – 0</i>	Complete relief
<i>Kara Pada Suptata- 2</i>	<i>Kara Pada Suptata- 0</i>	Complete relief
<i>Dourbalya – 3</i>	<i>Dourbalya – 0</i>	Complete relief

Effect of intervention on objective parameters, case 1

Before treatment	After treatment	Observation
FBS-165 mgs%	FBS- 130mgs%	21% relief
PPBS-291mgs%	PPBS-112mgs%	61% relief
HBA1C- 9.1%	HBA1C-7.2%	20% relief
URINE SUGAR- nil	URINE SUGAR-Nil	No change

Methods – case study 2

A female patient of 43 years came to *Kayachikitsa* outpatient department Taranath Ayurvedic medical college Ballari with c/o *Karapada daha and Pippasa*

adhikya, Dourbalya since 4 months. Known case of type 2 diabetes mellitus since 2 years not on allopathy medications. a few years back patient had *Karapada Daha, Dourbalya*. hence patient underwent blood test and on diet. and took home made medicine for the same.

General examination – central obesity was not present, no acanthosis nigricans/candid infections/ muscle atrophy/ no foot ulcers. BP – 110/90 mm hg and pulse – 80/m weight – 66kg, height – 175 cm BMI- 21. 6. Central nervous system - conscious well oriented, Cardio vascular system– S1 S2 heard no murmur, Respiratory system - clear Per abdomen - soft and non tender. *Nadi was Vata Kapha, Jivha was Aliptata, Kosta was Mrudu. Prakruti is Pittakapha, Dosha was Kapha, Pitta, Vata, Dushya was Meda, Mamsa, Desha was Jangala Desa, Kala was Varsha Rutu, Sara is Mamsa Sara, Meda Sara, Satva is Pravara, Ahara Shakti is Pravara.*

This case was diagnosed as *Avaranajanya Madhumeha* and posted for *Virechana* with *Snehapana Murchita Tila Taila* for 4 days 30 ml, 60ml, 90ml, 120ml respectively (*Avara Sneha Sneha Siddhi Lakshana* were seen). *Sarvangabyanga* with *Murchita Tila Taila* followed by *Patrapinda Sweda* and *Virechana* with tab 2 *Abayamodaka Vat* with cold water. No of *Vegas* – 04 and followed by *Nyagrodadhi Churna* is given 4 gm tid for 45 days.

Effect of intervention on subjective parameters, case 2

Before treatment	After treatment	Observation
<i>Kara Pada Daha – 3</i>	<i>Kara Pada Daha – 0</i>	Complete relief
<i>Dourbalya – 3</i>	<i>Dourbalya – 0</i>	Complete relief
<i>Pippasa Adhikya- 3</i>	<i>Pippasa Adhikya- 0</i>	Complete relief

Effect of intervention on objective parameters, case 2

Before treatment	After treatment	Observation
FBS- 237mgs%	FBS- 115mgs%	51% relief
PPBS- 240mgs%	PPBS- 128mgs%	46% relief
HBA1C- 9.5%	HBA1C-6.3%	33. 6% relief
URINE SUGAR- FUS- nil PPUS- 0. 5%	URINE SUGAR- FUS- nil, PPUS- nil	Complete relief

before and after treatment reports of = case no 1

Before and after treatment reports of case no-2

AMRUTH DIAGNOSTIC LABORATORY
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Tel: 08392 - 256106

Name: Mr. Lokesh Date: 31/08/2021 Page 1 of 2
Age: 36 Years Sex: Male Ref. by: Self

Parameters	Results	Reference Range
BIO-CHEMISTRY		
FBS	165.3 mg% ↑	70 - 110
PPBS	291.1 mg% ↑	80 - 140
S. CHOLESTEROL	195.8 mg% ↑	130 - 250
HDL DIRECT	29.5 mg% ↓	30 - 70
TRIGLYCERIDES	187.5 mg% ↑	up to 170
LDL	128.8 mg% ↑	< 130
VLDL	37.5 mg% ↑	up to 34
CHOL / HDL	6.6 ↑	< 6.0
LDL / HDL	4.3 ↑	< 4.0
Cardio CRP (HS CRP) IMMUNOTURBIDIMETRY	0.15 mg/dl	< 0.4 mg/dl
HbA1C	9.1 % ↑	< 6 (Non diabetic) 6 - 7 (Near normal glycaemia) < 7 (Goal) 7 - 8 (Good Control) > 8 (Action suggested)
Estimated average glucose HPLC- BIORAD D 10	214.5 mg/dl	

Pathologist
Dr. P. Sreedhara Murthy M.B.B.S., DCP

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Name: Mrs. P. Kalyani Valli Date: 18/10/2021 Page 1 of 1
Age: 42 Years Sex: Female Ref. by: Dr. Madhav Diggavi - M.D (Ayur)

Parameters	Results	Reference Range
HAEMATOLOGY		
HB%	10.5 Gms% ↓	M 13 - 18 F 11.5 - 16
TC	8.420 Cells/Cumm	
DC	P 52%, L 36%, E 08%, M 04%	
PLATELET COUNT	3.96 Lakhs/Cumm	1.4 - 4.4 Lakhs
ESR (WIG METHOD)	50 mm/hr ↑	0 - 10
BIO-CHEMISTRY		
FBS	237.2 mg%	70 - 110
PPBS	246.5 mg%	80 - 140
HbA1C	9.5 %	< 6 (Non diabetic) 6 - 7 (Near normal glycaemia) < 7 (Goal) 7 - 8 (Good Control) > 8 (Action suggested)
Estimated average glucose HPLC- BIORAD D 10	226.0 mg/dl	
URINE		
FUS	Nil	
PPUS	0.5%	

Pathologist
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Tel: 08392 - 256106

Name: Mr. Lokesh Date: 16/11/2021 Page 1 of 1
Age: 36 Years Sex: Male Ref. by: Dr. Madhav Diggavi - M.D (Ayur)

Parameters	Results	Reference Range
BIO-CHEMISTRY		
FBS	130.1 mg%	70 - 110
PPBS	112.4 mg%	80 - 140
S. CHOLESTEROL	215.8 mg%	130 - 250
HDL DIRECT	34.4 mg%	30 - 70
TRIGLYCERIDES	112.9 mg%	up to 170
LDL	158.8 mg%	< 130
VLDL	22.6 mg%	up to 34
CHOL / HDL	6.3	< 6.0
LDL / HDL	4.6	< 4.0
Cardio CRP (HS CRP) IMMUNOTURBIDIMETRY	0.10 mg/dl	< 0.4 mg/dl
HbA1C	7.2 %	< 6 (Non diabetic) 6 - 7 (Near normal glycaemia) < 7 (Goal) 7 - 8 (Good Control) > 8 (Action suggested)
Estimated average glucose HPLC- BIORAD D 10	159.94 mg/dl	
URINE		
FUS	Nil	
PPUS	Nil	

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Name: Mrs. P. Kalyani Date: 30/12/2021 Page 1 of 1
Age: 43 Years Sex: Female Ref. by: Dr. Shwethambari

Parameters	Results	Reference Range
HAEMATOLOGY		
HB%	10.1 Gms%	M 13 - 18 F 11.5 - 16
TC	7.380 Cells/Cumm	
DC	P 58%, L 32%, E 06%, M 04%	
PLATELET COUNT	3.65 Lakhs/Cumm	1.4 - 4.4 Lakhs
BIO-CHEMISTRY		
FBS	115.4 mg%	70 - 110
PPBS	128.4 mg%	80 - 140
HbA1C	6.3 %	< 6 (Non diabetic) 6 - 7 (Near normal glycaemia) < 7 (Goal) 7 - 8 (Good Control) > 8 (Action suggested)
Estimated average glucose HPLC- BIORAD D 10	134.11 mg/dl	
URINE		
FUS	Nil	
PPUS	Nil	

Pathologist
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Pathya – Jawar rotti, ragi, barley, fresh vegetables and citrus fruits.

Yogasana - *Surya Namskara, Sitting surya Namskara, Gomukasana, Halasana, Tadasana, ArdhaChakrasana* these all are advised.

Discussion - Type 2 diabetes mellitus is one of the metabolic syndrome. It needs proper lifestyle modification. But people do not follow regular exercise, good food habits. Usage of excess refined flour like maida, hybrid chicken meat, pork etc. and white sugar are poisonous. Nowadays people like to sleep on soft bed with cushion, day sleep is the main cause of all type of disease. And not following the *Rutu Samshodana*, Another main reason is *Adhyashana*, changed lifestyle have made people to choose the food according to the wall clock not according to their respective hunger so making people more prone for Type 2 diabetes mellitus. whether the patient may be on insulin injection or without insulin he or she must follow proper diet regimen to control sugar levels. In this study patients whose sugar level was in not good control though he is on oral hypoglycemic drugs is selected. After planning proper diet and treatment, the sugar levels came down. however the symptoms were reduced after *Virechana* and also the pancreatic enzymes like trypsin, chymotrypsin will be activated leading to action of insulin production and metabolism. And lipase enzyme is stimulated leading to metabolism of fat properly. *Virechana* eradicates *Avarana*, and does *Sroto Shodana* and it helps in reducing blood glucose levels *Murchita Tila Taila* has *Balya, Vatahara, Mehahara* effect, reduced triglycerides can be seen in case no 1. *Nishamalaki Churna*³ And *Nyagrodhadi Churna*⁴ are considered as the *Naimitika Rasayana*. *Nishamalaki* acts as *Balya*, improves the glucose uptake capacity of cells by activating liver enzymes. *Nyagrodhadi Churna* acts by enhancing the peripheral utilization of glucose by correcting the

impaired liver and kidney glycolysis and also have positive action of reducing insulin resistance and stimulates beta cells of pancreas. *Pathya* and changing lifestyle acts as main treatment protocol for type 2 diabetes mellitus.

Conclusion-

Madhumeha and type 2 diabetes mellitus have similarity. *Pathya, Vyayama, Yoga*, and lifestyle modifications are the key factors in clinical practice. *Ayurvedic* intervention alone is also effective however along with oral hypoglycemic agent as an add on therapy can be beneficial. drug alone approach should not be considered in case of *Madhumeha*.

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