Case Report

Successful Management of Diabetes Mellitus (Madhumeha) With Ayurvedic Modalities (Vaman & Madhutailik Basti) – A Case Study

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Abstract: Ayurveda, an ancient medical system, is becoming more popular as a supplemental and alternative therapy for treating chronic illnesses. Type 2 diabetes is a chronic condition with serious long-term effects on both the people who have it and the healthcare system as a whole. Ayurvedic classics have twenty types Prameha Kaphaj prameha 20, Pittaja prameha 6, and Vataja prameha 4. Among this type, Diabetes mellitus is compared with Madhumeha, which is one of the Vataja types of Prameha. It is a Kledapradhan vyadhi which is associated with excessive urination. The primary causes of the illness are an excessive intake of dairy products, sugar products, rice, and seafood, an excessive amount of sleep, and a lack of activity. Various complications of Diabetes mellitus include nephropathy, neuropathy, retinopathy, and cardiovascular disease. A 51-year-old female patient visited OPD with chief complaints of Sweetness in her mouth, excessive hunger, thirst, urine, and burning sensation at the sole for more than 3 months, and other associated complaints were excessive mental stress and lethargy for the last 1 month. She was treated with panchakarma treatment like Vaman, Madhutailik basti, and Shaman chikitsa like Nishamalaki churna and Madhunashini vati. Reduction in blood sugar level was observed at the end of treatment. Hence it can be concluded that shodhan and shaman chikitsa is beneficial in treating symptoms of Madhumeha.

Keywords: Madhumeha, Diabetes Mellitus, Vaman, Madhutailik basti, Shaman Chikitsa

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1. INTRODUCTION

Type 2 Diabetes is defined as a disruption in carbohydrate metabolism, which exhibits a chronic continuous higher level of sugar in the body mostly due to decrease insulin production or reduced sensitivity for insulin. It is characterized by various etiological factors associated with the improper functioning of beta cells.1 Type 2 Diabetes Mellitus development occurs gradually because of insulin resistance in skeletal muscles where glucose uptake is condensed. Thus it increases insulin secretion from beta cells as a compensatory function. Failure of peripheral glucose utilization increases its level in the blood leading to hyperglycemia.2 According to (WHO) World Health Organisation, people had diabetes 16.01 million in China, India, USA in 1995, which will increase to 37.657.2, and 21.9 million, respectively, in 2025. The prevalence rate of DM-2 will increase from 135 Million to 300 million by twenty-five. It has been estimated that it affects approximately 200 million people worldwide.3 In the urban population, 11.6% have diabetes as a lifestyle disorder, and 2.4% in rural areas. World Health Organisation estimated that by twenty-thirty, 79.9 million Indians would have diabetes. India is regarded as the diabetes capital of the world. The International Diabetic Federation since every fifth adult worldwide is an Indian.4 Prevalence rates in India are Chennai – 18.6%, Hyderabad - 20.7%, Bangalore – 17.8%, Delhi- 21 % cases by Urban Diabetic Survey(National),2005.5 Ayurvedic physicians identified Diabetes mellitus as Madhumeha because ants are attracted to the urine of diabetic patients. It is a subtype of Prameha that is called Vataja. It is known as Mahagadda in Ayurveda.6 Ayurvedic scriptures refer to “prabhoativá mutrata,” or the excretion of significant amounts of turbid urine, as the primary symptom of the illness Prameha.7 It is a Tridosha Santarpanajanya Vyady. According to Acharya Sushruta, overindulging in etiological elements causes aparipakva vata, pitta, and kapha to become vitiated, mixing with medodhatu. Through the mutravaha srotas, these vitiated dhatu and dosha descend and localize at the bladder, resulting in Prameha.8 According to Ayurveda, Madhumeha (Vataja Prameha) is asadhyá, incurable yet treatable Ayurvedic treatment plans include Pithya aahara vihara, Shodhana chikitsa, and Shamana chikitsa (the use of anti-diabetic medications) & (lifestyle modification). Compareable to Type I Diabetes Mellitus is the Apatarpanajanyaja Madhumeha, while Type II Diabetes Mellitus is the Santarpanajanyaja Madhumeha. The primary Avaraka in Madhumeha is Kapha, Pitta, Rasa, Mamsa, and Meda, with Meda predominating among these. The surplus liquid, known as vitiated Kleda, transforms into Mutra and Kapha, as well as Meda, and Kleda covers the apertures of the mutravaha srotas, producing Madhumeha.9 Shula madhumehi (Type II D.M.) should be treated with detoxication, according to Charak. Internal Snehan should be performed first to control Vata Dosha. Vanama eradicates the Avaraka doshas (i.e., kapha and pitta) in a more direct manner.10 Following medicinal oil or ghrita consumption, Teekshna Vanama Karma should be performed, considering the patient’s strength, according to Vaghbata and Sushruta. 11-12 Panchakarma therapy has been recommended for Shula Madhumeha patients before the Shamana drug administration since the severely vitiated Doshas cannot be improved by Shamana Chikitsa (pacification of doshas) alone. “Bhahudravah Slesmaa Doshavishesah” states that Drava rupa kapha is the primary Avaraka and the cause of Prameha.13 Hence, the proper Shodhana technique for Type II Diabetes Mellitus is Vamanam. Madhutailka Basti aids in preserving the homeostasis of the body’s tissues by nourishing all Dhatu, including Mansa-Maja and Shukra, and by preventing Dhaturpaka from preventing the loss of Ojas. This gives the Dhatus more vigour at the cellular level and boosts cellular uptake.14 Despite providing a choice of efficient treatment options for diabetes mellitus, modern medications can have several side effects, including hypoglycemia. Adverse side effects of increased sugar levels associated with various complications can be prevented by targeting hyperglycemia and oxidative stress.15 The traditional Indian medical system of Ayurveda provides a comprehensive multi-modality approach to treating diabetes.

1.1. Ethical statement

This case study was performed on a single patient, so ethical committee approval was not done. Permission from the institute and informed written consent was taken from the institute and patient for conducting and publishing the case study.

2. CASE REPORT

A female patient, 51 Years of age, visited OPD with chief complaints of Sweetness in her mouth with excessive salivation, thirst, hunger, increased urine frequency, mental stress, and lethargy. Gradually developed a burning sensation in the sole. On investigation, her blood sugar level was increased, for which she was on metformin 500mg, but the patient wanted to shift to Ayurvedic treatment; hence she got admitted to our institute for further management.

- History of illness

Type 2 Diabetes Mellitus since 3 months (metformin 500mg)

- Family history

Mother - Type 2 Diabetes Mellitus

- Personal history

Ahara- intake of junk food, fatty and extra oily diet.
Vihara- sedentary lifestyle
Nidra –afternoon sleep (2hrs)
Vyasana: no addictions

2.2. Clinical Examination

Vital parameters.
Temperature- Afebrile
Pulse rate - 70 bpm
Blood pressure - 120/70 mm Hg
body weight – 68.2kg, height - 154 cm
BMI - 28.8 Kg/m2.

2.3. Ashtavidha Pariksha (Eightfold Examination)

- The patient nadi 74 per minute, Mala-Vibandha, Mutra-avilmutrata bahumutrata, Jihwa- soama, Shabda – spashta, Sparsha –anushnasheet, Druka –prakrut, Akriti–sthula
2.4. **Dashvidhapariksha (Tenfold Examination)**

- **Prakruti**: Kapha-vataja
- **Vikruti**: rakta, ambu, vasa,rasameda, lasika, majja, oja, mamsa, shukra
- **Sara**: madhyama (average)
- **Samhanan**: madhyama (average)
- **Praman**: body weight – 68.2kg, height - 1.54 cm, BMI - 28.8 Kg/m2.
- **Satmya**: madhyama (average)
- **Satva**: madhyama (average)
- **Ahar shakti**: pravara
- **Vyayam shakti**: avara (poor)
- **Vaya**: vri dhaavastha

2.5. **Systemic examination**

All systemic examinations like Respiratory system examination, Central Nervous System Examination, Cardiovascular examination, Gastrointestinal examination, and Locomotor examination are within normal limits.

2.6. **Investigations**

<table>
<thead>
<tr>
<th>Table 1: Investigation Report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investigations</strong></td>
</tr>
<tr>
<td>FBS level</td>
</tr>
<tr>
<td>PPBS level</td>
</tr>
<tr>
<td>Glycosylated haemoglobin (HbA1c)</td>
</tr>
<tr>
<td>Serum Cholestrol</td>
</tr>
<tr>
<td>Serum Triglyceride</td>
</tr>
<tr>
<td>Serum HDL</td>
</tr>
<tr>
<td>Serum LDL</td>
</tr>
<tr>
<td>Serum VLDL</td>
</tr>
</tbody>
</table>

Table no 1 Illustrates the investigation reports of the patient regarding blood sugar level and Lipid profile before the treatment was started.

2.7. **Diagnosis**

Based on the above investigation, the patient was diagnosed with *Madhumeha* (Diabetes mellitus type-2).

2.8. **Treatment objective**

The treatment objective was to eliminate aggravated *dosha* and reduce the symptoms of *Prameha*.

### Table 2: Overall Treatment Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure</th>
<th>Medicine</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/9/2022-12/9/22</td>
<td>Deepana, Pachana</td>
<td>Chitrakadi Vati</td>
<td>2 tab twice a day with warm water before food</td>
<td>3 days</td>
</tr>
<tr>
<td>13/9/22-17/9/22</td>
<td>Snehapan (consumption of medicated ghee) in increasing quantity</td>
<td>Trikantakadya ghrit</td>
<td>Day1- 30 ml Day2-60 ml Day3-90ml Day4-120ml Day5-150 ml</td>
<td>7 days</td>
</tr>
<tr>
<td>18/9/22-19/9/22</td>
<td>Sarvanga Abhyanga with til taila followed by sarvanga swedana</td>
<td></td>
<td>On Day 6 and Day 7</td>
<td>2 days</td>
</tr>
<tr>
<td>19/9/22</td>
<td>Vaman</td>
<td>Madanphalayog</td>
<td>Madanphala 5gm pippali 2gm vacha 2gm saindhava 2gm honey Q.S. with 2-litre milk, Yashimadhuphant 2 litre 2 litre lavanajal</td>
<td>45 min</td>
</tr>
<tr>
<td>19/9/22</td>
<td>Dhupapan (medicated smoke) Gandusha (gargling) With Dhumavarti</td>
<td>With Kashna Jala</td>
<td>Mouthfull quantity</td>
<td>For 3-5min. 3 cycles</td>
</tr>
<tr>
<td>19/9/22-23/9/22</td>
<td>Samsarjan krama</td>
<td>Mudga Yushadi karma</td>
<td>Morning and evening, two times</td>
<td>5 days</td>
</tr>
</tbody>
</table>

2.9. **Treatment Given**

- **a. Vamana karma**
  - b. Madhutailik Basti with Shamana chikitsa

- **a. Vaman karma**

  The patient was examined for *dosha*, *bala*, *agni*, and *prakriti* for fitness of *Vamana*, and written consent was taken before starting the procedure. *Vamana* was planned early at 7 am in three steps-Purva Karma (preoperative preparation), Pradhana Karma (administration of *Vaman*) Pashchat Karma (post-operative care), as shown in Table no. 2.
The patient was assessed for vegiki (number of bouts), maniki (number of quantity), Antiki (Pitta at the end of vamana), and Laingiki (signs and symptoms), four criteria for proper vamana mentioned in Samhita. Table no 2 illustrates the complete treatment plan of the patient, which includes Poorvakarma, Pradhankarma, and Paschat karma of Vaman, administration of Madhutailik basti, and shaman aushadhis.

b. Madhutailik Basti with Shaman Chikitsa

Bhavaprakasha is used as a source of information for the study and has the following elements:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Contents</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Madhu</td>
<td>50ml 100gm</td>
</tr>
<tr>
<td>2.</td>
<td>Sairdhava Lavan</td>
<td>3.125gms 5gm</td>
</tr>
<tr>
<td>3.</td>
<td>Tila Tail</td>
<td>100ml 50ml</td>
</tr>
<tr>
<td>4.</td>
<td>Shatapuspa Kalka</td>
<td>6.25gms 10gms</td>
</tr>
<tr>
<td>5.</td>
<td>Erandamul kwaht</td>
<td>320ml 100ml</td>
</tr>
</tbody>
</table>

In addition to the mentioned treatment, the patient was instructed to take Amla juice (20ml) and Haridra churna (1g) in the morning, go for a daily hour-long stroll outside, and refrain from divaswapna, or sleep during the day. Table no 3 illustrates the ingredients of Madhutailik basti mentioned in Bhavprakash, along with the number of contents.

2.10. SOP of Madhutailik Basti

In the Khalva Yantra, 100 grammes of Madhu and 5 grammes of Saindhava Lavana are first added and triturated to create a homogeneous mixture. Continue to triturate until lavan is completely mixed. Gradually 100ml of Til Tail is mixed with the above mixture. Further, 10g of Shatapuspa Kalka is added to the mixture. The particles of Kalka should be uniformly mixed. In the end, 320ml Erandamula Kwath is added, and tricturation is continued until it gets completely dissolved with globules. A total quantity of 530ml of Basti is given to the patient.

2.11. Posology

Medicine - Madhutailika Basti
Dose - 530 ml
Duration - 8 days
Kala - Prataha (Abhakata)
Type of Basti - Niruhavata

2.12. Pre-Basti management

Sthanika snehana, or local external oleation with sesame oil, and Sthanika nadi swedana, or local sudation with steam, were performed over the abdomen and gluteal area on the day of Basti and were administered on an empty stomach.

2.13. Procedure of Basti

The patient was instructed to lie on a table in the left lateral position, with his left leg straight and his right leg bent at the hip and kneeling up to his chest. For Madhutailik Basti, Basti netra (Rubber catheter) was attached to bastiputaka (enema pot). The column of the catheter was filled with Madhutailik Basti, and air was evacuated. Sesame oil was applied to the anal hole and catheter tip, and 4 fingers (~ approximately 4”–6”) of rubber catheter were placed per rectum. The patient was told to take a big breath. The enema pot was then raised, allowing Basti to enter the rectum while leaving only a small amount behind.

2.14. Post-Basti procedure

After administration of basti, tapping of the gluteal region is done. The patient is asked to lie supine until the basti pratyagaman kala (expulsion of basti). After Basti pratyagaman, the patient was advised to take a bath with warm water, and a light diet was advised.

3. RESULTS AND OBSERVATIONS

This study shows the effect of Shodhan (Vaman, Madhutailik basti) chikitsa and Shaman chikitsain lowering the blood glucose level in this patient, as shown in Table no 4.
Table no 4 illustrates the investigation reports before the treatment, after the vaman procedure (follow-up 1), after Madhutailik basti (follow-up 2), and last follow-up (after shaman chikitsa).

Graph 1 shows the effect of Shodhan (Vaman, Madhutailik basti) chikitsa and Shaman chikitsa in managing blood sugar levels.

### Table 5: Assessment criteria (Subjective parameters)

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Normal (0)</th>
<th>Mild (1)</th>
<th>Moderate (2)</th>
<th>Severe (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dourbalyata (Weakness)</td>
<td>Regular activities</td>
<td>Weakness on walking</td>
<td>Weakness in Regular activities</td>
<td>Difficulty in regular activities</td>
</tr>
<tr>
<td>Daha (Burning Sensation sole)</td>
<td>No</td>
<td>Occasional</td>
<td>Continuous</td>
<td>Persistent</td>
</tr>
<tr>
<td>Bhrama (Vertigo)</td>
<td>No</td>
<td>Occasional</td>
<td>Difficulty in working</td>
<td>Continuous</td>
</tr>
<tr>
<td>Anidra (Insomnia)</td>
<td>6-7hrs</td>
<td>6-3 hrs</td>
<td>4-2 hrs</td>
<td>&gt;2hrs</td>
</tr>
<tr>
<td>Kandu (Itching)</td>
<td>No</td>
<td>Rashes over upper and lower limbs</td>
<td>Rashes all over the body</td>
<td>Continuous itching</td>
</tr>
<tr>
<td>Mutra Vridhi (Polyurea)</td>
<td>Freq 3-4 times</td>
<td>5-9 times</td>
<td>8-12 times</td>
<td>&gt;11 times</td>
</tr>
<tr>
<td>Kshudha vridhi (Polyphagia)</td>
<td>Eating 2 times per day</td>
<td>3-5 times</td>
<td>4-6 times</td>
<td>&gt;8 times</td>
</tr>
<tr>
<td>Pippasa vridhi (Polydypsia)</td>
<td>Freq 3-5 times</td>
<td>4-8 times</td>
<td>9-13 times</td>
<td>&gt;13 times</td>
</tr>
</tbody>
</table>

Table 5 illustrates the criteria for assessing subjective parameters according to the severity index.

### Table 6: Effect of Therapy on Subjective Parameters

<table>
<thead>
<tr>
<th>S.no</th>
<th>Symptoms</th>
<th>0 day</th>
<th>60th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dourbalyata(Weakness)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Daha (Burning Sensation sole)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Bhrama (Vertigo)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Anidra (Insomnia)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Kandu (Itching)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Mutra Vridhi (Polyurea)</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Kshudha vridhi (Polyphagia)</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Pippasa vridhi (Polydypsia)</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 6 illustrates the effect of Vaman, Madhutailik Basti, and Shaman Aushadhis on the Subjective Parameters.

## 4. DISCUSSION

The roots of the word Prameha are Pra, which denotes excess, and Meha, which signifies the passing of urine. Prameha is urinating more than usual, and the urine is turbid (‘prabhotho avila moortata’). The main contributing causes include excessive consumption of cold, unctuous, sweet, and fat-rich foods and beverages, sleeping throughout the day, a
lack of exercise, laziness, and sedentary behavior. Due to etiological factors, there is an increase in Kapha, which reaches various Dushyas like Rasa (plasma), Rakta (blood), etc. It spreads throughout the body and becomes vitiated because of the body's propensity for fluid and looseness; then, it combines with medas (fat adipose tissue), mamsa (muscle), and kleda (body fluids). Vitiated Pitta, Vata, and body fluids draw them to the urinary bladder and produce Prameha.19,20 Charaka describes the prognosis as curable, palliable, and incurable. Patients with early diagnosis of diabetes along with obesity are curable. However, medication can control certain types of Kaphaja pramehas and the incurable form of diabetes known as vataja.21 The drugs in modern medicine has a good mode of action but leads to various side effects in the body; hence Ayurvedic modalities help in stabilizing the vitiated Kapha and treat the disease from the root cause. They improve fat and carbohydrate metabolism.22 In Ayurvedic treatment, Shodhan procedure like Yamana, Madhutailik Basti, and Shamana medicines help improve the patient's condition by increasing the digestive strength, which is the root cause of most diseases. This case study gave interventions in the form of Shodhan (Yamana, Madhutailik basti) and Shaman Chikitsa (Nishamalaki churna, madhunashini vati).

4.1. Mode of action of Yamana

The Vamak Dravyas affect the stomach at its most fundamental level of Kapha vitiation. It removes Kleda, opens Srotas, and removes Ama, providing great relief for Kapha, the primary factor of diabetes. Yamana Karma is the practice of inducing emesis, which aids in the body's detoxification, particularly through the intestines or upper body parts. Yamana Karma is typically divided into two categories: Mridu Yamana (mild Yamana), and Tikshna Yamana, depending on the severity of the treatment. In this case, Mridu Yamana is given to the patient. Poorvakarma, Pradhanakarma, and Pashchatakarma are the three steps of Yamana Karma. Deepan-Pachan is given with Trikatu churna, which leads to the digestion of aam and alleviates Kapha and Meda.23 Before practicing Yamana Karma, fomentation and oil massage are advised to liquefy Dosa and transfer toxins from Shakha to Kostha pradesha. The medicated ghee decreases insulin resistance at the cellular level and the fatty acids circulating in the blood. Due to the Tikshna, Ushna, Vikasi, and Sukshma qualities of vamak drugs, it circulates through the vessels and thus liquefies the doshas, which are compact and adhered tightly to the Srotas. It gradually pacifies the Doshas of Sukshma and Shthula Srotases. These pacified and Separated Doshas are bought to Aamashya due to Poorvakarma of the Vaman procedure (like deepana, Panchana, Snehana, and Swedana Karma) and with the action of drugs. The predominant effect of the Vaman karma is to reduce the sugar level. Due to its immunomodulatory action, it produces better dhatu and updhatus, raises body resistance by maintaining tissue regeneration, boosts the body's strength (adaptogenic activity), and promotes the healthy operation of neural tissue (improved microcirculation through modulation of macrophage function).29

4.2. Mode of Action of Madhutailik Basti

Due to the vitiation of the mansma, meda, rasa, and ojas, madhumeha is one of the kapha and kleda dominant diseases. Madhu, til taila, shatkapha, and erandamoola are the primary components of Madhutailik Basti. Due to its function as a yogvahi (drug carrier), madhu travels to tiny channels (sukshma srotasa) and boosts the potency of basti. Tila taila is ushna (hot), madhura (sweet), and snigdha (unctuous) in nature. It lessens the laghu (easy to digest) and ruksha (dry) qualities of vata. Laghu and Snigdha Gunas belong to Shadhva. Erandamula's nature is vata-kaphaghna; it enters microchannels and causes the dosa to liquefy. The majority of this basti's contents are of a vata-kaphaghna type. Agni functions are disrupted in medoroja, resulting in faulty dhatu formation and only excessive meda dhatu formation. Due to its vata-kaphaghna character, Madhutailika basti aids in medoroja and also cleanses the channels. The nature of Madhu and Tila Taila is medohara. As a result, they aid in disrupting pathogenesis. By nourishing every Dhatu tissue, including Mansa-Majja and Shukra, and by preventing Dhatupaka from preventing loss of Ojas, Madhutailika Basti aids in preserving the homeostasis of the body's tissues. This gives the Dhatuus more vigour at the cellular level and boosts cellular uptake.28 Madhutailik basti eliminates circulatory waste products to treat vitiated or exacerbated doshas, increases digestive capacity, purifies Koshta and removes constipation, and strengthens the host's defense mechanism without increasing the sugar level. Due to its immunomodulatory action, it produces better dhatu and updhatus, raises body resistance by maintaining tissue regeneration, boosts the body's strength (adaptogenic activity), and maintains the body's natural balance.

4.3. Mode of action of Nishaamalaki Churna

Emblica officinalis and Curcuma longa, two Ayurvedic herbs, are combined in equal amounts to create the Nisha Amalaki churna.26 Amalaki has a revitalising effect and is a great antioxidant. It promotes the body's glucose metabolism, lowers stress levels, and boosts immunity. Samhitas claim that Amalaki-Emblica officinalis predominates Amla rasa in all five Rasas except Lavana rasa. Vipaka is madhura and Shita virya, possessing qualities of Ruksha, Guru, and Shita. Haridra, curcuma longa possesses Ruksha, Laghu, Tikta, Vipaka is katu, and Ushna virya characteristics. These characteristics allow it to function as a kaphaghna, and kledahara, and improve glucose metabolism. Specifically, the combination of Nisha Amalaki Churna possesses Kaphahara property, though it also has Tridosha property. Its actions on vitiated Kapha, Meda, and Kleda can improve

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Ayurveda

L246
Saptadhatu quality and decrease Dhatu’s shaityila. Nisha Amalaki Churna decreases the amount of Ama and Kleda in the body by working on Dhatwagni and jatharagni due to its Deepan and Pachan characteristics. It raises Dhatwagni, which aids in restoring a disrupted metabolism. It affects Srotodusthi and glucose metabolism by Deepan, Pachan, and Anuloman characteristics. This Kalpa produces Kleda Shoshana because of its Ruksa Guna, which helps to break Prameha’s Samprapti.\[21\]

4.4. Mode of Action of Madhunashini Vati

Madhunashani Vati is herbo-mineral formulation mentioned in bhaishajya ratnavali containing shilajit, swarna makshik bhasam, lauha bhasma, tikta rasamak dravyas like Guduchi, Katuki, Nimbatriphala, etc. The substances above have anti-diabetic and hypoglycemic properties, making them useful for managing diabetes mellitus. Vaman, madhutilik basti, and shaman aushadhis have kaphahara, deepan, pachan, anulomana, srotoshodhan, medohara, kledahara properties which lead to reduce the level of sugar in blood from 176 mg/dl to 115 mg/dl (fasting blood sugar) and post prandial level of sugar from 294 mg/dl to 145 mg/dl. There was a reduction in the severity index in subjective parameters like weakness, vertigo, Tingling numbness, polyuria, ploydypsia, and polyphagia, as shown in Table 4.

5. CONCLUSION

Madhumeha, a multifactorial silent killer, must be treated immediately. The information above leads to the conclusion that Ayurvedic therapy of Madhumeha can be accomplished through proper use of Shodhan treatment, Shama aushadha, and adherence to proper dietary practices and lifestyle adjustments. Therefore, this shodhan chikitsa performed by a shaman is very beneficial in managing Prameha. Still, more research using larger samples and a longer time frame is needed to confirm this impact.

6. DECLARATION OF PATIENT CONSENT

The authors attest that they have all necessary patient permission paperwork on file. The patient has indicated in the form that he is comfortable with his clinical data being written about in the journal. The patient knows that reasonable measures will be made to keep their identity a secret and their name and initials from publication; anonymity cannot be assured.

7. INFORMED CONSENT

A written informed consent form was taken from the patient before starting treatment and for publication in the esteemed journal.

8. AUTHORS CONTRIBUTION STATEMENT

Acknowledge Dr. Sadhanamisar for giving appropriate guidance regarding the diagnosis and treatment of the patient and Dr. Praveen Nandal for assessing the patient, gathering relevant data, and taking appropriate follow-ups of the patient.

9. CONFLICT OF INTEREST

Conflict of interest declared none.


