



## A ROLE OF AYURVEDIC MANAGEMENT IN INSULIN DEPENDENT DIABETES MELLITUS: A CASE STUDY

[Vidhi Patel](#)<sup>1</sup>, [Dhaval Dholakiya](#)<sup>2</sup>, [Manish V. Patel](#)<sup>3</sup>

<sup>1</sup>P G Scholar, Dept of *Kayachikitsa*, J S Ayurveda College, Nadiad-387001, Gujarat, India

<sup>2</sup>Reader, Dept of *Kayachikitsa*, J S Ayurveda College, Nadiad -387001, Gujarat, India

<sup>3</sup>Head of department, Dept of *Kayachikitsa*, J S Ayurveda College, Nadiad -387001, Gujarat, India

Corresponding Author: [vidhi.patel257@gmail.com](mailto:vidhi.patel257@gmail.com)

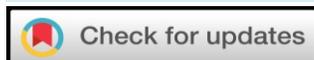
<https://doi.org/10.46607/iamj3609042021>

(Published online: April 2021)

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Article Received: 12/03/2021 - Peer Reviewed: 19/03/2021 - Accepted for Publication: 20/04/2021



## ABSTRACT

Diabetes Mellitus is one of the of the most common non communicable or lifestyle disease globally. In Ayurveda this condition can be correlate with *Madhumeha*. It is one type of *Prameha* where the patient passes honey like urine. Prevalence of diabetes mellitus is rapidly rising throughout the world, where India leads with largest number of diabetes. In Ayurveda *Madhumeha* is explained as *Asadhya* but also gives treatment for it. Ayurveda can be useful in the treatment of diabetes and associated complications. *Sodhan* and *Shaman* both are useful in the treatment of *Madhumeha*. A 64 years old male patient known case of Insulin dependent diabetes mellitus was visited in OPD of P. D. Patel Ayurveda Hospital, Nadiad. He had complaints of weakness, pain in both knee joint and shoulder joint with back pain since 10 years. Patient was on regular allopathic medicine for 10 year but he did not got any satisfactory relief in the sign and symptoms. His blood glucose level also not under control. He was treated for 28 days in I.P.D. treatment then after O.P.D. treatment also given. After treatment a significant improvement was noted in patient's signs and symptoms. His blood glucose level also under control even after insulin therapy and hypoglycemic drugs were stopped. There was 80% relief after I.P.D. and O.P.D. treatment.

**Keywords:** Diabetes, Madhumeha, Sodhan, Shamana, Blood glucose.

## INTRODUCTION

Diabetes mellitus is most common among all the diseases in present era. Burden of diabetes has steadily over the past quarter century in India and across the global.[1] India contributing a major part of the global burden. The term diabetes mellitus describes a metabolic disorder of multiple etiology characterized by chronic hyperglycemia with disturbance of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion and insulin action both. It can be correlated with *Madhumeha* in Ayurveda.[2] In *Charak Samhita Madhumeha* has been described as a type of *Vataj Prameha* which is characterized by passing of honey like urine in excess amount.[3] This major disease can be managed by giving comprehensive attention to four aspects which are *Nidan parivarjan*, *Ahara*, *Vihara* and *Aushadha*.[4] The role of *Ahara*

and *Vihara* - equally or even more important to control blood sugar level as well as to prevent complications of this disease. Diabetes mellitus is a most common lifestyle disorder which have long term treatment with much risk (specially vital organs like kidney, nervous system, brain). In present era Ayurveda gives better treatment with fewer side effects, so this type of case study become very helpful. In this case study *Sodhan* as well as *Shaman Chikitsa* were given as mentioned in *Samhita*.

### A Case Report

A 64 years old male patient known case of Insulin dependent diabetes mellitus was visited in OPD of P. D. Patel Ayurveda Hospital, Nadiad, on 18 February, 2019 with following complains

**Table 1: Chief complaints**

SR. No.	Chief complaints	Time duration
1	Weakness	10 years
2	Both knee joint pain with crepitation	10 years
3	Back pain	6 years
4	Both shoulder joint pain	6 months

### History of Present Illness

Patient was asymptomatic before 10 years. Then gradually he developed the symptoms like weakness, joint pain, excessive thirst and he diagnosed with insulin dependent diabetes mellitus. Patient was on regular allopathic medicine for 10 years but he did not got any satisfactory relief in the sign and symptoms. He came

to P. D. Patel Ayurveda hospital, Nadiad, Gujarat for proper treatment. The patient was diagnosed with *Madhumeha* in O.P.D. of P. D. Patel Ayurveda Hospital for better management of diseases.

**Past History:** No relevant past history was found.

**Medicinal History:** Patient had taken following type of medication

**Table 2: Medicinal history of patient**

SR. No.	Medicine name	Dose
1	Tablet Metformin	BD
2	Tablet Aspirin	HS
3	Tablet Methylcobalamine	HS
4	Human plain Insulin 10 unit	BD

**Family History:** no relevant history found.

### Ayurvedic Management

- *Snehapana* first 4 days with *Panchtikta Ghrta* started from 40 ml twice and reached up to 90 ml twice.

- *Sarvang Abhyanga* with Narayan oil and *Sarvang Bhaspa Swedana* with *Nirgundi Patren* 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> day of hospitalization followed by *Mrudu Virechana* Karma was performed with 50ml

- Eranda* oil plus 5gm *Dindayal Churna* with warm water.
- *Samsarjana kram* was followed for 2 days.
  - After the *Samsarjana kram*, following treatment was given –
1. *Sarvang Abhyang* with *Narayan* oil and *Sarvang Baspa Swedana* with *Nirgundipatra* every day once in morning.
  2. *Niruh Basti* with *Pathyadi Kwath*.
  3. Following medicament were given daily
    - *Mamejaka ghan vati* 3tab.3 times with water after meal
    - *Meshshrinigi vati* 4 tab. 2times with water before meal
    - *Jambubija ghan vati* 4 tab.2 times with water before meal
    - *Balamula kwath* 40 ml. 2times empty stomach
    - *Bhumyaamalaki churna* 3gm 2time with water after meal
  4. *Upanah Sweda* and *Agnikarma* was done locally.

**Table 3:** Treatment schedule chart

Date	Procedure	Observation
18/02/2019 to 06/03/2019	IPD treatment	Patient symptoms were reduced Insulin dose and hypoglycemic drug were tapered and stopped
06/03/2019 to 15/04/2019	OPD Treatment	Patient subjective and objective out comes controlled.

**Table 4:** Objective Outcomes

SR. No.	Investigation	FBS	PP2BS	PPUS
1	On Admission (18/02/19)	173 mg/dl	250 mg/dl	+3
2	After <i>virechana karma</i> (22/02/19)	90 mg/dl	152 mg/dl	Nil
3	On discharge (06/03/19)	115 mg/dl	170 mg/dl	Nil
4	OPD follow up (25/03/19)	-	192 mg/dl	Nil
5	OPD follow up (15/04/19)	-	152 mg/dl	Nil

**Table 5:** Subjective Outcomes

SR. No.	Chief complaints	BT	AT (on discharge)	AT (after one-month OPD treatment)
1	Weakness	3	0	0
2	Both knee joint pain with crepitation	3	1	0
3	Back pain	2	1	0
4	Both shoulder joint pain	1	0	0

## DISCUSSION

*Madhumeha* is type of *Vataj Prameha* mentioned in *Charak Samhita*. *Acharya Charak* said that when all *Prameha* are not treated timely then they all are converted into *Madhumeha*. *Acharya Susrut* gives two types of *Prameha Sahaj* and *Apathyanimitaja*. In present era Diabetes mellitus mainly have two types type 1 and type 2. In both types of diabetes insulin is not made or not used properly and blood sugar level and urine sugar both are increased. In Ayurveda *Madhumeha* is described as *Asadhya Vyadhi* but all *Acharyas* give treatment for this. *Apathya Aahar Vihar*

is main cause in this case. Patient takes unwholesome food like excessive sweet, sugar, curd and also have a habit of day sleep. *Acharya Charak* gives two types of *Pramehi* like *Sthula* and *Krusha*. Here patient is *Sthul* with *Pravara Satva*. *Acharya Charak* mentioned *Mru-du Sodhan* is given as treatment to the patient so here we gave *Snehapana* as a *Poorvakarma* and after this *Mru-du Virechana* was given. *Asthapana Basti* with *Pathyadi kwath* was given daily after *Virechana Karma*. In *Prameha Basti* is mainly vitiated organ and also *Madhumeha* is type of *Vataj Prameha* so here *Basti* is work on both and reduced the disease severi-

ty. *Balamool* is *Balya Aushadh* and here patient had a main complain of weakness so *Balamool Kwath* was given. *Bhymyaamalaki* is *Rasayan Aaushadh* and it was used to prevent from the complication of diabetes mellitus. *Mammejak*, *Meshshrunji* and *Jambubija* all are *Madhumehahar Aaushadh* so here they were given to reduce glucose level.

## CONCLUSION

There are many types of treatments and medicine described in the treatment of *Madhumeha*. In this case *Sodhan Chikitsa* followed by *Shaman Chikitsa* is used to treat the disease. Actually, patient came to hospital he taken insulin therapy since last 10 years, so it is considered as insulin dependent diabetes mellitus. After the 28 days of IPD and after OPD treatment patient blood glucose level and urine glucose level were controlled. Insulin therapy was monitored and tapered and stopped. Hypoglycemic drugs also discontinued. Patient symptoms like weakness, both knee and shoulder joint pain were reduced. After treatment patient had 80% relief in subjective and objective criteria.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Vidhi Patel et al: A Role Of Ayurvedic Management In Insulin Dependent Diabetes Mellitus: A Case Study. International Ayurvedic Medical Journal {online} 2021 {cited April, 2021} Available from: [http://www.iamj.in/posts/images/upload/900\\_903.pdf](http://www.iamj.in/posts/images/upload/900_903.pdf)