



## MANAGING MADHUMEHA WITH AYURVEDA – CASE SERIES

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## ABSTRACT

**Background:** *Madhumeha* is a disease characterised by the passage of repeated and excessive quantity of urine with *Madhura* rasa like *Madhu* (honey- polyuria/ glycosuria) along with the *Madhurta* of *Sarvadeha* (hyperglycaemia). The *Roga* is considered to be one of the subtypes of *Vatika Prameha* out of three (Prameha- Mutravaha Srotogat Vyadhi, having Kapha dominancy). *Mootravaha* and *Medovaha Srotas* are involved in *Prameha* whereas, *Ojavaha* and *Mutravaha Srotas* are involved mainly here (others meda-mamsa-kleda). According to the *Ayurvedic* classics the (samprapti) pathogenesis of the *Roga* involves *Agni* (digestive fire), *Ama* (oxidative free radicals), *Medo Dhatu* (adipose tissue), and *Oja* (immunity).<sup>1</sup> In modern sciences it can be correlated with Diabetes mellitus, which is described as a metabolic disorder of multiple aetiologies, characterised by chronic hyperglycaemia with disturbed carbohydrate-fat-protein metabolism, resulting from defects in the secretion of Insulin, its action, or both. Type 2 diabetes mellitus is a common form of diabetes. India stands in the second position after China with 98 million people suffering from T2DM by 2030, whereas in 2015, India had 69.2 million people living with diabetes.<sup>2</sup> The recent study, found that the prevalence of diabetes in India has risen from 7.1% in 2009 to 8.9% in 2019.<sup>3</sup> **Aim:** To evaluate the efficacy of fixed *Ayurvedic* management in different patients of *Madhumeha*. **Materials and Methods:** *Shamana Aushadha* was selected for the management of *Madhumeha*, in different age group people. **Results:** The *Aushadha* started showing results in the first week, in general condition, and by the end of two more weeks the *Pradhana Lakshana* too showed effective results. **Conclusion:** *Shamana Aushadha* showed good results in chronic and challenging diseases like *Madhumeha*.

**Keywords:** Madhumeha, Agni, Ama, Meda, Oja, Diabetes mellitus.

## INTRODUCTION

Madhumeha is a Santarpanajanya Vyadhi manifested by Aasya Sukham Swapna Sukham (consuming fresh grains, jaggery, curd, the flesh of domestic animals, avoiding physical activities, products which increase the Kapha Dosha in the body, etc.). A disease in which urine becomes Madhura and smells like Madhu and dhatwagnimandya is the main factor for pathology. According to Acharya Charaka, it can manifest in two ways- Dhathukshaya (by the Prakopa of Vata Dosha) manifests in thin n asthenic individuals due to Ojakshaya; Kaphameda Aavarna (along with Vata Prakopa due to Vata Avarodha) this Avrodha vitiates the Vata again and carries Oja to Basti and manifests Madhumeha. 20 types are there of Prameha (based on the physical appearance of urine) as per classics and its final stage is Madhumeha if prameha is not treated or neglected.<sup>4</sup> As per Acharya Sushruta, Sahajmeha Rogi is Krishadehi (thin built) and Apathyajanya Meha Rogi is Sthuladehi (Obese).<sup>5</sup> Whereas, in modern science Type 1 DM/ Juvenile onset diabetes is usually found in children, teenagers, young adults and may develop in adults. It's autoimmune disease-causing destruction of Beta cells of the pancreas, causing Insulino paenia. Type 2 DM/ Adult-onset diabetes, is commonly seen in adults, but can occur in children too. It is insidious in onset, inheritance is common. It begins usually with insulin resistance and initially, there is counter-regulatory hyperinsulinaemia. Severe Hyperglycemia can lead to weight loss and even Ketosis (rare). As it turns up chronic, the pancreas loses the ability to secrete enough insulin for normal digestion, and finally, the disease manifestation happens.

**Case series:** This case series included patients who visited the clinic, with the chief complaint of raised blood sugar levels, excessive micturition-thirst, and extreme weakness. Demographic data were collected including age, gender, occupation, and personal-medical history with duration since the onset of the disease (Table 1). Pre and post-assessment were done

by improvement in the complaints and blood-urine laboratory reports.

### Case presentation:

**Case 1** A 42-year-old male patient came to the clinic with the complaint of raised blood sugar values, blurred vision, and increased micturition. Symptoms appeared 15 days ago from the day patient approached the clinic. Mixed medication received from him included (Allopathy, Ayurveda, and Homeopathy, which ever available over the counter) since his diagnosed ×4 years. Clinical examination and investigation [BP=128/84mmHg; PR=79bpm; PP=438dl/ml; BSF=191dl/ml; HbA1C not done; Urine Sugar +] rest of the reports were within normal range. No visible health issues.

**Case 2** A 59-year-old male patient came to the clinic with the complaint of extreme generalized weakness, weight loss (6-7 kgs in the last 4 months), reduced appetite, heaviness in the upper gastric region, and raised blood sugar levels. Symptoms appeared 2 months ago, the patient was under allopathic management for, 11 years. Medication received by him included Tab. Metformin, Sitagliptin, Glimpiride, Pantoprazol, Multivitamins. Clinical examination and investigation [BP=116/76mmHg; PR=78bpm; PP=285dl/ml; BSF=226dl/ml; HbA1C=9.1; patient lost 6 kgs weight in last 3 months] rest of the reports were within normal range.

**Case 3** A 68-year-old female patient came to the clinic with the complaint of weight gain, excessive micturition-thirst-appetite, burning sensation in soles, and general weakness, for a few months. Medication received by her included Ayurvedic medicine Madhuna hani vati, Livogrit, Livamrit, and some Kashaya she forgot the name, of for 8 years. Clinical examination and investigation [BP=134/92mmHg; PR=81bpm; BSF=185mg/dl; PP=292mg/dl; HbA1C=6.6; Urine-LFT-KFT-Uric Acid-Lipid-Thyroid profile normal] pedal oedema, decreased muscle mass around the neck, occ. bleeding gums. The patient approached, as her sugar levels keeps on

fluctuating and other associated complaints start bothering her.

**Case 4** A 72-year-old male patient came to the clinic with the complaint of increased appetite-sleepiness, for 2 ½ months, and raised blood sugar levels, for the last 6 days. Symptoms appeared after the patient was bed ridden due the disc pain (L4,5). The patient used to have medication for Madhumeha occasionally in 2020 since detected as hyperglycaemic in reports twice, on his own. Clinical examination and investigation [BP=128/88mmHg; PR=87bpm;

BSF=258mg/dl; PP=369mg/dl; HbA1C not done; KFT, Uric acid normal; SGOT=52U/L; Triglycerides= 170mg/dl; HDL=37mg/dl; LDL=115mg/dl; Urine sugar ++] muscle mass reduced from extremities, obese abdomen.

**Treatment:** Common treatment protocol for Madhumeha is set for the patients (Table 2), except few medications for other associated complaints.

**Assessment:** The patient was assessed before and after treatment with clinical symptoms and investigational findings.

### Observation and results

**Table 01:** Data of the patients

	Patient 1	Patient 2	Patient 3	Patient 4
Age	42	59	68	72
Gender	Male	Male	Female	Male
Occupation	Security Guard	Clerk	Retired govt. employ	Retired govt. employ
Family history	-	-	Father was diabetic	-
Onset duration	4 years	11 years	8 years	2 years
Side effects of present treatment	-	-	-	-
Personal history	Alcoholic	-	Tea addiction	Excessive sweets intake
History	-	-	Cholecystectomy	-
Treatment	1 to 4 & 6 medicine	1,2,4 medicine	1 to 6 medicines	1 to 4 medicines
Treatment duration	One and a half month			

**Table 02:** Treatment protocol given to all patients

S.No.	Drug	Anupana	duration
1	Neem-Karela-Jamun swa-rasa/juice	Normal water, 1 glass	3 tsf, early morning and evening on empty stomach (BD)
2	Gudamar churna	No. 1 medicine	1 tsf (3gms), same as above (BD)
3	Neem churna	Syp. Amlycure DS, 2 tsf	2gms, after lunch only (OD)
4	Chandraprabha vati	Water, 2 Sips	2 tablets, twice after meals (BD)
5	Kamadugha rasa	Water, 2 Sips	2 tablets, twice after meals (BD)
6	Rasayana vati	Milk/water, 1 glass	OD, as per the patient's comfort

Before starting the treatment protocol, *Chitrakadi Vati*, 2 tabs, BD, after meals, with water×4 days was prescribed for *Ama*.

**Pathya/ Apathy:** *Alpaahar*, *yava*, *puran shaali dhanya*, (old rice- occasionally), *puran gaudhooma*, *kulatha-mudga-shaka yusha*, *takra*, *parwal*, *karela*, exercise, walking, *aasana*, *pranayama*, etc. as per the classics recommended to the patient, according to the

*lakshana* and *deha pramana* (sthoala/ Krishna pramehi).

### DISCUSSION

**Probable mode of action:** In *Charaka Nidana*, *Prameha* is included in *Ashta Mahagada*, which

shows the significance given to the disease by *Acharya*. It shows the disease was prevalent since that time and managed by restricting certain food items (*apathya*). It is *Kapha pradhana*, *santarpana janya vyadhi*, *Kapha* stage of *prameha* in long run turns into the *Vata* stage. It can manifest independently of the *Kapha* stage, as happens in the case of *Sahaja*, *Kulaja*, and *Shuddha Vataja* conditions. *Krishna Madhumehi* already shows the *vataja bedha lakshana* and even, *Sthula Madhumehi* becomes *krisha madhumehi* in a later stage, indicating two stages- *Kapha* and *Vata* stage. As the disease is metabolically manifested, lifestyle management and diet control are mandatory with medicines.

**Neem**<sup>6</sup> is *laghu guna, tikta* (*kaphapitta shamaka, rakta shodhaka, ama pachaka*)- *kshaya rasa* (*yakruta uttejaka, rochaka*), *katu vipaka, sheeta virya yukta, dahaprashmana, Kandughana, vedana sthapaka, vranaroopana, mootraghata prameha vikara* (*bahu mootrata*), *madhumeha nashaka*. *Nimbin, nimbidin* (*anti-inflammatory*) *nimbosterol* (*antioxidant, anti-inflammatory*), *calcium* (*controls HTN*), *potassium* (*regularize heartbeat and nerve function*), *iron* (*helpful in fatigue, memory*). **Karela**<sup>7</sup> possesses *ascorbic acid* (*antioxidants*), and *saponin* (*lowers blood lipids and glucose*). *Laghu-rooksha guna; tikta-katu rasa; katu vipaka; ushna virya. Kaphapitta shamaka, daha shamaka, vranaropaka, deepaka-pachaka-rochaka, pitta saraka, rakta shodhaka, shothahara, Pramehaghna, medonashaka, agnimandya, amadosha pachaka, madhumeha-* lowers blood sugar levels, improves *yakrut-Aamashaya* uncti<sup>o</sup>n's, stimulates *agnyashaya* and increases insulin production. **Jamun**<sup>8</sup> contains *protein* (*building, repairing, digesting, oxygenating, and multiple functions*), *fats* (*nutrient absorption, support cell growth, gives body energy*), *carbohydrates* (*helps preserve muscles, provide energy, influence heart health, etc.*) *vit A-B-C, malic acid* (*for dry mouth*), *gallic acid* (*antioxidant*), *calcium, protein, jambolin in seed* (*used in gastritis, constipation and multiple symptoms of diabetes*); *laghu-rooksha, kashaya-madhura-amlam rasa, katu vipaka, sheeta virya. Kaphapitta shamaka, dahasamaka, (seed) deepaka, pachaka, yakruta uttejaka,*

*stambhaka; (seed) controls the digestion of sugar in blood and urine leading to a decrease in sugar levels and urine quantity. Ajeerna, agnimandya, beeja churna- madhumeha, udakameha; fruit vinegar-prameha.*

**Gudamar (patra churna)**<sup>9</sup> having *laghu-rooksha guna, kashaya-tikta rasa, ushna veerya* (*kaphavata shamaka*) and *katu vipaka*. It is *deepaka, yakruta uttejaka, mootrala, useful in- agnimandya, vibandha, hrudaya Daurbalya, mootra krichra, vishama jwara*. Chemical composition- *gymnemic acid* (*treats diabetes and controls obesity*), *quercitol, ash-phosphoric acid* (*supports kidney functions*), *manganese* (*regulates blood sugar, normal brain-nerve function, etc.*), *saponin*.

**Syrup Amlycure** an ayurvedic composition indicated in *indigestion, poor assimilation, poor liver functions, loss of appetite, and adjuvant to hepatotoxic drugs*.

**Chandraprabha vati** acts as *balya, mootrala*, and *UTI* is useful in *pandu, kamala, and mutrakrichra* and is well known for mitigation of *prameha* which correlate in many ways with *obesity, metabolic syndrome, and Diabetes mellitus*. **Kamadugha rasa** is used for symptoms related to *gastritis and digestion*. **Rasayana vati** is useful in *urinary disorders, general debility, anxiety, sleeplessness, and premature aging syndrome*.

**Result:** The *Shamana Aushadha* showed very positive results within 30-40 days. General condition, signs/symptoms, improved in a few days and lab findings improved in a month. The patients were advised to continue the medications for the next 3 months and follow-up was suggested after every 15<sup>th</sup> day. Medicine no. 1,2,4 was continued as this *roga* is *asadhya* and can only be managed.

**Case 1** patient came after 1 month with reports, minor improvement was seen in the lab findings which were negligible. After inquiring patient was told he was not consuming medication on time and continuously. The same medication was continued with no changes for the patient. After 20 days the lab findings and frequency of micturition were reduced, though visual issues were not recovered yet. The *Aushadha* continued even after one and a half months.

**Case 2** within 11 days patient felt energetic which was his chief complaint, as stated by the patient. The patient was recommended to consult his doctor for his previous medications and no changes were made to them during Ayurveda management. He brought repeat lab reports after a few days and the values dropped to borderline. The patient continued visiting after every 10-15 days and was updated about the health status and minor complaints like hardened stool, etc. which settled down easily in a week. The next blood test was done after 45 days and the HbA1c fell upto 5.3% rest of the values too dropped to the normal range. Medication was continued.

**In case 3** the patient took prescribed medication for 20 days with some diet modifications and the values (lab findings) falls down to normal, but a slight improvement in the generalised weakness was seen then. A home remedy was recommended to her for pyorrhoea – *Sarshapa Taila*, *Lavana*, *Haridra* for local application, and *Kawal*, which worked wonderfully for her. Other associated symptoms were also improved to some extent. The test was again done after the next 15 days and the findings were stationary. The patient continued the course and keeps visiting after every month or two with reports.

**Case 4** the reports dropped to PP=310mg/dl and BSF=205mg/dl in 15 days. Advised- HbA1c, to continue the *aushadha* till the sugar levels come to normal and the general condition improves. The patient did not visit the clinic after 2 visits.

Medicine no. 1,2,4 was continued for all, as this *Roga* is not *Saadhya* (incurable) and Anushangi Roga (chronic disorder).

## CONCLUSION<sup>9</sup>

Noncommunicable diseases are on the inclination of the slope of rising health epidemics world-wide. Prameha is one such syndrome [Pra- abundant; Meha- passing urine in large quantity] which includes the increased quantity of urine, and urine turbidity initially with or without increased urine frequency. Diabetes [diabainein- to cross through a siphon "continuous free flow of water and applied to mean the elimination of large quantity of urine"] is a met-

abolic disorder with similar features mentioned in classics. Thus, both terms have the same meaning. *Kaphaja aahara-vihara* are the prime causative factor for the manifestation of this *roga* and managing the pathogenesis (rectifying the metabolism) helps stabilise the *vyadhi*. Whereas, in modern sciences treating hyperglycaemia without focusing on metabolic impairment, does not help much for a longer duration.

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