

International Journal of Applied Ayurved Research ISSN: 2347-6362

LONG TERM EFFECT OF AYURVEDIC MANAGEMENT IN A PATIENT OF DIABETES MELLITUS: A CASE REPORT

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ABSTRACT

Diabetes mellitus is a long term metabolic disorder characterized by high blood sugar, insulin resistance and relative or absolute lack of insulin. Other symptoms include increased thirst, frequency of urination, increased hunger, feeling tired etc. According to Ayurveda, it can be considered as madhumeha as prabhūtaāvilmūtratā (polyuria with altered composition of urine) is the main symptom. A 54 years old male patient of Hungary with a confirmed diagnosis of Diabetes mellitus was admitted in P.D.Patel Ayurveda Hospital, Nadiad in December 2014. At that time he was taking insulin 10IU at morning and 20IU at evening and metformin 1gm twice a day. He was treated with ābhyāntara snehapāna with pancatikta ghṛta, sarvānga abhyanga and bāspa svedana, virecana karma, nirūha basti, bṛmhaṇa nasya with brāhmī ghṛta and oral medicament including Māmejjaka ghanavaṭī, jāmbubīja ghanavaţī and meşaśṛngī cūrṇa. After treatment of one month, his blood sugar level was within normal level with only metformin tablet and without taking insulin. Marked relief in symptoms was also noted. After relieving, he was on oral medicaments and planned diet for 2 years period and didn't require single time insulin. He was feeling healthy so to get more benefit he came again in November 2016 and treated with above same treatment schedule. After 1 month of treatment, metformin was also stopped. Now he has normal level of post prandial as well as fasting blood glucose with normal urine. He is kept only on oral Ayurvedic medicines and planned diet. This case report is presented here to share the encouraging results of Ayurvedic treatment.

Keywords: Diabetes mellitus, Madhumeha, Ayurvedic management.

INTRODUCTION: Diabetes type 2 is a clinical syndrome characterized by hyperglycemia caused by absolute or relative deficiency of insulin. Symptoms of high blood sugar include frequent urination, increased thirst and increased hunger.ii Long standing metabolic derangement is associated with functional and structural changes in many organs, which lead to the clinical 'complications' of diabetes. These characteristically affect the eye, the kidney and the nervous system and cause complications like retinopathy, nephropathy, and neuropathy. iii According to Ayurveda madhumeha is considered as

mahātyaya.^{iv} It shows a complex disease process because of involvement of all three doṣās and most of the body components as dūṣyās i.e. rasa, rakta, mamsa, medas, majjā, śukra, ambu, vasā, lasikā, ojas and sveda in modern medical science, type 2 diabetes mellitus is managed initially with oral hypoglycemic. However, 20% or more of patients ultimately develop profound insulin deficiency requiring insulin replacement therapy. It is clinically observed that as the disease progresses, the physician has to go on increasing the dosage of insulin with course of time. This replacement therapy

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has some side effects also hypoglycemia, weight gain, peripheral oedema, insulin antibodies etc. viii

CASE HISTORY: A 54 years old male patient of Hungary, working as an accountant came to P.D. Patel Ayurveda hospital, Nadiad on 15th November 2014, with a confirm diagnosis of diabetes mellitus, he has chief complaint of numbness and tingling in both legs and frequency of urination. He was suffering from this problem since last 15 yrs. Initially he had complained of numbness and tingling in both legs, for this he consulted medical practitioner where he diagnosed to have diabetes. Then he started the medicine for diabetes, in starting phase his diabetes is under control, then he had some other symptoms also like anxiety, headache and back pain because of this all he was feeling depressed. Later on because of bad dietary habits blood sugar was uncontrolled. In 2014 he knows about Ayurveda treatment. Since he was diagnosed to have diabetes mellitus he was taking insulin 10 IU at morning and 20 IU at evening and metformin 1gm twice a day. He was admitted in P.D.Patel Ayurveda Hospital here he was treated with Ayurvedic medicine. After treatment of one month, his blood sugar level was within normal level with only metformin tablet and without taking insulin. Marked relief in symptoms was also noted. After relieving, he was on oral medicaments and planned diet for 2 years period and didn't require single time insulin. He was feeling healthy so to get more benefit he came again in November 2016 and treated with above same treatment schedule. After 1 month of treatment, metformin was also stopped. Now he has normal level of post prandial as well as fasting blood glucose

with normal urine. He is kept only on oral Ayurvedic medicines and planned diet.

Clinical findings:

- Patient is looking anxious and conscious with intact mental status.
- Numbness and tingling in both legs.
- BP- 124/80 mm of Hg
- Pulse 68/min
- Respiratory rate 22/min
- Weight- 76 kg
- Temperature 98.6°F

Laboratory findings: 25th November 2014

These investigations were done when patient was taking regular hypoglycemic medicine and before Ayurvedic treatment started.

Biochemistry:

- FBS 146 mg/dl
- PPBS 210 mg/dl
- Urine sugar FUS + - PPUS - 3+

Neuropathy test:

Vibration and cold sensation were normal, hot sensation moderately damaged in both

MEDICINE HISTORY:

Before starting the Ayurvedic medicine:

- Inj. Insulin lantus solostar 10 IU morning and 20 IU at evening before 30 min of meal.
- Tab. Metformin 1 gm twice a day after
- Tab. Vit D3 once in a day after meal.

THERAPEUTIC INTERVENTION:

- On the 1st day *sarvānga abhyanga* with nārāyana taila and bāspa svedana with nirgundīpatra were given which was continued on 2nd day also.
- On 3rd day after sarvānga abhyanga and svedana, he was given mrdu virecana (with eranda sneha of 40 ml+ dīnadayāla cūrņa 4gms) the

- morning. He had 23 *vega* without any complication.
- On 4th and 5thday he was kept on samsarjanakrama.
- On 6th day *nirūha basti* (320ml) prepared with *pathyādī kvātha* started.
- Following Oral Medicaments were started on the 7th day:
- 1. Balāmūla kvātha 40 ml twice a day before two hour of meal.
- 2. Bhūmyāmalakī cūrņa 3gm twice a day after meal.
- 3. Māmejjaka ghanavaţī 2 tablet thrice a day with warm water after meal.

- 4. Jāmbubīja ghanavaţī 4 tablet twice a day before meal.
- All these medicaments and therapies were continued till 23/12/2014 the day of discharge.
- After discharge he was kept on oral medicaments.
- Between 18/11/2016 to 20/12/2016 patient was treated with same treatment protocol.

Diet:

Ordinary diet except rice, potatoes, and sweets.

OUTCOMES:

Outcomes of laboratory findings during one month of hospitalization between 25/11/14 to 23/12/14.

DATE	MEDICINE*	FUS	PPBS	PPUS
	(Inj.Insulin)		(mg/dl)	
26/11/2014	5 IU- 15 IU	+	210	3+
28/11/2014	5 IU- 10 IU	Trace	226	+
29/11/2014	5 IU- 5 IU	Trace	187	Trace
04/12/2014	5 IU- 2 IU	Nil	176	Nil
06/12/2014	3 IU	Nil	192	Nil
08/12/2014	No insulin	Nil	142	Nil
23/12/2014	-	Nil	138	Nil

^{*} Metformin tab 1 gm twice a day continued for all this time period. At the time of admission he was taking Inj.insulin 10 IU and 20 IU.

Outcomes of laboratory findings during one month of hospitalization between 18/11/16 to 20/12/16.

DATE	MEDICINE(Tab. Metformin)	FUS	PPBS	PPUS
18/11/2016	1 gm OD	Nil	180	+
19/11/2016	500 mg OD	Trace	270	3+
23/11/2016	Stopped	Nil	211	Nil
27/11/2016	-	Trace	223	+
30/11/2016	-	Nil	152	Trace
07/12/2016	-	Nil	170	+
14/12/2016	-	Nil	166	Trace
20/12/2016	-	Nil	160	Nil

Neuropathy assessment:

	SENSATION	25/11/14	17/11/16
RIGHT LEG	Vibration(fr/sec)	Normal	Normal
	Hot (°C)	Moderate	Normal
	Cold (°C)	Normal	Normal

LEFT LEG	Vibration(fr/sec) Normal		Normal	
	Hot (°C)	Moderate	Normal	
	Cold (°C)	Normal	Normal	

- Insulin stopped was hospitalization and he never took again.
- After second time hospitalization tab. metformin also stopped.
- He was totally asymptomatic no burning in feet and frequency of urination also decreased.
- All clinical and laboratory findings were within normal limits.
- Neuropathy assessment also shows improvement.
- After discharge we checked patient regularly at domestic level and also taken follow up by email. He has no other problems found. Blood sugar level was also under control so he continues Ayurvedic medicaments which we have given for one year of time period. After one year he came back again and we have hospitalized and treated him for the second time and at that time all other medicines he was taking were stopped as mentioned above. Till today he has not any other complaint and he is on oral Ayurvedic medicaments.

DISCUSSION: There are two main types of madhumeha according to classics: dhātukṣayajanya and āvaranajanya. The āvaranajanya madhumeha correlated to type 2 diabetes mellitus. Here the āvaraka mainly are kapha and meda and vāyu is the āvṛta. Such diseases which have such complex pathophysiology and multi system involvement cannot be reversible by any single drug or procedure. A line of treatment involving combination of procedures is required for such diseases. With Ayurvedic method of śodhana, the āvaraka factors are eliminated and the vāta principle is freed to work properly which

ultimately leads to cure the disease. For this, first of all we need to treat kapha and *meda* with *śodhana* therapy. The treatment starts with ābhyāntara snehapāna with panctikta ghrta. Snehana pacifies vāta doșa. 2 days sarvanga abhyanga and sarvanga svedana followed by mṛdu virecana are helpful to reduce vitiated vāta doşa and for the mild purification of the body. Nirūha basti of pathyādī kvātha helps in further purification of the body. Oral medicaments include balāmūla kvātha which reduce vitiated vāta dosa, jāmbubīja ghanavatī which reduced frequency of micturition and jāmbu is kaśāva in rasa which reduced kapha and meda which are mains as āvaraka. Bhūmyāmalakī cūrņa - Because of its tikta, kaşāya, madhura rasa, madhura vipāka and śīta virya properties, is considered as kaphapittaśāmaka, pramehahara, balya and also dāhaśāmaka.

CONCLUSION: Ayurvedic treatment has shown encouraging result with relief of the symptoms in the patient of diabetes mellitus suffering from 15 yrs. Long follow up and more number of patients are required to rich up to any conclusion but with this case it can be stated that this treatment is a hope for the patients of mellitus. resistant diabetes with conventional medicaments.

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Source of support: Nil Conflict of interest: None Declared

Cite this Article as: [Parmar Manisha T .et al: Long Term effect of Ayurvedic Management in A Patient of Diabetes Mellitus: A Case Report] www.ijaar.in: IJAAR VOLUME III ISSUE II MAY-JUNE 2017 PAGE No:223-227