

Study to Evaluate Efficacy of Virechana Karma in Prameha W.S.R. To Type II Diabetes Mellitus

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Abstract

The best basis for virtue, prosperity, fulfillment, and salvation is good health. Thus, the main objective of Ayurveda is to preserve and promote health by eliminating the factors that cause sickness (i.e. Nidana parivarjana). Rapid urbanization has altered food patterns and lifestyle choices, leading to an increase in diseases. Diabetes is a chronic metabolic illness that affects people all over the world. It is a hot and hard topic for medical science. It can be described as a clinical state marked by hyperglycemias brought on by either a relative or total deficiency of insulin. Among them Nearly 90% of cases of diabetes are of type II diabetes (NIDDM), which is the most prevalent kind. Virechana has been given with Trivruttha and Neem Giloy satva has been used for shaman karma after virechana karma. So present study is an attempt to study clinical efficacy of Neem Giloy satva in virechana karma in Prameha.

Keywords - Health, Hyperglycemia, Diabetes, Giloy

Introduction :

According to a WHO estimate, at least 171 million people worldwide already have diabetes, and by 2030, that figure is predicted to increase to 366 million.¹ According to a survey from the Diabetes Mellitus Research Centre in New Delhi, 1 in 500 people would get diabetes in the near future. It ranks third among the top causes of death in India, behind cancer and heart disease. It has proven to be the largest "silent killer" in the modern world. Even with the significant

the development of insulin and oral hypoglycemic medications, these treatments are not without serious side effects and cannot prevent long-term complications. Based on the comparable symptomatology of Prameha, there is a possibility of a correlation with Type-2 Diabetes Mellitus.

Acharya Charaka, the father of Ayurveda, divided Prameha into two categories: Sthula Pramehi and Krishna Pramehi, also known as Santarpanajanya and Aptarpanajanya Pramehi. The classification provided by Acharya Vagbhatta, which is Dhatukshayajanya Prameha and Avaranajanya Prameha, respectively, can also be associated with it.

Apatarpanajanya Prameha is directly caused by things that excite Vata, whereas Santarpanajanya Prameha is caused by factors that arouse Pitta and Kapha. In Avaranajanya Prameha, Kleda and

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advancements in contemporary medicine, such as

Meda are significant Dushyas, but Kapha is the dominating Dosha. Vata is provoked in Avaranajanya Samprapti because of the obstructions in its passage caused by the vitiated Pitta and Kapha. Best of all is Samshodhana treatment aimed at dosha removal. Vagbhata has said that the closest channel should be used to get rid of doshas.² Hence, Vamana and Virechana are the proper Shodhana procedures for the upper part lying dosha and low lying dosha, which are particular for the removal of vitiated Pitta and Kapha doshas. Thus, the Virechana procedure has been chosen for the current investigation. The Bhaisajya Ratnavali Prameha Chikitsa Prakarana mentions Neem Giloy Satva.

Aim:

To study efficacy of Virechana Karma in Prameha W.S.R. To Type II Diabetes Mellitus.

Objectives:

1. To study Prameha.
2. To study virechana karma.
3. To study efficacy of Virechana Karma in Prameha.

Review of Literature:

- **Prameha**
- **Nidana:**

It is brought on by consuming large amounts of recent crop grains and heavy, greasy, sour, and salty foods. Furthermore, an excess of sleep, a comfortable lifestyle, a lack of exercise, and the inability to fulfill Shodhana karmas result in an elevation of Kapha, Pitta, Meda, and Mamsa. They block Vata's natural course. Tissue injury is caused by an agitated and elevated Vata. Madhumeha is created when the waste materials associated with Oja are excreted in urine. Owing to the irregular rise and fall of blocked Vata, the clinical manifestation's intensity varies, appearing mild at times and severe at others. The clinical

manifestation's nature also fluctuates a lot, suggesting that Vata, Pitta, and Kapha have varying degrees of dominance at different periods.^{3,4}

Samprapti:⁵

- 1) Dosha - Tridosha – Vata, Pitta, Kapha
Main – Kapha [bahudrava shleshma]
- 2) Dushyas - Rasa, Rakta, Mamsa, Meda, Majja, Shukra, Oja, Vasa,
Lasika, Ambu
Main- Meda, Mamsa, Kleda
- 3) Srotasas - Mutravaha
Medovaha
Udakavaha
Mamsavaha
- 4) Srotodushti type - Atipravritti
Vimargagamana
Sanga
- 5) Udbhava sthana – Amashaya
- 6) Vyakti sthana – Mutra marga
- 7) Marga – Madhyama marga
- 8) Agni – Jatharagni and dhatwagni mandya
- 9) Swabhava – Chirkari

Diabetes mellitus⁶

Diabetes is a long-term metabolic illness marked by high blood glucose (blood sugar) levels. Serious damage to the heart, blood vessels, eyes, kidneys, and nerves can result from diabetes over time. The most prevalent kind, type 2 diabetes, usually affects adults and is brought on by insufficient or resistant insulin production in the body. Type 2 diabetes has been far more common over the last three decades in all nations, regardless of wealth.

Pathogenesis of Type 2 Diabetes Mellitus :

Type 2 diabetes is a lifestyle disorder. In comparison to type 1 diabetes, type 2 diabetes has a strong genetic component. The pathogenic

process has its origins in the patient's genotype, and may be influenced by intrauterine experience, before being molded throughout life by environmental factors. Individuals with a parent with type 2 D.M. have an increased risk of diabetes; if both parents have type 2 D.M, the risk in offspring may reach 40 %. There are 3 main events in the pathological process of type 2 DM.

- 1) Defective insulin secretion
- 2) Peripheral insulin resistance
- 3) Excessive hepatic glucose production

Symptoms Of Type 2 Diabetes Mellitus

- Thirst
- Polyuria
- Nocturia
- Blurred vision
- Fatigue/ Lassitude

Material and Methods:

Inclusion

Criteria :

Patient fulfilling the following diagnostic criteria :

- Patient having classical signs and symptoms of the disease according to Ayurveda as well as modern science.
- Patient having F.B.S. level 125 to 250 mg/dl and P.P.B.S. level upto 300 mg/dl were selected for the study.
- Patient having HbA1c above 6.5 %.
- Patients of age group 20-60 years and having no serious complications.
- Both female and male sex.
- Willing to participate as a volunteer

Exclusion Criteria :

- Patients of Type 1 D.M.
- Patients of Type 2 D.M. taking insulin.
- Patients of Gestational D.M.
- Patients with severe complications like CVD, Nephropathy, Neuropathy, Retinopathy, Diabetic foot etc.

- Patients having other serious disease like carcinoma, AIDS etc.
- Patients with genetic syndromes associated with D.M. like Down's syndrome, Klinefelter's syndrome, Turner's syndrome etc.
- Patients of D.M. in association of endocrinopathies like Acromegaly, Hyperthyroidism, Pheochromocytoma, Cushing's syndrome etc.

Withdrawal Criteria :

- Patients which not in regular follow up
- Any serious condition like malignancy
- Patients not willing for clinical trial.

Diagnostic Criteria :

All the patients included in study will be examined thoroughly and data will be recorded systematically. A special Research proforma will be designed by using Ayurvedic and modern parameters. Diagnosis will made on the basis of classical signs and symptoms of Madhumeha.

▪ Virechana

• Procedure

Purvakarma : This was accomplished in following steps :

Deepan Pachana: Patients were subjected to deepan pachana by Trikatu churna prior to the snehapana for three day according to kostha of the patient (3 to 5 mg)

Snehapana : For this purpose dadimadya Ghrita was administered to the patient according to kostha (initially 20-30 ml)

Abhyana & Swedana : After observation of samayak snigdha lakshana the patients were subjected to abhyana & swedana of three days both the time blood pressure & pulse were monitored during before & after snehana & swedana.

Pradhan karma : Virechana was given with Triphala (100 gm), Trivrutta (50 gm) and Katuki (50 gm) according to the kostha of patients. It was

given in between 9.00 to 10.00 a.m. Blood pressure & pulse were monitored during Virechana & after Virechana . The patient were advised not to take any type of food except hot water. The patients were kept under observation for whole day & lakshana of samayak virechana were looked for.

Paschat karma : Sansarjan krama was given as a type of Shuddhi & in sequence mentioned by

classics then the patient put under observation till a week & total course completed in 6 week. Then neem Giloy satva 500 mg (2 times in a day) will be given for 28 days as a shaman chikitsa.

- **Sample size:** 5
- **Follow up:** 0th day and 56th day
- **Statistical Analysis:** By Paired 't' test.
- **Assessment Criteria:**

No.	Parameter	Finding	Grades
1	Prabhut mutrata (Polyuria)	3 – 5 times per day having 1.5 – 2 litre volume	0
		6 - 8 times per day having more than 2 to 2.5 litre volume	1
		9 - 11 times per day having more than 2.5 to 3 litre volume	2
		More than 11 times per day having more than 3 litre volume	3
2	Kshudhadhikya (Polyphagia)	Usual	0
		Slightly increased	1
		Increased	2
		Very much increased	3
3	Pipasa (Polydipsia)	Feeling of thirst 5 – 7 times in day	0
		Feeling of thirst 7 - 10 times in day	1
		Feeling of thirst 10 - 13 times in day	2
		Feeling of thirst more than 13 times in day	3
4	Naktamutrata (Nocturia)	0 – 1 times	0
		1 – 2 times	1
		3 – 4 times	2
		> 4 times	3

Results :

Effect of *Virechana Karma* on cardinal symptoms of Prameha is as follows

Cardinal Symptoms	N	Mean BT	Mean AT	Difference in mean	S.D.	S.E.	't'	P value	Result
Prabhut mutrata	5	2.4	1.13	1.27	0.69	0.126	8.4521	<0.001	S
Kshudhadhikya	5	2.21	1.1	1.11	1.1290	0.206	5.0137	<0.001	S
Pipasa	5	2.14	0.96	1.18	0.8683	0.1575	8.042	<0.001	S
Naktamutrata	5	2.36	0.93	1.43	0.710	0.1296	11.05	<0.001	S

(BT- Before treatment, AT- After treatment, S.D- Standard Deviation, S.E.- Standard Error of mean)

Discussion and Conclusion:

Prameha is a disease known since ancient times to the mankind. Disease with the clinical features of Diabetes has been recognized since antiquity. In the present era, changing life styles i.e. lack of exercise, sedentary life, unbalanced food and stress has lead to the increased incidence of various diseases and one of them is Prameha. In Prameha, mainly the Vata and Kapha are predominant though the disease is Tridoshakopanimittaja. The Vata may be provoked either directly by its etiological factors, by Dhatukshaya or by Avarana of Kapha & Pitta to Vayu. Here the main Dushyas are Meda & Kleda and primarily Medhovahasrotodusti takes place. Vagbhata has classified Madumeha into 2 categories, Dhatukshayajanya Madhumeha and Avaranjanya Madhumeha. Similar type of classification is described by Charaka - Aparpanajanya and Santarpanajanya. The Dhatukshayajanya Madhumeha can be correlated with Aparpanajanya Madhumeha, while the Avaranjanya Madhumeha can be correlated with Santarpanajanya Madhumeha. In the management of Avaranjanya Madhumeha (Sthula Madhumehi), the Shodhana therapy must be done followed by Shamana Chikitsa.

Here, Virechana karma has been selected as Shodhana procedure, which not only eliminates vitiated Pitta Dosha but also Kapha Dosha to a substantial magnitude. Acharya Sushruta has mentioned that in Prameha the vitiated Doshas remain situated in the lower part of the body owing to the inefficiency of various Dhamanis i.e. vessels. Vagbhata has mentioned that Doshas should be eliminated through the nearest passage. Taking these points into consideration Virechana has been selected for the present study. Snehapana was given by Triphala Siddha taila. Virechana was given by Triphala, Trivrutta and katuki. For Shamana therapy Neem Giloy satva has been

selected for this study. It shown decrease in all assessment criterias namely, Prabhut mutrata (Polyuria), Kshudhadhikya (Polyphagia), Pipasa (Polydipsia) and Naktamutrata (Nocturia). With a p value of 0.001, Virechana was highly significant in Prameha. The paired "t" test is used in the statistical analysis.

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