

EFFECT OF VAMANA ON MADHUMEHA (DIABETES MELLITUS TYPE-2)-A CASE STUDY**Kiran Jadhao*¹, Sushil Chawre², H. S. Bhivgade³ and P. R. Kabra⁴**¹PG Scholar Department of Kayachikitsa, Government Ayurved College Nagpur.²Assit. Professor Department of Kayachikitsa Government Ayurved College, Nagpur.³Asso. Professor Department of Kayachikitsa Government Ayurved College, Nagpur.⁴HOD Department of Kayachikitsa Government Ayurved College, Nagpur.Article Received on
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Ayurved College Nagpur.**ABSTRACT**

Diabetes is a metabolic disorder in which there is increased sugar level is observed. WHO had claimed that the worldwide incidence of diabetes is 8.5%. India is going to become a Diabetic capital of the world. According to *Ayurved Madhumeha* may be correlated with diabetes mellitus. *Madhumeha* is described under *Santarpanjanya Vyadhi* (C.S. 23/5). *Shodhan* and *Shaman Chikitsa* are explained by *Charaka* by judging *Dosha*, *Dushya* and *Bala* of the patient (C.C. 6/15). *Shodhan Chikitsa* is to be advised which patients having *Doshabaladhiksyas*. In consideration of *Satva*, *Satmya*, *Bala* and *Dosha*,

Vaman was planned for patient. As per history of the patient, he has often exposure of pesticides due his duty curriculum. *Ayurved* have not specific relationship between *Prameha* and *Vish* (~pesticides). But some modern study shows the relation between Diabetes and pesticide exposure. The article published in *Beyond Pesticides*, September 22 2015 concluded that there are more risk of Diabetes mellitus who having pesticides exposure. In *Ayurveda* such type of pathology may be removing through the *Shodhan* in that *Vaman* is one of them. According to pathology *Vaman* is very suitable for the patient. After the management of patient on *Ayurved* basis he has got relief on some extent. Patient has got symptomatic relief and decreased the doses of insulin. So that he has minimized economic burden as well as mental also. Such type of rare cases must be discussed and recorded. And applicability of the principle of *Ayurved* are to be useful to society in above case.

KEYWORDS: *Vaman*, *Madhumeha*, *Dushivisha*, Pesticide.

INTRODUCTION

India is going to become a diabetic capital of the world. It is considered as *Mahagada* and becomes *Anushangis* (~continuous afflicting) by the time. The disease is described in detail in contemporary literature ranging from *Vedik* to present. Enough evidences are available in *Ayurveda* and modern medical sciences which justifies the correlation of *Madhumeha* with DM. *Madhumeha* has gained Prime importance clinically due to its high prevalence globally, severe complications with fatal outcome. It gives most financial burden on patients as well as health care of system. *Madhumeha* is a *Santaranjanya Vyadhi* (S.S. 23/50).^[1] *Shodhan* and *Shaman Chikitsa* are explained by *Charak* by judging *Dosha*, *Dushya* & *Bala* of the patients (C.C. 6/15).^[2] Pesticides and other environmental factors are almost always linked to type 2 diabetes.^[3] These pesticides may be consider as a *dushivisha* and in *dushivisha chikitsa vamana karma* is indicated for *shodhan*.

Case Profile

A 27 year male patient came to Govt. *Ayurveda* Hospital, Nagpur. He was having diabetes mellitus since 10 months with complaints of *Bahumutrata* (~polyuria), *Atikshudha*~(polyphasia), *Naktmutrat*(~nocturia), *Talushuskata*(~polypepsia) since 10 months. So he was admitted in the dept. of *Kayachikitsa* for *Ayuredic* management.

Presenting Complaints

Bahumutrata(~polyuria), *Atikshudha*(~polyphasia), *Naktmutrata*(~nocturia), *Talushuskata*(~polypepsia) since 10 months.

Past History

Patient is k/c/o Diabetes mellitus, no other specific history given by patient.

History Of Medication

Since 10 month with (uncontrolled blood sugar) fasting 260mg/dl & post meal 405mg/dl, despite of oral anti-diabetic medicine (Metformin 500mg & Glimepiride 1mg) twice a daily before meal. Then he was shifted on Inj. Insulin Mixtard (30/70) 16 IU before lunch and 12 IU before dinner.

Family History

family history was negative regarding diabetes Mellitus, hypertension and IHD.

Occupational History: Working in Pesticide Company as a Manager.

General Examinations

Patient was examined thoroughly before treatment. *Parikshan* (~examination) reveals that *Jivha*(~tounge) was coated and dry . He was *Madhyam*(~medium) in built. *Udar*(~abdomen) and *Urah*(~chest) *Parikshan* were within normal limits.

BP-120/80 mm of Hg,

PR-72/min,

RR- 20/min, Reg.

Arterial and carotid pulsations are normal.

Pathological Examinations

Before *Vamana*

1] BSL on 20/10/16 –Fasting- **260**mg/dl

-Post meal-**405**mg/dl

2] C peptide level on 20/10/16 – 2 pmol/lit

3] Hba1c-11 mmol/mol

4] H b% - 13.2 gm %

5] TLC – 7500/cumm

6] N-75%, L-18%, E-1%.

7] ESR- 8 mm/hour.

8] Routine urine was within normal limits

9] X-ray chest normal

10] ECG-WNL

AIMS AND OBJECTIVES

1. To minimize blood sugar level and complaints in the patient.
2. To evaluate the effect of *Vaman*.

MATERIAL AND METHODS

The case study was conducted in IPD of Govt. *Ayurved* Hospital Nagpur, Maharashtra. On examination *Satva Satmya* and *Bala* of patient was *Madhyam*.(~medium) Considering the *Dosha* and *Dushya Bala* in patient was planned for *Vamana*. In *Purva-karma* (~pre-procedure), *Abhyantar- Snehapan* (~internal oilation) was done with *Mahatikta-ghritha* in increasing order after *Pachana* of three days. *Abhyantar-sneha pana, samyak -snigdha lakshana* were observed after 6 days. After One day rest (~*Vishranti kala*) next day *Vamana* was planned with all aseptic precaution along with due procedure described as per text.

Samsarjan Karma was done for five days. Investigation and symptomology were observed after management. Classical *Sansarjan krama* was advised as per *Ayurvedic* literature, along with proper *Pathya-Apathya* on dated 8dec 2016 to 12 dec 2016. [5 days].

A) *Purva karma* (pre procedure)

In *Purvakarma*, *Pachana karma* was done by giving *Pachan kwath vyanoudane* 40ml (~ BD) for 7 days. *Pachana kwath* drug contain *Trifala, Vidang, Musta Rasna, Erandmula*.

Then patient was planned for *snehpan* (internal oleation), in which *Panchtikta Ghrit* was used.

Table1 showing *Snehapan* (internal oleation) chart [1dec 2016 to 6 dec 2016]

1 st	30ml	<i>Kshudha prakrit</i>
2 nd	60ml	<i>Alpa kshudha mandya</i>
3 rd	90ml	<i>Hrullas</i> (~nausea)
4 th	120ml	<i>Hrullasvrudhi</i> (~increased nausea)
5 th	240ml
6 th	480ml	<i>Hrullasvridhi, snehavit</i>
7 th	<i>Snehaviram</i> .(~stop taking ghrit)

B) *Pradhan karma*(vital procedure): at the day of *vishranti kala*, the patient is instructed to take food that promotes vitiation of *Kapha* like curd with rice which have the property of *kafotklesh*.^[4] on the day of *vaman karma*, after routine examination *bahya snehan swedan* (~external oleation) was done by *til tail*. and *vamak dravya* was given to patient for *vamana* procedure at early morning.

Table no 2 showing chart of *vamaka dravya*^[5]

No.	<i>Dravy</i> (drugs)	<i>Matra</i> (dose)
1	<i>Madanfal churna</i> (<i>Randia spinosa</i>)	<i>Antarnakhmusthhi</i>
2	<i>Vacha churna</i> (<i>acarus calamus</i>)	Half dose of <i>Madanphala churn</i>
3	<i>Saindhav</i> (salt)	Half dose of <i>Vacha Churna</i>
4	<i>Madhu</i> (honey)	Dose according to dose of whole <i>churna</i>
5	<i>Yashtimadhu kwath</i> (<i>glycorhyza glabra</i>)	3 litter
6	<i>Lavan jal</i> (salted water)	1litter

C) *Paschat karma*(after procedure)

As per the observation during the process, *madhyam shuddhi* was observed, then sequence of 2 *aahar kal* was decided, according to *Acharya, Peya Vilepi, Akrit Mudga Yusha, Krit Mudga Yusha* was given.^[6]

OBSERVATION AND RESULTS

During procedure, patient was observed and examined.

Table No 3: Showing Observation Of Vaman Procedure

Time	amount of vamanopag dravya in term of ml (1 glass=200ml)	Vega	Lakshan(symptoms)		Pulse
7:00am			<i>Aushadhi sevan</i> ~(took medicine)	120/80	90/min
7:15am			<i>Swedagman</i> (~sweating)	120/84	94/min
7:20am	800ml	2 pravar vega		130/80	94/min
7:35am	600ml	1 pravar vega	<i>Hrullas, alpa udarshool</i> (~Nausea, abdominal discomfort)	130/90	90/min
7:45am	800ml	1 pravar vega		130/80	84/min
7:55am	800ml	1 pravar vega 1 avar vega	<i>Tiktasyata</i> (~bitter taste)	110/80	94/min
8:05am	400ml	1 pravar vega	<i>Tiktasyat</i> (~bitter taste)	110/80	92/min
8:15am	400ml	1 pravar vega	<i>Pitant</i>	110/70	94/min

Table no. 4 showing effect on the Blood Sugar Level Just before and Just after of Vamana with Glucometer.

No.	Blood sugar level	Before vamana	After vamana
	Random blood sugar level	215mg/dl	204mh/dls

Table no. 5 showing effect on the insulin doses after Vaman

No.	Insulin	Before vamana	After vamana
	Doses	16 U(morning), 12U(night)	8 U(morning), 6U(night)

Table no.6 showing effect on the insulin doses after six months

No.	Insulin	Before vamana	After vamana
	Doses	8U(morning), 6U(night)	6 U(morning), 4U(night)

Table no.7 showing effect on the Hba1c

No.	Hba1c	Before vamana	After vamana
	Value	11 mmol/mol	9.74 mmol/mol

DISCUSSION

While describing the management of *Prameha* (DM), *Charak* has depicted that *Shodhana* & *Shaman Chikitsa* should be applied. Patients who are *Sthula* (obese) with increased & vitiated levels of *Dosha* & *Dushya* should be administered *Shodhan* like *Vamana*, *Virechana* etc. Here in this patient *Kapha Dushti* & *Vridhi Lakshanas* were remarkably noted. So classical *Vamana* was carried out & expected *Sansarjan Krama* was followed *Samyak Vamana*

Lakshanas were observed along with *Madhyam Shudhhi* was achieved. In the management of this case study, *Samyak Snehapan Lakshan* was found after *Pachana*. *Madhyam shudhhi* was found by *Vamana karma* and remarkable improvement in signs and symptoms was observed along with reduction in blood sugar level (fasting-146mg/dl & Post meal-208mg/dl) after *Sansarjan krama* was noted. By controlling his sugar level the dose of insulin was also reduced to half of the dose which he was taking before *Vamana* (inj. Mixtard 8 IU at morning & 6 IU at evening). So after complete *Vamana* drastic reduction in the dose of insulin & symptoms proves the *Ayurvedic* contention of management in this case, significant reduction in the dose of insulin along with very significant improvement in the symptoms was noted after completion of *Sansarjana Krama*. *Charaka* had mentioned the efficacy of various *Shodhana* procedures depending upon the *Doshaj Vridhhi Avastha*. Considering this concept, *Vamana* Significant reduction in the dose of insulin along with very significant improvement in the symptoms was noted after completion of *Sansarjana Krama*. In this case *Vamana* shows encouraging results which share in this platform.

CONCLUSION

In the management of this case study, *Samyak Snehapan Lakshan* was found after *Pachana*. *Madhyam shudhhi* was found by *Vamana karma* and remarkable improvement in signs and symptoms was observed along with reduction in blood sugar level (fasting-146mg/dl and Post meal-208mg/dl) after *sansarjankrama* was noted. By controlling his sugar level the dose of insulin was also reduced to half of the dose which he was taking before *Vamana* (inj. Mixtard 8 IU at morning & 6 IU at evening). *Vamana* shows drastic reduction in the dose of insulin and symptoms. *Dushivisha* (~ pesticides) may have etiological relation in diabetes mellitus; *Vamana* is used for removal of etiological factor as well as help for the resistance against the harmful factor. Such types of cases are encouraging the medical science to develop the vision. The above case proves the *Ayurvedic* contention of management in this case.

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