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## CLINICAL MANAGEMENT OF MADHUMEHA WITH PANCHATEEKAKSHEERNIRUHABASTI&BALAGURUCHYADIANUVASANABASTI

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### Abstract

The advancement of industrialization and communication is contributing towards sedentary lifestyles, in turn causing chronic non-communicable disease like Madhumeha vis-a-vis "Diabetes mellitus" etc. In fact Ayurveda is the first life science which identified, diagnosed and managed "Madhumeha". It is a very common disease affecting a number of people. In present study "Madhumeha" had been treated by "PanchatiktaKsheerBasti" along with "Bala - Guruchi" AnuvasanaBasti Karma. The symptoms i.e. Prabhutamutrata (Polyurea), Avila mutrata (Turbid Urine), Ksudhadhikya (Polyphagia), Trishnadhikya (Polydipsia), Kara-Pada-TalaSuptata (Tingling sensation), Pindikvestana (Calf muscle cramp) have been reduced 49.07%, 90%, 23.32%, 69%, 78.45% after application of "PanchatiktaKsheerBasti with Bala-Guruchyadi Oil for sixteen day. FBS with a mean difference of 48.60 mg & PPBS with mean difference of 117.18 mg for after too before data. This present study reveals that "PanchatiktaKsheerBasti" has a great role to pacify "Madhumeha".

**Keywords:** Madhumeha, PanchatiktaKsheer, Bala-Guruchi Oil, NiruhaBasti, AnuvasanaBasti.

**Introduction:**

Diabetes mellitus is becoming fastest considerable diseases in the world. India has being estimated with fastest growing population of Diabetics. It is a metabolic disorder may result in deficiency or dysfunction of the Insulin production. In Ayurveda there are many drugs & regimen mentioned to maintain health and to treat diseases in order to achieve the ultimate goal. It is applicable in every fact of human life with its own unique. A principle in understanding any disease by either preventive or curative wedge is necessary. This may be the fact due to which this science is persisting through centuries beginning from time immemorial<sup>1</sup>. Madhumeha is a disease known to mankind since Vedic period & it is mentioned as one of the 20 obstinate urinary disorders. It is present burning issue alarming the world with synonym of "Rich man's disease", particularly because a person who is able to enjoy the pleasure of life without any perceptible exercise is usually affected with this disease<sup>2</sup>.

Madhumeha is a chronic metabolic disorder and the symptoms appears in relation with Mutrabahasrotas. Diabetes mellitus is a chronic metabolic endocrinal disorder may be correlated with Madhumeha in Ayurveda. Madhumeha is a subtype of VatajaPrameha due to involvement of vital elements cause alarming health instability with higher prevalence. Vata is the conductor of healthy life and vitality supporter of all the embodied beings and sustains long life free disorder<sup>3</sup>. Susruta emphasized that Vyanavayu&Apanvayu vitiation cause SukraDosha and Prameha. Vyanvata because of it's potential to perform the

functions related to each and everybody element and Apanvata due to it's potential related with excretion. The superior consideration of Susruta proved to be essential before profound treatment modality<sup>4</sup>.

Main sedentary life style is one of basic cause of Diabetes. In spite of using oral hypoglycemic drugs & insulin modern medicine is least brother about the sedentary life style and improper diet. But in Ayurveda there are many shaman medicine along with therapeutic measures to prevent "Madhumeha". Among them "Panchatikta Ksheer<sup>5</sup>NiruhaBasti along with "AnuvasanaBasti" (by Bala – Guruchi Oil) is effective one.

**Clinical Study:**

- 1) Selection of Patients – In this study 30 patients had been selected according to inclusion & exclusion criteria from OPD of IPGAE&R at S.V.S.P. Hospital.
- 2) Objectives – To evaluate the effect of PanchatiktaKsheerBasti Karma in management of Madhumeha (Type 2 DM).
- 3) Inclusion Criteria –
  - Patient of NIDDM with blood sugar level. FBS – 130 – 300 mg/dL or PPBS – 180 – 420 mg/dL.
  - Patient having classical signs & symptoms of the Madhumeha (Diabetes) according to Ayurveda as well as modern medicine.
  - Age Group → 30 – 60 years.
  - Patient health & fit for Basti Karma.
- 4) Exclusion Criteria –
  - Age <30 years and > 60 years.
  - Patients having associated complications like Nephropathy, Neuropathy, Retinopathy, Diabetic Foot Ulcer etc.
  - Pregnancy.

- Patients having drug or chemical induced Type – II Diabetes.
- Patients of Type – I Diabetes or patients of Type – II Diabetes taking Insulin.

### **PanchatiktaKsheerBasti**

In this present study “PanchatiktaGhritaKsheer” Basti karma has been applied along with AnuvasanaBasti by “Bala–Guruchi Oil”. Total sixteen (16) Basti Karma have been applied where ten (10) are Anuvasana and six (6) are NiruhaBasti. AnuvasanaBasti in dose of 60 ml/day and NiruhaBasti in dose of 400 mg/day have been administered.<sup>1</sup>



**Ingredients of Bastidyavya**

- PanchatiktaDravya – Patol, Neemba Bark, Patra, VasakPatra, Guruchi whole plant, Saptaparha.
- Kalka Dravya – Powder of Neem, Guruchi, Amlaki, Methi.
- Saindhavalavana
- Madhu / Honey
- Teel Oil.

**Showing Basti Schedule**

<b><u>Day</u></b>	<b><u>Type of Basti</u></b>
1 <sup>st</sup> day	Anuvasana
2 <sup>nd</sup> day	Anuvasana
3 <sup>rd</sup> day	Niruha
4 <sup>th</sup> day	Anuvasana
5 <sup>th</sup> day	Niruha
6 <sup>th</sup> day	Anuvasana
7 <sup>th</sup> day	Niruha
8 <sup>th</sup> day	Anuvasana
9 <sup>th</sup> day	Niruha
10 <sup>th</sup> day	Anuvasana
11 <sup>th</sup> day	Niruha
12 <sup>th</sup> day	Anuvasana
13 <sup>th</sup> day	Niruha
14 <sup>th</sup> day	Anuvasana
15 <sup>th</sup> day	Anuvasana
16 <sup>th</sup> day	Anuvasana

Average Retention time of NiruhaBasti in 30 patients of “Madhumeha”.

**5 – 10 min.**

No. of patients

13

**10 – 15 min.**

No. of patients

16

**≥ 15 min.**

No. of patients

01

Yoga – Ayoga – Atiyoga after NiruhaBasti administration.

**Yoga****Found in every Basti**

No. of patients

%

Samyak Yoga	28	93.33%
Ayoga Yoga	00	0.00%
Atiyoga	02	6.67%

**Result:**

**Age:** In the present study, 60% patients were between 51 – 60 years of age group followed by 40% were 31 – 40 years. This reveals that maximum prevalence of the disease is at MadhyamVaya.

**Sex:** Majority of patients i.e. 64.44% were males & 35.56% have been suffered from Madhumeha.

**Religion:** Both Hindu 30% and 70% Muslim have been affected by Madhumeha. As because this present study has been done in Muslim belt.

**Family History:** 40.44% of patients had family history of Madhumeha which reflects the fact that genetic predisposition, whereas 58.56% did not have positive family history.

**Agni:** Majority of the patients were having Vishamagni (66.02%) followed by Teekshnagni (33.98%). This indicates dominates of Vatadosa in Samprapti of Madhumeha.

**Kostha:** Regarding the nature of Kostha in maximum number of patients Table:

<u>Symptoms</u>	<u>No. of patients</u>	<u>Mean</u>		<u>% of relief</u>	<u>SD (±)</u>	<u>SE (±)</u>	<u>'t' value</u>	<u>'p' value</u>
		<u>BT</u>	<u>AT</u>					
PrabhutaMutrata (Polyurea)	30	2.16	1.10	49.07	0.84	0.15	6.18	<0.001
Avila Mutrata (Turbid Urine)	21	0.70	0.06	90	0.25	0.4	7.07	<0.001
KshudaAdhikya (Polyphagia)	29	1.86	1.43	23.27	0.67	0.12	3.79	<0.001
Trishnadhikya (Polydipsia)	30	1.10	0.33	69.72	0.54	0.09	7.38	<0.001
Kata padaTalaSuptata (Tingling)	25	1.36	0.30	78.45	0.46	0.46	9.13	<0.001

MadhyamKostha was noted 62.56% followed by KruraKostha 35.42% and MriduKostha (3.02%) each. This indicates Vata and Kaphadosas are involved in Samprapti of Madhumeha.

**Prakriti:** Vata-Pitta and Pitta-Kaphaprakriti were predominant in 27.78% and 26.67% of individuals TridosajaPrakriti in 5.56% individual & Pitta prakriti in 1.11% of patients. It indicates DwandajaPrakriti persons are more prone for Madhumeha.

**Jarana Shakti:** The Jarana Shakti of majority of individuals was Madhyama (34.44%) followed by Avara (55.56%) and Pravara (10%). This shows that though patients were taking mere quantity of food but due to poor digestion resulting in Ama formation and subsequently vitiating Dosha and Dhatu resulting in the manifestation of different features.

**Statistical Data:** Effect of PanchatiktaKsheerBasti (Niruha) along with "BalaGuruchyadi Oil" (Anuvasana) in management of Madhumeha.

Sensation) Pindikavestan (Calf muscles cramp)	26	1.93	0.86	55.28	0.34	0.06	23.02	<0.001
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### Discussion:

Basti Karma is the therapy which while moving in the umbilical region, lumber region, sides of the chest and pelvic region churns up the stool including all the other morbid matter located there and appropriately eliminates stool & other morbid materials with ease after nourishing the body<sup>6</sup>.

“Panchatikta” having five dravya<sup>7</sup> (Potal, Neem, Guruchi, Vasak, Saptaparna). Tikta Rasa pacifies kaphadosa. But in present study “PanchatiktaKsheer” basti has been applied which having Kaphanashak property along with having Rasayana effect. As Madhumeha is directly dependent upon DhatuApakarshana&VataAnubandha.

So, Basti Karma by PanchatiktaBarga along with Ksheera potent Vatanashak and Snehana – Swedana Karma potent Vatanashak&Snehana – Swedana Karma are also the therapy which are established as Vata – Prashamak therapy<sup>8</sup>. Panchatiktabarga having the drugs most of it having tikta rasa, laghurukhsaguna. It acts as Lekhana, so PanchatiktaKsheerBasti is also effective in sthulapramehi. It also having dipan –

pachanaguna – give nutrition to all dhatus. So, it acts also as “Rasayana effective in Madhumeha”.

In PanchatiktaBarga, Potala having tikta rasa, Usna virya<sup>9</sup>; it help to reduce weight and vatashamak. Guruchi is one of best immunomodulatory drug as having Rasayan property<sup>10</sup>. So, it has a great role in “Madhumeha”. Vasaka having property “kaphadosa”, dipansara, vata-kapha shamak<sup>11</sup> which are effective to combat “Madhumeha”. Saptachhada is also dipana, vata-kapha-shamak property<sup>12</sup>, it enhances DhwatagniDhatakhaya is also a cause of “Madhumeha”. So Saptachhada is also effective or beneficial to Madhumeha.

### Conclusion:

PanchatiktaKsheerNiruhaBasti along with Bala-Guruchyadi Oil AnuvasanaBastikarma is effective in treatment of “Madhumeha”. This therapy is safe and effective. Future worker of this field could intervene in illustrated way for the safe of the suffering humanity of this field.

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