

To study of role of *Yogeshwar Ras* and *Shwadanshtradi Choorna* in management of Madhumeha with special reference to diabetes mellitus type 2

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ABSTRACT

Madhumeha is disease of *medovaha* and *mutrovaha* strotas *Madhumeha* is complex syndrome encompassing obesity, metabolic syndrome and diabetes mellitus. *Madhumeha* is characterized by the following symptoms *vilmutrata*, *prabhtmutrata*, *dourblya*, *trushnaadhikya*, *kshudhaadhikya*, *swaduasyta*, *swedaadhikya*, *atinidra* *Madhumeha* can be correlated with diabetes mellitus in modern science. Diabetes mellitus is the world's fastest-growing serious disease. It is a metabolic condition that can cause insulin shortage or dysfunction. Ayurvedic preventive measures can prevent disease. Ayurvedic remedies for *madhumeha* (diabetes mellitus) are oldest among all available therapiest.

The function of *ama* (oxidative free radicals), *agni*, (digestive fire) and *meda* (adipose tissue) in the formation and progression of *madhumeha* and its complications has been explained in ayurvedic scriptures.

This study was designed to assess the additional effects of ayurvedic medicine in the treatment of *madhumeha*. A total 60 patients were selected and divided into 2 groups. Group A was treated with *yogeshwar ras* and group B was treated with *shawdanshtradi choorna* for 45 days. *Yogeshwar ras* and *shwadanshtradi choorna* both were trial groups. Observation were recorded very crucially and result was statically analyzed. The result was very much encouraging and showed the efficacy of therapy.

Keywords: *Madhumeha*, *diabetes mellitus*, *yogeshwar ras*, *shwadanshtradi choorna*, *insulin*, *prameha*, *OHA*, *syndrome*

INTRODUCTION

The *madhumeha* first used by the agnivesha as *kulajvikara* [6] *Madhumeha* is serious lifelong condition. Diabetes touches almost every part of the life. It can cause various health problems over time ranging from neuropathy to nephropathy to retinopathy.

Madhumeha is complex syndrome encompassing obesity, metabolic syndrome and diabetes mellitus.

सर्व एव प्रमेहास्तु कालेनाप्रतिकारिणः/
मधु मेहत्व मायान्ती तदा साध्या भवन्ती
ही || (मा. नि / प्रमेह / २३) [7]

All *prameha* ultimately convert into *Madhumeha*. Thus *madhumeha* is an advanced stage of *prameha*. [1] *Madhumeha* can be correlated with diabetes mellitus in modern science. The deranged fat is carry down to urinary duct when they emitted through urethra causes disease known as *madhumeha* [5] Diabetes is the leading metabolic disorder in India, which lead India to be capital of diabetes. The prevalence of diabetes in India is 11.8 % [3] It is characterized by abnormal carbohydrate and lipid homeostasis, leading to elevation in plasma glucose or hyperglycemia. [4] . As per WHO global report on diabetes 422 million adult have diabetes worldwide. Among them India rank top 3 country.

As per oxford dictionary, prediabetes is a condition characterized by slightly elevated blood glucose level, regarded as indicative that a person is at risk of progressing to type 2 diabetes prediabetes phase indicates that a person is on the path to diabetes. [2]

In today's life, prevalence of prediabetes is more than diabetes and rate of prediabetes getting converted into diabetes is also increasing. Diabetes is such disease which affecting mankind globally. The common cause is diet changing lifestyle and faulty diet. Thus proving a threat to health resulting in end organ damages and serve complication.

Ayurveda being a life science global attention is toward Ayurveda for the

effective management as we often see patient with uncontrolled Diabetes with regular usage of OHA and Insulin resistance is another major concern.

A new formulation *Yogeshwar ras* and *Shwadanshtradi Choorna* in which included the components help to treat the *Madhumeha* and controlled Diabetes for long life to maintain the health.

AIMS AND OBJECTIVE

- To evaluate the clinical effect of *yogeshwar ras* and *shwadanshtradi choorna* administered orally for 45 days in the management of *madhumeha* with special reference to Diabetes mellitus type 2 in an age group of 25-70 years.
- To compare the effect of *Yogeshwar ras* with *Shwadanshtradi Choorna*.

MATERIAL AND METHOD

1. Selection of cases- 60 clinically diagnosed patients of *madhumeha* (diabetes type2)

Selected from opd /ipd unit of PG department of kayachikitsa , L K ayurved hospital yavatmal

A) INCLUSION CRITERIA

1. Age Group 25-70 years irrespective of sex and socioeconomic status will be selected for study.
2. Newly diagnosed patient of hyperglycemia (Type-2 diabetes).
3. HbA1C is more than 5.7%.
4. Blood sugar level fasting is 110mg/dL to 160mg/dL
5. Blood sugar level post prandial blood sugar level 160 mg/dL to 250 mg/dL.

6. 6) *Madhumeha* with *lakshanas prabhat mootrata, panipadyadaha, dourbalya, trishnaadhika, Kshudhadhikya, avilmutrata, saduasyata, sweda adhikya, atinidra*

B) EXCLUSION CRITERIA:-

1. Patient on insulin and steroid therapy.
2. BPH
3. Gestational diabetes.
4. IHD, diabetic coma, acute infection anywhere in the body

and Gangrene, retinopathy, nephropathy.

5. Neuropathic ulcer, peripheral vascular disease.
6. Patient with any major systemic disease like carcinoma, tuberculosis, etc.
7. Patient with IDDM/Juvenile diabetes (Type-1 diabetes).
8. Patient with Pancreatitis.

TABLE NO 1

Showing grouping of cases

| Group | Group A TRIAL DRUG | Group B TRIAL DRUG |
|-----------------------------|------------------------------------|--------------------------------------|
| No. of patient Treatment | 30 <i>Yogeshwar ras</i> | 30 <i>Shawadanshtradi Choorna</i> |
| Dose | <i>Vati</i> -125 mg Twice Daily | <i>Choorna</i> -3 gm Twice Daily |
| Kalpana | <i>Vati</i> | <i>Choorna</i> |
| Anupana | <i>Koshnajala</i> | <i>Koshnajala</i> |
| Duration | 45 Days | 45 Days |
| Time of administration | After meal | After meal |

2 SELECTION OF DRUGS

Taking the symptoms and the samprapti of madhumeha into consideration, yogeshwar ras and shwadanshradi choorna were selected.

The drug contains is summarized given below,

A) *Yogeshwar ras* :^[8]

Parad, gandhak, loha bhasma, nagbhasma, kaudi bhasma, tamra bhasma, vangabhasma, abharak bhasma,

ela, tamalpatra, nagkeshar, vidanga, nagarmotha, amalaki, pipalimula

B) *Shawadanshtradi choorna*:^[9]

Gokshur, haritaki, amalaki, nagarmotha, guduchi, phalgu patra, kusha, darbha, manjistha, rohish, bala, punarnava, nisota, krushna sariva, shewtasariva, devdaru, pipali, suntha, patha, kapillak, bharangi, haridra, daruharidra, kantakari, erandamula, danti, chitrak kutaki, lohahhasma

ASSESSMENT CRITRIA

For assessment of efficacy of the trial therapy following parameter where adapted

A) Subjective Parameters

1] *Prabhootmutrata (Polyuria)*

| Grade | Frequency | Frequency |
|-------|------------------------|---------------|
| 0 | 1 Time / night | 1-4 time/day |
| 1 | 2-3 times / night | 5-7 time/day |
| 2 | 4-5 times / night | 8-10time/day |
| 3 | 5 or more times/ night | 10-12time/day |

2] *Panipadayodaha (Burning sensation of palm and sole)*

| Grade | |
|-------|-------------|
| 0 | No Burning |
| 1 | Occasional |
| 2 | Intermitted |
| 3 | Always |

3] *Trushnaadhikya / Pipasaadhikya*

| Grade | |
|-------|-------------------------|
| 0 | 2-3 time / night |
| 1 | 3-4 time / night |
| 2 | 4-5 time / night |
| 3 | 5 or more times / night |

4] *Dourbalya*

| Grade | |
|-------|--|
|-------|--|

| | |
|---|--|
| 0 | Can do routine activities without any difficulty |
| 1 | Can do routine activities with little difficulty |
| 2 | Can do mild physical activities only |
| 3 | Can do mild physical activities with difficulty |

5] *Kshudhadhiky (Polyphagia)*

| Grade | |
|-------|-----------------------------|
| 0 | Normal diet (2 times a day) |
| 1 | 1 meal increase |
| 2 | 2 meal increase |
| 3 | 3meal increase |

6] *Swaduasyata (Sweet taste in mouth)*

| | |
|---|---------|
| 0 | Absent |
| 1 | Present |

7) *Sweda Adhikya (Excessivesweating)*

| | |
|---|---------|
| 0 | Absent |
| 1 | Present |

8) *Atinidra*

| Grade | |
|-------|---|
| 0 | Satisfactory 6-7 hr/night |
| 1 | Satisfactory 8-9 hr/night |
| 2 | 8-10 hrs/night and occasional feeling drowsiness in day |
| 3 | 9-11 hrs of sleep and felling drowsiness throughout a day |

9)Avil mutrata

| | |
|---|---------|
| 0 | Absent |
| 1 | Present |

OBJECTIVE ASSESEMENT**1)Urine sugar**

| GRADE | |
|-------|--------------------------------------|
| 0 | Absence of glucose in urinr |
| 1 | Less than 0.5 % glucose in urine + |
| 2 | 0.5 -1% glucose in urine +++ |
| 3 | More than 1-2 % glucose in urine +++ |

2)HbA1C

| Grade | | |
|-------|--------------|---------------|
| 0 | Normal | Below 5.7% |
| 1 | Pre diabetic | 5.7 -6.4% |
| 2 | Diabetic | 6.5% 0r above |

3)Blood sugar

| Grade | Fasting | Post prandial |
|-------|---------------|------------------------------------|
| 0 | 70-110mg/dl | Below 140mg/dl |
| 1 | 111-126 mg/dl | 141-160 mg/dl |
| 2 | 127-140 mg/dl | 161-180 mg/dl |
| 3 | 141-160 mg/dl | Above 180 mg/dl Below 250 mg/dl |

OBSERVATION AND RESULT**TABLE 1****Relative incidence of various symptoms (lakshanas)**

| SR. NO. | SYMPTOMS | GROUP A | GROUP B | TOTAL | % |
|---------|-----------------------|---------|---------|-------|-------|
| 1 | <i>Prabhutmutrata</i> | 19 | 21 | 40 | 66.66 |
| 2 | <i>Panipaddaha</i> | 13 | 12 | 25 | 41.66 |
| 3 | <i>Trushnaadhikya</i> | 19 | 15 | 34 | 56.66 |
| 4 | <i>Dourblya</i> | 24 | 20 | 44 | 73.33 |
| 5 | <i>Kshudhadhikya</i> | 17 | 14 | 31 | 51.66 |
| 6 | <i>Swaduasayata</i> | 14 | 5 | 19 | 31.66 |
| 7 | <i>Swedadhikya</i> | 18 | 8 | 26 | 43.33 |
| 8 | <i>Atinidra</i> | 23 | 12 | 35 | 58.33 |
| 9 | <i>Avilmutrata</i> | 10 | 5 | 15 | 25 |

TABLE 2

Showing the overall comparative improvement in clinical features of madhumeha in two treated groups (Mann whitney U test)

| Sr. | Symptoms | Group | | | Group | | |
|-----|-----------------------|-------|-------|-----------------|-------|-------|-----------------|
| 1 | <i>Prabhutmutrata</i> | 82.45 | <0.05 | significant | 66.67 | <0.05 | significant |
| 2 | <i>Panipadaha</i> | 75.64 | <0.05 | significant | 55.56 | <0.05 | significant |
| 3 | <i>Trushnaadhikya</i> | 78.07 | <0.05 | significant | 53.33 | <0.05 | significant |
| 4 | <i>Dourbalya</i> | 90.57 | <0.05 | Significant | 53.33 | <0.05 | significant |
| 5 | <i>Kshudhaadhikya</i> | 80.39 | <0.05 | Significant | 55.95 | <0.05 | significant |
| 6 | <i>Swaduasyata</i> | 50 | >0.05 | Not significant | 70 | >0.05 | Not significant |
| 7 | <i>Swedaadhiya</i> | 47 | <0.05 | significant | 33.33 | <0.05 | significant |
| 8 | <i>Atinidra</i> | 81.11 | <0.05 | significant | 65.28 | <0.05 | significant |
| 9 | <i>Avilmutrata</i> | 75 | >0.05 | Not significant | 80 | >0.05 | Not significant |

TABLE 3

Showing the overall comparative improvement in lab parameters of madhumeha in two treated groups (Mann whitney U test)

| Sr. no. | Lab investigation | Group A | | | Group B | | |
|---------|---------------------|---------|-------|-------------|---------|-------|-----------------|
| | | % | P | Result | % | P | Result |
| 1 | Fasting blood sugar | 85 | <0.05 | significant | 32.78 | <0.05 | significant |
| 2 | Poat prandial | 75 | <0.05 | significant | 40.56 | <0.05 | significant |
| 3 | Urine sugar | 65.38 | <0.05 | significant | 44.44 | >0.05 | Not significant |
| 4 | HbA1C | 67.30 | <0.05 | significant | 43.75 | >0.05 | Not significant |

DISCUSSION

Yogeshawar ras has *katu* , *tikta kashay ras* and *jatharagni* may present in *madhumeha* it may act *agnivardhana*. *Kashay ras* is present in major quantity which may produce *mutrasamgraprabhava*. *Tikta kashya ras* is present which produces *shoshana* effect hence the *prabhoot mutrata* in

madhumeha is tend to regress. Most drugs posses *laghu*, *ruksha* , *guna* , *ruksha guna* helps in alleviating of *bahudrava shleshma* and *abaddha meda* the annexation of two being initial triggering event in samprapti of disease .Obstruction of *vata* by *kapha* and *meda* as *kapha* here *aarambhak dosha* and *vata* is *prateka dosha* .*Laghu* and *rukshta*

guna by virtue of their *kaphbhaghana* and *medoghna prabhava* help in reducing tissue weight now it can be suggested that *kashya rasa*, *laghu*, *rukshta guna* like properties can further aggravate vitiated *vata dosha* in *madhumeha*

In context it is proposed that here it is obstructed *vata* (primarily by *kapha* and *medas* which is causing trouble, *vata* (primarily by *kapha* and *medas*) which is causing trouble *vata* here may not increase quantity wise in body only obstruction in there in natural passage which alleviated by *kaphakara*, *medohara* drugs.

In this drug majorly found *ushna virya* and helps in alleviation of *kapha* and *vata*. *Sheeta vipak* and *madhura vipaka* helps in replenishment of *ojus*. *Yogeshwar ras* can well disintegrate *samprapti* of *madhumeha* by acting at various levels i.e. alleviating *dhatvagnimandya* owing to presence of certain *deepana pachana* drugs in it like *mustak*, *haridra* also *rukshata* and *laghuta* present in drug will combat increased *kapha* and *meda* which stimulate in their properties *aamalki* and *haritaki* are two drugs which are known to exert *rasayan prabhava* too there by causing *oja vardhana*, which is being depleted in body of *madhumehi* owing to chronic exposure to *vata* in body.

In *shwadanshradi choorna*, maximum drugs were having *kashaya*, *tikta* and *madhur ras*, *laghu*, *rukshya* and *guru gana sheeta virya madhur* and *katu vipaka*.

From these properties it is very clear that *shwadanshradi choorna* is *bala varankar*, *mutraghna*, it works on *avabadhya meda*, *kleda*, *mansa*. Provides strength to *madhumehi* patients.

CONCLUSION

Madhumeha has been discussed in *prameha roga* as one of *vataj prameha*. Literary evidence proves its modern correlate as diabetes mellitus. In this study it is found that *yogeshwar ras* and *shwadansradi choorna* are effective in management of *madhumeha*

Yogeshwar ras is found more effective than *shwadansradi choorna*, on basis of percent relief. *Yogeshwar ras* more effective than *shwadanshradi choorna* to reduce *prabhut mutrata*, *panipadadaha*, *trunshnaadhikya*, *kshudhaadhikya*, *swedaadhikya*, *atinidra*, urine sugar, BSL fasting, post prandial Both drugs are insignificant to reduce *avil mutrata*, *swaduasya*.

But on basis of percent *shwadanshradi choorna* is more effective than *Yogeshwar ras* reduce these symptoms All patients tolerated medicines very well and no side effects were reported by any of the patients, suggesting that the drugs selected for current clinical trial are absolutely *saf* for internal use. After overall scrutiny, it can be concluded that *yogeshwar ras* and *shwadanshradi choorna* in current research exhibits significant hypoglycaemic activity and can be given safely in patients of *madhumeha*.

Reference:

1. <https://www.ayush.gov.in> Protocol for prevention and control of DIABETES through ayurveda.
2. <https://enoxforddictionaries.com>
3. <https://www.livemint.com/science/health/government-survey>
4. BY Dr. Siddharth Shah API textbook of medicine 8th edition. The association of physician of India publication part 2 chapter no. 18 page 1042-1079

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|--|--|
| <p>5. Priyarat Sharma, Sushrut Samhita chouxhamba prakashan 2008 edition part-II Nidani chapter 6 pageno.502.</p> <p>6. Yadhavaji Trikamji Charaksamhita, Chouxhamba, Prakashan, 2008 edition, part-II chikitsa chapter6.</p> <p>7. Madhukosh Madhavnidan: Chouxhamba prakashan 2004 editionpart page-1.</p> | <p>8. Rasendra sarsangraha by gopalkrushna bhat chaturth sanskaran , Varanasi 1976, Adhyay 2 prameha chikitsa shlok no.53-57page no.365366.</p> <p>9. Gadnigraha dwitiya kaychikitsa khand Sanskrit sansthan Varanasi edition 3. adhyay 30 prameha adhikar shlok no.78-84 page no.676-677.</p> |
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