



Research Article

EFFECT OF VAMAN IN *STHUL MADHUMEHA*: A CASE STUDY

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ABSTRACT

The study was conducted to evaluate cost effective and convenient treatment for *Sthul Madhumeha* in *Ayurved*. Diabetes is a group of metabolic diseases in which there are high blood glucose levels over a prolonged period. This high blood sugar produces the symptoms of frequent urination, increased thirst and increased hunger. Long term effect of Diabetes includes damage, dysfunction and failure of various organs. The long-term effects include progressive development of vasculopathy that may lead to renal failure, neuropathy etc. Prevalence of diabetes increased with age and reached at peaked at 60 to 69 years of age followed by declined at 70 years of age in India subjects. *Ayurveda* describes *Prameha* as a disease having cardinal features of “*Prabhuta Avilamutrata*” which means excessive quantity and increased frequency of urine having turbid appearance. Ancient texts like *Charak Samhita*, *Sushruta Samhita* etc accepted that there are twenty types of *Prameha* according to *Dosha*. *Charak* has explained two different lines of treatment for both *Sthula-pramehi* and *Krishna-pramehi* types. *Brihan* to the *Krish Pramehi* and *Apatarpana* in the form of *Shodhan* and *Shamana*. The study was carried out to see the effect of *Vaman Karma* in the management of *Prameha*. To Study the effect of *Vaman Karma* in *Prameha*. A case study of 45 years old male patient with *Adhaman*, *Udar-daha*, *Amlodgar*, *Katishula* since 4-5 years, was treated with *Vaman Karma* followed by *Ayurvedic drugs*. A case recorded and treated in our institute. Significant results were seen in patient. Encouraging results were obtained which are presented in full paper.

Keyword: *Prameha*, *Sthul Madhumeha*, *Vaman Karma*.

INTRODUCTION

The world today is witnessing an epidemic of Diabetes mellitus. Globally and nationally Diabetes mellitus with its complications has become the most important contemporary and challenging health problem. Diabetes mellitus is one of the most common endocrine disorder. Diabetes mellitus is defined as a disturbance of intermediary metabolism manifesting as chronic sustained hyperglycaemia; primarily due to either an absolute or relative lack of insulin. This may be accompanied by progressive diabetic tissue damage with microvascular and macrovascular complications.¹

Diabetes mellitus is the leading cause of end stage renal disease, a major cause of non-traumatic amputations and a leading cause of cardiovascular mortality. It is a silent killer disease. With the rising number of diabetic subjects, the burden of diabetic complications is also likely to increase. Now a days Diabetes mellitus is increasing all over the world because of change in lifestyle, lack of exercise, sedentary work, habit of fast food, stress etc.²

The most important thing is that Oral hypoglycaemic agent has side effect like sudden hypoglycaemia, gastrointestinal upsets etc. Their major limitations are primary and secondary failure where patient doesn't respond to medicines. It compels the physician to increase the dose, change the medicine. Moreover, these drugs correct only hyperglycaemia and not the basic pathology. These drugs cannot prevent further progress of disease and in spite of

good glycaemic control patient lands into life threatening complications.³

So, there is need to find a natural and safe *Ayurvedic* medicine with no side effects and in economic range. Besides the miraculous achievement of modern medical science, humanity is passing through a horror of disease, drug phobia and related complication associated with it, particularly where fast and sedentary lifestyle account for the man's ignorance towards principles of health care. So is the need of clinical research in getting a hold on this disease not only to achieve good glycaemic control but also to treat the root cause.

Ayurveda describes *Prameha* as a disease having cardinal features of “*Prabhuta-avilamutrata*” which means excessive quantity and increased frequency of urine having turbid appearance.⁴ Ancient texts like *Charak Samhita*, *Sushruta Samhita* etc accepted that there are twenty types of *Prameha* according to *Dosha*.⁵ Addition to this classification *Charaka* has described another classification with respect to principles of treatment of *Prameha*, which includes *Sthulapramehi* and *Krishapramehi*.^{6,7} He has explained two different lines of treatment for both these types. *Brihan* to the *Krish Pramehi* and *Apatarpana* in the form of *Shodhan* and *Shamana*.⁸

The disease *Prameha* is of *Tridosha* predominance but *Avrittavata* and the *Bahudrava Shleshma* are the main culprits and they affect primarily *Bahu Abaddha Meda*. Here it is to be noted that *Shleshma* which is considered as chief *Dosha* and

Meda which is main *Dushya*, both are with increased *Dravata*. This *Dravata* forms *Abaddhata* in *Meda*. Thus, it can be thought that to counter this pathology *Apatarpana* in the form of *Shodhan* should be given.

Vaman Karma has been considered as the best line of treatment for *Kaphaj* disorders.⁸ Considering all the facts in present study has been planned to assess the effect of *Vaman karma* in the management of *Sthulaprameha*.

MATERIAL AND METHOD

Case Report

A 45 years old male patient having following complaints was came in OPD and admitted IPD of Kaychikitsa Department, Government Ayurveda College, Nagpur. Informed consent was obtained prior to participation in the study. Informed written consent was taken from patient before the start of study.

Chief Complaints Since 4-5 years

1. *Adhaman*
2. *Udar-daha*
3. *Amlodgar*
4. *Katishula*

History of Present Illness

Patient having gradually increase in above symptoms from 4-5 years, so for treatment patient get admitted in Government Ayurveda College Nagpur.

Past History

1. N/H/O Hypertension, DM, Hypothyroidism, Bronchial Asthma
2. H/O Appendectomy – at the age of 11 yrs
3. H/O recurrent Acidity – since 3-4 yrs.
4. H/O RTA – 10 years back
5. No history any other illness.

Family History: No specific history

Ashtavidha Parikshan

1. *Nadi* -80/min
2. *Mala* – *Samyaka*
3. *Mutra* – *Samyaka*
4. *Jivha*- *Alpa-Sama*
5. *Shabda* - *Spashta*
6. *Sparsha* – *Samashitoshna*
7. *Drika* – *Drushtimandya*
8. *Aakriti* – *Sthula*
9. *Praman* – Weight- 73 kg, Height – 167 cm, BMI – 26.2

Dashavidha Parikshan

1. **Prakriti** – *Tridoshaja (Kapha pradhan)*
2. **Sarata** – *Ras, Meda – Alpa sarata*
Mamsa, Ashthi, Majja – Pravar sarata
3. **Sar** – *Ras, Medo sar – Alpa*
Mamsa, Ashthi, Majja sar - Pravar
4. **Samhanana** – *Madhyam*
5. **Satmya** – *Sarvasatmya*
6. **Satva** - *Pravar*
7. **Aharshakti** – *Alpa*
8. **Vyayamshakti** – *Madhyam*
9. **Vaya** – 45 years
10. **Desha**- *Sadharan*

Vaiyaktik Vrittant

1. Aahar

Aahar Praman: 4 chapati, rice 1 bowl, bhaji, varan.

Ras Pradhanya: *Madhura Rasa Pradhan*

Guna: *Guru, Abhishyandi, Snigdha, Tikshna*

Diet Habit: habit of *Vishamashana, Paryushit Aahar*

Type of Food: Vegetarian

2. **Vihar:** Driver
3. **Vyasan:** Tea – 3 times a day, *Kharra*- 15 years, Alcohol- 12 years (Stopped in the past 6 months)
4. **Kshudha:** *Kshudativridhi*
5. **Pipasa:** *Samyaka*
6. **Nidra:** *Nidradhikya*

Vikrut Strotas Parikshan

1. **Annavaha Strotus**- *Arochaka, Avipaka*
2. **Rasvaha Strotas**- *Gaurava, Tandra, Angamarda, Angasada*
3. **Mansvaha Strotus** - *Sakashta Chankramana*
4. **Medovaha Strotus** - *Katishula, Lambanam*
5. **Majjavaha Strotas** - *Ubhaya Pada Chimchimayana, Ubhaya Janusandhi Shula, Prushtashula*
6. **Purishavaha Strotus**- *Kvachit Picchila*

Investigations

1. **CBC:** Hb% - 14.5 gm %
TLC- 10200 RBC- 5.36, Platelet- 286000
2. **BSL:** F - 230 mg/dl, **PP**- 348 mg/dl
3. **HbA1c:** 10.3%
4. **ABS:** 249 mg/dl
5. **KFT:** Blood Urea - 20.9 mg/dl, Sr. creatinine – 1.90 mg/dl,
Uric acid - 5.4 mg/dl
6. **Lipid Profile:** Triglyceride – 184, Cholesterol – 269.4,
HDL – 34.2
7. **Urine Report:** A/B – Nil, **Sugar** – +, **ME** – NAD

Criteria

It will be assessed as per given in diagnostic criteria

I] Physical characters:

- 1) Weight
- 2) BMI
- 3) Waist circumference
- 4) Hip circumference
- 5) Waist hip ratio

II] Biochemical parameters

- 1) BSL fasting and Post meal
- 2) HbA1c
- 3) ABS
- 4) Lipid profile
- 5) KFT
- 6) Urine routine, microscopic

MANAGEMENT

Pachan Chikitsa

1. Initially *Pachan Kwath*- 40 ml *Vyanodane* is given as a *Pachak* for 10 days.⁹

Shodhan Chikitsa

Snehapana- with *Panchatikta Ghrita* for 5 Days¹⁰ as described in Table no 1 was given.

Rest day on 16.1.19 – Sarvang Snehana, Svedana.

Vaman Karma – on 17.1.19⁸

1. Vacha Siddha Godugdha pana 200 ml
2. Sarvanga Snehana Svedana
3. Chatana Dravya - Given at 7.15 am
 - Madanphala Churna – 2.5 gm
 - Vacha Churna – 2.5 gm
 - Pippali – 2.5 gm
 - Yashtimadhu Churna – 7.5 gm
 - Saindhava – 10 gm
 - Madhu – Yathavashyaka

Godugdha Sevan – Table 2 showing Godugdha seven

Yashtimadhu Fant Sevan – Table 3 showing Yashtimadhu Fant Sevan

Saindhav Jala Sevan- Table 4 showing Saindhav Jala Sevan

Dhumpana:¹¹

8.20 am – Ubhaya Nasika – 1 Avarti/ Pratyeki
Mukha – 1 Avarti

Shuddhi

Antiki – Pittant

Maniki – Input – 8.6 lit, Output – 10 lit

Laingiki – Madhyam Shudhi

Sansarjana Kram: 5 days

Shaman Chikitsa

1. Nisha, Amalaki Churna each 5 gm Rasayanakale.¹²
2. Vasantakusumakara Ras - 10 tablet¹³
Guduchi Satva - 20 gm,
Chopachini Churna - 20 gm
250 mg Vyvanodane with Koshnajala.

Table 1: Snehapana chart

Date	Day	Time	Matra	Kshudha kala	Bhojan Kala
11.1.19	Day 1	7.30 am	30 ml	1.30 pm	2 pm
12.1.19	Day 2	7.30 am	60 ml	12 pm	1.30 pm
13.1.19	Day 3	6.45 am	120 ml	12.45 pm	1 pm
14.1.19	Day 4	7.30 am	180 ml	1.30 pm	2 pm
15.1.19	Day 5	7 am	240 ml	4 pm	5.30 pm

Table 2: Godugdha seven

Time	Glass	Pravar Vega	Madhyam Vega	Avar vega	BP	P	Lakshane
7.20 am	3				150/90	110	Hrullas, Gauravata
7.21 am	2						Madhurasyata, Svedagaman
7.23 am	3						
7.25 am			1				
7.25 am	1						

Table 3: Yashtimadhu Fant Sevan

Time	Glass	Pravar Vega	Madhyam Vega	Avar vega	BP	P	Lakshane
7.25 am	1			1			Hrullas
7.27 am	1		1				Madhurasyata, Svedagaman
7.28 am	1		1				
7.29 am	1				170/120	92	Kaphatantu, Nasastrava, Svedagaman
7.30 am	2		3				Daurbalyata
7.31 am	3		1				Tiktasyata, Udar Gauravata
7.32 am	1		1	1	140/90		Galadaha, Nasastrava
7.33 am	2	2		1			Netrastrava
7.35 am	4	1					
7.37 am	1	1	1	1			Madhurasyata, Hrullasa
7.40 am	2						
7.43 am	3	2	1		130/90		Sthivana, Udgaur
7.45 am	2	2		1			Kasa, Chatana Vamit
Udar laghavata, Galadaha, Shirosula							

Table 4: Saindhav Jala Sevan

Time	Glass	Pravar Vega	Madhyam Vega	Avar vega	BP	P	Lakshane
7.55 am	1						
7.57 am	4						
7.58 am	1		2	1			Udar Adhmana
8 am	3		1	1			Nasastrava
8.1 am	3			2			
8.5 am	2	1	2		150/90	134/min	
Udarlaghavata, Lavanasyata, Galadaha, Shirolaghavata							

Table 5: Effect of therapy on BSL after Vaman Karma

Date	Fasting sugar	Post meal
9/1/19 (Before)	230	348
21/1/19 (After)	150	243

Table 6: Effect of therapy on BSL during Shaman Chikitsa

Date	Fasting sugar	Post meal
9/2/19	120	215
7/3/19	140	258

Table 7: effect of therapy on BSL after Shaman Chikitsa (Follow up)

Date	Fasting sugar	Post meal
8/4/19	139	248
28/5/19	199	320

Table 8: effect of therapy on HbA1c

Date	9.1.19 (Before)	29.5.19 (After)
HbA1c	10.3	7.3
ABG	249	163

Table 9: Effect of therapy on KFT

Date	9.1.19 (Before)	21.1.19 (After)
Blood Urea	20.9	10.9
Sr. Cr	1.90	1.20
Uric Acid	5.4	4.3

Table 10: Effect of therapy on Lipid Profile

Date	9.1.19 (Before)	16/1/19	21.1.19 (After)	10/4/19
Cholesterol	184	167	154	170
Triglyceride	269.4	289.5	185.7	105
HDL	34.3	35.5	32	43

Table 11: effect of therapy on BMI

Date	Height	Weight	BMI
4.1.19	167 cm	73 kg	26.2
23.1.19	167 cm	67 kg	24

Table 12: Effect of therapy on W: H Ratio

Date	Waist	Hip	W:H Ratio
4.1.19	116 cm	121 cm	0.95
23.1.19	102 cm	115 cm	0.88

Table 13: Effect of therapy on Urine Routine Microscopic

Date	Chemical Exam Sugar	Chemical Exam Protein	Other
9.1.19	+	Nil	Nil
23.1.19	Nil	Nil	Nil

RESULT AND DISCUSSION

A case recorded and treated in our institute. Significant correction in BSL fasting and post prandial Blood Sugar Level was seen in patient just after *Vaman Karma* (Table 5) but there is gradually increase in Blood sugar level may be due to irregular medication. But there is significant result seen in HbA1c (Table 8). In *Sthula madhumeha Avaranjaya Samprati* are to be taken into consideration. The *Avaran* of *Kapha* and *Pitta* removed through *Samshodhan* in the form of *Vaman* and *Virechana*. In this case, after assessment above concept were decided to treat the patient. During the study it was observed that, *Vaman Karma* is effective in pacifying symptoms. Because most of Symptoms are mainly due to *Kapha Prakopa* and *Abaddha Meda*. *Vaman* may reduce the sugar overload on tissue which can help the utilisation and

provoke normalization in the body. All over review on this case the characteristics of *Rugna* having important role while treating the patient. In the follow up, patient was not cooperating. He was not taking proper medication although the range of blood sugar level was not increase as much as like before treatment.

CONCLUSION

In this case study, there are reduction in subjective as well as objective parameters. The *Ayurvedic* Concepts in *Sthulaprimeha* having fruitful effect; somehow it corrected Dyslipidaemia and maintained normal Cholesterol, Triglycerides and LDL (Table 10), Serum Creatinine (Table 9), HbA1c level (Table 8), Fasting as well as Post Prandial blood sugar level (Table 5) but it is seen that after few months there is gradually increase in Fasting and

Post Prandial blood sugar level. So, at the end conclusion drawn from a case study, Dose overload can be reduced by *Vaman Karma*. Although Blood sugar level is increased but it reduced cellular overload and provoke sugar utilization at cellular level. So that HbA1c level show good control, although patient have not taking proper medication during follow up. *Shodhan Chikitsa* and streaked medication along with diet may have shown better results in such types of cases in practise. After *Shodhan Chikitsa*, *Shaman Chikitsa* Should be advised for proper management of disease and to stop disease progression.

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