



INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY HEALTH SCIENCES

ISSN: 2394 9406

“SHODHANA AND SHAMAN IN THE MANAGEMENT OF MADHUMEHA”

Dr. Rajashree Ambhore¹, Dr.Sandip Patil², Dr.Rushikesh Metkari³.

¹PG Scholar, Rognidan and Vikrutivigyan,

²Associate Professor, Rognidan and Vikrutivigyan,

³Associate Professor, Striroga & Prasutitantra,

L.R.P. Ayurvedic Medical College, Hospital, P.G. Institute & research Centre, Islampu

Corresponding Authors Email ID:

eMail: rajashreeambhore@gmail.com

ABSTRACT:

Ayurvedic science, a boon in today's man life, describes *Swasthaparayanata*, which means maintenance of health in the one hand and treatment of disease on the other. It has been described in *Ayurveda* that it is not rational treatment where the medicine modifies one disease; on the other hand it provokes new complications. *Aacharya Charaka* says that considering the body constitution and strength of the body of the patient when dealing with the management aspect, considers two types of patients, one is that with stout body structure & with strength and the other without strength & *Krishna*. *Sushrutacharya* also says that *Sahajameharogi* will be *Krishna* & *Apathyanimittajarogi* will be *Sthula*. So here, in this article we are putting our step forward to find safe and effective oral hypoglycaemic agent with comparatively nil side effects.

Key Words:

Ayurvedic, Shamana, Shodhana, Madhimeha.

INTRODUCTION:

Today in many ways people have greater opportunities of better life than ever before. Still it is clear that they need to evolve some new strategies or to follow the golden old rules, which are proved for millenniums, in each and every field of life. In spite of all sorts of advancements of science, in this world, man is not able to sail himself in the boat of happy & healthy life. Unnatural ways of life style, increased population and moreover world of machines has created unlimited desires in human mind on the one hand, it has originated anxiety, anger, hostility & grief directly or indirectly. Diabetes mellitus is a major health problem for the world in the 21st century. In year 2000, the five countries with the largest numbers of persons with diabetes were India, China, The United States, Pakistan & Japan with 32.7 million, 22.6 million, 15.3 million, 8.8 million & 7.1 million diabetics respectively. At least 50% of all people with diabetes are undiagnosed. In spite of advanced medical research, it is still a burning matter. Recent studies reveal that the prevalence rates are 10-18% in the urban Indian adult population and there is also evidence that the prevalence of type 2 diabetes is increasing in rural population too.

NIDANA

Ayurvedic classics elaborately describes about the general etiological factors of *Prameha* and according to *Acharya Charaka*, this disease is *Tridoshik* in origin. Etiological factors can be classified into *Sahaja & Apathyanimittaja*¹.

Sahaja: Due to certain defects in *Stri & Pumbeeja* (Ovum & Sperm) which is said to be *Matrupitrubeejadoshakrita* will result in *Sahaja Prameha*. Regarding *Beejadosha* it may have its origin from parents of both father & mother i.e. it may be inherited from generation to generation & thus it is unique example of hereditary disease.

Apathyanimittaja: Due to *Aptthakarahraviharsevana*.

Etiological Factors of General Prameha described in Charaka²:

> *Asyasukham*,

> *Swapnasukham*

> Excessive indulgence in *Dadhini* i.e. various preparation of curd.

> *Gramya, Audaka, Anupamamsa* i.e. meat of domestic, aquatic, wet land animals.

> *Payamsi* i.e. excessive use of milk & its preparation

> *Navannapanam* i.e. new grains & drinks

> *Gudavaikrutam* i.e. various preparation of sugar & jaggery.

> Other substances which increase *Kapha* may cause *Prameha*.

Sushruta adds *Snigdha* (unctuous), *Medya* (fatty) & *Drava* (liquid) type of food also

among causative factors where as *Charaka* does not mentioned this³. According to *Vagbhata*, the diet & activities which increase *Meda*, *Mutra* & *Kapha* are supposed to cause *Prameha*⁴. *Acharya Vagbhata* describes a slight difference in ***Prameha*** and ***Madhumeha*** in following ways:

Prameha: *Acharya Vagbhata* describes *Prameha* as frequent and copious urine with turbidity; i.e. *PrabhutavilMutrata*. And ***Madhumeha*** is a clinical entity in which patient passes large quantity of urine similar to *Madhu* having *Kashaya* & *Madhura* taste, *Ruksha* texture & Honey like colour and thus body attains sweetness^{5,6}.

Acharya Sushruta narrated the term *Kshaudrameha*, in place of *Madhumeha*. The *Kshaudra* is one of the varieties of *Madhu*. So it is clear to us, that *Kshaudrameha* resembles *Madhumeha*. Whereas in, modern science it is correlated with Diabetes mellitus

Diabetes mellitus is a group of metabolic disease characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both. The chronic hyperglycemia of diabetes is associated with long term damage, dysfunction and failure of various organs, especially the eyes, kidneys, nerves, heart and blood vessels.

Specific Etiology of *Madhumeha*:

The person indulging in food substances having *Guru*, *Snigdha* qualities & excessive indulgence of *Amla* & *Lavana Rasa* substances & *Navannapana*, excessive sleep, sitting in a same place for longer duration, avoiding exercises & thinking process & also not performing the *Shodhana* process in a proper time⁷. *Acharya Sushruta* has narrated that untreated *Prameha* in its initial stage, gets converted into *Madhumeha* & becomes incurable⁸. According to *Acharya Vagbhata*, the urine of *Madhumehi* will be simulating with that of *Madhu*. Two type of *Vata* vitiation has been mentioned, one is due to *Dhatukshaya* & second due to *Margavarana*.

CHIKITSA

Chikitsa Sutra (principles of treatments) and *Chikitsa* (Management Proper) are the two divisions of this major part. Both these are described very well in classics. But the concepts & methods are different in different conditions, considering the *Vyadhi Swabhava* & *Atura*. The *Samprapti* should be considered deeply before stepping to manage.

CHIKITSA SUTRA:

During *Chikitsa* *Acharyays* consider body constitution and strength of patient. *Charakacharya* considers two types of patients; one is that with stout body structure & with strength and the other without strength & *Krisha*.

Sushrutacharya also says that Sahajameharogi will be Krisha & Apathyanimittajarogi will be Sthula^{9,10,11}. In the context of Medoroga, the managements described are parallel to that of Meha since the Dosha & Dushyas are same to major extent. After considering all the factors the two types of management emphasised are

- (1) Samshodhana Chikitsa [Elimination Therapy]
- (2) Samshaman Chikitsa [Normalizing Therapy]

Like every disease, those factors which are responsible for the production of the diseases are if eliminated and if further, causative factors are prevented Meha can also be treated. Madhumeha can be treated in this way although it is described as incurable. In Pratyakhyeyavyadhis, symptomatic relief can be given by proper management.

MADHUMEHA:

(i) Samshodhan Chikitsa :

Considering Sthula & krishapramehi, Samshodhan Chikitsa should be administered only to the Sthula & Balvan Pramehi. Sarshapa, Nimba, Danti, Bibhitak & Karanja siddha Taila or Trikantakadya Sneha (Ghrita or Taila according to Dosha predominance should be used for Abhyantara Snehana. Here while explaining the Samshodhan ,Charaka describes to use the

Malashodhanyogas from Kalpasthana Both Pitta & Kapha are eliminated through Shodhana. Either it may be Vamana or Virechana, because of; PittantamVamanam, Kaphantam Virechanam. In Virechana, Pitta is eliminated first, then Samyaktakshana of virechana is Kaphadarshan, so both Pitta & Kapha Doshas which are vitiated are eliminated. Then the described Anuvasana & Asthapana Basti chikitsas are able enough to control the provocation of Vata. Like this all the Doshas are normalized to keep the Doshasamyata. Anuvasana with medicated oils & Ghritas are prescribed in Madhumeha. After proper Shodhan Chikitsa, Charakacharya details to give Santarpanchikitsa to the patients, to prevent the complications like Gulma, Bastishula etc.

(ii) Samshaman Chikitsa :

Samshaman Chikitsa includes mainly Deepana (appetizers) , Pachana, (enhancing digestion), Kshut (Hunger maintenance), Trit (Maintenance of thirst), Vyayama (Exercise), Atapa (Having exposed to sunlight) & Maruta (Exposing oneself to wind). According to the conditions of vitiated Doshas & Dushyas , Vaidya has to suggest proper Shaman Chikitsa to the patient. Acharyas introduces different Tarpanaupakramas in Vatikamehas. It is due to the less strength of the patient. Acharya Charaka &

Vagbhatta says that the *Kashayayogas* should be enriched with *sneha* and given to *Vatikamehas*.

Typical Madhumeha Chikitsa : *Acharya Sushruta* explains that *Shilajit* should be taken after triturating with *Salsaradiganakwatha*. After its digestion patient should take *Jangala Mamsarasayukta* Anna. He prescribes to take 1 *Tula* of *shilajatu*. *Samshodhan* procedure are carried out in three stages,

1) Pre-panchkarma procedures :-

- i) *Snehana* - Oral administration of sesame oil or cows's ghee for 3 to 7 days in specific manner. This helps to resolve the *doshas* accumulated in the whole body.
- ii) *Swedana* - Medicated steam bath after sesame oil application on the body for 3 to 7 days. This helps to suppress the *Vata Dosh* and removes the *Doshas* from the various systems of the body and bring them to the alimentary track, so that it becomes easy to remove them through emesis (*Vamana*) or purgatives (*Virechana*).

2) Panchkarma (Main) procedure :-

Either *Vamana* or *Virechana* or *Basti* or *Raktamoshna* or *Nasya* whatever is planned. Oral administration of oil or ghee is done prior to *Vamana* (emesis), *Virechana* (purgation) and *Raktamokhshana* (bloodletting), *Snehana* and *Swedana* prior to *Basti* and *Nasya* is done, but only externally.

3) Post-panchkarma procedures:-

- i) *Dhumapana* - (inhalation of medicated smoke)
-only after *Vamana*(emesis).
- ii) *Sansarjanakrama* - Specific diet for a period of 3 to 7 days.
- iii) *Rasayana* treatment
- iv) *Pathya – Ahara* (useful diet after *Panchakarma*) and *Vihara*.

Compound Preparations Used In Madhumeha/Prameha:

Swarasa :*Amalaki, Haridra, Nimbapatra, Bilwapatra, Guduchi*

Kwatha :*Vidangadi, Phalatrikadi, Mustadi, Manjishthadi, Pathadi*

Churna :*Triphaladi, Mustadi, Gokshuradi, Arkadi*

Gutika :*Chandraprabha, Indravati, PramehantakVati*

Gugglu :*GokshuradiGuggul*

Modaka :*KasturModaka*

Avleha :*kushavleha, Bangavleha*

Paka :*Pugapaka, Ashwagandhadipaka, DrakshaPaka.*

Asava Arishta: *Lodhrasava, Dantyasava, Madhukasava, Devdarvyadharishta, Lodhrarishta.*

Ghrita: *Dhanvantarghrita, Trikantakadighrita, Sinhamritaghrita, Dadimadighrita, Shalmalighrita.*

Rasaushadhi:*Vasantkusumakar Rasa, Mehamudgar Rasa, Brihat Bangeshwa Rasa, Pramehagajkesri Rasa, TribangaBhasma, Vasanttilaka Rasa.*

REFERENCES:

1. Sushrut Samhita Kaviraj Dr. Ambikadatta Shastri Choukhamba Sanskrut Sansthan, Varanasi, Reprint 2005,Chikitsa Sthana 11/03
2. Charaka Samhita Acharya Ravidatta Tripathi Choukhamba Sanskrut Sansthan, Varanasi, reprint 2003, Chikitsa Sthana, 6/4
3. Sushrut Samhita Kaviraj Dr. Ambikadatta Shastri Choukhamba Sanskrut Sansthan, Varanasi, Reprint 2005,Nidana Sthana 6/3
4. Ashtanga Hridaya, annotator: Pandit Lalchandra Vaidya, Publisher: Motilal Banarasidas Bhartiya Sanskrit Granthmala Delhi, IInd Edition, 1977, Nidana Sthana 10/1-3
5. Ashtanga Hridaya, annotator: Pandit Lalchandra Vaidya, Publisher: Motilal Banarasidas Bhartiya Sanskrit Granthmala Delhi, IInd Edition, 1977, Nidana Sthana 10/18
6. Charaka Samhita Acharya Ravidatta Tripathi Choukhamba Sanskrut Sansthan, Varanasi, reprint 2003, Nidana4/44
7. Charaka Samhita Acharya Ravidatta Tripathi Choukhamba Sanskrut Sansthan, Varanasi, reprint 2003, sutra Sthana 17/78
8. Sushrut Samhita Kaviraj Dr. Ambikadatta Shastri Choukhamba Sanskrut Sansthan, Varanasi, Reprint 2005,Nidana Sthana 6/30
9. Charaka Samhita Acharya Ravidatta Tripathi Choukhamba Sanskrut Sansthan, Varanasi, reprint 2003, Chikitsa Sthana, 6/16
10. Sushrut Samhita Kaviraj Dr. Ambikadatta Shastri Choukhamba Sanskrut Sansthan, Varanasi, Reprint 2005,Chikitsa Sthana, 12/6
11. Ashtanga Hridaya, annotator: Pandit Lalchandra Vaidya, Publisher: Motilal Banarasidas Bhartiya Sanskrit Granthmala Delhi, IInd Edition, 1977, Chikitsa Sthana 12/1