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Effective management of newly diagnosed case of Prameha with Vasanthika Vamana - A single case study

Bhagyashree¹, Shaila Borannavar²

¹Post Graduate Scholar, Dept. of PG Studies in Panchakarma, Govt. Ayurveda Medical College, Bengaluru, Karnataka, India.

²Associate Professor, Dept. of PG Studies in Panchakarma, Govt. Ayurveda Medical College, Bengaluru, Karnataka, India.

ABSTRACT

Diabetes mellitus is the group of metabolic conditions with constant hyperglycaemia results from defects in insulin production or uptake. Type 2 Diabetes is the most common reason for hyperglycaemia mainly affecting people around age of 40 with lack of exercises and sedentary lifestyle. The increase in incidence of disease and its easy growing complications have become threat to healthcare sector even after the discovery of various hypoglycaemic agents and synthetic insulin. These medicines with long term use are reported to have hazardous side effects. In *Ayurveda* similar condition has been mentioned under the disease spectrum of *Prameha*. The line of management of *Prameha* is to aim at the control of hyperglycaemia along with removing the root cause of the disease. *Samshodhana* is the line of treatment mentioned for the treatment of *Prameha* and proper *Rutu Shodhana* will help to get rid of many *Santharpanotha Vyadhis* as they do timely elimination of vitiated *Dosha*. The purpose of this study to evaluate the efficacy of *Vasanthika Vamana* in Diabetes mellitus in preventing and curative way. In present study, *Vasanthika Vamana Karma* proved as best treatment in controlling subjective symptoms and blood sugar levels.

Key words: Case Report, Diabetes mellitus, Vasanthika Vamana Karma, Emesis, Shodhana

INTRODUCTION

Diabetes mellitus is a syndrome of disordered metabolism and inappropriate hyperglycaemia secondary to an absolute relative deficiency of insulin or reduction in biological effectiveness of insulin or both.^[1] It is considered as the fastest growing disorder of present era in public sector, affecting about 9.3% of world population (2019) and may rise up to 10.2% by the end of 2030.^[2] By the year 2035, nearly 592 million people are predicted to die of diabetes.^[3] Listed under

metabolic disorder, DM caused mainly by improper lifestyle and with very high rate of morbidity and mortality.

Based on pathology the disease is classified into two types:

1. Type 1 DM (insulin deficiency) - Autoimmune condition due to reduced or complete absence of insulin production.
2. Type 2 DM - a heterogeneous group of disorder characterised by variable degree of insulin resistance, impaired insulin secretion and excessive hepatic glucose production.

The signs and symptoms of the disease are polyuria, polydipsia, weight loss, fatigue, increased frequency of micturition, frequent infection, poor wound healing etc. In early type 2 DM, symptoms may be more subtle and consist of fatigue, poor wound healing, and paresthesias. The lack of symptoms is the main reason for the delayed diagnosis of type 2 DM.

Without the proper treatment, the disease will easily move into grievous compulsory stages like

Address for correspondence:

Dr. Bhagyashree

Post Graduate Scholar, Dept. of PG Studies in Panchakarma, Govt. Ayurveda Medical College, Bengaluru, Karnataka, India.

E-mail: shreebhagyabhat13@gmail.com

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- Ocular: Diabetic retinopathy, macular oedema, glaucoma.
- Renal: Proteinuria, end-stage renal disease (ESRD), type IV renal tubular acidosis
- Neurologic: Distal symmetric polyneuropathy, polyradiculopathy, mononeuropathy, autonomic neuropathy
- Gastrointestinal: Gastroparesis, diarrhoea, constipation
- Genitourinary: Cystopathy, erectile dysfunction, female sexual dysfunction, vaginal candidiasis
- Cardiovascular: Coronary artery disease, congestive heart failure, peripheral vascular disease, stroke
- Lower extremity: Foot deformity (hammer toe, claw toe, Charcot foot), ulceration, amputation
- Dermatologic: Infections (folliculitis, furunculosis, cellulitis), necrobiosis, poor healing, ulcers, gangrene.^[4]

Even with highly developed medical field, with the existing treatment strategies it has been difficult to stop the progress of the disease and to prevent the development of complications. Thus, effective prevention and management of disease has become the need of an hour.

The disease is considered under the broad spectrum of the *Prameha Vyadhi* in *Ayurveda* which is given as common name for collective group of 20 disease condition with similar *Prathyatma Lakshana*. It is characterised by increased excessive turbid urine.^[5] The vitiation *Kapha* along with *Kleda*, *Abaddha Meda* and other *Dhatu* leads to *Prameha*. As the disease progress, involvement of *Tridosha* and *Dasha Dushyas* i.e., *Rasa*, *Rakta*, *Mamsa*, *Meda*, *Majja*, *Shukra*, *Shareera Kleda*, *Vasa*, *Laseeka* and *Ojus* are also seen.^[6] When aggravated *Kapha* vitiates *Meda*, *Mamsa*, increased *Kleda* in body, brings them to *Moothrashaya* and forms 10 types of *Kaphaja Prameha*.^[7] Similarly other types of *Prameha* with vitiation of *Pitta* and *Vata Dosha* causes 6 types *Pittaja Prameha* and 4 types of *Vataja Prameha* respectively.

For *Chikitsa* purpose this *Pramehi* can be further classified into *Sthula Pramehi* and *Krishna Pramehi*.^[8] *Samshodhana* is the line of treatment in *Sthula Pramehi* where as in *Krishna Pramehi Santharpana* is the main line of treatment. Further *Sushruta Acharya* mentions when the disease is fully developed with signs and symptoms one should do *Shodhana Chikitsa*.^[9] Under *Shodhana* both *Vamana* and *Virechana* is indicated for which *Dalhana Acharya* specifies, in *Kaphaja Meha Vamana* is the indicated treatment whereas in *Pittaja Meha Virechana*.^[10] For the understanding the pathology, *Madhumeha* a type of *Vataja Meha* can be considered as 2 types- *Apatarpaniya* or *Dhatukshayaja Samprapti* and *Santarpaniya* or *Avarana Janya Samprapti*. With the factors causing vitiation of *Vata dosha* causes vitiation of other *Dhatu*s and leads to *Dhatukshayaja Prameha*. The *nidanas* causing vitiation of *Kapha* and *Pitta* leads to *Dusti* of *Dhatu*s and leads to *Avarana Janya Prameha*.^[11] *Samshodhana* specially *Vamana* is helpful in the *Sthula Pramehi* with *Avarana Janya Samprapti*. Thus, for prevention and control of the disease *Samshodhana* especially *Rutu Shodhana*, *Pathya Ahara* and proper *Vyayama* plays important role.

CASE REPORT

A female patient of 47 years age is K/c/o Hypothyroidism for 5 years, under regular *Ayurvedic* medication for the same. She was complaining of generalised body ache, increased thirst and appetite, dryness of mouth for 4 months along with increased frequency nocturnal micturition and excessive sweating. There were no complaints of burning sensation or numbness over bilateral feet, weight loss etc. Along with these symptoms she was also having pain in low back region radiating to right thigh. For all these complaints she consulted Panchakarma Opd (6A) of SJIIM Bengaluru. After analysing all the complaints, we asked her to undergo haematological investigation, where results showed there was increase in Fasting blood sugar and Post Prandial blood sugar, and HbA1C was 6.4. After assessing all the symptoms, we conducted *Vasanthika Vamana*.

Past history: K/c/o Hypothyroidism since years and is taking Ayurvedic medications.

Family history: Mother was k/c/o Hypothyroidism.

Menstrual history: 2-3 days /30-35 days – regular cycle, No dysmenorrhea, white discharge.

Personal history

Diet: Both veg and non veg food. She has the habit of taking curd daily, food article with dominance of sweet taste and Occasionally bakery food item.

Appetite: Increased. (*Abhyavarana Shakti - Pravara, Jarana Shakti - Madhyama*)

Mala: *Baddha*, once in 2 days

Mutra: Increased frequency (9-10 times /day, 2-3 times / night), Colour - whitish yellow (burning micturition occasionally, no foul smell) *Nidra* - Sound sleep. Habit of taking day sleep of 30min.

Examinations

Table 1: Showing Examination finding in the patient

General Examination
Appearance - Healthy
Consciousness - Alert
Height - 5.3 feet (158.5 cm)
Weight - 80 kg
BMI - 32
BP - 110/70 mm hg
Pulse - 64/min
Temperature - 98.6°F
Pallor - absent
Icterus - absent
Cyanosis - absent
Clubbing - absent
Lymphadenopathy - absent

Central Nervous System Examination

- Higher mental functions - normal
- Oriented to time place and person
- No abnormality detected.

Gastro Intestinal System Examination

Shape of abdomen - slightly protuberant

Palpation

No Abnormality detected

Cardio Vascular System Examination

S1 S2 heard, no abnormality detected

Respiratory System Examination

NVBS heard, no abnormality detected

Musculoskeletal system examination

Doorbel sign - + ve at L3-L4 level

SLR – negative

Gait- Normal

ROM of spine - Restricted.

Astasthan Pareeksha

Table 2: Showing Astasthan Pareeksha

Pareeksha	Findings
<i>Nadi</i>	<i>Manda Gati</i> , 64b/min
<i>Moothra</i>	<i>Prabhoota</i> , 9-10 times / day; 2-3 times / night
<i>Mala</i>	<i>Baddha</i> (once in 2 days)
<i>Jihva</i>	<i>Ishat Lipta</i>
<i>Shabda</i>	<i>Prakrita</i>
<i>Sparsha</i>	<i>Prakritha</i>
<i>Drik</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Sthula</i>

Dashavidha Pareeksha

Table 3: Showing Dashavidha Pareeksha

Prakruthi	Kapha Vata
Vikrathi	Kaphapradhana Tridosha
Sara	Twak, Mamsa, Medo Sara
Samhanana	Uttama
Satva	Madhyama
Sathmya	Madhyama
Ahara	Abhyavaharana Shakthi - Pravara Jarana Shakthi - Madhyama
Vyayama Shakti	Avara
Pramana	Supramanitha
Vaya	Madhyama

Investigations

Table 4: Showing investigations

Investigation (20/4/2022)	Findings
FBS	169
PPBS	232
HbA1C	6.4%

Treatment Protocol

Table 5: Showing treatment protocol

Deepana Pachana	For 3 days with Bhoonimbadi Choorna : 5gm-5gm-5gm B/f with Warm water
Shodananga Snehapana	Varunadi Gritha D1-30 ml D2-70 ml D3-130 ml D4-180 ml D5-200 ml

Vishramakala	1 day - Abhyanga with Dhanvantaram Taila f/b Ushnajala Snana 2 day - Kaphotkleshakara Ahara (Idli, curd rice, Dhoodpeda, Ksheera Payasa)
Vamana Karma	With Madnaphala Yoga - 15 gm (Madanaphala Pippali Choorna: 5gm Yesti Madhu Choorna: 3 gm Vacha: 1 gm Honey: 5 gm Saindhava: 1gm)
Samsarjana Krama	For 5 days
Shamanoushadhi	Nishakatakadi Kashyaya 15ml -0-15 ml b/f Shilajithwadi Vati 1-1-1 A/F Simhanada Guggulu 2-2-2 A/F for 2 months

Assessment

Objective Criteria

Table 6: Showing objective assessment of criteria

	Before Treatment	After Treatment			
		08/05/2022	8/6/2022	18/6/2022	09/09/2022
Date	20/4/2022	08/05/2022	8/6/2022	18/6/2022	09/09/2022
FBS	169	96	70	87	72
PPBS	232	110	101	119	112
HbA1c	6.4%	-	-	-	5.5 %

Subjective Criteria

Table 7: Showing subjective assessment of criteria

	Before Treatment	After Treatment
Fatigue	+++	+

Excessive nocturnal micturition	+++	0
Increased hunger	+++	+
Excessive sweating	+++	0
+++ : severe form of symptoms, ++ : moderate form of symptoms, + : mild form of symptoms, 0 : absence of symptoms.		

DISCUSSION

Diabetes mellitus (DM) comprises a group of metabolic disorder that share the common feature of inappropriately elevated blood glucose levels. Among two types, type 2 DM is most common and mainly affecting people around the age group 40. Diabetes mellitus has already become a leading threat to public health globally with its increased incidence. In India over the past 3 decades, the burden of DM in terms of deaths and disabilities has reached more than double.

In *Ayurveda* the disease is mentioned under the category of *Prameha*. *Prameha* is one among *Astamahagada* considered as *Agrya* among *Anushangi Vyadhi*. It is mentioned in *Brihatrayis* with well elaborated etiologies, prodromal symptoms, *Lakshanas* and complications. While considering *Chikitsa* of any *Vyadhi* we come across *Nidanaparivarjana Chikitsa*, *Samprapti Vighatana Chikitsa* and *Lakshanika Chikitsa* etc. classifications. In the disease like *Prameha*, achieving the *Nidana Parivarjana* and *Samprapti Vighatana* are utmost important.

When we look into *Samprapti*, *Kapha Pradhana Tridosha* along with *Shareera Kleda*, *Meda* and *Mamsa* are predominantly vitiated leading to symptoms of *Prabhoota Avila Moothrata*. To breakdown the *Samprapti*, *Shodhana* especially *Vamana Karma* is useful. *Samshodhana Karma* plays important role in eliminating the vitiated doshas out of the body from its root there by leaving less chance for its reoccurrence.^[12] *Vasanthika Vamana* helps in removing the *Prakupitha Kapha Dosha* which is accumulated and aggravated due to *Rutu Prabhava* of previous *Sheetha Rutus*, also easy elimination of *Dosha*

with proper *Shuddhi* and without complications compared to other *Rutu*.^[13]

In the present study, the patient of *Kapha Pitta Prakriti*, we conducted classical *Vasanthika Vamana*. As part of *Poorvakarma*, *Deepana Pachana* was given with *Bhoonimbadi Choorna*. It is helpful in increasing *Jataragni*, causes *Amapachana* and thereby prepares the body for *Snehapana*.

Arohana Krama Shodananga Snehapana in *Madhyama Matra* is given using *Varunadi Gritha* which is having drugs mainly acts as *Kapha Medohara*. This helps the *Doshas* undergo *Vridhi*, *Vishyandhana* there by helps in bringing *Doshas* from *Kosta To Shaka*.

After proper *Samyak Snigdha Lakshanas*, patient was given two days of *Vishramakala* during which *Abhyanga* with *Ksheerabala Taila* and *Ushna Jala Snana* was advised. Second day of *Vishrama Kala* patient was given with *Kaphotkleshakara Ahara*. *Bahyasnehana* and *Swedana* helps in liquefaction and disintegration of *Dosha* and brings them to *Kosta*. *Kaphotkleshakara Ahara* aids in smooth conduction of *Vamana Karma*.

Vamana Karma was conducted in early morning 6 to 8 AM, *Akanta Pana* was given with *Ksheera* as it was palatable to patient and *Madanaphala Yoga* is given as *Vamaka Dravya* along with *Yastimadhu Phanta* as *Vamanopaga Dravya* till *Pittanta Darshana*. There were 7 *Vega* and 3 *Upavega* with *Uttama Shudhi* and followed the *Samsarjana Krama* of 5 days by following the food articles mentioned in the *Ayurvedic* classics.

After *Samsarjana* it was found out that there was marked reduction in signs and symptoms in patients especially increased frequency of urination, fatigue, excessive hunger and after completion of *Samsarjana Krama*, previously increased FBS and PPBS came to normal range and maintained within normal limit for consecutive 3 months with *Shamanoushadhi*.

CONCLUSION

Rutu Shodhana helps to remove the embedded *Doshas* out of the body timely, *Vasanthika Vamana* does the abolishment of *Kaphadosha* thus helps in breakdown the *Samprapti* of the disease *Prameha*. It was observed

the *Vasanthika Vamana* showed significant effect in controlling blood glucose level and managing signs and symptoms of *Prameha* like *Prahotha Moothrata*, *Ati Kshud*, *Galatalu Shosha*, *Atisweda* etc. With proper *Samshodhana* along with *Vyayama* and dietary habits one can prevent and control the disease *Prameha* without the use of any antiglycemic agents.

REFERENCES

- DL Kasper et al. 19th edition, Harrisons Manual of medicine, Endocrinology- Diabetes mellitus, MC Graw Hill Education, 2016, P904.
- [https://www.diabetesresearchclinicalpractice.com/article/S0168-8227\(19\)31230-6/fulltext](https://www.diabetesresearchclinicalpractice.com/article/S0168-8227(19)31230-6/fulltext).
- Tao Z, Shi A, Zhao J. Epidemiological perspectives of diabetes, Cell Biochem Biophys 20015;73:181-5.
- DL Kasper et al., 19th edition, Harrisons Manual of Medicine, Endocrinology - Diabetes mellitus, MC Graw Hill Education, 2016, P905-6.
- Acharya YT (ed.), Susruta Samhita of Susruta with the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanastana, Nidana sthana 32nd chapter, 6th verse Varanasi: Chaukhamba Surbharati Prakashan, 2014, Pn.290.
- Acharya YT (ed.), Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, Nidana sthana 4th chapter 7th verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn.212.
- Acharya YT (ed.), Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, Nidana sthana 4th chapter 9 verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn.213.
- Acharya YT (ed.), Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, Chikitsa sthana 6th chapter 15th verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, p446.
- Acharya YT (ed.), Susruta Samhita of Susruta with the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanastana, Chikitsasthana 12th chapter 4th verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, P454.
- Acharya YT (ed.), Susruta Samhita of Susruta with the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanastana, chikitsa sthana 11th chapter, Varanasi: Chaukhamba Surbharati Prakashan, 2014, P452.
- Paradakara HSS (ed.), Astanga Hrdaya of Vagbhata with the commentaries Sarvangasudara of Arunadatta and Ayurvedarasayana of Hemadri, Nidanastana 10th chapter 18-19th verse, Chaukhamba Sanskrit Samsthan, Varanasi, 2016, P504.
- Acharya YT (ed.), Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda deepika commentary by Sri Chakrapanidatta, Sutrasthana 16th chapter 21st verse, Varanasi: Choukamba Surbharati Prakashan, 2014,P97.
- Paradakara HSS (ed.), Astanga Hrdaya of Vagbhata with the commentaries Sarvangasudara of Arunadatta and Ayurveda Rasayana of Hemadri, Sutrasthana 4th Chapter, 35th verse, Chaukhamba Sanskrit Samsthan, Varanasi, 2016, P59.

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