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# Ayurveda and Integrated Medical Sciences

CASE REPORT

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# Role of Virechana and Neelakantha Rasa as Rasayana with Phalatrikadi Kwatha Anupana in Madhumeha (DM2) - A Single Case Study

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## ABSTRACT

Madumeha is a progressive both Avaranajanya and Dhatukshayajanya Vyadhi<sup>[1]</sup> it is correlated with diabetes mellitus, with the involvement of Tridosha. Diabetes mellitus is a metabolic, autoimmune, stress induced impaired hyperglycemia. It is due to either deficiency of insulin or combination of insulin resistance and inadequate insulin secretion. Virechana and Rasarasayana Yoqas are stated as the best in Madhumeha. In the present study Virechana was selected. For Deepana Pachana, Abhayadi Kwatha was selected, Snehana was done with Murchita Sarshapa Taila, during Vishramakaala, Sarvanga Abhyanga was done with Murchita Sarshapa Taila and Baspa Sweda was done for 3 days. Virechana was given with Vishalapippali Yoga, followed by Rasarasayana Yoga, Neelakantha Rasa with Phalatrikadi Kwatha. Result showed that, there was very good improvement in the subjective parameters and objective parameter, FBS was reduced from 102.7 mg/dl to 98 mg/dl. PPBS were reduced from 145.6 mg/dl to 132 mg/dl. HbA1C was reduced from 8.4% to 5.8% after the intervention. In the contest of Madhumeha Chikitsa, Virechana is highlighted. In practice the newly diagnosed case of Madhumeha is reversible with timely Ayurvedic classical intervention. A significant improvement, in subjective and objective parameter of Madhumeha (DM2) has made it necessary to make a single case study.

Key words: Madhumeha, Diabetes mellitus, Sarshapa Taila, Virechana, Abhayadi Kwata, Vishalapippali Yoqa, Neelakantha Rasa, Phalatrikadi Kwatha.

#### **I**NTRODUCTION

Madhumeha is one among the 'Mahagada'. [1] As it involves Tridhosha, almost all Dhatus, Srotas, Ojus as well. Madhumeha is classified under Vataja Prameha by Acharyas. It is also Swatantra Roga. Acharya

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Vagbhata explained about 2 types of Madhumeha. The vitiated Kapha and Pitta obstruct the path of Vata and due to Kshaya of Dhatus Vata gets provocation which can be correlated to Avaranajanya and Dhatukshaya Respectively.[2] Sushruta mentioned Vyadi.<sup>[3]</sup> Medapradoshaja The global diabetes prevalence in 2019 is estimated to be 9.3% (463 million people), rising to 10.2% (578 million) by 2030 and 10.9% (700 million) by 2045. The prevalence is higher in urban (10.8%) than rural (7.2%) areas, and in highincome (10.4%) than low-income countries (4.0%).[4]

Madhumeha due to Dhatukshaya is Krichra Sadhya as Vata is in the stage of Vruddi by the Kshaya of Dhatus, which is dominant in Krusha Madhumehi. It becomes Asadhya as the disease attains chronicity. Therefore, timely intervention with Shodana Aushadha, Pathya and Vyayama is highly essential in the management of Madhumeha.

The description of *Madhumeha* has many similarities with Diabetes mellitus. Diabetes mellitus is a clinical syndrome characterised by hyperglycaemia either due to absolute or relative lack of insulin. Type II Diabetes mellitus is the most common type accounting for almost 90% of all diabetes. Diabetes mellitus is a metabolic disorder characterised by the presence of hyperglycaemia due to defective insulin secretion, defective insulin action or both.<sup>[5]</sup>

#### **CASE REPORT**

A 37-year-old male patient (COPD No. - 5871, DOPD No. -2175) visited Kayachikitsa OPD, Pandith Taranth Government Ayurvedic Medical College and Hospital, Bellary on 10/04/2022 with complaints of *Kara-Pada Daha, Kara-Pada Suptata, Pipasa, Muhurmuhur Mutrapravrutti, Kshudhaadhikya, Dourbalya.* Since 2 month.

As per Past history, the patient was diagnosed as T2DM by modern system of medicine and started with OHA drug METFORMIN 500 mg since 1 month. But patient stopped the drug when ayurvedic intervention was started. No H/o of Hypertension/Thyroid dysfunction/surgical history. On General physical Examination, Built: Moderate, Height: 5'11", Weight: 75kg, Nourishment: Moderate, Pulse: 79/min, Blood Pressure: 110/80, Temperature: 98.5F, Respiratory rate: 19/min, Tongue: Clear. On Systemic Examination, CNS: Well oriented, conscious. CVS: S1 S2 Normal, No added sounds. RS: Normal breath sound. P/A: Umbilicus centrally placed, Soft, non-tenderness, no organomegaly.

Astasthana Pareeksha showed, Nadi: Vata Pittaja, Mutra: 6-7 times a day, 2-3times/night, Mala: 1/day, Jiwha: Liptata, Shabda: Prakruta, Sparsha: Anushana Sheeta, Druk: Prakruta, Akriti: Madhyama. On Dashavidha Pareeksha, Prakriti- Vata Pittaja, Vikriti-Vata Pitta Kapha, Sara- Pravara, Samhana- Pravara, Satmya-Pravara, Satwa-Pravara, Pramana-Madhyama, Ahara Shakti-Madhyama, Vyayama Shakti-Madhyama, Vaya-Madhyama. Baseline Investigations showed FBS- 102.7 mg/dl, PPBS-145.6 mg/dl, HbA1C- 8.4%

#### **MATERIALS AND METHODS**

Prospective Ayurveda intervention only, open labeled clinical observational study

Deepana Pachana was done with Abhayadi Kwatha<sup>[6]</sup> 20ml with warm water Anupaana twice a day for 3 days.

Snehapaana was done with Murchita Sarshapa Tail<sup>[7]</sup> during Vishramakaala, Sarvanga Abhyanga was done with Murchita Sarshapa Taila and Baspa Sweda was done for 3 days. Virechana with Vishalapippali Yoga<sup>[8]</sup> 10gm with Madhu given early in the morning, warm water was given to drink intermittently and total 9 Virechana Vegas observed. Samsarjana Krama was followed for 5 Annakaala. Rasayana in Vatatapika method was with Neelakantharasa<sup>[8]</sup> 250mg 2 cap with Phalatrikadi Kashaya<sup>[9]</sup> 15ml bd as Anupaana for 45 days.

#### **OBSERVATION AND RESULTS**

There was change in the subjective parameters and objective parameters. All the subjective parameters such as *Kara-Pada Daha, Kara-Pada Suptata, Pipasa, Muhurmuhur Mutrapravrutti, Kshudhaadhikya, Dourbalya* were completely reduced after the treatment. FBS was reduced from 102.7 mg/dl to 98 mg/dl. PPBS was reduced from 145.6 mg/dl to 132 mg/dl. HbA1C was reduced from 8.4% to 5.8% after the intervention.

#### **Subjective Assessment**

S N	Assessment Criteria	Grad e	B T	A V	CT 1	CT 2	A T	A F
1.	Kara-Pada	0				✓	✓	✓
	<i>Daha</i> (Burning	1			✓			
	sensation in Hands &	2		✓				
	Feet)	3	✓					
2.	Kara-Pada	0		✓	✓	✓	<b>√</b>	✓
	Suptata (Numbness In	1						
	hands & feet)	2						
		3	√					

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### **CASE REPORT**

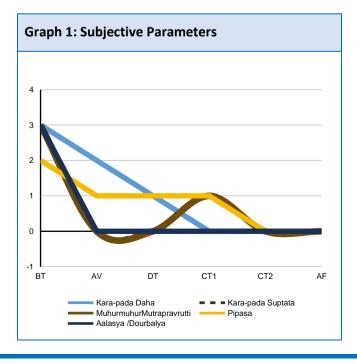
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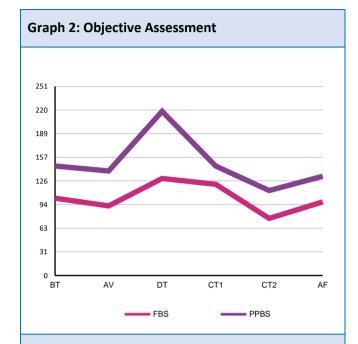
3.	Pipasa	0					✓	✓
	(Polydipsia)	1		√	✓	✓		
		2	✓					
		3						
4.	Muhurmuhur Mutrapravrut ti (Polyuria)	0		√	✓		✓	✓
		1				✓		
		2						
		3	✓					
5.	Aalasya	0		✓	✓	✓	✓	✓
	(Fatigue) /Dourbalya	1						
		2						
		3	✓					

#### **Objective Assessment**

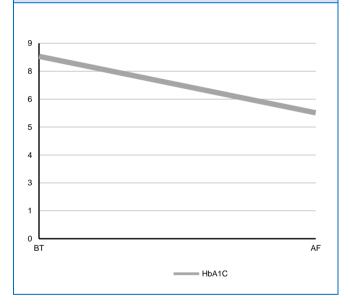
	ВТ	AV	CT1	СТ2	AT	AF
FBS	102.7	92.6	129	121.3	76	98
PPBS	145.6	139	218.3	145.6	113	132

	вт	AF
HbA1C	8.4%	5.8%





**Graph 3: Objective Assessment** 



#### **DISCUSSION**

Abhayadi Kwatha is told as Deepanam, Pachanam Param and Jwara Hara. This Yoga contains 4 Dravyas are Katu Rasa i.e., 100%, and 2 Dravyas contains Katu, Madhur, Amla Rasa i.e., 50%. All the Dravyas are predominance of Laghu Ruksha Guna. 3 Dravyas are Ushna Veerya i.e., 75%. And all the Dravyas are Madhura Vipaka i.e., 100%. 2 Dravyas are Tridoshagna and 2 Dravyas are Vatashlema Hara and Deepana Pachana property. Inflammation is one among the cause for the T2DM, the Ushna Guna of Pippali and Chitraka reduce the inflammatory markers. Several

studies showed that *Chitraka* improves the mechanism of glucose transport by improving activity of glucose transporter. Activeness was due the *Rasayana* effect of *Amalaki*.

Murchita Sarshapa Taila contains 58.33 % of Tikta Rasa, 50% contains the Kashaya Rasa, 41.66% contains Katu Rasa, 33.33 5 drugs contains Madhura Rasa, 8.3 % contains Amla Rasa. Majority of drugs are having Laghu Ruksha property 2 Dravyas had Guru Guna. 66.66 % Dravyas are Ushna Veerya. 33.33% are Sheeta Veerya. 75% of Dravyas are Katu Vipaka and 25% of Dravyas are Madhura Vipaka. 4 Dravyas are having Kapha Vatahara property, 4 Dravyas are Kapha Pitta Hara, 2 Dravyas are Vata Pitta Hara, 2 Dravyas are have Tridoshagna property. This formula is Katu, Tikta Rasa Ushna Guna Pradana due to Katu and Ushna property Kleda and Kapha Vilayana occurs and Srotoviroda will get reduced. Snehana also helps in the coating of intestine and reduces the absorption of glucose from the intestine to blood stream. Due to Ushna property, Vata is also comes in normal state. Ushna Guna of Taila helps to vasodilatation due to this effect microvascular blood circulation improves and clears obstruction in case of Avarana. Ushna Snigdha effect of Taila makes effort to normalize the function of Vata and further helps in breaking of Dhatukshayajanya pathology of Madhumeha. Ushna Teekshna Guna and Snehatwa of Taila helps to production of insulin.

Virechana Dravyas having Katu, Tikta Rasa Ushna Guna Pradana removes Bahudrava Shleshma and Pitta from Vayu Sthana which leads to Deepana of Dhatwagni which in turn results in maintenance of Dosha-Dhatu in normal state. Virechana directly acts on Liver which is the main site of all enzymatic activities thereby increasing the metabolic activity. Thus, Virechana Karma help to reduce hepatic glucose production and overcome the impaired insulin secretion and brings a normalcy in the blood glucose level thus reduces the signs & symptoms of Madhumeha.

**Neelakantha Rasa** is herbomineral compound, It is made up of 60% of *Tikta Rasa*, 55% of *Katu Rasa*, 45%

of Kashaya Rasa, 45% of Madhura Rasa, 20% of Amla Rasa and 5% of Lavana Rasa. This compound having 65% of Laghu Guna, 55% having Ruksha Guna, 30% having Tikshna Guna, 25% having Snigda Guna, 20 % having the Sara Guna, 15% having the Guru Guna. 70% of drugs are having Ushna Veerya, 30% of drugs having the Sheeta Veerya. 60% of drugs are having Madhura Vipaka, 40% of Dravyas are having Katu Vipaka. In this formula 8 drugs are having Kaphavata Hara property, 4 drugs are having Kaphapitta Shamana property, 4 Dravyas having Tridhoshagna property, 2 Dravyas having Vatapitta Hara property, and 1 Dravya having the property of Pitta Shamana. Kajjali acts as Yogavahi it helps to reach the drug to target area. Administering Tamra will ward off Agnimandhya and adores the health. Tamra stimulates and corrects the all the Dhatwagni and Bhutwagni. Loha gives strength to the body, administering the Loha will increase Ayu thus gives Bala to body. Compound contains Vatsanabha which helps in secretion of insulin. *Chitraka* stimulates the glucose transporter further normalize the glucose transporter mechanism, which makes availability of glucose to every cell and further metabolism of glucose takes place. Pippali having property of Katu Ushna and Madhura Vipaka helps in normalizing the hepatic gluconeogenesis process. Triphala and Trikatu helps in normalizing the metabolic activity.

Phalatrikadi Kashaya contains highest of Tikta Rasa i.e., 83.33%. 66.66% contains *Kashaya Rasa*, 33.33% contains Madhura and Amla Rasa each. 6 drugs having the Laghu Guna, 5 Dravyas having Ruksha Guna and only 1 Dravya contains Snigdha Guna. 66.66 Dravyas having Ushna Veerya, 33.33 Dravyas having Sheeta Veerya. When it comes to Vipaka it contains both Madhura and Katu Vipaka with 50% each. 3 Dravyas have the Kapha Pitta Shaamaka property, 1 Dravyas has the Vatashleshma Hara property and 2 Dravyas are having Tridoshahara property. This formula contains drugs Triphala, which helps in normalizing the Agni and gives Bala as it is Rasayana. Triphala increases the micro vascular circulation and improves health. Darvi acts on liver and normalize the enzymatic activity of liver by this it regulates the glyconeogenesis. Vishala having property of purgation the improves the

peristaltic movement of the intestine further reduces the glucose uptake from the intestine to blood stream. Both *Neelakanta Rasa* taken along with *Phalatrikadi Kashaya* as *Anupana*, action of the drug improves. *Phalatrikadi Kashaya* normalize the glucose uptake and formation of hepatic glucose and *Neeelakanta Rasa* metabolizes the remaining glucose by helping in production of insulin and transporting the glucose with improving *Dhatwagnis*. Further gives *Bala* to the body

#### **CONCLUSION**

Madhumeha is Sadhya for Chikitsa, but in practice the patients with newly diagnosed, those who do not take modern intervention not more than 6 months can be reversible with the Shodhana, Shamana and Rasayana therapies.

Table 1: Ingredients and Rasa Panchaka of Abhayadi Kwatha.

Dravya	Rasa						Guna	Virya		Vipaka	l	Karma
	Madhura	Amla	Lavana	Katu	Tikta	Kashahya		Ushna	Sheeta	Madhura	Katu	
Abhaya	+	+	-	+	+	-	Laghu, Ruksha	+	-	+	-	Tridoshagna
Amalaki	+	+	-	+	+	-	Laghu, Ruksha	-	+	+	-	Tridoshagna
Pippali	-	-	-	+	-	-	Laghu,snigdha, Tikshna	+	-	+	-	Vatashlesmahara, Deepana
Chitraka	-	-	-	+	-	-	Laghu, Ruksha, Tikshna	+	-	+	-	Vatashlesma Hara, Deepana Pachana

Table 2: Ingredients & Rasa Panchaka of Neelakantharasa

Dravya	Rasa						Guna	Virya		Vipaka	I	Karma
	Madhura	Amla	Lavana	Katu	Tikta	Kashahya		Ushna	Sheeta	Madhura	Katu	
Parada	+	+	+	+	+	+	Snigdha, Sara, Guru	+	-	+	-	Yogavahi
Gandhaka	+	-	-	-	-	-	Snigdha, Sara	+	-	-	+	Vatakaphahara
Tamra Bhasma	+	+	-	-	+	+	Laghu, Sara	+	-	+	-	Pittakapha Hara
Loha Bhasma	-	-	-	-	+	+	Guru, Rooksha, Lekhana and Sara.	-	+	+	-	Tridhoshagna

Vatsanabha	+	-	-	+	+	+	Tikshna, Laghu, Vikasi, Sukshma & Vyavayi	+	-	+	-	Tridhoshagna
Chitraka	-	-	-	+	-	-	Laghu, Ruksha, Tikshna	+	-	+	-	Vatashlesma Hara, Peedana Pachana
Padmaka	-	-	-	-	+	+	Laghu, Snigdha	-	+	-	+	Vatapittahara
Veranga	+	-	-	-	+		Laghu, Ruksha	+	-	-	+	Vatapittahara
Renuka	-	-	-	+	+	+	Laghu, Ruksha,	+	-	-	+	Vatakaphahara
Musta	-	-	-	+	+	+	Ruksha, Laghu.	-	+	-	+	Kaphapittahara
Granti	-	-	-	+	-	-	Laghu,Tikshna, Snigdha	+	-	+	-	Vatakaphahara
Ela	+	-	-	+	-	-	Laghu, Ruksha	-	+	-	+	Kaphavatahara
Nagakesara	-	-	-	-	+	+	Ruksha, Tikshna, Laghu	+	-	-	+	Kaphapittahara
Pippali	-	-	-	+	-	-	Laghu, Snigdha, Tikshna	+	-	+	-	Vatashlesma Hara,
Maricha	-	-	-	-	+	-	Tiksna, Laghu	+	-		+	Vatakaphahara
Shunti	-	-	-	+		-	Guru, Ruksha, Tikshna	+	-	+	-	Vatakaphahara
Abhaya	+	+	-	+	+	-	Laghu, Ruksha	+	-	+	-	Tridoshagna
Amalaki	+	+	-	+	+	-	Laghu, Ruksha	-	+	+	-	Tridoshagna
Bibitaki	-	-	-	-	-	+	Ruksha, Laghu.	+	-	+	-	Kaphapittahara
Purana Guda	+	-	-	-	-	-	Laghu, Abhishyandi	-	+	+	-	Pittahara

Table 3: Ingredients & Rasa Panchaka of Phalatrikadi Kashaya

Dravya	Rasa							Virya		Vipaka		Karma
	Madhura	Amla	Lavana	Katu	Tikta	Kashahya		Ushna	Sheeta	Madhura	Katu	
Abhaya	+	+	-	+	+		Laghu, Ruksha	+	-	+	-	Tridoshagna

Amalaki	+	+	-	+	+		Laghu, Ruksha	-	+	+	-	Tridoshagna
Bibitaki	-	-	-	-		+	Ruksha, Laghu	+	-	+	-	Kaphapittahara
Musta	-	-	-	+	+	+	Ruksha, Laghu.	-	+	-	+	Kaphapittahara
Vishala	-	-	-	-	+	+	Laghu, Snigdha	+	-	-	+	Vatakaphahara
Darvi	-	-	-	-	+	+	Laghu, Ruksha	+	-	-	+	Kaphapittahara

#### **REFERENCES**

- Acharya JT, ed. Charaka Samhita of Agnivesha with Chakrapani Datta's Ayurveda Deepika. 5th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2001. Indriya 9/8. p. 368.
- Vagbhata. Ashtanga Hridayam with Sarvangasundara and Ayurveda Rasayana Commentary by Arundutta and Hemadri. Paradkara HS, editor. Nidana Sthana, 10th Adhyaya, Verse 18.
- Sushruta Samhita. Sridalhanacharya Rachita, Teeka. Sutra Sthana, Chapter 24, Verse 9. Varanasi: Chaukamba Publications; p. 116.
- Saeedi P, Petersohn I, Salpea P, Malanda B, Karuranga S, Unwin N, Colagiuri S, On behalf of the IDF Diabetes Atlas Committee. Global and regional diabetes prevalence estimates for 2019 and projections for 2030 and 2045: Results from the International Diabetes Federation Diabetes Atlas, 9th edition. Diabetes Res Clin Pract. 2019;157:107843.
- Diabetes, Pre-diabetes and Metabolic Syndrome. Canadian Journal of Diabetes. 2013;37: S8-S11. Available from: www.canadianjournalofdiabetes.com. Accessed on March 2, 2019.
- Bharata Bhaishajya Ratnakara. Pratama Bhaga.
  Rasavaidya Naaginadas Shaaha Sangrahita. Vyakyakara
  Bhishakratna Gopinath Gupta, Samshodaka Kaviraj

Nivaranaachandra Bhattacharya, Akara Kahaya Kalpana. Varanasi: Chaukamba Publications; p. 10.

- Shree Govindadaasa virachita Bhishagratna Bhramhashankara misrina Pariskruta Parivardhira Bhaishajya Ratnavali. Vyakyakara Kaviraja Sri Ambhikaadattashatri Ayurvedacharya. 5th chapter, Ata Jwarachikitsaprakranam, Sloka 1288-1289. Varanasi: Chaukamba Publications; p. 186.
- Shree Govindadaasavirachita Bhishagratna Bhramhashankaramisrina Parivardhira Pariskruta Bhaishajya Ratnavali. Vyakyakara Kaviraja Sri Ambhikaadattashatri Ayurvedacharya. Rasayana Prakarana, Sloka 61-65. Varanasi: Chaukamba Publications; p. 1108.
- Shreematpadita damodara Soonu-Shaarangadharar acharya virachita Sharangadara Samhita. Prabhodini Hindi Teeka. Madyama Kanda Adyaya 2, Kwakalpana Sloka 209. Varanasi: Chaukamba Publications; p. 192.

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