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Evaluation of comparative clinical efficacy of *Vamana* and *Virechana Karmas* in *Madhumeha* (NIDDM)

Dr. Manjunath Akki

Professor, Dept. of Panchakarma, S J G Ayurvedic Medical College, Koppal, Karnataka, INDIA.

ABSTRACT

Introduction: Even though the scientific world has conducted extensive studies on *Madhumeha* but couldn't find a safe and effective therapy or medicine for this disease, in Ayurveda we offer several treatment modalities. In the treatment of *Sthoola Madhumeha*, *Vamana* and *Virechana* therapies are good result oriented, controls the blood sugar level and prevent further complications without any side effects. *Vamana* and *Virechana Karmas* are advised in *Madhumeha* patients having good body strength and those who are *Sthoola*. **Objectives:** To evaluate the comparative effect of *Vamana* and *Virechana Karmas* in *Madhumeha* (NIDDM). **Methods:** This study includes 2 groups, 15 patients in each group. In Group-A, 15 patients received *Vamana* and in Group-B, 15 patients received *Virechana*. **Results and Conclusion:** In Group A (*Vamana*), 08 patients got Good response (53.33%), 07 patients are got Moderate response (46.66%) and in Group B (*Virechana*) 03 patients got Good response (20%) and 12 patients got Moderate response (80%), no patient had Poor response in both the groups. Thus both procedures are having good and lasting results.

Key words: *Samshodhana*, *Vamana*, *Virechana*, *Madhumeha*, *Prameha*, *Diabetes Mellitus*.

INTRODUCTION

In modern system of medicine, *Madhumeha* can be compared to Diabetes mellitus, which is known as "Richman's disease" particularly, because a person who is able to enjoy the pleasure of life without any perceptible exercise is usually affected with this disease. The importance of over nutrition is shown by the fact that, above the age of 40 years, 80% of the people developing diabetes is considerably over weight. So obesity is the risk factor for the Diabetes mellitus.

Address for correspondence:

Dr. Manjunath Akki

Professor, Dept. of Panchakarma, S J G Ayurvedic Medical College, Koppal, Karnataka, INDIA.

E-mail: drmanju78@gmail.com

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Madhumeha is one among the twenty obstinate urinary disorders explained under the heading of *Prameha*. For all types of *Prameha Kapha Dosh* is the key factor.^[1] Ayurveda advocates two kinds of treatment measures, which represent the end-phase of all the treatment processes, namely *Samshodhana* (Purificatory or Eliminatory) and *Samshamana* (Pacificatory) of which the former is given the first place. The vitiated *Doshas (Malas)*, which are eliminated from the *Urdhwamarga* i.e. by mouth is called *Vamana*, through *Adhomarga (Guda)* is called *Virechana*, both are together called as *Virechana*.

In Ayurveda several treatment modalities are there, among these *Vamana* and *Virechana* have great importance in the treatment of *Madhumeha* (NIDDM) with good body strength.^[2] These therapies are supposed to bring the blood sugar to its normal level, preventing the further complications.

METHODOLOGY

Research Design: It is a Comparative clinical trial. Patients were assigned into 2 groups.

Source of Data: Patients suffering from *Madhumeha* were selected from P.G. S. & R.C, Dept. of Panchakarma, O.P.D. of D.G.M. Ayurvedic Medical College and Hospital, Gadag by preset inclusion and exclusion criteria.

Sample size and Grouping: A Minimum of 30 patients were taken for study, divided in two groups.

Inclusion criteria

- Patients having the clinical features of *Madhumeha*.
- *Madhumeha* patients with good body strength and are fit for *Vamana* and *Virechana Karmas*.
- The patients between the age group of 25 to 65 years.
- Irrespective of sex.

Exclusion criteria

- Insulin dependent diabetes mellitus (IDDM).
- Patients suffering with other systemic disorders.
- Patients with Diabetic complications.

Plan of study: *Shodhana* therapy is divided into *Poorvakarma*, *Pradhanakarma* and *Paschatkarma*.

Poorvakarma: For both the Groups - *Poorvakarma* is same. i.e.

Deepana - Pachana: with *Trikatu Churna*^[3] 3-6 gm, 3 times a day ½ hr before food, with hot water, till *Nirama Laskhanas* appears.

Snehapana - For *Snehapana*, *Dhanwantara Ghrita*^[4] was selected. After attaining appropriate *Niramata*, the *Snehapana* was started with *Hruseeyasi Matra* i.e. 30 ml and gradually increased to 60 ml and 90 ml, totally for three days. It is mentioned in classics that for *Madhumeha Rogis*, less *Sneha* is enough, as *Kaphotklesha* is already there.^[5]

Vishrama Kala (Abhyanga and Sweda) - As *Sweda* is contraindicated in *Madhumeha*,^[6] the patients were administered with *Abhynaga* and *Sukoshna Jala Snana*. For *Abhynaga Moorchita Tila Taila*^[7] was used. *Vishrama Kala* for *Vamana* is 1 day and for *Virechana* is 3 days.

Pradhana Karma

A) Vamana Karma - For Group-A patients. On 5th day the patients were given with *Vamana Yoga* after assessing the status of patient's *Koshta*, *Bala*, etc. The medicine used was *Madanaphaladi Yoga*.^[8]

B) Virechana Karma - For Group-B patients. On 7th day the patients were given with *Virechana Yoga* after assessing the status of patient's *Koshta*, *Bala*, etc. The medicine used was *Kalyanaka Guda*.^[9]

Paschat Karma

Samsarjana Krama - in both the groups, *Samsarjana krama* was performed depending upon the *Shuddhi*.

Follow up - Follow up for one month. During this period, placebo capsules were given and patients were advised to follow the diet, which the patient had followed prior to our study.

Subjective parameters

1. *Prabhoota Mootrata*
2. *Avila Mootrata*
3. *Kshudhadhikya*
4. *Pipasadhikya*
5. *Kara-Pada Daha* and *Suptata*
6. *Ati Sweda*
7. *Shareeraghanatwam*
8. *Shareeradurgandhata*

Objective parameters

1. Blood – FBS, PPBS.
2. Urine – Urine sugar (Fasting and Post Prandial).

DISCUSSION

In *Madhumeha Samshodhana* is advised especially for *Sthoola* and *Balavan* in order to correct *Agni* and to reduce the *Kleda* and *Medas*, which are increased in this disease. Charaka has mentioned it as *Santarpanajanya Vyadhi* where *Dhatu Parinama* is mainly affected. *Vamana* and *Virechana* are the *Apatarpana* type of *Chikitsa*, which could be helpful

by eliminating vitiated *Doshas* correcting *Srotodushti*, there by producing *Bala* and *Varna* etc.

1. Both procedures (*Vamana* and *Virechana*) mainly correct, the impaired *Koshta* and vitiated *Agni*.
2. Both procedures help to expel-out the accumulated morbid matters, from all over the body.
3. Both procedures act at micro-cellular level and help to maintain the normal physiology of the tissues.

Discussion on probable mode of action of the *Vamana* and *Virechana*.

Vamana

Madhumeha is a *Sankledajanya*, even though other *Doshas* are involved in the *Samprapthi* of this disease, *Kapha* is the main factor, especially along with *Medas*, *Rasadi Dhatus* etc. are involved. *Madhumeha* is a disease caused by *Trishosha*, but the main *Dosha* is *Kapha*. *Vamana* eliminates excess amount of vitiated morbid *Kapha*, *Pitta*, *Kleda* and also *Doshas* along with the *Malas*, which is very much helpful to clear or check the *Dhatuparinama* and thereby helps in the reduction or pacification of the disease.

Act at micro-cellular level and helps to maintain the normal physiology of the tissues. Thus the patients suffering with *Sthoola Prameha* (obese type 2 diabetes) will attain homeostasis of *Dosha*, *Dhatu* and *Malas* and will remain free from the further pathological consequences (Insulin resistance) of *Kapha-Medo Dusthi* and *Avarana*, in the presence of *Nidanaparivarjana* (avoiding the defaults of diet and life style).

Table 1: Showing the incidence and response of *Samyak Vamana Lakshanas*.

Lakshanas	Patients	%	Good Response	Moderate Response
<i>Kale Pravrutti</i>	15	100	8	7
<i>Kramat KPV Pravrutti</i>	14	93.33	8	6

<i>Swayam Avasthana</i>	15	100	8	7
<i>Sroto Shuddi</i>	13	86.66	7	6
<i>Indriya Shuddi</i>	12	80	6	6
<i>Laghuta</i>	15	100	8	7
<i>Dourbalya</i>	9	60	3	6

Virechana

Virechana is the main line of treatment for *Pitta Dosha* and it is not *Viruddha Chikitsa* for *Vata* and *Kapha Dosha*, which are associated in this disease.

1. Excretion of *Pitta* (bile) takes place, as a result fat metabolism is checked and hence undigested and unutilized fat will be excreted out.
2. Restriction of diet during *Snehapana*, *Virechana* and *Samsarjana Krama* helps or brings about mobilization of fat from its deposits.
3. In the treatment of *Sthoolamehi* reduction of weight also have a role. Above mentioned factors are very much helpful in the reduction of weight, when there is reduction of weight, then insulin resistance will be reduced and as a result relative insulin deficiency will also get corrected.
4. Obesity is an extremely important environmental factor in the formation of type –2 diabetes. Approximately 80% of types 2 diabetes are obese. In this impaired binding is a result of decrease in the number of insulin receptors. *Vamana* and *Virechana* therapies diminishes the insulin resistance by the reduction of weight and there by reduces the stress on beta cells.
5. Among the pathological changes which are happening in type 2 diabetes the most consistent of these changes is probably deposit of amyloid which is accompanied by atrophy of the normal tissue particularly Islets of epithelial cells. These amyloids are fibrillar proteins in various organs and tissues, in such that vital functions are compromised.

Table 2: Showing the incidence and response *Samyak Virechana Lakshanas.*

Lakshanas	Patients	%	G.R	M.R
<i>Sroto Shuddi</i>	10	66.66	1	9
<i>Indriya Prasannata</i>	11	73.33	3	8
<i>Shareera Laghuta</i>	15	100	3	12
<i>Agni Deepti</i>	15	100	3	12
<i>Anamayatwa</i>	9	60	3	6
<i>Vatanulomana</i>	13	86.66	3	10
<i>Vit,P,K,V Pravrutti</i>	15	100	3	12

The associated disease state may be inflammatory, hereditary or neoplastic and deposition can be local, generalized or systemic. In more advanced lesions, the Islets are more or less converted to amyloid and the reduction in the number of insulin secreting cells are more propounded than that of glucagon secreting cells.

Heavy deposition of amyloids itself are rare without diabetes. The amyloids are fat-soluble and when *Snehapana* and *Swedana* are administered in the patient, these amyloids get dissolved in *Snehana*, as a result of *Swedana* it moves to *Koshta* and get eliminated by *Vamana* and *Virechana Karmas*.

Above said factors may be the reason why *Vamana* and *Virechana* are effective in *Sthoola Madhumehi*. From this we can assume that *Vamana* and *Virechana* corrects the *Agni* and reduces *Kleda* and *Medas* which are increased in this condition. Modern science also agreed the factor that, obesity leads to insulin resistance.

Table 3: Showing the comparative effect of Group-A (*Vamana*) & Group-B (*Virechana*)

S N	Subjective Parameter	G r.	\bar{X}	S.D	S.E	t	p	Remarks
1	<i>Prabhoota Mutrata</i>	A	1.133	0.351	0.090	0.751	>0.05	N.S
		B	1.266	0.593	0.153			

2	<i>Avila Mootrat a</i>	A	0.24	0.414	0.106	1.527	>0.05	N.S
		B	0.533	0.743	0.191			
3	<i>Kshudadhikya</i>	A	0.666	0.487	0.125	2.325	<0.05	H.S
		B	1.066	0.457	0.118			
4	<i>Pipasadhikya</i>	A	0.666	0.617	0.159	1.107	>0.05	N.S
		B	0.933	0.703	0.181			
5	<i>Ati Sweda</i>	A	0.666	0.487	0.125	-	-	-
		B	0.666	0.723	0.186			
6	<i>Kara-Pada Daha & Suptata</i>	A	0.24	0.414	0.106	2.43	<0.05	H.S
		B	0.666	0.723	0.186			
7	<i>Shareera Ghanatwam</i>	A	1.266	0.703	0.181	1.374	>0.05	N.S
		B	1.6	0.632	0.163			
8	<i>Shareera Durghan data</i>	A	0.666	0.487	0.125	-	-	-
		B	0.666	0.487	0.125			
9	F.B.S	A	121.4	21.979	5.675	0.628	>0.05	N.S
		B	128.66	39.00	10.07			
10	P.P.B.S	A	181.66	32.21	8.317	0.871	>0.05	N.S

		B	198.93	68.725	17.74			
11	F.U.Sugar	A	-	-	-	1.88	>0.05	N.S
		B	0.2	0.414	0.106			
12	P.P.U.Sugar	A	0.333	0.487	0.125	1.02	>0.05	N.S
		B	0.533	0.581	0.150			
	Body weight	A	72.46	10.181	2.62	1.222	>0.05	N.S
		B	67.73	11.03	2.848			

STATISTICAL RESULT

To compare the mean effect of 2 Groups, the 'unpaired t' test is used, by assuming that; the mean effect of 2 Groups after the treatment is same. From the analysis, among the Subjective parameters *Kshudadhikya* and *Kara-Pada Daha* and *Suptata* shows highly significant, as ' $p<0.05$ ', all other parameters shows non-significant after the treatment.

Among the subjective parameters, except *Shareera Ghanatwam*, all other parameters are less variation in group-A, the mean and the variance in the parameter *Shareera Durghandha* is same in both the Groups (by comparing mean and SD).

Among the objective parameters, in the Body weight, the mean effect after the treatment is more in Group-A, with less variation in FBS, PPBS, F.U.Sugar and P.P.U. Sugar.

Over the entire Group-A shows highly significant in all the parameters, except in the parameter *Pipasadhikya*, PPBS and P.P.U. Sugar.

CONCLUSION

The terms *Prameha* and *Madhumeha* are synonyms. They indicate the same condition, where in the former refers to *Prabhoota* and *Avila Mootrata* and

the latter refers to *Tanu* and *Mootra Madhuryata*. Though the disease is of *Tridoshaja*, but *Avrita Vata* and the *Bahudrava Shlesma* are the main ailments. *Kapha* is the *Arambaka Dosh* and *Vata* is the *Preraka Dosh*. *Vamana* and *Virechana Karmas* are good and effective treatments in *Sthoola Madhumeha* and also showed the lasting results. Compare to *Virechana*, *Vamana* is more effective and it shows complete remission in newly diagnosed cases. *Vaigiki Suddhi* has very little role in assessing the proportion of purification and predicting any type of result from it. Along with *Vamana* and *Virechana Karmas* administration of *Pathya Ahara Viharas* may give more effect. Even though severe cases were also included in this study, they also shown moderate response. So in severe cases of *Madhumeha*, repeated *Vamana* and *Virechana*, along with some *Shamanoushadhis*, *Pathya Ahara-Viharas* may give more effect.

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