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ORIGINAL ARTICLE

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Evaluate the efficacy of comparative study of Aavapa Dravya Triovasti and Somavalkala Kashaya Yogabasti in Madhumeha (NIDDM)

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ABSTRACT

Background: Madhumeha has become a burning issue in day today life. The term Prameha has broader connotations indicating the increased quantity and quality of urination. Where as Madhumeha, is the condition where patient passes urine like honey. Madhumeha vis-à-vis Diabetes mellitus is a group of metabolic disorder characterized by Hyperglycaemia resulting from defects in Insulin secretion or its Action. In classics the prime importance has been given to Basti among Panchakarma and even termed as Ardhachikitsa or complete Chikitsa, as it produces multi-dimensional effect. **Objectives:** To evaluate the efficacy of the *Vasti* in Trio-vasti pattern and also to evaluate the efficacy of the Avapadravya in Vasti in Madhumeha, Methodology: 30 patients were selected for the study and equally divided in three groups. Group-A: 10 patients received Somavalka Kashaya Niruha Yoga Basti. Group-B: 10 patients received Somavalka Kashaya with Aavapa Dravya Niruha Yoga Basti. Group-C: 10 patients received Somavalka Kashaya Niruha Yoqa Basti in Trio-vasti pattern. Results and Conclusion: After proper administration of Somavalka Kashaya Yogabasti in all the groups the results were noted that, it gives immediate and lasting results, both symptomatically and in sugar levels. Among 30 patients, 7 patients (23.33%) showed mild response, 12 Patients (40%) showed moderate response, 11 patients (36.66%) showed marked response. In mild and moderate type of Madhumeha patients, Somavalka Kashaya given in Trio-Basti helps to control it. Along with Bastikarma, administration of Patya Aahara- Vihara and Shamanoushadis may give better effect.

Key words: Samshodhana, Madhumeha, Diabetes mellitus, Aavapa dravya Basti, Trio-vasti.

INTRODUCTION

Madhumeha finds a strong co-relation and similarity with Diabetes Mellitus. Madhumeha vis-à-vis Diabetes mellitus is a group of metabolic disorder characterized

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by Hyperglycaemia resulting from defects in Insulin secretion or its Action.^[1] Charaka, Sushruta, Vagbhata and other Acharyas mentioned Apatarpana Chikitsa for Sthoola and Balavan Pramehi.^{[2],[3]}

In classics the prime importance has been given to *Basti* among *Panchakarma* and even termed as *Ardhachikitsa* or complete *Chikitsa*, as it produces multi-dimensional effect. It is mainly indicated in *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*, *Dwidoshaja*, *Tridoshaja* and also in *Aavaranajanya Rogas*. [4] *Basti* is prepared with specific combination of drugs or a drugs to a particular disease, it acts soon and does easy evacuation of *Malas*, produces *Apatarpana*, *Tarpana*, *Rokshana*, *Balya*, *Vrishya*, *Rasayana* etc. With these qualities it is said that it is superior to other *Shodhana* therapies. [5],[6] *Charaka's* concept of *Aavapa Dravya* and its importance in the preparation

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of *Vasti* is remarkable.^[7] *Sushruta* has dealt the concept of Trio-Vasti i.e. *Dosha Utkleshana*, *Doshahara* and *Doshashamana* and suggests following this pattern to achieve proper effect of *Vasti* in eliminating *Dosha* and to subside a disease by one's own intellect.^[8]

Charaka has indicated *Somavalka* (Vit *khadira*) *Niruha* in *Prameha* (*Madhumeha*).^[9] Numbers of research works have already been conducted on *Madhumeha*. It is one of the multi systemic disorders where the maximum numbers of *Srotas* involved. So treating such disease with some time tested and effective therapies like *Vasti* is the better option.

OBJECTIVES

- 1. To evaluate the efficacy of the Vasti in Trio-vasti pattern.
- 2. To evaluate the efficacy of the Avapadravya in Vasti in *Madhumeha*

MATERIALS AND METHODS

Study design: It's a Comparative clinical trial.

Source of Data: Patients suffering from *Madhumeha* were selected from *Panchakarma* O.P.D. of S.J.G. Ayurvedic Medical College and Hospital, Koppal by preset inclusion and exclusion criteria.

Sample Size and Grouping: A Minimum of 30 patients were selected for the study and equally divided in three groups.

Group-A: 10 patients were received *Somavalka Kashaya Niruha Yoga Basti*.

Group-B: 10 patients were received *Somavalka Kashaya* with Aavapa dravya *Niruha Yoga Basti*.

Group-C: 10 patients were received *Somavalka Kashaya Niruha Yoga Basti* in Trio-vasti pattern.

Diagnostic Criteria: The diagnosis of the disease *Madhumeha* was made according to signs and symptoms mentioned in Ayurvedic and Modern texts.

Exclusion Criteria

1. Age below 30 Years and Above 60 Years

- 2. Insulin Dependent
- 3. Hypertensive
- 4. Ischemic heart disease Patients
- 5. Diabetic Ketoacidosis
- 6. Other Systemic Disorders
- 7. Non-diabetic Glycosuria.
- 8. Gestational Diabetes Mellitus
- 9. Patients with Severe Diabetic complications.

Inclusive Criteria

- Madhumeha patients of classical signs and symptoms
- 2. Irrespective of Gender bias
- Fasting blood sugar more than 110 mg/dl to 250 mg/dl
- Post prandial blood sugar more than 140 mg/dl to 300mg/dl

Plan of study

Shodhana (Basti) therapy was divided into Poorvakarma, Pradhanakarma and Paschatkarma.

Poorvakarma: For all the 3 Groups

- Deepana / Pachana for 3 days
- Mridu Anulomana for 1 day.
- Shtanika Snehana and Shtanika Swedana done as a Tatkaleena Purvakarma for all the patients.
- Laghu Bhojana was advised before administration of Anuvasana.
- Niruha Basti was administered in empty stomach

Pradhana Karma

Group-A: Patients received *Somavalka Kashaya Yoga Basti* after assessing the status of patient's *Koshta, Bala,* etc. which includes 5 *Somavalka Taila Anuvasana* and 3 *Somavalka Kashaya Niruha*.

Group-B: Patients received *Somavalka* plus *Aavapa Dravya Kashaya Yoga Basti* after assessing the status of patient's *Koshta, Bala,* etc. which includes 5

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Somavalka Taila Anuvasana and 3 Somavalka plus Aavapa Dravya Kashaya Niruha.

Group-C: Patients received Somavalkakashaya Yoga Basti in Trio-vasti pattern after assessing the status of patient's Koshta, Bala, etc. which includes 5 Somavalka Taila Anuvasana and 3 Niruha which includles first Niruha with Somavalka plus Yastimadhu and Kapitta Kashaya. Second Niruha with Somavalka plus Karavellaka and Nimba Kashaya, third Niruha with Somavalka plus Saptachakra and Jambu Kashaya.

Group A

Days	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
	day							
Basti Dravya	А	N	А	N	Α	N	Α	А

- A = Anuvasana with Somavalakala Taila 75ml
- N = Niruha with Somavalakala Kashaya

Niruha Vasti Dravyas & Basti Dosage

Makshika	120ml
Lavana	12gms
Sneha	100ml
Kalka	15gms
Somavalka Kashaya	500ml
Total quantity	720ml

Group B

Days	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
	day							
Basti Dravya	А	N	Α	N	А	N	А	А

- A = Anuvasana with Somavalakala Taila 75ml
- N = Niruha with Somavalakala Kashaya + Avapa Dravyas (Amalaki 10gms & Haridra 10gms)

Makshika	120ml
Lavana	12gms
Sneha	100ml
Kalka	15gms
Kashaya	500ml
Avapa Dravyas	20gms
Total quantity	720ml

Group C

Days	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
	day							
Basti Dravya	А	N	А	N	А	N	Α	Α

- A = Anuvasana with Somavalakala Taila 75ml
- Dosage of 3 Niruha Bastis administered in following manner.

1 st Niruha		2 nd Niruha		3 rd Niruha			
Makshika	120m I	Makshika 120m 		Makshika	120m I		
Lavana	12gm s	Lavana	12gm s	Lavana	12gm s		
Sneha	100m I	Sneha	100m I	Sneha	100m I		
Kalka	15gm s	Kalka	15gm s	Kalka	15gm s		
Kashaya	300m I	Kashaya	300m I	Kashaya	300m I		
Yashtimadh u Kashaya	150m I	Nimbi Kashaya	150m I	Jambu Kashaya	150m I		
Kapittha Kashaya	150m I	Karavellak a Kashaya	150m I	Saptachakr a Kashaya	150m I		
Total quantity	820m I	Total quantity	820m I	Total quantity	820m I		

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Paschat Karma: Patya Ahara- Vihara

Follow-up: 16 days (Parihara Kala).

Study Duration: 12 days Treatment + 16 days follow

up = Total 28 days

Investigations: FBS, PPBS, FUS, PPUS.

Subjective Parameters

1. Prabhoota Mootrata

2. Avila Mootrata

3. Alasya

4. Pipasadhikya

5. Kara-Pada Daha and Suptata

6. Ati Sweda

7. Gurugatrata

8. Dourbalya

Objective Parameters

Blood: FBS, PPBS.

Urine: Urine sugar (Fasting and Post Prandial).

SN	Level	FBS	PPBS	Urine sugar
1.	Normal	70-120 mg/dl.	120-180 mg/dl	Nil
2.	Mild	121-170 mg/dl	181-230 mg/dl	0.5%
3.	Moderate	171-220 mg/dl	231-280 mg/dl	1.0-1.5 %
4.	Severe	221- mg/dl and above	281 mg/dl and above	2% and above

Method of assessment of grading

The assessment of results was assessed by observing the severity of symptoms, as well as the laboratory investigations.

Gradings of subjective parameters

1. Prabhuta Mootrata

Frequency

Grade 0 - 2-3 times/day; 1 times/night

Grade 1 - 4-6 times/day; 2 times/night

Grade 2 - 7-9 times/day; 3-4times/night

Grade 3 - 10 times/day; >5times/night

2. Avila Mootrata

Grade 0 - Clear

Grade 1 - Milky white

Grade 2 - Buffy

Grade 3 - More turbidity

3. Kara Pada Daha

Grade 0 - No kara padadadha

Grade 1- Occasionally noticed

Grade 2 - Periodically noticed

Grade 3 - Daily noticed

4. Aalasya

Grade 0 - No Aalasya

Grade 1 - Mild increased but tolerated

Grade 2 - Moderate increased but tolerated

Grade 3 - Severally increased but not tolerated

5. Pipasa

Grade 0: Normal

Grade 1: Mild increased but tolerated

Grade 2: Moderate increased but tolerated

Grade 3: Severally increased but not Tolerated

6. Atisweda

Grade 0 : Normal sweating after doing normal physical

activities

Grade 1: Moderate sweating

Grade 2: Excessive sweating

Grade 3: Excessive sweating just by doing little work

7. Dourbalya

Grade 0 : No Dourbalya

Grade 1: Occasionally noticed but not periodically

Grade 2: Periodically noticed

Grade 3: Continuously noticed

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8. Gurugatrata

Grade 0 : No Gurugatrata

Grade 1: Occasionally noticed but not periodically

Grade 2: Periodically noticed

Grade 3: Continuously noticed

Gradings for objective parameters

Blood Sugar

Grades	Fasting	Post-prandial
Grade 0	<110 mg%	<140 mg%
Grade 1	111 – 145 mg%	141 – 180 mg%
Grade 2	146 – 180 mg%	181 – 220 mg%
Grade 3	181- 215 mg%	221 – 260 mg%
Grade 4	216 – 250 mg%	261 – 300 mg%

Urine Sugar

Grade 0	Nil
Grade 1	0.5%
Grade 2	01%
Grade 3	1.5%
Grade 4	02%

OBSERVATIONS

Among 30 patients 17 (56.6%) were Males and 13 patients (43.3%) were Female. Among 30 Patients 28 (93.3%) were Hindus and 2 (6.6%) Patients were Muslims. Among 30 Patients 10 (33.33%) had Present 20 (66.66%) Patients had Absent Family History. Among 30 patients 18 (60%) were Vegitarian and 12 patients (40%) were Female. Among 30 patients 6 (20%) had sound sleep and 24 patients (80%) had Disturbed sleep. Among 30 Patients 6 (20%) were having *Vatapitta*, 16 (53.3%) were having *Vatakapha*, 4 (13.3%) were having *Pittakapha* and 4 (13.3%) were having *Sama Prakruti*. Among 30 Patients 10 (33.3%) Patients had 1-2 years, 12 (40%) Patients had 2-5

years, 8 Among 30 Patients 5 (16.6%) were Samagni, 3(3%) were Vishamagni, 12(40%) were Teekshagni, 10 were having Mandagni. Among 30 Patients 4 (13.3%) were Mridu, 20 (66.6%) were Madyama, 6 (20%) were Krura Koshta. Among 30 Patients 3 (10%) were Pravara, 20 (66.6%) were Madhyama, 7 (23.3%) were Avara Sara. Among 30 Patients 4 (13.3%) were Pravara, 16 (53.3%) were Madhyama, 10 (33.3%) were Avara Samhanana. Among 30 Patients 20 (66.6%) were Pravara, 10 (33.3%) were Madhyama Satmya. Among 30 Patients 12 (40%) were Pravara, 7 (23.3%) were Madhyama, 11 (36.6%) were Avara Satwa. Among 30 Patients 18 (60%) were Pravara, 10 (33.3%) were Madhyama, 2 (6.6%) Patients were having Avara Abhyavaranashakti. Among 30 Patients 18(60%) were Pravara, 8(26.6%) were Madhyama, 4 (13.3%) Patients were having Avara Jaranashakti. Among 30 Patients 3 (10%) were *Pravara*, 19 (63.3%) were Madhyama, 8 (26.6%) Patients were having Avara Vyayamashakti. Among 30 Patients 3 (10%) were having Upadrava and 27 (90%) were not having Upadrava.

In symptom *Prabhuta Mutrata*, all the patients of all 3 Groups showed Highly Significant response (as P<0.001) after the Treatment and Significant after the Follow-up period as the P value is <0.01.

In symptom *Avila Mutrata*, all the patients of all 3 Groups showed Insignificant response as P>0.05 after the Treatment and even after the Follow-up period also, as the P value is >0.05.

In symptom *Kara Pada Daha* and *Suptata*, all the patients of all 3 Groups showed Significant response (P<0.01) after the Treatment and Moderate significance after the Follow-up period, as the P value is <0.05.

In symptom Alasya, all the patients of all 3 Groups showed Insignificant response (P>0.05) after the Treatment and Moderate response after the Follow-up period, as the P value is <0.05.

In symptom *Pipasadhikya*, all the patients of all 3 Groups showed Significant response after the Treatment and even after the Follow-up period also, as the P value is <0.01

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In symptom *Atisweda*, all the patients of all 3 Groups showed Insignificant response after the Treatment and even after the Follow-up period also, as the P value is >0.05.

In symptom *Dourbalya*, all the patients of all 3 Groups showed Insignificant response after the Treatment and even after the Follow-up period also, as the P value is >0.05.

In symptom *Gurugatrata*, all the patients of all 3 Groups showed Insignificant response after the Treatment and even after the Follow-up period also, as the P value is >0.05.

Table 1: Prabhuta Mutrata in Different Groups Comparisons. Obser **Descriptives** Kruskal-Wallis H Test vation Com Μ ±S ±S Μ Chi s f D Ε parin ea ea mar n n Sq Grou Ra uar nk After Grou 1. 0. 0. 21 2 15. <0. HS Treat 0 6 51 16 .5 08 00 p-A 0 ment 3 1 17 Grou 1 1. 0. 0. 2 р-В 0 78 24 .5 0 9 0. 7. Grou 0. n 1 p-C 0 2 42 13 50 2 3 Total 3 1. 0. 0. 0 0 83 15 0 2 After 1. 0. 0. 21 11. <0. 1 0 9 01 Follo p-A 56 18 .4 w-up 5 8 0 1. 0. 0. 15 Grou 1 .4 р-В 0 4 51 16 6 3 0 Grou 0. 0. 0. 9. p-C 0 9 56 18 65 8 0 Total 0. 0. 3 1. 0 4 67 12 5 3

Table Compa	2: A		ı M	utra	ta	in [Diffe	erent	Gr	oups
Obser	Descriptives						Kruskal-Wallis H Test			
vation s	Com parin g Grou ps	n	M ea n	±S D	±S E	M ea n Ra nk	d f	Chi - Sq uar e	Р	Re mar ks
After Treat ment	Grou p-A	1 0	0. 6	0. 84 3	0. 26 7	18 .3 0	2	3.0 2	>0 .0 5	IS
	Grou p-B	1 0	0. 2	0. 42 2	0. 13 3	14 .8 0				
	Grou p-C	1 0	0. 1	0. 31 6	0. 10 0	13 .4 0				
	Total	3	0. 3	0. 59 6	0. 10 9	-				
After Follow -up	Grou p-A	1 0	0. 8	1. 13 5	0. 35 9	17 .6 0	2	1.6 0	>0 .0 5	IS
	Grou p-B	1 0	0. 4	0. 69 9	0. 22 1	15 .3 0				
	Grou p-C	1	0. 2	0. 42 2	0. 13 3	13 .6 0				
	Total	3 0	0. 5	0. 81 9	0. 15 0	-				

Table 3: <i>Kara Pada Daha / Suptata</i> in Different Groups Comparisons.											
Obser	Descriptives Kruskal-Wallis H Test										
vation s	Com	n	М	±S	±S	М	d	Chi	Р	Re	
5	parin		ea	D	Ε	ea	f	-		mar	
	g		n			n		Sq		ks	
	Grou					Ra		uar			
	ps					nk		e			
After	Grou	1	1.	0.	0.	20	2	10.	<0	S	
Treat	p-A	0	0	47	14	.0		12	.0		
ment				1	9	0			1		

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	Grou	1	0.	0.6	0.2	17.				
	p-B	0	8	32	00	20				
	Grou	1	0.	0.4	0.1	9.3				
	р-С	0	2	22	33	0				
	Tota	3	0.	0.6	0.1	-				
	I	0	7	06	11					
After	Grou	1	1.	0.6	0.2	20.	2	8.5	<0.	М
Follo	p-A	0	4	99	21	85		7	05	S
w-up	Grou	1	0.	0.7	0.2	15.				
	р-В	0	9	38	33	55				
	Grou	1	0.	0.5	0.1	10.				
	p-C	0	4	16	63	10				
	Tota	3	0.	0.7	0.1	-				
	I	0	9	59	39					

Group- C	10	0.3	0.483	0.153	15.70		
Total	30	0.3	0.606	0.111	-		

Table 4	4: Aala:	sya	in Di	ffere	nt G	roup	s Co	mpa	rison	s.
Obser vation	Descrip	otive	s			Krus	kal-	Wallis	H Tes	t
S	Com parin g Grou ps	n	M ea n	±S D	±S E	M ea n Ra nk	d f	Chi - Sq uar e	Р	Re mar ks
After Treat ment	Grou p-A	1 0	0. 2	0. 42 2	0. 13 3	17 .5 0	2	4.1 4	>0 .0 5	IS
	Grou p-B	1 0	0. 0	0. 00 0	0. 00 0	14 .5 0				
	Grou p-C	1 0	0. 0	0. 00 0	0. 00 0	14 .5 0				
	Total	3	0. 1	0. 25 4	0. 04 6	-				
After Follow -up	Grou p-A	1 0	0. 7	0. 82 3	0. 26 0	19 .3 0	2	6.5 8	<0 .0 5	MS
	Grou p-B	1 0	0. 0	0. 00 0	0. 00 0	11 .5 0				

	5: arisons	-	asadi	hikyd	ı ir	n D	iffe	rent	Gr	oups
Obser vation	Descri	otive	es			Krus	kal-	Wallis	H Tes	t
s	Com parin g Grou ps	n	M ea n	±S D	±S E	M ea n Ra nk	d f	Chi - Sq uar e	Р	Re mar ks
After Treat ment	Grou p-A	1 0	1. 2	0. 42 2	0. 13 3	21 .5 0	2	12. 03	<0 .0 1	S
	Grou p-B	1 0	0. 7	0. 48 3	0. 15 3	15 .3 0				
	Grou p-C	1 0	0. 3	0. 48 3	0. 15 3	9. 70				
	Total	3	0. 7	0. 58 3	0. 10 6	-				
After Follow -up	Grou p-A	1	1. 8	0. 63 2	0. 20 0	22 .3 5	2	11. 93	<0 .0 1	S
	Grou p-B	1 0	1. 0	0. 66 7	0. 21 1	13 .8 0				
	Grou p-C	1 0	0. 7	0. 48 3	0. 15 3	10 .3 5				
	Total	3	1. 2	0. 74 7	0. 13 6	-				

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Table 6	6: Atisu	ved	a in [Diffe	ent (Grou	ps (Comp	ariso	ns.
Obser vation	Descrip	otive	:S			Krus	kal-	Wallis	H Tes	t
S	Com parin g Grou ps	n	M ea n	±S D	±S E	M ea n Ra nk	d f	Chi - Sq uar e	Р	Re mar ks
After Treat ment	Grou p-A	1 0	0. 9	0. 87 6	0. 27 7	17 .7 0	2	1.3 8	>0 .0 5	IS
	Grou p-B	1 0	0. 5	0. 70 7	0. 22 4	13 .5 0				
	Grou p-C	1 0	0. 6	0. 51 6	0. 16 3	15 .3 0				
	Total	3	0. 7	0. 71 1	0. 13 0	-				
After Follow -up	Grou p-A	1	1. 3	1. 05 9	0. 33 5	19 .4 0	2	3.4 0	>0 .0 5	IS
	Grou p-B	1 0	0. 6	0. 84 3	0. 26 7	13 .2 0				
	Grou p-C	1 0	0. 6	0. 51 6	0. 16 3	13 .9 0				
	Total	3	0. 8	0. 87 4	0. 16 0	-				

Table 7	7: Daur	bal	<i>ya</i> in	Diffe	erent	Gro	ups	Com	paris	ons.
Obser	Descrip	otive	s			Krus	kal-	Wallis	H Tes	t
vation s	Com parin g Grou ps	n	M ea n	±S D	±S E	M ea n Ra nk	d f	Chi - Sq uar e	Р	Re mar ks
After Treat ment	Grou p-A Grou	1 0	0. 7 0.	0. 82 3	0. 26 0	18 .2 5	2	2.1 9	>0 .0 5	IS

	р-В	0	3	67 5	21 3	.7 0				
	Grou p-C	1 0	0. 3	0. 48 3	0. 15 3	14 .5 5				
	Total	3	0. 4	0. 67 9	0. 12 4	-				
After Follow -up	Grou p-A	1	0. 9	0. 87 6	0. 27 7	19 .4 5	2	4.4 3	>0 .0 5	IS
	Grou p-B	1 0	0. 4	0. 69 9	0. 22 1	14 .4 5				
	Grou p-C	1 0	0. 2	0. 42 2	0. 13 3	12 .6 0				
	Total	3	0. 5	0. 73 1	0. 13 3	-				

Table Compa	8: arisons		rugat	trata	in	D	iffe	rent	Gr	oups
Obser	Descri	ptive	s			Krus	kal-	Wallis	H Tes	t
vation s	Com parin g Grou ps	n	M ea n	±S D	±S E	M ea n Ra nk	d f	Chi - Sq uar e	Р	Re mar ks
After Treat ment	Grou p-A Grou p-B	1 0 1 0	0. 4 0. 2	0. 69 9 0. 42 2	0. 22 1 0. 13 3	16 .7 0 14 .9	2	0.5 1	>0 .0 5	IS
	Grou p-C	1	0. 2	0. 42 2	0. 13 3	14 .9 0				
	Total	3	0. 3	0. 52 1	0. 09 5	-				
After Follow -up	Grou p-A	1 0	0. 5	0. 70 7	0. 22 4	18 .1 5	2	2.7 6	>0 .0 5	IS

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Grou p-B	1	0. 1	0. 31 6	0. 10 0	13 .4 5		
Grou p-C	1 0	0. 2	0. 42 2	0. 13 3	14 .9 0		
Total	3	0. 3	0. 52 1	0. 09 5	-		

Tabl	e 9:	Effe	ct of tl	nerapy o	n F	BS				
Gro ups		mples itistics		Paired D	iffei	rences	5	Pair find	red lings	t-Test
Gro	Me	ean	Decr	Comp	n	±S	±	t	Р	Rem
up- A	B T	20 3. 3	ease in %	arativ e Pairs		D	S E			arks
	A T	16 2. 0	20%	BT-AT	1 0	14 .1 0	4. 4 6	9. 2 7	<0. 00 1	HS
	A F	17 4. 7	14%	BT-AF	1 0	22 .5 7	7. 1 4	4. 0 1	<0. 01	S
Gro	Me	ean	Decr	Comp	n	±S	±	t	Р	Rem
up- B	B T	18 0. 2	ease in %	arativ e Pairs		D	S E			arks
	A T	13 5. 5	25%	BT-AT	1	25 .4 2	8. 0 4	5. 5 6	<0. 00 1	HS
	A F	14 8. 5	18%	BT-AF	1 0	20 .0 3	6. 3 3	5. 0 1	<0. 00 1	HS
Gro	Me	ean	Decr	Comp	n	±S	±	t	Р	Rem
up- C	B T	18 0. 1	ease in %	arativ e Pairs		D	S E			arks
	A T	11 1. 7	38%	BT-AT	1	21 .7 0	6. 8 6	9. 9 7	<0. 00 1	HS
	A F	13 5. 7	25%	BT-AF	1 0	18 .7 1	5. 9 2	7. 5 0	<0. 00 1	HS

In symptom FBS, all the patients of all 3 Groups showed Highly significant response after the Treatment and even after the Follow-up period as the P value is <0.001, except in Group A – patients showed Significance results after the follow-up period as P is <0.01.

Table	10: F	BS	in D	iffe	ren	t Gro	ups (Con	npar	ison	s	
Obs	Desci	ripti	ves			ANO	VA					
erva tion s	Co mp ari ng Gro ups	n	M e a n	± S D	± S E	Va ria nc e	Su m of Sq ua re s	d f	M ea n Sq ua re	F	Р	Re m ar ks
Afte r Trea tme nt	Gro up- A Gro up- B	1 0	1 6 2. 0 1 3 5.	2 0 1 2 2	7	Be tw ee n Gr ou ps	12 66 2. 6	2	63 31 .3	1 7. 6 0	< 0. 0 1	S
	Gro up- C Tot al	1 0 3 0	1 1. 7 1 3 6. 4	1 3 7 2 7	4 3	Wi thi n Gr ou ps	97 12 .6	2 7	35 9. 7			
Afte r Foll ow- up	Gro up- A Gro up- B	1 0	1 7 4. 7 1 4 8. 5	2 6 5 1 9	8 4 6	Be tw ee n Gr ou ps	79 04 .3	2	39 52 .1	9. 1 0	< 0. 0 1	S
	Gro up- C	1 0	1 3 5. 7	1 4 9	4 7	Wi thi n Gr	11 72 4. 7	2 7	43 4. 2			
	Tot al	3 0	1 5 3	2 6		ps						

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	0	0	8				

In symptom PPBS, Group-B and Group-C showed Highly significant response after the treatment and after the fallow-up period also as P<0.001, whereas in Group-A patients were had Highly significance after the treatment as P<0.001 and Significant after the fallow-up period as P<0.01.

	w-up p											
Table	11: F	PB	S in	Diff	ere	nt Gr	oups	Co	mpa	riso	ns	
Obs	Desci	ripti	ves			ANO	VA					
erva tion s	Co mp ari ng Gro ups	n	M e a n	± S D	± S E	Va ria nc e	Su m of Sq ua re s	d f	M ea n Sq ua re	F	Р	Re m ar ks
Afte r Trea tme nt	Gro up- A	1 0	1 8 7. 8	3 0 6	9 7	Be tw ee n Gr	12 22 3. 4	2	61 11 .7	1 1. 8 8	< 0. 0 1	S
114	Gro up- B	1 0	1 6 4. 9	1 9 7	6 2	ou ps						
	Gro up- C	1 0	1 3 8. 4	1 4 9	4 7	Wi thi n Gr	13 88 6. 9	2 7	51 4. 3			
	Tot al	3 0	1 6 3. 7	3 0 0	5 5	ou ps						
Afte r Foll ow-	Gro up- A	1 0	2 0 9. 7	2 1 8	6 9	Be tw ee n	16 41 6. 2	2	82 08 .1	2 0. 0 1	< 0. 0 1	S
up	Gro up- B	1	1 7 5. 4	2 3 0	7 3	Gr ou ps						
	Gro up- C	1 0	1 5 2. 8	1 5	4 8	Wi thi n Gr	11 07 4. 1	2 7	41 0. 2			

Tot

al	0	7	0		ps			
		9.		6				
		3	8					

In symptom PPBS, all the patients of all 3 Groups showed Significant response after the Treatment and even after the Follow-up period also as the P value is <0.01.

Tabl	Table 12: Effect of therapy on FUS													
Gro ups		mples itistic		Paired D	iffei	rences		Paired t-Tes findings						
	Me B T	1. 2	Decr ease in %	Comp arativ e Pairs	n	±S D	±S E	t	Р	Rem arks				
Group-A	A T	5 0. 6 5	48%	BT-AT	1	0. 39 4	0. 12 5	4. 8 1	<0. 00 1	HS				
	A F	0. 9 0	28%	BT-AF	1	0. 33 8	0. 10 7	3. 2 8	<0. 01	S				
	Me B T	0. 9 5	Decr ease in %	Comp arativ e Pairs	n	±S D	±S E	t	P	Rem arks				
Group-B	A T	0. 2 5	74%	BT-AT	1	0. 35 0	0. 11 1	6. 3 3	<0. 00 1	HS				
	A F	0. 5 0	47%	BT-AF	1	0. 43 8	0. 13 8	3. 2 5	<0. 01	S				
	Me	ean	Decr	Comp	n	±S	±S E	t	P	Rem				
,,	B T	0. 7 5	ease in %	arativ e Pairs		D	E			arks				
Group-C	A T	0. 2 0	73%	BT-AT	1	0. 28 4	0. 09 0	6. 1 3	<0. 00 1	HS				
	A F	0. 2 0	73%	BT-AF	1 0	0. 28 4	0. 09 0	6. 1 3	<0. 00 1	HS				

In symptom FUS, all the patients of all 3 Groups showed Highly significant response after the

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Treatment and even after the Follow-up period as the P value is <0.001, except in Group A and Group B—patients showed Significance results after the fallow-up period as P is <0.01.

up pe	eriod	as F	is <	(0.02	1.								
Table	e 13: I	US	in [Oiffe	rent	Gro	ups (Con	npar	ison	S		
Obs erva	Desci	ripti	ves			ANOVA							
tion s	Co mp ari ng Gro ups	n	M e a n	± S D	± S E	Va ria nc e	Su m of Sq ua re s	d f	M ea n S q u ar e	F	Р	Re m ar ks	
Afte r Trea tme nt	Gro up- A	1	0. 6 5	0. 3 3 8	0. 1 0 7	Be tw ee n Gr	1. 21 7	2	0. 6 0 8	5. 9 7	< 0. 0 1	S	
	Gro up- B	1 0	0. 2 5	0. 3 5 4	0. 1 1 2	ou ps							
	Gro up- C	1	0. 2 0	0. 2 5 8	0. 0 8 2	Wi thi n Gr	2. 75 0	2 7	0. 1 0 2				
	Tot al	3 0	0. 3 7	0. 3 7 0	0. 0 6 8	ps							
Afte r Foll ow-	Gro up- A	1	0. 9 0	0. 2 1 1	0. 0 6 7	Be tw ee n	2. 46 7	2	1. 2 3 3	1 6. 6 5	< 0. 0 1	S	
up	Gro up- B	1	0. 5 0	0. 3 3 3	3 1 ps 3								
	Gro up- C	1 0	0 2 2 0 thi 00 0 5 8 n 0 8 2 Gr	00	2 7	0. 0 7 4							
	Tot al	3	0. 5 3	0. 3 9 3	0. 0 7 2	ou ps							

Tabl	e 14	4: Ef	fect of	therapy	on (PPU	S			
Gro ups		mple:		Paired D	Diffe	rences	Pai:	red lings	t-Test	
	Me	ean	Decr ease	Comp arativ	n	±S D	±S E	t	Р	Rem arks
Ŧ	B T	1. 3 5	in %	e Pairs			_			a no
Group-A	A T	1. 0 0	26%	BT-AT	1 0	0. 24 2	0. 07 6	4. 5 8	<0. 01	S
	A F	1. 0 5	22%	BT-AF	1 0	0. 25 8	0. 08 2	3. 6 7	<0. 01	S
	Me	Mean Decr ease		Comp arativ	n	±S D	±S E	t	Р	Rem arks
	B T	0. 9 0	in %	e Pairs		,	_			diks
Group-B	A T	0. 2 0	78%	BT-AT	1 0	0. 42 2	0. 13 3	5. 2 5	<0. 00 1	HS
	A F	0. 3 5	61%	BT-AF	1 0	0. 36 9	0. 11 7	4. 7 1	<0. 01	S
	Me	ean	Decr ease	Comp arativ	n	±S D	±S E	t	Р	Rem arks
	B T	0. 9 0	in %	e Pairs		_	-			
Group-C	A T	0. 1 5	83%	BT-AT	1 0	0. 35 4	0. 11 2	6. 7 1	<0. 00 1	HS
	A F	0. 1 5	83%	BT-AF	1 0	0. 35 4	0. 11 2	6. 7 1	<0. 00 1	HS

In symptom PPUS, all the patients of Group-C showed Highly significant response after the Treatment and even after the Follow-up period as the P value is <0.001. Group-B showed Highly significant response after the Treatment as the P value is <0.001 and

Significant response after the Follow-up period as the P value is <0.01. in Group A – patients showed Significance results after the treatment and even after the fallow-up period also as P is <0.01.

uie i	Table 15: PRUS in Different Groups Comparisons													
Table 15: PPUS in Different Groups Comparisons Obs Descriptives ANOVA														
Obs erva	Desc	ripti	ves			ANOVA								
tion s	Co mp ari ng Gro ups	n	M e a n	± S D	± S E	Va ria nc e	Su m of Sq ua re s	d f	M ea n S q u ar e	F	Р	Re m ar ks		
Afte r Trea tme nt	Gro up- A	1	1. 0 0	0. 4 0 8	0. 1 2 9	Be tw ee n Gr	4. 55 0	2	2. 2 7 5	2 3. 4 0	< 0. 0 1	S		
116	Gro up- B	1	0. 2 0	0. 2 5 8	0. 0 8 2	ou ps								
	Gro up- C	1	0. 1 5	0. 2 4 2	0. 0 7 6	Wi thi n Gr	2. 62 5	2 7	0. 0 9 7					
	Tot al	3	0. 4 5	0. 4 9 7	0. 0 9 1	ou ps								
Afte r Foll ow-	Gro up- A	1	1. 0 5	0. 3 6 9	0. 1 1 7	Be tw ee n	4. 46 7	2	2. 2 3 3	2 1. 7 3	< 0. 0 1	S		
up	Gro up- B	1	0. 3 5	0. 3 3 8	0. 1 0 7	Gr ou ps								
	Gro up- C	1	0. 1 5	0. 2 4 2	0. 0 7 6	Wi thi n Gr	2. 77 5	2 7	0. 1 0 3					
	Tot al	3	0. 5 2	0. 5 0	0. 0 9 1	ou ps								

Tabl	Table 16: Effect of therapy on HbA1c													
Gro ups		mple: itistic		Paired D	iffeı	rences		Paired t-To findings						
	Mean		Decr	Comp	n	±S	±S	t	Р	Rem				
Group-A	B T	9. 5 6	ease in %	arativ e Pairs		D	E			arks				
G	A F	9. 4 3	1%	BT-AF	1	0. 08 2	0. 02 6	4. 9 9	<0. 00 1	HS				
	Mean		Decr	Comp	n	±S	±S	t	Р	Rem				
Group-B	B T	9. 4 6	ease in %	arativ e Pairs		D	E			arks				
Ū	A F	9. 3 0	2%	BT-AF	1	0. 15 1	0. 04 8	3. 3 6	<0. 01	S				
	Me	ean	Decr	Comp	n	±S	±S	t	Р	Rem				
Group-C	B T	9. 2 7	ease in %	arativ e Pairs		D	E			arks				
G	A F	8. 7 7	5%	BT-AF	1 0	0. 31 3	0. 09 9	5. 0 6	<0. 00 1	HS				

In symptom HbA1c, all the patients of Group-A and Group-C showed Highly significant response after the Follow-up period as the P value is <0.001. Group-B showed Significant response after the Follow-up period as the P value is <0.01.

Table	Table 17: HbA1c in Different Groups Comparisons														
Obs	Desci	ripti	ves			ANOVA									
erva tion s	Co mp ari ng Gro ups	n	M e a n	± S D	± S E	Va ria nc e	Su m of Sq ua re	d f	M ea n S q u	F	Р	Re m ar ks			
							S		ar e						
Afte r Foll	Gro up- A	1 0	9. 4 3	0. 3 8	0. 1 2	Be tw ee	2. 44 5	2	1. 2 2	1 0. 3	< 0. 0	S			

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ow- up	Gro up- B	1 0	9. 3 0	0 0. 2 6 3	0 0. 0 8 3	n Gr ou ps			2	7	1	
	Gro up- C	1 0	8. 7 7	0. 3 7 4	0. 1 1 8	Wi thi n Gr	3. 18 2	2 7	0. 1 1 8			
	Tot al	3	9. 1 7	0. 4 4 1	0. 0 8 0	ou ps						

DISCUSSION

The Somavalka has been selected for the study because of direct indication of Somavalka Kashaya Niruhabasti by Charaka Samhita. The study is framed to evaluate the comparative effect in 3 Groups and 30 patients were equally divided into three (i.e. 10 patients in each groups) groups. Here the Somavalka Kashaya is used in all three groups; with Aavapa Dravyas (Amalaki, Haridra) and with Utklesh Dravyas (Yastimadhu, Kapitha), Doshahara Dravyas (Karavellka, Nimba), Dosha Shaman (Saptachakra, Jambu) under Trio-vasti pattern for 8- days (Yoga Basti Schedule). The treatment given to 30 patients includes Sthanika Abhyanga with Tilataila. Nadiswedana locally and Basti for 8- days. In this particular context the patients of Madhumeha presented with the symptoms like Prabhoota Mootrata, Aavila Mootrata, Pipasadikya, Kara-Padadaha etc. and the aim was to control it, as Madhumeha is Kaphapradhana Vatavyadhi along with Kleda and Meda. Somavalka is having Tikta, Kashaya property and Ushnavirya, Kapha-Vatahara and Pramehahara property.

Similarly Aavapa Dravyas bears Tikta, Kashaya Rasa, Ushnavirya and are also having Tridoshahara (Amalaki), Kapha- Vatahara, and Pramehahara property.

Similarly *Yastimadu* is *Tridoshahara*, *Kapita* is *Usna Veerya* and having *Kapha-Vatahara* property. *Karavelleka* is *Tikta*, *Katu*, *Usna Veerya*, *Kapha-Pitta*

Hara and Pramehahara property. Nimba is Tikta, Kashaya, Kapha-Pitta Usnavirya, Hara and Madhumehahara property. Saptachakra is Tikta, Kashava. Usnavirva. Kapha-Pitta Hara and Madhumehahara Jambu property. is Kashayapradhana and Madhumehahara property.

In *Madhumeha*, *Vata* gets alleviated by *Basti* by removing the *Aavarana* done by *Kapha*. So along with *Vata*, morbid *Kapha* is also expelled out.

CONCLUSION

Somavalka Kashya Yogabasti has shown good result in Madhumeha. Among Somavalka with Avapa Dravyas and Somavalka used in trio-Basti along with Utkleshana, Doshahara, Dosha Shaman, the former has shown better result than the above treatment modality and later has shown very significant results than other two treatment modalities. Hence Somavalka Kashaya given in Trio-Basti pattern is an effective treatment in the management of Madhumeha. In mild and moderate type of Madhumeha patients, Somavalka Kashaya given in Trio-Basti helps in controlling it.

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REFERENCES

- Siddharth N. Shah API Textbook of Medicine, Published by The Association of Physicians of India, 8th Edition, Reprint-2009, Vol-2, P-1042
- Vaidya Jadavaji Trikamji Acharya , Agnivesa, Charaka Samhita-Chikitsastana, chapter-6 sloka-15, Revised By Charaka and Dridhabala with Ayurveda-Dipika commentary, Chaukhamba Prakashan Varanasi .Reprint 2009, P-446.
- 3. Vaidya Jadavaji Trikamji Acharya, Susruta, Susruta Samhita- Chikitsastana, Chapter-11 Sloka-4 With the

Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanastana, Chaukhamba Sanskrit Sanstana, Varanasi. Reprint-2010, P-451.

- Vaidya Jadavaji Trikamji Acharya, Susruta, Susruta Samhita- Chikitsastana, Chapter-35 Sloka-6, With the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanastana, Chaukhamba Sanskrit Sanstana, Varanasi. Reprint-2010, P-525
- Vaidya Jadavaji Trikamji Acharya, Susruta, Susruta Samhita- Chikitsastana, Chapter-35 Sloka-3, With the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanastana, Chaukhamba Sanskrit Sanstana, Varanasi. Reprint-2010, P-525.
- Vaidya Jadavaji Trikamji Acharya , Agnivesa, Charaka Samhita-Siddistana, chapter-10 sloka-3-5, Revised By Charaka and Dridhabala with Ayurveda- Dipika commentary, Chaukhamba Prakashan Varanasi .Reprint 2009, P-724
- 7. Vaidya Jadavaji Trikamji Acharya , Agnivesa,Charaka Samhita-Siddistana, chapter-10 sloka-17, Revised By

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July-Aug 2019

- Charaka and Dridhabala with Ayurveda- Dipikan commentary, Chaukhamba Prakashan Varanasi .Reprint 2009, P-725.
- 8. Vaidya Jadavaji Trikamji Acharya, Susruta, Susruta Samhita- Chikitsastana, Chapter-38 Sloka-92, With the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanastana, Chaukhamba Sanskrit Sanstana, Varanasi. Reprint-2010, P-546.
- Vaidya Jadavaji Trikamji Acharya , Agnivesa, Charaka Samhita-Siddistana, chapter-10 sloka-43, Revised By Charaka and Dridhabala with Ayurveda- Dipika commentary, Chaukhamba Prakashan, Varanasi. Reprint 2009, P-726.

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