



To study the role of triphaladi kwatha in the management of
madhumeha with special reference to NIDDM

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ABSTRACT: *Ayurveda* is useful to get *swasthya*-health either by preventing the diseases invading human body or by curing man from disease. *Ayurveda* emphasized on prevention rather than cure. In today's fast running world human being is inviting many diseases because of sub-standard quality of food, eating more than requirement, sleeping during day time, eating fast food and increased stress in society. Madhumeha can be correlated with Diabetes mellitus in modern medicine, is attracting the whole world as a non-infectious epidemic/pandemic. The prevalence of diabetes is on the rise, more alarmingly in the developing countries. Besides multiplying the risks for coronary heart diseases, diabetes enhances the incidence of cerebrovascular strokes. Moreover, it is the leading cause of acquired blindness and accounts for over 25% of cases with end stage renal failure as well as 50% of non-traumatic lower limb amputations. In spite of achieving new horizons in technology and getting all facilities and comforts with the help of such technology we are losing health status of our body and mind. The WHO defines 'Health' as a state of complete physical, mental, social, spiritual well being and not merely an absence of diseases and infirmity. Mithyaahar, mithyavihar and pradnyaparadha are the main etiological factors for any diseases. Madhumeha /Diabetes mellitus has become a favorite and fascinating subject for the researchers of various medical fields now a day. In this present study 'Triphaladi Kwatha' is used for the treatment of Madhumeha, to understand the effectiveness of this compound in control and prevention of diabetes and its complications.

KEYWORD: Madhumeha, Diabetes mellitus, amputation, cerebrovascular stroke

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INTRODUCTION: Madhumeha is the incurable and advanced stage of prameha, characterized by excretion of urine which resembles the honey is taste and characteristics and also accompanied by sweetness of whole body of the patient. Because of difficulty in treatment, seriousness and complications, prameha has been considered as one of the eight ‘maharogas’.

Prameha is one of the chronic diseases described in Aurvedic texts. Prameha has been mentioned as ‘anushangiroga’ by Charakacharya and santarpanjanyavyadhi by Ashtanga Hridaya. Chakrapanidatta, the commentator of charaksamhita further elaborated the term Anushangi as anushangipunarbhavi which indicates the recurrent tendency of disorder. That is why madhumeha is regarded as a yapy disease i.e. needs treatment regularly and throughout life and symptom aggravated when treatment is stopped and when the conditions favorable to the disease. Twenty types of prameha are enumerated in classical texts/samhitas and Madhumeha is considered as a subtype of vataj category. Sushruta described Madhumeha as Medo-dushtijanyavikara. In modern medicine Diabetes mellitus is the synonymous disease with Madhumeha. Diabetes is widely regarded as a syndrome rather than a single disease. It comprises of

a group of common metabolic disorder that shares the phenotype of hyperglycemia. DM is a heterogeneous chronic metabolic disorder characterized by hyperglycemia from defect in insulin action and / or deficiency of insulin secretion. Insulin is the only anabolic hormone and it has profound effects on metabolism of carbohydrate, fat and protein. Insulin is secreted from pancreatic beta cells into the portal circulation, with a risk increase in response to rise in blood glucose after meals. A glucose sensor has been identified in the portal vein which modulates insulin secretion via neural mechanism. Insulin lowers blood glucose by suppressing hepatic glucose production and stimulating peripheral glucose uptake in skeletal muscle and fat, mediated by glucose transporter GLUTE-4.

In this present study Triphaladi kwatha is used for the treatment of Madhumeha, to understand the effectiveness of this compound in control and prevention of diabetes and its complications. In this study the role of Triphaladi kwatha was studied in 25 patients of Madhumeha and its effectiveness is compared with standard / established drug metformin.

AIMS & OBJECTIVES

Present study is planned keeping in view following aims and objectives,

1. To explore the classical texts for the description of Madhumeha in relation to Diabetes mellitus in modern science.
2. To study whether Triphaladi Kwatha is effective in relieving signs and symptoms in patients with Madhumeha.
3. To see the effects of Triphaladi Kwatha on laboratory parameters of DM i.e. blood glucose level, urine sugar etc.

4. To compare the effects of Triphaladi kwatha with well established drug Metformin.

MATERIALS AND METHODS:-

A comparative clinical study done on 50 patients of both sexes, between age group of 30-70 years randomly selected in two groups. Triphaladi kwatha was administered to trial group and Tab. Metformin was administered to control group. Assessment was done after completion of therapy.

Drug	TriphaladiKwatha	Tab. Metformin
Route of administration	oral	oral
Dose	15-30ml BD before meal	500 mg
Kala	before meal	after meal
Duration	8 weeks	8 weeks
Follow up	Every 2 weeks	Every week

Selection Criteria:-

1. Patients willing to participate in the trial
2. Age 30-70 years
3. Patients belonging to any socioeconomic class.
4. Presence of sugar in urine
5. Symptoms: patients having the classical symptoms of Madhumeha as described in Ayurvedic texts and

modern medicine as mentioned above.

Exclusion criteria:-

1. Patients unwilling to participate in the trial.
2. Patients with IDDM/ Juvenile diabetes.
3. Patients presenting with complications like renal

impairment, diabetic retinopathy, IHD, Severe Hypertension, diabetic ketoacidosis, coma and Liver dysfunction.

4. Patients associated with major medical diseases like cancer, T.B etc.
5. BSL- FASTING > 170mg/dl and Post meal > 270mg/ dl.
6. If condition of patient deteriorated during trial.

Assessment criteria:-

Assessment is done on the basis of following symptoms,

Group A (Triphaladi kadha)

1. Prabhutmutrata
2. Avilmutrata
3. Dantadinammaladhyatwam
4. Panipadayo daha
5. Chikkanatadehe
6. Trut
7. Swaduasyata
8. Angagandha
9. Shlathangatwam
10. Kshudhadhikya

Observation and Results:

The demographic analysis of these patients is being presented here,

SR NO.	Clinical features	Before treatment		After Treatment			
				Relief		No relief	
		No.	%	No.	%	No.	%
1	Prabhutmutrata	25	100	16	34	9	36
2	Avilmutrata	22	88	15	68.18	7	31.82
3	Dantadinam maladhyatwam	3	12	2	66.67	1	33.33
4	Panipadayo daha	23	92	17	73.91	6	26.09
5	Chikkanatadehe	20	80	13	65	7	35
6	Trut	25	100	17	68	8	32
7	Swaduayata	17	68	10	58.82	7	41.18
8	Angagandha	20	80	13	65	7	35
9	Shlathangatwam	24	96	14	58.33	10	41.67
10	Kshudhadhikya	7	28	5	71.42	2	28.58

Group B (Tab. Meformin)

SR NO.	Clinical features	Before treatment		After Treatment			
		No.	%	Relief		No relief	
				No.	%	No.	%
1	Prabhutmutrata	25	100	20	80	5	20
2	Avilmutrata	20	80	15	75	5	25
3	Dantadinam maladhyatwam	2	8	0	0	2	100
4	Panipadayodaha	24	96	14	58.33	10	41.67
5	Chikkanatadehe	22	88	12	54.54	10	45.46
6	Trut	25	100	20	80	5	20
7	Swaduayata	19	76	13	68.42	6	31.58
8	Angagandha	22	88	12	54.54	10	45.46
9	Shlathangatwam	23	92	17	73.91	6	26.09
10	Kshudhadhikya	6	24	5	83.33	1	16.67

Discussion:

In the present study it is found that incidence of Madhumeha is more in 5th & 6th decades of life. Stress may also playing important role in it, for most the men were in service. There is no specific relation between religion and Madhumeha was observed. Result of study support the classical description that sedentary lifestyle is an important etiological factor for madhumeha.

Conclusion:

In symptom wise statistical analysis, it is found that Triphaladi kwatha is significantly effective in the symptoms of madhumeha but the onset of action of Metformin is earlier than Triphaladi kwatha. Triphaladi kwatha has significant hypoglycemic action and it is more on post meal blood sugar level. Metformin is more effective in treating the hyperglycemia than Triphaladi kwatha.

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