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Original Research Paper

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REVIEW STUDY OF MANAGEMENT OF DIABETES MELLITUS WITH VIRECHANA KARMA (THERAPEUTIC PURGATION)

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ABSTRACT Changing life style, lack of exercise, fast foods, improper unbalanced diet, and sedentary lifestyle has lead to the outbreak of Life style disorders. Among them Diabetes mellitus is an endocrinal and/or metabolic disorder with an acreasing global prevalence and incidence. Bio-purification (*Panchkarma*) therapy is well known procedure for its Excellency to cure and

increasing global prevalence and incidence. Bio-purification (*Panchkarma*) therapy is well known procedure for its Excellency to cure and prevent the disease from the root cause. Due to lots of benefits of *Panchkarma* i.e. *Shodhana Karma* (Bio-purificatory therapy) it has grabbed a worldwide attention. Tough it has wide range of applicability but mainly indicated in Chronic disorders like Diabetes mellitus (*Madhumeha*). *Virechana Karma* (Therapeutic purgation) is one such treatment module of purification (*Shodhana*) in Diabetes Mellitus. It could be used in all diseases of endocrinal disturbance. Holistic approach of Ayurveda in regard to preventive, promotive and purificative measures provide better health in such diseases.

Aim: To establish role of Virechana Karma in the management of Diabetes Mellitus.

Materials and methods: All the PG and PhD thesis on Diabetes mellitus were referred for the study.

Conclusion: On observation of clinical data it can be concluded that *Virechana Karma* is effective clinically and statistically in prevention and management of Diabetes mellitus.

KEYWORDS: Diabetes Mellitus, *Madhumeha*, *Panchkarma*, *Virechana Karma*.

INTRODUCTION

Nowadays sedentary life style and stressful conditions have called for many distressing diseases, foremost amongst them being Diabetes Mellitus (DM), one of the perfect examples for a lifestyle disorder. DM in *Ayurveda* is referred to as *Madhumeha*, which literally means excessive urine with sweet taste like honey. In Ayurveda 20 types of Diabetes (*Prameha*) are mentioned, amongst those twenty types, *Madhumeha* has many clinical similarities to the modern day DM. Adult Onset DM begins with insulin resistance, a condition in which cells fail to respond to insulin properly. As the disease progresses a lack of insulin may also develop.¹ As with any therapy the benefits of efforts directed towards glycemic control weighed against the risk of treatment. Side effect of intensive treatment include- increase frequency of hypoglycemia, weight gain, increase economic cost.

Both the number of cases and the prevalence of diabetes have been steadily increasing over the past few decades. Diabetes caused 1.5 million deaths in 2012. Higher-than-optimal blood glucose caused an additional 2.2 million deaths, by increasing the risks of cardio-vascular and other diseases.² WHO projects that diabetes will be the 7th leading cause of death in 2030.³ It has been narrated in *Ayurveda* that, the long periods of physical inactivity, laziness, sleeping for long hours, excess use of food which is heavy to digest like dairy products, aquatic and marshy animals, sugar/jaggery preparations, fresh grains etc. and similar foods that increase *Kapha Dosha* (governs structure and fluid balance in body) are generalized causes of DM (*Madhumeha*).⁴

Ayurveda emphasized that the first and foremost principle of prevention as well as the treatment of any disease is avoidance of causative factors. This is called the principle of *Nidana Parivarjanam* (abstain from the causative factors) in Ayurveda. Cleansing of the body by using bio-purification measures is advocated in case of obese diabetics. It is hypothesized that *Shodhana Karma* (Biopurificatory therapy) works by improving the insulin production and/or increasing the insulin sensitivity. Some drugs may also be used to improve the glycemic control and overall quality of life and to prevent long term complications. According to *Acharya Charaka, Prameha* (diabetes) is *Santarpanajanita Vyadhi* (diseases caused by over nutrition) so it should be treated by *Apatarpana* (depletion therapy). *Virechana* (therapeutic purgation) is also mentioned in the treatment of *Santarpana Janita Vyadhi*.⁵ Based on this principle, few research works were done on *Virechana* in *Madhumeha*) which are discussed in this article.

MATERIALS AND METHODS:

Works carried out at Gujarat Ayurved University, Jamnagar at PG/PhD level under various departments during 2000–2016 were compiled and screened to assess the impact of *Virechana Karma* (therapeutic purgation) in diabetes management.

OBSEVATIONS:

Below mentioned subjects were referred for review study. All scholars gave Virechana to the patients in group A for total purification of body after that, patients were given medicine for 1-2 month. In another group only medicines were given and it was compared to that of Virechana group. For Virechana Karma, Trikatu *Churna* (powder of Ginger, Black pepper, long pepper) was given to the patients in the dose of 6 grams per day in two divided doses for 3-5 days for provocation of digestive fire. After that internal oleation was done using Go-ghrita (cow ghee) or medicated Ghrita for 3-7 days according to Agni and Bala (digestive power and Capacity) of the patient. Patients were given Abhyanga and Swedana (message and fomentation) for 4 days, on the 4th day patients were given Virechana with Ayurvedic medicines and then were kept on special dietary regimen for 3-7 days. After that below mentioned medicines were prescribed and were assessed after medicine. All allopathic medicines of patients were stopped during the whole procedure.

Patel Asha (2004)⁶: 28 patients were randomly selected for this study and were subdivided into two groups, 14 patients were selected for *Virechana* group and after *Virechana* below mentioned medicine was given.

| J | | | |
|--------------------|-------------|-----------|----------|
| Drug | PPBS(mg/dl) | Dose | Duration |
| Vidangadi Ghanvati | 140-200 | 2 Tab-TDS | 60 days |
| (Tablet form) | 200-250 | 3 Tab-TDS | |
| | >250 | 4 Tab-TDS | |

Tikoo Ajay (2005)⁷: 37 patients of either sex were selected and subdivided into two groups, 16 patients were selected for *Virechana* Group and medicine was given after *Virechana*.

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| Drug | Dose | Duration | |
|----------------------------------|-------------|----------|--|
| Nishakatakadi Yoga (Powder form) | 3 grams TDS | 30 days | |
| | | | |

Kumari Jyoti (2007)⁸: 37 patients were randomly selected and subdivided into two groups, 21 patients were selected for *Virechana* group with following medicine.

| Drug | Dose | Duration | |
|-------------------------------------|------------|----------|--|
| Nyagrodhadi Ghanavati (Tablet form) | 2 Tab- TDS | 30 days | |

Jindal Nitin (2008): 20 patients of either sex were selected for this study and subdivided into two groups of 10 patients each. *Virechana* was given in 10 patients and after that diet restriction was given for 15 days and patient was assessed after 15 days.

Pandey Rajeev (2010)

38 patients of either sex were selected and randomly subdivided into two groups. 20 patients were selected for *Virechana* with following medicine.

| Drug | Dose | Duration |
|---------------------------|-------------------------|----------|
| Neem Giloy Satva (Capsule | 1 cap. BD (500 mg each) | 30 days |
| form) | | |

RESULTS:

Table 1 Effect of Virechana Karma in various studies on Subjective criteria

| Sr | Subjective Criteria | Relief in percentage (%) | | | | |
|-----|--|--------------------------|-------|-------|-------|-------|
| no. | | Α | В | С | D | Е |
| 1 | Polyuria (Prabhuta Mutrata) | 77.77 | 13.69 | 90.24 | 64.20 | 50.0 |
| 2 | Turbid Urination (Avila Mutrata) | 68.75 | 10.52 | 88.88 | 62.50 | 42.31 |
| 3 | Polydypsia (Pipasadhikya) | 78.94 | 13.69 | 87.17 | 57.14 | 63.41 |
| 4 | Polyphagia (Kshudhadhikya) | 71.0 | 20.53 | 83.33 | 46.15 | 28.21 |
| 5 | Stretching pain in calf (Pindikodweshtana) | 61.76 | 63.34 | 89.36 | 63.63 | 46.15 |
| 6 | Burning in palm and sole (Kara-padatala Daha) | 73.33 | 13.04 | 88.09 | 75.0 | 55.56 |
| 7 | Numbness in palm and sole (Kara-padatala Suptata) | 70.0 | 11.89 | 91.30 | 57.14 | 40.0 |
| 8 | Lethargy (Daurbalya) | 63.63 | 48.35 | 85.36 | 58.30 | 24.0 |

Table 2 Effect of Virechana Karma in various studies on Objective criteria

| Objective | Relief in percentage (%) | | | | |
|-----------|--|---|--|---|---|
| Criteria | Α | В | с | D | E |
| FBS | 28.35 | 10.63 | 10.0 | 51.50 | 19.53 |
| PPBS | 31.13 | 23.64 | 6.43 | 81.60 | 12.18 |
| FUS | 42.30 | 45.77 | 23.56 | 25.0 | 25.30 |
| PPUS | 47.61 | 53.25 | 45.13 | 26.66 | 45.25 |
| HbA1c | 50.25 | 42.56 | 23.25 | 56.23 | 3.5 |
| | Criteria FBS PPBS FUS PPUS | Criteria A FBS 28.35 PPBS 31.13 FUS 42.30 PPUS 47.61 | Criteria A B FBS 28.35 10.63 PPBS 31.13 23.64 FUS 42.30 45.77 PPUS 47.61 53.25 | Criteria A B C FBS 28.35 10.63 10.0 PPBS 31.13 23.64 6.43 FUS 42.30 45.77 23.56 PPUS 47.61 53.25 45.13 | Criteria A B C D FBS 28.35 10.63 10.0 51.50 PPBS 31.13 23.64 6.43 81.60 FUS 42.30 45.77 23.56 25.0 PPUS 47.61 53.25 45.13 26.66 |

Table 3 Overall Effect of Virechana Karma in various studies

| Overall effect of | Relief i | Relief in percentage (%) | | | | |
|-------------------|----------|--------------------------|-------|----|----|--|
| therapy | A | В | С | D | E | |
| Controlled | 7.15 | 12.50 | 0 | 0 | 0 | |
| Marked relief | 50.0 | 18.75 | 68.75 | 40 | 0 | |
| Moderate relief | 28.57 | 37.50 | 31.25 | 60 | 30 | |
| Mild relief | 14.28 | 18.75 | 0 | 0 | 60 | |
| No relief | 0 | 12.50 | 0 | 0 | 10 | |

A =Patel Asha (2004), B =Tikoo Ajay (2005), C = Jyoti Kumari (2007), D = Jindal Nitin (2008), E = Pandey Rajeev (2010)

DISCUSSION:

Two varieties of diabetics (*Pramehi*) as classified in *Ayurveda* comprise, *Sthoola* and *Balavana* (obese-strong) and *Krisha* (thinweak). Treatment for obese and strong diabetics begins with *Apatarpana* (depletion therapy). It is the line of treatment adopted in *Santarpanajanya Vyadhi* (diseases due to over nutrition). Lean and weak diabetics can undergo milder cleansing procedures followed by the treatment to nourish the body with specific management (*Santarpana Chikitsa*). Both types of diabetics can be successfully treated with distinct therapy and diet regimen.

Madhumeha (Diabetes Mellitus) is a complicated disease in which every cell of human physiology is affected. It is condition of Bahudosha (excessive aggravation of Dosha) where application of Shodhana Karma helps in eliminating the large quantity of vitiated Doshas (body humors). Multiple, Radical and long lasting benefits of Shodhana (Purification) helps in correcting the disturbed homeostasis. The first line of treatment suggested for Prameha (diabetes) is Shodhana (bio purification). Lack of timely Shodhana is one of the causative factors of Madumeha (DM). Particularly Vamana (therapeutic vomiting) and Virechana (therapeutic purgation) are indicated in Pramehi. Shodhana includes different steps among them preparatory procedure is being an important one which decides the whole outcome of bio-purification. Snehana (oleation) and Swedana Karma (sudation therapy) helps in bringing the vitiated Dosha from Shakha (periphery) to Kostha (Gastrointestine tract) and by Vamana or Virechana Karma it comes out of body and purifies the body.

Acharaya Charaka has explained Madhumeha may be due to wrong food habits, sedentary lifestyle and not undergoing timely Shodhana. This etiological factor vitiates mainly Kapha, Pitta and Meda (body humors and fatty substance) which causes excessive accumulation of morbid matter inside the body causes the Avarana (obstruction) and obstructs the path of Vata (airy elements). Avarana (obstruction) can be compared with insulin resistance. In insulin resistance, the body's cells have a diminished ability to respond to the action of the insulin hormone. To compensate for the insulin resistance, the pancreas secretes more insulin. According to Acharya Sushruta, Samprapti (pathogenesis) of Madhumeha takes its root from the Ama (undigested food). According to Dalhana Virechana Karma is essential to alleviate the Prameha and also to reduce the Kleda (clammy) vitiation.

Diabetes Mellitus initially exhibits with decreased ability of peripheral tissue to respond to insulin (insulin resistance) but ends up in inadequate insulin secretion (β -cell dysfunction) which is evident by pool of signs and symptoms with involvement of different systems thus patient goes on deteriorates. These seek a serious attention for its management. Without *Shodhana* only *Shamana* (Palliative treatment) in *Madhumeha* does not provide significant improvements.

Virechana Karma has its multi-dimensional effect on DM by correcting the metabolic impairment. Virechana Karma controls the levels of Glucose and HbA₁c levels by stimulating the β -cells of pancreas. According to Acharya Shushruta, Madhumehi are Durvirechya (hard for Virechana) so in them Tikshna Virechana (irritant purgation) is necessary. Moreover, the Dosha in the patients of Madhumeha accumulates in the lower part of the body. So, keeping these factors in view, the Virechana Karma was selected prior to the administration of Shamana drug, because it eliminates all Vitiated Dosha from body. So it brings normalcy of Tridosha (3 basic elements i.e. Vata, Pitta, Kapha). It acts at microcellular level and helps to maintain normal physiology of tissues. Diabetic patients need good blood vessel care and they also need quick wound healing.

Different medicines were given for Virechana Karma. In Charaka Samhita, Snuhi (Euphorbia neriifolia Linn.) has been mentioned as strongest purgative and is indicated in Madhumeha also. Katuki (Picrorhiza kurro) is mainly Pitta-Virechaka (eliminates Pitta Dosha) while Snuhi is Ushna (warm property) and Tikshna (acute), so the combination is able to eliminate both Kapha-Pitta. Both drugs are having Deepana (corrects digestive power) property so it can be assumed that combination acts on Dhatwagnimandya (hypo function of digestive power). As in DM there is increased hepatic glucose production there is a possibility that Katuki being Pitta-Virechaka reduces various enzymes responsible for this mechanism and so reduce hepatic glucose production.

Erand Taila (Castor oil) was also used by some scholars for Virechana. Erand Taila used in the Virechana Karma gets hydrolyzed in small intestine by lipase to give ricinoleic acid which irritates and requires bile for hydrolysis. Bile serves as a means for excretion of several important waste products from the body. Result shows that *Virechana* is effective in the management of the metabolic syndrome with decrease in the fecal fat content, fasting blood glucose, serum triglyceride, and reduced fatty changes in liver, heart, and kidney.

Various neuropeptides and hormones are present in brain as well as Gastro Intestinal (GI) tracts, among these glucagon, insulin, and pancreatic polypeptide are included. *Virechana* may enhance the amount of these neuropeptides by cleansing the complete GI tract, as a result, the quantity of neuropeptides may normalize that in turn may affect the brain and modify its various functions. Based on the above findings, effect may be there in brain physiology to a highly considerable extent through *Virechana*. Hence, *Virechana* could be used in all diseases of endocrinal disturbance. So, it may be said that *Virechana* and *Mala* (waste product) not only from intestine but also from the whole body as discussed above.

CONCLUSION

With conventional (allopathy) therapies managing DM may not always be easy, but with *Ayurveda* management for DM, which is oriented toward prevention, health maintenance and treatment, one can stay healthy with benefits of a personalized treatment plan, diabetes-friendly diet, and lifestyle. On observation of clinical data it can be concluded that *Virechana Karma* is effective clinically and statistically in prevention and management of Diabetes mellitus. Many patients stopped allopathic medicines after this treatment and they were in well condition too. *Ayurvedic* principles of preventive (*Nidanparivarjan*) and purificative measures (*Shodhana*) with due consideration of appropriate single/polyhedral formulations (*Shamana*), diet (*Pathya-Apathya*) management have proved to be beneficial for better well-being in DM patients.

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