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Ayurveda

ROLE OF BHUDHATRIKADI YOGA WITH LIFESTYLE MODIFICATION IN MADHUMEHA: A CASE STUDY

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ABSTRACT Diabetes Mellitus is the most common disease of the current era. In Ayurveda, this disease is mentioned as the sub-type of Vatik Prameha i.e. Madhumeha, as the signs and symptoms of these diseases are common. This case study consists of a 42-year-old female patient with symptoms like Increased frequency of micturition, Generalized weakness, Dizziness, Weight loss, and Tingling sensation in hands and feet for 6 months. The patient was given Ayurvedic medicine named Bhudhatrikadi yoga for 90 days with some lifestyle modifications. Regular monitoring of blood glucose levels was done and results were conducted. The results demonstrated significant improvements in glycemic control, and overall well-being, suggesting the efficacy of Ayurveda as a complementary approach in managing Diabetes mellitus.

KEYWORDS : Ayurveda, Madhumeha, Bhudhatrikadi yoga, Diabetes mellitus.

INTRODUCTION

D.M. has gained gigantic disgrace recently as it is growing very fast. India is becoming the diabetic capital of the world. It has been growing in pandemic proportion all over the world. It affects more than 463 million (9.3% of global population) worldwide. The International Diabetes Federation estimated that 72.9 million adults in India were living with diabetes in 2017. [1]A 2017 study also found that diabetes prevalence was higher in urban areas. It is a chronic metabolic disorder characterized by elevated blood glucose levels due to inadequate insulin production or inefficient utilization of insulin by the body. While conventional treatment modalities such as oral hypoglycemic agents and insulin therapy are widely used, Ayurveda plays an important role in managing Diabetes mellitus with potential results.[2]

CASE STUDY

The case study involves a 42-year-old Female patient, a housewife by profession with OPD No K553/3404 who came to Kaya Chikitsa OPD, UAU, Rishikul campus, Haridwar, was diagnosed with type 2 diabetes mellitus (T2DM) for the past 1 year. The patient had a history of poor glycemic control despite adherence to conventional treatment regimens, including oral hypoglycemic agents and lifestyle modifications. Frustrated with the limited efficacy and side effects of conventional medications, the patient sought an Ayurvedic consultation. She had complained of Increased frequency of micturition, Generalized weakness, Dizziness, Weight loss, and Tingling sensation in her hands and feet for 6 months. As per the reports, BSF was 117mg/dl, BSPP- 320 mg/dl, Urine sugar-3, and HbA1C- 10%. Thus, he was diagnosed to be suffering from type 2 DM. The patient was advised of Ayurvedic medicines for 90 days aiming to control blood glucose levels while improving health conditions. After 30 days, the patient was re-assessed and the results found were a decrease in previous symptoms and FBS was 90mg/dl, BSPP- 260 mg/dl, Urine sugar-2, and HbA1C- 8%, That is why the patient was advised to continue same treatment for 1 month. After completing 90 days of ayurvedic treatment with lifestyle modifications, the final result drawn was FBS 90mg/dl, BSPP- 180 mg/dl, Urine sugar-0, and HbA1C- 7%.

EXAMINATION

Roga pariksha and Rogi parikshan were properly done at every visit of the patient. Assessment according to Ayurveda reveals the dominancy of Kapha, Pitta, and Vata with Meda, Kleda Vasa, Ambu, and Ojas as Dushya. The patient was having Agnimandya, and Prakrati was assessed as Kapha-pitta.

Drug Regimen

The drug given to the Patient was Bhudhatrikadi Yoga which consists of 2 drugs, Bhumyamalaki(Phyllanthus niruri) and Maricha (Piper nigrum) on a dosage of 5gm BD with lukewarm water with some lifestyle modifications. By looking at the individual herbal constituents and their pharmacological action as mentioned in Ayurvedic literature,[3] it appears that the contents of Bhudhatrikadi Yoga have Tridosha Shamaka, Pramehagana, Deepniya, Pachaniya, Yakrut Uttejaka, Nadi Uttejaka and Balya properties so that it will be effective in Madhumeha.[4] These have Anti-diabetic, Antioxidant & Anti-inflammatory, Anti-hepatoxic properties.

Follow-up and Outcomes

During the 1st visit of the patient in the OPD of Kaya Chikitsa, the levels of BSF were 117mg/dl, BSPP- 320 mg/dl, Urine sugar-3, and HbA1C- 10%. After starting the ayurvedic management, the patient was re-assessed after 30 days and the outcome was BSF 90mg/dl, BSPP- 240 mg/dl, Urine sugar-2, and HbA1C- 8%. There was no other complaint noticed. After completing the whole regimen for 90 days the outcome seen was BSF 90mg/dl, BSPP- 180mg/dl, Urine sugar-0, and HbA1C- 7%. Thus, the patient was advised to continue the same treatment with slight dose modification. At last, the patient was completely satisfied with ayurvedic management, and sugar levels were maintained for the next 3 months.

DISCUSSION

Sahaja, which is inherited, and Apathya Nimitaja, which is acquired, are the nidan of Prameha. There are two subcategories of Apathya Nimitaja: Aharaja Nidana and Viharaja Nidana.[5] Aharaja Nidana includes using too many fresh peas, black beans, and other pulses cooked in Ghrita, Guda, and Ikshu, fresh wine and curd made from milk, soup made from various Anupa animals, etc. Every Aharaja Nidana are Kapha and Meda vardhak. excessive sleep, inactivity, stress, grief, and anxiety are the Viharaja nidan of Prameha.[6]

Lifestyle modification- Managing diet, exercise, and weight loss is essential and improves insulin sensitivity. A long-term lifestyle change may be more effective than medication at preventing or delaying T2DM: 150 min/week of moderate-intensity exercise (i.e. brisk walking) and nutritionist intervention to reduce weight by 6-7% reduces 3-5 years T2DM risk in high-risk patients by 58%. Exercise improves insulin sensitivity and is a key part of treatment and prevention. Being inactive increases diabetes risk by 30%. Regular activity can halve the risk of diabetes. Inactivity increases coagulopathy, decreases cardiovascular fitness, and is associated with depression, dementia, obesity, some cancers, T2DM, and metabolic syndrome.

Diet Chart For Diabetes (Madhumeha) (Table 1)

Time	Aahara
7 am	1 cup of Tea (without sugar) or 1 to 2 glasses of lukewarm water
8 am (breakfast)	1 bowl of Daliya with 100ml of milk or 1bowl of Sabji with 2 chapati
11 am	1 bowl of Fruits- Apple or Aamla 1 glass (100 ml)of Juice- Karela juice etc
1 pm (lunch)	2 Chapatti+ 1 bowl of Puranan Chawal+1 bowl of Sabji + 1 bowl of Daal + 1 plate of Salad
4 pm	50 to 60 gm of Roasted Chana or Murmura Chat
9 pm (dinner)	1 bowl of Soup + 1 bowl of Sabji + 2 Chapatti + 1 bowl of Daal + 1 plate of Salad
10 pm	1 glass(100ml) of Milk (without milk cream)

Observation of Blood Sugar Levels (Table 2)

S. no	Investigations	Before treatment	After 30 days	After 60 days	After 90days
1.	Blood sugar Fasting	117mg/dl	90	90	90
2-	Blood sugar Post- Prandial	320mg/dl	260	210	180
3-	Urine Sugar	3	2	1	0
4-	HbA1c	10%	8	7.5	7

CONCLUSION

Three key elements were taken into consideration when planning the treatment: medication, diet, and lifestyle modification. In this case study, we found that Bhudhatrikadi yoga[7] and lifestyle modifications were effective in treating Madhumeha in terms of both subjective and objective parameters. Additionally, it promotes a unique pattern of dietary limitations that are necessary for the management of Prameha, whereby Tikta and Kashaya Rasa are recommended to be encouraged, and Madhura and Lavana Rasa are to be reduced. As a result, Ayurveda proposed a novel theory for the treatment of this illness.[8]

Declaration of Patient's Consent

The authors attest that they have all necessary patient permission paperwork in their possession. The patient has agreed on the form that his pictures and other clinical data may be published in the publication. The patient is aware that while every attempt would be made to hide his identity and that his name and initials will not be disclosed, anonymity cannot be ensured.

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