

EFFECT OF AYURVEDIC SINGLE DRUG- *HARIDRA* ON *MADHUMEHA*

## Ayurveda

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## ABSTRACT

*Madhumeha* (diabetes) is a chronic disease, which occurs when the pancreas does not produce enough insulin or the body cannot effectively use the insulin it produces. This leads to increased concentration of glucose in blood. This is an observational study on 40 diabetic patients with complaints of frequent urination, hunger, excessive thirst, dryness of mouth. Patients were treated with *Haridra* Churna 3 gm orally thrice a day for one and half month (6 weeks). Study demonstrated that consumption of *Haridra* Churna is economical and effective single drug therapy in the management of diabetes. It focuses prominent anti diabetic property of *Haridra*.

## KEYWORDS

Diabetes, *Haridra*, *Madhumeha*

## INTRODUCTION

Diabetes is growing challenge in India, with estimated 8.7% diabetic population<sup>1</sup> in the age group of 40-70 years. In today's modern society it is the most common disease. Reason behind it is modern lifestyle which is very different from our ancient living style. The rising prevalence of diabetes is driven by a combination of factors- rapid urbanization, unhealthy diet, Tobacco use, sedentary lifestyle with increasing life expectancy. Obesity and overweight are the most responsible risk factors for diabetes. Much of the diabetes burden can be prevented or delayed by behavioral changes, fevering a healthy diet and regular physical activity.

According to ayurveda, increased quantity and turbidity of urine<sup>2</sup> are the characteristic features of *Madhumeha*. In *Madhumeha* urine is like honey (sweet in taste). It is of two kinds – first due to *Vata vridhhi* caused by *Dhatu Kshaya* (depletion of tissues) and another by *Vata vridhhi* caused by obstruction of channels of *Vata* by the other *Doshas*.

*Haridra* is one of the important anti-diabetic drugs. It is *Katu*, *Tikta rasatmak*<sup>3</sup>, *Ushna gunatmak*, *Mutra Sangrahaniya*, *Trishna Hara*, *Medohara*, *Kledanashaka Dravya*. As *Haridra* is *Kafa Vata Nashaka* it is used in respiratory diseases. As *Haridra* is *Deepana Pachana*, *Krimihara* it works in gastrointestinal problems. It is *Pittashamaka* because of its *Tiktarasa*. It works as a blood purifier. It has own important role because of its high therapeutic value. Diabetes is a condition in which multiple organs like Kidney, Heart, Eyes, Gums, Feet, Blood vessels may suffer. *Haridra* is a drug which simultaneously acts on multiple systems. It is very useful in diabetic condition.

## MATERIAL AND METHODS

## AIM AND OBJECTIVES-

To assess the efficacy of single drug *Haridra* in *Madhumeha*.

This is an observational study from January 2018 to January 2019 based on daily OPD practice on 40 patients of age range 40-70 years with complaints of *Polyurea*, Polyphagia, Polydipsia, General debility since 3 months or more who visited OPD of Bhagoji memorial ayurvedic centre, Satara for treatment. Patients were newly diagnosed with Type-2 Diabetes on the basis of symptoms and clinical features and laboratory investigations of Blood sugar (Fasting, Postprandial), Urine sugar (Fasting, Postprandial). The treatment period for patients was one and half month (6 weeks).

**Inclusion criteria-** Patients ranging from 40-70 years, having signs and symptoms mentioned in Ayurvedic reference books, According to World Health Organizations guidelines patients with Fasting blood glucose level (more than or equal to 126 mg/dl), Post-Prandial blood glucose level (more than or equal to 200) were selected.

**Exclusion criteria-** Patient having age less than 40 years and more than 70 years, undergoing treatment of malignancy, Acquired Immuno Deficiency Syndrome, Sexually Transmitted Diseases, Systemic Lupus Erythromatus, Diabetic patients with already under allopathic treatment, patients with type-1 diabetes were excluded.

Patients were treated with oral intake of 3 gm *Haridra Churna*, 3 times

a day with lukewarm water half an hour before breakfast, lunch and dinner for one and half month.

## RESULT-

Result of the present observational study showed that among 40 patients included in study, male and female were 22 and 18 respectively. The age ranges of male were from 40-70 years and of female was 42-70 years. This indicates that *Madhumeha* is very common disease in India.

## Criteria for assessment:

The treatment result was assessed in the form of different levels of grades assigned to the clinical signs and symptoms and respective laboratory investigations.

## Clinical assessment:

Clinical assessment was done intermittently after every 2 weeks. Change in symptoms before and during treatment were recorded in the form of qualitative data at each follow up and then further converted to quantitative data for statistical analysis. Grading was given according to intensity of each sign and symptom. The signs and symptoms were assessed by adapting suitable scoring method. The table no.1 given below describes the grading for various signs and symptoms like Polyurea, General debility, etc. According to below grading, the patients were characterized as no symptom to severe.

Table no. 1

Symptoms	Grading	Grading criteria
Polyurea	0 - Absent	Frequency in Day- 1-4 times, Night- 0-2 times, Normal volume
	1 - Mild	Frequency in Day-5-7 times, Night-3-5 times, Normal volume
	2 - Moderate	Frequency in Day-8-10 times, Night-3-5 times, Excessive volume
	3 - Severe	Frequency in Day >10 times, Night >8 times, Excessive volume
Polydipsia	0 - Absent	Normal 1.5-3 L per day
	1 - Mild	Increased but controlled 3-4 L per day
	2 - Moderate	Increased but uncontrolled 4.5 L per day
	3 - Severe	Very much increased 5 L per day
General Debility	0 - Absent	No feeling of weakness
	1 - Mild	Mild feeling of weakness
	2 - Moderate	Routine activities disturbed
	3 - Severe	Severe weakness
Polyphagia	0 - Absent	Main meal 2, Light breakfast 1 time per day
	1 - Mild	Main meal 2, Light breakfast 2-3 times per day
	2 - Moderate	Main meal 2, but light breakfast 3-5 times per day
	3 - Severe	Main meal 2 or 3 light breakfast more than 5 times per day

The study according to grading given above was conducted. Out of 40 patients 21 patients were of Grade 1 (Mild) in all 4 symptoms (considered as Group no. 1). And remaining 19 Patients were of Grade 2 (Moderate) in all 4 symptoms (considered as Group no.2). As the total time period for treatment was of 6 weeks and follow up was taken after each 2 weeks, thus total 3 times follow up was taken. The patients reduced to Grade 0 were considered as cured patients and such no. of patients was added to Grade 0 in next follow up. The results were as follows (Table no.2):

**Table no.2**

	Grade	Group no.1 (21 patients)	Group no.2 (19 patients)
1 <sup>st</sup> follow up	No.0	7	0
	No.1	14	7
	No.2	0	12
2 <sup>nd</sup> follow up	No.0	15	7
	No.1	6	6
	No.2	0	6
3 <sup>rd</sup> follow up	No.0	17	13
	No.1	1	5
	No.2	0	1

The second type classification of patients was done according to their Blood Sugar level reports. Patients were divided into two groups. Group no.1 Contains 21 patients with Fasting blood sugar level 130-150 mg/dl and Postprandial blood sugar level 200-220 mg/dl. Group no.2 contains 19 patients with Fasting blood sugar level 150-170 mg/dl and postprandial blood sugar level 220-240 mg/dl. By simple mean calculation method, the mean of each group was calculated.

Follow up was taken 3 times in 6 weeks (after each 2 weeks). Patients were advised to do Fasting and postprandial blood sugar level reports each follow up time. The mean data observed is tabulated as follows (Table no.3):

**Table no.3**

	Mean fasting Blood sugar level		Mean Postprandial Blood Sugar level	
	Group no.1	Group no.2	Group no.1	Group no.2
On the day of diagnosis	141 mg/dl	152 mg/dl	212 mg/dl	233 mg/dl
First follow up	133mg/dl	144mg/dl	200 mg/dl	221mg/dl
Second follow up	121mg/dl	130 mg/dl	189 mg/dl	209 mg/dl
Third follow up	115mg/dl	124 mg/dl	180mg/dl	200 mg/dl

**DISCUSSION-**

In India as well as in other Asian countries *Madhumeha* (Diabetes) is very common disease. The single drug *Haridra* used in this study is considered as one of the important PramehaHara Dravya in Ayurveda<sup>3</sup>. Due to its Rasa, Guna and Virya properties, it acts good as Kafa Pitta Nashaka. In RajaNighantu and Nighantu Ratnakara Granthas, it is also considered as VataNashaka. Due to its Katu Tikta Rasa and Ushna Virya, it acts as Kafa Shamaka. According to Ayurveda, *Haridra* has Mahabhuta Sanghatan (having Katu Rasa Vayu Agni properties together). So, it is very rich in Dravya Ruksha, Laghu Tikshna, and Ushna Gunas. Due to its Sukshma properties, it easily acts on *Madhumeha*. It is good in Mutra Sangrahana because of its Tikta rasa properties. Ruksha property of *Haridra* helps effectively in absorption and reduction of Meda, Kleda, and Lasika which is generally involved in cases of *Madhumeha*. Thus *Haridra* is very effective medicine in Ayurveda for treatment of *Madhumeha*.

**LIMITATIONS-**

In this observational study, *Haridra* is used as single drug. According to Ayurvedic references, along with other drugs<sup>3</sup> e.g. *Amalaki*, *Mamajawa Ghana*, *Vijayasara* etc. can be combined, to give faster and effective results. Large scale comparative study can be definitely conducted; Excluded type of patients can be treated for prolonged period and followed up.

**SIDE EFFECTS-**

Nauseating feeling, sometimes oral ulceration, rarely profuse sweating,

**CONCLUSION-**

Present observational study showed that *Madhumeha* is common disease in India. Oral intake of *Haridra* is effective medicine for the treatment of *Madhumeha*. These remedies are being practiced in Ayurveda and are cost effective and easily available.

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