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A CLINICAL STUDY TO EVALUATE THE EFFICACY OF VIRECHANA KARMA FOLLOWED BY PRAMEHAHAR KWATH IN THE MANAGEMENT OF PRAMEHA WITH SPECIAL REFERENCE TO PREDIABETIC CONDITION – A CASE STUDY

Ayurveda

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ABSTRACT

In today's era, as our country is developing, many people are seeming to have sedentary lifestyle, faulty food habits like junk food, lack of exercise, mental stress etc. These changes Causes defective metabolism leading to one of the Metabolic Diseases[1] known as Diabetic Mellitus[2]. In ayurveda, Diabetes Mellitus can be correlated with *Prameha*[3]. In this article, we are considering Pre-Diabetic Condition[4] i.e *Purvaroop* of *Prameha*[5]. In present study, a patient was diagnosed with *Prameha* but without any complications and given *Panchakarma* called *Virechana Karma*[6,7] followed by *Pramehahar Kwath* containing *Dravyas* like *Haridra*[8], *Daruharidra*[9], *Guduchi*[10], *Nimba*[11] and *Shunthi*[12] for next 2 months, results were very remarkable subjectively as well as objectively. *Prameha* mainly occurs due to *Strotorodh* at Macro and Microcellular level. *Virechana* and oral medicine causes *Strotoshodhan* as well as improved *Agni* i.e. metabolism, hence provide very well cure.

KEYWORDS

Pre-Diabetes, *Prameha, Virechana, Pramehahar Kwath*

INTRODUCTION

Diabetes Mellitus is metabolic disorder characterized by Hyperglycemia resulting from defective insulin secretion or insulin action or both. Prevalence of type II Diabetes is increasing all over the world especially in the developing countries. It has emerged as a major public health problem in our country. WHO estimated that, there were 31.7 million person with Diabetes Mellitus in India[13] in 2000 and that this number is likely to be 79.4 million in 2030. This disease may lead to several complications like Nephropathy, Neuropathy, Retinopathy etc. Although Diabetes Mellitus is one of the major occurring disorders there are so many individuals who may or may not be showing symptoms of Diabetes Mellitus but raised blood parameters like FBS, PPBS & HbA1C called as Prediabetic condition. Modern science treatment includes OHA i.e., Oral Hypoglycemic Drugs & Insulin to control sugar level, having certain side effects and dependency. Ayurvedic treatment leads to break in early pathogenesis of the disease with the help of Panchakarma i.e., internal purification known as Virechana Karma & other Ayurvedic Oral Medicines along with special diet, yoga & exercise. Initially we can taper the dosage of OHA & Insulin & lastly patient can be shifted on only regular diet, yoga & exercise with intermittent Panchakarma therapy as per season every year. Thus, Ayurveda therapy corrects the basic pathology to avoid further progression of disease.

MATERIALS AND METHOD –

Case Report – A 40 yr old male patient came with complaints of –

1) *Alasya*
2) *Gauravata*
3) *Shaithilya*
4) *Bahumutrata*

Patient was suffering from all above symptoms since 1 yr.

Past history –
Patient was recently diagnosed with prediabetic condition as slightly raised FBS, PPBS and HbA1C.

S/H/O – No any major illness
N/H/O – Any addiction like alcohol/smoking/tobacco

General Examination –
The general condition of patient was fair and afebrile.
Pulse – 80/min
Blood Pressure – 130/80 mm of Hg
Respiratory Rate – 20/min

Systemic Examination –
In the systemic examination findings of respiratory & cardiovascular system within normal limits. Abdomen was mildly distended, nontender & bowl sounds were present. All vitals were normal. Patient was conscious and well oriented and pupillary reaction was normal to light. Deep tendon reflexes and muscle power grade was normal.

Investigation –
1) Fasting Blood Sugar Level (FBS) – 120 mg/dl
2) Post Prandial Blood Sugar level (PPBS) – 180 mg/dl
3) Urine Sugar – Absent
4) Glycosylated Hemoglobin (HbA1C) – 6 %

Management –
Patient was treated with *Virechana Karma* followed by *Pramehahar Kwath* for next 2 months.

Drug -
For *Virechana Karma - Snehapana* with *Triphala Ghruta*

Virechaka Yoga -
Triphala, Trivrutta and *Aaragwadha majja siddha kwath* with *Eranda sneha* and *Abhayadi Modak.*

Oral Drug -
Pramehahar Kwath
(30ml twice a day)
Abhakta (i.e. on empty stomach in morning) and *Pragbhakta Kala* at evening.

Method of preparation -
Virechana karma -
1) *Poorvakarma -*
Aarohana snehapana in *sarvadehik niramavastha* with *Triphala Ghruta* for 5 days until *Snehasiddhi Lakshana*. *Abhyanga* with *Tila Taila* for 15 to 30 minutes followed by *Nadi sweda* for 3 days after *Snehapana.*

2) *Pradhana Karma* –
Virechana karma was done with following *Kalpa*, approximate quantity of each drug was as follows –

Sr no	Drug	Quantity
1	Triphala bharad	100GM
2	Trivrutta bharad	50GM
3	Aragwadhmajja	50GM
4	Eranda sneha	20ML
5	Abhayadi modak	2 Tab (125MG)

Already standardized *Abhayadi Modak* was used for *Virechana*

3) *Pashchat Karma -*
Sansarjana Krama was given for next 5 days as patient was having *Madhyam Shuddhi* by *Virechana*.

Oral Drug -
Pramehahar Kwath was given just after completion of *Sansarjan*

Krama. *Pramehahar Kwath* was prepared under as per classical text reference from *"Sharangdhara Samhita*[14]*"*

One-part *Bharadchoorna* (*Haridra, Daruharidra, Guduchi, Nimba, Shunthi* each in equal quantity) is taken and 16 part of water (240 ml) is then added in it. Then whole mixture is boiled until 1/8th of it remains (30ml). Then it is filtered to use.

Dose -
Pramehahar Kwath 30ml twice a day. *Abhakta* (i.e on empty stomach in morning) and *Pragbhakta Kala* at evening.

Duration - Two months (for *Kwatha sevan*)

Follow up -
Clinically patient was screened before and after *Virechana Karma* and every fifteen days for two months after *Virechana Karma*.

Criteria of Assessment –
A) Subjective criteria -
***1) ALASYA* -**
Grade 0 - No *Alasya* (doing work satisfactorily with proper vigor in time)
Grade 1 - Doing work with satisfactorily with late initiation
Grade 2 - Doing work with unsatisfactorily under mental pressure and takes time
Grade 3 - Does not take any initiation and not want to work even after pressure

***2) Gaurav* (feeling Heaviness):**
Grade 0- Absent
Grade 1-Feeling of heaviness but no effect on routine work
Grade 2- Feeling of heaviness with mild effect on routine work
Grade 3- Feeling of heaviness affecting routine work

***2) Shaithilya* (lethargy) -**
Grade 0 - Absent
Grade 1 - Lethargy to new task, slightly diminished activeness.
Grade 2- Lethargy to walk or run or work but performs routine work.
Grade 3 - Lethargy to perform daily routine or housework, all work will be affected but interacts well.

***3) Bahumootrata* (Polyuria)-**
Grade 0 – 1-4 times/day
Grade 1 – 5-7 times/day
Grade 2 – 8-10 times/day.
Grade 3 – more than 10 times/day.
Readings were taken before starting of treatment, after *Virechana*, follow up after one month and two months after oral medicine.

B) Objective Criteria –
1) Fasting Blood Sugar Level (FBS)
2) Post Prandial Blood Sugar Level (PPBS)
3) Glycosylated Hemoglobin (HbA1C)

Readings were taken for FBS and PPBS criteria as before starting of treatment, after *Virechana* and two months after oral medicine. And for HBA1C criteria readings were taken as before treatment and after two months of *Virechana.*

OBSERVATION & RESULTS –
Case Report –
A) Subjective Criteria – Table No 1

Lakshana	Alasya	Gaurav	Shaithilya	Bahu Mootrata
Before treatment	+++	++	+++	+++
After Virechana	++	++	+	++
One month after Virechana	++	+	+	+
Two months after Virechana	0	0	0	+

B) Objective Criteria- Table No 2

Sr No	Blood Parameters	Before treatment	After Virechana	After treatment
1	FBS	120 mg/dl	100 mg/dl	90 mg/dl
2	PPBS	180 mg/dl	150 mg/dl	135 mg/dl
3	HbA1C	6.0%	-	5.6%

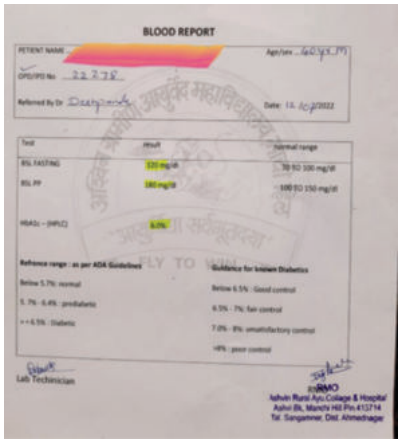

Figure 1: Blood Report Before treatment

Figure 2: Blood Report After *Virechana*

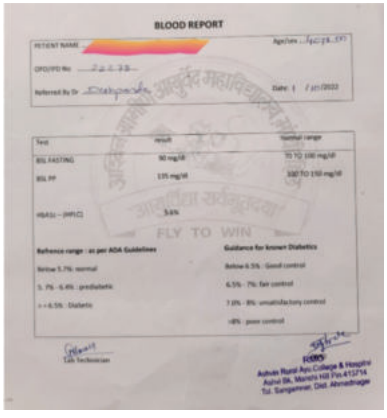

Figure 3: Blood Report After Treatment

DISCUSSION –
In this case report, for Prediabetic condition we have given *Virechana* followed by *Pramehahar Kwath* for next 2 months.In *Prameha, Hetusevana* like *Kaphavruddhikar ahar vihar* like *Asya sukha, Swapnasukha* (Sedentary Lifestyle) causes *Pramanata Vruddhi* in *Rasadhatu* and *Kapha Dosha* by *Drava Guna.* This causes *Rasadhatwagnimandya* and *Vikrut rasa mala – kapha nirmiti,* leading to *Prameha* condition called *Bahudrava Shleshma.* Due to *Guna sadharmyata* there is *rasa, meda, mamsya, majja, shukra, lasika, udaka* and *rakta dushti.* Also causes *meda, mamsya, kleda vruddhi* which further initiated signs and symptoms of *Prameha* or Prediabetic condition like *Bahumootrata, Alasya, Gaurav, Shaithilya, Nidradhikya* etc. if at this condition patient does not get diagnosed than this leads to further involvement of vitiated *Pitta and Vata dosha* along with *kapha,* causing *ojakshaya* and other complications of Diabetes Mellitus. Patient suffering from *Prameha* can be classified into 2 categories i.e. *Sthula Pramehi* and *Krusha Pramehi.*

In above case, we are having patient who is *Sthula Pramehi*, so we

administered cleansing and purification treatment i.e. *Shodhana* known as *Virechana Karma.*

Action of *Virechana Karma* –

During initial stage of *Prameha* there is vitiated or *Sama Kapha Dosha* and *rasa dhatu* embedded in *Strotasa* causing *strotorodha* and *rasadhatwagni mandya* at cellular level. *Virechana* removes this excessively located *Sama Kapha* and *kleda* from *strotasa* called *Shodhana Karma.* It also results into *Agnisandhukshana* at Cellular level, that is metabolism is corrected. So that further given medicine can be absorbed quickly and gives expected results. *Virechana* removes the vitiated *Sama Dosha* and *Kleda* from cell and increases the capacity of cell, and thus opening the receptor and increasing the cell re-uptake. The pharmacological actions of *Pramehahar Kwatha* can be explained in the terms of different combination of single drug which are as follows,

Dravya (Latine Name)	Rasa	Vipaka	Veerya	Guna	Doshaghnata
Haridra (Curcuma longa)	*Katu Tikta*	*Katu*	*Ushna*	*Laghu Ruksha*	*Kaphapittashamak*
Daruharidra, (Berberis aristate)	*Tikta Kashaya*	*Katu*	*Ushna*	*Laghu Ruksha*	*Kaphapittashamak*
Guduchi (Tinospora cordifolia)	*Katu Tikta*	*Madhura*	*Ushna*	*Guru Snigdha*	*Tridoshaghna*
Nimba, (Azadirecta indica)	*Tikta*	*Katu*	*Sheeta*	*Laghu*	*Kaphapittahara*
Shunthi (Gingiber officinalis)	*Katu*	*Madhura*	*Ushna*	*Laghu Snigdha*	*Kaphavatashamak*

Katu rasa possess *guna* like *laghu, ruksha* also does *shoshana* of *drava padartha, kleda, kapha, mutra,* present in body. As *kapha* and *kleda* have *sheeta guna, ushna veerya* being opposite does *samprapti bhedana. Katu vipaka* also helps to destroy *kleda* and *kapha,* so above *dravya* are considered in *Pramehahar kwatha.*

CONCLUSION –

From the above case study, it is concluded that *Virechana* followed by *Pramehahar Kwath* is very beneficial in the management of prediabetic condition.

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