

A CASE REPORT ON KUTAJA ASANADI KASHAYA IN THE MANAGEMENT OF MADHUMEHA AS AN ADJUNCT THERAPY WITH SPECIAL REFERENCE TO DIABETES MELLITUS

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ABSTRACT

Madhumeha is one among the Vataja Prameha that has been considered as Mahagada. The disease is compared to diabetes mellitus because of having similarities of the disease. Diabetes mellitus is becoming fastest considerable disease in the world. India has being estimated with fastest growing population of Diabetes. Besides medicines, Ayurveda also prefers and prescribes shodhana, pathyaapathya and yoga in the management of disease. Thus it is the demand of today's era to explore the better treatment options from the most time tested system of medicine. The ultimate aim is a good control and management of madhumeha and thus reducing the risk of the development of complications. In this study Kutaja Asanadi Kashaya is selected as study drug as an adjunct therapy for Shamana Chikitsa.

KEYWORDS: Madhumeha, Diabetes mellitus, Kutaja Asanadi Kashaya FBS, PPBS, HbA1C.

INTRODUCTION

Madhumeha is one among the *Vataja Prameha* that has been considered as *Mahagada*¹. Due to chronicity of the disease it is also called as *Prameho Anushanginaam*². *Madhumeha* is characterized with *Madhura, Kashaya Rasa of Mootra* and *Rooksha Guna of Mootra*³.

The prevalence of diabetes Mellitus in adults globally estimated to be 150 million and the figure expected to be double by 2025⁴. In India with more than 62 million populations is affected. In 2000 India (31.7million) topped the world with the highest number of people with Diabetes Mellitus followed by China (20.8million).In

2015 an estimated 1.6 million deaths were directly caused by Diabetes⁵.

Diabetes mellitus is characterised by three patho physiological abnormalities like Impaired Insulin Secretion, Peripheral Insulin Resistance and Excessive hepatic glucose production⁶. According to *Ayurveda* due to etiological factors there will be vitiation of *Vata Kapha Pradhana Tridpsha*, getting associated with *Abadha Medas, Dushyas*, and *Apara Oja* reaching the *Mootravaha Srotas* resulting into the *Madhumeha*⁷.

The goal of a Successful Diabetic Programme aims at obtaining faster symptomatic relief, to reduce if not prevent

the microangiopathic complications, to minimise the risk factor associated with macro vascular disease, to actively involve the patient in diabetic care through continual education, attain and preserve an excellent quality of life by adopting healthy lifestyle⁸. This integrative approach is based on combination of conventional drug regimen with *Ayurvedic* intervention and is termed as *Ayurvedic* adjunct therapy. The ultimate aim is good control and management of *Madhumeha* and thus reducing the risk of the development of complications. In this Study *Kutaja Asanadi Kashaya* mentioned in *Vangasena samhita*⁹ is taken for Clinical trial.

CASE REPORT

A 18 year, Female patient, came to Kayachikitsa O.P.D, B.V.V.S Ayurvedic Medical College and Hospital Bagalkot.

Chief Complaints - dourbalya Since 1 year, Atisweda, Pipasa Adhikya since 9 months Prabhoota Mootra since 8 months, Mukhatalu Shosha since 6 months.

History of Present Illness

Patient was apparently asymptomatic before 3 year. She developed symptoms polyuria and generalized weakness due to which she consulted to hospital. During Routine check-

Treatment Advised-

Treatment	Dose	Time Of Administration	Anupana
Kuataja Asanadi Kashaya	25ml (B.D)	Before food	Sukoshana Jala

Duration – 90 days

Observation Period– 30th day, 60th day, 91th day

Fallow up – 100th days.

Results -

Assesment of Subjective Parameter

S.No	Chief Complaints	BT	DT ₃₀	DT ₆₀	AT ₉₁	AF ₁₀₀
1	Prabhootamootra	03	02	02	1	0
2	Pipasaadhikya	02	02	01	0	0

up she was diagnosed with DM2. She is taking allopathic medicine tablet metformin 500mg (1-0-0) B/F. Then gradually she developed above said complaints. For further treatment management she consulted to our hospital.

Past History – Diabetic since 3 years

Family History – Nothing Significant

Personal History – Aahara: Mixed

Vyasana – not any.

Nidra – Sound.

Mala Pravrutti- Normal (1 time day).

Mutra Pravrutti - Increased 9-10 times day and 3-4 times night.

Vyayama – No.

General Examination – Built – Slender

Nourishment – Fair

Height – 5.3ft

Weight – 56kg

BMI – 21.9

B.P- 120/80mmHg

P.R – 72/min

RR- 16/min

Conjunctiva- Pink

Clubbing – Absent

Lymph Nodes – Non Palpable

Cynosis – Absent.

Investigations – FBS, PPBS, Urine Sugar, HbA1C.

3	Atisweda	02	01	0	0	0
4	MukhataluSosha	02	01	01	0	0
5	Dourbalya	02	02	01	01	1

Assessment of Objective Parameters:

INVESTIGATIONS	BT	DT ₃₀	DT ₆₀	AT ₉₁
FBS	195mg/dl	154mg/dl	137mg/dl	171mg/dl
PPBS	288mg/dl	218mg/dl	236mg/dl	200mg/dl

Investigations	BT	AT
Urine Sugar	2% Present	Nil
HbA1C	8.6%	8.2%

Quality of Life Assessment

S.No	Question	BT	AT
1	RukUpasamana – Allevation of Symptoms.	0	3
2	Swara- Voice	3	3
3	Varna- Complexion	2	3
4	Sariropacaya – Nourishment	2	3
5	Balavidhi – Strength	1	2
6	Abhyavaharyabhilasha – Desire for food with appetite	2	3
7	RuchiAharakale – Taste for food at meal	2	3
8	SamyakJaranam – Digestion at proper time	3	3
9	Nidrakaleyathkalam – Sleep at Proper time	3	3
10	Swapana – Dreams of Morbidity	2	2
11	Sukhena ca pratibodhanam – Feeling fresh after waking up	1	2
12	VataMootraPurishaRetasamMukti – Proper evacuation of flatus, urine, feaces and semen	4	4
13	Mano BuddhiIndriyaAvyapathi	4	4

Grading of Assessment Parameters¹⁷ –

criteria	Score
Prabhoota Mootrata (Polyuria)	0 – 3 to 6 times / day, rarely at night 1 – 6 to 9 times / day, 0-2 times at night 2 – 9 to 12 times / day, 2-4 times at night 3 – More than 12 times per day, more than 4 times per night.
Pipasa (Polydypsia)	0 – Feeling of thirst 7-9 times/24 hours, either/or Intake of water 5-7 times/24 hours with quantity 1.5-2.0 litre/24hours 1 – Feeling of thirst 9-11 times/24 hours, either/or Intake of water 7-9 times/24 hours

	<p>with quantity 2.0-2.50 litre/24 hours</p> <p>2 – Feeling of thirst 11-13 times/24 hours, either/or Intake of water 9-11 times/24 hours with quantity 2.50-3.00 litre/24 hours</p> <p>3 – Feeling of thirst >13 times/24 hours, either/or Intake of water >11 times/24 hours with quantity > 3.00 litre/24 hours</p>
<i>Kshuda adhikya (Polyphagia)</i>	<p>0 - Normal Appetite</p> <p>1 –1- 2 meals / day slightly increased.</p> <p>2 – 3-4 meals / day moderately increased.</p> <p>3 – 5-6 meals / day markedly increased.</p>
<i>Kara Pada Tala Daha / Supti (Peripheral Neruitis)</i>	<p>0 – No Daha Present</p> <p>1-<i>Kara-Pada-Tala-Daha/ Supti</i> is continuous.</p> <p>2 – <i>Kara-Pada-Tala-Daha / Supti</i> continuous but not severe.</p> <p>3 – <i>Kara- Pada-Tala-Daha / Supti</i> continuous and severe.</p>
<i>Avila mutrata (Turbidity)</i>	<p>0 – Crystal clear fluid.</p> <p>1 – Faintly Cloudy or Smoky slight turbidity.</p> <p>2 – Turbidity clearly present (news print easily read through tube)</p> <p>3 – Turbidity more, Newsprint not easily read.</p> <p>4 – Turbidity more, Newsprint cannot read.</p>
<i>Dourbalya (weakness)</i>	<p>0 – Can do routine exercise / work</p> <p>1 – Can do moderate exercise with difficulty</p> <p>2 – Can do mild exercise only, with difficulty</p> <p>3 – Cannot do mild exercise too</p>
<i>Mutra Madhurya</i>	<p>0 – Absence of glucose in urine.</p> <p>1 - < 0.05 % glucose in urine.</p> <p>2 – 0.5 % to 1 % glucose in urine.</p> <p>3 – 1% to 2% glucose in urine.</p> <p>4 - >2% glucose in urine.</p>
<i>Ati Sweda</i>	<p>0 – only after strenuous work</p> <p>1 – After doing normal work</p> <p>2 – Just after walking little distance</p> <p>3 – On Sitting</p>
<i>Shithilangata</i>	<p>0 – No fatigue</p> <p>1 – Fatigue on doing heavy work</p>

	2 – Fatigue on doing moderate work 3 – Fatigue on doing mild work
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Quality of life (vikaropashama/ Sarvashubha Lakshana)¹⁸

S.No	Symptoms	Gradings
1	Ruk Upasamanam – Alleviation of Symptoms	Grade 1- 0-25% (1-3 Symptoms Relived) Grade 2 – 26-50% (4-6 Symptoms Relived) Grade 3 – 51-75% (7-9 Symptoms relived) Grade 4 – 76-100%(10-13 Symptoms relived)
2	Swara - Voice	Grade 1 – Altered Voice Grade 2 – Partially altered voice Grade 3 – Clear Voice
3	Varna - Complexion	Grade 1 – Dull look Grade 2- Reduced Complexion Grade 3- Healthy
4	Balavidhi - strength	Grade 1 – Unable to do daily activity Grade 2 – Able to do daily activity with difficulty Grade 3 – Able to do all daily activities
5	Sariropacaya - Nourishment	Grade 1 – Malnourished Grade 2 – Moderately Nourished Grade 3 – Well Nourished
6	Abhyavaharyabhilasha – Desire for food with appetite	Grade 1 – No desire for food with reduced appetite Grade 2 – Desire for food which is liked with moderate appetite Grade 3 – Desire for all types of food with good appetite
7	Ruchi Aharakale – Taste for food at meal time	Grade 1 – Tastelessness Grade 2 – Reduced Taste Grade 3 – Normal Taste
8	Samyak Jarana – Digestion at Proper Time	Grade 1 – All Lakshana of Indigestion Grade 2 – Few lakshana of Indigestion Grade 3 – Jeerna ahara Lakshana
9	Nidrakale yatha kalam – Sleep at Proper time	Grade 1 – Loss of Sleep Grade 2 – Delay in attaining Sleep Grade 3 – Good Sleep
10	Swapna – Dreams of Morbidity	Grade 1 – On all days Grade 2 – On few days Grade 3 – On all days
11	Sukhena ca Pratibodhanam –	Grade 1 – None of the days

	Feeling Fresh after Waking up	Grade 2 – On few days Grade 3 – On all days
12	Vata Mootra Purisha Retasam Mukti – Proper evacuation of flatus,urine,faeces and semen	Grade 1 – Any 1 is proper Grade 2 – Any 2 are Proper Grade 3 – Any 3 are Proper Grade 4 – All 4 are Proper
13	Mano Budhi Indriya Avyapathi	Grade 1 – All 3 are Impaired Grade 2 – Any 2 are Impaired Grade 3 – Any 1 is impaired Grade 4 - Normal

Method of Preparation of Kashaya –

→Take a 50 ml of water in a vessel and a two tablespoon of qwatha Churna to it.

→Boil it on Mandagni till it is reduced to half quantity.

→Filter the Kashaya and consume.

DISCUSSION

Kutaja Asanadi Kasahaya is mentioned in Vangasena Samhita as an effective treatment in Prameha. The formulation of Kutaja Asanadi Kashya consists of Kutaja, Asana, Daruharidra, Musta, Haritaki, Vibhitaki, Amalaki. These have Kashaya Rasa and Tikta Rasa and act as the Medhohara, Kaphahara¹⁰, Shrotoshodaka, Lekhana, Kledanashak¹¹. Amalaki, Musta and vibhitaki have balya¹², rasayana and dhatuwardhaka property¹³, thus helps in rejuvenation of the cells and helps in removing the Khavaigunya in the Rogadhithana. Kutaja, Amalaki, Hareetaki, Vibhitaki, Daruharidra have rukshaguna thus helps in kaphahara, medhohara¹⁴ helping in the Samprativightana. Hareetaki, Vibhitaki, Daruharidra have ushnavirya¹⁵ helps in vatakapha hara¹⁶. As far as vipaka is concerned katuvipaka enhances jatharagni, dhatavagni and normalize metabolic process. Sheetaveerya and Madhuravipaka helps in replenishment of ojas which

become depleted with disease progression owing to continued exposure of body to vitiated vata.

Plants may act on blood glucose through different mechanism. Some of them may have insulin like substance and some may inhibit insulin activity stimulation of beta cells to produce more insulin. Others may increase beta cells in the pancreas by activating regeneration of pancreatic cells.

CONCLUSION

The study showed that Kutaja Asanadi Kashaya is effective by helping in the reduction of HbA1C level and also Symptoms were reduced. There is also marked improvement in the quality of life of the patient.

REFERENCE

1. Agnivesha, Charak Samhita, Ayurveda deepika commentary, edited by Vaidya Yadavji Trikamji Acharya, Publication Choukhambha vishwa bharati prakashan Varanasi, 2013,Pg no-368
2. Yadavji Trikamji Acharya editor, Charka Samhita, Varanasi: Chaukambha Surbharati Prakashana; 2014, Pg no – 132.
3. Agnivesha, Charak Samhita, Ayurveda deepika commentary, edited by Vaidya Yadavji Trikamji Acharya, Publication Choukhambha Vishwabharati prakashan

Varanasi, 2013, Pramehanidana, Pg no-215.
Sloka no-44

4. Anthony S Fauci, Harrison's principles of internal medicine. USA:Mc. Graw Hill Companies; 14th ed. Chap 334; 1998.Pg no-2062-65,2569.

5. ISSN 2321-6328, Shrilata Kamath, Research article, A clinical study evaluating the efficacy of Nisha Katakadi Kashaya in Madhumeha.

6. Anthony S Fauci, Harrison's principles of medicine, USA; McGraw Hill Companies; 17th edition, volume 2, Pg no-2276.

7. Susruta, Susruta Samhit, Dalhanacharya, edited by Yadavji Trikamji, Publication Choukhambha Vishwabharati prakashan Varanasi, UP2012, Pp-279. Chiktsastana- Pg no- 456-457.

8. Sainani S Gurmukh: Diabetology, A.P.I Text book of Medicine, Edition 6th, Mumbai: Association of Physician of India, 1999.Pg no-998

9. Rajeev Kumar Roy, editor Dr. Ram Kumar Rai, Vangasen Samhita, Varanasi, Prachaya Prakashan, 2010, Prameha Adhikara, Pg no-391, Sloka no 57

10. Dr. Prakash L Hegede, A text book of dravyaguna vijnana vol 2, chaukhambha publications, 2019, pg no 532-542.

11. Dr. Prakash L Hegede, A text book of dravyaguna vijnana vol 2, chaukhambha publications, 2019, pg no 177-184.

12. Dr. Prakash L Hegede, A text book of dravyaguna vijnana vol 2, chaukhambha publications, 2019, pg no 169-176.

13. Dr. Prakash L Hegede, A text book of

dravyaguna vijnana vol 2, chaukhambha publications, 2019, pg no 344-353.

14. Dr. Prakash L Hegede, A text book of dravyaguna vijnana vol 2, chaukhambha publications, 2019, pg no 354-370.

15. Dr. Prakash L Hegede, A text book of dravyaguna vijnana vol 2, chaukhambha publications, 2019, pg no 590-597.

16. Dr. Prakash L Hegede, A text book of dravyaguna vijnana vol 2, chaukhambha publications, 2019, pg no 31-40.

17. www.jbsoweb.com, ISSN 2321-6328, Shrilata Kamath, Research article, A clinical study evaluating the efficacy of Nisha Katakadi Kashaya in Madhumeha.

18. Dr. Abhisha Gadennavar: A Randomized double blind comparative clinical study on phalatrikadi kwatha & vidanga Rajanyadi Kwatha in Madhumeha.

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