

Case Report





# Understanding the role of ayurveda panchakarma therapy w.s.r. to vasthi (enema) in the management of type ii diabetes mellitus- a case review

**Background** 

The social and economic burden due to type II Diabetes Mellitus (DM) is increasing alarmingly. The acceptance of Ayurveda as an alternative system of medicine for DM is also increasing globally. However, achieving a normal blood glucose level alone does not define a successful diabetic management. Rather, it includes challenges like improvement in clinical symptoms, metabolism and overall quality of life. In Ayurveda, DM is accommodated under the disease head of Prameha. The above said challenges are addressed duly in Ayurveda. Besides effective formulations for regulating the blood glucose levels, the panchakarma therapies (purificatory therapies) have been given prime importance in the management of Prameha.

The present work was to understand the role of Panchakarma chikitsa w.s.r. to Vasthi chikitsa (enema therapy) in the management of Prameha vis-à-vis DM.

#### **Methods and observations**

The present work is a review of two cases that presented with type II DM and were subjected to Vasthi chikitsa.

#### Case

Mr Mohan, aged 63 years who was a retired BSNL employee, presented with uncontrolled type II DM since 6 months associated with weight loss, polyuria and sleep disturbance. Patient also reported considerable levels of mental stress. The patient was not taking any other medications for the present illness.

The patient was prescribed classical Prameha hara (anti-diabetic) formulations and was advised to visit for review after one month. The physical symptoms, FBS and PPBS were effectively controlled with medications and he continued this for three months. However, even on the third monthly review no significant change was observed in the HbA1c. The patient was admitted in IPD and an Ayurveda panchakarma protocol including Abhyanga, Takra dhara and Yoga vasthi with a total duration of 8 days was administered. At the end of the therapy HbA1c was observed to be significantly improved from 12.5% to 10.6%.

#### Case 2

Mr Satishkumar, aged 36 years, driver by profession, presented with uncontrolled type II DM since 1 year associated with constipated bowel, chest burn and sleep disturbance. The patient reported a considerable level of mental stress. The patient was not taking any medications for the present illness. The patient was admitted in IPD and subjected to an Ayurveda panchakarma protocol including Abhyanga, Takradhara and Kheeravasthi with a total duration of four days along with classical Prameha hara (anti-diabeteic) internal medications. On discharge, the clinical symptoms presented were completely cured and the FBS values showed significant improvement from 260mg% to 172mg%.

Volume 8 Issue 6 - 2017

## Deepty Nair

Ahalia Ayurveda Medical College Kozhippara, India

Correspondence: Deepty Nair, Ahalia Ayurveda Medical College Kozhippara (P.O.) Palakkad, Kerala-678557, India, Tel +918547800913, Email deeps\_ayurjyoti@yahoo.com

Received: March 15, 2017 | Published: September 18, 2017

### **Observations**

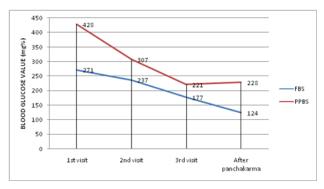


Figure I Changes in FBS and PPBS values on various visits (Case I).

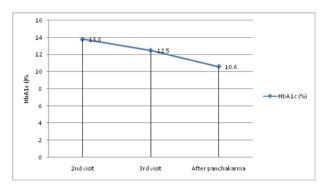


Figure 2 Changes in HbA1c values on various visits (Case 1).





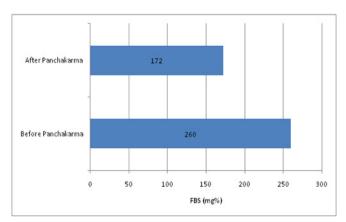


Figure 3 Changes in FBS values before and after Panchakarma (Case 2).

#### **Discussion**

Ayurveda analysis of a disease is based on the concept of three humours (tridosha theory) viz. Vata, Pitta and Kapha. DM is a lifestyle disease understood primarily to be caused by metabolic disturbances due to over nourishment. However, eventually it involves various systems in the body including vision, renal function, and peripheral nervous system and precipitates a functional loss. Ayurveda also opines Prameha to be resulting from vitiated Kapha, the nourishing factor in the body. However, eventually there is an essential involvement of Vata in this disease pathology3. Moreover, both the cases presented with considerable mental stress which is an identified cause for uncontrolled DM.4 Mental stress is an inevitable factor in today's lifestyle. Vata is the predominant dosha in the pathology of mental stress.5 Among the various purificatory therapies suggested in Ayurveda, Vasthi is the best therapeutic modality suggested for controlling Vata.6 Moreover, Vasthi is also considered to be the prime sodhana therapy in Ayurveda. 7.8 Based on this Vasthi was administered in these cases.

The results were in accordance to the classical references supporting the role of Vasthi as sodhana chikitsa for Prameha.

#### Conclusion

Based on the observations of this case study it can be concluded that Ayurveda Panchakarma therapy can yield good results in management of clinical symptoms and blood sugar values in type II Diabetes Mellitus. In particular, Vasthi as a prime purificatory therapy can be applied effectively in cases of type II Diabetes Mellitus with promising results.

#### **Conflict of interests**

The author declares that there is no conflict of interests.

# **Acknowledgments**

None.

# **Funding**

None.

#### References

- World Health Organization Global report on Diabetes. World Health Organization, Geneva, USA. 2016.
- Sharma RK, Dash B. Caraka Samhitā, Chikitsa Sthāna. Chaukhamba Sanskrit Series Office, Varanasi, India. 2012; pp. 303.
- Sharma RK, Dash B. Caraka Samhitā, Chikitsa Sthāna, Chaukhamba Sanskrit Series Office India. 2012; pp. 312.
- Mooy JM, De Vries H, Grootenhuis PA, et al. Major stressful life events in relation to prevalence of undetected type 2 diabetes. *Diabetes Care*. 2000;23(2):197–201.
- Sharma RK, Dash B. Caraka Samhitā, Sutra Sthāna Chaukhamba. Sanskrit Series Office, Varanasi, India. 2012; pp. 237–238.
- Murthy SKR. Aştānga Hrdayam, Sūtra Sthāna. Krishnadas Academy, Varanasi, India. 2011; p. 14.
- Murthy SKR. Aştānga Hrdayam, Sūtra Sthāna. Krishnadas Academy, Varanasi, India. 2011; p. 85–86.
- Sharma RK, Dash B. Caraka Samhitā, Siddhi Sthāna, English Translation. Varanasi, India: Chaukhamba Sanskrit Series Office, Varanasi, India. 2012; pp. 366–367.