



RESEARCH ARTICLE

AWARENESS REGARDING AHARA VIHARA ALONG WITH AUSADHI IN MADHUMEHA FROM PREVENTIVE AND CURATIVE ASPECT AS PER AYURVEDA

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ABSTRACT

Introduction: Prevention is the most effective treatment for unhealthy life styles and that preventive efforts should start early in life. Today Diabetes mellitus is really the burning problem of the world. According to W.H.O. in the world 135 million Diabetes mellitus patients were in 1995, which will reach to 300million up to 2025 and in India, in 1970, 2.1% of the total population was of Diabetes mellitus which has increased due to negligence of proper *Ahara* and *Vihar* which is not taken seriously at all as per preventive point of view.

Material and method: In *Ayurveda* Prameha described along with its signs, symptoms, aetiopathogenesis and its 20 types, *Madhumeha* is one of the type among these 20. *Madhumeha* can be correlated with Diabetes mellitus on the basis of similarities in the signs and symptoms. The Hetus of Prameha itself has been accepted as the hetus of Madhumeha, as in *Ayurveda* one vyadhi may be hetu of many another disease. According to Acharya Sushruta, *Prameha* hetu can become the *Madhumeha* hetu. Diwaswapa, Avyayam, Alasya, Sita, Snigdha, Madhura, Medavardhaka Ahara are considered as causative factor of *Madhumeha* on the basis of which it can also be considered as one among the lifestyle disorder.

Result and discussion: As per Acharya Charaka the person who opts the habit of overeating, take heavy diet and is physically inactive may become Madhumehi. Therefore awareness regarding ahara and vihar mentioned in classics among common people seems essential in order to prevent diabetes. All these points will be highlighted from preventive and curative aspects at the time of presentation.

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INTRODUCTION

Diabetes Mellitus is most complicated disease so far as its aetiopathogenesis and treatment is concerned. On reviewing the ancient literature in this context one can find that the *Ayurvedic* acharya as had a crystal clear knowledge of this disease as well as its management. Drugs diet and exercises were among the modes of their management. Different regimes prescribed for lean and obese diabetics are solid proof of their wisdom. It was known to ancient physicians as *madhumeha*, and is as old as human race itself. Prevention is the foremost objective of *Ayurveda* hence several references can be inferred from our classics in order to prevent the occurrence of *madhumeha* and its complications as well. Awareness should be brought in terms of its prevention by popularising the concept of *nidana* or *hetu* mentioned in *Ayurveda* in a way that could be accepted universally, as the concept of *nidan parivarjan* which is of great importance not

only to achieve the objective of cure of the disease but also prevention of the same.

Prameha: Increased frequency of urine output and turbidity is the sign of *prameha*. There are 20 subtypes of *prameha*, which are not associated with diabetes. Most of them can be found independently in various systemic and metabolic disease or they can be attributed to different urological or nephrological problems. *Madhumeha* is classified among the 4 types of *vataja prameha*. The word *madhumeha* consists of two words:

(1) Madhu and (2) Meha Now the etymology gets concise and specific, that the disease in which the excretion is having quality concordant with madhu (honey) in its colour, Taste, smell and consistency called *madhumeha*

NIDANA: Knowledge of Etiological factors and their role in the pathology is very much necessary to find out the vitiated constituents like dosha, dushya, mala, progression of the disease and their role in diagnosis and prognosis. All ancient treatises mentioned the common etiological factors of *prameha* but Acharya Charaka mainly narrated the etiological factors

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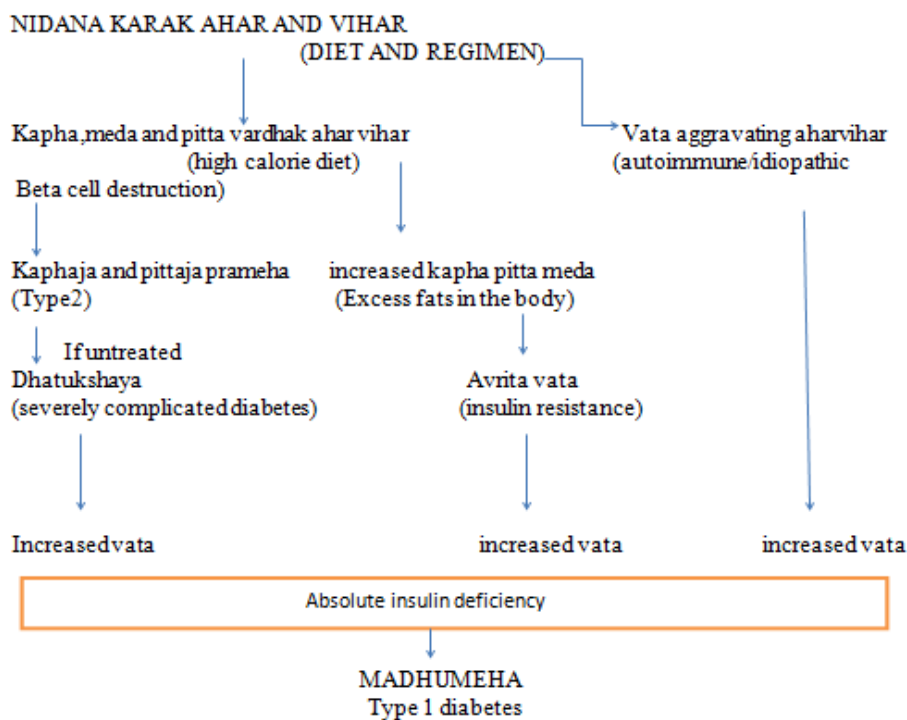
according to dosha also mentioned the specific etiological factors of *Madhumeha*. Charak narrated that indulgence of Madhura rasa by mother at the time of pregnancy causes Madhumeha and Sthaulya. Whereas *Sthaulya* can also be considered as nidanarthakara roga. Thus genetical predisposition and the over indulgence of etiological factors at the time of pregnancy by mother helps to precipitate the disease Madhumeha, but the important thing is genetic predisposition. Sushruta clearly mentioned the role of heredity and diet in the context of prameha.

On the basis of which it can be classified as:

- Genetic origin (sahaja-juvenile onset or type-1 diabetes)
- Dietic origin (apathyanimittaja or type2 diabetes.)

As per Sushruta and Vagbhatta, if prameha is improperly treated or left untreated may lead to madhumeha, and excellently mentioned in the comment by Vagbhatta that all pramehas converted to madhumeha because they have attained the similar sweetness in the body which is prime hallmark of madhumeha. Thus classification of *Madhumeha* can be as follows:

Samprapti Chart /Modern Explanation



As per hetu bheda: Sahaja and Apathyaja, apathyaja again divided into two- Vatajanya and kaphajanya. According to Ashtanga hrdaya and Madhav nidan it is of two types - Dhatukshay janya & Avaranajanya. Thus three types can be concluded from the above references, they are: Vataprakop janya (purely insulin dependent type1 diabetes)

- Avrit janya (type2 diabetes or primary)
- Dhatukshay janya (complicated type2 diabetes or sec. diabetes)

Pathogenesis: It is essential to understand the disease on the basis of Samprapti vighhatana. Dosa, Dusya, Ama and Agni, are the samprapti ghatakas. The functional state of these ghatakas in the body is dependent on prakriti too, on the basis

of which patients of prameha are categorically divided in two types they are sthula and krisha. Etiological factors first cause the provocation of Kapha because it closely resembles to the related hetu. This provoked kapha spreads all over the body quickly because of the Sharirashaitilya (weak assemblance in between tissues), while spreading it get mixed with meda dhatu, which is excess in quantity and Abadha and having concordant properties with Kapha, that's why get vitiated first. This annexation of vitiated meda and kapha comes in contact with sharirakled and mamsa, which are already in excess quantity resulting Putimamsapidaka. On the other hand the vitiated Kleda get converted into Mutra. The Kapha along with meda and kleda covers the openings of mutravaha srotasa resulting into *prameha*.

Clinical Features

- Previous stage: Sign and symptoms like kaphaja and pittaja prameha. (symptoms of glucose intolerance).
- Manifested stage: Sweet urination (hyperglycaemia with glycosuria) with other associated symptoms.

Prognosis

- Sadhya/yapya: Avrita janya
- Asadhya: Dhatukshayjanya and vataprakopa janya.

Preventive Aspect: Lifestyle modification plays an important role in prevention of disease like Diabetes, obesity which is considered as nidanarthakara roga of Diabetes, heart disease, which again may result as a complication of diabetes therefore consuming a heart healthy diet, losing weight, staying active, and by adopting mental relaxation can prevent occurrence of *prameha* (as depicted in samprapti chart) also can reverse its progression to type 2 diabetes and its complications. By exercising daily and losing weight, the risk of diabetes can be lowered by 70 percent.

Principles of Treatment

Nidanparivarjana: In *Ayurveda* the foremost principle of prevention & treatment of any disease is to protect oneself from the causative factors: Sankshapatya kriyayoga nidanam parivarjanam.

As per body constitution: Sthula –Samsodhana & santarpana and sansamana. Krisha- Brmhana & sansamana.

DIET: A well-balanced nutritious diet remains a fundamental element of therapy. In obese patient with mild hyperglycemia the major goal of diet therapy is weight reduction by caloric restriction. Dietary treatment of Diabetes still constitutes the basis for management, so that it is believed even today that 50% of diabetics could be put to control only by judicious dietary regimen.

The chief aims of diabetic diet are:

- Prevent excessive postprandial hyperglycemia and thus symptoms of Diabetes.
- Prevent hypoglycemia if the patient is on exogenous Insulin.
- Obtain ideal body weight.

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Awareness regarding diet mentioned in classics

The quality and quantity of diet should be decided on ayurved basis of agni bala and vital power of the body, Asta aharvidhi vishesh Ayatanas should be kept in mind. Role of diet is utmost important in the management of Diabetes as evident in our classical texts.

Indications: Yava (considered as the best diet), old rice, mudga and kullatha, bitter and astringent vegetables, non fatty meal, water boiled with khadirsar, triphala, Roasted barley, amlaki sasti rice-low carbohydrate source, increase intake of good sources of omega3 fatty acids which may improve the insulin sensitivity in the body tissues. Dietary fibres soluble fibres have good metabolic effect in diabetic patient. Soluble fibres flatten the blood glucose level after food, and cause parallel reduction in post prandial insulin concentration increases insulin sensitivity as well as lower serum lipid level. e.g. beans lentils oats, whole grain breads and cereals.

Contraindication: As per Sushruta, food enriched with alcohol milk ghee sweet curd, newly harvested grains meat of animals living in water or near it, should be avoided as they are rich in carbohydrate and fats.

Yogasana and Pranayama combined with Exercise: Helps remove the mental stress which is also a precipitating factor of diabetes nowadays. Yogasana plays an important role in stimulating the pancreatic glands to secrete insulin thus maintaining glucose level, like Mayurasana, Matsyasana, Dhanurasana, Savasana Paschimottanasana. Following Pranayama are also beneficial like Rhythmic breathing,

alternate breathing with retention of breath, kapaalbhati pranayama. As per Sushruta Samhita exercise and diet has been recommended both for poor and rich class of people i.e. moving from one place to another and earn his living and for rich it is advised to eat shyamaka amlaki tinduka ashmantaka, live along with animals and breaking stones etc. Strenuous exercise ruksha udvartana, nitya kasaya snaan, application of lepas like Agaru Chandana etc.

Exercise enhances

- Insulin delivery to muscle opens up none perfuses capillaries increase both the effect of insulin and surface area for glucose transport.
- Also peripheral and hepatic insulin sensitivity.
- Increase muscle GLUT-4 and lowers risk of CVD and PVD.

Ausadhi: Patient in which no lifestyle modification alone seems beneficial especially those who are prone to develop TYPE2 diabetes approach for ausadhi is must. Drugs mentioned in classics for prameha in general are Vijaysara, Nishaamalaki, Bilwapatra, Tejapatra, Nimba, Karavellaka, Pippali, Guduchi, khadira, Kramuka, Bhuyiamlaki. The main objective for treatment of prameha is not only to control the glucose metabolism but also to improve the Ojas, Agni and qualitative status of life. For which drugs having properties of deepana pachana as well as Rasayana Jivaniya also plays an important role.

Conclusion

Madhumeha which can be compared with Diabetes Mellitus was well known to ancient acharyas who not only described sweet taste of urine as one of the premonitory sign of prameha but also the relation of the disease with sthaulya, which is again categorised under lifestyle disorder moreover scholars and researchers of biomedical sciences have recently conceived the idea of MEDAS (adipose tissue) as the principal dushya of Ayurveda and opines central obesity and deranged lipid metabolism are considered as the main pathogenic component of insulin resistance and causation of metabolic syndrome and type 2 diabetes mellitus. Thus holistic approach of Ayurveda utilising the concept of ahar indications and contraindications, vihara including exercises, biopurificatory measures, along with Rasayana drugs will definitely pave the way not only to control the lipid and sugar metabolism but also to prevent prameha (prediabetes-systemic disease involving the whole body) and its progression to type2 diabetes. as well as its complications.

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