

INTERPRETATION OF AVARANA IN THE PATHOGENESIS OF MADHUMEHA

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ABSTRACT

Diabetes is a disease known to the world from ancient times. There are descriptions about this disease in ancient treatises like *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Samgraha* etc. Manifestation of *Madhumeha* happens when *Prameha* is left untreated. Acharyas have categorized it under *Vataja Prakara* of *Prameha*. Sedentary lifestyle and indiscriminate dietary habits are the two biggest reasons responsible for causing Diabetes.

KEYWORDS : Diabetes Mellitus , *Madhumeha* , *Avarana*

INTRODUCTION

There is a general notion that Diabetes mellitus is a disease of insulin deficiency. But the recent investigations have proved that in majority of cases there is no insulin deficiency at all. Rather the production of insulin is at a higher rate as compared to normal subjects. In the presence of high concentration of free fatty acid in the blood, it is utilized in energy metabolism; specially in the glucose uptake by the muscle tissue,

leading to a state of hyperglycaemia. Therefore, the FFA has been recognized as the insulin antagonist because even in the presence of insulin, the entry of glucose in the tissues for normal metabolism is prevented by free fatty acid.

The *Prameha* as a disease entity has been recognized since long in *Ayurvedic* Science. As regards to the origin of this disease, it is traced up to the prehistoric period and *Charaka* has mentioned that it is a disease which

started during the disruption of *Yagnya* organized by *Daksha Prajapathi*. This is related with the eating of *Havish*, a special type of food made of milk, sugar, rice used for offering in *Yagnyas*. In *Ayurvedic* texts, this disease is defined to be characterized with excessive urination and turbidity. The turbidity may vary in colour and concentration, variety etc. depending upon the body reaction with the doshas.

NIDANA & SAMPRAPTI OF MADHUMEHA¹

Ahara	Vihara
Atisevana of	Atisevana of
Guru	Nidra
Snigdha	Asyasukha
Amla	Tyakta
Lavana	Vyayama Chinta
Navannapana	Sanshodhana
	AkurVatam

Sushruta has categorized the existence of *Sthula* and *Krusha* varieties of *Prameh*² and *Charaka* has prescribed different lines of treatment for the *Sthula* and *Krusha Prameh*³. He has also asserted that whenever a patient presents with *Madhupama Mutra*, a wise physician should always consider the possibilities of *Madhumeha* due to *Vata* as a result of *Ksheenata* of

Doshas and *Madhumeha* due to *Kapha* as a result of *Santarpana*.

It is very clear from *Charaka's* explanation that *Madhumeha* in *Krusha* occurs in the event of a relative *Vata Vriddhi* in comparison to the other *Doshas*. These persons may have been *Sthula* in the beginning but would have become *Krusha* due to *Dhatu Kshaya*.

On the other hand, *Krusha Madhumehi* are *Rogis* with *Beeja Dosh*. Hence, when such a *Rogi* consumes the *Nidanas* of *Vata Vriddhi*, he develops *Madhumeha* sooner than a *Sthula Rogi* who always indulges in *Tarpana Ahara*. *Sthaulyata* is also a condition due to *Beeja Dosh* and this *Beeja Doshaja Sthaulya Rogi* is more under the risk of developing the *Madhumeha* than the *Jatottara Sthaulya* person.

The *Samprapti* of the *Madhumeha* (Diabetes mellitus) is described separately but narrated with the general *samprapti* of *Prameha*. A separate *Samprapti* of the *Madhumeha* is described in *Charaka Sutra* chapter 17, and *Nidana* chapter 4 and *Astang Hridya* chapter 10. According to *Sushruta*, the excessive indulgence in

the etiological factors related to *Prameha* results to *Aparipakva Vata*, *Pitta*, *Kapha* and *Meda*, which further proceed downward through the *Mutravaha Srotasa* to get localized at *Basti Mukha* and thus leading to disease *Prameha* (Su. Ni. 6/4)². *Dalhana* interprets the term *Aparipakva* as *Ama*. Again he asserts that along with *Aparipakva Vata*, *Rasa*, *Mamsa* etc. should also be considered (*Dalhana* – Su. Ni. 6/4). *Sushruta* also asserted that, if all the *Prameha* are treated improperly or ignored get terminated into *Madhumeha*⁵. *Vagbhata* narrated pathogenesis of *Madhumeha* very in two types i.e. *Dhatukshayatmaka* and *Dosha Avaranatmaka*⁶. Further, *Vagbhata* interpreted that in all types of *Prameha*, the *Dosha* and *Dushya* remain same however difference in *Mutra Pravritti* is due to specific type of *Samyoga* between specific *Dosha* and *Anukula Dushya*.⁷

The *Mutra Pravritti* also depends upon the *Dosha Guna* which has been increased and also due to different types of *Samyoga* of *Dosha Gunas* with *Mutra*. *Charaka* explained the

pathogenesis in an elaborating manner i.e. general *Samprapti* of *Prameha* and specific *Samprapti* of different *Pramehas*⁸.

The description of *Avarana Janya Samprapti*⁹ of *Madhumeha* is a unique contribution of *Charaka* to the clinical medical knowledge. Here one can see that *Nidana* is same as that of *Kaphaja Prameha* but still the resulting disease is *Madhumeha*. *Guru – Snigdhadhi Ahara*, *Avyayamadi Vihara* etc., leads to provocation of *Kapha* and *Pitta Dosha* inturn increases in quantity of *Meda* and *Mamsa*. All these increased factors obstruct the *Gati* of *Vata* leading to provocation of *Vata*.

This provoked *Vata* withdraws *Oja* from the body and takes it towards *Basti* and leads to *Madhumeha*, which is *Krichhrasadya* for treatment due to its origin from *Kapha* and *Pitta Doshas*. Initially *Vata Dosha* remains innocent in the pathology. The *Vata*, *Pitta* and *Kapha Doshas* start manifesting their symptoms intermittently depending on their extent of *Dushti*. Subsequently *Pitta* and *Kapha* attain *Kshayavastha* compared to *Vata*; due to *Kshaya* of *Dhatu*s. This process of *Margavarana*

of *Vata* due to *Kapha* and *Pitta* occurs in two kinds of people. First in those who are *Sthula* and secondly in those who are not *Sthula* but have indulged in *Kapha Medokara Ahara* and *Vihara*. If the *Nidana* for *Pitta* are significant then it also gets *Dushti*. In *Sthula* people, the *Sthaulya* is the result of two reasons. First it is due to excess indulgence in *Kaphakara Ahara Vihara* and second is due to *Beeja Dushti*. In the former case, the *Upachaya* of *Medas* occurs due to the *Nidana Sevana*. Whereas in the later case, the *Medo Upachaya* occurs even in the absence of *Kapha Medokara Ahara Vihara*.

HYPERINSULINAEMIA¹⁰

Hyperinsulinemia, or hyperinsulinaemia is a condition in which there are excess levels of insulin circulating in the blood relative to the level of glucose. While it is often mistaken for diabetes or hyperglycaemia, hyperinsulinemia can result from a variety of metabolic diseases and conditions. Hyperinsulinemia can be seen in a variety of conditions including diabetes mellitus type 2, in

neonates and in drug induced hyperinsulinemia. It can also occur in congenital hyperinsulism, including nesidioblastosis.

Hyperinsulinemia is associated with hypertension, obesity, dyslipidemia, and glucose intolerance. These conditions are collectively known as Metabolic syndrome. This close association between hyperinsulinemia and conditions of metabolic syndrome suggest related or common mechanisms of pathogenicity. Hyperinsulinemia has been shown to "play a role in obese hypertension by increasing renal sodium retention". In insulin resistant tissues, a threshold concentration of insulin is reached causing the cells to uptake glucose and therefore decreases blood glucose levels. Studies have shown that the high levels of insulin resulting from insulin resistance might enhance insulin resistance.

PANCREATITIS¹¹

Transient hyperglycemia is seen in 50% cases of Acute Pancreatitis, whereas 45 – 50% of patients with chronic pancreatitis develop Diabetes over 20 years of follow

up;compromised blood supply to islets from fibrotic scarring of exocrine pancreas may play a role. The diagnosis of pancreatic diabetes caused by chronic pancreatitis may be elusive because it is occasionally painless and often not accompanied by clinical malabsorption until after hyperglycemia occurs. Diabetic patients with pancreatic calcification or clinically demonstrable pancreatic exocrine dysfunction will manifest the unique aspects of pancreatic diabetes.

CHIKITSA

Sushruta as described to select drugs, which are having bitter pungent Astringent taste, *Katu Vipaka, Ushna Veerya* and *Shoshaka, Chedana* properties in the treatment of *Madhumeha (Su.Chi.13/8)*. *Shilajatu, Guggulu & Loharaja* are the best medicines in *Madhumeha*.

Phalatrikadi Kwatha, Trikatukadhya, Modaka, Nygrodhadi Churna, Lodhradi Churna, Guduchi Swarasa and *Trikatu Gutika* in the management of *Madhumeha*. *Bhaishajya Ratnavali* describes that *Triphala, Lohabhasma, Shilajith, Madhu, Guduchi Swarasa* are the drugs of choice in all kinds of

Prameha. Madhumehasava, Lavangasava, Madvasava, Chandanasava etc, are useful for *Madhumeha*¹².

APAKARSHANA IN MARGAVARANA JANYA

MADHUMEHA: *Shodhana* especially *Vamana* should be preferred in a *Madhumehi* if the *Dhatukshaya* is minimum & there are *Kapha & Medodushti lakshanas*. If there are *Pittaja lakshanas & Dhatu kshaya* does not render the patient *Durvirechya*, then *Virechana* can be performed. Similarly, if the *Anubandha vata lakshanas* are more and the patient is *Samshodana arha* then *Basti* can be performed.

CONCLUSION

- *Margavarana Janya Madhumeha* is seen in *Sthoola & Balavan*, so *Apatarpana Chikitsa* in the form of *Langhana & Nidana parivarjana* should be done.
- *Madhumeha* also manifest as a *Paratantra vyadhi* secondary to Chronic Pancreatitis, Endocrine tumours , Trauma etc.
- Chronic Pancreatitis, Endocrine tumours causes destruction of beta

cells , this phenomenon can be understood as *Avarana*.

- Endocrine Tumours act as insulin secreting agents and cause hypoinsulinaemia whereas Chronic Alcoholism is a notable reason for hyperinsulinemia in non-diabetics.
- In *Ayurvedic* texts, this disease is defined to be characterized with excessive urination and turbidity. The turbidity may vary in colour and concentration, variety etc. depending upon the body reaction with the *doshas*.

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Source of Support: NIL

Conflict of Interest : None declared