



## Case Study

### **SINHAMRUT GHRITA BOON FOR VATAJ PRAMEHA W.S.R. TO DIABETIS MELLITUS: A CASE STUDY**

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#### **ABSTRACT**

So with acceptance of this challenge here we studied an Ayurvedic medicine 'Sinhamrut Ghruta' mentioned in *Yogartnakara* in *Vataja Pramehachikitsa*. A single case study was done on use of *Sinhamrut Ghruta* in *Vataja Prameha* (Diabetes mellitus) and clinical and pathological assessment was done. Pathological criteria which are mostly used for diagnosis of Diabetes mellitus i.e. blood and urine sugar levels and HbA1c were assessed before and after treatment of patients.

Most of the symptoms present in *Vataja Prameha* are due to predominantly vitiated *Vata* and *Pitta*. Both of them cause dryness and undernourishment of *Strotas* as the micro capillaries which carries nutrition to various body constituents. *Ghruta* used in this medicine is majorly *Snigdha* by nature that causes *Sneha* of dry capillaries and it decreases *Vata* and *Pitta*. Also in addition to this contents of *Sinhamrut Ghruta* are *Rasayana* i.e., nutritive to each and every body constituent. In this way after using *Sinhamrut Ghruta* for 15 days in the patient we found significant changes in clinical and pathological status of patient. However this study is a very basic guidance to illuminate the pathway to the treatment of Diabetes mellitus. More observation is being studied in larger group and for long duration.

**KEYWORDS:** *Sinhamrut Ghrut*, *Vataja Prameha*, Diabetes Mellitus.

#### **INTRODUCTION**

Ayurveda is ancient science to maintain health and treat diseases condition if occurred. The basic guidelines given in Ayurveda for daily routine i.e., *Dinacharya* and specific seasonal behavior i.e., *Rtitcharya* are the basic remedies for maintaining health. But now a days highly impulsive lifestyle, lack of exercise and unplanned diet are causing many diseases which are now a days called as lifestyle disorders.

Diabetes mellitus is one of the life style disorders and it is a major challenge to community health services. According to Ayurvedic classics Diabetes mellitus resembles with *Vataja Prameha*. According to Ayurvedic classics *Vatajaprameha* is very difficult to cure due to its typical *Maha-atyayitva* which means some diseased condition that affects body very rapidly and needs urgent and careful concern. In spite of being availability of many drugs in modern science and Ayurveda Diabetes mellitus (*Vataja Prameha*) is still a challenge before medical practitioners.

#### **AIM AND OBJECTIVES**

To study effect of *Sinhamrut Ghruta* in *Vataja Prameha*.

#### **MATERIALS AND METHODS**

Aushadhi yoga: *Sinhamrutghrita*<sup>[1]</sup>

Dose : 25gms<sup>[2]</sup>

*Rasayanakala* (Orally early in the morning)<sup>[3,4,5]</sup>

Duration: 15 days

#### **Method of Preparation** <sup>[6,7]</sup>

Decoction of *Guduchi* (*Tinospora cardifolia*) and *Kantakari* (*Solanum xanthocarpum*) is made. Then cow ghee was fortified with this decoction along with *kalka* of *Trikatu* {*Sunthi* (*Zinziber officinale*), *Marich* (*Piper nigrum*), *Pippali* (*piper longum*)}, *Triphala* {*Haritaki* (*Terminalia chebula*) *Bibhitak* (*Terminalia bellirica*) *Amalaki* (*emblica officinalis*)}, *Rasna* (*Inula racemosa*), *Vidang* (*Embeliaribes*), *Chitrak* (*Plumbago zeylanica*), *Gambhari* (*Gmelina Arborea*), *Putikaranj* (*Caesalpinia crista*), *Dalchini* (*Cinnamomum zeylanicum*) as per the classics. Thus prepared *Sidhasneha-Sinhamrut Ghruta* used for therapy.

**Place of Study:** Sou Shantadevi Vedaprakash Patil Ayurved College, Hatta, Hingoli, Kayachikitsa department OPD.

Name of Patient- xxxx  
 Reg no- OPD no- 18994  
 Date of 1<sup>st</sup> visit- 3 April 2019  
 Age- 62yrs  
 Gender- Male  
 Weight-67kg  
 Height-5.4inches

P/A- soft, no tenderness, no organomegaly observed.

**Asthtavidha Pariksha**

Nadi- Vatapradhanmadhyambala  
 Mutra- heazy frequent  
 Mala- not satisfactory  
 Jivha - Saam  
 Shabda- Prakruta  
 Sparsha- Anushanasheeta  
 Druk- ? PSC cataract  
 Akriti- Madhayama

**Dashvidha Pariksha**

Prakriti- Vata-pittaj  
 Vikriti- Kapha, Rasa, Mal, Mutra  
 Saara- Madhyama  
 Samhanana- Avara  
 Satmaya- Madhyama  
 Satva- Madhyama  
 Pramana- Madhyama  
 Ahara Shakti, Abhyaharana Shakti, Jaranashakti- Madhyama  
 Vyayamashakti- Madhyama  
 Vaya- Vataj (vrudhavastha)

**Assessment Criteria**

The efficacy of therapy was assessed on the basis of Subjective Parameter (Sign and symptoms of Vataj Prameha)<sup>[8-11]</sup> as described in various Ayurvedic texts before and after treatment also Objective parameters (blood sugar level, Urine Sugar level, HbA1C) before and after treatment.

**Chief Complaints**

Patient came with complaints of *Bhrama* (Dizziness), Deamination of Vision (Gradual loss of vision), both leg pain, frequent urination, since 6-7 months and *Dourbalya* (generalized weakness) since 2yrs.

**Past History**

H/O DM since 2years  
 No H/O Hypertension/Thyroid dysfunction or any other major medical or Surgical History.  
 Family History: History of similar illness to mother

**General Examination**

Built- Moderate  
 Nourishment-Moderate to Good  
 Pulse-78/min  
 BP-140/90 mm of Hg  
 Temp-98.4 F  
 Respiration rate-16/min  
 Tongue- coated  
 Pallor/Icterus/Cyanosis/Clubbing/Edema /Lymphadenopathy-Absent

**Systemic Examination**

CNS-Well oriented, conscious  
 CVS- S1 S2 Normal  
 RS- Normal, Vesicular Breathing, No added sounds

**OBSERVATION**

Subjective parameter			Objective parameters		
Sign & Symptoms	Before Treatment	After Treatment	Investigation	Before Treatment	After Treatment
frequent urination	8-9 times a day and 3-4 times at night	Decreased to 4-5 times a day once in a night	BSL (Fasting)	228	120
Gradual loss of vision	N <sub>24</sub>	N <sub>10</sub>	BSL (PP)	368	180
both leg pain	intermittent	Subsided	USL	+++	trace
<i>Bhrama</i> (diziness)	in morning	no <i>Bhrama</i>	HbA1C	8.2	6.7
<i>Dourbalya</i> (generalised weakness)	+++	GC improved			
<i>Gala talushosh</i>	+++	+			

**DISCUSSION**

Patient came to the hospital complaining of *Bhrama* (Dizziness), Gradual loss of vision, both leg pain, frequent urination, since 6-7 months and *Dourbalya* (generalized weakness) since 2yrs. After doing all routine investigations he was diagnosed as *Vataj Prameha*<sup>[8,9,10]</sup> (diabetes mellitus). A confirmatory test with HbA1C report was done to start the treatment of the diagnosed patient. For treating this patient *Sinhamrut Grita* was selected as per the reference of *Yogaratanakara*<sup>[11]</sup> internally in

*Rasayanakala*<sup>[9,10]</sup> for 15 days and patient was advised to follow proper diet.

Mode of action of *Sinhamrut Grita* – *Vata* and *Pitta* is the very active principle in pathogenesis; if we can *Strotasa Vata* and *Pitta* through the use of medicated *Ghrta* we can cure half the disease. The patient of *Vataj Prameha* suffers disturbed immunity causing generalized weakness for long time hence the medicine should be like *Rasayana*. As *Prameha* caused due to disturbance in *Kaphadosha*,

*Ambuvahastrotasa* and *Mootravahastrotasa* as according to Ayurved classics<sup>[13]</sup> the drug should be able to correct those and establish equilibrium between all the *Dosha* and *Dushya*<sup>[14]</sup>. As *Sinhamrutghrita* contains *Guduchi* which is a classical *Rasayana*<sup>[15]</sup>, *Kantakari* a *Kaphaghna* *Kledaghna* and *Mootral* drug<sup>[16]</sup> along with *Triphala* which is again *Rasayana* and *Kledaghna*<sup>[17]</sup>, *Chitrak*, *Tvaka*, *Vidang*, *Karanj* those are having *Kaphaghna* and *Kledagna*, *Rasayana* and *Krimighna* properties<sup>[18,19]</sup>. Hence *Sinhamrutghrita* is one of the Ayurvedic classical remedy which can control *Vataj Prameha* also can prevent complications of long term *Vataj Prameha*.

## CONCLUSION

From the present study it can be concluded that Ayurvedic management of *Vataj Prameha* is better achieved by *Sinhamrutghrita* internally following the proper dietary food habits, along with lifestyle. *Sinhamrut Ghrita* is effective in *Vataj Prameha* not only to control symptomatically but also objectively to prevent the complications caused by *Vataja Prameha*. Though on single case study we can't state this hypothesis statistically but it could be guide us for further clinical trials.

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