

A CRITICAL ANALYSIS OF DHATUPAKA LAKSHANA WSR TO MADHUMEHA

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ABSTRACT

Ayurvedic physician's even now diagnosing diabetes with the help of modern parameters such as laboratory findings of blood sugar levels FBS, PPBS, HbA1c etc. According to bruhatravees and lagutravees, prameha is divided into 20 types among them one is Madhumeha (Diabetes Mellitus). All these pramehas diagnosing with the help of Gandha, Varna, Rasa, Sparsha of mutra. Nowhere in classics, told about the exact or accurate lakshanas/symptoms of prameha. Majority of the ayurvedic physicians are diagnosing prameha with the help of poorvarupa lakshanas such as malas accumulated in the dantha prathasha, pani-daha, pada-daha, trishna, excessive sweda, madhuryam-asyata. Dhatupaka is one among the least explained concepts in Ayurveda. But this state is closely related to the patho-physiology of multiple systemic disorders.

INTRODUCTION

The chronic metabolic disorder, diabetes mellitus is a fast growing global problem with huge social health and economics sequences. It is estimated that in 2015 there were globally 305 million people (approximately 7.1% of adult population) suffering from this disease. This number is estimated to increase 430 million in absence of better control or cure. An ageing population and obesity are two main reasons for the increase. All most 50% of the putative diabetics are not diagnosed until 10 years after onset of the disease. Hence the real prevalence of global diabetes must be astronomically high. In DM II the disease progression affects multiple systems which is manifested in different forms in different individuals. For example Nidranasa represents the CNS complaints, Hridisthamba represents cardiac complications etc. The analysis of such symptoms in different levels of diabetes is relevant in the disease progressions.

DIABETES MELLITUS

Diabetes mellitus is a common group of metabolic disorders that are characterized by chronic hyperglycaemia resulting from relative insulin deficiency, insulin resistance or both.

Diabetes is usually primary but may be secondary to other conditions, which include pancreatic (eg. total pancreatectomy, chronic pancreatitis, haemochromatosis) and endocrine diseases (eg. acromegaly and Cushing's syndrome). It may also be drug induced, most commonly by thiazide diuretics and corticosteroids. Primary diabetes is divided into type 1 and type 2 diabetes. In practice the two diseases are a spectrum, distinct at the two ends but overlapping in the middle. At one end of the spectrum the type 1 diabetic is young, has insulin deficiency with no resistance and immunogenic markers. Type 1 diabetes is most prevalent in Northern European countries, particularly Finland, and the incidence is increasing in most populations, particularly in young children. Type 2 diabetes is common in all populations enjoying

an affluent lifestyle and is also increasing in frequency, particularly in adolescents. Complications of Vataja prameha is mostly similar to the symptoms of dhatupaka. So a retrospective study is needed to access the symptoms of madhumeha in relation to dhatupaka, which is not elaborately explained in our classics. Madhumeha comes under the group of vataja prameha where the involvement of dasadusyas can be found in its severe grade. Therefore dustilakshanas of dusyas may be mostly found in dhatupaka.

According to Jalpakaalpata commentary on charaka samhitha by Gangadhara, in prameha adhyaya mentioning about changes in Ojas swarupa. Ojo swarupalekshanas are sarpi varnam, madhu rasam, laja gandhi. Among these lakshanas madhura rasa is converted into kashaya rasa as mentioned in madhumeha by charaka and madhavanidana. While going through the literature of modern medicine symptoms like Insomnia, Tightness of chest (Angina), disorders of gastro intestinal motility, Anorexia Nervosa, Anxiety, Lassitude, Loss of Strength is mainly observing in Type2 diabetes mellitus which are similar to Dhatupaka Lakshanas told by Bhavaprakasha. The real intention of my study to put an effort or try to attempt found out the similarities of the symptoms told in Type2 diabetes mellitus and Dhatupaka Lakshanas. Hence for I am taking this study to access the presence of dhatupaka avastha/lakshanas pertaining to Diabetes mellitus.

Table 1. The spectrum of diabetes: a comparison of Type 1 and Type 2 diabetes mellitus.

CLINICAL FEATURES:

a) **Acute presentation:** Young people present with a 2-6 week history of thirst, polyuria and weight loss. Polyuria is the result of an osmotic diuresis that results when blood glucose levels exceed the renal tubular reabsorptive capacity (the renal threshold).

Fluid and electrolyte losses stimulate thirst. Weight loss is caused by fluid depletion and breakdown of fat and muscle secondary to insulin deficiency. Ketoacidosis is the presenting feature if these early symptoms are not recognized and treated.

b) **Subacute Presentation:** Older patients may present with the same symptoms, although less marked and extending over several months. They may also complain of lack of energy, visual problems and pruritus vulvae or balanitis due to candida infection.

c) With complications, eg. retinopathy noted during a visit to the opatician.

d) In asymptomatic individuals diagnosed at routine medical examinations.

INVESTIGATIONS:

Blood sugar levels in diagnosing diabetes

Plasma glucose test	Normal	Prediabetes	Diabetes
Random	Below 11.1 mmol/l	N/A	11.1 mmol/l or more
	Below 200 mg/dl		200 mg/dl or more
Fasting	Below 5.5 mmol/l	5.5 to 6.9 mmol/l	7.0 mmol/l or more
	Below 100 mg/dl	100 to 125 mg/dl	126 mg/dl or more
2 hour post-prandial	Below 7.8 mmol/l	7.8 to 11.0 mmol/l	11.1 mmol/l or more
	Below 140 mg/dl	140 to 199 mg/dl	200 mg/dl or more

DHATUPAKA AVASTHA

Vitiation of any dosa may cause either a temporary damage to or permanent destruction of dhatus because they are subjected to a process of digestion. This is called as dhatupaka - avastha. As it is a process of digestion or pacana, pitta plays a prominent role, whichever be the dosa taking part in samprapti. Dhatus being the essential components of the body, the general body-strength is entirely dependent on them. Hence dhatupataka is taken as a

serious stage in the progress of samprapti. The only exception to

Type 1 Diabetes	Type 2 Diabetes
Often diagnosed in childhood	Usually diagnosed in over 30 year olds
Not associated with excess bodyweight	Often associated with excess body weight
Often associated with higher than normal ketone levels at diagnosis	Often associated with high blood pressure and/or cholesterol levels at diagnosis
Type 1 Diabetes	Type 2 Diabetes
Treated with insulin injections or insulin pump	Is usually treated initially without medication or with tablets
Cannot be controlled without taking insulin	Sometimes possible to come off diabetes medication

this phenomenon is the case of raktadhatu. The sitakana or WBC play an important role in digesting and destroying any foreign matter (agantu hetu substances). eg. pathogenic organisms, foreign proteins and other substances. They also swallow and digest the dying or decaying tissue (dhatu)- cells which have also become foreign to the body. Unless this phenomenon takes place dhatupaka of other dhatus will not be controlled. Even though the digestion of sitakana(WBC) also takes place which is in fact a dhatupaka.

The process is essential for controlling the pathology. Secondly, when the srotas and agni of raktadhatu are functioning very well, this transient dhatupaka is corrected quickly by the formation of new sitakanas and thus svasthy is maintained. Dhatupaka causes a damage or destruction of tissue-cells and body substances. Hence this stage must be controlled as early as possible. A Physician must always bear in mind the role of dhatupaka and dosapaka. He should attempt to create dosapaka and to prevent dhatupaka as much as possible. The advanced devices of modern technology are very helpful in tracing the symptoms of dhatupaka when they are hidden. For example, the presence of albumin in urine suggests mamsadhatupaka; the presence of a high level of serum glutamic oxaloacetic transaminase (S.G.O.T) in blood suggest dhatupaka of the muscles of the heart; and that of a high level S.G.P.T in blood is suggestive of dhatupaka of the liver tissue; Ketone bodies in urine suggests dhatupaka of medodhatu.

Under conditions in which the occurrence of dhatupaka is not traceable by the above methods of investigation and there are no specific symptoms of a particular dhatupaka, one may rely on the group of symptoms given in Bhavaprakasa which definitely suggest, the condition of dhatupaka occurring in the body. Very often physicians ignore such symptoms considering them as minor ones, because of their lack of knowledge and miss an important factor in the diagnosis of dhatupaka. The dhatupaka lakshanas are

- □ Nidranasha
- □ Hridistambha
- □ Vistambha
- □ Gourava
- □ Aruchi
- □ Arathi
- □ Balahaani

MATERIALS AND METHODS:

SOURCE OF DATA:

Diagnosed patients of Type 2 diabetes mellitus will be taken from Ahalia Ayurveda Medical College for the study.

METHODS OF COLLECTION OF DATA:

Patients of either sex of diagnosed Type 2 diabetes mellitus will be taken according to the laboratory findings of blood sugar levels. Observational study will be conducted among 750 diagnosed Type 2 diabetes mellitus patients relating to dhatupaka lakshanas such as nidra nasham, hridistambham, vishtambham, gouravam, aruchi, arathi, balahani etc. All the lakshanas will be assessed by gradings during the course of study to understand the symptoms of Type 2 diabetes mellitus (madhumeham)

PREVIOUS WORK DONE:

1. ANIDRA

1) Insomnia with Objective Short Sleep Duration is Associated with Type 2 Diabetes: A

Population based Study - Diabetes Care 2009 July

Conclusion: Insomnia with short sleep duration is associated with increased odds of diabetes. Objective sleep duration may predict cardiometabolic morbidity of chronic insomnia, whose medical impact has been underestimated.

2. ARUCHI

1) Anorexia nervosa and bulimia in female adolescents with insulin dependent diabetes mellitus: a systematic study - G.M. RODIND.DANE MANL.E. JOHNSON A.KENSHOLEP.GARFINKEL Anorexia Nervosa and Bulimic Disorders Current Perspectives 1986, Pages 381-384

Summary: An unselected sample of 46 female adolescents with insulin-dependent diabetes mellitus (IDDM) for more than one year were assessed systematically for the presence of anorexia nervosa and bulimia. These disorders and their partial syndromes were found in 19.5% of this population. Anorexia nervosa and bulimia diagnosed on the basis of DSM-III criteria were each found in 6.5% of the population representing approximately a 6-fold and 2-fold increase respectively in the expected prevalence for similar nondiabetic individuals. Bulimic symptoms were associated with poor metabolic control as reflected in blood levels of glycosylated hemoglobin (HbA1). These findings have important implications both for the pathogenesis of anorexia nervosa and bulimia and for the management of some cases of IDDM with unstable metabolic control

3. ARATI

2) Anxiety, depression and quality of life among the patients with diabetes mellitus - Published Online: 16 July 2013 · Accepted: 15 June 2013 · Received: 21 April 2013

CONCLUSION

This study shows that depression and anxiety among patients with diabetes are related with various factors like comorbidity, complications, BMI. Further studies are needed to show, careful and good planned family medicine care can decrease depression and anxiety prevalence by effecting these factors

4. HRUDI STHAMBHA

1) ANGINA PECTORIS AND DIABETES MELLITUS - HOWARD F. ROOT, M.D.; ASHTON GRAYBIEL, M.D. JAMA. 1931;96(12):925-928. March 21, 1931.

The incidence of angina in patients with diabetes mellitus is extraordinarily high. The nearly equal sex ratio suggests the leveling influence of the associated diabetes.

5. VISHTAMBHA

Disorders of Gastrointestinal Motility Associated with Diabetes Mellitus - Mark Feldman, M.D.; Lawrence R. Schiller, M.D. Ann Intern Med. 1983;98(3):378-384.

Gastrointestinal symptoms such as vomiting, constipation, diarrhea, and fecal incontinence occur frequently in patients with diabetes mellitus. In a survey of 136 diabetic outpatients, 76% had one or more gastrointestinal symptoms, the commonest symptom being constipation (found in 60%). In many cases these symptoms are thought to be due to abnormal gastrointestinal motility that, in turn, may be a manifestation of diabetic autonomic neuropathy involving the gastrointestinal tract. The pathophysiology of these gastrointestinal symptoms, clarified in recent studies, and the clinical features and

treatment of these problems in diabetic patients are reviewed.

DISCUSSION

- ◆ Type 2 diabetes mellitus patients relating to dhatupaka lakshanas such as nidra nasham, hridistambham, vishtambham, gouravam, aruchi, arathi, balahani etc. All the lakshanas will be assessed by gradings during the course of study to understand the symptoms of Type 2 diabetes mellitus (madhumeham)
- ◆ Dhatupaka causes a damage or destruction of tissue- cells and body substances. Hence this stage must be controlled as early as possible.
- ◆ A Physician should attempt to create dosapaka and to prevent dhatupaka as much as possible.

CONCLUSION

Dhatupakavastha can be seen even in chronic disorders like autoimmune diseases like rheumatoid fever/ amavata, skin diseases like kushta which prognosis will be poor. prameha which is only diagnosing by gandha varna rasa sparsha in ayurveda, even prabhootha and avila mutratha is the only lakshana told in objective way, so we can add on the reference of dhatupaka lakshana for better understanding or diagnosing prameha. This will be the purpose of my study that to access the presence of dhatupaka avastha/lakshanas pertaining to diabetes mellitus.

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