

CASE REPORT

Integrated Ayurvedic and Allopathy Module of Management in Avaranajanya Madhumeha with Vibanda: Type II Diabetes with Metabolic Syndrome and Chronic Constipation

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ABSTRACT

Rationale: This case illustrates the therapeutic potential of the Ayurvedic mode of management in a chronic type II diabetes mellitus (T2DM) patient with metabolic syndrome (MetS), where conventional treatment is unable to sustain the desired effects. It also tries to observe clinical reporting of any adverse drug interactions between Ayurveda and allopathy systems of medication.

Background: A 55-year-old Indian male presented in May 2017 with complaints of poor glycemic control, despite taking oral hypoglycemic medication, hypertriglyceridemia, and chronic constipation with fullness of stomach, gas, and abdominal bloating. Patient was diabetic for the past 10 years, and constipation history is more than 20 years. He also presented with a history of hypertension for the past 2½ years and hypertriglyceridemia for the past 1 year.

Intervention and outcome: After appropriate analysis of the patient based on Ayurvedic parameters, the patient was treated with a combination of medications along with his current allopathy medication. Lifestyle modification was also advised accordingly. By addressing the underlying cause of imbalance, his gastrointestinal tract (GIT) symptoms decreased, laboratory parameters of blood sugar and triglycerides showed improvement with better regulation and increased quality-of-life. No clinical adverse drug interactions were reported.

Keywords: Avarana, Case report, Integrated management, Madhumeha, Metabolic syndrome, Sthula pramehi, Type II diabetes.

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INTRODUCTION

Diabetes mellitus is a chronic, heterogeneous, and life-threatening disease. The prevalence of diabetes in 2014 was 382 million and is estimated to scale up to an alarming 592 million by 2035 by the International Diabetes Federation. Nearly 80% of people with diabetes are in the low- and middle-income countries.¹ Moreover, greater than 60% of the world diabetes population will be in Asia. India, Nepal, and China have shown an increasing prevalence of diabetes even among the rural population.² The escalating rate of obesity is a major causative factor for the increasing prevalence of T2DM.³

Metabolic syndrome is considered as the new epidemic of the 21st century. It is a major and escalating public health and clinical challenge worldwide in the wake of urbanization, surplus energy intake, increasing obesity, and sedentary life habits.⁴ The MetS confers a 5-fold increase in the risk of T2DM and 2-fold risk of developing cardiovascular disease.⁵ Further, patients with MetS are at 2- to 4-fold increased risk of stroke, a 3- to 4-fold increased risk of myocardial infarction, and 2-fold risk of dying from such an event compared with those without the syndrome regardless of a previous history of cardiovascular events.^{6,7}

This case illustrates the therapeutic potential of the Ayurvedic mode of management in a chronic T2DM patient with MetS where conventional treatment was unable to sustain the desired effects. It also tries to observe clinical reporting of any adverse drug interactions between Ayurvedic and allopathic medications. Further, it emphasizes on the need to understand a patient based on Ayurvedic fundamental principles in order to decipher the unique "*samprapti*" (pathogenesis of disease) of the disease before planning the intervention.

CASE REPORT

A 55-year-old Indian male presented in May 2017 at the outpatient department of AYUSH Wellness Clinic with complaints of poor glycemic control, despite taking oral hypoglycemic medication, hypertriglyceridemia,

and chronic constipation with fullness of stomach, gas, and abdominal bloating. Patient is diabetic for the past 10 years, and the constipation history is more than 20 years. Also, the patient presented history of hypertension for the past 2½ years and hypertriglyceridemia for the past 1 year. No history of any type of addiction was present. His family history was positive for T2DM.

When first diagnosed in 2007, the patient was put on Glibenclamide 5 mg, an antidiabetic drug in a class of medication known as sulfonylureas. With increasing blood sugar levels in July 2014, the medication was changed to Metformin (a biguanide oral hypoglycemic drug) and Sitagliptin (an oral hypoglycemic drug of a class that inhibits the enzyme dipeptidyl peptidase-4 inhibitor) in a combination of 500 mg/50 mg twice daily. In January 2015, when diagnosed with hypertension, he was put on Ramipril 2.5 mg once daily. In December 2015, the dose of Metformin and Sitagliptin combination had been increased to 1 gm/50 mg twice daily with addition of Glimepiride 1 mg, an antidiabetic drug in a class of medications known as sulfonylureas, once daily as the fasting blood sugar (FBS) was 155 mg/dL and postprandial (PP) was 271 mg/dL. In December 2015, the dose of Ramipril (angiotensin-converting enzyme inhibitor) had been increased to 5 mg once daily as the blood pressure was not being controlled. At the time of consultation in May 2017, the patient was on Metformin and Sitagliptin 1 gm/50 mg twice daily and Ramipril 5 mg once daily. In March 2016, hypertriglyceridemia and borderline hypercholesterolemia was detected and he was advised to control diet and do regular exercise. The drug compliance was good, and diet and exercise were irregular. With the oral hypoglycemic medications, the abdominal complaints worsened and so he had stopped Glimepiride 1 mg for the past 6 months. Patient was not on any lipid-lowering medication.

DIAGNOSTIC EVALUATION AND ASSESSMENT

The present case is diagnosed as T2DM based on history and as per American Diabetes Association A1c criteria. The patient was further diagnosed with MetS based on the Harmonized criteria (2009): A joint interim statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute (NHLBI); American heart association (AHA); World Heart Federation; International Atherosclerosis Society; and International Association for the Study of Obesity.

Any three of the following traits in the same individual meet the criteria for the MetS.⁵

- Abdominal obesity: a waist circumference of 102 cm (40 in) or more in men and 88 cm (35 inches) or more

in women. For Asian Americans, the cutoff values are ≥ 90 cm (35 in) in men or ≥ 80 cm (32 in) in women

- Serum triglycerides 150 mg/dL or above.
- High-density lipoprotein (HDL) cholesterol 40 mg/dL or lower in men and 50 mg/dL or lower in women.
- Blood pressure of 130/85 or more.
- Fasting blood glucose of 100 mg/dL or above.

At the time of consultation, the blood reports showed FBS: 83 mg/dL, PP: 218 mg/dL, glycated hemoglobin (HbA1c): 7.9%, urea: 19 mg/dL, creatinine: 0.7 mg/dL, total cholesterol: 182 mg/dL, triglycerides: 275 mg/dL, very low-density lipoprotein (VLDL): 55 mg/dL, HDL: 46 mg/dL, and low-density lipoprotein (LDL): 81 mg/dL. Patient's blood pressure was 130/85 mm Hg, weight 75 kg, height 171 cm, and waist circumference 102 cm. The body mass index was 26, suggesting being overweight and waist circumference shows abdominal obesity.

Clinically, the patient was complaining of chronic constipation, fullness of stomach, gas, and bloating of abdomen. Based on the clinical observations, history, and as per the above-mentioned diagnostic criteria, the patient was diagnosed as T2DM with MetS and chronic constipation and on Ayurvedic parlance as *Avaranajanya madhumeha* (~diabetes due to occlusion)/*Sthula pramehi* (~diabetic with obesity) with *Vibanda* (constipation) based on the etiology and signs and symptoms as per classical texts⁸ (Tables 1 and 2).

TREATMENT AND OUTCOME

At first appointment on May 30, 2017, the patient presented with poor glycemic control, hypertriglyceridemia, constipation, fullness of stomach, gas, and bloating. He was put on the following Ayurvedic medicines: *Phalatrikadi Kwath*,⁹ M Liv Tablet, *Lavanabhaskar Churna*,¹⁰ *Arogyavardini vati*,¹¹ *Eranda taila*¹² (Table 1), and was asked to continue oral hypoglycemic (Metformin and Sitagliptin 1 gm/50 mg BD) and antihypertensive (Ramipril 5 mg OD) medication as usual. Further, he was given dietary and lifestyle advice (Table 1).

The second appointment on June 14, 2017 included a review of laboratory results and an updated symptom assessment. The patient was feeling much better, totally relieved of the GIT complaints, and his laboratory parameters also showed improvement, better regulation of blood sugar, and total control of hypertriglycerides. Blood pressure was normal, but no reduction in weight was observed. After two weeks of medication, there was no adverse drug interactions reported (Table 1).

The third appointment on June 20, 2017 included an updated symptom assessment. Patient was complaining again of constipation and, hence, supplemented with *Eranda taila* (Table 1).

Table 1: Timeline

Date	Presenting complaints			
May 30, 2017	Poor glycemic control, hypertriglyceridemia, constipation, fullness of stomach, gas, and bloating			
Date	Past medical history and interventions			
More than 20 yrs	Complaints of constipation, fullness of stomach, gas, bloating			
2007	Detected with T2DM started Glibenclamide 5 mg BD			
July 2014	Changed to Metformin and Sitagliptin 500 mg/50 mg combination BD			
January 2015	Detected with hypertension, started with Ramipril 2.5 mg OD			
December 2015	Increased dose of Metformin and Sitagliptin to 1 gm/50 mg BD plus addition of Glimepiride 1 mg OD			
December 2015	Increased dose of Ramipril to 5 mg OD			
March 2016	Hypertriglyceridemia and borderline hypercholesterolemia detected			
December 2016	Discontinued taking Glimepiride 1 mg OD as it was worsening the abdominal complaints			
Details of patient visit	May 30, 2017	June 14, 2017	July 18, 2017	
Laboratory biomarkers and other findings				
Fasting blood sugar	83 mg/dL	102 mg/dL	104 mg/dL	
PP blood sugar	218 mg/dL	150 mg/dL	107 mg/dL	
Urea	19 mg/dL	16 mg/dL	15 mg/dL	
Creatinine	0.7 mg/dL	0.8 mg/dL	0.8 mg/dL	
Total cholesterol	182 mg/dL	179 mg/dL	192 mg/dL	
Triglycerides	275 mg/dL	97 mg/dL	82 mg/dL	
VLDL	55 mg/dL	20 mg/dL	17 mg/dL	
HDL	46 mg/dL	49 mg/dL	53 mg/dL	
LDL	81 mg/dL	110 mg/dL	122 mg/dL	
HbA1c	7.9%	–	7.2%	
Total bilirubin	0.5 mg/dL	–	0.5 mg/dL	
Conjugated bilirubin	0.1 mg/dL	–	0.1 mg/dL	
SGOT	18 IU/L	–	17 IU/L	
SGPT	38 IU/L	–	35 IU/L	
Blood pressure	130/85 mm Hg	115/75 mm Hg	115/80 mm Hg	
Weight	75 kg		75 kg	
Height	171 cm			
Waist circumference	102 cm		100 cm	
Diagnosis				
Avaranajanya Madhumeha with Vibanda—T2DM with MetS and chronic constipation				
Therapeutic intervention				
Duration	Medication	Dose	Frequency	Anupana
May 30, 2017 to June 20, 2017	1. Phalatrikadi Kwath	50 mL	Twice a day before food	
	2. M. Liv Tablet	2 tablets	Twice a day after food	Warm water
	3. Lavanabhaskar churna	5 gm	Once daily before lunch	Warm water
	4. Arogyavardhini vati	2 tablets	Twice daily after food	Warm water
June 20, 2017 to July 18, 2017	Continuation of the above medication			
	5. Eranda taila	5 mL	Evening before food	Phalatrikadi Kwath
Lifestyle modification				
Advised to take more of green vegetables, roti/chappati, buttermilk, water (lukewarm) and avoid curd, rice, fried food, excess salt, pickles, etc.				
Advised to do light exercise like walking during early morning and evening hours				
Outcome				
Better and normal glycemic control, normal levels of triglycerides, regular bowel movements, complete reduction in gas trouble, abdominal bloating, and constipation				
No adverse drug interactions reported				
SGOT: Serum glutamic oxaloacetic transaminase; SGPT: Serum glutamic pyruvic transaminase				

The fourth appointment on July 20, 2017 included a review of laboratory results and an updated symptom assessment. Laboratory parameters showed marked improvement and sustained the improvement noted

of earlier readings of the third appointment. Patient was better relief of with constipation and gas trouble. Blood pressure was normal, no reduction in weight was observed, and a 2 cm reduction in waist circumference



Table 2: Ayurvedic parameters

Ayurvedic parameters	Findings in the patient
<i>Dosha</i> (regulatory functional factors of the body)	<i>Tridosha</i> with secondary vitiation of <i>Vata</i> (<i>Avarana</i>) (occlusion)
<i>Dushya</i> (deranged major structural components of the body)	<i>Rasa, Raktha, Medo</i> (clinically evident) <i>Mamsa, Majja, Sukra, Ojas</i> (clinically not evident)
<i>Sthana</i> (site of localization)	<i>Vapavaham</i> (~omentum) <i>Vasty</i> (~urinary system) and <i>Pakwasaya</i> (~large intestine)
<i>Agni</i> (digestive/metabolic factors)	<i>Jataragni: Vishamagni</i> (irregular appetite) <i>Bhutagni: Mandagni</i> (decreased appetite) <i>Dhatwagni: Mandagni</i> (<i>Rasa, Raktha, Medo</i>)
<i>Srotas</i> (structural or functional channels)	<i>Annavaahasrotas</i> (~channels of digestive system) <i>Mutravaahasrotas</i> (~channels of urinary system) <i>Pureeshavaahasrotas</i> (~channels carrying feces) <i>Rasavaahasrotas</i> (~channels carrying plasma) <i>Rakthavaahasrotas</i> (~channels carrying blood) <i>Medovaahasrotas</i> (~channels carrying adipose tissue)
<i>Avastha</i> (stage of disease)	<i>Aamavastha</i> (stage of disease with <i>Aama</i>)
<i>Rogamarga</i> (the pathway of disease manifestation)	<i>Abhyantara</i> (Internal pathway): <i>Vibanda</i> (Constipation) <i>Madhyama</i> (~Middle pathway): <i>Avaranajanya Madhumeha</i> (T2DM)
<i>Sadyaasadyatva</i> (prognosis)	<i>Krchrasadya</i> (difficulty to cure): <i>Avaranajanya Madhumeha</i> <i>Sadya</i> (easy to cure): <i>Vibanda</i>

were noted. Patient was advised to stop M. Liv tablet and *Arogyavardini vati* and continue the remaining medications. Again, no adverse drug interactions were reported and the liver function tests and kidney functions tests were within normal limits (Table 1).

DISCUSSION

Through its contribution to cardiovascular disease, stroke, and mortality, the increasing prevalence of T2DM along with MetS is a huge health challenge and an economic burden to the world.

Ayurveda, the eternal system of medicine, has documented various clinical conditions and their management is based on its fundamental principles. Diabetes mellitus and MetS can be understood and managed based on the principles of "*Prameha*" (~umbrella term for various metabolic disorders involving pathogenesis of urinary system) especially *Sthula pramehi/Avaranajanya Madhumeha*.¹³

Acharya Charaka has mentioned that a physician need to examine the three important factors viz., *Samuthana vishesha* (the specific causative factors for disease manifestation), *Adhistana vishesha* (the site of manifestation of disease), and *Vikara prakriti* (the nature of disease pathway) for successful management of the patient even when the physician is unable to make the diagnosis or name the disease as per the clinical condition of the patient.¹⁴

The MetS can be understood as the clinical condition of *Kapha Medo Pitta Raktha Avrutha Vata* (occlusion of *Vata*), which is progressively the next stage of *samprapti* of *Sthoulyam* (obesity) wherein dyslipidemia, hypertension, hyperglycemia, and central obesity coexist.

Due to intake of predominantly *Abhishandi ahara* (food that blocks the channels of circulation) and *Vidahikara ahara* (food that causes burning sensation), the *Kapha* and *Pitta doshas* (regulatory functional factors of the body) and *Medo* and *Raktha dhatu dusti* (derangement of major structural components of the body) occur, leading to its primary manifestation in *Yakruth* (liver), which is the *moola sthana* (prime/major site or location) of *Rakthavaha srotas* and *Adhistana* (~abode) of *Bhutagni* (digestive/metabolic factors pertaining to five elements), leading to fatty infiltration of liver. Further, the metabolic conversion of *Vijateeya* (heterogeneous) to *Sajateeya dravyas* (homogeneous) will get affected resulting in insulin resistance, dyslipidemia, and hypertension. This condition of MetS, if further *Santarpana nidana* (etiology related to overnourishment) is followed, can lead to T2DM, which as per Ayurvedic principles can be understood as resulting in the manifestation of *Prameha*, specifically leading to a condition of *Sthula pramehi/Avaranajanya Madhumeha* as it is resulting out of *Santapana nidana*.

As per Ayurveda, each and every individual is unique, and so his development of illness will also be unique as well as specific to the individual. Hence, it is important to decipher the *Visesha samprapti* (specific pathogenesis of disease) in a patient based on Ayurvedic principles before administering the intervention.

In the present case, for the past 20 years, the patient was constantly suffering with gastric complaints, especially constipation. Due to a sedentary lifestyle and unhealthy food habits with a family history of diabetes, he developed T2DM 10 years back, which eventually resulted in MetS. Due to the chronic vitiation of *Apana vata*

the *agni dusti* (deranged digestive/metabolic factors) has occurred, which further due to *kapha, pitta, medo* and *raktha dusti kara ahara* (diet) and *vihara* (regimen) resulted in the manifestation of *Avaranajanya madhumeha/Sthula pramehi*. This disease condition progressed with time to manifest into a much severe pathology that resulted in MetS.

Important principles of *samprapti vighatana* are as follows:

- Need to regulate and bring *anuloma gati* (~normal movement) to *Apana vata* by removing the *vibandha*.
- Remove the *aama* (undigested material) and improve the *agni* (digestive/metabolic factors) – *jataragni, bhutagni, and dhatwagni (rasa, raktha, and medo)*
- *Avaranajanya madhumeha/Sthula pramehi* treatment to be adopted
- For *sthula pramehi*, although *Sodhana* (biocleansing therapy/Major purification therapy) is advised here, considering the chronicity of disease progression, *avarana* (occlusion) mode of pathogenesis and severe *apana vata* vitiation, *Shamana* (palliative procedures) treatment with *mrudu* (mild) *sodhana* are found to be more applicable

Hence, the following treatment principles are applied before selecting the medications (Table 3):

Along with the above medication, diet and lifestyle modifications followed by the patient were also to be considered for encouraging results. No significant reduction in weight was observed, but the patient was feeling more active and healthy.

Due to lack of proper documentation, there is a serious doubt regarding the allopathic and Ayurvedic drug interactions. This case documents that there are no adverse drug interactions.

Table 3: Rationality of therapeutics

Name of the medicine administered	Rationality
<i>Lavanbhaskara churna</i>	<i>Anulomana</i> of <i>Apana vata</i> and to improve <i>Jataragni</i>
M Liv tablet	Site of action is <i>Yakrut, adhistana</i> for <i>Bhutagni</i> . Improving the <i>bhutagni</i>
<i>Arogyavardhini vati</i>	Improving the <i>bhutagni</i> and <i>dhatwagni</i> especially <i>medo dhatu</i>
<i>Phalatrikadi kwath</i>	Effective formulation in <i>Prameha</i> , indicated in all the <i>pramehas</i>
<i>Eranda taila</i>	To cause the <i>Apana vata anulomana</i> , <i>eranda taila</i> is administered along with <i>Phalatrikadi kwath</i> , as after 3 wks patient reported again with constipation Initially <i>Phalatrikadi kwath</i> with <i>Lavanbhaskara churna</i> was able to relieve the <i>vibanda</i> by removing the <i>Kapha avarana</i> at <i>apana</i> and with the change of <i>avastha</i> to <i>rookshata</i> , (dryness) <i>eranda taila</i> was supplemented

LIMITATIONS

Chronic conditions and their treatments are usually multifactorial, complicating the evaluation of cause-and-effect relationship between symptoms and treatment. The results cannot be generalized as the present case stresses the need for individualized approach.

CONCLUSION

Chronic T2DM with MetS is at risk of cardiovascular disease and stroke, and better management will reduce the risks. This case demonstrates the need to stick to the classical therapeutic principles of Ayurveda and apply them rationally to get the best possible outcomes, and it also throws light on the model of integrated approach. The integrated effect of the therapeutics as well as the patient's choices and involvement contributed to the present outcome.

PATIENT PERSPECTIVE

"I feel totally relieved with the GIT complaints which I was suffering since many years. With better regulation of blood sugar I feel more active, energetic and overall quality of life got much improved."

INFORMED CONSENT

An informed written consent was obtained from the patient for reporting this case.

ACKNOWLEDGMENT

The present case report was prepared according to CARE guidelines.¹⁵

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हिन्दी सारांश

आवरणजन्य मधुमेह तथा विबंद मे आयुर्वेद एवं एलॉपथि समन्वित चिकित्सायोजना—Type II डायबेटिस, मेटाबोलिक सिंड्रोम तथा जीर्ण मलबद्धता—एक केस रिपोर्ट

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तर्कसंगति: प्रस्तुत केस जीर्ण मेटाबोलिक सिंड्रोम वाले Type-II Diabetes mellitus के रोगी में आयुर्वेदिक चिकित्सा पद्धति के चिकित्सकीय प्रभाव को वर्णित करता है जिसमें आधुनिक चिकित्सा उचित लाभ देने में असफल रही साथ ही, आयुर्वेद एवं एलॉपथी की दवाओं के सम्मिलित उपयोग के यत्किचित् अप्रभावों को परिलक्षित करता है।

भूमिका: मई, 2017 में 55 वर्षीय पुरुष रुग्ण आया जिसकी रक्तशर्करा, रक्तशर्करा को कम करनेवाली औषधि से भी, नियंत्रण में नहीं आ रही थी। साथ ही रुग्ण में रक्तगत वसा की मात्रा बढ़ी हुई थी एवं जीर्ण मलबद्धता, अध्मान-अटोप से पीड़ित था। रुग्ण को मलबद्धता 20 वर्षों से थी तथा diabetes पिछले 10 वर्षों से। साथ ही, पिछले ढाई वर्षों से उच्चरक्तचाप एवं बढ़ी हुई रक्तगत वसा पिछले एक वर्ष से थी।

चिकित्सा एवं परिणाम: आयुर्वेदीय पद्धति से परीक्षा करके रोगी को उसकी एलॉपथिक चिकित्सा के साथ – साथ आयुर्वेदिक चिकित्सा दी गई। साथ ही, जीवनशैली में आवश्यक परिवर्तन बताया गया। चिकित्सा के परिणामस्वरूप उसके पाचनतंत्र के विकृत लक्षणों में सुधार आया। साथ ही, प्रयोगशालीय परीक्षणों में रक्तशर्करा एवं रक्तगत वसा की मात्रा में सुधार हुआ तथा रुग्ण के जीवनस्तर में भी सुधार हुआ। दवाओं के सम्मिलित उपयोग का कोई अवांछनीय दुष्प्रभाव देखने को नहीं मिला।

मुख्य शब्द: टाइप II डायबिटीज, मेटाबोलिक सिंड्रोम, स्थूल प्रमेही, मधुमेह, आवरण, सम्मिलित चिकित्सा, केस रिपोर्ट

