

EFFECT OF MANJISTHA ON DIABETIC VASCULOPATHY



THESIS SUBMITTED FOR THE DEGREE OF

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(DRAVYA GUNA)

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SUMMARY AND CONCLUSION

SUMMARY

The present thesis work entitled "*Effect Of Mañjiṣṭhā On Diabetic Vasculopathy*" has been presented into three main chapters.

1. LITERARY REVIEW

- (a) Disease review
- (b) Drug review

2. CLINICAL STUDY

- (a) Material and Method
- (b) Observation and results.

3. DISCUSSION

First Part of the chapter I. i.e "Disease review" comprises Āyurvedic and Modern review.

Āyurvedic review was screened thoroughly and deeply starting right from pre-vedic Period to up to date published Āyurvedic Literature and research done so far.

The word madhumeha has been divided into two parts.

- Madhu
- Meha

Madhu is one of the synonyms of "Ojas". **Meha** derived from "miha ccharanya" means expelling out. Now the definition of madhumeha appears to be the disease in which "Ojas" substance is being expelled out. Caraka has also given the same statement in sutrasthan 17th Chapter, Nidana 4th Chapter and Cikitsa 6th Chapter.

Ojas is the substance which is responsible to prevent the disease: maintain structural and functional status as normal. The "Apara Ojas" which is similar to shleshma, circulate all over the body through the dhmanis and sira and maintains bala (Power), utsāha (Pleasure) by keeping a person healthy (c.su. 30/9).

No such a nomenclature like "Madhumeha Janya Pāda Vraṇa" is mentioned in Āyurvedic texts, but Suśruta has clearly described that prameha piḍikā usually appears in lower part of the body due to accumulation of doshas and dushas which is facilitated by the weakening of the vessels (rasāyani daurbalya). Suśruta has also indicated that the vraṇa in madhumehi (diabetics) does not heal easily. On the basis of above statement, we can say that the ulcers caused by the direct injury or bursting of piḍikās, usually found in lower extremities and to whom we have nomenclatured as "Madhumeha Janya Pāda Vraṇa" can be correlated with "Diabetic Foot Ulcer."

Modern review deals with short history, complications and mechanism of development of vasculopathy with foot ulcer in the diabetes mellitus. Angiopathy and neuropathy are the causative factors of foot ulceration which were first recognised by pryce in 1887. There are three main factors that lead to tissue necrosis and gangrene in the diabetic foot ulcer normally ischaemia

(angiopathy), neuropathy and infection. Ischaemia results from the atherosclerosis of leg vessels which in the diabetic is often bilateral, multi segmental and distal involving vessels below the knee. Peripheral ischaemia may also result from small vessel disease but it is unlikely that microvascular disease is responsible for foot ulcers.

Regarding the incidence of diabetic foot, different diabetologist showed different percentages, while in our study, we found 9% of the diabetics having this complication i.e. foot ulcer. Most of the patients were from rural areas, who were unaware regarding the hygienic factors.

Even though the foot lesion is not as common as diabetic nephropathy and diabetic retinopathy but it is of particular importance to the patients as ultimately it may lead to amputation, resulting in a grave physical disability and severe physio-psychological trauma to the patient and his relatives.

Therefore we carried out this clinical trial to avoid the above problems supposed to occur in diabetic foot ulcer.

After the above mentioned Āyurvedic review we have expounded that the drug for Diabetic foot ulcer must possess the following properties :

1. **SHOTAHARA**- Anti inflammatory
2. **VRANA ROPANA**- Healing of ulcer.
3. **VRANA SHODHANA**- Cleaning of ulcer
4. **RAKTA SHODHANA**- Purification of blood
5. **RASĀYANA AND BALYA**- Rejuvenative and Tonic

The above properties are definitely present in the plant *Mañjiṣṭhā* (*R. cordifolia*). So, it was the basis for selecting manjistha for above ailment.

CONCLUSSION

The present work entitled "*Effect Of Mañjiṣṭhā On Diabetic Vasculopathy*" is divided into 3 chapters and it was carried out through one year period from May, 1997 to May, 1998. The total number of patients were 30. They were divided into three groups (10 cases in each group). First group was treated by applying mañjiṣṭhā decoction and lotion locally and Ghansatwa of mañjiṣṭhā orally in the dose of 500 mg, three times in a day. Second group was treated with pentoxifylline, known allopathic drug which acts on vasculopathy, in the dose of 400 mg, three times in a day, along with antibiotics and antiseptic etc. while the third group was treated with the combined therapies of first and second groups.

The bio-chemical, doppler, radiological and histopathological studies were the tools for this study.

We have obtained better results from the clinical study of third group, regarding the healing of ulcer, blood circulation, serum cholesterol and also in general health improvements which has been proved statistically by showing p value < 0.001 is. While first group showed a satisfactory and significant improvement in above factors but second group did not show any significant changes in serum cholesterol as well as general improvements excepts enhancement of circulation and very slow healing.

On the above documents the drug mañjiṣṭhā (R. cordifolia) was found to be significantly useful for the patients suffering from non-healing diabetic foot ulcer.

Thus it can be taken as an original contribution to the subject (Dravya-Guna) and as a therapy for the ailing humanity.

