

**“A CLINICAL STUDY ON THE MANAGEMENT OF DIABETIC
POLYNEUROPATHY WITH *RASAYAN VATI*”**



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Ayurveda Vachaspati

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ABSTRACT

A Clinical Study in the management of Diabetic Polyneuropathy with *Rasayana Vati*

Introduction :

Diabetic Polyneuropathy is one of the most common troublesome micro vascular complications of diabetes mellitus. It is nerve damaging disorders which are result in metabolic as well as vascular degeneration of neuron resulting in impaired nerve conduction. This neuropathy is leading independent risk factors (Hypertension, dyslipidemia, obesity, and cigarette smoking) for mortality and morbidity as a result of foot ulceration and non traumatic amputation of lower limb extremities. This makes the patient permanently immobile. In Ayurveda, although there is no direct correlation for Diabetic Polyneuropathy but the basic Most of the symptoms mentioned under *purvaroop*a and *upadrava* of *Prameha* such as *pada daha*, *padasuptata*, and *shoola* similar to diabetic Polyneuropathy symptoms. Pathology behind it is can be studied under *madhumeha upadrava* caused by *Avarana janya vata prakopa*. Hence in diabetics, prevention and management of Polyneuropathy is of utmost importance. This condition is well managed by Ayurveda with effectively and less cost.

Materials and Methods:

It is a clinical study with pre- test and post- test design conducted in single group. *Rasayana Vati* was given in a dose of 500mg 2 tablets twice in a daily for a period of 8 weeks. All the patients were followed up for a period of 4 week and assessment was done on the basis of subjective criteria (NSS and MNSI) and objective (*Agni, Deha, Satwa bala* and WHO QoL-BREF) criteria. Ethical clearance was obtained from Institutional Ethics Committee (IEC No. - PU/PIA/IECHR/KC/03), and this study is registered in Clinical Trial Registry of India (CTRI/2017/07/009075).

Results :

The change in the values before and after treatment were assessed by the paired 't' test. Statistically highly significant result was obtained in NSS (89.86%), MNSI-A (64.69%) and MNSI-B (71.69%).

Discussion :

Diabetic Polyneuropathy is a sequel to *madhumeha* which occurs due to further vitiation of *doshas* or due to *vyadhi karshana*. Diabetic Polyneuropathy is believed to occur due to *Avrana janya vata prakopa*. Vitiated *vata* damages nervous tissues by local inflammatory process (*shoth*) simultaneously *Avrana* causes *sroto avrodh*(obstruction in micro channels) which lead to malformation of preceding *dhatu*(progressive nutrition of tissues) leads to further *dhatu kshya*(emaciation at tissue level as well as at micro levels).which is produces symptoms like *daha* (burning sensation), *suptata* (numbness), *harsha* (tingling sensation), *shosha* (wasting), and *dourbalya* (weakness). This condition is well managed by *Rasayana*. *Rasayan vati* have property of *Rasayana* (Rejuvenation), which act at the level of *dhatu* (body tissue), *agni* (metabolic activities), *srotas* (microcirculation). *Rasayan vati* contents *anabhishtyandi dravyas* dominated by *singdha guna* which acts as *vata shaman*, *kapha-pitta avirodhi* and *srotoshodhana* which clutches the *samprapti* of *Avarana of vata*.

Conclusion :

The hypothesis that the trial drug '*Rasayana vati*' has beneficial effects on Diabetic Polyneuropathy is accepted and the null hypothesis is rejected.

Keywords : Diabetic Polyneuropathy, *Rasayana vati*, *Madhumeha Upadrava*, *Avarana of vata*.