

## ***Case study: Virechana for Diabetes***

### **Patient background:**

A male patient aged around 57 years approached Adyant Ayurveda with the concern of raised blood sugar levels, tested randomly during a routine blood check. The 3 months average HbA1c values was 8.2, associated with complaints of frequent urination, sweating and improper bowel movements.

Appetite: N

Sleep: N

Prakruti: Vata kapha

Weight: 75kg

Diet was improper with irregular timings of meal, lack of exercise, low stress levels.

No h/o previous illness

No family h/o Diabetes, Hypertension or cardiac issues.

### **Procedure:**

The patient underwent Panchakarma Virechana for 15 days, with a proper ama pachana with panchakola churna as purvakarma, snehapana with panchatikta ghrita for 4 days, bahya snehana with ksheera bala taila, swedana and a thorough purgation on 15<sup>th</sup> day. He was advised a 5 day

sansarjana krama and was given a detailed diet and lifestyle modification.

Along with virechana, internal medications like chandraprabha, punarnava, curcumin were advised for a course of 8 weeks.

### **Outcome:**

The patient noted significant reduction in weight, reduced frequency of urination, reduction in sweating and proper bowel movements.

After the completion of virechana and 8 weeks of internal medications, the blood tests were done, the HbA1c levels were 5.6.

A significant impact on raised blood sugar levels was noted with Virechana which worked as a catalyst to accelerate the results.

However the patient is advised to continue the medications and get the HbA1c values checked every 3 months once.

A strict diet and lifestyle modification are also advised.

### **Conclusion:**

Panchakarma Virechana is a very impactful therapy in the management of Diabetes. A properly planned protocol of medications, diet and lifestyle modification, along with stress management will help maintain and paves a path for reversal.

# REPORTS

## BEFORE

Test Name	Result	Unit	Reference Range
Quality Management System			
Lab No : 4142		Bill Date : 26-Mar-2024	10:35 AM
Name : [REDACTED]		Age : 57Years	
Referred By : [REDACTED]			
Rep Date : 27-Mar-2024	10:21 am		
HAEMATOLOGY			
COMPLETE BLOOD COUNT			
Haemoglobin	15.2	gms%	11.0-16.0
WBC-Total Leukocyte Count	6,100	Cells/cumm	4,000-11,000
DIFFERENTIAL COUNT			
Neutrophils	63	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	05	%	00-06
Monocytes	04	%	03-10
RBC Count	5.05	mill/cumm	3.5-5.8
Platelet Count	1.37*	Lakhs/cmm	1.5-4.5
PCV	43.2	%	35-54
MCV	85.6*	fl	76-72
MCH	30.3	pg	27-32
MCHC	38.3*	gm/dl	30.0-35.0
BIOCHEMISTRY			
RBS-Random Blood Sugar	189*	mg/dl	70-150
HbA1c	8.2*	%	Normal <6.2 Poor Control: >8.0 Good Control: 6.2-7.0 Fair Control: 7.0-8.0
Mean Blood Glucose	173	%	
----- End Of Report -----			

# AFTER

Name		TID/SID	: UMR1156707/ 27650106
Age / Gender	: 57 Years / Male	Registered on	: 23-May-2024 / 08:10 AM
Ref.By	: SELF	Collected on	: 23-May-2024 / 08:19 AM
Req.No	: BIL4284773	Reported on	: 23-May-2024 / 13:34 PM

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

**Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood**

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	<u>5.6</u>	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	114	mg/dL

**Interpretation:** It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.  
Excellent Control - 6 to 7 %,  
Fair to Good Control - 7 to 8 %,  
Unsatisfactory Control - 8 to 10 %  
and Poor Control - More than 10 %.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2018.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

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