Case Report: Type 2 Diabetes Mellitus (Ziabetus shakari)
Abdul Azeez Rizwana*1 and MHM Hafeel2

1Lecturer, Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka
2Senior Lecturer, Institute of Indigenous Medicine, University of Colombo, Rajagiriya, Sri Lanka

Abstract
A 42 year old lady approached OPD of the Ayurveda hospital, Aniyakanda, Kandana, Sri Lanka and got registered in OPD in February, 2016. She was seeking leach therapy for bluish, dilated and twisted varicose vein at the right popliteal fossa. She reported no history of diabetes mellitus on the past but on advice she did basic laboratory investigations prior to leach therapy i.e FBS, BT and CT. The blood report showed FBS of 220 mg/dl dated on 1st of March 2016. This patient was investigated as recently diagnosed case of diabetes mellitus and laboratory test was repeated 03/03/2016 to confirm diagnosis which revealed FBS of 201 mg/dl and PPBS of 240 mg/dl. Patient was advised not to take any allopathic medicine. Treatment was employed according to ilaj bil dawa (Pharmacotherapy) , half a cup of decoction was prescribed twice a day which consisted 15g of Amla (Phyllanthus embilica), 15g of Gilo (Tinospora cordifolia), 15g of posth e Neem (Azadiricha indica), and 15g of Darhaldi (Coscinium fenestratum) along with appropriate ilaj bil ghiza (Dietotherapy) prescribed. Patient was assessed every other week with repeated FBS for a period of 3 months. The observed mean FBS during the course of treatment was 136 mg/dl. At the end of this case study the FBS was found to be 108 mg/dl. Efficacy of variety of mufrat advia (single drug) has been already established by some studies. We need to conduct randomized clinical trial in larger sample size in order to establish the effective management for DM.

Keywords: Diabetes Mellitus, FBS, Ziabetus shakari, Ilaj bil ghiza, Amla, Gilo, Neem, Darhaldi.

Pathophysiology or Mahiyath e marz
Current theories of type 2 diabetes include a defect in insulin mediated glucose uptake in muscle, a dysfunction of the pancreatic β-cells, a disruption of adipocytes and an impaired insulin action in liver. Type 2 diabetes causes dysfunctions in multiple organs or tissues and leads to severe complications, including renal failure, blindness, slow healing wounds, and arterial diseases. It is not an autoimmune disorder and the susceptible genes that predispose to NIDDM have not been identified in most patients [5, 6].

Ziabetas Shakari has been correlated with type 2 diabetes mellitus and described accurately the clinical features and specific complications of disease in classical Unani literature. Although modern terminology did not exist in ancient era but description of excessive heat that cause weakening of liver in Sue mizaj wa zauf e jigar and the role of this mizaj in Ziabetas shakari was described in ancient literature. Dryness of liver is a concept of holism (broader view) in Unani medicine that disturbed the mizaj of liver [7, 8].

Zakariya Razi stated in his book of Kitabul Havi, In this disease conditions the temperature of kidneys become hot due to which it absorbs water, but due to weakness of its retention power (Quwat e masiika) it eliminate rutubath towards bladder i.e. the bladder does not absorb water from kidney.

Management

According to Zakariya Razi and Ibn-e-Sina, the treatment of Ziabetus shakari is based on the following principles:

1. To find out and eliminate the existing causes
2. Ta deel-e-mizaj (Moderation of temperament)
3. Taqleel-e-ghiza (Minimize the intake of diet)
4. Ilaj bil dawa (Pharmacotherapy)
5. Ilaj bil Tadbeer (Regimental therapy)

According to Unani physicians the drugs which correct the mizaj (temperament) of kidney and liver or restore the absorption power (retention power) of kidney are used to manage Ziabetus shakari or Ziabetus haar [8, 9].

CASE REPORT

A 42 year old lady approached OPD of the Ayurveda hospital, Aniyakanda, Kandana, Sri-Lanka and got registered in OPD in February, 2016. She was seeking leach therapy for bluish, dilated and twisted varicose vein at the right popliteal fossa. She reported no history of diabetes mellitus on the past and present and also no positive family history but on advice she did basic laboratory investigations prior to leach therapy i.e FBS, BT and CT. The blood report showed FBS of 220 mg/dl dated on 1st of March 2016. This patient was investigated as recently diagnosed case of diabetes mellitus and laboratory test was repeated 03/03/2016 to confirm diagnosis which revealed FBS of 201 mg/dl and PPBS of 240 mg/dl. Patient was advised to not to take any allopathic medicine. Many mufrad advia (single drug) which contain astringent as well hypoglycaemic activity have been extensively reported by Unani physicians. From that Amla (Phyllanthus embilica), Gilo (Tinospora cordifolia), Neem (Azadirechta indica) and Darhaldi (Coscinium fenestratum) were randomly selected to reduce blood sugar level of this case.

Joshanda (Decoction) was prepared from following fresh mufrad advia and half a cup of decoction was prescribed twice a day. Appropriate Ilaj bil ghiza was prescribed during the treatment period.

- Amla (Phyllanthus embilica) -15g
- Gilo (Tinospora cordifolia) - 15g
- Posth e Neem (Azadirechta indica)- 15g
- Darhaldi (Coscinium fenestratum) -15 g

RESULT

Table-1: Assessment of FBS

<table>
<thead>
<tr>
<th>Date</th>
<th>FBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre treatment</td>
<td></td>
</tr>
<tr>
<td>01.03.2016</td>
<td>220 mg/dl</td>
</tr>
<tr>
<td>03.03.2016</td>
<td>201 mg/dl</td>
</tr>
<tr>
<td>Post treatment follow up</td>
<td></td>
</tr>
<tr>
<td>10.03.2016</td>
<td>160 mg/dl</td>
</tr>
<tr>
<td>31.03.2016</td>
<td>120 mg/dl</td>
</tr>
<tr>
<td>07.04.2016</td>
<td>176 mg/dl</td>
</tr>
<tr>
<td>28.04.2016</td>
<td>112 mg/dl</td>
</tr>
<tr>
<td>13.05.2016</td>
<td>99 mg/dl</td>
</tr>
<tr>
<td>23.05.2016</td>
<td>108 mg/dl</td>
</tr>
</tbody>
</table>

Patient was assessed every other week with repeated FBS for a period of 3 months. The observed mean FBS during the course of treatment was 136 mg/dl. At the end of this case study the FBS was found to be 108 mg/dl.

DISCUSSION

The study was done by Qutubuddin et al. (2012) confirmed hypoglycaemic and astringent property of Gilo. Hypoglycaemic property of Neem, Amla, Gilo, Darhaldi etc were mentioned by Majoosi [10].

CONCLUSION

Efficacy of variety of mufrat advia (single drug) has been already established by some studies. We need to conduct randomized clinical trial in larger sample size in order to establish the effective management for DM.

REFERENCES


© 2021 | Published by Scholars Middle East Publishers, Dubai, United Arab Emirates

