

YUGI'S PRAMEGAM AND DIABETES MELLITUS - AN ANALOGUE

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ABSTRACT

Yugimahamuni was one among the greatest siddhars and has matchless contribution towards enrichment of Siddha system. In his Vaidya Chinthamani-800, he has written clearly about 4448 names of the diseases, its signs, symptoms and prognosis. Under the heading - "Meganoikal," he has elaborated twenty varieties of the urinary disorders based on the physical characters of urine. But the general signs and symptoms of 'Meganoikal' described by Yugi clearly indicate that many of these characteristics are of diabetic in nature. Under the sub-heading 'avasthaikal', Yugi accurately described certain sufferings experienced by the patients of 'Meganoikal'. It is quite interesting to note that those ten types of sufferings he has listed out, starting from obesity ending in Tuberculosis are comparable with the acute and long term complications of diabetics, and hence this analogue.

"காணவே முதலவத்தைச் சரீரந் தானுங்
கனமாகப் பருத்தி¹றுகி நீர்த்து வாரம்
வேணவே வேண்டாக்கி யகலம் பண்ணு
மிக்கவிரன் டாமவத்தை விளம்பக் கேளாய்
மூணவே மூதிரப்பீ² டை²யுமாச் கக்ல⁴
முகமுழுகித் தேஜகதான் மிகவே குன்றும்³
நாணவே மூன்றாகு மவத்தைக் குத்தான்
நாவறளும்⁵ வாயுவது மீறுந் தானே"⁶
"தாறான நாலவத்தை யங்க தாகஞ்⁵
சன்னியது பாதமுன்டா மைந்த வத்தைத்
தேறான நீர்ப்பெருகுந்⁷ தாது நஷ்டம்⁴

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நிலையாளு மவத்தையுடற் கிடைகொள்ளாது⁸
 மூனான மூர்ச்சைவரு⁸ மேழ வத்தை
 மிக்கவரோ⁹ சகஞ்சுவாசந்¹⁰ தேக சாட்டியம்⁹
 எனான எட்டாவ தவத்தை தானே
 எழுகிரந்தி பிளவை¹¹யுந்தான் மிகவுண் டாமே
 "உண்டாகு மொன்பதா மவத்தை கேளாய்
 ஒழுக்கான வதிசாரந்¹² கிருமி யுண்டாம்
 பண்டான பத்தாந்தா வைத்தை கேளாய்
 பாரமாம் சயங்கண்டு¹³ பரத்துக் கேகும்
 வெண்டாகு மேகந்தா னிருப துக்கும்
 விளங்கியதோர் தசவத்தை விவரஞ் சொன்னோம்

(Yugimuni Vaidya Chinthamnai - 800)

(யுகிமுனி வைத்திய சிந்தாமணி)

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| 1. Obesity | 8. Restlessness and unconsciousness |
| 2. Urinary disorders | 9. Loss of appetite and general debility |
| 3. Diminished Complexion | 10. Dyspnea |
| 4. Importance | 11. Lymphadinitis and carbuncle |
| 5. Dryness of the mouth & Intense thirst | 12. Diarrhoea & |
| 6. Flatulence | 13. Tuberculosis |
| 7. Glycosuria | |

Obesity : The diabetic genotype is influenced by various factors, the predominant one being obesity. Even though obesity persons does not necessarily be diabetics it nevertheless precipitates the disease in susceptible individuals. If we select randomly hundred new diabetes 80% would be obese. Many obese diabetics, can have normal blood sugar level when they loose weight.

Urinary disorder : Altered urine output. It does not indicate whether the quality is altered or the quantity is altered. So we can infer not only diabetic syndrome but also infection, stone, kidney damage etc.

Diminished complexion : Diabetes can cause changes in the tiny blood vessels that supply the skin with nutrients. Impaired nerve sensation, Dryness itching and other skin disorders are common. One of these is excessively dry skin caused by dehydration in poorly controlled diabetes.

Impotence : Poor sexual performance is of great concern to person with diabetes mellitus. The prevalence of erectile dysfunction or importance in diabetic man is high. This may be due to Psychogenic factor, neuropathy, macro or micro vascular abnormalities, hormonal dysfunction etc.

Dryness of the mouth and intense thirst : Dryness of the mouth and intense thirst are the chief symptoms of diabetic. Due to excess urinary output there is lowered water content in the system and this gives rise to intense thirst.

Flatulence : It may occur in diabetic neuropathy. The stomach, small intestine and colon empty their contents by a series of rhythmic contractions of the muscles. When the nerves that operate these muscles become neuropathic, there is a delay in contraction resulting in flatulence and

constipation.

Glycosuria : Glycosuria is the chief symptom of diabetes associated with Polyurea. Other than this, we have certain types of non-diabetic glycosuria such as :-
Benign glycosuria of pregnancy

Hyperthyroidism

Hyper Pituitarism

Glycosuria accompanying infection

Asphyxia etc.

Restlessness & unconsciousness :

In low blood sugar level for a prolonged period the patient may go into delirium or sometimes hyperactive to a point of convulsive seizures. In severe low blood sugar levels unconsciousness will also occur.

At the other hand of the spectrum is the complication of high blood sugar level and its end result is diabetic ketoacidosis and coma. As the blood sugar level increases, the body loses tremendous amounts of fluid. The patient becomes more dehydrated and an acidic condition develops. In extreme condition patient becomes comatose.

Loss of appetite & general debility :

In diabetic neuropathy, loss of appetite, subsequent decline of body weight are frequent complaints. The term gastroparesis diabetorum is used to describe atony or delayed gastric emptying resulting in nausea, post prandial fullness, early satiety and epigastric pain.

Dyspnoea: Dyspnoea is the ventilatory response to metabolic acidosis.

Lymph adenitis & carbuncles :

Patients with poorly controlled diabetes are prone to infection than non diabetics. Prior to insulin therapy and before the advent of antibiotics carbuncle was a common cause of death among diabetics.

Resistance in diabetics is lowered due to dehydration, malnutrition, impaired polymorpho nuclear lenocyte function, vascular insufficiency and neuropathy.

Diarrhoea :

The term diarrhoea of diabetics was first used by Bargaen to describe the interactable diarrhoea in patients with severe diabetes usually in association with peripheral and autonomic neuropathy. The diarrhoea tends to be intermittent, watery, profuse and to occur more frequently at nights. Diabetic diarrhoea undergoes unexplained period of remission and exacerbation.

Tuberculosis :

Tuberculosis has higher incidence in diabetics. It is more extensive and occurred 3 to 16 times more commonly in diabetics than in non diabetics. While reviewing the history of diabetics and tuberculosis, noted that in the 19th century diabetic patients appeared doomed to die of pulmunory tuberculosis if he succeeded in escaping coma. The proportion of TB patients with

active disease was also greater among the diabetics than among non diabetics. Although drug treatment for Tuberculosis has greatly improved the overall prognosis, diabetics, particularly if poorly controlled, may still predispose to reactivation of tuberculosis.

Conclusion :

From the description given in this piece of work of Yugi, it could be observed that Siddhars have recorded their observations in a very scientific manner. Most of their statements are comparable with the advanced scientific discoveries. The research worker in the field of Diabetes will get ample material and new impetus for further fruitful investigations when they thoroughly probe into the ancient works, the insight of Siddhars.

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सारांश

युगी का प्रमेगम और मधुमेह—एक अनलोग

—एस. राजलक्ष्मी
जी. वेलु चमी

एक महान संत युगी, जो कि क्लिनिकल डाइगनोसिस के अधिकारी हैं, उन्होंने प्रमेगम या मेगा नीर के कारण पेशाब के २० प्रकार की असमानताएँ होती हैं—वर्णन किय है। पेशाब के गुणों पर यह शिकायत आधारित है—यह जाँच करने पर पता चलता है। यह निर्भर है रंग, गन्ध, प्रकृति और उबालने के प्रभाव पर। अधिकतर पेशाब की शिकायत मधुमेह के कारण होती है। उनके लक्षणों को अलग अलग बांटा है। मेगनोइगल गुणों का वर्णन बहुत विस्तार से किया है। उन दिनों प्रयोगशालाओं की कमी के कारण युगी ने पेशाब के गुणों को व्यक्त करने का प्रयास किया है। यहाँ इस लेख में इस बीमारी के लक्षणों एवं गणों को प्रकट करने का प्रयास किया गया है। मधुमेह मिलीटस और उसके बहुत दिनों तक बने रहने से समस्या को समझने से पता चलता है कि कैसे ये दोनों रोग एक दूसरे से अनलोगस मिलते हुए हैं।