

MEHA 2014: A NATIONAL SEMINAR ON DIABETES MELLITUS

MEHA 2014 was organized by department of Kayachikitsa, KLE University, (KLEU) Shri BMK Ayurveda Mahavidyalaya, Belgaum on 14 March 2014. The conference was organized in the fond memory of Shri Basappa Mallappa Kankanawadi, founder of KLEU BMK Ayurved Mahavidyalaya. It was dedicated on the theme of Diabetes Mellitus (DM) which was attended by post graduate scholars, researchers, practitioners, and teaching faculty from different institutes. More than 250 delegates from all over the country participated in this program.

The conference was inaugurated by Dr B S Prasad, principal, KLE University’s Shri BMK Ayurveda Mahavidyalaya, Belgaum. In his inaugural address, Dr B S Prasad highlighted the prevalence of DM in both national and international scenario. He reminded the dubious distinction of India as diabetes capital of the world.^[1] He pointed that etiological factors of DM in India include rapid changes in food and lifestyle due to the rapid economic development and globalization along with genetic susceptibility.^[2] Developing country like India have most diabetics in the young and middle aged unlike the developed countries where the Type 2 Diabetes Mellitus (T2DM) is prevalent in elderly individuals^[3] and warned its strong implication on health and economy of the nation. Evidences suggest that major portion of T2DM is preventable through lifestyle modifications.^[4] Recognizing this serious epidemic of diabetes the United Nations (UN) has urged its member states to develop national strategies to combat this disease. Towards this goal, seminar of this kind will be helpful. And pointed that though medical sciences may not be actively persuading integrative approach but the patients of chronic disorders like diabetes are already incorporating it successfully and reported to be effective, convenient, and safe to use.^[5] This is forcing the policy makers in the western world to revisit their strategy. Hence he hoped these seminars on focused areas like DM will give the policy makers, researchers, professionals of different streams of health sciences

working on DM a common platform to develop pragmatic strategies.

Dr. Neeta Deshapande, a renowned diabetologist elaborated on current treatment strategies in management of DM. Emphasis was on both pharmacological and non-pharmacological approaches. Lifestyle management and bariatric managements specially in patients of T2DM and dyslipidemia were stressed. Meta-analysis of Bariatric surgeries has shown that 78.1% of T2DM patients had complete resolution and 86.6% showed improvement or resolution without taking any antidiabetic medications in which the improvements sustained for 2 or more years.^[6] Hence reduction of excess weight plays a key role. Highlight was on the personalized medicine based on inputs from the areas like genomics, bioinformatics, pharmacogenomics, proteomics, nutrigenomics, and metabolomics.^[7] Understanding of the patient and customizing the treatment based on type of DM, weight, life style, nutritional requirement, and pharmacological agents were highlighted.

Dr. Hrishikesh Mhetre highlighted on the etiopathogenesis of DM. Critically reviewed perspective of Ayurveda related to various etiology from genetics to modern lifestyle, stress, sleep habits, food habits, and sedentary activity. He also emphasized on the current environmental factors like globalization, industrialization, pollutions, and their role in DM. Comprehensive understanding of *Kleda dusti* and its biological understanding was elaborated. *Kledata* is the one which increases fluidity and serological substrates like sugar, urea, and uric acids can alter the fluid homeostasis in pathological states and these can be considered as one among the other biological components of *kleda*. Pathophysiology of diabetic manifestations was the high light of his talk.

Dr. Prakash Mangalasseri spoke on critical understanding of manifestations of DM, diagnosis, and treatment approach. Strategizing the treatment thorough the algorithmic approach was highlighted. Strategizing is considered on the basis of *doshiv* dominance, manifestations and subtle variations in etiopathogenesis. Management of disease and complications through *shodhan* (detoxification), *shaman* (palliative), *rasayana* (rejuvenative), lifestyle, and dietary modifications were discussed. Therapeutic Ayurveda dietary formulation can be effective compared to contemporary foods.^[8] Hence a strong emphasis on Ayurveda advocated food and lifestyle managements needs to be educated in general population. He further emphasized that empowering and educating patients for self care is the key.

Access this article online	
<p>Quick Response Code:</p> 	<p>Website: www.jaim.in</p>

The program was marked by the presentations of research studies through podium and poster presentations. The seminar witnessed 72 podium presentations and 10 poster presentations conducted in seven different sessions. Sessions were divided on the basis of various subsections like etiopathogenesis, experimental studies, clinical studies, non-pharmacological interventions like lifestyle modifications, yoga, exercise diets, and Diabetic complications like retinopathy, vasculopathy, diabetic foot, neuropathies, etc.

National seminar on the theme of DM was successful in its objective of creating awareness and fine-tuning the understanding of DM management especially in the young delegates. Resource persons and panel experts highlighted the need of the hour is to understand that diabetic tsunami is approaching rapidly and the current therapeutic, too slow in its progression, is very much limited^[9] and that Ayurveda can play a major role. Holistic, personalized, and integrative approach of ayurveda can be of major advantage. Achieving this needs a large scale pragmatic shift in the current approach. Few of the note-worthy recommendations were to have dedicated DM specialty units in all the hospitals/institutes. These units should not only focus on clinical services but also on research. Comprehensive research of multi-disciplinary level will be beneficial. Prime focus should be on understanding the current food and lifestyles as per the Ayurveda pharmacology. Their role as etiological or therapeutical value needs to be rigorously analyzed. Experts emphasized on proper documentation and reporting of the successful case studies/case series. A call was made to emphasize on research to validate ayurveda practices through a rigorous scientific methods. Seminar was concluded with a note and hope that these action plans conveyed will get widely deciphered and act as a nidus for further developmental activities.

ACKNOWLEDGMENT

I thank Dr B S Prasad, Principal KLEU Shri BMK Ayurveda Mahavidyalaya and colleagues of kayachikitsa Department for their extended support.

Basavaraj Ramappa Tubaki

*Department of Kayachikitsa, Karnatak Lingayat Education University,
Shri BMK Ayurveda Mahavidyalaya, Belgaum, Karnataka, India
E-mail: ayurbasavaraj@gmail.com*

REFERENCES

1. Mohan V, Sandeep S, Deepa R, Shah B, Varghese C. Epidemiology of type 2 diabetes: Indian scenario. *Indian J Med Res* 2007;125:217-30.
2. Mohan V. Why are Indians more prone to diabetes? *J Assoc Physicians India* 2004;52:468-74.
3. Ramachandran A, Ma RC, Snehalatha C. Diabetes in Asia. *Lancet* 2010;375:408-18.
4. Ramachandran A, Snehalatha C, Samith SA, Nanditha A. Primary prevention of type 2 diabetes in South Asians--Challenges and the way forward. *Diabet Med* 2013;30:26-34.
5. Bhalerao MS, Bolshete PM, Swar BD, Bangera TA, Kolhe VR, Tambe MJ, *et al*. Use of and satisfaction with complementary and alternative medicine in four chronic diseases: A cross-sectional study from India. *Natl Med J India* 2013;26:75-8.
6. Buchwald H, Estok R, Fahrbach K, Banel D, Jensen MD, Pories WJ, *et al*. Weight and type 2 diabetes after bariatric surgery: Systematic review and meta-analysis. *Am J Med* 2009;122:248-56.
7. Glauber HS, Rishie N, Karnieli E. Introduction to personalized medicine in diabetes mellitus. *Rambam Maimonides Med J* 2014;5:e0002.
8. Tiwari AK, Praveen Kumar M, Nand Kumar D, Gawane SB, Madhusudana K, Ehra A. Ayurvedic dietary formulations and postprandial glycemia in rats. *Int Food Res J* 2012;19:765-73.
9. Sherwin R, Jastreboff AM. Year in diabetes 2012: The diabetes tsunami. *J Clin Endocrinol Metab* 2012;97:4293-301.

How to cite this article: Tubaki BR. Meha 2014: A National Seminar on Diabetes Mellitus. *J Ayurveda Integr Med* 2014;5:199-200.

Source of Support: Nil, **Conflict of Interest:** None declared.