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AYURVEDIC MANAGEMENT OF NEWLY DIAGNOSED DIABETES MELLITUS – A CASE STUDY

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ABSTRACT

A 45-year-old male presented with polyuria, polydipsia, and dryness of mouth for 20 days. Laboratory investigations revealed FBS 305 mg/dL, PPBS 425 mg/dL, and HbA1c 11.3%. The patient was managed through Ayurvedic interventions including Deepana-Pachana with Chitrakadi Vati, Snehapana with Panchatikta Ghrita, Sarvanga Abhyanga with KSheerabala Taila, Baspasweda, and Virechana with Trivruth Lehya. The patient attained 14 vegas indicating Madhyama Shuddhi and was advised Samsarjana Krama for 3 days. Post-therapy, the patient reported symptomatic relief. This case suggests the potential role of Shodhana Chikitsa in the management of newly diagnosed diabetes mellitus.

KEYWORDS : *Diabetes mellitus, Madhumeha, Panchakarma, Virechana, Ayurveda case report*

INTRODUCTION

Diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycemia. As per WHO "Diabetes mellitus is a chronic disease characterized by elevated levels of blood glucose (hyperglycemia), which over time leads to serious damage to the heart, blood vessels, eyes, kidneys, and nerves"[1] .Type 2 diabetes is the most common type of diabetes, accounting for over 90% of all diabetes worldwide. It is currently the 8th leading cause of disease burden17 globally and estimated to become the second leading cause by 2050. The prevalence of type 2 diabetes has increased notably in adults under 40.[2] WHO uses specific blood glucose threSholds for diagnosis, including:Fasting plasma glucose (FPG): ≥ 7.0 mmol/L (126 mg/dL), 2-hour plasma glucose (OGTT): ≥ 11.1 mmol/L (200 mg/dL), HbA1c: ≥ 6.5% (48 mmol/mol) And Random plasma glucose: ≥ 11.1 mmol/L with symptoms.[1]

It can be correlated with *Prameha* in Ayurveda, which is described as a *Kapha-Medo Pradhana Vyadhi*. *Prakarshena mehati janayati iti Prameha* [3]. *Prameha* is a condition in which frequent excretion of urine is present. It is considered one among the *Ashtamahagada* (eight grave disorders). It can be of two types, i.e., *Sahaja* (congenital) and *Doshaja* (acquired), and clinically it can be classified as *Sthula Pramehi* and *Krisha Pramehi*. *Doshaja Prameha* classified into three types *Kaphaja*, *Pittaja* and *Vataja* , and again subdivided into 10, 6 and 4 types respectively . The types of *DoShs* , which have entered the urinary tract in vitiating the condition give rise to the respective types of *Meha* with their dominance.[4]

The causative factors (*nidana*) include both *Agantuja* (exogenous, etiological) and *Nija* (endogenous, pathological), such as sedentary habits, excessive day sleep, excessive use of curds, soups of meat of domestic or aquatic animals, milk derivatives, and various processed forms of jaggery. In nutShell, foods and regimens that promote *Kapha*, *Meda*, and *Mutra* are regarded as *Pramehaja Hetu* [5].

The development or resistance to a particular disease (*Vikara Vighata Bhava* – immunity, and *Vikara Vighata Abhava* – susceptibility) is determined by the condition of the *Dosha*, *Dhatu*, and the specific *Nidana*.

Modern management emphasizes glycemic control through oral hypoglycemic agents and insulin, Ayurveda advocates *Shodhana* (bio-purificatory measures) and *Shamana* (palliative measures) for breaking the disease pathology. This report presents the case of a 45-year-old male patient with newly diagnosed type 2 diabetes mellitus who was managed successfully through Ayurvedic principles.

MATERIALS AND METHODS

Case study *Prameha*

Pradhana Vedana : c/o increased frequency of micturition ,increased thirst, and dryness in mouth since 20 days .

Vedana vrittanta

A 45-year-old male patient presented with complaints of increased frequency of micturition (*Prabhuta Mutrata*), excessive thirst (*Atitrishna*), and dryness of mouth (*Mukha Shosha*) since 20 days. The symptoms started insidiously and gradually worsened over time. The patient initially noticed increased frequency of urination, especially during night, followed by excessive thirst and dryness of mouth. He also reported generalized weakness and lack of freshness.

Purva Vedana vrittanta

The patient had no known past history of hypertension, cardiovascular disease, or thyroid disorder.

Kula vyadhi Vrittanta : All are said to be healthy

Vyayaktika Vrittanta

Ahara : Regular intake of tea , chicken -1-2 times , fish, mutton ,fried foods

Vihara : Ratrijagarana

Manasika : stress

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Samanya pareekSh

- Appearance – Fair
- Pulse rate -75/min
- B.P. -130/90 mm hg
- R.R. – 16/ min
- Weight- 168 cm
- Height- 75 kg
- Temperature – Afebrile
- R.S. – Bilateral Air entry clear
- C.V.S. – S1S2 heard, no abnormal Murmur heard
- C.N.S. – conscious and oriented

Rogi Pareeksha:

- *Prakruti: Pitta Kapha*
- *Sara: Madhyama*
- *Satva: Madhyama*
- *Samhanana: Madhyama*
- *Kostha: Madhyama*
- *Agni: ViShma*
- *Pramana: Madhyama*
- *Aharashakti: Madhyama*
- *Jaranashakti: Madhyama*
- *Vyayamashakti: Madhyama*
- *Vaya:Madhyama*

Asta vidha Pareeksha:
Nadi: Vata Kapha
Mutra: 9-10 times (day), 8-9 times(night)
Mala: 1 time/day
Jihwa: Lipta (Saama)
Shabda: Prakrutha
Sparsha: Samashitoshna
Drik: Prakruta
Akruti: Madhyama

Investigations : (10/12/2024):
Diagnostic criteria used in the present study is standard diagnostic criteria proposed by IDF and the World Health Organization [6]

Investigation	10/12/24 [Before treatment]	01/01/25 [After treatment]
Fasting Blood Sugar (FBS)	305 mg/dL	165 mg/dl
Post-Prandial Blood Sugar (PPBS)	425 mg/dL	211 mg/dl
HbA1c	11.3%	

Subjective Criteria

- Polyuria (increased frequency of micturition)
- Polydipsia (increased thirst)
- Dryness of mouth
- Feeling of heaviness and fatigue

Objective Criteria

- Laboratory findings: FBS 305 mg/dL, PPBS 425 mg/dL, HbA1c 11.3%
- Clinical observation: Excessive urination, dryness in oral cavity, reduced energy levels

Diagnosis : *Madhumeha* (Type 2 Diabetes Mellitus)

Treatment given

Virechana karma was planned for the patent for which deepana and pachana was done with chitrakadi vati 2 tablet twice a day for 03 days and snehapana with Panchatikta ghrita for 03 days where Sarvanga Abhyanga with Ksheerabala taila followed by Sarvanga Bashpa Sweda was given and diet restriction was done .Virechana karma with Trivruth Lehya of 60 grams and anupana of ushnajala was given and patient had 14 vegas .After virechana karma 03 days of samsarjana krama was advised . [Table 1]

Table 1 : Treatment protocol adopted

Treatment /Procedure	Medicine	Dose	Duration
Deepana–Pachana	*Chitrakadi Vati*	2 TID	03 DAYS
Snehapana	Panchatikta Ghrita	30 Ml,50 ML,70 ML	03 DAYS
Sarvanga Abhyanga followed by **Baspasweda**	*Ksheerabala Taila*	-	03 DAYS
Virechana	*Trivruth Lehya*	60 GRAMS	TOTAL 14 VEGAS ATTAINED
Samsarjana Krama			03 DAYS

RESULTS

- Significant relief in **subjective complaints**: reduction in frequency of urination, decreased thirst, improved oral moisture, increased sense of lightness and energy.
- Patient tolerated *Samsarjana Krama* well and experienced no adverse effects.
- Symptomatic improvement was evident within 2 weeks of intervention.

DISCUSSION

This case highlights the effectiveness of *Shodhana Chikitsa* in the management of newly diagnosed Diabetes Mellitus (*Prameha*). *Prameha* is a *Saṃkledaja Tridoshaja Vyadhi*, involving *DoShs — Kapha, Pitta,* and *Vata*, and *Duṣhyas* such as *Meda, Maṃsa, Ambu, Shukra, Rakta, Vasa, Majja, Lasika, Rasa,* and *Ojas*[6]. For effective treatment, *Prameha* patients are classified into two categories:*Sthula–Balavan* (stout and strong) and *Krisha–Durbala* (lean and weak).In *Sthula–Balavan* individuals with predominant *Dosha* aggravation, *Samshodhana* therapy is advised, whereas in *Krisha–Durbala* individuals, *Bṛiṃhaṇa* (nourishing) therapy is appropriate.

Given treatment protocol mainly comprises of *Kledaharana* and tridosha *Shamaka*, which helps the breakdown of pathogenesis of diabetes in this patient. Probable mode of action of all interventions are given below: *Chitrakadi Vaṭi* was administered to enhance *Agnidipana* and correct *Ama*. *Pancatiktaka Ghṛita Snehapana* was employed to prepare the body for detoxification and to pacify aggravated *Kapha* and

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Pitta. *Panchatiktaka Ghṛita* (PTG), a *Tikta–Kaṭu rasa pradhana ghṛita*, exhibits *Dipana, Pacana, Lekhana,* and *Medohara* properties so it is used as *Snehapana* prior to *Virechana.*

PTG aids in liquefying and channelizing vitiated *Doshas*, improving *Agnibala* and metabolism, thereby enhancing the effectiveness of *Shodhana*. Its *Tridosha Shamaka* and *Rasayana* properties make it beneficial for both *Shodhana* and *Shamana* in *Prameha Chikitsa.* [7]. For *Sthula–Balavan* patients, *Snehana* is performed before *Saṃshodhana*, while in *Vataja Prameha* with associated *Pitta Doṣha*, *Ghṛitas* prepared with *Pitta Shamaka dravyas* are preferred. Considering the *Samkledaja* nature and involvement of *Dushyas*, *Pancatiktaka Ghṛita* proves effective when properly indicated.

Abhyanga with *Kṣhirabala Taila* and *Baṣpasveda* promoted *Srotoshodhana* and facilitated the mobilization of toxins. *Virechana* with *Trivṛt Lehya* eliminated vitiated *Kapha-Pitta* and restored metabolic balance. Ayurveda emphasizes that *Prameha* arises from *Kapha-Medo* aggravating *Ahara* and *Vihara* along with diminished *Vikara Vighata Bhava*. Through *Shodhana Chikitsa*, the pathological burden of aggravated *Doṣhas* was reduced, relieving symptoms and improving overall health.

This single case suggests that *Panchakarma*-based management may serve as an effective complementary approach in newly diagnosed Diabetes Mellitus (*Prameha*). However, controlled clinical studies with larger sample sizes and long-term biochemical follow-up are warranted to validate these findings.

CONCLUSION

Ayurvedic *Shodhana Chikitsa* demonstrated promising results in the management of a newly diagnosed case of type 2 diabetes mellitus. The patient experienced marked symptomatic relief following *Deepana-Pachana*, *Snehapana*, *Abhyanga*, *Swedana*, and *Virechana*. This case supports the integrative potential of Ayurveda in diabetes care and suggests the need for further systematic research.

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