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CASE STUDY OF AYURVEDIC MANAGEMENT OF MADHUMEHA W.S.R. TO DIABETES MELLITUS.

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ABSTRACT Diabetes mellitus is most common endocrine disease Characterized by common feature of chronic hyperglycemia which results from abnormalities in either insulin secretion or action or both. DM leading cause of morbidity and mortality world over. The four major factors are increasing age, obesity, ethnicity and family history. Several distinct types of DM are caused by complex interaction of genetics and environmental factors. Serious complication like end stage of renal disease, IHD, gangrene of lower extremities and blindness in the adults. China, India and US are the countries with highest number of diabetic populations. A 62 years old female patient came to P.D Patel Ayurved hospital on 3rd June 2024, having complaints of excessive micturition, pain in b/l knee joint, Difficulty in walking since 8 years. Diagnosed as type 2 DM since 8 years. she had taken oral medication along with insulin since 3years but got no relief. She was treated with *shodhana (abhyanga,svedan,virechna, basti)* and *shaman chikitsa*. After a month of treatment, Insulin was stop and oral medicine was continued. After treatment she relief in complains of excessive micturition, pain in b/l knee joints, difficulty in walking.

KEYWORDS : Diabetes mellitus, *Madhumeha, Prameha*

INTRODUCTION -

The word 'diabetes' is derived from the Greek word "Diab" meaning to pass through, referring to the cycle of heavy thirst and frequent urination and "Mellitus" means is the Latin word for sweetened with honey, refering to sugar in urination.[1]Type 2 diabetes involves a lack of sensitivity to insulin and the subsequent inability of the body to regulate blood glucose levels.In India,there are estimated 77 million people above the age of 18 years are suffering from diabetes mellitus. Briefly, adipose tissue expansion is associated with enhanced secretion of pro-inflammatory markers and generation of oxidative stress that directly and indirectly cause pancreatic -cell loss,leading to impaired insulin secretion.[2]

Type 2 diabetes is the most common form of diabetes in world and primarily results from unhealthy lifestyle choices. According to the ADA, when possible, type 2 diabetes should be treated with exercise, diet, and lifestyle modifications.[3] India has been projected by WHO as the country with the fastest growing population of Diabetic patients.[4] Diabetes is associated with immune dysfunction. It may result in activation of pulmonary tuberculosis, non-healing of wounds , candidial pruritus vulvae ,recurrent stye and recurrent urinary tract infection. Some patients may present with symptoms of end – organ involvement such as retinopathy, nephropathy or neuropathy.[5]

In ayurveda diabetes corelated with *Prameha*. *Prameha* is a *Santarpanajanya tridoshaja vyadhi*. In Ayurveda, excessive indulgence in *pramehotpadaka aahara-vihara*, leads to vitiation of *vata*, *pitta*, *kapha*, which combines with *medodhatu*. These vitiated *dosha* and *dhatu* proceed downward through the *mutravaha srotas* to get localized at *basti*, causing *Prameha*. Ayurvedic management includes *Shamana chikitsa*, *Shodhana chikitsa* and *Pathya aahara vihara*.[6]

CASE STUDY

Patient Information

On 3rd June,2024, a 62 years old female patient came to our hospital with complain of Excessive micturition, pain in b/l knee joint, difficulty in walking and other associated symptoms are excessive hunger, anxiety since 5 years. She had h/o HTN since 30 years, Diabetes mellitus & hyperlipidemia since 8 years, chikungunya fever since 4year and allergy to pollen, dust etc. she is taking Insulin Wosulin 40IU/ml 3times. INJ Lantus once/day since 3 years and allopathic medicines orally. she also had mental stress and disturb sleep since 15 years. She got no relief so she visited our hospital.

Physical Examination

Pulse- 76/min
Spo2- 99%
BP -130/80 mm/hg
Respiratory rate – 20/min
Temperature - Afebrile
General examination- moderate built
Locomotor system examination – pain in both knee joints, difficulty in walking,
Respiratory examination – Air entry bilaterally clear and normal shape of chest.
C.N.S examination – conscious and oriented

Ashtavidha Pariksha

1.*Nadi*-84/min *vatakapha*
2.*Mutra*-10-12 times/day
3.*Mala*-2 times/day
4.*Jihva-Nirama*, normal in size, shape and color.
5.*Shabda*-No Abnormal sound present
6.*Sparsha*-In right hand radial pulse is feeble
7.*Drik*-Normal
8.*Akriti*-Moderate built

TIMELINE:

Table 1 represent the timeline of the occurrence of events in patient case study; it represents all the symptoms along with the previous treatment by the patient and the results obtained.

Date	Disease condition	Treatment
1/5/2024	Excessive micturition, Excessive hunger, pain in	Inj Wosulin 40IU/ml 10U3 times

	both knee joints, Difficulty in walking, anxiety	Inj.Lantus 100IU/ml 12U 1 time Tab TelvasAM(40+5)1-0-0 Tab Roseday(5mg)0-0-1 Tab Gabapix-NT(400+10)0-0-1 Tab PetrilMD(0.5mg)0-0-1 Tab PetrilMD(0.25mg) Tab Petril Beta20 0-0-1 Tab PariCR 12.5 0-0-1 Tab OntelioFX(10+20)0-0-1 Tab Nutapoli (50mg)0-0-1 Tab Vsoflam(50+325) 0-0-1
15/5/2024	Same complaints above	Inj Wosulin 40IU/ml 10U3 times Inj.Lantus 100IU/ml 12U 1 time Tab TelvasAM(40+5)1-0-0 Tab Roseday(5mg)0-0-1 Tab Gabapix-NT(400+10)0-0-1 Tab PetrilMD(0.5mg)0-0-1 Tab PetrilMD(0.25mg) Tab Petril Beta20 0-0-1 Tab PariCR 12.5 0-0-1 Tab OntelioFX(10+20)0-0-1 Tab Nutapoli (50mg)0-0-1 Tab Vsoflam(50+325) 0-0-1
16/6/2024 to 2/6/2024	Same complaints above	Same medication taken
3/6/2024	Patient came to P.D.Patel Ayurvrdic Hospital	
3/6/2024 to 5/6/2024	Excessive micturition, Excessive hunger,pain in both knee joints,Difficulty in walking, anxiety,	*Snehpana (Panchtikta ghrut)*40ml twice in a day Same medication taken mentioned above
6/6/2024 to 7/6/2024	Same as above complains	*Sarvanga Abhyanga* with *Narayan tail* and *Sarvanga Baspa svedana*
8/6/2024	Same as above complains	Same as above procedure *Virechna-* *Dindayalchruna* 5gm *Erandsneha* – 50ml with *draksha kvatha*
9/6/2024	*Sansrajan krama*	
10/6/2024	Mild relief in excessive micturition.excessice hunger,pain in both knee joints,difficulty in walking	*Balamula kvatha,* *bhoomyamalaki churna,* *Lepa- guggulu* at both knee
11/6/2024	She got relief in Excessive micturition,	*Sarvangaa Abhyang* with *Narayan tail* and *Sarvang Basp svedan* with *nirgundi patra* and *Niruh basti -Pathyadi* dm
12/6/2024	Same complain	Above treatment are same followed by *Meshsrungi vati* and *mamejak vati* and *Upnah svedana* at both knee
13/6/2024 to 15/6/2024	Same complain	Same as above treatment
16/6/2024 to 18/6/2024	Relief in excessive hunger, moderate pain in both knee joint	Same as above treatment added *agnikarma* at both knee joint
19/6/2024 to 22/6/2024	Same as above complain	Same as above treatment Added *Janubasti*
23 /6/2024 to 27/6/2027	Same as above complain	Same as above treatment *Jaloukavchran* at both knee joint
28/6/2024 to 1/7/2024	She got relief in all complain	Same medicine and *basti* given
2/7/2024	Significant relief is noted, relief in excessive micturition and hunger,pain in both knee joints, improve in walking	Patient is discharged and advised to take oral medication at home and come for regular follow up.

Therapeutic Intervention:

- *Snehapana* with *Panchtiktaghruta* 3 days. After the admission.
- On 4th day of admission, *sarvanga abhyanga* and *svedana* continue in 2 days
- On 6th day *sarvang abyang* with Narayan tail and sarvang Baspa svedana followed by *virechana* with *erandsneha*-50ml +*Dindayal churna* -5gm with *draksa kvatha* was given with that she has 18 vega.
- On 7th day, *Samsarjana karma* was followed after *virechana karma*
- On 8th day,after *Samsarjana karma*, oral mediction should be started:

1) Balamula kvatha - 40ml 2times on empty stomach

2) Bhumyamalki churna – 3gm 3 times with lukewarm water

- On 9th day *Sarvang abhyanga* and *Sarvang basp svedana* and *Niruha basti pathyadi* dm is given.
- On 10th day, oral medication started
- 1)*Meshsrungi vati* 4tab 2 times with water, before meal
- 2)*Mamejak vati* 4tab 2 times with water, before meal
- On 11th day,*Agnikarma* on both knee joints started
- On 12th day *Janubasti* and then after *Jaloukavchrana* done on both knees. continue medication and *basti* till discharged

DIET

Avoid

Refrigerated, oily salty, spicy, canned food item
Curd, paneer, chees, sweets, sour foods
Sweet fruits like banana, grapes, mango
Day sleep

Intake

Use of cereals like purana shali, godhum, kodrava, pulses like mudga, adhaki etc.

Herbal dietary supplements like amla, cinnamon, turmeric, fenugreek, neem, green tea and aloe vera

Use Fruits like orange,jambu,kapitha,Amlaki

Use *karavellaka, bimbi, methika, Marica, saindhav*

Practice regular exercise/yoga, increase calorie consuming activities (walking, swimming, cycling)

OUTCOME

S. No	Symptoms	Before Treatment	After Treatment
1	Excessive micturition	Severe	Mild
2	Excessive Hunger	Severe	Moderate
3	Pain in both knee joint	Severe	Mild
4	Difficulty in walking	Severe	Mild
5	Anxiety	Moderate	Moderate

LAB INVESTIGATION:

Date	3/6	12/6	19/6	26/6
RBS	254	-	-	-
PP_2BS	-	199	271	229
Urine Albumin	Absent	Absent	Absent	Absent
Urine Sugar	3+	Nil	3+	Nil

DISCUSSION

Diabetes is undoubtedly one of the most challenging health problems in 21st century. Diabetes is of two type – type 1 or Insulin Dependent Diabetes Mellitus (IDDM) and type 11 Non-Insulin Dependent Diabetes Mellitus (NIDD). Type 11 diabetes mellitus is increasing more rapidly due to obesity caused by sedentary life habit and changed life style.[7]In 2025 the possibility is India will be "Diabetic Capital" of the world.[8]Diabetes is correlate with *prameha*. In *Charak Samhita* 20 types of *prameha* mentioned. *Prameha Nidana* is 3three types 1. *Sahaj prameha* 2. *Kulaj prameh* 3. *Apathya nimitta prameha*. In *Apathya nimitta prameha* two type 1*Aharaj* 2 *viharaj*. In *charak Samhita sutrasthan* chapter 17 described causative factor of *prameha guru, Madhura and snigdha Dravya, Atimatra* of *amla* and *lavana rasa, navinanna sevana, atinindra ,asyasukh*.In *prameha kapha dosha* increase and *apana* and *vyan vayu dushti* oocurs.[9] Therefore *shodhana, shaman, kaphavatahara chikitsa* was done after the admission of patient in I.P.D.

Shodhana therapy started with *Snehapana* of *panchtikta ghrita*.followed by *Sarvanga abhyanga,swedana* and *virechana karma/sarvang abhyanga with Narayan taila* and *sarvanga baspa svedana* with *nirgundi patra*.It's *snehana guna* is *snighdha* and *guru* which subside *vata ruksha* and *laghu guna.svedana guna* is *usna* which subsides *vata sita guna*.[10]Due to *Virechana* improved blood sugar metabolism and reduce destruction of cell.

In *shamana* therapy used *Balamula kvatha* and *bhumyamlaki chruna*,which having *vatahara* properties.*Bala* having properties of *sitavirya* and *Madhurarasa* and *balya, rasayan* and *bhumyamalaki* having *rasayan,vrushya,pittakaphahara*. *Meshshringi vati* having *laghu,tikta rasa,katu vipaka*,and *ushna virya*.so it is *kapahghna* property.and help in reducing sugar level by promoting the secrection of insulin, regenerating pancreatic cells. *Mamejak vati* having *laghu,tikta rasa,katu vipak,ushana virya* it is used primarily to regulate blood sugar level in the body.[11]

Basti chikitsa detoxifies by expelling vitiated *dosha* out from the body.*Basti Dravya* reduce *avarana* of *kapha* and *meda* in *madhumeha* thus relief in systomps.[12]*Janu basti* and *jaloukavcharana* are reduced the pain in bilateral knee joints.*janubasti* having *snighdha* properties and reduce the locally aggravated the *vata dosha*. *Jaloukavcharana* could be an effective way to reduce pain in knee joints. and improve the quality of life of patients.[13]

CONCLUSION

These observations clearly indicate that how a patient of diabetes mellitus Type-11 and receiving insulin,can get rid of insulin and can maintain normal blood glucose levels and sustained such effect in managing DM Type 11 by *shodhana* treatment and *shamana aushadhis* have given excellent results. *Basti karma* normalize *Vata, Kapha, Meda*. and control *Vyan* and *Apan vayu* which play significant role in *Madhumeh*. This case report is good testimony of good outcome of combined approach in management of Diabetes mellitus.

Declaration Of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patients have given their consent for this clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Conflicts Of Interest

There is no conflicts of interest.

REFERENCES

1. http://www.ccras.nic.in/sites/default/files/Guidelines_for_prevention_and_management_of_Diabetes.pdf.
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10075035/#:~:text=Briefly%2C%20adipose%20tissue%20expansion%20
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6686320/
4. https://www.researchgate.net/publication/260920476_Diabetes_mellitus_Madhumeha-an_Ayurvedic_review.
5. Exam preparatory Manual for undergraduates, author archith boloor ramadas nayak Page no :83
6. https://www.researchgate.net/publication/343230544_Ayurvedic_Management_of_Diabetes_Mellitus_Type-II_A_Case_Study.7 http://www.ccras.nic.in/sites/default/files/Guidelines_for_prevention_and_management_of_Diabetes.pdf
8. Prof. A.K. sharma, *Kayachikitsa* (Second Part). Adhyaya 62, Madhumeha. Varanasi: Chaukhamba;2018
9. Shukla V, Tripathi R.D., editors. *Charaka Samhita*, Sutrasthana, Chapter 17. Varanasi: Chaukhamba Surbharati Prakashan; Page 267.
10. Agnivesa. *Caraka Samhita*, Ayurveda Dipika Commentary by Cakrapani, edited by Vaidya Yadavji Tikamji Acharya Varanasi: Chaukhamba Surbharati Prakashan; 2013.
11. P.V. Sharma *Dravyaguna Vijnana*, Vol II. Varanasi: Chaukhamba Bharati Academy; 1998. p.702
12. https://www.researchgate.net/publication/330437244_Role_of_Basti_Karma_towards_the_management_of_Madhumeha_an_Ayurveda_perspective.
13. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3296343/