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Review Article

Ayurvedic Management of *Madhumeha* (Type 2 Diabetes Mellitus): A Case Study

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ABSTRACT:

Background: Diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycemia resulting from impaired insulin secretion, insulin action, or both. Its increasing prevalence represents a significant public health concern in India. In *Ayurveda,* Type 2 Diabetes Mellitus can be correlated with *Madhumeha*, a subtype of *Prameha*, characterized by excessive urination and metabolic disturbances. *Ayurvedic* management emphasizes the use of *Shamana Oushadhis* along with appropriate *Pathya Ahara* and *Vihara*.

Objectives: To evaluate the clinical and biochemical outcomes of *Ayurvedic Shamana Oushadhis* combined with dietary regulation and lifestyle modifications in the management of *Madhumeha* (Type 2 Diabetes Mellitus).

Methods/Case Presentation: A 52-year-old male patient with newly detected Type 2 Diabetes Mellitus presented to the outpatient department of *Panchkarma* at *Poornayu Ayurveda chikitsalaya evam Anusandhan Vidyapeeth* , Jabalpur with generalized weakness *(Daurbalya)*, excessive urination *(Prabhuta Mutrata*), excessive thirst *(Ati Trishna)*, dryness of mouth *(Mukha Shoshata)*, fatigue *(Klama)*, increased appetite *(Kshudha Adhikya)*, weight loss, and disturbed sleep. Baseline investigations revealed fasting blood sugar (FBS) of 257.1 mg/dL, postprandial blood sugar (PPBS) of 324.37 mg/dL, and *glycated* haemoglobin (HbA1c) of 11.3% . The patient received individualized *Ayurvedic* treatment from september 2025 to January 2026, comprising formulations including *Phalatrikadi Kwatha, Zoedib* Capsule, *Poornayu* Diabetic *Churna*, and other supportive medicines, along with *Pathya Ahara*, regular physical activity, and lifestyle modifications. Clinical symptoms and biochemical parameters were assessed during follow-up.

Results: Progressive improvement in subjective symptoms and glycemic parameters was observed during treatment. By 15 January 2026, FBS decreased from 257.1 to 99.24 mg/dL, PPBS from 324.37 to 129.38 mg/dL, and HbA1c from 11.3% to 7.2%. The patient reported resolution of major symptoms, including weakness, excessive thirst, dryness of mouth, fatigue, and polyuria. Following voluntary discontinuation of medications after January 2026, the patient continued

dietary regulation and lifestyle modifications. At the follow-up on 14 June 2026, FBS was 78 mg/dL and random blood sugar was 98 mg/dL, with no reported recurrence of the presenting symptoms.

Conclusion: This case demonstrated substantial clinical improvement and reduction in glycemic parameters during a comprehensive *Ayurvedic* management programme involving *Shamana Oushadhis, Pathya Ahara,* and *Pathya Vihara*. Maintenance of normal glucose values at the subsequent follow-up was also observed after medication discontinuation. However, the findings of a single uncontrolled case cannot establish treatment efficacy, sustained diabetes remission, or the independent contribution of individual interventions. Further well-designed clinical studies are required to evaluate the effectiveness and long-term safety of this approach.

Keywords: *Madhumeha, Prameha,* Type 2 Diabetes Mellitus, *Phalatrikadi Kwatha, Shamana Chikitsa, Pathya Ahara Vihara*.

INTRODUCTION:

Diabetes is a chronic metabolic disorder in which the body is unable to maintain normal blood glucose levels, and if it is not identified and managed in time, it can lead to serious health complications. In India, the disease burden is substantial, affecting millions of adults, while many others are at risk of developing it. A significant number of individuals remain undiagnosed, which often delays treatment and increases the likelihood of complications. Early screening, a healthy diet, regular physical activity, and prompt medical attention are important measures to reduce the impact of diabetes in India.

India is one of the seven countries and territories in the IDF South-East Asia Region and ranks second in the world for the number of adults aged 20–79 years living with diabetes. The burden has grown steadily over time, from 32.7 million adults in 2000 to 61.3 million in 2011 and 89.8 million in 2024, with projections suggesting a rise to 156.7 million by 2050.

Prameha is described in *Ayurveda* as a disorder characterized by increased frequency of urination and abnormal turbidity of urine, and it is included among the *Mahagada* because of its chronic nature and difficult management. The condition is broadly comparable to diabetes mellitus in modern medicine, as both share similar clinical manifestations such as polyuria, weakness, weight loss, and progressive metabolic disturbance. Classical *Ayurvedic* texts describe sedentary habits, excessive sleep, and intake of *Kapha-promoting* foods such as curd, milk products, freshly harvested grains, jaggery preparations, and meat soups of marshy and aquatic animals as important etiological factors for the development of *Prameha*. It is classified into *Kaphaja, Pittaja,* and *Vataja* types, with multiple subtypes described according to dominant *Dosha involvement* in the urinary system. The predominant *Dosha (Vata, Pitta,* or *Kapha)* affecting the urinary bladder *(Basti)* determines the characteristics of urine. This *Dosha–Dusya Sammurchana* gives rise to the 20 classical types of *Meha*. Although modern treatment has a major role in glycemic control, long-term management remains challenging in many patients, especially when symptoms persist or complications begin to appear. *Ayurveda* offers a comprehensive approach through *Shamana Oushadha, Pathya Ahara,* and *Vihara*, and the present case was managed on these principles with encouraging clinical and biochemical improvement.

Aims And Objectives

To evaluate the effect of *Ayurvedic* management in the management of *Madhumeha* (Type 2 Diabetes Mellitus).

CASE REPORT

A 52-year-old male patient presented to the Outpatient Department (OPD) of *Panchkarma* at *PoornayuAyurveda Chikitsalaya evam Anusandhan Vdyapeeth,* Jabalpur with complaints of generalized weakness *(Daurbalya),* excessive thirst *(Ati Trishna)*, dryness of mouth *(Mukha Shoshata)*, increased urination *(Prabhuta Mutrata)*, fatigue *(Klama)*, increased appetite *(Kshudha Adhikya)*, weight loss, and disturbed sleep since two months . The

patient was diagnosed with newly detected Type 2 Diabetes Mellitus, correlated with *Madhumeha* according to *Ayurvedic* principles. Patient was not on oral hypoglycemic drugs. Apart from this he didn't suffer from other medical problems like HTN, PTB, Asthma, Thyroid disorder etc. Patient is farmer and own a business.

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Table 1: General Examination

General Condition	Good
Height	5.7 inch
Wight	76 Kg
BMI	25 .4 kg/m^2
Skin	Normal
Hair	Normal
Pulse	94/min, Regular
BP	130/80 mm of Hg
Temp	98.8 F
Respiration rate	24/min
Tongue	Coated
Pallor / Icterus / Cyanosis / Clubbing / Edema / Lymphadenopathy	Absent

Table 2: Systemic Examination

RS	B/L symmetrical/ equal air entry, No abnormal sounds heard.
P/A	soft, non-tenderness, no guarding reflex
CNS	Concious , oriented
CVS	S1 S2 Normal

Table 3: *Asthtavidha Pariksha*

Nadi	94/min, Regular
Mutra	10-12 times a day and 1 -3 times at night, Pale Yellow in colour and odourless
Mala	Once/day and with *Niram Mala* symptoms
Jihwa	*Malavrit* (Coated).
Shabda	*Gambhira* (Kaphaj Prakriti)
Sparsha	*Anushana Sheeta*
Drik	*Prakrit* (Normal)
Akriti	*Madhayama*

Table 3B: ***Dashvidh Pariksha***

Prakriti	*Vata-Kaphaja*
Vikriti	*Vata Dosha* and *Meda Dhatu*
Saara	*Madhyama*
Samhanana	*Madhyama*
Satmaya	*Madhyama*
Satva	*Madhyama*
Pramana	*Madhyama*
Ahara Shakti	*Abhyaharana Shakti : Madhyama* *Jarana Shakti : Madhyama*
Vyayama	*Madhyama*
Vaya	*Madhyavastha*

Investigations (Before Treatment)
On 4 september 2025
▪FBS -257 mg/dl,
▪PPBS -324 mg/dl
HbA1c – 11.3 %

Diagnosis : Madhumeha (Type 2 Diabetes mellitus)

MATERIALS AND METHODS

Intervention: Treatment Scheduled during visits

Table 4 : First Visit (11.09.2025)

S. No.	Medicine	Dosage	Duration
1	Cap. Zoedib	1 Capsule BD after meals	Continued for next 15 Days
2	*Phalatrikadi Kwatha*	15–20 ml BD before meals	15 Days
3	Poornayu Diabetic Churna	½ tsp BD before meals	Continued
4	Cap. Amree Plus	1 Capsule BD after meals	15 Days
5	Tab. Lipomap	1 Tablet HS	15 Days

Table 5 : First Follow-up (25.09.2025)

S. No.	Medicine	Dosage	Duration
1	Cap. Zoedib	1 Capsule BD after meals	Continued
2	*Phalatrikadi Kwatha*	15–20 ml BD before meals	Continued
3	Poornayu Diabetic *Churna*	½ tsp BD before meals	Continued
4	Tab. BGR 34	1 Tablet BD	1 Month
5	Tab. Cardimap	1 Tablet BD	Continued
6	Tab. Lipomap	1 Tablet HS	Continued

Table 6 : Second Follow-up (15.12.2025)

S. No.	Medicine	Dosage	Duration
1	Cap. Stresscom	1 Capsule HS	1 Month
2	Tab. Uricdon	1 Tablet BD	1 Month
3	*Phalatrikadi Kwatha*	15–20 ml BD before meals	Continued

Total Duration of Treatment : 5 months

Major Medicines Used Throughout Treatment

1. Poornayu Diabetic Churna
2. Phalatrikadi Kwatha
3. Zoedib Capsule
4. Cardimap Tablet
5. Lipomap Tablet

Supportive Medicines Added for associated complains During Follow-up

1. Arjunin Capsule
2. Amree Plus Capsule
3. BAR-B4 Tablet
4. Stresscom Capsule
5. Uricdon Tablet

Table 7: Pathya (Do's) and Apathya (Don'ts)

	Pathya (Do's)	***Apathya* (Dont's)**
Diet (*Ahara*)	Sastika rice, barley, *Munga, Kulathi,* Bitter leafy vegetables (Karela, methi, parvala etc.)	*Tusodaka*, *Sura*, New grains Excess Oil, milk, ghee, sugarcane products Preparation of rice flour, sour substances Meat of domestic, aquatic animals
Lifestyle	Brisk walk, Regular exercise is recommended 4 -6 times/week *Pranayama* *Yogasana (Bhujangasana, Sarvangasana, Pawanmukta Asana)*	Avoid sitting idle, Day sleeping *Dhumpana*, Controlling natural urges like *Mutravega* (*Vega Dharana*)

Observations and Assessment in Present Case

Table 8 : Subjective Criteria

Criteria (symptoms)	**Severity of symptoms**					
	1 st day (04.09.2025)	**15th Day (16.09.2025)**	**30th Day (27.09.2025)**	**60th Day (30.10.2025)**	**135th Day (15.01.2026)**	**270th Day (14.06.2026)**
Daurbalya (Debility)	+++	+++	++	-	-	–
Mukha Shoshata (Dryness of Mouth)	+++	++	++	-	-	–
Ati Trishna (Excessive Thirst)	+++	++	++	-	-	–
Klama (Fatigue)	+++	++	++	+	–	–
Prabhuta Mutrata (Polyuria)	+++	++	+	-	-	–
Kshudha Adhikya (Excessive Hunger)	++	+	+	-	-	–

Score	Severity	Interpretation
+	Mild	Mild symptom severity
++	Moderate	Moderate symptom severity
+++	Severe	Severe symptom severity
	Absent/resolved	Symptom not reported or recorded as absent

Table 9: Objective Criteria

Parameter	1 st day (04.09.2025)	15th Day (16.09.2025)	30th Day (27.09.2025)	60th Day (30.10.2025)	135th Day (15.01.2026)	270th Day (14.06.2026)
FBS (mg/dL)	257.1	108	93	100	99.24	78
PPBS (mg/dL)	324.37	158	154	130	129.38	98
HbA1c (%)	11.3	—	—	—	7.2	—
Weight (kg)	77	76	76	76	77	77
BP (mmHg)	130/90	130/80	130/80	128/78	140/80	122/80

RESULTS

The patient received *Ayurvedic* treatment from september 2025 to January 2026. After achieving satisfactory glycemic control, he voluntarily discontinued all medications after January 2026. Despite cessation of medication, the patient maintained dietary regulations *(Pathya Ahara)*, lifestyle modifications *(Pathya Vihara)*, and regular physical activity.

At the last follow-up on 14 June 2026, laboratory investigations revealed:

- Fasting Blood Sugar (FBS): 78 mg/dL
- Random Blood Sugar (RBS): 98 mg/dL

No recurrence of symptoms such as *Daurbalya, Ati Trishna, Mukha Shoshata*, or *Prabhuta Mutrata* was reported.

Discussion and Conclusion

Madhumeha is characterized by

Agnimandya, Kapha-Meda Dushti, Kleda Vriddhi, and dysfunction of the *Medovaha* and *Mutravaha Srotas,* leading to impaired glucose metabolism. The treatment in this case was planned on the principles of Agni *Deepana, Ama Pachana, Kapha-Medohara, Kledahara, Srotoshodhana, and Rasayana Chikitsa*, along with appropriate dietary and lifestyle modifications.

Phalatrikadi Kashaya was selected as the primary formulation due to its classical indication in *Prameha*. Its ingredients, including *Triphala, Daruharidra, Mustaka,* and *Indrayana,* possess *Deepana, Pachana, Kapha-Pitta Shamaka, Medohara, Kledahara*, and *Srotoshodhana* properties, thereby correcting *Agnimandya*, digesting Ama, reducing *Meda* and *Kleda,* and restoring the normal function of *Medovaha* and *Mutravaha Srotas*.

Zoedib Tablet, a polyherbal formulation containing *Mamejva, Karela, Methika, Brahmi, Dhatri, Guggulu, Shilajit, Gokshura,* and *Punarnava,* complements this action through its *Mehahara, Medohara, Kledahara*, and *Rasayana* properties. Herbs such as *Karela, Methika,* and *Mamejva* support glycemic control, while *Brahmi* and *Dhatri* provide antioxidant protection. Guggulu, *Punarnava, Gokshura*, and *Shilajit* improve lipid metabolism and help reduce the risk of diabetic complications.

Additional formulations, including *Amree* Plus Capsule, *Poornayu* Diabetic *Churna*, and BGR-34, contain well-established *Pramehaghna* herbs such as *Gudmar*, Vijayasara, Jamun, Giloy, Neem, Haridra, Daruharidra, and *Methika*. These drugs predominantly exhibit *Tikta-Kashaya Rasa, Laghu-Ruksha Guna, Kapha-Medohara, Deepana-Pachana, Kledahara,* and *Rasayana* actions. Together, they improve glucose metabolism, reduce oxidative stress, enhance insulin sensitivity, support pancreatic β-cell function, and interrupt the *Samprapti of Madhumeha*.

The patient demonstrated significant clinical and biochemical improvement, with HbA1c decreasing from 11.3% to 7.2%, fasting blood sugar from 257.1 mg/dL to 78 mg/dL, and postprandial blood sugar from 324.37 mg/dL to 129.38 mg/dL. Remarkably, normoglycemia was maintained for nearly five months after discontinuation of medications, indicating a sustained therapeutic effect, likely attributable to the combined impact of *Ayurvedic* formulations, dietary regulation, and lifestyle modifications.

In conclusion, this case suggests that a comprehensive *Ayurvedic* approach employing *Phalatrikadi Kashaya, Zoedib* Tablet, and adjunctive *Pramehaghna* formulations, together with strict diet and lifestyle interventions, can effectively improve glycemic control, correct the underlying *Samprapti* of *Madhumeha,* and may provide sustained metabolic benefits. Larger, well-designed clinical studies are warranted to further validate these findings.

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