

A Case Study of Ayurvedic Treatment for Type-II Diabetes

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ABSTRACT

Since ancient times, diabetes mellitus has been a severe health pandemic affecting humanity. Abnormally high blood glucose levels brought on by an absolute or relative absence of insulin are the hallmark of this well-known multifactorial metabolic illness. The primary etiological causes for diabetes include sedentary lifestyles and poor eating habits, which have led to a sharp rise in the disease's occurrence in recent years. According to the most recent IDF data, 72.9 million Indians have diabetes. This illness is referred to in old Ayurvedic texts as Madhumeha, a type of Vataja Prameha marked by an excessive amount of sweet urine. This case study focuses on a 51-year-old male patient who visited an Ayurvedic clinic in Delhi. His main symptoms included body aches, a sweet taste in his mouth, burning in his sole, excessive hunger, excessive thirst, excessive mental stress, and an increased frequency of micturition. Madhumeha (type-2 diabetes) was diagnosed based on physical observations and studies. Using Sanshamana aushadhi in conjunction with dietary and lifestyle changes was the chosen course of treatment. For a duration of one month, routine follow-up visits were conducted every seven days. Significant improvements were seen after a month of treatment.

Keywords: *Madhumeha*, Diabetes mellitus, Lifestyle, Diet, Aushadh.

INTRODUCTION

Because patients' urine attracted ants, ancient Indian doctors named diabetes mellitus Madhumeha. A Vataja subtype of the illness Prameha is called Madhumeha. Since ancient times, people have been plagued by this illness, which Ayurveda refers to as mahagada [1]. The evidence of this illness and its repercussions is growing daily. Clinical problems associated with obesity, prediabetes, diabetes, and metabolic syndrome are included in this syndrome [2]. The cardinal symptom of the disease Prameha is described in Ayurvedic books as "prabhootavila mutrata," or the excretion of large amounts of turbid urine [3], which is similar to the sign of diabetes mellitus stated in contemporary writings. According to epidemiological research, there were approximately 424.9 million adults with diabetes worldwide in 2017 [4]. India, which presently has the second-highest number of diabetics worldwide, is not an exception to this trend [5]. Chronic hyperglycemia brought on by abnormalities in insulin production, action, or both is a hallmark of diabetes mellitus, a group of metabolic illnesses. The symptoms of this hyperglycemia (high blood sugar) include increased thirst (polydipsia), increased appetite (polyphagia), and frequent urine (polyuria). Diabetic ketoacidosis, non-ketotic hyperosmolar coma, heart disease, stroke, kidney failure (nephropathy), foot ulcers, retinopathy, cataracts, and glaucoma are only a few of the problems that can result from uncontrolled diabetes mellitus [6].

Prameha is a tridoshaja vyadhi of Santarpanajanya. Sushruta claims that overindulgence in pramehotpadaka aahara-vihara vitiates aparipakva vata, pitta, and kapha, which then combines with medodhatu. Prameha is the result of these vitiated dosha and dhatu moving downward through the mutravaha srotas and becoming confined at basti [7]. According to Ayurveda, Madhumeha (Vataja Prameha) is asadhya, or incurable, but it can be controlled with medication. Shamana chikitsa (using anti-diabetic medications), Shodhana chikitsa (panchakarma therapy), and Pathya aahara vihara (dietary and lifestyle modifications) are all part of Ayurvedic treatment.

CASE REPORT

Sarvangavedana (body ache), madhuryamasyata (sweet taste of mouth), karapadadaha (burning sensation at sole), pipasadhikya (polydipsia), and mootraadhi (polyurea) were the main complaints of a 51-year-old married Hindu patient who visited OPD in Ujjain on July, 2026. Other related complaints included kshudha vriddhi (excessive mental stress), and nidravridhi (excessive sleepiness) for the previous month.

The patient's personal history showed that although they are lacto-vegetarians, they used to eat an excessively fatty and greasy diet, consume junk food, and sleep during the day. The patient has no addictions, irregular bowel habits with minor constipation (once every one to two days, hard stool), and a frequency of micturition of eight to nine times throughout the day and four to five times at night. The patient had type 2 diabetes mellitus for a year, according to their past medical history. He was taking metformin, but he did not regularly monitor his blood sugar levels or take his medications. His mother has diabetes, according to family history.

The patient's general examination revealed dry tongue. Vital signs included a pulse rate of 84 beats per minute, a respiration rate of 18 beats per minute, and a blood pressure of 120/80 mm Hg. He weighed 82 kg, was 175 cm tall, and had a BMI of 26.8 kg/m².

There were no abnormalities found in his respiratory, gastrointestinal, cardiovascular, central nervous system, or locomotor examinations. On September 2, 2013, his blood tests revealed that his fasting blood sugar level was 276 mg/dl (70-110 mg/dl Normal), his postprandial blood sugar level was 294 mg/dl (70-140 mg/dl Normal), and his glycosylated hemoglobin (HbA1c) was 8.4% (4-6% Normal). The patient was identified as having Madhumeha (type-2 diabetes) based on this presentation.

For the aforementioned complaints and investigation results, an allopathic physician had recommended that he take Injection Humalog 25/75 (Insulin Lispro) 16 units before breakfast and 8 units before dinner. However, he preferred to try Ayurvedic medications and made his first visit to this clinic on July, 2026.

Treatment Plan:

The following oral medicines were administered for 20 days:

- Trivanga bhasma (125 mg), Giloy satva (500 mg), and Vasant Kusumakar Rasa (100 mg) combined with honey twice a day prior to meals.
- Before meals, take one tab of Madhunashani Vati four times a day with tepid water.
- Twice daily, provide Madhukalpa Vati (2 tabs) and Chandraprabha Vati (2 tabs) with lukewarm water following a meal.
- After 20 days the following treatment schedule was followed:
- Madhunashani Vati (2 tab) three times a day with lukewarm water before meal.

- Madhukalpa Vati (2 tab) and Chandrababha Vati (2 tab) twice a day with lukewarm water administrated after meal.

In addition to the aforementioned drugs, the patient was instructed to avoid divaswapna, or sleeping during the day, and to take 20 milliliters of Amla juice with 1 gram of Haridra churna every morning. The patient reported a decrease in the previously indicated symptoms at the first follow-up, which took place seven days following the start of the medication. Body aches, sleep, thirst, hunger, and the frequency of micturition all showed mild to moderate improvement. The patient's symptoms had significantly improved by the 14th day of the second follow-up. On the 21st day of the third follow-up, the patient reported feeling lighter and more active during daily activities. They also reported less mental tension and foot burning. He felt lively and urinated 0–1 times at nite and 4–6 times during the day on the fourth follow-up (28th day) following the drug change. None of the symptoms listed above had returned.

Table 1: shows the improvement in blood sugar levels of the patient.

Follow Up	Fasting blood Sugar	Post prandial blood Sugar
Baseline (0 Day) [2.09.2013]	176 mg/dl	294 mg/dl
Follow up-1 (7 th Day) [11.09.2013]	110 mg/dl	145 mg/dl
Follow up-2 (14 th Day) [18.09.2013]	97 mg/dl	110 mg/dl
Follow up-3 (21 th Day) [25.09.2013]	88 mg/dl	105 mg/dl
Follow up-4 (28 th Day) [1.10.2013]	95 mg/dl	117 mg/dl

The patient's serum creatinine was 0.9 mg/dl on July 3, 2026, and their cholesterol was 159 mg/dl. There were 191 mg/dl of triglycerides, 15 mg/dl of VLDL, 26 mg/dl of HDL, 115 U/L of SGOT (AST), and 200 U/L of SGPT (ALT). His total bilirubin was 0.8 mg/dl, total proteins were 7.0 g/dl, alkaline phosphatase was 218.7 IU/L, and SGOT and SGPT improved to 57 U/L and 66 U/L, respectively, on July 18, 2026 (after taking medication).

Subjective symptoms and indicators have improved, and fasting, postprandial, SGOT, and SGPT blood sugar levels have decreased.

DISCUSSION

Types of Madhumeha include Sahaja (type-1) and Apathyanimittja (type-2). Madhumeha is Vata-Kapha pradhan tridoshaja vyadhi. Sahaja Madhumeha can be associated with other types described in other ancient literature, such as Krisha, Dhatukshayajanya, and Apatarpanjanya, whereas Apathyanimittaja Madhumeha can be associated with Sthula, Avaranjanya, and Santarpanjanya. Since this patient had apathyanimittaja Madhumeha, medications with deepana, pachana, lekhana, vata-kaphahara, medohara, and meda dhatu, kleda, kapha, and meda dhatvagni characteristics are crucial for treatment.

Vasant Kusumakar Rasa is described by Yogaratnakar in Prameha Chikitsa Adhyaya⁸. It is a strong anti-diabetic medication⁹ that may work by combining the effects of all of the drug's constituents. Because it contains Praval Pishti and Ras, it calms the tridoshas, or vata, pitta, and kapha.

Sindoor, Mukta Pishti, Abhrak Bhasma, Swarna Bhasma, Rajat Bhasma, Loha Bhasma, Naga Bhasma, Vanga Bhasma, Vasa, Haldi, Ikshu, Kadali, Kamal, Chameli, Shatavari, and Chandan. Lead, zinc, and tin are used to make Trivanga bhasma, an Ayurvedic remedy. As mentioned in traditional writings and demonstrated by numerous studies, it is also a strong antidiabetic [10,11]. Once more, guduchi is a hypoglycemic or anti-diabetic medication [12–15]. Therefore, the blood sugar levels were successfully lowered by the combination of Vasant kusumakar rasa, Trivanga bhasma, and Giloy satva.

Guduchi, Jambu, Katuki, Nimba, Kirata Tikta, Gudamara, Karavellaka, Kutaja, Go-kshura, Karcura, Haridra, Kalamegha, Babbula, Krishna Jiraka, Ativisha, Ashwagandha, Bilva, Triphala, Vata, Shilajatu, and Methika are all found in Madhunashani Vati. Madhukalpa vati contains Karela, Kutki, Chiraita, Neem, Methi, Jamun, Ashvagandha, Atis, Shilajeet and Chandraprabha vati contains Giloy, Peepalamool, Dhaniya, Bahera, Chavya, Atees, Yavkkshar, Nishoth, Dantimoola, Tejpaat, Dalchini, Badielaichi, Vanshlochan, Sugar, Shuddh Guggulu, Shuddh Shilajeet, Nagarmotha, Kapoor kachri, Devdaru, Chitrakamool, Harar, Amla, Vayavidanga, Choti Peepal, Kali mirch, Gaj-peepal, Sonth, Kala namak, Sendha namak, Sambhar namak, Laghu elabeej, Kababcheeni, Gokhrudana, Shwet Chandan, Chirayata, Haldi, Swarna makshika Bhasm, Sajjichar, Daruhaldi, Vach, and Lauh Bhasma. All of the aforementioned components have hypoglycemic and anti-diabetic properties, making them useful in the treatment of diabetes mellitus.

CONCLUSION

In order to prevent problems, madhumeha, a multifactorial silent killer, must be treated as soon as feasible. Based on the information presented above, it is possible to manage Madhumeha with Ayurveda by using Shamana aushadha appropriately and making dietary and lifestyle adjustments. In this instance, Shamana aushadhis have shown outstanding results. Within a week of beginning treatment, elevated blood sugar levels decreased to the pre-diabetic range, and after 14 days, they were within the normal range. The treatment approach can be validated by conducting more research on a sizable population.

REFERENCES

1. Kashinatha, Chaturvedi Gorakhanatha. Charaka Samhita of Agnivesha, Part-I, Indriyasthan; Yasyashyavanimitiyamindriya, Chapter-9, Verse 8-9. Varanasi: Chaukhamba Bharati Academy, 2005; p.1004.
2. Sharma H, Chandola HM, Prameha in Ayurveda: correlation with obesity, metabolic syndrome, and diabetes mellitus. Part 1-etiology, classification and pathogenesis. J Altern Complement Med., 2011 Jun; (6):491-6.
3. Shastri Ambikadutta. Sushruta Samhita of Sushruta, Part-I, Nidanasthan; Prameha Nidana, Chapter-6, Verse 6. Varanasi: Chaukhamba Sanskrit Sansthan, 2009; p.326.
4. International Diabetes Federation. IDF Diabetes Atlas, 8th edn., Chapter-3. Brussels, Belgium: International Diabetes Federation, 2017; p.43.
5. International Diabetes Federation. IDF Diabetes Atlas, 8th edn., Chapter-3. Brussels, Belgium: International Diabetes Federation, 2017; p. 49.

6. Jameson J. Larry, Fauci Anthony S. et al; Harrison's Principles of Internal Medicine, 20th Edition, Volume-II; Diabetes mellitus: Complications, Chapter 398. New York: McGraw-Hill Education, 2018; p.2875.
7. Shastri Ambikadutta. Sushruta Samhita of Sushruta, Part-I, Nidanasthana; Prameha Nidana, Chapter-6, Verse 4. Varanasi: Chaukhamba Sanskrit Sansthan, 2009; p.326.
8. Sashtri Brahmashankar. Commentary Vidyotini by Pt. Laxmipati Sashtri on YogaRatnakar, Uttaradha, Prameha Chikitsa Adhaya, Chapter 12, Verse 1-4. Varanasi: Chaukhambha Prakashan, Edition 10th; p. 94
9. Patel MP, Archana, Lalchand, Netam N, Parhate S. Vasantkusumakar Rasa- "A Best Antidiabetic Drug in Modern Era": A review. International Ayurvedic Medical Journal; 2018 Oct; 6(10):2305-2311.
10. Das N, Saha S, Kumar L, Roy P. Anti-diabetic effect of Trivanga Bhasma- An ancient Indian Nanomedicine. International conference on BioMaterials, BioEngineering, and BioTheranostics (BIOMET2018); July 2018.
11. Rasheed A, Naik M, Mohammed-Haneefa KP, Arun-Kumar RP, Azeem AK. Formulation, characterization and comparative evaluation of Trivanga bhasma: A herbo-mineral Indian traditional medicine. Pak J Pharm Sci. 2014 Jul;27(4):793-800.
12. Dhulia I, Parcha V, Pant G, Kumar D, Maithani A. Anti-hyperglycemic effect of methanolic extract of *Tinospora cordifolia* (Willd.) stem on experimentally induced diabetic rats'; Journal of Pharmacy Research. 2011; 4(8): 2828-2830.
13. Gupta SS. Some observation on the antidiabetic effect of *T. cordifolia*, Ind J Physi Pharm.1964;8(2).
14. Rajalakshmi M, Eliza J, Priya CE, Nirmala A, Daisy P. Anti-diabetic properties of *Tinospora cordifolia* stem extract on streptozotocininduced diabetic rats. African Journal of Pharmacy and Pharmacology, 2009 May; 3(5). p.171-180.
15. Wadood N, Wadood A, Shah SA. Effect of *Tinospora cordifolia* on blood glucose and total lipid levels of normal and alloxan-diabetic rabbits. Planta Med. 1992; 58(131):6.