

## AN INTEGRATED APPROACH TO *MADHUMEHA* (TYPE 2 DIABETES MELLITUS): A CASE STUDY

Dr. Ashwini G. Jichkar<sup>\*1</sup>, Dr. Ashish Keche<sup>2</sup>, Dr. Jayashree Katole<sup>3</sup>,  
Dr. Vikramsingh Chavhan<sup>4</sup>

<sup>\*1</sup>PG Scholar, Department of Kayachikitsa, Dr.VJD Gramin Ayurved Mahavidyalaya, Patur, Akola, Maharashtra.

<sup>2,4</sup>Professor, Department of Kayachikitsa, Dr.VJD Gramin Ayurved Mahavidyalaya, Patur, Akola, Maharashtra.

<sup>3</sup>HOD & Professor, Department of Kayachikitsa, Dr.VJD Gramin Ayurved Mahavidyalaya, Patur, Akola, Maharashtra.

Article Received on 05 May 2026,  
Article Revised on 25 May 2026,  
Article Published on 03 June 2026,

<https://doi.org/10.5281/zenodo.205365>

### \*Corresponding Author

**Dr. Ashwini G. Jichkar**

PG Scholar, Department of  
Kayachikitsa, Dr.VJD Gramin Ayurved  
Mahavidyalaya, Patur, Akola,  
Maharashtra.



**How to cite this Article:** Dr. Ashwini G. Jichkar<sup>\*1</sup>, Dr. Ashish Keche<sup>2</sup>, Dr. Jayashree Katole<sup>3</sup>, Dr. Vikramsingh Chavhan<sup>4</sup>. (2026). An Integrated Approach To Madhumeha (Type 2 Diabetes Mellitus): A Case Study. World Journal of Pharmaceutical Research, 15(11), 2260-2266. This work is licensed under Creative Commons Attribution 4.0 International license.

### ABSTRACT

*Prameha*, described in *Ayurvedic* classics as a *Tridoshaja* disorder with predominant *Kapha* and *Meda dushti*, clinically correlates with type 2 diabetes mellitus (T2DM). It presents with *Prabhoota Avila Mutrata* and *systemic features arising from impaired Medo Dhatvagni*. While conventional management of T2DM focuses on glycemic control through pharmacotherapy, *Ayurveda* emphasizes correction of *Agni*, *Lekhana of Meda-Kleda*, and restoration of *Dhatu* metabolism through *Shamana chikitsa*. The present case study is of 48-year-old male presented with polyuria (*Prabhoot mutrata*), turbid urine (*Avila mutrata*), burning sensation in palms/soles, and weakness for 2 months. On the basis of physical findings and investigations the diagnosis of *Madhumeha* (Type 2 Diabetes Mellitus) was made. The patient received 90 days of exclusive oral *Ayurvedic* therapy *Nishakathkadi Kashaya* 15 ml

BD, *Chandraprabha Vati* 500 mg BD and BGR 34 2 tabs BD along with modification of diet and lifestyle. After 3 months, symptoms resolved significantly. This case demonstrates that *ayurvedic Shamana Chikitsa* targeting *Kapha- Meda shamana*, *Agni Deepana* and *Pramehaghna* action can achieve glycemic control comparable to conventional targets in

early – stage T2DM. The findings suggest a potential role for integrative Ayurvedic protocols in T2DM management, warranting further controlled studies.

**KEYWORDS:** *Prameha; Madhumeha; Ayurveda; Shamana chikitsa*; Diabetes mellitus; Case study.

## INTRODUCTION

*Madhumeha* is Richman's Disease since *vedic* period, is familiar to mankind. *Madhumeha* is a disease in which *mutra* (Urine) of the patient attains similar property like those of *Madhu* (Honey). It is documented as one among the twenty obstinate urinary disorders i.e. *Prameha*. It is also explained that, when the other *Prameha* are left untreated, this leads to the condition called *Madhumeha*. So *Madhumeha* can also be considered as an advanced condition or stage of *Prameha*.

Diabetes Mellitus is a chronic disorder of carbohydrate metabolism, marked by hyperglycemia and glycosuria and resulting from inadequate production or use of insulin. Traditionally, *Madhumeha* can be equated with Diabetes Mellitus.

## AIM & OBJECTIVE

### AIM

To evaluate the clinical efficacy and safety of Ayurvedic *Shaman Chikitsa* in the management of *Madhumeha* (Type2 Diabetes Mellitus), focusing on glycemic control and symptom relief.

### OBJECTIVES

#### Primary Objectives

1. To assess the effect of *Nishakathakadi Kashaya*, *Chandraprabha Vati*, and BGR 34 on fasting blood sugar (FBS), post prandial blood sugar (PPBS) and HbA1c levels after 90 days of treatment.
2. To evaluate improvement in classical *Madhumeha* symptoms such as *Prabhoot Mutrata* (polyuria), *Daurbalya* (Weakness), *Avila Mutrata* (Turbid Urine), *Karapada Daha* (Burning sensation in Palms & Sole) using subjective grading scales.

#### Secondary Objectives

1. To Observe role of *Pathya – Apathya* and lifestyle modification as adjuvant to *Ayurvedic* Oral Medication in early stage *Madhumeha*.

- To document safety and tolerability of the prescribed ayurvedic formulations over 3 months by monitoring for adverse drug reactions and patient compliance.

### CASE STUDY

A 48 yrs Male patient came to OPD of *Kayachikitsa* of our college. He was presented with the following complaints:

- Prabhut Mutrata*(Polyuria)
- Daurbalya* (Weakness)
- Avila Mutrata* (Turbid Urine)
- Karapada Daha* (Burning sensation in Palms & Sole)
- Pipasa Adhikya* (Excessive thirst)
- Sweda Adhikya* (Excessive Sweating)

Since last 02 months

**Past History** – No any history of major illness

**Family History** – Father Diabetic.

### General Examination

General condition	Good
BP	110/70 mmHg
PR	86 / min
RR	18 / min
Body Weight	70 kg
BMI	27.4 Kg/m <sup>2</sup>
Tongue	Coated
Temperature	95.5 <sup>0</sup> F
Pallor	Absent
Icterus	
Clubbing	
Cyanosis	

### Personal History

Appetite – Good

Allergy – Not detected

Addiction- No

Bowel – Irregular with mild Constipation (once a day /hard stool sometimes)

Bladder – Frequency of micturition 8-9 times/day, 1-2 times/night

Diet -Veg but extra oily and spicy diet

Exercise – None

Sleep – Normal

### Treatment Plan

#### A. *Deepana-Pachana*: Days 1–7

Before starting main **Pramehaghna drugs**, to correct *Ama* and *Agnimandya*.

*Shunthi Churna* 2 g + *Haritaki Churna* 1 g + warm water, BD before food *Triphala Kwatha* 20 ml at bedtime for *Koshtha Shuddhi*

#### B. Main *Shaman Chikitsa*: Days 8 -90

Sr. no	Drug	Dose	Time
1	<i>Nishakathakadi Kashaya</i>	15 ml + 30 ml warm water	BD 30 min before food
2	<i>Chandraprabha Vati</i>	500 mg, 2 tabs	BD After food
3	BGR 34	2 tabs	BD After food

*Drakshadi Kwath* 5 ml Bd Before food for *Karapada Daha*

#### C. *Pathya-Apathya* – Strict for 90 days

##### *Pathya Ahara*

*Yava* in all forms: *Yava Roti*, *Yava Sattu*, *Yava Mantha* – main grain *Mudga*, *Kulattha Yusha*, *Patola*, *Karavellaka*, *Shigru*, *Methika*.

*Tikta-Kashaya Rasa*: bitter gourd, fenugreek, drumstick leaves *Takra with Hingu*, *Saindhava* – mid-day only.

Fruits: *Jambu*, *Amalaki*, *Kapitha* in moderation

##### *Apathya*

*Ikshu*, *Guda*, sugar, jaggery, milk products, curd, *Anupa Mamsa*, potato, rice, *Masha* *Divaswapna*, *Avyayama*, *Chint* Cold water, alcohol, smoking

##### *Vihara*

45 min brisk walk daily, morning. *Surya Namaskara* 5 rounds if possible.

*Pranayama*: *Kapalabhati* 5 min, *Anuloma-Viloma* 10 min – for *Meda* combustion

Sleep by 10 PM, wake before sunrise. No day sleep.

### Investigations of Patient

Sr no	Investigation	Before Treatment	At 30 Days	At 60 Days	At 90 Days
1	FBS	178	146	128	112
2	PPBS	264	212	172	148
3	HbA1c	7.1%	-	-	5.8%

Rest of CBC, LFT, RFT was within normal limit.

### DISCUSSION

The present case of *Madhumeha – Vataja Prameha* with *Kapha-Meda Avarana –* demonstrates clinically significant improvement in glycemetic parameters and classical symptoms with 90 days of exclusive *Ayurvedic Shamana Chikitsa*. The results align with Charaka's principle of *Apatarpana* and *Kapha-Meda Kleda Hara Chikitsa for Sthoola Pramehi [Ch.Chi.6/15]*.

#### 1. Correlation of Ayurvedic Samprapti with Modern Parameters

The patient presented with *Prabhoota Avila Mutrata, Karapada Daha, and Daurbalya –* cardinal features of *Madhumeha* due to *Dhatvagni Mandya* and *Ojo Kshaya*. *Kapha-Meda Avarana of Vata* explains the initial hyperglycemia (FBS 178 mg/dl, HbA1c 7.1%) with obesity (BMI 27.4). The reduction in FBS by 37.1% and PPBS by 43.9% over 90 days indicates correction of *Medo-Dhatvagni and Kleda* reduction. This parallels modern understanding of improved insulin sensitivity and decreased gluconeogenesis.

#### 2. Rationale for Drug Action and Observed Outcomes

*Nishakathakadi Kashaya* contains *Haridra, Kathaka, Amalaki* having *Tikta-Kashaya Rasa* and *Kleda-Meda Shoshana* properties. Curcumin in *Haridra* enhances beta-cell function and AMPK activation, explaining early FBS reduction by Day 30 [Day 30: 178→146 mg/dl]. *Chandraprabha Vati* with *Shilajatu* and *Guggulu* acts as *Rasayana* and *Mehaghna*, improving glucose uptake at tissue level, reflected in PPBS improvement 264→148 mg/dl. BGR-34, a CSIR-validated formulation, has reported DPP-4 and alpha-glucosidase inhibitory activity, addressing post-prandial hyperglycemia without causing *Dhatu Kshaya*. The combination provided *Agni Deepana, Kleda Hara* and *Rasayana* effects simultaneously.

#### 3. Role of Pathya-Apathya and Vihara

*Yava* as principal diet is *Ruksha, Lekhana, and Kapha-Meda Hara [Su.Su.46]*. Replacing rice with *Yava* reduces glycemetic load while preventing *Agnimandya*. Daily 45-min walking and

*Pranayama* enhanced *Meda Dhatu* Paka and insulin sensitivity. Patient compliance to *Pathya* was critical – studies show lifestyle modification contributes 30–40% to glycemic control in early T2DM. The absence of *Divaswapna* and regular sleep cycle corrected *Kapha Vriddhi*.

#### 4. Safety and Comparison with Conventional Management

No adverse drug reactions were noted, and LFT/RFT remained normal at Day 90, supporting safety of the selected herbo-mineral drugs in short-term use. Conventional guidelines recommend metformin as first-line therapy, achieving HbA1c reduction of 1.0–1.5% in 3 months. This case achieved 1.5% HbA1c reduction (7.1%→5.8%) with Shamana alone, meeting ADA target <7% without hypoglycemia or GI side effects commonly seen with metformin. However, unlike modern OHA, Ayurvedic therapy also resolved *Purvarupa* like *Karapada Daha* and improved Bala, indicating holistic Dhatu Poshana.

#### 5. Limitations and Future Scope

This is a single case with 90-day follow-up, so results cannot be generalized. Placebo effect and dietary control are confounding factors. *Sthoola Pramehi* responds better to *Shamana*; *Krishna Pramehi* may need *Brimhana*. The role of *Shodhana* before *Shamana* was not assessed. Long-term data on microvascular complications and durability of glycemic control are needed.

### CONCLUSION

This case demonstrates that early-stage *Madhumeha* with *Kapha-Meda Avarana* can be effectively managed with Ayurvedic Shamana Chikitsa comprising *Nishakatakadi Kashaya*, *Chandraprabha Vati*, BGR-34 along with rigorous Pathya-Apathya and lifestyle modification. The protocol achieved ADA-recommended glycemic targets (HbA1c <7%) and complete symptomatic relief in 90 days without adverse effects, supporting *Charakokta* principles of *Agni Deepana*, *Kleda Shoshana* and *Rasayana* in *Prameha*. While promising, these findings are preliminary. Larger randomized controlled trials with longer follow-up, *Prakriti*-based stratification, and comparison with standard care are essential to validate efficacy, safety, and develop standardized integrative protocols for *Madhumeha* management.

### REFERENCE

1. *Agnivesha. Charaka Samhita*. Revised by Charaka and Dridhabala. *Ayurveda Dipika* commentary by Chakrapanidatta. Ed. Yadavji Trikamji Acharya. Varanasi: Chaukhamba Prakashan; Reprint, 2013. *Nidana Sthana* 4/36-47; *Chikitsa Sthana* 6/15-18, 44- 54.

2. *Sushruta Samhita. Nibandhasangraha* commentary by *Dalhanacharya*. Ed. *Yadavji Trikamji Acharya*. Varanasi: *Chaukhambha Orientalia*; Reprint 2014. *Nidana Sthana* 6/4-9; *Chikitsa Sthana* 11/3-12; *Sutra Sthana* 46/200-210.
3. *Vagbhata. Ashtanga Hridaya. Sarvangasundara* commentary by *Arunadatta*. Ed. *Bhishagacharya Harishastri Paradkar Vaidya*. Varanasi: *Chaukhambha Orientalia*; Reprint 2014. *Nidana Sthana* 10/1-12. *Sharangadhara*.
4. *Sharangadhara Samhita. Dipika* commentary by *Adhamalla*. Ed. *Pandit Parashuram Shastri Vidyasagar*. Varanasi: *Chaukhambha Orientalia*; Reprint 2012. *Madhyama Khanda* 2/93-95, 7/57-61.
5. *Vaidya Govind Das Sen. Bhaishajya Ratnavali. Vidyotini* commentary by *Ambikadatta Shastri*. Ed. *Rajeshwardatta Shastri*. Varanasi: *Chaukhambha Prakashan*; 2012. *Prameha Rogadhikara* 37/25-26.
6. *Yoga Ratnakara*. Ed. *Indradev Tripathi, Dayashankar Tripathi*. Varanasi: *Chaukhambha Krishnadas Academy*; Reprint 2010. *Prameha Chikitsa*.
7. American Diabetes Association. Standards of Care in Diabetes—2025. *Diabetes Care*. 2025.
8. Sharma RK, Dash B. *Agnivesha's Charaka Samhita: Text with English Translation & Critical Exposition*. Varanasi: *Chaukhambha Sanskrit Series Office*, 2012; Vol 2, *Chikitsa Sthana*.
9. Murthy KR. *Illustrated Sushruta Samhita*. Varanasi: *Chaukhambha Orientalia*; 2012. Vol 2, *Nidana* and *Chikitsa Sthana*.
10. Mishra SN. *Bhaishajya Ratnavali of Govinda Das Sen*. Varanasi: *Chaukhambha Orientalia*, 2011.
11. Tripathi B. *Sharangadhara Samhita: Dipika Hindi Commentary*. Varanasi: *Chaukhambha Surbharati Prakashan*, 2010.
12. <http://en.m.wikipedia.org>>wiki