

## A CASE REPORT ON EFFECT OF AYURVEDIC FORMULATIONS IN THE MANAGEMENT OF PRAMEHA (DIABETES MELLITUS TYPE II)

\*Dr. Shraddha Savaj, Dr. Indumati Sharma

\*<sup>1</sup>1<sup>st</sup> Year PG Scholar, Department of Kayachikitsa, Madan Mohan Malviya Government Ayurvedic College Udaipur.

<sup>2</sup>MD., Ph.D.(Ayu), Associate Professor, Dept. of Kayachikitsa, MMM Govt. Ayurveda College, Udaipur, (RAJ.).

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### \*Corresponding Author

Dr. Shraddha Savaj

1<sup>st</sup> Year PG Scholar, Department of  
Kayachikitsa, Madan Mohan Malviya  
Government Ayurvedic College  
Udaipur.



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### ABSTRACT

**Background:** *Prameha* is described as one of the *Ashta Mahagada* by *Acharya Charaka* and *Acharya Vaghbata*. It is a *Kapha-pradhana Tridoshaja Vyadhi* and therefore difficult to treat. Ten *Dushya* are involved in its pathogenesis (*Dosha-Dushya-Sammurchana*), leading to characteristic symptoms such as *Prabhuta Avila mutrata* (profuse, turbid urination). Due to similarity in clinical features, *Prameha* is broadly correlated with Diabetes Mellitus Type-II in contemporary medicine.

**Case Presentation:** A female patient presented with frequent turbid urination, ants gathering around the urine, and generalized weakness for one month. She had previously consulted a contemporary medicine practitioner and was diagnosed with Diabetes Mellitus Type-II based on clinical features and laboratory investigations. **Management and Intervention:** The treatment strategy was formulated according to *Prameha Chikitsa Siddhanta* described in classical texts.

*Kaphahara, Medohara, and Pramehahara* herbal formulations

were selected and individualized according to the patient's condition. Dietary and lifestyle modifications aligned with Ayurvedic principles were also advised. **Outcome:** After 30 days of treatment, the patient demonstrated marked improvement in symptoms, reduced frequency

and turbidity of urine, and significant improvement in blood glucose levels on follow-up investigations. **Conclusion:** While contemporary management of Diabetes Mellitus Type-II primarily targets Glycemic control, Ayurveda offers a holistic approach that addresses both metabolic derangement and symptomatic relief. This case highlights the potential of classical Ayurvedic interventions to improve clinical outcomes in *Prameha* by targeting the underlying *Dosha-Dushya* imbalance. Such integrative management may provide a valuable therapeutic option for long-term care and improved quality of life in patients with Diabetes Mellitus Type-II.

**KEYWORDS:** *Prameha*, Diabetes Mellitus Type-II, Metabolic disorder, *Ashta Mahagada*.

## INTRODUCTION

The term *Prameha* literally means “one who urinates in large quantity” and is described in classical Ayurvedic texts as a disorder of the urinary system caused by excessive flow of urine.<sup>[1]</sup> According to the Ayurvedic tradition, *Prameha* is broadly classified into two types: *Apathyanimitta Prameha* (acquired type) and *Sahaja Prameha* (congenital type).<sup>[2]</sup> The acquired form arises due to a variety of *nidanas* (causative factors), such as consuming excessive sweet foods, *Dadhi- Paya* (Dairy), or *Mamsa* (Meat) from domestic animals, excessive sleep or *Nidra-Sukha* (laziness), and eating excessively as per own taste among others.<sup>[3]</sup> This form correlates well with modern Diabetes Mellitus type 2 in terms of etiology and clinical presentation.

A cardinal symptom for most patients with *Prameha* is *Prabhuta Avila Mutrata* - i.e., excessive urination accompanied by turbidity of urine. In the *Samprapti* (pathogenesis) of *Prameha*, all three *doshas* participate, with *Kapha* being the predominant *dosha* involved. *Acharya Charaka* emphasises that vitiation of *Bahu-Drava Sleshma* (a state of increased viscous *Kapha*) is central in its etiology.<sup>[4]</sup> Moreover, ten *Dushyas* (body tissues/fluids)—namely *Rasa*, *Shonita*, *Mamsa*, *Meda*, *Majja*, *Shukra*, *Lasika*, *Oja*, *Sharirija kleda* and *Vasa*—are progressively afflicted by the aggravated *doshas* to manifest the disease.<sup>[5]</sup>

In the major Ayurvedic *Samhitas*, twenty varieties of *Prameha* are enumerated, classified according to the predominating *dosha* into *Vataja*, *Pittaja* and *Kaphaja* types. Among these, the four *Vataja* types are deemed *Asadhya* (incurable), the six *Pittaja* types are *Yapya* (manageable), and the ten *Kaphaja* types are *Sadhya* (curable).<sup>[6]</sup> This appears counter-intuitive from a classical standpoint (given that *Kapha* is the Dominant *dosha*, so it should be

the difficult one to treat) but is explained in the classical texts by the principle of *Samkriyatvat*.<sup>[7]</sup>

The process of *Samprapti* differs by type: in the *Kaphaja* form, aggravated *Kapha* vitiates *Meda*, *Mamsa* and *Shariraja-Kleda* in the *Basti* (urinary tract) and thus leads to the *Kaphaja Prameha*. In the *Pittaja* form, increased *Pitta* (by virtue of *Ushna guna*) leads to vitiation of the urinary tract. In the *Vataja* form, aggravated *Vata* draws *Dhatus* such as *Lasika*, *Ojas*, *Majja* and *Vasa* into the *Basti* region, causing *Vataja Meha*.<sup>[8]</sup> Treatment is tailored to the patient's constitution: for a “*Krsha pramehi*” (lean diabetic patient) *Santarpana Chikitsa* (nourishing therapy) is indicated; for a “*Sthula pramehi*” (obese diabetic patient) *Apatarpana Chikitsa* (depleting therapy) is advised.<sup>[9]</sup>

The clinical picture of *Prameha* strongly resembles that of modern diabetes mellitus type 2 : a heterogeneous metabolic disorder characterised by hyperglycaemia, with disturbances of carbohydrate, fat and protein metabolism. Globally, type 2 diabetes is recognised as a major cause of morbidity and mortality. In India, the prevalence of diabetes in adults (20–79 years) in 2019 was estimated at **8.9 %**, corresponding to approximately 77 million people.<sup>[10]</sup> The disease burden is increasing steadily, driven by urbanisation, sedentary lifestyle and rising overweight/obesity.

## AIM AND OBJECTIVE

To evaluate the effect of Ayurvedic Formulations in the management of *Prameha* (Diabetes mellitus Type II)

## MATERIALS AND METHODS

### Case report

### Chief complaints

- Profuse urination – Increased frequency and amount - since 1 month
- Ants gathering around urine on the bathroom floor – since 20 days
- Generalized weakness - since 20 days

### Associate complaints

- Polydipsia
- Polyphagia

### History of Present of illness

The patient was apparently healthy one month ago when she began experiencing a gradual increase in urinary frequency, including nocturnal awakenings for urination. She later noticed that ants would collect around the area where her urine had dripped, suggesting glycosuria. Over the following 20 days, she developed progressive generalized weakness, increased appetite, and excessive thirst. She consulted an allopathic clinic, where clinical evaluation and blood glucose investigations confirmed a diagnosis of Diabetes Mellitus Type II. Due to concerns about lifelong dependence on Allopathic medication, she has approached our Centre for alternative (*Ayurvedic*) management of her condition.

### Past history

No any major surgical and medical history.

### Socio economic history

She is house wife belongs to lower middle-class family.

### Vitals

PR: 78/min

BP: 120/80 mm/hg

RR: 18/min

Temp: afebrile.

### Patient's personal history

Appetite: normal

Micturition: 8-9 times/day, 1-2 times/night

Sleep: normal

Bowel habit: Regular – 1 time/day.

### History of past illness: NAD

Family history: NAD.

**Table no- 1(a) Ashtavidha Pariksha.**

Sr. No.	Ashtavidha Pariksha	Description
1	<i>Nadi</i>	<i>Kapha-Pittaja</i>
2	<i>Mala</i> (stool)	<i>Sama</i>
3	<i>Mutra</i> (urine)	<i>Avila</i>
4	<i>Jihwa</i> (tongue)	<i>Avarita</i>

5	<i>Shabda</i> (voice)	<i>Snigdha</i>
6	<i>Sparsha</i> (touch)	<i>Snigdha</i>
7	<i>Drik</i> (eye sight)	<i>Shwetabha</i>
8	<i>Akriti</i> (Built)	<i>Madhyama</i>

**Table no. 1(b) Dashvidha Pariksha.**

Sr. No	Dashvidha Pariksha	Description
1	<i>Prakruti</i>	<i>Kapha-Vata</i>
2	<i>Vikruti</i>	<i>Prakruti Sam Samvet</i>
3	<i>Sara</i>	<i>Mamsa sara</i>
4	<i>Samhanana</i>	<i>Madhyam</i>
5	<i>Praman</i>	<i>Madhyam</i>
6	<i>Satmya</i>	<i>Sarvarasa</i>
7	<i>Satva</i>	<i>Madhyam</i>
8	<i>Aharshakti</i>	<i>Pravara</i>
9	<i>Vyayamshakti</i>	<i>Avara</i>
10	<i>Vaya</i>	<i>Madhyamavastha</i>

### ➤ Diagnostic Criteria

The diagnosis of Diabetes Mellitus Type II in this patient is established based on standard biochemical Criteria recommended by the American Diabetes Association (ADA) and WHO guidelines.

#### 1. Fasting Blood Sugar (FBS)

- **Patient value:** 191 mg/dL
- **Diagnostic threshold**
  - $\geq 126$  mg/dL  $\rightarrow$  *Diabetes Mellitus*.
- **Interpretation**
  - The patient's FBS value of 191 mg/dL is well above the diabetic range.

#### 2. Post-Prandial Blood Glucose / 2-hour Plasma Glucose (PPBS)

- **Patient value:** 250 mg/dL
- **Diagnostic threshold**
  - $\geq 200$  mg/dL (2-hour value during OGTT or PPBS)  $\rightarrow$  *Diabetes Mellitus*.
- **Interpretation**
  - The PPBS value of 250 mg/dL also confirms Diabetes.

### 3. Symptomatic Presentation (Clinical Correlation)

The patient presents with classical symptoms of Hyperglycaemia:

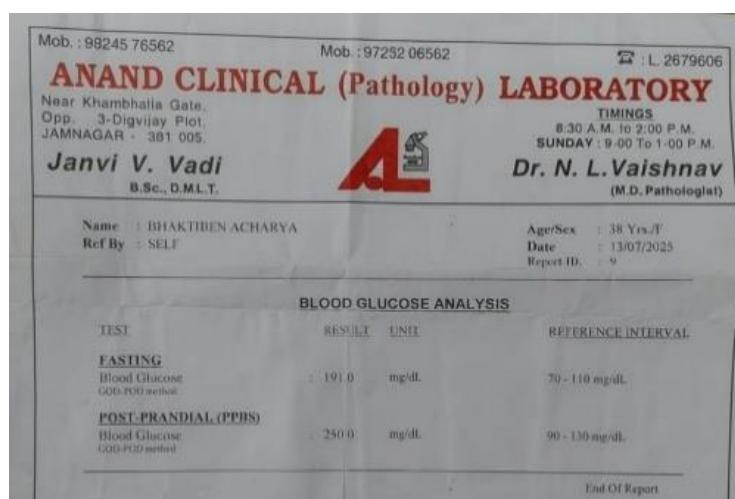
- Polyuria ( $\uparrow$  frequency of urination, nocturia)
- Polydipsia
- Polyphagia
- Fatigue
- Glycosuria (ants gathering on urine)

### Final Diagnostic Impression

Based on:

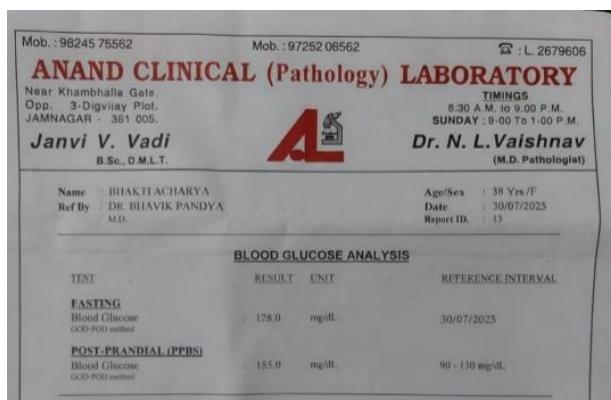
- Elevated FBS (191 mg/dL)
- Elevated PPBS (250 mg/dL)
- Presence of classical diabetic symptoms

The patient meets all criteria for Diabetes Mellitus Type II (*Apathyanimittaja Prameha – Kaphaja Prameha* predominance).



**Table no: 2 – Treatment of the Prameha.**

Sr.no.	Name	Dose	Kala	Frequency and Anupana
1	धात्रीनिशा चूर्ण	6 gm	After food	BD with water
2	मामेजवा घनवटी	2 tabs	After food	BD with water
3	जम्बू बीज चूर्ण – 3 gm विजयसार चूर्ण – 2 gm अर्जुन चूर्ण – 1 gm	6 gm	Before food	BD With lukewarm water



## Outcome and Follow Up

After initiating treatment, the patient underwent repeat blood glucose testing on 30/07/2025.

The results showed the following changes compared to the baseline report dated 13/07/2025:

### Baseline (13/07/2025)

- Fasting Blood Glucose: 191 mg/dL
- Post-Prandial Blood Glucose: 250 mg/dL

### Follow-up (30/07/2025)

- Fasting Blood Glucose: 128 mg/dL
- Post-Prandial Blood Glucose: 155 mg/dL

In addition to the laboratory findings, the patient reported improvement in urinary frequency, reduction in nocturnal urination, decreased thirst, and better overall energy levels during follow-up visit.

### Follow-up

The patient was reviewed periodically during the treatment period. Symptom status, dietary adherence, and medication compliance were assessed at each visit. Blood glucose levels were monitored through repeat laboratory testing. The patient continued to follow the advised diet and lifestyle regimen and attended follow-ups as schedule.

### DISCUSSION

Prameha, particularly *Apavyanmittaja Prameha*, is a *Kapha-Pradhana Tridoshaja* Metabolic disorder characterized by deranged *Meda*, *Mamsa*, *Rasa*, and *Kleda*, ultimately manifesting as excessive, turbid urination (*Prabhuta Avila Mutra*). Its clinical presentation closely parallels Diabetes Mellitus Type II, a Modern metabolic disease marked by insulin

resistance and persistent Hyperglycemia. In this case, the patient exhibited classical features of *Prameha* - Polyuria, Nocturia, Polydipsia, Polyphagia, and generalized weakness - along with significantly elevated fasting and post-prandial blood glucose levels.

The therapeutic strategy used in this case focused on correcting *Kapha-Medo Dushti*, stabilizing *Kleda*, improving *Agni*, and supporting pancreatic function, which collectively contribute to *Prameha Samprapti Vighatana*. The treatment protocol comprised *Dhatri-Nisha Churna*, *Mamejava Ghana Vati*, and a composite *Jambu–Vijayasar–Arjuna Churna*, each selected based on their pharmacological actions described in Ayurvedic literature.

### **1. *Dhatri-Nisha Churna (Amalaki + Haridra)***

This formulation is renowned for its *Pramehahara*, *Kledahara*, and *Rasayana* properties.

- *Amalaki (Phyllanthus Emblica)* provides antioxidant support, improves carbohydrate metabolism.<sup>[11]</sup> and supports pancreatic  $\beta$ -cell function.<sup>[12]</sup>
- *Haridra (Curcuma longa)* is *Kapha-Pitta Shamaka*, anti-inflammatory,<sup>[13]</sup> and enhances insulin sensitivity.<sup>[14]</sup>
- Together, they help reduce blood glucose levels while protecting dhatus from oxidative stress.

### **2. *Mamejava Ghana Vati***

*Mamejava (Enicostemma littorale)* is widely described for its *Pramehaghna*, *Agnideepana*, and *Medohara* actions.

- It corrects *Mandagni*, a root factor in the development of *Prameha*.
- Exhibits antidiabetic, hypolipidemic, and hepatoprotective effects, improving glucose utilization and reducing insulin resistance.<sup>[15]</sup>

Its bitter principles aid in reducing excessive *Kleda* and *Kapha*, restoring metabolic balance.

### **3. *Jambu–Vijayasar–Arjuna Churna Combination***

This polyherbal combination addresses multiple layers of the Samprapti

- *Jambu Beeja (Syzygium cumini)* reduces glycosuria, improves insulin activity, and stabilizes blood glucose.<sup>[16]</sup>
- *Vijaysaar (Pterocarpus marsupium)* is well-known as a “*Madhumeha Nashaka*” drug; it enhances  $\beta$ -cell regeneration and improves carbohydrate metabolism.<sup>[17]</sup>

- Arjuna balances *Kapha* and *Pitta*, supports lipid regulation, and strengthens the *Raktavaha* and *Medovaha Srotas*.<sup>[18]</sup>

Collectively, this combination improves glucose tolerance, reduces excessive *Kleda*, and regulates appetite, thirst, and urination.

### Probable Mode of Action

The overall therapeutic effect can be attributed to the combined actions of the drugs:

- *Kapha-Medo Shamana* (*Vijayasar, Jambu, Haridra*)
- *Agnideepana & Pachana* (*Mamejava, Haridra*)
- *Rasayana & Dhatus Poshan* (*Amalaki, Arjuna*)
- *Kledahara & Mutragata Srotoshodhana* (*Jambu, Vijayasar*)

These pharmacodynamic properties contribute to improved glycemic control, reduced glycosuria, decreased *Kleda*, and enhanced tissue metabolism, effectively interrupting the *Samprapti* of *Prameha*.

### CONCLUSION

This case highlights the effectiveness, safety, and integrative potential of Ayurvedic management in addressing early metabolic imbalance. Rather than providing only symptomatic control, the chosen formulations worked on deeper pathological factors such as *Kapha-Medo dushti*, impaired *Agni*, and excess *Kleda*. The combination of *Dhatri-Nisha Churna*, *Mamejava Ghana Vati*, and *Jambu–Vijayasar–Arjuna* formulation contributed to steady improvements in energy levels, urinary patterns, and appetite regulation, accompanied by a significant reduction in fasting and post-prandial blood glucose values within 17 days. The outcome supports classical *Ayurvedic* principles of correction of metabolism, *Srotoshodhana*, and restoration of *dhatu* balance. This case demonstrates how individualized *Ayurvedic* care can provide a safe, cost-effective, and sustainable approach for metabolic disorders. Further clinical studies are warranted to validate these observations and support standardized protocols for broader application.

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