



RESEARCH ARTICLE

MANAGEMENT OF TYPE 2 DIABETES MELLITUS SIGNIFICANTLY THROUGH AYURVEDIC INTERVENTION: A CASE STUDY OF VATAJAPRAMEHACHIKITSA

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Abstract

Ayurvedic therapeutics can significantly manage the cases of diabetes mellitus. For this it requires the detailed case study which includes study of lifestyle, daily habits, pathogenesis of the disease, contributed pathogenic elements, symptomatology and many more things. This detailed study would help to decide the prognosis of diabetes and to decide the line of treatment. Vatajaprameha is one among types of diabetes (Prameha) in ayurveda. Its basic prognosis is mentioned as not curable. But it depends on so many states. This case is about the same disease. A male patient (42 years) visited to JeenaSikhoLifecareLimited Clinic, Haridwar, Uttarakhand on 15.07.2024 with a K/C/O type 2 Diabetes mellitus diagnosed 2 months prior to consultation. He described symptoms like generalized weakness, nocturia and weight loss. Clinically he was examined for various factors like tongue, pulse, eyes etc. His history and examination helped to diagnose the case as Madhumeha, a type of Vatajaprameha by Ayurvedic view. His HbA1c was at very high levels of poor diabetic control i.e. 11.9 % before treatment. After ayurvedic treatment it reduced to 6.7 % which is a significant shift. His symptoms also diminished till the end of the treatment.

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Introduction:-

Diabetes mellitus has already become a usual lifestyle disorder among people worldwide. But now a day its prevalence is increasing in early ages than its usual age of occurrence. Its reason is none other than unhealthy and sedentary lifestyle along with various stress factors. Superficially diabetes mellitus is classified into 2 main types, type 1 DM and type 2 DM. Between these types, T2DM is the most widespread type and occupies about 90 % of total cases of diabetes. In type 2 DM insulin secretion is reduced or may be normal and body cells resist to take

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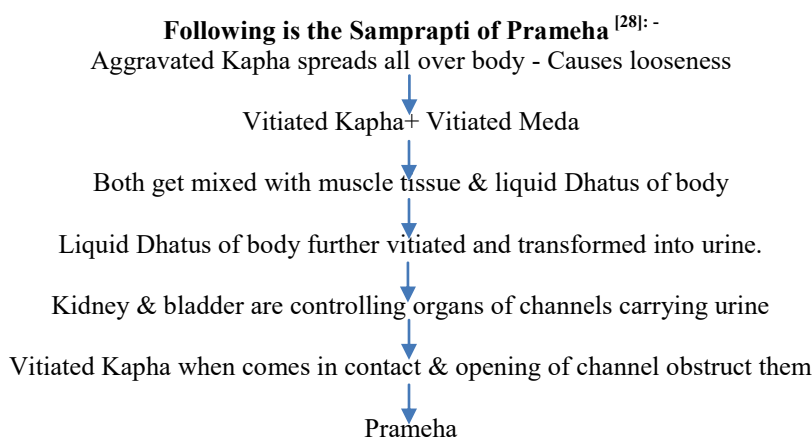
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blood glucose inside means cells do not respond well to insulin especially cells in muscles, fat and liver. This type mostly requires anti-diabetic medicines and lifestyle changes.^[1] But in some conditions, sometime it requires administration of Insulin units like in cases with high levels of HbA1c. Glycated hemoglobin (HbA1c) is a blood glucose level estimation test for over last 2 to 3 months. It means that if HbA1c is showing high then patient was suffering with high glucose level since 2 to 3 months.^[2]

Diabetes mellitus is similar as that of Pramehain ayurveda. In ayurveda 3 main types of Prameha are stated on the basis of predominant Dosha vitiation and these types are like Vatajaprameha, Pittjaprameha and Kaphaj prameha. This article is explaining here a case of Madhumeha- Vatajaprameha. Basically it is noted as Asadhyaprameha means has no cure. But further some conditions are mentioned in which it can become curable. Vitiation of Kapha dosha is obligatory in Pramehavyadhi development. But predominance of Doshas, classifies Pramehain different types. Focus of Prameha treatment is mentioned in 2 categories by ayurveda on the basis of patient's condition. One is Sthulapramehi (obese diabetic patient) and second is Krishapramehi (thin diabetic patient). In former type there is presence of more vitiated factors and these patients are strong by strength as compared to later type. In later type there is presence of low immunity with reduced body strength.

Sanshodhana (Detoxification by Panchakarma) and Sanshamana (pacification/palliative treatment) chikitsas are suggested respectively in former and later type.^[3] Ayurvedic contexts gave a very detailed description of Pramehavyadhi like different etiological factors of different types, pathogenic factors involved, Samprapti (pathogenic process) of each type, Purvaroopas (pre-symptomatic phase), Samanyalakshana (general symptoms), Upadravas of each type etc. Treatment involves detailed explanation in each type, Panchakarma procedures, importance of diet and activities.

This article is about a case of Madhumeha which was treated with oral medicines made up of medicinal plants and minerals. Medicines were prescribed in the view of pacifying the involved Dosha-dushya like Kaphadosha, Medodhatu, Vata dosha, etc. Diet and activities also recommended for healthy lifestyle in regarding to diabetes. During each follow up patient noted progress of the treatment. His before treatment HbA1c level significantly got reduced within 2 months of treatment. His dose and number of medicines were declined in each follow up according to the state of diminish in chief complaints and HbA1c. At last the management of patient was brought on diet and activities. All these updates of the case from the chief complaint till his complete diminish of symptoms are collectively and step by step proposed here in this article. This case analysis would help to know the management of Madhumeha by knowing the condition of the disease and patient as well.



CASE REPORT:-

Clinical features: A male patient who was aging 42 years old and was working in private job had visited to JEENA SIKHO LIFECARE LIMITED CLINIC, HARIDWAR, UTTARAKHAND on 15.07.2024. His diet pattern was vegetarian. He had addiction of having 2-3 cups of milk tea a day. He had complaining of –

1. Generalized weakness – since 2 months
2. Loss of weights by 9 Kg – in last 2 months (13.05.2024: 84 Kg)
3. Frequent nocturnal urination – 15 times a day

- **History taking:** After knowing the complaints his history was taken related to the case. Two months ago he was suffering from above symptoms like weakness, weight loss and nocturia. Therefore, on 17.05.2024 he went to the hospital for checkup and he was suggested for HbA1c. His HbA1c was noted as 11.9 % and then diagnosed as type 2 Diabetes mellitus. On 26.05.2024 Insulin was injected to him in the dose of 1.80 units due to very high level of HbA1c. Other than this he had nothing history of family, any other disease or surgical procedure.
- **Examinations:** Following to history taking general examination and ayurvedic criteria of examination was performed.

Table no. 1: General examination

Assessment	Observation
Height	5'9"
Weight	75 Kg
Age	42 years
BP	140/80 mm of Hg
Pulse	76/ min

Table no. 2: Ashtavidhparikshana

Assessment	Observation
Nadi(pulse)	VataKaphaja
Mala (bowel)	Normal
Mutra(urine)	Nocturnal micturition
Jivha(tongue)	Sama(thick white coating)
Shabda(pronunciation)	Clear
Sparsh(touch)	Normal
Drik(eyes)	Normal
Aakriti(physique)	Average

Table no. 3: Dashvidhparikshana

Assessment	Observation
Prakriti (Physical constitution)	KaphaVataja
Vikriti (pathological constitution)	VataKaphaja
Sara (excellence of tissues)	Average
Samhanan (body compactness)	Average
Praman (measurements of body parts)	Average
Satmya (homologation)	Average
Satva (mental constitution)	Average
Aaharshakti (capacity ingesting, digesting and assimilating the food)	Average
Vyayamshakti (capacity to exercise)	Low
Vaya (age)	Madhyama (middle age)

Ayurvedic intervention:

Medicinal treatment: Following choice of ayurvedic medicines were prescribed in this case. All medicines had to take with lukewarm water that is Koshnaja lawhich is mentioned as Anupanain Ayurveda. Anupanais any drink like water, honey, decoction etc. which has to take with or after taking medicine for its rapid absorption in the body. ^[4] Follow up of medicines in all visits of consultation is also noted below:

- **First day of consultation (15.07.2024):**

1. Prameharoghar powder - ½ TSF powder BD Before food (Pragbhaktewithkoshnajala)
2. Capsule DM – 1 Capsule BD After food (Adhobhaktewithkoshnajala)
3. Madhumehanasaka syrup – 10 ml syrup BD After food (Adhobhaktewithsamamatrakoshnajala) with equal amount of lukewarm water.

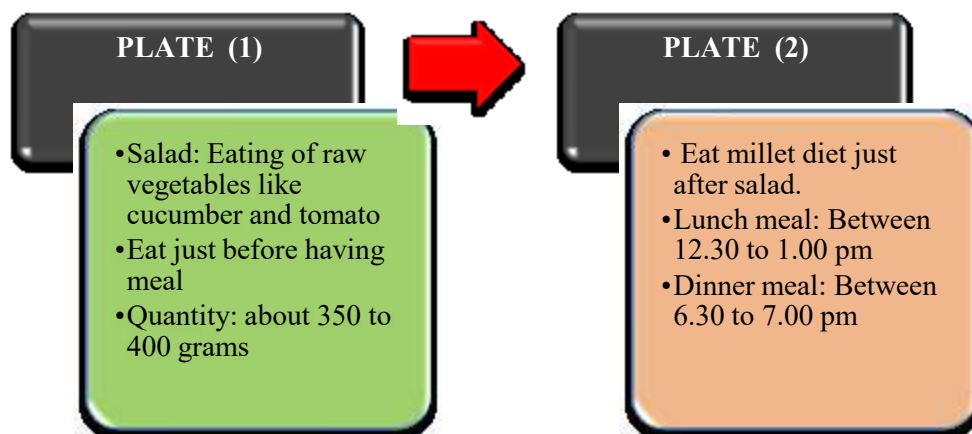
- **1st Follow up (13.08.2024):** Relief in nocturia to some extent is noted by the patient. Therefore, same medicines were continued as mentioned above from number 1 to 3. But in this follow up he complained of constipation on and off. Therefore, one more medicine was added and it was –
- 4. Panchaskarachurna – ½ TSF of powder HS Bed time (Nishakalewithkoshnajala)
- **2nd Follow up (13.09.2024):** Same medicines were continued except Panchaskarachurna. It was skipped in this course as patient was get relieved from the constipation.
- **3rd Follow up (12.10.2024):** In this follow up only 2 medicines were prescribed. Both medicines were told to take on alternate days for 2 months.
 1. Capsule DM (dose reduced) – 1 capsule OD in the afternoon after food (PratahAdhobhaktewithkoshnajala)
 2. Madhumehanasaka syrup – 10 ml syrup BD After food (Adhobhaktewithsamamatrakoshnajala) with equal amount of lukewarm water.
- **4th Follow up (18.01.2025):** Only Capsule DM in the dose of 1 OD for 2 months was continued.
- **5th Follow up (23.03.2025):** Intake of DM capsule again reduced to 1 OD on alternate day for 3 months.

Diet and activity guidelines: ^[27]

DIP diet plan: This diet plan is specifically designed for lifestyle disorders. This diet stands for Discipline and intelligence diet which helps to adopt healthy diet schedule easily. ^[5]

Step 1: Eating of 2 – 3 variety of seasonal fruits in the morning around 9.00 Am. Quantity was advised according to the weight of the patient and that was = 750 grams.

Step 2: It includes plate no. 1 and 2 as explained below:



Step 3: It included evening snacks. Around 4.30 pm he was suggested to eat dry fruits and sprouts especially green gram sprouts both in the quantity of 75 to 80 grams. It would be beneficial to tackle with the feeling of fatigue or weakness.

Step 4: It include guidelines regarding food and other habits. ^[6, 7, 8]:-

- Should always eat Ushnaahara (fresh food). Stale food can elevate Vatadosha.
- Avoid junk food, spicy, oily, too salty food
- Avoid sugar, dairy and bakery products, avoid having milk tea. Instead of milk tea can take herbal tea.
- Must have to follow proper timings of having food. Avoid both overeating and fasting.
- Eat vegetables which are bitter in taste like green fenugreek, bitter gourd etc. Always prefer to have fruity vegetables like Ivy gourd, Lady Finger, Capsicum etc.
- Drink alkaline water that is Shrutasheetajala. It is boiled water to its half and had to drink after bringing it to room temperature. It becomes light to digest due to boiling.

- Don't eat Mansahara(meat)
- Water over drinking should be avoided. ^[9]
- Avoid AtiLavanasevana(Limit salt intake) ^[6]

Activities guidelines:

Basically in all type of Pramehadifferent type of exercise is advised by stating 'Vyayamaihvividhai'. ^[3] But in Vatajapramehaone thing should be keep in the mind that over exercise can elevate the Vataadosha. This case is of Vatajaprameha. In addition, this patient already had complained of weight loss. Therefore, he was advised to do Yogasanasawhich would not require more energy and would not cause loss of strength. Exercise is essential to remove toxins from the body and to keep body in active mode.

Obligatory to follow:

- Vajrasana(diamond pose sitting) after having meal ^[10]
- Shatapavali(after meal 100 step walking) ^[11]

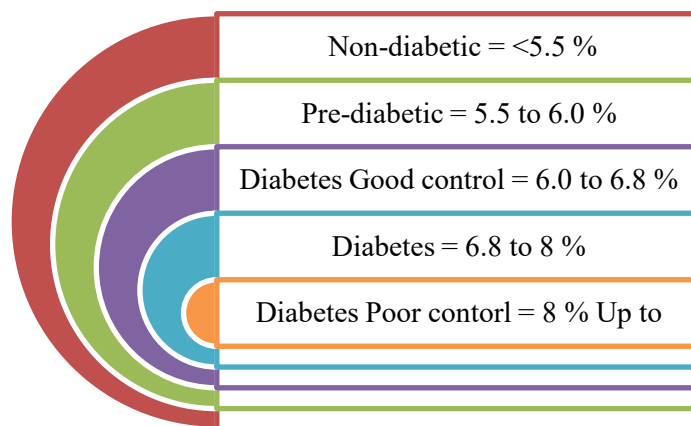
Obligatory to avoid:

- Diwaswapa (day sleeping): It elevates Vataadosha.
- Ratroujagarana(night awakening): It vitiates Kapha dosha.

Results:-

1. **HbA1c outcome:**Two months prior to visit the hospital on date 17.05.2024 his HbA1c was 11.9 %.This was his before treatment finding. Then he started taking Ayurvedic oral medicines from 15.07.2024. After taking 2 months of treatment on 09.09.2024 his HbA1c was reduced significantly by near about 4.2% and it was 6.7%. It has to be considered as noteworthy effect because generally Vatajapramehatakes more time to show positive and significant result due to its no cure prognosis. In this case result was achieved rapidly just within 2 months that too with oral medicines only. This result gave a hope for the complete reversal in the future. Generally, in diabetic people a goal should be to keep HbA1c below 7%. In this casepatient's HbA1c was shifted from diabetes poor control to good control range. Treatment was continued till March 2025. But HbA1c was investigated only at once after treatment in September 2024. Because in later follow ups clinical features of the patient were observed to see the efficacy of the treatment and thereby to decline the dose of medicine. There was no any need to detect HbA1c again and again.

Reference range of HbA1c: ^[12, 13]



2. **Observation of Jivha (Tongue) and Nadi (Pulse) during follow up:** Following table is showing the progress of examination findings of tongue and pulse. Tongue indicates the signs of any pathology happening in the body especially related to digestive system. Pulse signifies the pathology of Dosha vitiation in the body.
 - Before treatment tongue was showing white coating of indigested food over it which is called as 'Amasanchiti'. This type of tongue is termed as Samajivha. After starting of the treatment white coating was getting reduced

and showing mild coating in each follow up. At the last it showed completely clean tongue that is Niramajivhawhich indicates that patient's digestion and metabolism was reversed to normal.

- At the time of consultation his Nadiwas showing elevation of vitiated Vata-Kaphadosha. In the last month of treatment Nadiwas examined again which showed Prakritanadiwith equal dominance of Vata-Pitta-Kaphadosha. Elevation of Vata-Kaphadoshagets normalized and this balanced Nadiindicated that Ayurvedictreatment played a well role in managing the Doshavitiatioin in Madhumeha.

Table no. 4: Tongue and pulse examination

Assessment	Jivha (Tongue)	Nadi(Pulse)
15.07.2024	Sama (Thick coating)	Vata++ kapha++
13.08.2024	Alpasama (Mild coating)	Vata++ kapha++
13.09.2024	Alpasama (Mild coating)	Vata++ Kapha +
12.10.2024	Nirama(No coating)	Vata++ Kapha +
18.01.2025	Nirama(No coating)	Vata+ Kapha+
20.03.2025	Nirama (No coating)	Vata+ Kapha+

3. Symptomatic outcome: In each follow up he was showing progress in symptomatic relief.

- In the last follow up he mentioned about reduction in weight loss.
- Frequent nocturnal micturition was reduced to some extent within one month. In the last month of treatment, it was completely recovered to normal frequency.
- He was complaining of general weakness before starting of the treatment. After initiation of treatment he was feeling energetic just from second to third day. Later, continuation of Ayurvedic treatment for about 8 month helped to recover total energy loss. Patient gets boosted with good muscle strength.

Thus, above result signifies that, 8 months of Ayurvedic treatment and strict following up of lifestyle guidelines successfully facilitated to reverse the pathology of Vatajapramehawithout any adverse effect

Discussion:-

Contextual analysis of clinical features in patient:

- 1. Generalized weakness:** Fatigue or weakness is mentioned as a characteristic symptom of diabetes mellitus. Reason behind this is that in diabetes cells cannot respond well to the insulin which thereby hampers the use of blood glucose by cells for energy production. This condition is called as insulin resistance which is usual in type 2 diabetes mellitus. By ayurvedic perspective this symptom is termed as 'Dourbalya' which refers to the meaning of weakness. This symptom is mentioned by Charakacharyain Pramehaupadrava. ^[14] Upadrava means the disease or any symptom arises during or after a disease. ^[15] Means it can be considered as complication of diabetes. Vataadoshaelevation is responsible for immunity loss by Ayurvedic perspective. Vatavriddhi(elevation) manifests symptom of BalabhranshaorBalahanior Dourbalyawhich mean as loss of strength or weakness. ^[16,17]
- 2. Loss of weight:** It is usual in Sahaja prameha(hereditary or genetic diabetes) and in Vatajaprameha. Karshyataor Krishataare the words mentioned in the sense of weight loss in Vatavriddhisymptoms. ^[16,17]
- 3. Frequent nocturnal urination:** In Prameha'Prabhutamutrata'(increased urine frequency) is noted as Samanyaroopaof Pramehawhich refers to increased micturition. Generally, it is observed that night frequency of urine gets increased in diabetes as compared to day frequency. In diabetes kidney works harder to filter excess glucose resulting in increased urine production. In day time due to daily activities glucose can be utilized by the body in any way. But in the night time due to reduced body activities blood glucose level get increased naturally as compared to day time which leads to more urine production to expel the excess blood glucose out of the body via urine.

4. **SamaJivha:**In Purvaroop(pre-symptomatic phase) of PramehaCharak Acharya mentioned one symptom regarding tongue. He said that in Prameha‘Jivhaupedha’can occur which is in the sense of accumulation of dirt over tongue. White coating typically arises from a buildup of bacteria, food debris and dead cells trapped between the papillae. In Prameha or diabetes it is found that there is impairment in the digestion and metabolism of carbohydrates, fats and proteins. This coating is termed as Samajivha in ayurveda. Jivhaparikshana is one of the diagnostic tools of ayurvedic pariskhana. ^[18]
5. **VataKaphajanadi:**Nadiparikshanais also a one essential tool of ayurvedic examination in the sense of diagnosis and treatment. ^[19] By history taking it was understood that patient has KaphaVatajaprakriti(normal constitution). But after examining the patient’s Nadi, it was observed that Nadiwas showing VataKaphapradhanata. Means predominance of Vataadoshaalong with next to elevation of Kapha dosha. It means that patient has Vata-KaphaVikriti(vitiation of Vata-Kapha).

Focus of Ayurvedic treatment:

In Ayurveda 2 types of treatments are mentioned in Pramehaand that are Sanshamanchikitsa and Sanshodhanachikitsa. Sanshamanchikitsarefers to pacification of Doshas by palliative medicines and diet. Sanshodhanachikitsarefers to elimination of vitiated Doshas(toxins) through Panchakarmatherapies or mild oral medicines. This is a case of Madhumeha – type of Vatajaprmeha. Since Vatajaprmehipossesses low immunity with low body strength all Acharya’s explained to do Sanshamanachikitsa. Usually these patients manifest with loss of weight. Sanshodhanatreatment can again cause loss of weight and can elevate Vataadosha again which would become a triggering factor for the aggravation of the disease instead of pacification.

1. **Kaphashamakachikitsa:**Generally, all types of Pramehadevelop due to vitiation of Kapha dosha predominantly. Therefore, in any type of Prameha like Vatajaprmeha, Pittajaprmeha, etc. first focus should be on the pacification of vitiated Kapha dosha.
2. **Vatashamakachikitsa:**SecondlyVatadoshapacification was essential as this case was of Vatajaprmehawhich causes due to Vataadoshaelevation.
3. **Santarpanachikitsa:**It included nourishment of patient’s health. In all Pramehas, loss of body strength and immunity occurs. In addition to this Vatajaprmehaalso manifests with loss of body weight, strength and immunity. This type includes loss of nourishing body elements. Therefore, in this patient nourishment of body was essential to prevent further loss of body elements. AcharyaSushrutaalso mentioned that Vatajaprmehishould be always protected and it is referred by saying ‘Satatamanupalayet’. ^[3, 7]

• Ayurvedic medicines with their components and uses are mentioned below:

1. Prameharogahara powder:

Components:Kutaki (Picrorhizakurrooa), Kirattikta (Swertiachirayta), Nimba (Azadirachtaindica), Karvellaka (Momordicacharantia), Rasanjan (Berberisaristat), Amlikabeeja (Tamarindusindicaseeds), Kala namak(Black salt),Guduchi (Tinosporacordifolia), Shunthi(Zingiberofficinale), BabbulaTvakandPhala (Acacia arabicabark and fruit), Sarpagandha (Rauvolfia serpentine), Trivangbhasma, Yashadbhasma, Revandchini (Rheum emodi), Guggulu (Commiphoramukul), Methika (Trigonellafoenum), Jambu (Syzygiumcumini), Karanja (Pongamiapinnata), Shilajeet(pure Asphaltum), Haridra (Curcumas longa), Haritaki(Terminalia\ chebula), Indrayava (Holarrhenaantidysenterica seeds), Vanshlochan (Bambusaarundinacea), Bibhitaki(Terminalia Bellerica),Aamalaki(Emblicaofficinalis), Shweta musali (Chlorophytumborivilianum), Gudmar(Gymnemasylvestre)
Use: All types of diabetes, controls blood sugar level, relieves urinary problems, improves immunity, useful in diabetic neuropathy and retinopathy Capsule DM:

Components:Aamra Gandhi Haridra (Curcuma amada), Guduchi (Tinosporacordifolia), Methika(Trigonellafoenum), Shweta musli(Chlorophytumborivilianum),Nimba(Azadirachtaindica),Karvellak(Momordicacharantia),Jambu(Syzygiumcumini), Bilvapatra (Aegle marmelosleaves), Gudmar (Gymnemasylvestre), Sheelajita (Asphaltum)

Use: all types of diabetes and all diabetic complications.

2. Madhumehanasaka syrup:

Components:Karvellaka (Momordicacharantia), Jambu (Syzigiumcumini), Nimba (Azadirachta indica), Kirattikta (Swertiachirayta), Gudmar(Gymnemasylvestri), Kutaja (Holarrhenaantidysenterica)

Use:Diabetes mellitus, Diabetes neuropathy, Retinopathy, Hyperglycemia

3. Panchaskarchurna:

Components:Sanayapatra (Cassia angustifolia), Shatapushpa (Anethumsowa), BalaHaritaki (Unripe fruits of Terminalia chebula), Shunthi (Zingiberofficinale), Saindhava (Rock salt),

Use:Useful in constipation and bloating as Virechaka(laxative).

Contextual reference of plants useful in Vatajaprameha: Following table is showing the role of above mentioned Dravyas (medicinal plants) in this case with contextual reference. ^[20, 21] Latin names of these plants are already stated above.

Table no. 5: Medicinal plants and their role as anti-diabetic

Dravyas (plants)	Vatadoshapacification	Kapha dosha pacification	Prameha-hara (Anti-diabetic)	Balya/ Bruhana (Strength and immunity booster)
Kutaki	-	+	Prameha-pranuta	-
Kiratatikta	-	+	Mehahara	-
Nimba	-	+	Mehanut, Jayetmeha	-
Karvellaka	+	+	Mehahara	-
Guduchi	+	+	Mehahara	Balya, Rasayana
Jambu	-	+	Madhumehanasana	-
Gudmara	+	+	Mehahara	-
Kutaja	-	+	Pramehanashaka	-
Aamragandhiharidra	-	+	-	-
Methika	+	+	-	-
Shweta mushali	+	+	-	Balya, Pushtikara
Bilva	+	+	-	Balya
Sheelajeeta	+	+	Mehanashaka	Rasayana
Rasanjana	-	+	Mehanut, KaphaPrameha-nashaka	-
Amlika	+	+	-	-
Krishna lavana				
Shunthi	+	+	-	-
Babbula	+	+	Mehanashana	-
Sarpagandha	+	+	-	-
Trivanga			-	Balya, Rasayana
Yashada			-	Balya
Revandchini	-	+	-	-
Guggulu	+	+	Mehahara	Balya
Karanja	+	+	Pramehaharani ^[22]	-
Haridra	-	+	Mehapaha Meha hanta	-
Indrayava	+	+	Pramehanashaka	-
Vanshalochana	+	+	-	Balya
Aamalaki	+	+	Pramehagham	Rasayana
Bibhitaki	+	+	Prameha-nashaka	-
Haritaki	+	+	Prameha-nashaka	Rasayani, Brihani, Balapradam

Significant potential of some above medicinal plants:

1. **Jambu** – It diminishes Madhumehaspecifically and is stated by ‘VisheshatMadhumehaha’.^[23]
2. **Bibhitaki** – It reduces vitiated Kaphadoshaand Kleda(watery secretion) which are main pathogenic factors in causing Pramehaby absorbing them. Its reference is given as ‘Kaphotkledarogavinashanam’ means it demolishes Rogas(disorders) caused by Kaphadoshaand Kledaelevation.^[24]
3. **Bilva** – Charakacharyanoted some prime choices of medicinal plants useful in some specific conditions and is called as ‘AgyaSangraha’. One of them is Bilvawhich is mentioned as ‘VataKaphaPrashamananam’. It denotes that Bilvais a prime herb in pacification of Vataand Kaphadosha.^[25]
4. **Vanshalochana** – It has ‘Medoghna’ property means which diminishes Medodhatudushtithat is unhealthy fat tissue and adipose tissue. Medodhatudushtiis one among key pathogenic factors of Prameha.^[24]
5. **Guggulu** – It also possesses ‘Medohara’quality which diminishes unhealthy fat.^[24]
6. **Haritaki** – ‘Sarvaroganganavita’ is the term used in the reference of Haritakiuse. It meant that Haritakiis effective in all disease. It has Vatanulomakaproperty also.^[26] Vatanulomakaproperty means which tend to normalize the movement of Vatadosha thereby it regulates activities like digestion, metabolism, insulin secretion and absorption of glucose by cells.
7. **Shunthi** – It is beneficial in diabetes by working as Aamaghnimeans which reduces toxic elements or undigested metabolic waste, Pachan means regulates digestionand Agnidipanamregularizes appetite.^[26]
8. **Kutaja** –It works in diabetes by Upshonanam(absorbing) Shleshma(Kaphadosha)and Kleda(excess watery secretion).^[25]
9. **Triphala**– Triphalawhich includes Aamalaki, Bibhitakiand Haritakiis mentioned as the best Santarpana(nourishing combination) by Charakacharya.

Further scope of study: -

Diabetes is already a complex metabolic disorder with complicated pathophysiology in itself. Its unpredictable diagnosis and usual symptoms may complicate the case. In addition, when it manifests with its complications its prognosis becomes poorer for the treatment. Therefore, the need of the further study is to collect the data and present those types of cases which would help to give surety in the treatment with successful management by ayurveda even in chronic diabetes with complications. Another scope is to manage the patients who have insulin dependent diabetes in the view to reduce insulin units.

Conclusion:-

This case study highlights the effective management of VatajaPrameha (a subtype of diabetes mellitus with traditionally poor prognosis) through an early diagnosis and timely initiation of Ayurvedic oral treatment, without the need for detoxification via PanchakarmaChikitsa. Despite the classical categorization of VatajaPrameha as difficult to manage, this case demonstrated remarkable clinical outcomes within a short duration, affirming the potential for reversal and long-term control when managed with a strict diet, disciplined lifestyle, and targeted SantarpanaChikitsa (nourishment-based therapy).

Subjective Improvements:

- Weight stabilization was reported in the final follow-up, reversing the initial trend of weight loss.
- Nocturnal micturition, a troubling symptom, significantly reduced within the first month and normalized completely by the end of the treatment period.
- The patient, who initially presented with generalized weakness, reported a boost in energy levels by the second or third day of treatment and full restoration of muscle strength and stamina over the 8-month treatment span.

Objective Improvements:

- Glycemic control showed a rapid and significant shift:
 - Initial HbA1c (17.05.2024): 11.9%
 - After 2 months of treatment(09.09.2024):6.7%
 This reduction of ~4.2% in HbA1c within two months, solely through oral Ayurvedic medicines, is highly significant—especially in VatajaPrameha—indicating transition from poor glycemic control to well-controlled diabetes status (target HbA1c < 7%).
- Tongue (Jivha) assessment revealed:
 - Pre-treatment: SamaJivha (white coating indicative of Ama and poor digestion).
 - Final follow-up: NiramaJivha (clean tongue), showing restoration of Agni (digestive fire) and reversal of metabolic disturbances.

- Pulse (Nadi) analysis:
 - Initially: Vata-Kaphavitiation noted.
 - Final follow-up: PrakritaNadi (balanced state of all three doshas), indicating successful doshahomeostasis.

This case confirms that not all cases of Prameha require Panchakarma, especially when diagnosed early and managed aggressively with appropriate Ayurvedic formulations and lifestyle modifications. Restoration of lost tissues and prevention of further depletion through SantarpanaChikitsa remains the cornerstone in the management of VatajaPrameha. The swift symptomatic relief, significant HbA1c reduction, and normalized Ayurvedic diagnostic parameters affirm the efficacy of personalized Ayurvedic management, even in types of diabetes traditionally labeled as incurable.

This case provides a strong rationale for integrating classical Ayurvedic protocols with regular follow-up and dosha monitoring in early-diagnosed diabetic patients, aiming for drug minimization and long-term sustainable recovery.

References:-

1. Guyton and Hall, Textbook of Medical Physiology, Unit 14, Endocrinology and Reproduction, Chapter 78, Insulin, Glucagon and Diabetes mellitus, Saunders Elsevier publication, Philadelphia. 12th edition 2006. Page no. 837 – 840.
2. Harsh Mohan, Textbook of pathology, Section 03, Systemic Pathology, Chapter 27, The The Endocrine System, Endocrine Pancreas; Jaypee brother's medical publishers (P) LTD, sixth edition 2010.
3. Vaidya Yadavji Trikamji, Charaka Samhita - Agnivesharevisedby - Charaka&DridhabalawithDipika commentary ofChakrapanidatta.Chikitsasthana,06, PramehaChikitsaAdhyaya, Reprinted2004, Published: Chaukhamba Sanskrit Sansthan Varanasi.
4. Ganesh Krishna Garde, SarthVagbhata, AshtangaHridaya, Sutrasthana05, Drava-dravyavidnyaniyaAdhyaya, edition - 2013, published by- Anmol Prakashan Pune.
5. Choudhary, B. R. (2021). World's best the D.I.P diet. Diamond pocket book. X-30, Okhla Industrial area, New Delhi – 110020.
6. Vaidya Yadavji Trikamji, Charaka Samhita - Agnivesharevisedby - Charaka&DridhabalawithDipika commentary ofChakrapanidatta.Vimanasthana, 01, Rasa vimanaAdhyayam, Reprinted2004, Published: Chaukhamba Sanskrit Sansthan Varanasi.
7. Ambika Dutta Shastri, Sushrut Samhita, 'AyurvedTatvaSandipika' commentary, Chikitsasthana11 Pramehachikitsitamvyakhyasyamahadhyaya; Reprint edition 2013, ChoukhambaPrakashan Varanasi.
8. Acharya shri. Bhavamishra, Bhavprakash – Vidyotini commentary by Bhishakratna Shri Bramhashankarashastrina, Madhyamkhanda - 38, Pramehapidakaadhikaraadhyaya, reprinted: 1998, Published: Chaukhamba Sanskrit Sansthan Varanasi; page no. 418 to 438
9. Acharya shri. Bhavamishra, Bhavprakash – Vidyotini commentary by Bhishakratna Shri Bramhashankarashastrina, purvakhandavolume 1 Varivargaadhyaya, reprinted: 1998, Published: Chaukhamba Sanskrit Sansthan Varanasi; page no. 418 to 438
10. Yogi Swatmarama, The Hath yoga Pradipika, Sanskrit text with English translation & notes, translated by PanchamSinh; the Vajrasana.
11. Acharya Kashyapa, Kashyapasamhitaor Vriddha-jivakiyantra, rewrite by PanditaHemarajasharmana, Vidyotinihinditranslation; Khilasthana05, Bhojyopakramaniyaadhyaya; Kashi granthamalaprakashana.
12. Kumar Abbas Aster, Robbins Basic pathology, Endocrine System, Chapter 19, Endocrine Pancreas; ELSEVIER SAUNDERS, Philadelphia, 9th edition 2013, page no. 743.
13. K Sembulingum, PremaSembulingam, Essentials of medical pathology, Section 06 Endocrinology, Chapter 69, Endocrine functions of Pancreas; Jaypee Brothers Medical Publishers (P) Limited, New Delhi 6th Edition 2012.
14. Vaidya Yadavji Trikamji, Charaka Samhita - Agnivesharevisedby - Charaka&DridhabalawithDipika commentary ofChakrapanidatta.Nidanasthana04, PramehaNidanaAdhyaya, Reprinted2004, Published: Chaukhamba Sanskrit Sansthan Varanasi.
15. AcharyaMadhavkara, Madhavnidana – Madhukoshavyakhyayavibhushitama; Vidyotinihindi commentary; PurvaKhanda(Volume 1) – Vishishtprakaran, Panchanidanalakshanamroganidanmadhyaya – 01, reprinted 1976, Published: Chaukhamba Sanskrit Sansthan Varanasi
16. Ganesh Krishna Garde, SarthVagbhata, AshtangaHridaya, Sutrasthana11, DoshadiVidnyaniyaAdhyaya, edition - 2013, published by- Anmol Prakashan Pune.
17. Ambika Dutta Shastri, Sushrut Samhita, 'AyurvedTatvaSandipika' commentary, Sutrasthana15, Dosha-Dhatu-Mala-Kshaya-VriddhiVidnyaniyaAdhyaya; Reprint edition 2013, ChoukhambaPrakashan Varanasi.
18. Ambika Dutta Shastri, Sushrut Samhita, 'AyurvedTatvaSandipika' commentary, Nidanasthana06, Pramehanidanamvyakhyasyamahadhyaya; Reprint edition 2013, ChoukhambaPrakashan Varanasi.

19. Vaidya shriLaxmipatiShastri, Yogaratnakar, with VidyotiniHindi commentary, Purvardha - Nirikshanavidhi;Choukhamba publication, Varanasi.
20. Acharya shri. Bhavamishra, BhavprakashNighantu– Vidyotini commentary by Bhishakratna Shri Bramhashankarashastrina, Madhyamakhandavolume 2), reprinted: 1998, Published: Chaukhamba Sanskrit Sansthan Varanasi.
21. Vaidya Vishnu MahadevaGogate, DravyagunaVigyana, Vaidyamitra Publication, SadashivaPetha Pune, 4th Edition, 2017, DravyagunaVigyana Plants description.
22. Ambika Dutta Shastri, Sushrut Samhita, ‘AyurvedTatvaSandipika’ commentary, Sutrasthana46, AnnapanavidhiAdhyaya; Reprint edition 2013, ChoukhambaPrakashan Varanasi.
23. Bhishagvarya Krishna shastriNavare, Nighanturatnakar: A compendium of the two systems of the Hindu medicine in volume 1 and 2; ChoukhambaSanskritaPratishthanapublications.
24. Vaidya YadavjiTrikamji,Charaka Samhita - Agnivesharevisedby - Charaka&DridhabalawithDipika commentary ofChakrapanidatta.Sutrasthana27, AnnapanavidhiAdhyaya, Reprinted2004, Published: Chaukhamba Sanskrit Sansthan Varanasi.
25. Vaidya YadavjiTrikamji,Charaka Samhita - Agnivesharevisedby - Charaka&DridhabalawithDipika commentary ofChakrapanidatta.Sutrasthana27, YajjahaPurushiyaAdhyaya, Reprinted2004, Published: Chaukhamba Sanskrit Sansthan Varanasi.
26. Acharya shri. Bhavamishra, BhavprakashNighantu– Vidyotini commentary by Bhishakratna Shri Bramhashankarashastrina, Madhyamakhandavolume 2) Haritakyadivarga, reprinted: 1998, Published: Chaukhamba Sanskrit Sansthan Varanasi.
27. Acharya M, Chaudhary G, Singh SP, Singh M, Richa. Clinical Evaluation of Chronic Kidney Disease Management: Integrating Lifestyle Modification and Ayurveda. Int J AYUSH. 2024 Oct;2013(10):1152. doi: 10.22159/prl.ijayush.v2013i10.1152.
28. Dr. Tewari P.V., Vol-III Chikitsasthan, Adhyay 1, verse-5-6 ,1st Edition, Varanasi: ChaukhambhaVishwabharati 2017, Pg. no.269