

A Single Case Study on Madhumeha w.s.r. to Diabetes Mellitus
(Type II)Prasad M^{1*}, Shobha G², Bhuvaneshwari B³

DOI:10.21760/jaims.10.8.48

^{1*} Mrudulaa Prasad, Post Graduate Scholar, Department of Rachana Shareera, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India.

² Shobha G, Associate Professor, Department of Rachana Shareera, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India.

³ Bhuvaneshwari B, Post Graduate Scholar, Department of Rachana Shareera, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India.

The prevalence of diabetes has increased recently, which is particularly concerning in wealthy nations. Worldwide, diabetes mellitus is a chronic metabolic disease with a complex etiology. Nonetheless, it remains a major global cause of illness and mortality. Between 1980 and 2014, the prevalence of diabetes in adults over the age of 18 increased from 4.7% to 8.5% worldwide. It is extremely concerning that occurrences of diabetes mellitus have revealed a remarkably elevated susceptibility in India. It is comparable to Madhumeha, one of the twenty varieties of Prameha mentioned in Ayurvedic texts. On February 3, 2025, a 63-year-old woman with H/O DM for 19 years arrived at OPD no. 6 Madhumeha OPD at Sri Dharmasthala Manjunatheswara College and Hospital, Hassan, complaining of burning and prickling sensations in her feet, numbness around her feet, and increased micturition frequency. The patient was diagnosed with Madhumeha after examination, investigations and history. Along with external application of Shatadhauta Ghrita, the patient was advised to take Sarvanga Abhyanga with Dhanwantara Taila f/b Parisheka and Shiro Taila Dhara with Himasagara Taila with Mehaabhaya Kashaya. The patient was advised to follow a diabetic diet over the course of her treatment. Prameha is the indicator for Mehaabhaya Kashaya, which is one of the Asanadi Gana Dravyas stated by Acharya Vagbhata. Acharya Sushruta mentions Shathadouta Ghrita in Dasha. Therefore, Mehaabhaya Kashaya and Shathadouta Ghrita ointment were used to treat the patient.

Keywords: Diabetic diet, Madhumeha, Mehaabhaya Kashaya, Shathadouta Ghrita, Diabetes mellitus

Corresponding Author	How to Cite this Article	To Browse
Mrudulaa Prasad, Post Graduate Scholar, Department of Rachana Shareera, SDM College of Ayurveda and Hospital, Hassan, Karnataka, India. Email: ayurvedamd2@gmail.com	Prasad M, Shobha G, Bhuvaneshwari B, A Single Case Study on Madhumeha w.s.r. to Diabetes Mellitus (Type II). J Ayu Int Med Sci. 2025;10(8):290-293. Available From https://jaims.in/jaims/article/view/4558/	

Manuscript Received
2025-06-14

Review Round 1
2025-06-28

Review Round 2
2025-07-08

Review Round 3
2025-07-18

Accepted
2025-07-28

Conflict of Interest
None

Funding
Nil

Ethical Approval
Not required

Plagiarism X-checker
11.25

Note



© 2025 by Prasad M, Shobha G, Bhuvaneshwari B and Published by Maharshi Charaka Ayurveda Organization. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License <https://creativecommons.org/licenses/by/4.0/> unported [CC BY 4.0].



Introduction

The clinical illness known as diabetes mellitus is typified by hyperglycemia brought on by an absolute or relative lack of insulin. According to WHO, it is a diverse metabolic disease with common symptoms of persistent hyperglycemia and abnormalities in metabolism of proteins, fats, and carbohydrates. "Diabetes" refers to a condition where a lot of urine is released, and "mellitus" means "sweet." Polyuria, polydipsia, polyphagia, exhaustion, and other symptoms are its hallmarks. It is among lifestyle disorders that are becoming more common in practically every nation. Globally, it is a major contributor to morbidity and mortality. Type 2 diabetes mellitus is becoming more common in India, according to studies. Diabetes is more common in cities than in rural settings. *Madhumeha*, one of twenty forms of *Pramehaas* mentioned in practically all *Ayurvedic* scriptures, is quite similar to diabetes mellitus in *Ayurveda*. If not properly cared for, all *Prameha* may eventually turn into *Madhumeha* (DM). Two varieties of *Prameha Roga* have been described by *Acharaya Sushruta* in *Chikitsa Sthana*: 1. Hereditary diabetes, or *Sahaja Prameha* 2. Acquired diabetes, or *Apathya Nimittaja Prameha*. The indications and symptoms of second form, *Apathya Nimittaja Prameha*, are similar to those of form 2 diabetes. According to *Ayurvedic* scholars, *Madhumehato* is "*Mahagada*" or "*Maharoga*," a sickness with severe and significant clinical manifestations, given severity of illness and its prognosis. *Meda*, *Mamsa*, *Kleda*, *Shukra*, *Shonita*, *Vasa*, *Majja*, *Lasika*, *Rasa*, and *Oja* are all *Kapha Vargiya*, with exception of *Asthi Dhatu*, and it is a *Tridoshaja* condition with a predominance of *Kapha* and *Dushya*. Both *Avarana* and *Dhatukshaya* are etiopathological mechanisms that affect all *Dhatu*. Excess *Mala* in mouth, palate, and tongue, burning in hands and feet, body lubrication, excessive thirst, and a sweet taste in mouth are prodromal symptoms of *Prameha*. The disease's primary symptoms include *Prabhootha Mutrata*, *Avila Mutrata*, *Karapada Daha*, *Bahasi*, *Shrama*, and others. A thorough understanding of pathophysiology of diabetes mellitus, characterized by *Agni* depletion, disruptions in metabolism of fat (*Meda*), and a weakened immune system (*Ojas*), is provided by old *Ayurvedic* texts. Together with dietary and lifestyle changes, three main cures for this illness appear to be promotion of *Agni* and *Ojas* and rectification of *Medas*.

Acharya Charaka also referred to *Madhumeha* as *Ojomeha* in *Chikitsa Sthana* when discussing *Ojas*.

Case Report

On February 3, 2025, a 63-year-old woman with H/O DM for 19 years arrived at OPD no. 6 *Madhumeha* OPD at Sri Dharmasthala Manjunatheswara College and Hospital, Hassan, complaining of burning and prickling sensations in her feet, numbness around her feet, and increased micturation frequency. The patient used oral hypoglycemic medications. Other than this, she didn't have any health issues, such as thyroid disorders, asthma and hypertension. The patient, a housewife who works around the house, comes from a joint family. His mother also had *Madhumeha* (Type II DM). IP 081119 is the IPD number.

General Examination

Height - 155 cm
Weight - 50kg
BMI - 20
Skin - Normal
Hair - Normal
Pulse - 78/min, Regular
BP - 140/100 mm Hg
Temp - 98.5° F
Respiration rate - 24/min
Tongue - Coated
Pallor/Icterus/Cyanosis/Clubbing/ Edema - Absent

Systemic Examination

CNS - Well oriented to time and place, Conscious
CVS - S1 & S2 sounds heard
RS - B/L symmetrical, NVBH, no added sounds
P/A - Umbilicus centrally placed, soft, non-tender, no organomegaly

Ashthavidha Pariksha

Nadi - 82/min, Regular
Mutra - 7-8 times in a day and 2-4 times in the night, Yellow in colour and odourless
Mala - Once / day
Jihwa - *Malavrit*
Shabda - *Prakuta*
Sparsha - *Anushna Sheeta*, *Snigda*
Drik - *Prakrit*
Akriti - *Madyama*

Dashavidha Pariksha

Vikriti - *Dosha Dushya Nimitta*

Saara - Madyama

Samhanana - Madyama

Satmya - Madyama

Satva - Madyama

Pramana - Madyama

Ahara Shakti -

- Abhyavarana Shakti - Madyama

- Jarana Shakti - Madyama

Vyayama - Madhyama

Vaya - Madyamaavastha

Patya Ahara - Dhanyaka Hima, Mudga Amalaka Yusha, Boiled vegetables soup, Yava Rotika, Ragi Peya

Patya Vihara - Yoga, Pranayama

Investigations (Before Treatment)

RFT and microscopic were within the normal range, and FBS was 239 mg/dl. A regular urine test revealed glucose +++. The symptoms of *Madhumeha* include *Prabhootha Mutrata* Avila *Mutrata*, *Karapada Daha*, *Shrama*, and others, according to *Ayurvedic* texts.

Diagnosis

Madhumeha (Type 2 Diabetes mellitus)

Materials and Methods

Along with external application of *Shatadhauta Ghrita*, the patient was advised to take *Sarvanga Abhyanga* with *Dhanwantara Taila* f/b *Parisheka* and *Shiro Taila Dhara* with *Himasagara Taila* with *Mehaabhaya Kashaya*. The patient was advised to follow a diabetic diet over the course of her treatment. *Prameha* is the indicator for *Mehaabhaya Kashaya*, which is one of the *Asanadi Gana Dravyas* stated by *Acharya Vagbhata*. *Acharya Sushruta* mentions *Shathadouta Ghrita* in *Daha*.

Therefore, *Mehaabhaya Kashaya* and *Shathadouta Ghrita* ointment were applied to the patient's B/L foot as part of their treatment. For ten days, the patient received *Shirotaila Dhara* with *Himasagara Taila* and *Sarvanga Abhyanga* with *Dhanwantaram Taila* f/b *Parisheka* with *Dashamoola Qwatha Parisheka*. The patient was prescribed *Shathadautha Gritha* ointment for *Pada Daha* for ten days and *Mehaabhaya Kashaya* for ten days. For ten days during the course of treatment, the patient was required to adhere to a rigorous diabetic diet.

Result

Along with total relief from *Karapada Daha* (burning sensation in both feet), *Daurbalya* (weakness), and *Prabhuta Mutrata* (polyuria), *Mehabhaya Kashaya* and diet control also reveal a considerable reduction in blood glucose levels (FBS - 115 gm/dl).

Discussion

Prameha has been described as *Anushangi* by *Acharya Charaka* which means a disease that runs for a prolonged course and remains attached forever. In *Brihat Trayi Prameha* is included under *Ashtamahagada* which shows dreadfulness of disease. Diabetes mellitus is a long-term metabolic disorder with multiple etiological factors, variable clinical manifestations, progression and number of complications.

India has the distinction of having largest number of diabetics in the world. India has thus become the Diabetic capital of the world. The factor for this step rise includes genetic predisposition, urbanization insulin resistance and central obesity.

Hence the disease has become matter of concern all over the world, which studies and researches in this focus. The advent of technology has greatly reduced the physical activity of our society and caused significant changes in our lifestyle as well. Although advancement of modern system of medicine i.e., oral hypoglycemic agent and insulin till date, an ideal drug which can control diabetes and is harmless also having a rejuvenating effect is necessary to manage the highly prevailing disease.

Ayurveda has described that a rational treatment is one where the medicine modifies the disease; on the other hand, it doesn't provoke new complaints. In *Pramehaagni* is also disrupted due to various factors which disturb the balance of *Tridosha*. Therefore, anything which is ingested is converted in *Ama*.

So, the process of *Dhatuposhana* and *Dhatu Utpatti* is hampered. This *Agnimandhya* lead to *Dhatvagnimandya* of each *Dhatu*. In *Prameha*, especially *Medodhatvagnimandya* is seen. Therefore, the treatment should be in path of restoration of *Agni* in its normal state and having *Kapha Medohara* property. It should also include *Rasayana* and *Balya* effect as all *Dhatus* are involved and *Ojakshaya* is seen in this disease.

Conclusion

In the treatment of *Madhumeha*, we obtained positive results in both subjective and objective parameters using *Sarvanga Abhyanga* with *Dhanwantara Taila* f/b *Parisheka* and *Shiro Taila Dhara* with *Himasagara Taila*, oral intake of *Mehaabhaya Kashaya*, external application of *Shatadhauta Ghrita* ointment, and a diabetic diet. Additionally, it promotes the specific pattern of dietary limitations needed for *Prameha* management, which calls for reducing *Madhura* and *Lavana Rasa* while increasing *Tikta* and *Kashaya Rasa*. As a result, *Ayurveda* established a novel theory for treating this illness.

References

1. Sushruta. Sushruta Samhita, Vol. 3, Uttara-Tantra. 2nd ed. Varanasi: Chowkhamba Sanskrit Series Office; 1963 [Crossref][PubMed][Google Scholar]
2. Caraka. Caraka Samhita with Ayurveda Deepika commentary by Cakrapani Datta. Vols. 1–2. 5th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 1997. p. 513 [Crossref][PubMed][Google Scholar]
3. Shastri K. Charaka Samhita, Vol. 2. Reprint ed. Varanasi: Chaukhambha Bharati Academy; 2015. Chikitsasthana 21/31–32 [Crossref][PubMed][Google Scholar]

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.