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Management of *Madhumeha* (Type-2 Diabetes mellitus) with *Shamana Aushadhi*

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ABSTRACT

Madhumeha, a subtype of Prameha described in Ayurveda, correlates with Type-2 Diabetes mellitus. It is a metabolic disorder characterized by an increase in blood sugar levels and deranged carbohydrate, protein, and fat metabolism. This study presents a case managed with Shamana Aushadhi (palliative therapy) to evaluate the Ayurvedic perspective of management without allopathic hypoglycemic agents. Improvement in HbA1c and symptomatic relief was observed after 3 months of therapy.

Key Words *Madhumeha, Diabetes mellitus (DM), Type 2 diabetes (NIDDM), Prameha, Shamanaaushadhi, Sahaja Prameha*

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INTRODUCTION

In Ayurveda, Madhumeha is considered a subtype of Prameha Rogas, characterized by Madhuryata in Mutra (sweet urine). It primarily results from derangement of Kapha and Vata doshas leading to Ojakshaya (loss of vitality). In modern science, Type-2 Diabetes Mellitus is a chronic metabolic disease involving insulin resistance and relative insulin deficiency. Sedentary lifestyle, improper diet, and stress play key roles in its manifestation.

Ayurvedic Perspective:

In Ayurveda, the term Madhumeha (*मधुमेह*) is derived from Madhu meaning “sweet” and Meha meaning “urine,” referring to a disorder in which

a patient passes sweet urine due to deranged Doshas and Dhatus. It is described as one among the 20 types of Prameha (Pramehāḥ Dvidhaḥ – Kaphaja and Pittaja, Vataja Prameha) mentioned in Charaka Samhita and Sushruta Samhita. Among these, Madhumeha is considered the most severe (Asadhya) form — primarily Vataja in nature — resulting from chronic vitiation of Kapha and Pitta leading to Ojakshaya (depletion of vital energy).

Modern Perspective:

From a biomedical viewpoint, Madhumeha correlates with Type-2 Diabetes Mellitus (T2DM) — a chronic metabolic disorder characterized by persistent hyperglycemia

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resulting from insulin resistance and/or relative insulin deficiency. It is often associated with obesity, sedentary lifestyle, unhealthy dietary habits, and genetic predisposition. The global prevalence of diabetes has risen dramatically, becoming one of the leading causes of morbidity and mortality worldwide.

In Type-2 Diabetes Mellitus, the cells of the body become resistant to insulin, leading to impaired glucose utilization, increased hepatic glucose production, and dyslipidemia. Over time, chronic hyperglycemia results in microvascular and macrovascular complications, such as neuropathy, nephropathy, retinopathy, cardiovascular disease, and non-healing ulcers.

Ayurvedic–Modern Correlation:

The conceptual framework of Madhumeha and Type-2 Diabetes Mellitus shows remarkable similarity in etiology and pathogenesis. Both involve impaired metabolism, tissue derangement, and energy imbalance. Kapha aggravation and Medo Dushti in Ayurveda correspond to insulin resistance and lipid accumulation in modern science. Vata Prakopa reflects beta-cell dysfunction and catabolic symptoms like fatigue, dryness, and neuropathic manifestations.

While modern medicine primarily focuses on glycemic control through pharmacotherapy and insulin sensitizers, Ayurveda emphasizes a holistic approach targeting the root cause — including Ahara (diet), Vihara (lifestyle), and Aushadhi (medicine), along with Satvavajaya Chikitsa (mental balance). This approach not

only aims to normalize blood sugar but also rejuvenates Dhatus, corrects Agni (digestive metabolism), and restores Ojas (vital energy).

Need for Ayurvedic Intervention:

Despite the availability of modern hypoglycemic agents, long-term control of diabetes remains challenging due to side effects, cost, and patient non-compliance. Hence, there is a growing interest in exploring Ayurvedic Shamana Chikitsa — particularly the use of Rasayana, Medohara, and Vata-Kapha Shamak herbs. These formulations aim to enhance metabolism, improve insulin sensitivity, and prevent complications naturally.

The present study focuses on the management of Madhumeha (Type-2 Diabetes Mellitus) with Shamana Aushadhi, showcasing the effectiveness of classical Ayurvedic formulations in achieving both symptomatic relief and biochemical improvement (HbA1c reduction) without the use of allopathic hypoglycemic drugs.

Material and Methods (सामग्री एवं विधि)

Study Design: This is a single-case observational study undertaken to evaluate the effect of Shamana Aushadhi (palliative Ayurvedic medicines) in the management of Madhumeha (Type-2 Diabetes Mellitus)

Patient Profile: A 44-year-old female, presented with joint pain, weakness, swelling, and tingling in both arms and feet for two years. The patient was not on any hypoglycemic medication.

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Diagnostic Criteria: Diagnosis was made based on classical Prameha Lakshanas and laboratory values showing HbA1c 7.2% (April 2025) and 6.4% (July 2025).

Intervention(चिकित्सा उपाय): The patient was treated with the following Shamana Aushadhi regimen for 3 months:

Table 1 The patient was advised Shamana Aushadhi as follows:

Sr. No.	Name of Formulation	Dose	Anupana / Timing	Duration	Action (Karma)
1	Madhumeha Rasayan	3 gm	With lukewarm water, before meals, TDS	3 months	Pramehahara, Rasayana, Medohara
2	Numbadi Churna	2 gm	With warm water, before meals, TDS	3 months	Vata-Kapha Shamana, Vedanahara
3	Bilwadi Churna	1 gm	With warm water, before meals, TDS	3 months	Agni Deepana, Kleda Shoshana
4	Arogyavardhini Vati	2 tabs	With lukewarm water, BD	3 months	Yakrit-Uttejaka, Medohara, Pitta Shamana
5	Shilajwadi Loha	2 tabs	With honey, BD	3 months	Rasayana, Yogavahi, Medohara
6	Dashmool Kwath	10 ml	With equal warm water, TDS	3 months	Vata-Kapha Shamana, Shothahara

Diet & Lifestyle: The regimen was continued for 3 months with dietary modifications emphasizing low-carbohydrate diet, increased physical activity, and avoidance of Madhura (sweet), Amla (sour), and Lavana (salty) foods. Pathya (recommended) included light, bitter, and fiber-rich foods, regular exercise, and early sleep;

Apathya (to be avoided) included sweet, sour, and oily foods, day sleep, and sedentary habits.

Observation Parameters: Symptomatic relief (weakness, joint pain, tingling) and HbA1c values were used to assess improvement.

Outcome: HbA1c reduced from 7.2% to 6.4%, with marked symptomatic relief.

Table 2 Glycosylated Hemoglobin (HbA1c) and Symptom Improvement

Parameter	Initial (April 2025)	After 3 Months (July 2025)
HbA1c (%)	7.2	6.4
Weakness	Severe	Mild
Tingling sensation	Present	Reduced
Joint pain	Moderate	Relieved

DISCUSSION

The therapy focused on balancing Kapha and Vata doshas while rejuvenating Dhatus (body tissues). Madhumeha Rasayan acts as a Rasayana (rejuvenator) and helps in improving glucose metabolism. Numbadi Churna and Bilwadi Churna possess Kapha-Vata Shamana and Kleda Shoshaka properties, reducing blood sugar and neuropathic symptoms. Arogyavardhini Vati supports liver metabolism, while Shilajwadi Loha enhances insulin sensitivity. Dashmool Kwath helps in relieving inflammation and musculoskeletal pain. The observed decrease in

HbA1c from 7.2% to 6.4% indicates improved glycemic control and metabolic balance.

Ayurvedic Analysis of Pathogenesis (सम्प्राप्ति विचार):

Madhumeha is primarily a Kapha-Medogata Vataja Vyadhi — a disease rooted in deranged Kapha and Medas Dhatu with secondary aggravation of Vata Dosha. The vitiated Kapha and Medas obstruct the normal pathway of Vata (Margavarana), leading to Vata Prakopa. This aggravated Vata then drives the Madhura Bhava of Dhatus into Mutra, resulting in Madhumeha.

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In this way, the disease represents a complex interplay between Avarana (obstruction) and Dhatu Kshaya (depletion). The Rasa, Meda, and Majja Dhatus become deranged, causing systemic weakness (Daurbalya), neuropathic sensations (Suptata, Tingling), and musculoskeletal symptoms.

Modern Correlation:

From a biomedical standpoint, this pathogenesis parallels the mechanisms of insulin resistance, dyslipidemia, and peripheral neuropathy. The obstructed glucose metabolism (Srotorodha) and reduced insulin sensitivity correspond to Kapha-Medo Dushti and impaired Agni. Moreover, oxidative stress and microvascular dysfunction resemble the concept of Ojakshaya and Dhatu Kshaya in Ayurveda. Thus, the Ayurvedic model offers a holistic explanation for the systemic effects seen in Type-2 Diabetes Mellitus Rationale of Ayurvedic Intervention (औषधि चयन हेतु कारण):

The prescribed Shamana Aushadhi regimen was carefully selected to target the Tridoshic imbalance while focusing on Kapha-Medohara and Vata-Anulomana effects. The following pharmacological rationale can be explained for each formulation:

1. Madhumeha Rasayan (मधुमेह रसायन) –

Rasa: Tikta, Katu

Guna: Laghu, Ruksha

Virya: Ushna

Vipaka: Katu

Karma: Rasayana, Medohara, Pramehahara

This formulation acts as a Rasayana (rejuvenator) improving tissue metabolism (Dhatu Agni Deepana) and enhancing glucose utilization. It corrects Kapha-Medo Dushti and supports Oja Vardhana (vitality restoration).

2. Numbadi Churna (नुम्बादी चूर्ण) –

This polyherbal formulation is traditionally used for Vata-Kaphahara and Vedanahara purposes. It alleviates Suptata (numbness) and Tingling Sensations, indicating improvement in peripheral neuropathy. Its ingredients likely enhance Vyana Vata and Rakta Dhatu function, promoting microcirculation.

3. Bilwadi Churna (बिल्वदि चूर्ण) –

Bilva (Aegle marmelos) is known for Deepana-Pachana and Kleda Shoshaka properties. Administered before meals, it aids digestion (Agni Deepana) and reduces Ama, thereby facilitating better absorption and glucose metabolism.

4. Arogyavardhini Vati (आरोग्यवर्धिनी वटी) –

A potent Rasaushadhi for liver detoxification and metabolic correction. It promotes Yakrit Uttejaka (hepatostimulant) action, improving lipid metabolism and regulating Pitta and Kapha. This indirectly enhances insulin function and reduces hepatic glucose output.

5. Shilajwadi Loha (शिलाज्वादि लोह) –

Shilajit (Asphaltum) acts as a potent Rasayana and Yoga Vahi Dravya, enhancing the bioavailability of other drugs. It supports Medo Dhatu Paka, promotes tissue regeneration, and aids in reducing insulin resistance. Loha Bhasma further supports hematinic and antioxidant functions.

6. Dashmool Kwath (दशमूल कषाय) –

Composed of ten roots, it primarily acts as Vata-Kapha Shamak and Shothahara (anti-inflammatory). It relieves joint pain, stiffness, and swelling, indicating musculoskeletal rejuvenation. It also balances Vata responsible for neuropathic symptoms.

Observations and Outcome (अवलोकन और परिणाम):

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After 3 months of Ayurvedic management, significant improvement was noted in both subjective and objective parameters:

- HbA1c reduced from 7.2% to 6.4% indicating improved glycemic control.
 - Neuropathic symptoms (tingling and numbness) were markedly reduced.
 - General weakness and fatigue subsided, suggesting restoration of Ojas.
 - Joint pain and swelling improved, demonstrating Vata Shamana and Shothahara effects.
- The improvement in Agni (digestive fire) and Medo Dhatu metabolism likely contributed to the normalization of glucose levels and overall vitality.

Probable Mode of Action (संभावित औषध क्रिया):

- Deepana-Pachana – enhances digestive and cellular metabolism.
- Kleda Shoshana – removes excess fluid and metabolic waste from tissues.
- Medohara – corrects fat metabolism and insulin sensitivity.
- Vata Anulomana – alleviates neuropathic and musculoskeletal symptoms.
- Rasayana – rejuvenates body tissues and improves Ojas.

These combined effects contribute to long-term metabolic balance rather than temporary glycemic reduction, which is the hallmark of Ayurvedic diabetic care.

Integrative Discussion:

While modern therapy focuses primarily on glycemic control through pharmacological agents, the Ayurvedic approach emphasizes “Samprapti Vighatana” (breaking the chain of pathogenesis). The use of Shamana Aushadhi addresses the Mula Hetu (root cause) by correcting Agni, clearing Srotorodha, and stabilizing Dhatus.

Therefore, this case demonstrates that through appropriate Aushadhi, Ahara, and Vihara, Madhumeha can be effectively managed without dependence on synthetic hypoglycemics, making it a sustainable and patient-friendly approach.

CONCLUSION

Ayurvedic Perspective:

मधुमेह (Madhumeha) has been described in the Ayurvedic classics as a chronic and complex Tridoshaja Vyadhi, predominantly involving Vata and Kapha Doshas with derangement of Meda Dhatu and depletion of Ojas. The pathology is rooted in Agnimandya (weak digestive and metabolic fire), Srotorodha (channel obstruction), and Dhatu Shaithilya (tissue laxity). Therefore, the primary line of management should focus on re-establishing Agni, clearing Srotas, and strengthening Ojas.

The present case demonstrates that through the rational use of Shamana Aushadhi (palliative medication) — along with Ahara-Vihara Parivartan (diet and lifestyle correction) — it is possible to achieve Samprapti Vighatana (breaking the pathogenesis) and restore systemic equilibrium. The Ayurvedic approach does not merely aim to control Madhumeha symptomatically but strives to rejuvenate the entire psycho-somatic constitution (Sharira-Manas Prakriti).

Clinical Outcome:

After a continuous 3-month administration of the prescribed regimen:

- The patient’s HbA1c decreased from 7.2 % to 6.4 %, showing effective glycemic regulation.
- Weakness, tingling, and joint pain were significantly reduced, reflecting Vata-Kapha Shamana and Rasayana effects.

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Overall energy, digestion, and mental alertness improved, indicating restoration of Agni and Ojas.

These results validate that Ayurvedic formulations can provide sustainable metabolic balance and improve quality of life without the adverse effects often seen with long-term allopathic hypoglycemics.

Scientific Significance:

The combination therapy employed — Madhumeha Rasayan, Numbadi Churna, Bilwadi Churna, Arogyavardhini Vati, Shilajwadi Loha, and Dashmool Kwath — works synergistically through multiple mechanisms:

- Enhancing digestive and tissue metabolism (Deepana & Pachana)
- Regulating lipid and glucose pathways (Medohara & Pramehahara)
- Improving hepatic and renal function (Yakrit & Mutra Vikara Shamana)
- Relieving neuropathic and musculoskeletal discomfort (Vata-Anulomana & Shothahara)
- Rejuvenating tissues and enhancing immunity (Rasayana & Ojas-Vardhana)

Thus, the therapy acts holistically on both micro- and macro-levels of metabolism.

Integrative Insight:

From an integrative medical viewpoint, this case suggests that Ayurvedic Shamana Chikitsa can complement modern diabetes care by addressing the disease's root causes — metabolic sluggishness, oxidative stress, and neuro-muscular degeneration. When guided by proper diet (Pathya-Ahara), lifestyle (Vihara), and psychological balance (Satvavajaya Chikitsa), these formulations not only reduce blood sugar but also restore health (Swasthya Rakshana).

The present case highlights that Ayurvedic management through Shamana Aushadhi can effectively control Madhumeha (Type-2 Diabetes

Mellitus) by targeting both metabolic and systemic imbalances. This integrative approach improved glycemic parameters, reduced neuropathic symptoms, and enhanced overall wellbeing. Further clinical studies are required to substantiate these results in a larger population.

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