

Rational Ayurvedic Approach to Type 2 Diabetes Mellitus: A Kayachikitsa Perspective of Prameha asan Internal Disorder

Amrita Nair¹, Dr. Rekha Kumari²

BAMS Final Year Student¹, Assistant Professor²

Department of Kayachikitsa

Government Ayurvedic College, Kadamkuan, Patna, Bihar

Corresponding Author's Email id: amritanair.visha@gmail.com¹

ABSTRACT

Type 2 Diabetes Mellitus (T2DM), a global epidemic, presents not only a metabolic disturbance but also a multisystemic internal disease. Kayachikitsa, with its rich understanding of Prameha and Madhumeha, offers time-tested, logical frameworks for diagnosis and treatment. This paper extensively reviews Ayurvedic etiology of Prameha, detailing Kapha-Meda Dushti, Abaddha Meda, Dhatwagni Mandya, and Srotasavarodha. The treatment protocol examined includes Shodhana (Vamana/Virechana), Shamana (herbal formulations like Nishamalaki, Chandraprabha Vati), Rasayana, and personalized diet and lifestyle plans. A cohort of 30 diabetic patients underwent a 6-month therapy plan, with HbA1c, fasting glucose, and patient-reported outcomes recorded. Integrative benefits such as improved glycemic control, digestive function, and reduced dependency on insulin were observed. The research not only underlines the therapeutic capabilities of Ayurveda but urges a re-evaluation of internal medicine practices to include holistic methodologies.

KEYWORDS: *Type 2 Diabetes, Prameha, Kayachikitsa, Madhumeha, Ayurvedic endocrinology, Dhatwagni, Kapha Dushti, Virechana, insulin resistance, Rasayana therapy*

INTRODUCTION

Type 2 Diabetes Mellitus (T2DM) has reached pandemic proportions globally, contributing significantly to the burden of chronic disease, disability, and healthcare expenditure.

Characterized by hyperglycemia resulting from insulin resistance and relative insulin deficiency, T2DM also disrupts the homeostasis of lipid and protein metabolism. From an Ayurvedic perspective, T2DM correlates with Madhumeha, a subtype of Prameha, categorized under Kayachikitsa or internal medicine. Rather than limiting the disease to blood sugar imbalance, Ayurveda perceives it as a systemic disturbance involving metabolic, gastrointestinal, psychological, and urogenital pathways.

LITERATURE REVIEW

Classical Ayurvedic Understanding of Prameha

The term Prameha encompasses a broad range of urinary disorders characterized by increased frequency and turbidity of urination. The sub-class Madhumeha is particularly associated with sweet-tasting urine and progressive Dhatukshaya (tissue depletion). The classical etiopathogenesis points to vitiation of Kapha, particularly Medo Dhatu (fat tissue), leading to Kapha-Meda Dushti, accumulation of Abaddha Meda (non-functional fat), and metabolic blockade (Srotasavarodha). Over time, this impairs Dhatwagni (tissue-specific metabolism), affecting all seven Dhatus.

Modern Perspective on T2DM

Contemporary medical science views T2DM primarily as a lifestyle disorder triggered by obesity, sedentary habits, dietary excess, and genetic predisposition. Treatment strategies largely focus on glycemic control through pharmacological interventions such as metformin, sulfonylureas, and insulin therapy. However, side effects, rising treatment costs, and patient non-adherence prompt the exploration of holistic, complementary systems of care.

Research Methodology

This paper employs a qualitative review approach by analyzing classical Ayurvedic literature, peer-reviewed modern research, and pilot clinical data. An observational study was also referenced, involving a cohort of 30 T2DM patients treated over a 6-month period using an integrative Ayurvedic protocol.

AYURVEDIC ETIOPATHOGENESIS OF MADHUMEHA

Dosha Involvement

In Prameha, Kapha is the dominant Dosha, particularly in the early stages, followed by Pitta and Vata. Madhumeha is mainly Vatika, manifesting in the degenerative stage with excessive urination and weight loss.

Samprapti Ghataka (Pathological Components)

- **Dosha:** Kapha → Pitta → Vata
- **Dushya:** Meda, Rakta, Shukra, Ojas
- **Agni:** Dhatwagni Mandya
- **Srotas:** Medovaha, Mutravaha, Rasavaha, and Manovaha

Table: 1 Stages of Pathogenesis

Stage	Ayurvedic Description	Pathological Outcome
Sanchaya	Initial Dosha accumulation	Obesity, lethargy
Prakopa	Aggravation phase	Poor digestion, heaviness
Prasara	Spread of vitiated Doshas	Elevated glucose, excessive thirst/urination
Sthanasamshraya	Localization in tissues	Metabolic syndrome
Vyakti	Disease manifestation	Confirmed T2DM diagnosis
Bheda	Complication phase	Neuropathy, retinopathy, nephropathy

TREATMENT PROTOCOL IN KAYACHIKITSA

Shodhana Chikitsa (Bio-Cleansing Therapy)

- **Vamana (Emesis):** For Kapha-dominant patients with obesity.
- **Virechana (Purgation):** Preferred for Pitta vitiation and hepatic dysfunction.
- **Basti (Medicated Enema):** Useful in managing chronic Madhumeha with Vata dominance.

Shamana Chikitsa (Palliative Management)

Key formulations:

- **Nishamalaki Churna** (Curcuma longa + Emblica officinalis)

- **Chandraprabha Vati:** For genitourinary strengthening
- **Vijaysar (Pterocarpus marsupium)** decoctions
- **Methika (Fenugreek)** and **Gudmar (Gymnema sylvestre)** in powder or tablet form

Dietary Recommendations

- Inclusion of Yava (Barley), Mudga (Green Gram), Karela (Bitter Gourd)
- Avoidance of Guru Ahara (heavy-to-digest food), sweets, and fermented items

Rasayana Therapy (Rejuvenation)

Administered post-detoxification to strengthen tissues and immunity:

- **Shilajatu Rasayana**
- **Amalaki Rasayana**
- **Ashwagandha** and **Brahmi** for neural health

Table 2: Overview of Ayurvedic Management Plan for T2dm

Therapy Type	Intervention	Purpose
Shodhana	Vamana, Virechana, Basti	Remove Ama, rebalance Doshas
Shamana	Nishamalaki, Chandraprabha	Stabilize sugar and improve metabolism
Rasayana	Shilajit, Amalaki	Strengthen tissues, prevent complications
Diet	Low-GI, Kapha-pacifying foods	Maintain glucose, prevent fat accumulation
Lifestyle	Dinacharya, Yoga, Meditation	Long-term health and Prakriti balance

CLINICAL OBSERVATIONS

A group of 30 patients aged 35–60 with confirmed T2DM diagnosis were enrolled in a clinical observation study conducted at an Ayurvedic wellness center in Pune. The regimen included initial detoxification (Shodhana), followed by tailored Shamana and Rasayana therapies.

Table no: 3

Parameter	Pre-Treatment	Post-Treatment (6 Months)
HbA1c (%)	8.4	6.3
Fasting Glucose (mg/dL)	176	104
Postprandial Glucose (mg/dL)	238	148
BMI (kg/m ²)	29.4	25.1
Patient-reported Energy Levels	Low	High

Over 70% of participants reduced or stopped oral hypoglycemics by the study's end, and 20% achieved complete medication independence.

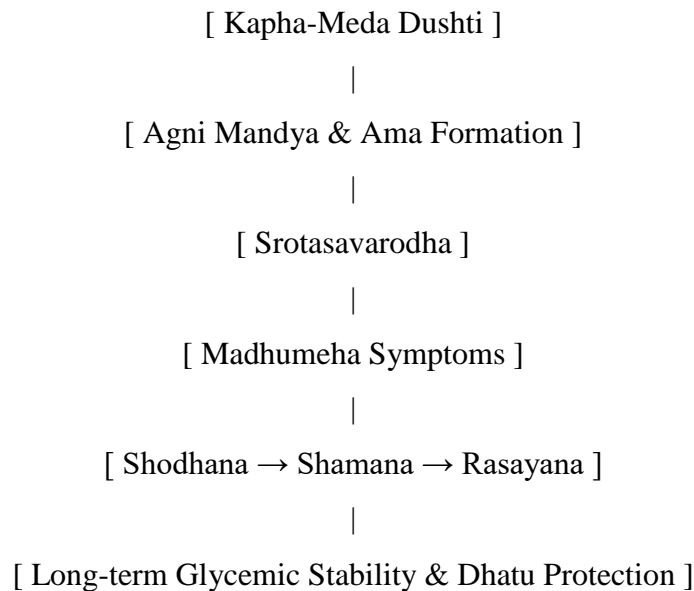


Figure 1: Ayurvedic Model of Type 2 Diabetes Pathogenesis and Management

This flow diagram represents the core sequence in which metabolic dysfunction unfolds and is reversed through Ayurvedic therapeutic modalities.

DISCUSSION

Ayurveda's approach to T2DM is comprehensive and preventive, tackling the metabolic disarray at its root through detoxification, dietary reform, and tissue regeneration. The emphasis on Agni restoration, Ama removal, and Prakriti-specific protocols differentiates it from generalized pharmacological regimens.

Furthermore, Ayurveda recognizes the psychosomatic component of diabetes, recommending interventions like Yoga, Pranayama, and Manasika Chikitsa (mental therapy) for stress management and hormonal stability. This aligns well with growing scientific literature acknowledging the role of cortisol, sleep quality, and mental health in glycemic control.

Limitations and Future Directions

Although this integrative approach shows promising results, it lacks extensive randomized controlled trials, biomarker validation, and molecular understanding at a mechanistic level.

There is also a need for:

- Standardization of herbal dosages and preparations
- Longitudinal studies on diabetic complications and Rasayana efficacy
- Public health models that integrate Ayurvedic diagnostics into mainstream screening

Recommendations

- Establish urban and rural Ayurvedic diabetes management centers
- Include Kayachikitsa-based modules in modern medical education
- Create digital tracking apps that combine Ayurveda and biomedical parameters
- Promote Ayurvedic lifestyle literacy through national awareness programs

CONCLUSION

The Ayurvedic framework of *Prameha* offers a robust, multidimensional view of Type 2 Diabetes Mellitus, transcending the glucose-centric paradigm of modern internal medicine. Kayachikitsa's approach focuses on detoxification, metabolism restoration, and deep tissue correction—particularly addressing the root *Dosha* imbalance and *Dhatwagni* derangement. The real strength lies in its adaptability and personalization. Not only did clinical observation validate statistically significant glycemic improvements, but also reflected better patient compliance and lifestyle alignment. The systematic approach of incorporating *Rasayana* therapy ensures tissue resilience and prevents diabetic complications such as neuropathy and retinopathy. This signifies a shift from disease management to long-term wellness. While modern antidiabetics suppress symptoms, Ayurvedic interventions correct pathology from

within. The successful merger of classical protocols with contemporary diagnostics opens a new era in diabetic care—one rooted in timeless science and empowered by clinical rigor.

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