

**MANAGEMENT OF PRAMEHA WITH SHODHANA AND SHAMANA CHIKITSA- A CASE REPORT**Rajeshwari G S.¹ Mamatha Sri S²

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(Published Online: March 2025)

Open Access

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Article Received: 06/02/2025 - Peer Reviewed: 27/02/2025 - Accepted for Publication: 08/03/2025.

**ABSTRACT**

Diabetes mellitus is the metabolic syndrome with hyperglycemia secondary to an absolute relative deficiency of insulin or reduction in biological effectiveness of insulin or both¹. Considering the higher incidence of the disease, management with long-term, safer and minimal side-effect drugs is the better choice. In *Ayurveda*, it is considered under *prameha vyadhi*, that is, “*Prakarshena mehayati*”(sh.ka.dr), meaning goes as the excessive flow of urine. Aims and objective: The study aims to analyse the efficacy of interventions like *shodhana* and *shamana chikitsa* as a line of treatment mentioned in the classics. The efficacy of *SHATAVARI SWARASA* and *CHANDRAPRABHA VATI* in controlling blood glucose and clinical symptoms in type II Diabetes. Materials and methods: diagnosis as per standard protocol and treatment modality by *shodhana* and *shamana*, about the case, further given in detail.

Observation and results: improvement in the lab and other clinical parameters are observed. Conclusion: An interrelated lifestyle modification approach can manage chronic ailments like *prameha*.

Keywords: Diabetes Mellitus, *Shodhana*, *shamana*, *SHATAVARI*, *prameha*. *Chandraprabha Vati*.

INTRODUCTION

Type II diabetes is a chronic metabolic disorder with increased glucose in the blood, which is a non-insulin-dependent condition characterised by peripheral insulin resistance at the cellular level. Symptoms may occur suddenly, including increased thirst (polydipsia), frequency in urination (polyuria), blurred vision, tiredness, weight loss, etc. The IDF Diabetes Atlas (2021) reports that 10.5% of the adult population (20-79 years) has diabetes, with almost half unaware that they are living with the condition. By 2045, IDF projections show that 1 in 8 adults, approximately 783 million, will be living with diabetes, an increase of 46%³. Diabetes is the leading cause of blindness and, kidney disease, heart attack, and lower limb amputation. *Acharya Charaka* classifies *prameha* into 20 types based on the *dosha* and *lakshanas*. Which is caused due to 10 *dushyas* like, *Rasa, mamsa, meda, lasika, majja, shukra, vasa, rakta, ambu, ojas*⁴. *Madumeha* is said to be one of the “*Ashta Mahagada*”, which denotes the chronicity and seriousness of the disease. *Avarana janya* (occlusion) or *santarpanajanya* is primarily caused by a faulty diet and a sedentary lifestyle. The *pratyatma lakshana* is “*prabhuta avila mutrata*”⁵. The efficacy of *shodhana* has been proven by many clinical studies. Early detection is essential to avoid complications; regular exercise and maintaining body weight can prevent the occurrence. *Vihara* also plays a critical role in disease management.

Case Report: A 33-year-old male patient approached the OP of Government Ayurveda Hospital Bengaluru on 25th May 2024 with complaints of general weakness, increased frequency of urination (almost ten times per day), frothy and turbid urine associated with dry mouth, and thirsty feeling since a month. There was no weight loss. On investigation, it was found that HbA1c was 12.1 %.

Past history

No significant history of any major illness or surgery

Family history

Both parents have history of diabetes since 10yrs and the mother is hypertensive.

Personal history:

Diet: Vegetarian diet, mostly *Abhishyandi ahara* like *dadhi, masha* (idli vada, dosa), increased intake of madhura ahara and bakery food, spicy food (chats), less intake of fibre-rich food

Appetite. Reduced appetite and digestion was moderate.

Mala: Constipated stool, frequency-once per day

Mutra: Increased urine frequency (6 times /day and 3-4 times at night) foamy, slightly turbid.

Table 1

General Examination	
Height	5,6ft(167.64cms)
Weight	77 kg
BP	120/80mm of Hg
Pulse	76/min
Temperature	98.6°c
General condition	Good
Pallor/Icterus/Cyanosis/Clubbing/Edema /Lymphadenopathy	Absent
Srotas Examination	
<i>Mutravaha srotodushti lakshana</i>	Increased frequency of froth and foul smell

<i>Medovaha srotodushti lakshana</i>	Lethargy, weakness, excessive Sweating
<i>Udakavaha srotodushti lakshana</i>	Dryness of tongue, palate and throat
<i>Swedavaha srotodushti lakshana</i>	Excess sweating with lousy odour
<i>Ashtavidha Pariksha</i>	
<i>Nadi</i>	<i>Kapha pitta</i>
<i>Mutra</i>	10 times /day
<i>Mala</i>	1time/day
<i>Jivha</i>	<i>Alipta</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Samashitoshna</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Madhyama</i>
<i>Dashavidha Pariksha</i>	
<i>Prakriti</i>	<i>Kapha pita</i>
<i>Vikriti</i>	<i>Kapha pita medo drushti</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Pravara</i>
<i>Satmya</i>	<i>Madhyama satmya</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Ahara Shakti</i>	<i>Madhyama</i>
<i>Vyayama Shakti</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyavastha</i>

Investigations Table 2: BLOOD PARAMETERS.

Investigation (date)	Findings
FBS	219.1 mg/dl
PPBS	390 mg/dl
HbA1c	12.10 %
Triglycerides	199.5MG/DL
S.uric acid	7.3MG/DL
Vit D	14.26MG/ML
Total cholesterol	186.1 MG/DL
HDL cholesterol	43.4MG/DL
LDL cholesterol	102.80MG/DL
VLDL cholesterol	39.9MG/DL

MATERIAL AND METHOD

DIAGNOSIS: KAPHAPITTAJA PRAMEHA

Treatment plan: Virechana followed by Shamana chikitsa.

Table 2: Oral Drugs

Deepana Pachana	Shadharana gulika DS 1tab bd (3 days)
Shodhananga Snehapana	Guggulu tiktaka ghrta 30 ml – 6/06/24 – Day1 60ml-7/06/24 – Day 2 90ml-8/06/24 –Day 3 110ml-9/06/24 –Day 4
Vishrama kala	Abhyanga – with murchita taila Swedana for 3days
Virechana karma	Trivrut lehya -50gms on13/06/24
Samsarjana Krama	14/06/24 to 17/06/24 Manda ,peya, vilepi .
Shamana chikitsa	1. Shatavari choorna with milk (empty stomach) 2. Chandraprabha vati 2tablets twice daily after food

PATHYA AND APATHYA

PATHYA: Shashtika shali, puranashali in a lesser quantity, Mudga, Chanaka, millets, kulatha, ragi etc, advised. Dadima, takra, tikta shakas like patola, karavellaka, methi .shigru, chakramuni, leafy vegetables and other steamed vegetables were advised to take

Vihara: Walking, Surya namaskara ,Ppranayama

APATHYA: Madhura, snigdha, guda vikriti, dadhi, bakery food ,masha ,etc

Assessment in Present Case

The patient continued with shamanoushadis for one and a half months, and later, investigations were done.

Table 3: Showing Objective Assessment of Criteria

	Before treatment	After treatment
WEIGHT	77kgs	68 kgs
HBA1C	12.10	6.9
FBS	219.1	117
PPBS	240	130
TRIGLYCERIDES	199.5	109.7
URIC ACID	7.3	6.8/
SGOT/AST	37.9	20.3
VIT D	14.26	19.27
HDL	43.4	40.9
KETONE BODIES IN URINE	1+	NONE

Table 4: showing subjective assessment of criteria

	Before treatment	After treatment
Frequency of micturition	+++	+
Tiredness	++	+
Hunger	+	++
bowel habits	CONSTIPATED	REGULAR
Turbidity in urine	++	0

RESULT

Oral medicine and diet control show significant reductions in blood glucose levels (FBS, PPBS, and HbA1C) along with complete relief from Daurbalya (weakness), Avila (haziness), and Prabhuta Mutrata (polyuria) (Tables 3 and 4). After completion of treatment, RFT and LFT show normal values.

DISCUSSION

Prameha is said to be *yapya vyadhi*.⁶ Hypoglycemic drugs with long-term use are reported to have side effects. As per *Ayurveda*, *Shodhana* is the first line of treatment depending on the dosha when the disease is fully manifested⁷, followed by *shamana chikitsa*. *Virechana* reduces various enzymes responsible for releasing free radicals, thus reducing hepatic glucose production. *Guggulu tiktaka gritha* and *Trivrut lehya* aid in controlling *kapha* and *pitta dosha*, which have a role in the samprapti of *prameha*, thereby decreasing the symptoms. For *Shamana*, *Shatavari churna* and *Chandraprabha vati* were advised. *Shatavari* has secondary metabolites like Quercetin, Glycosides, flavonoids, triterpenoids etc. Quercetin is responsible for preventing oxidative stress, which results in the regeneration of pancreatic β -cells islets and the subsequent release of insulin. Steroidal Saponin, shatavarin IV, can reduce the increment of blood glucose by inhibiting the enzymes that break down disaccharides into monosaccharides. Tannins and flavonoids, which are polyphenols, have pharmacological actions like Antioxidants, which reduce oxidative stress and may be correlated with rasayana karma. Triterpenoids have pharmacological activities like antihyperlipidemic and immunomodulatory, which are helpful in treating diabetes. *Shatavari* pacifies

vata, nourishes the cells, and acts as nephroprotective⁹. As it is a *vrushya dravya*, it has the property of *ojovardhana* and prevent the *dhatushaithilya*

Most of the drugs present in *Chandraprabha Vati* act on the *mutravaha srotas* by removing excessive *kleda*. It is a proven hypoglycemic and antihyperlipidemic formulation⁸. The results were significant, which helped not only reduce the blood glucose levels but also decreased the elevated lipids, serum uric acid, and ketone bodies. The patient was cooperative in taking medicines and also followed the diet regime and exercise advised.

CONCLUSION

A case of *prameha (kaphapittaja)* was efficiently treated with *shodhana (virechana)* and *shamana chikitsa (Shatavari churna and Chandraprabha vati)*. Adopting a healthy lifestyle and good dietary habits helped in controlling the disease. *Nidana parivarjana* is also considered an essential factor in arresting the disease progression; the patient's *vaya* and *bala* were supportive of administering the shodhana with stringent regulations. Remarkable improvement is observed by the Ayurveda chikitsa, which infers herbal and herbomineral drugs are found to be effective in Diabetes mellitus.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Rajeshwari G S & Mamatha Sri S: Management of prameha with shodhana and shamana chikitsa- a case report. *International Ayurvedic Medical Journal* {online} 2025 {cited March 2025}