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Table of Contents

IJAYR – International Journal of AYUSH Research

Volume 1 | Issue 1 | Dec 2025

Comprehensive Ayurvedic Management of Chronic *Sheetapitta* through *Shamana Chikitsa*: A Case Study Highlighting the Role of Herbal Formulations and Therapeutic Interventions

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ABSTRACT

A 39-year-old female presented with chronic reddish, raised, circular skin lesions accompanied by itching and swelling for five years. Despite prolonged allopathic treatment, there was no significant relief. Clinical assessment indicated a *Tridoshic* imbalance, mainly *Kapha-Vata,* with involvement of *Rasa* and *Rakta Dhatus*. Treatment included *Virechana Churna* for purification, followed by internal medications such as *Dooshi Vishari Gulika, Nimbadi Kashaya, Kalamegha Syrup,* and external application of *Marichadi Taila.* The selected formulations possessed properties that facilitated *Ama pachana, Rakta shodhana,* and *Kapha-Vata shamana.* Gradual improvement was noted: itching and lesion thickness reduced significantly, and symptoms like burning and pricking sensations completely subsided. No side effects were reported. The treatment was effective and improved the patient's overall quality of life.

Keywords: *Ayurvedic* treatment, *Rakta*, skin lesions, *shodhana*, *Tridoshic* imbalance, *Virechana*.

INTRODUCTION

Sheetapitta is listed as one of the *Twak Vikara* in *Ayurveda.* The terms *Sheeta* and *Pitta,* which have opposing meanings, combine to form *Sheetapitta*. *Vata* and *Kapha Doshas* and their correlation with *Pitta Doshas* are indicated by the term *Sheeta*. *Madhav Nidana* claims that exposure to chilly breezes causes *Sheetapitta,* which vitiates the *Vata* and *Kapha Doshas* primarily in conjunction with the *Pitta Dosha* [1]. *Rasa* and *Rakta Dhatu Dushti* result from the imbalance of *doshas*, which then spreads to the extremities and takes the form of maculopapular rash. The *Samhita* mentions three distinct terminologies: *Sheetapitta*, *Udarda*, and *Kotha*. Each has a few unique traits and a different cause. *Sheetapitta* is one of the several forms of *Twakvikaras* that are described in *Ayurveda.* [2] The illness known as sheetapitta is brought on by exposure to cold air. Skin symptoms include *Varati Damstravat Sotha* and *Kandu*, which are caused by *Kapha, Shula,* which is produced by Vata, and *Daha*, which is caused by *Pitta*. Chardi, *Hrillasa, Aruchi, Dehasada, Angagaurava, Jvara, Vidaha,* and *Pipasa*

are some of the symptoms that it might occasionally induce.[3] *Madhukosa* clarified that although *Sheetapitta* and *Udarda* have many characteristics, *Sheetapitta* is controlled by *Vata Dosha*, whereas *Udarda* is dominated by *Kapha Dosha*. [4] The ingestion of *Asatmya Ahar* or other types of allergens is one of the etiological factors that causes *Sheetapitta*. In today's sophisticated lifestyle, poor eating habits result in a diet with less nutritional content, which causes *Dhatu Daurbalya* and compromised immune responses. This results in allergy responses and sensitivity to allergens. Due to the similarities in etiological causes and symptomatology, sheetapitta and urticaria can be linked.[5] About 20% of people will get urticaria at some point in their lives. [6] Although it is not a fatal illness, it lowers a patient's quality of life and causes irritability. A frequent dermatological condition called urticaria is characterized by erythematous, itchy lesions that affect the dermis and mucous membrane. It is brought on by capillary dilation and increased permeability.[7] There are several etiological causes for urticaria, including as foods, medications, physical stimulation, infections, autoimmune illness, and IgE antibodies.[8] It is considered chronic urticaria if it lasts more than six weeks. An autoimmune etiology accounts for up to 45% of the cases of chronic urticaria.[9,10] The purpose of this study was to assess *Shaman* Chikitsa's effectiveness in *Sheetapitta*.

Aim and Objectives

To study *Sheetapitta Vyadhi* (Urticaria) and to assess the competency of *Shaman Chikitsa* in *Sheetapitta Vyadhi*.

- ***Dosha***: *Tridosha* All three *Doshas (Vata, Pitta, Kapha)*
- ***Agni* (Digestive Fire)**: *Mandagni* (Low or weak digestive fire)
- ***Vyadhimarga* (Pathway of disease)**: *Bahya* External pathway (Skin & Peripheral tissues)
- ***Dushya* (Affected Body Elements)**: *Rasa, Rakta* (Plasma and Blood tissues)
- ***Srotas* (Involved Channels)**: *Rasavaha, Raktavaha* (Channels of Plasma and Blood)
- ***Srotodushtiprakara* (Type of Channel Vitiation):** *VimargaGamana* (Abnormal movement of substances)
- ***UdbhavaSthana* (Origin Site):** *Aamashaya* (Stomach)
- ***VyaktiSthana* (Site of Manifestation)**: *Tvak* (Skin)
- ***Svabhava* (Nature of Disease)**: *Ashukari* (Rapid in onset or progression)

CASE STUDY

A 39-year-old woman of moderate build arrived at the Aadi Shankaracharya Yoga Avm Aushadhalya Kendera, Jind Safidon Haryana Outpatient Department (OPD) complaining of several reddish, elevated, circular lesions that had been all over her body for the previous five years, along with swelling and itching. She also reported

having sporadic puffiness in her orbits. The illness started slowly until five years ago, when the lesions started to show up, she seemed to be in good health. She first chose to ignore the symptoms, but when the disease deteriorated, she went to an allopathic hospital for treatment. Since then, she has been taking Okacet on a daily basis. There was no discernible change even with ongoing treatment, and the incidents kept happening. Recurrent fevers, chronic sickness, or other systemic symptoms were rejected by the patient.

CLINICAL FINDINGS

According to general exams, the individual had a medium build and no signs of illness. Upon local inspection, itchy, round, elevated crimson lesions were observed over the body.

Astha sthana pareeksha **(Eight types of examination)-**

S.No.	Examination (Parameter)	Observation
1	**Nadi (Pulse)**	78 bpm
2	**Mala (Stool)**	*Nirama* (Without *Ama*/toxins)
3	**Mutra (Urine)**	4 to 5 times per day
4	**Jiwha (Tongue)**	*Saam* (Coated)
5	**Sabdha (Speech)**	*Spashta* (Clear)
6	**Sparsha (Touch)**	*Ruksha* (Dry)
7	**Drik (Vision)**	*Madhyam* (Normal)
8	**Akriti (General Appearance)**	*Madhyam* (Moderate/Normal)

Dashavidha pareeksha **(Ten types of examination)**

S.No.	Examination (Pareeksha)	Observation

1	***Prakriti* (Constitution)**	*Kapha-Pitta*
2	***Vikriti* (Imbalance)**	*Kapha-Vata*
3	***Sara* (Tissue Quality)**	*Medo Sara* (Excellence of Fat Tissue)
4	***Samhanana* (Body Build)**	*Madhyam* (Moderate)
5	***Satva* (Mental Strength)**	*Madhyam* (Moderate)
6	***Satmya* (Adaptability)**	*Sarva Rasa Satmya* (Adapted to all tastes)
7	***Pramana* (Body Measurement)**	*Madhyam* (Moderate)
8	***Ahara Shakti* (Digestive Capacity)**	*Avara* (Low)
9	***Vyayama Shakti* (Exercise Capacity)**	*Madhyam* (Moderate)
10	***Vaya* (Age)**	*Madhyam* (Middle-aged)

Diagnostic Criteria

Overall examination Temperature was 98°F, heart rate was 86 beats per minute, and hemogram results showed Hb 10.3 g/dl on the day of the OPD visit (WBC count, RBC count, and PCV are in normal range). MCV: 95.6 fl, MCH: 21.5 pg, MCHC: 28.4%, neutrophils: 86.5%, and lymphocytes: 11.3% (Urea and creatinine are within normal limits). Upon local inspection, the patient's torso was covered in elevated, reddish, round lesions. The patient's appetite was decreased, and their sleep patterns were disrupted. Lesions were crimson in hue, with uneven borders and no discharge or exudation.

Table 1: Treatment schedule-1

S.No.	Date	Medications	Dose	Duration / Remarks

1	24/03/2025	*Virechana Churna*	5 grams	10 days, to be taken on empty stomach
2	–	*Dooshi Vishari Gulika*	3 tablets TID	For 10 days
3	–	*Nimbadi Kashaya*	15 ml BD	For 10 days
4	–	*Marichadi Taila*	10 ml BD	For external application

Table 2: Treatment Schedule – II

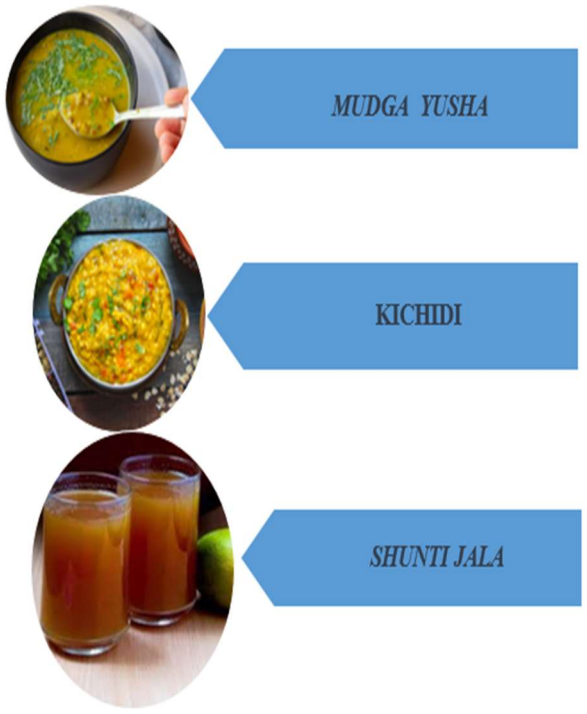
S.No.	Date	Medications	Dose	Duration / Remarks
1	01/04/2025	*Kalamegha Syrup*	10 ml BD	For 7 days, to be taken on empty stomach
2	–	*Bilwadi Gulika*	1 tablet TID	For 7 days, to be taken on empty stomach
3	–	*Kadirarishta*	10 ml BD	For 7 days
4	–	*Nimbadi Guggulu*	1 tablet TID	For 7 days
5	–	*Haridra Khanda*	5 grams BD	For 7 days
6	–	*Punarnava Mandoora*	1 tablet BD	For 7 days
7	–	*Marichadi Taila*	10 ml BD	For external application, for 7 days

Table 3: Treatment Schedule – III

S.No.	Date	Medications	Dose	Duration / Remarks

1	18/05/2025	*Talisadi Choorna*	3 grams TID	For 5 days, every 2 hourly
2	–	*Haridra Khanda*	5 grams BD	For 10 days
3	–	*Punarnavadi Mandoora*	1 tablet BD	For 15 days
4	–	*Kadirarishta*	10 ml BD	For 10 days
5	–	*Avipattikara Choorna*	3 grams HS	For 10 days (at bedtime)

- **Diet Plan**

Pathya Ahara	***Apathya Ahara***
	

- **Follow-up**

The changes are observed in the patient from the photographs which was taken before and after treatment.

• On 24/03/2025 there were raised reddish circular lesions all over the body associated with itching.

• On 1/04/2025, there was 20% reduction in the symptoms.

• On 18/05/2025 thickness of the lesions was reduced

• 0n 20/06/2025 and itching was reduced

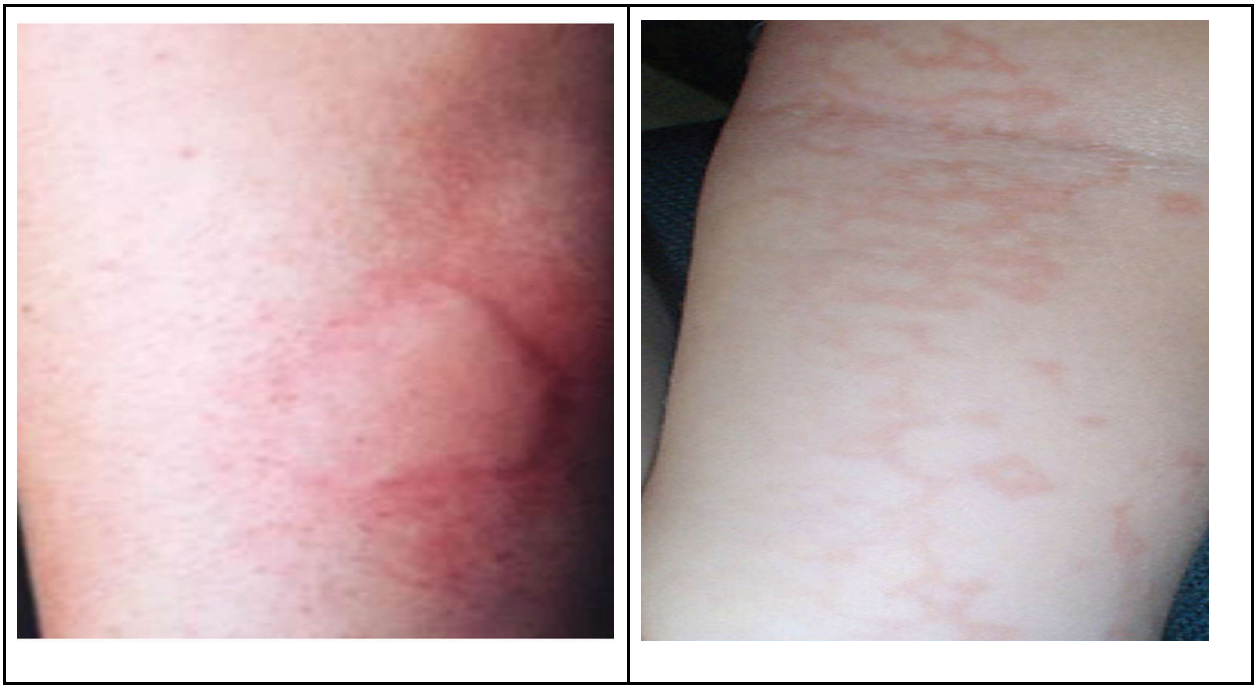
RESULTS & OBSERVATIONS

Table 4 shows significant symptomatic improvement after treatment. *Kotha* and *Kandu* scores reduced from 3 to 1, indicating marked relief in wheals and itching. *Toda* and *Daha,* initially present with scores of 2 and 3, respectively, were completely resolved post-treatment, reflecting effective symptom management through *Ayurvedic* intervention.

Table 4: Symptoms before and after the treatment

S.No.	Symptoms	Observed Score Before Treatment	Observed Score After Treatment
1	***Kotha*** (Raised edematous wheals of pink-red colour)	3	1
2	***Kandu*** (Itching)	3	1
3	***Toda*** (Pricking sensation)	2	0
4	***Daha*** (Burning sensation)	3	0

BEFORE TREATMENT	AFTER TREATMENT



DISCUSSION

In order to address the *Tridoshic* imbalance, which was caused by *Kapha* and *Vata* dominance, the current case was treated with a traditional *Ayurvedic* method. For more than five years, the patient has been exhibiting persistent *Kotha, Kandu, Toda,* and *Daha* symptoms. The disorder was determined to be *Bahya Vyadhi* involving *Rasa* and *Rakta Dhatus,* with genesis in *Aamashaya* and manifestation in *Tvak*, based on the evaluation. *Virechana Churna* was the first of three phases of therapy, which included external application of *Marichadi Taila* and internal remedies such *Dooshi Vishari Gulika, Nimbadi Kashaya, Kalamegha Syrup, Haridra Khanda, Punarnava Mandoora, Kadirarishta*, and *Avipattikara Choorna.* Ama pachana, Kapha-Vata shamana, and Rakta shodhana were aided by these medications' *Tikta, Katu, and Kashaya Rasa, Ushna Virya,* and *Katu Vipaka*. Clinical improvement was seen in gradual burning decreased, lesions thinned, and itching decreased. There was a noticeable improvement in the symptoms: Kotha went from 3 to 1, *Kandu* went from 3 to 1, and *Daha* and *Toda* went from 2 and 3 to 0, respectively.

CONCLUSION

The current study showed how well *Ayurvedic* treatment works for chronic skin conditions linked to *Tridoshic* imbalance, namely *Kapha-Vata* dominance. With the usage of traditional Ayurvedic formulations, the patient, who had experienced recurrent symptoms such as *Kotha*, *Kandu, Daha,* and *Toda* for years, demonstrated a slow but steady recovery. By encouraging *Ama pachana, Rakta shodhana,* and *Kapha-Vata shamana,* treatments such *Virechana Churna, Dooshi Vishari Gulika, Nimbadi Kashaya, Kalamegha Syrup*, and *Marichadi Taila*, as well

as other internal drugs, significantly reduced symptoms. By the end of treatment, there was a noticeable decrease in itching and lesions, as well as total relief from burning and pricking feelings. No side effects were noted, and the patient's quality of life improved, suggesting that the treatment strategy was both safe and successful.

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An *Ayurvedic* Perspective in the Holistic Management of Chronic Kidney Disease (CKD): A Clinical Case Report Emphasizing *Mutravaha Srotas Dushti, Shamana Aushadhi*, *Pathya-Apathya Ahara*, and Lifestyle Modifications

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ABSTRACT

Background: Chronic Kidney Disease (CKD), often progressive and debilitating, lacks a specific mention in Ayurvedic texts but is clinically comparable to *Vrikk Vikara* and *Mutravaha Srotas Dushti*. In this case study, the effectiveness of an integrated Ayurvedic approach to CKD management is assessed.

Case Presentation: A 61-year-old man with chronic kidney disease (CKD) arrived at Aadi Shankaracharya Yoga AVM Aushadhalya Kendra in Jind Safidon, Haryana, complaining of burning micturition, weakness, constipation, and disturbed sleep.

Intervention: For two months, the patient was given a customized *Pathya-Apathya Ahara* (diet), *Shamana Aushadhi*, and lifestyle changes.

Results: Blood urea decreased from 103.54 to 60.24 mg/dl, hemoglobin increased from 9.8 to 11.0 gm/dl, and serum creatinine decreased from 5.5 to 3.2 mg/dl after Treatment. Levels of uric acid and electrolytes returned to normal. The clinical symptoms significantly decreased.

Conclusion: This case illustrates that an integrative *Ayurvedic* protocol, guided by *Rasa Panchaka* and *Dosha-Dushya* analysis, can significantly improve renal function and patient well-being in CKD. In order to achieve clinical consistency, more research is necessary.

Keywords: *Ayurveda*, Chronic Kidney Disease, *Mutravaha Srotas, Punarnava, Rasa Panchaka, Vrikk Vikara*.

INTRODUCTION

Like many developing nations, India is dealing with a silent pandemic of chronic renal failure (CRF-A), a health shift linked to industrialization that is partially fueled by low birth weight, malnutrition, and an increase in

sedentary lifestyles.[1] Chronic renal failure (CRF) is the term used to describe an irreversible decline in renal function that occurs over a number of years. At first, this just appears as an anomaly in the biochemistry.[2] When the glomerular filtration rate (GFR) drops below 30 milliliters per minute, CRF is taken into consideration.[3] One of the primary causes of chronic kidney disease (CKD) is type 2 diabetes. Long-term exposure to elevated glucose causes mesangial expansion and thickening of the glomerular basement membrane, both of which have an impact on the glomerular filtration rate (GFR).[4] The National Kidney Foundation (NKF) states that the kidneys perform seven essential tasks, including eliminating pollutants, regulating blood pressure, maintaining water balance, and producing erythropoietic hormone, among others.[5] Thus, the same underlying mechanism as previously described causes the hemoglobin levels to drop in CKD. Creatinine is typically removed from the blood by the kidneys and then eliminated through urine.[6,7]

***Samprapti Ghatak of Vrikk vikar*[8]**

- *Doshas*: May vary according to basic etiopathogenesis. A *Tridosha* condition often dominance of *Kapha* later *Vata* involvement takes place.
- *Duşhyas*: *Mutra, Ras, Udaka, Sveda, Rakta, Sira* are the basic *Duşhyas*. Later, all *Dhatus* and *Upadhatus* may get involved. Clinical conditions related to *Snayu, Maans, Asthi* and *Shukra* are often observed.
- *Srotas*: *Mutravah, Medovah, Udakavah, Svedavah, Rasavah, Raktavah* as disease advances, becomes multi-*srotas* (multi-system).
- *Srotodushti* in *Mutravah Srotas Kharatava, Kathinya, Gaurav, Raukshya*
- *Agni & Ama*: Generally, *Agni* is *Manda* at every level; mostly, *Malasanchayatmaka Ama* is present
- *Udbhavasthan*: *Pakvasayottha*
- *Rog marg* (Route): initially *Madhyama Marg* but later all three *Marg,* which increases its incurability.

CASE STUDY

A 61-year-old male with a history of CKD visited Aadi Shankaracharya Yoga AVM Aushadhalya Kendera, Jind Safidon, Haryana, Outpatient Department (OPD). The patient suffered from constipation, Pedal edema (1º), weakness, burning micturition, and disturbed sleep. Vitals during the initial examination on the first day (6/01/25) of the visit.

- **Weight:** 61 Kg
- **Blood Pressure:** 120/74 mmHg
- **Pulse Rate:**76/min

Table 1: History of Patient Allopathic Medicine

Medicine Name	Dosage
Cilnidipine	OD
Amlodipine	SOS
Atorvastatin Calcium	SOS

Table 2: *Asthvidha Pariksha* on the first-day visit of the patient

Parameters	Findings
Nadi	*VataPittaj*
Mala	*Malavashtambha (constipation)*
Mutra	*Safena*
Jiwha	*Saam*
Sabdha	*Spashta*
Sparsha	*Anushna Sheet*
Drik	*Avikrit*
Akriti	*Madhyama*

MATERIALS AND METHODS

In *Ayurvedic* texts, Chronic Kidney Disease (CKD) is not described as a distinct condition. It can be considered under the category of *Mutra Vaha Srotas Dushti* disorders, such as *Mutrakriccha* (dysuria) or *Vrikk Nishkriyata* (kidney dysfunction), due to the similarity in major symptoms. In this case, the patient was administered oral medications as per the following treatment regimen.

Table 3: *Pathya Ahara* vs. *Apathya Ahara*

Category	***Pathya Ahara* (Wholesome Diet)**	***Apathya Ahara* (Unwholesome Diet)**
Fibers & Vegetables	Barley, oats, horse gram, puffed rice. Carrot, bitter gourd, potatoes, radish, pumpkin seeds	Tomato, spinach, cauliflower, mushroom, brinjal, rajmah, beans, cucumber, capsicum, lady finger
Juices	Banana juice, pineapple juice, aloe vera juice, cranberry juice	Chikoo and grapes, pumpkin juice
Fruits	Lemon, almond, bananas, apples, coconut water, papaya	Cashew nuts, amla, strawberries

Table 4: Treatment Schedule

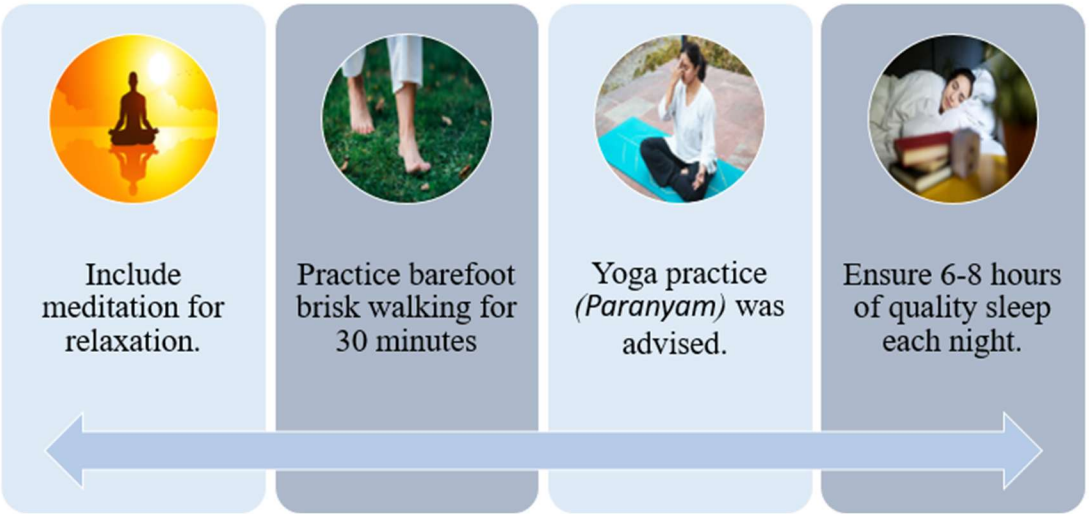
S.No.	Shamana Aushadhi	Matra and Sevan Kaala
1	*Sarvakalp Kwath, Vrikkdoshhar Kwath, Gokhru Kwath*	90ml × BD – Empty stomach
2	Renogrit Tablet (500 mg)	2 tablets × BD – Before meals
3	Corighan Tablet (500 mg)	1 tablet × BD – Before meals
4	Punarnavadi Mandoor Tablet	2 tablets × BD – After meals
5	*Mukta Vati* Extra Power Tablet (500 mg)	2 tablets × BD – After meals
6	*Haritaki Churna*	1 teaspoonful – HS with lukewarm water

Table 5: Ayurvedic Medicines with Ingredients and Therapeutic Uses

Name of Medicine	Key Ingredients	Therapeutic Uses
Sarvakalp Kwath	*Punarnava, Varuna, Gokshura, Daruharidra, Haritaki, Guduchi*	Detoxification supports kidney and liver health, reduces inflammation, and helps manage uremia
Vrikkdoshhar Kwath	*Gokshura, Punarnava, Varuna, Pashanbheda, Daruharidra, Apamarga*	Supports renal function, flushes toxins, useful in urinary tract disorders and kidney dysfunction
Gokhru Kwath	*Gokshura (Tribulus terrestris)*	Diuretic, anti-inflammatory, promotes kidney function, relieves urinary tract infections and stones

Renogrit Tablet (500 mg)	*Varuna, Punarnava, Gokshura, Daruharidra, Pashanbheda, Shilajit (proprietary blend)*	Renal protector, reduces serum creatinine and urea, helps in nephritis and early CKD management
Corighan Tablet (500 mg)	Proprietary herbal formulation with plant-based anti-hypertensive and nephroprotective herbs	Controls high blood pressure, supports kidney and cardiovascular health
Punarnavadi Mandoor Tablet	*Punarnava, Mandur Bhasma, Haritaki, Amalaki, Shunthi, Vidanga, Trikatu*	Treats anemia, reduces edema, improves hemoglobin, supports kidney and liver function
Mukta Vati Extra Power Tablet	*Brahmi, Shankhpushpi, Mukta Pishti, Ashwagandha, Jatamansi, Sarpagandha*	Controls blood pressure, calms the nervous system, acts as a cardiotonic
Haritaki Churna	*Haritaki (Terminalia chebula)*	Mild laxative, detoxifier, improves digestion, supports elimination of metabolic wastes

I. *Jeevana Vidhi*:



RESULTS

Serum creatinine levels significantly decreased and hemoglobin levels increased, indicating a considerable improvement in the patient's renal profile. Following a rigorous *Pathya* (dietary) program and oral medicine, other related test values also recovered to normal within a month of therapy. A significant decrease in clinical symptoms was also seen. Following the intervention, the patient's biochemical indicators showed significant improvement. A rise in hemoglobin from 9.8 to 11.0 gm/dl was indicative of improved erythropoietic function. With improved renal clearance, blood urea levels decreased dramatically from 103.54 to 60.24 mg/dL. A decrease in serum creatinine from 5.5 to 3.2 mg/dl indicates improved renal function. The electrolyte balance returned to normal, with potassium slightly dropping to 4.5 mmol/l and sodium increasing from 132 to 135.64 mmol/l. The amount of uric acid dropped from 6.2 to 5.6 mg/dl. Serum calcium also increased from 7.9 to 8.9 mg/dl.

Table 6: Pre and Post Intervention Assessment of the Patient

Parameter	**Findings**	
Date	**5/1/2025**	**4/2/2025**
Hemoglobin	9.8gm/dl	11.0gm/dl
Blood Urea	103.54mg/dl	60.24mg/dl
Sodium	132mmol/l	135.64mmol/l
Potassium	4.88mmol/l	4.5mmol/l
Uric acid	6.2mg/dl	5.6mg/dl
Creatinine	5.5mg/dl	3.2mg/dl
Sr.Calcium	7.9mg/dl	8.9mg/dl

BEFORE TREATMENT

Investigation	Observed Value	Unit	Biological Ref Interval
BIOCHEMISTRY			
KFT			
BLOOD UREA	103.54 H	mg/dl	10.00 - 45.00
SERUM CREATININE	5.5 H	mg%	0.60 - 1.40
SERUM URIC ACID	6.2	mg/dl	3.40 - 6.50
SERUM PROTINE(TOTAL)	7.1	mg/dl	6.00 - 8.50
NA + SODIUM	132.1 L	mmol/L	135.00 - 155.00
K + POTASSIUM	4.88	mmol/L	3.50 - 5.50
SERUM CHLORIDE	116.0 H	mmol/L	95.00 - 110.00
CALCIUM	7.9 L	mg/dl	8.50 - 11.50
ALBUMIN	4.5	mg/dl	3.50 - 5.00
Specimen : SERUM			
HEMATOLOGY			
HEMOGLOBIN FREE	9.8 L		12.00 - 15.00
Specimen : WHOLE BLOOD			

AFTER TREATMENT

Investigation	Observed Value	Unit	Biological Ref Interval
BIOCHEMISTRY			
KFT			
BLOOD UREA	60.24 H	mg/dl	10.00 - 45.00
SERUM CREATININE	3.2 H	mg%	0.60 - 1.40
SERUM URIC ACID	5.6	mg/dl	3.40 - 6.50
SERUM PROTINE(TOTAL)	6.8	mg/dl	6.00 - 8.50
NA + SODIUM	135.64	mmol/L	135.00 - 155.00
K + POTASSIUM	4.5	mmol/L	3.50 - 5.50
SERUM CHLORIDE	99.35	mmol/L	95.00 - 110.00
CALCIUM	8.9	mg/dl	8.50 - 11.50
ALBUMIN	3.9	mg/dl	3.50 - 5.00
Specimen : SERUM			
HEMATOLOGY			

DISCUSSION

Due to *Mutravaha Srotas Dushti,* the case study illustrates how effective *Ayurvedic* treatment is in enhancing renal function in a patient with Chronic Kidney Disease (CKD), which is classified under *Vrikk Vikara.* Early *Kapha* dominance is revealed by the illness pathology (*Samprapti*), which is followed by *Vata* aggravation. *Mutra, Rakta, Ras, Udaka*, and *Sveda* are all involved as *Dushyas.* With its roots in Pakvashaya and its growth via *Madhyama Marga, Ama* and *Manda Agni* are equally important. *Shamana Aushadhi, Pathya-Apathya Ahara,* and lifestyle changes were combined in a multifaceted strategy that produced a notable improvement in laboratory parameters. *Punarnava* (*Tikta, Laghu, Ushna, Katu Vipaka*), *Gokshura (Madhura, Snigdha, Sheeta, Madhura Vipaka*), and *Varuna* are important herbal constituents that help kidney cleansing and fluid balance by exhibiting *Mutravirechaka, Shothahara,* and *Vrikkadoshhara* characteristics. *Haritaki* is a moderate laxative that helped *Ama Pachana* and relieved constipation when used with *Rasa Panchaka* (all except *Lavana*). Incorporating light, diuretic, and low-protein foods such as barley, oats, and bitter vegetables into one's diet proved crucial in lowering the metabolic burden on the kidneys. Additional renal strain was avoided by avoiding high-protein, high-oxalate foods such as meat, rajmah, and brinjal. Regular sleep, drinking warm water, reducing stress, and avoiding exercise were among the lifestyle *(Aharavihara)* suggestions. When taken as a whole, this example demonstrates how integrated *Ayurvedic* treatment, which is founded on *Dosha-Dushya* analysis and herbal selection guided by *Rasapanchaka*, may greatly improve patient outcomes in CKD.

NEED FOR FURTHER RESEARCH

1. ***Ayurvedic* formula standardization:** To standardize the dose, formulation, and preparation techniques of polyherbal combinations used in the therapy of chronic kidney disease, further study is required.
2. **Clinical studies & Evidence-Based Validation:** To confirm the safety and effectiveness of Ayurvedic medicines in contrast to contemporary nephrology treatments, extensive, randomized clinical studies are necessary.
3. **Mechanism of Action Studies:** To better understand the renal protective effects of specific herbs and formulations, it is helpful to look at their pharmacological processes at the molecular and cellular levels.
4. **Long-Term Outcome Assessment:** When CKD patients receive Ayurvedic treatment, research should concentrate on long-term outcomes such as disease progression, recurrence, and quality of life improvement.

CONCLUSION

This case study highlights the positive impact of an integrative *Ayurvedic* approach in managing Chronic Kidney Disease (CKD), categorized under *Vrikk Vikara* due to *Mutravaha Srotas Dushti.* Within two months, clinical symptoms and biochemical indicators significantly improved with the combined usage of *Shamana Aushadhi, Pathya-Apathya Ahara*, and lifestyle changes. Important herbal formulations that were chosen for their *Rasa Panchaka* qualities, such as *Punarnava, Gokshura,* and *Haritaki,* were essential in increasing hemoglobin levels, decreasing serum creatinine and urea, and boosting renal function. Detoxification was aided and the metabolic load was decreased by including a kidney-friendly diet and a controlled lifestyle. All things considered, the research supports the promise of *Ayurvedic* regimens as a supportive therapy in the management of chronic kidney disease (CKD) and recommends more investigation to develop evidence-based guidelines for wider clinical use.

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Integrative *Ayurvedic* Approach for *Yakrit Vikar*: A Case Study on Liver Cirrhosis Recovery

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ABSTRACT

A 44-year-old male with chronic liver disease visited Aadi Shankaracharya Yoga Aushadhalya Kendra, Safidon, Haryana, presenting with weakness, body aches, nausea, vomiting, gas, bloating, and generalized itching. The relief from conventional treatment was minimal. *Arogyavardhini Vati, Bhumyamalaki Ghan Vati, Kalmegh Ghan Vati,* and *Patola Katurohinyadi Kashaya* were among the traditional *Ayurvedic* medicines used to treat the patient, in addition to dietary advice. Reductions in bilirubin, normalized liver enzymes, and enhanced ultrasonographic results were among the notable clinical and biochemical benefits noted during a 12-month follow-up. There were no negative side effects or kidney problems, with the exception of one hospitalized episode of hemorrhage. This instance demonstrates how *Ayurvedic* therapy can be used as a supplemental, safe method to treat chronic liver diseases. The key to obtaining positive results was personalized care and routine monitoring.

Keywords: Chronic Liver Disease, *Ayurvedic* Management, Liver Function Tests, Hepatoprotective Herbs.

INTRODUCTION

Excessive alcohol consumption is the third leading preventable cause of death and remains one of the most common causes of both acute and chronic liver disease in the United States.[1,2] India has a massive liver disease burden, with 22.2 fatalities per 100,000 people attributable to cirrhosis, according to World Health Organization statistics from the Global Health Observatory.[3] According to the *Ayurvedic* medical system, liver disease that is associated with *Kamala* may be caused by *Pitta prakopa*, the advancement of *Pandu (Saadhak pitta),* or a combination of etiological factors that appear at the end of any chronic illness, such as infectious viral hepataitis, specifically HAV, HBV, HCV, HDV, and HEV, which results in liver cancer in chronic or untreated conditions,

metabolic, genetic, and drug-induced contaminants such as arsenic, copper, vinyl chloride (found in non-cirrhotic portal fibrosis), fluorine, and ATT-induced hepatitis..[4] Alcoholic liver problems come in three primary types, which are as follows:

1. **Fatty liver:** soft and painful hepatomegaly, usually asymptomatic. One-third of patients have abnormal liver function tests (LFTs), with the majority. When individuals continue to drink alcohol, their condition worsens even while they heal.
2. **Alcoholic Hepatitis:** This is a dangerous illness. Fever, anorexia, nausea, vomiting, weight loss, jaundice, right hypochondrial discomfort from painful hepatomegaly, splenomegaly, ascitis, altered mental state encephalopathy, and hepatorenal syndrome, where blood and liver failure result in death, are some of the symptoms. Liver enzymes SGPT stay significantly elevated (>300IU/L), cirrhosis is frequently associated with fatty liver and alcoholic hepatitis, serum bilirubin raised SGOT, the SGPT ratio is consistently more than 2, and the most important prothrombin time (PT) is prolonged.[5]
3. **Alcoholic Cirrhosis:** The clinical manifestations of this condition vary widely. While some individuals continue to have no symptoms, others who are now alcoholic signs of acute hepatitis. The classic symptoms of chronic liver disease, including jaundice, anorexia, anemia, vomiting, weight loss, gynecomastia, loss of sexual desire, pubic and axillary hair loss, parotid gland enlargement, testicular atrophy (caused by a lack of androgens), white nails, dilated peripheral veins over the abdomen, caput medusae, spider nevus in the palm, and tender hepatomegaly complications, are present in small numbers of patients.[6] Ascites, melena, hematemesis, and fetor hepaticus (sweetish breath). Stupor, flapping tremors, renal failure coma, liver encephalopathy, and death in the end.

   SGPT: SGOT RATIO >1 (proven ongoing alcohol use and symptomatic of active illness). Assessment of chronic liver disease in children: Pugh grading criteria.

Samprapti Ghataka* of Chronic Liver Disease in *Ayurveda[7]

- ***Dosha*** – *Vata Pradhana Tridosha*
- ***Dushya* Affected Body Tissues** – *Rasa* (plasma/lymph)*, Rakta* (blood)*, Mamsa* (muscle)*, Asthi* (bone)
- ***Srotas*** (Body Channels) – *Annavaha, Raktavaha, Rasavaha, Asthivaha,*
- ***Srotodushti lakshana* (Signs of Channel Vitiation)** – *Vimargagamana* (movement in abnormal pathways)
- ***Vyadhi Marga* (Pathway of Disease Manifestation)** – *Madhyama* (since joints are involved)
- ***Agni* (Digestive Fire)** – *Agnimandya* (weak digestion in the stomach)
- ***Ama* (Toxins from Improper Digestion)** – *Sama* (associated with *ama*)

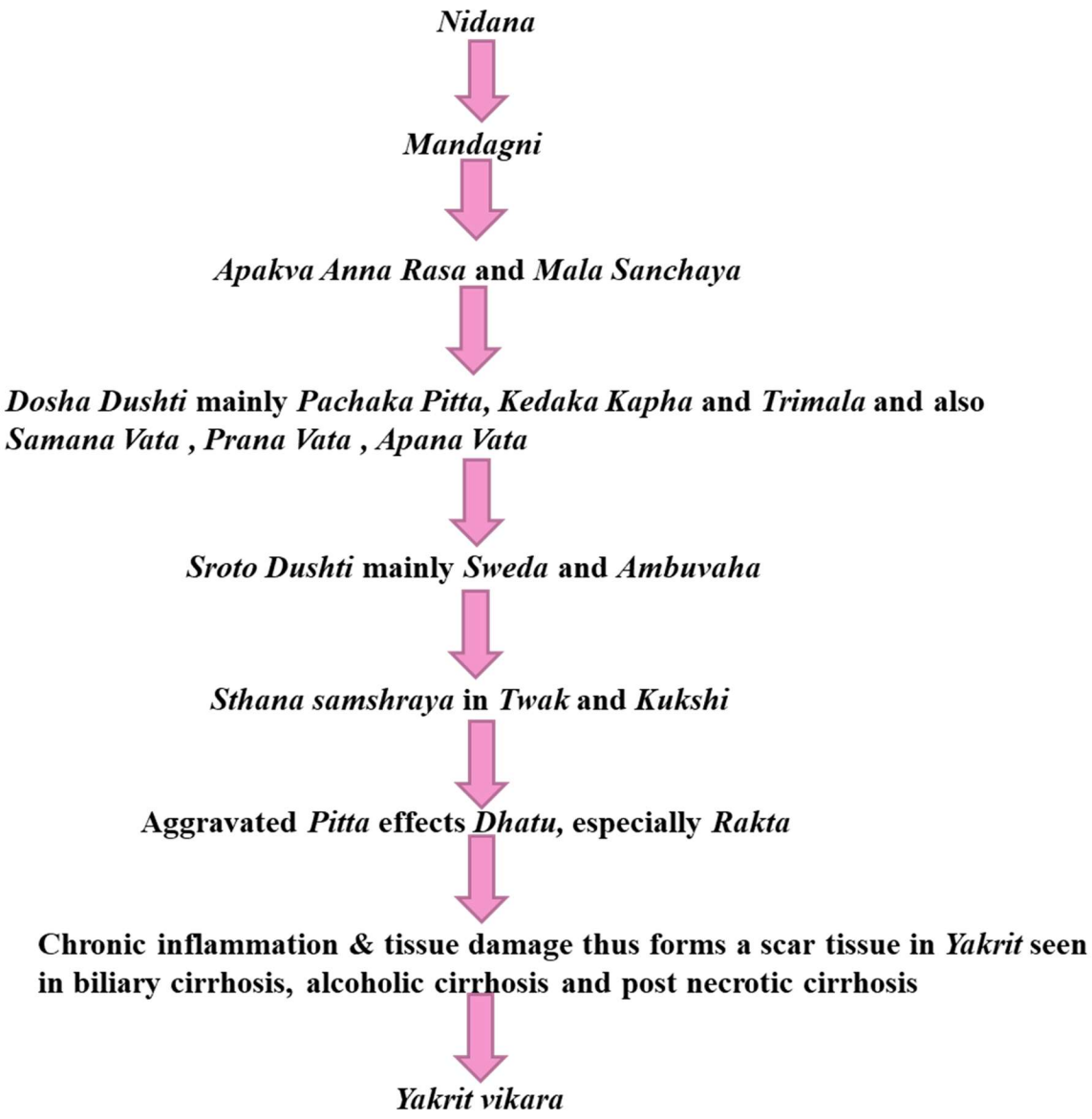

Figure 1: *Samprapati* of Chronic Liver Disease

CASE REPORT

A 44-year-old male with Chronic Liver Disease visited Aadi Shankaracharya Yoga Aushadhalya Kendera Jind Road, Safidon, Haryana. The patient suffered from weakness, General body aches, Nausea, vomiting, Gas & Bloating, and itching on the whole body.

Table 1: Vitals during the initial examination on the first day (27/10/24) of the visit

Parameters	Findings
Blood Pressure	100/90 mmHg
Pulse Rate	75/min
Weight	60kg

Table 2: *Asthvidha Pariksha* on the first-day visit of the patient

Parameters	Findings
***Nadi* (Pulse)**	*Vatapittaj*
***Mala* (Stool)**	*Abadha* (Normal)
***Mutra* (Urine)**	*Ishatpeeta* (Normal)
***Jiwha* (Tongue)**	*Saam* (Coated)
***Shabda* (Speech)**	*Spashta* (Clear)
***Sparsha* (Touch)**	*Anushna Sheeta* (Moderate temperature)
***Drika* (Eyesight)**	*Avikrit* (Normal)
***Akriti* (Appearance)**	*Madhyam* (Moderate)

***Samprapti Ghataka* of *Yakrit Vikara* in *Ayurveda* [9]**

- ***Dosha* -** *Samaan Vata* (Subtype of *Vata*), *Pachak Pitta* (Subtype of *Pitta*).
- ***Dushya*** *(Pachakagni* (Digestive fire), *Ras* (Plasma) - *Rasdhatu* (Nutrient Fluid).
- ***Adhisthaan* (location of disease)** - *Amashaya* (Stomach), *Grahani* (Small intestine).
- ***Strotas (Annavah)*** - The disease involved *Amashaya, Grahani* and *Pakwashaya* (large intestine). *Srotas* seem to be the main concern but *Rasavah Strotas* (Plasma channels), which is the first *Ama* (toxin) produced due to *Agni* (digestive fire) may get involved.
- ***Dushtiprakar* (Type of Disease)** - *Sanga* (Obstruction)
- ***Agni*** (Digestive fire) - *Mandagni* (Weak Digestion)
- ***Marga* (Pathway)*:*** *Abhyantra rogamarga* (Internal pathways of disease

CLINICAL INVESTIGATION

A normal hemogram was revealed by baseline laboratory tests, and a differential white blood cell count showed that neutrophils were 76%, eosinophils were 4%, lymphocytes were 19%, and monocytes were 1%. The random blood sugar level was 135 mg/dL, the platelet count was 260,000/mm³, and the total leukocyte count was 7,100/mm³. Significant hyperbilirubinemia (total bilirubin: 22.3 mg/dL), elevated liver enzymes (serum glutamic pyruvic transaminase (SGPT/ALT) at 189 IU/L and serum glutamic oxaloacetic transaminase (SGOT/AST) at 65 IU/L), and elevated alkaline phosphatase levels (388 IU/L) were among several noteworthy abnormalities that were noted. Despite a high HBV viral load, there were no positive results for the viral indicators for hepatitis B surface antigen (HBsAg), hepatitis B envelope antigen (HBeAg), or IgG anti-HBc. There were no hepatitis C virus (HCV) tests. Alpha-fetoprotein levels were also elevated, and prothrombin time was extended.

TIMELINE

Following a comprehensive evaluation, the patient was prescribed a formulation for a duration of 15 days for two months in the outpatient department (OPD) setting, with a 12-month follow-up term. In addition to the medications, the patient was counseled to follow the recommended diet. In order to counteract aggravated Kapha and Pitta and to check alkaline phosphatase levels, the patient was first given *Patola Katurohinyadi Kashaya* [4] and a decoction made from equal amounts of *Guduchi (Tinospora cordifolia*), *Nimba (Azadirachta indica*), *Bhumyamalaki (Phyllanthus niruri), Bhringaraj (Eclipta alba), Haridra (Curcuma longa*), and *Triphala (Terminalia chebula*) for a month. *Kaalmegh Ghan Vati* and 500 mg of *Arogyavardhini Vati* twice a day 500 mg twice a day of *Bhumiamalaki Ghan Vati* was provided throughout this time after food as well. The patient was then instructed to keep taking the same drug for three months, with the request that they retake the liver function test every fifteen days during that time.

Table 2: Timeline of the Management

Date	Health Events and Interventions
27/10/24	Gradual onset of yellow staining of the eyes and urine, appetite loss, and general weakness. The clinical observation is hepatomegaly.
28/10/24	Abdominal discomfort and minor ascites development. sought advice from a medical expert. After liver function tests, viral hepatitis was identified. recommended bed rest. prescribed 500 mg of L-ornithine-L-aspartate, Dextromethorphan, Domperidone, and Pantoprazole.
29/10/24	Laboratory results indicated a delayed prothrombin time and increased serum bilirubin. The results of the USG indicated liver cirrhosis or medical liver disease. 300 mg of ursodeoxycholic acid was prescribed, and a gastroenterologist's advice was suggested.
30/10/24	Due to deteriorating symptoms and a lack of relief, the patient stopped using allopathic medications on the eighth day after taking them for seven days. went to an Ayurvedic clinic to receive additional care.

Followup outcome

No significant adverse effects were reported during the treatment period, except for a single episode where the patient experienced four bouts of haematemesis requiring hospitalization and blood transfusion. Liver and renal

function tests remained within normal limits throughout, supporting the safety of the *Ayurvedic* medications used. Abdominal ultrasonography (USG), liver function tests (LFTs), and clinical signs and symptoms were used to track the patient's improvement. Every follow-up appointment included documentation of any adverse events. To assess systemic safety, renal function tests were conducted after two months. Over eight sessions, the patient was monitored every two weeks. Both the clinical presentation and the biochemical indicators showed a significant improvement by the end of the treatment. Gamma-glutamyl transferase (GGT) normalization and a steady drop in serum bilirubin and liver transaminases demonstrated how well *Ayurvedic* treatment worked to treat liver disease. Further confirming the effectiveness of treatment, follow-up USG reports showed a liver of normal size with slightly changed echotexture.

Timeline of Ayurvedic Management:

Date	Clinical Findings	Interventions/Medicines
27/10/24 (1st Visit)	Poor appetite, irregular bowel motions, weakness throughout the body, dry cough, minor hepatomegaly, mild pruritus, and yellow coloring of the eyes and urine.	1. *Patola Katurohinyadi Kashaya* – 120 ml (with 80 ml water), twice daily before meals 2. *Kalmegh Ghan Vati* – 500 mg, twice daily after food 3. *Arogyavardhini Vati* – 500 mg, twice daily after food 4. Dietary advice: avoid oily, spicy, and non-vegetarian food.
4/11/2024 (2nd Visit)	Normal bowel motions, no coughing or pruritus, slight hepatomegaly, prolonged appetite loss, normal urine, and a recent complaint of insomnia.	1. *Manasmitra Vati* – 2 tablets with water at night 2. Continued previous medicines
26/12/2024 (3rd Visit)	Overall, the patient reported improvements, including normal bowel movements, less pruritus, normal urine, and a marked drop in bilirubin levels.	Continued same *Ayurvedic* medicines.

2/2/2025 (4th Visit)	Missed the planned follow-up but kept taking her medicine. reported additional progress: no pruritus, normal eye color, and a healthy appetite.	1. *Kalmegh Ghan Vati* – 500 mg, twice daily 2. *Arogyavardhini Vati* – 500 mg, twice daily 3. *Bhumyamalaki Ghan Vati* – 500 mg, twice daily 4. Advised to avoid oily/spicy food and include bitter vegetables and green leafy foods.
25/3/2025 (5th Visit)	Overall, things are stable; there is no pruritus, normal appetite, and normal eye color. The patient was recommended to seek emergency care after experiencing four episodes of hemorrhage.	Advised urgent hospitalization; *Ayurvedic* treatment temporarily discontinued during acute care.
4/5/2025 (6th Visit)	Five months later, the patient came back. continued taking his prior prescriptions by himself. reported a long-term improvement.	Advised to continue the medications for one more month, followed by discontinuation. Strong dietary discipline was recommended.

DISCUSSION

The current example demonstrates how liver disease can be successfully managed with traditional Ayurvedic intervention when first allopathic treatment fails. Yellowish discoloration of the eyes and urine, generalized weakness, appetite loss, and hepatomegaly were the patient's initial symptoms of hepatic involvement. These were confirmed by elevated liver enzymes (SGPT, SGOT), hyperbilirubinemia, prolonged prothrombin time, and ultrasonographic evidence that suggested liver cirrhosis. After one week, the patient stopped allopathic treatment because of deteriorating symptoms, even though they were getting standard hepatoprotective drugs such ursodeoxycholic acid and L-ornithine-L-aspartate. Combining *Patola Katurohinyadi Kashaya, Kalmegh Ghan Vati,* and *Arogyavardhini Vati* all of which are recognized for their hepatoprotective, anti-inflammatory, and detoxifying qualities was the first step in *Ayurvedic* treatment. Additionally, dietary changes were strongly recommended to lessen the aggravation of *Pitta* and *Kapha*, which are frequently linked to liver diseases. Over

the course of eight visits, clinical evaluation and follow-up showed increasing symptom alleviation and biochemical normalcy. Gamma-glutamyl transferase (GGT), transaminases, and serum bilirubin levels all steadily decreased, suggesting better liver function. Hepatic healing was further confirmed by USG results at follow-up, which indicated normalization of liver size and only slight changes in echotexture. After four months of treatment, the patient experienced a single incident of hemorrhage, necessitating immediate medical attention and a blood transfusion. Both liver and renal function tests, however, stayed within normal ranges during the intervention, and there were no other noteworthy side effects. This implies that the *Ayurvedic* drugs were typically well-tolerated and safe. Further bolstering the all-encompassing strategy of *Ayurvedic* treatment, *Bhumyamalaki Ghan Vati* and *Manasmitra Vati* were added in later visits to help treat insomnia and residual hepatic inflammation, respectively. During the time between visits, the patient notably continued taking the prescribed medications on their own, demonstrating patient pleasure and compliance. All things considered, the result shows that carefully chosen *Ayurvedic* formulations, backed by biochemical and imaging parameters and directed by clinical evaluation, can aid in the treatment of chronic liver illness. The instance lends credence to the possibility of using *Ayurvedic* medicine as a supplemental treatment for diseases like viral hepatitis or alcoholic liver disease (ALD), particularly in individuals who don't respond well to or are intolerant to traditional therapies.

CONCLUSION

In cases where traditional treatment proved ineffective for persistent liver problems, this case study illustrates the possible safety and effectiveness of Ayurvedic management. After taking traditional *Ayurvedic* formulations like *Patola Katurohinyadi Kashaya, Kalmegh Ghan Vati, Arogyavardhini Vati,* and *Bhumyamalaki Ghan Vati,* the patient, who had been diagnosed with liver cirrhosis and hyperbilirubinemia at first, demonstrated notable clinical and biochemical improvement. The steady normalization of liver parameters and general well-being were confirmed by routine surveillance using liver function tests, ultrasonography, and clinical observation. No long-term side effects or renal problems were noted during the course of treatment, despite one incidence of hemorrhage that necessitated emergency care. A comprehensive therapy strategy was demonstrated by the addition of dietary recommendations and calming herbs that addressed both liver function and related symptoms like insomnia.

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Holistic Management of Coronary Artery Disease Through Ayurveda: A Case Study

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ABSTRACT

This case study highlights the successful Ayurvedic management of a 45-year-old male with a history of Coronary Artery Disease (CAD) and hypertension. The patient's symptoms included lower back pain, constipation, loss of appetite, bloating in the abdomen, and disturbed sleep. Panchakarma treatments, lifestyle changes (Pathya Vihara), and Ayurvedic drugs like Arjunarishta, Hridaya Sudha, Ashwagandharishta, and Arogyavardhini Vati were all part of the comprehensive treatment plan. The patient's heart rate, blood pressure, BMI, abdomen circumference, and lipid profile all improved significantly during the course of treatment and moved closer to normal limits. Additionally, there were improvements in sleep quality and digestive issues, suggesting holistic health advantages. This instance demonstrates the effectiveness of Ayurvedic treatments as a supplemental strategy for CAD in its early stages.]

Keywords:*Ayurveda*, Coronary Artery Disease, Cardioprotective, Lifestyle modification, *Panchkarma.*

INTRODUCTION

As a condition affecting the *Marma* (vital organ), hridroga is important for controlling a number of fundamental physiological processes. Even among younger people, incidences of *Hridroga* have been documented more frequently in recent years. Large changes in eating patterns and lifestyle choices are mostly to blame for this growing trend.[1] The heart's dual function in circulation is thus highlighted by its description as the organ that firmly gathers and distributes *Rakta* (blood) and *Rasa* (body fluids).[1] This characterizes the heart's basic function. *Ayurvedic* literature states that the heart develops anatomically as a muscular organ and is composed primarily of maternal *Rakta* and *Kapha* nature.[3] *Vyana Vayu* governs the heart's movement and operation and affects valvular function as well.According to this theory, the endocardium originates from *Rasa* and *Rakta,* the myocardium from *Mamsa* (muscle), and the pericardium from *Meda* (fat). Inflammatory alterations in the valves may result from the accumulation of vitiated *Rasa* and *Rakta* within the endocardium.[4] This can eventually lead to infectious disorders and the development of *Krimis* (parasites or microbes). The symptoms of valvular heart disorders,

stenosis and regurgitation, might result from structural damage to the valves caused by prolonged disruption and degeneration of *Mamsa Dhatu* (muscular tissue).[5] Heart *murmurs* are usually a sign of several disorders, which are frequently rheumatic in origin and may be related to *Amavata* (a disorder involving ama and vitiated *vata*) in *Ayurveda*. Despite the fact that classical *Ayurvedic* writings lack a direct corresponding term for valvular heart disease, these disorders are interpreted in terms of *doshic* imbalance, specifically in relation to *Vata, Rasa, Rakta*, and *Mamsa.* The main goal of *ayurvedic* treatment is to bring these *dhatus* and *doshas* back into equilibrium. *Ayurvedic* classics detail a variety of herbal and herbo-mineral remedies for such illness.

Samprapti Ghatak* of *Hrid Roga* in *Ayurveda[6]

- ***Dosha* (Bio-energetic factors)** – *Vata, Pitta, and Kapha* (*Tridosha* imbalance)
- ***Dushya* (Affected body tissues)** – *Rasa Dhatu (plasma/lymph), Meda Dhatu (adipose tissue)*
- ***Srotas* (Affected bodily channels)** – *Rasavaha Srotas* (circulatory system), *Pranavaha Srotas* (respiratory system)
- ***Adhishthan* (Seat of disease)** – *Hrid* (Heart region)
- ***Srotodushti* (Type of channel vitiation)** – *Sanga* (Obstruction)
- ***Swabhava* (Nature of disease)** – *Chirakari* (Chronic/Slow in progression)
- ***Agnidushti* (Digestive/metabolic disturbance)** – *Agnimandya* (Diminished digestive fire/metabolism)
- ***Sadhya-Asadhyata* (Prognosis)** – *Yapya* (Manageable but not completely curable)

CASE REPORT

A 45-year-old male with a history of Coronary Artery Disease (CAD), hypertension (6 years), visited on 3/9/2024 at adi Shankaracharya Yoga Aushadhalaya Kendra Jind Road, Safidon, Haryana. The patient suffered from Abdominal bloating, Loss of appetite, Constipation, Lower backache (6), sleep disturbance (4).

Table 1: Vitals during the initial examination visit on 3/9/2024

Parameters	Findings
Blood Pressure	140/60mmHg
Pulse Rate	86/min
Weight	54kg

Table 2: *Asthvidha Priksha* on the first-day visit of the patient

Parameters	Findings
***Nadi* (Pulse)**	*Vatapittaj*

***Mala* (Stool)**	*Malavashtambha (constipation)*
***Mutra* (Urine)**	*Ishatpeeta* (Normal)
***Jiwha* (Tongue)**	*Saam* (Coated)
***Shabda* (Speech)**	*Spashta* (Clear)
***Sparsha* (Touch)**	*Anushna Sheeta* (Moderate temperature)
***Drika* (Eyesight)**	*Avikrit* (Normal)
***Akriti* (Appearance)**	*Madhyam* (Moderate)

INTERVENTIONS

Table 3: *Pathya* and *Apathya vihara* for CAD

Pathya Vihara	***Apathya Vihara***
Swedana (therapeutic sweating)	*Tarshana* (excessive thirst or dehydration)
Vamana (therapeutic emesis)	*Vamana Vega Dharana* (suppressing urge to vomit)
Basti (medicated enema)	*Mutra Vega Dharana* (suppressing urge to urinate)
Virechana (purgation therapy)	*Adhovayu Vega Dharana* (suppressing flatulence)
Vishrama (adequate rest and relaxation)	*Kasa Vega Dharana* (suppressing cough reflex)
Laghana (lightness-promoting regimen)	*Ashru Vega Dharana* (suppressing tears/emotion)

***Panchkarma Ayurvedic* Therapy**

Panchkarma Ayurvedic therapies were administered to patients during IPD from 3 September 2024 to 23 September 2024.

Table 5: *Panchakarma Ayurvedic* Therapy

Therapy	Procedure	Physiology	Mode of Action

***Sarvanga Abhyanga* with *Sahacharadi Taila*[7]**	Heated *Sahacharadi Taila* is applied with specific strokes to the entire body for 45 minutes.	Improves circulation, nourishes tissues, and balances *Vata* and *Kapha doshas.*	Reduces inflammation, boosts immunity, and improves joint mobility.
***Sarvanga swedan* with *Dashmool Kwath*[8]**	*Dashmool Kwath* is used for a full-body therapeutic application.	Enhances circulation, relieves muscle tension, and detoxifies the body.	Reduces stiffness, alleviates pain, and balances *Vata* and *Kapha doshas.*
***Hrid Basti* with *Arjuna Taila*[9]**	A dough ring is placed over the heart and filled with warm Arjuna Taila for 30 minutes, with the oil being replaced whenever it cools down.	Improves circulation, reduces oxidative stress, and nourishes heart tissues.	Strengthens the heart, enhances blood flow, and reduces arterial plaque.
***Matra Basti* with *Nirgundi* and *Rasnadi Taila*[10]**	A small amount of oil is administered into the rectum using a sterile catheter and retained for 30 minutes. To prevent backflow, a piece of sterilized cotton gauze is placed in the anal region.	Absorbed through the rectal mucosa, reducing pain and inflammation.	Nourishes joints, muscles, and nerves while restoring strength and vitality.

MEDICATIONS

Table 6: *Ayurvedic* Medicines for *Hridroga* (Heart Diseases)

Medicine	Dosage	Therapeutic uses
Sankhapushpi Syrup	10–15 ml BD Twice daily after meals with equal water	Acts as a brain tonic and cardiac tonic, Reduces mental stress, anxiety, and insomnia, Calms the mind and supports healthy blood pressure
Arjunarishta	15 ml BD after meals with equal water	Strengthens heart muscles and improves cardiac output, Useful in angina (chest pain), hypertension, and palpitations,

		Antioxidant and cardioprotective properties
Pushkarmool Churna	1 Teaspoon BD with honey or lukewarm water	Useful in ischemic heart disease, bronchial asthma, and chest congestion, Improves coronary circulation and relieves cardiac pain, Acts as a Hridya (cardiotonic) and Shwasahara (anti-asthmatic)
Hridaya Sudha	2 Cap. BD after meals	Proprietary formulation for strengthening heart function, Improves cardiac rhythm, reduces palpitations and chest heaviness, Useful in mild to moderate heart failure and stress-induced heart issues
Ashwagandarishta	10 ml BD after meals with equal water	Acts as a nervine and general tonic, Useful in fatigue, anxiety, cardiac debility, and convalescence, strengthens heart by reducing oxidative stress
Brahmi Vati	2 Tablet BD, with lukewarm water after Meal	Improves cognitive function and reduces mental fatigue, Helpful in insomnia, anxiety, depression, and stress-induced cardiac strain
Arogyavardhini Vati	2 Tablet BD, with lukewarm water after meal	Improves liver function and digestion (Agni), Useful in hyperlipidemia and metabolic disorders linked to cardiac disease, Reduces atherosclerosis by cleansing the channels (Sroto Shodhan)

RESULTS

Following treatment, the patient's cardiovascular and metabolic indicators showed a notable improvement, according to the follow-up data. Better autonomic control was indicated by a significant decline in heart rate from 78 to 72 beats per minute. Effective weight management was demonstrated by the weight dropping from 54.9 kg to 51.9 kg and the BMI falling from 23 to 20.27. The abdominal circumference shrank from 89 cm to 80 cm,

indicating a reduction in visceral fat. Better blood pressure regulation was indicated by the improvement in both the diastolic and systolic blood pressures, which went from 150/74 mmHg to 136/67 mmHg. Significant alterations were also observed in the lipid profile: better lipid metabolism was indicated by a decrease in total cholesterol from 200 to 169.5 mg/dL, triglycerides from 188 to 156 mg/dL, and LDL cholesterol from 154 to 104 mg/dL. The appropriate range of 43 to 42 mg/dL for HDL cholesterol was maintained.

Table 7: Compare After Treatment

Variable	**Baseline**	**Follow-up (8/11/24)**
Heart Rate (bpm)	78	72
Weight (kg)	54.9	51.9
Body Mass Index (BMI)	23	20.27
Abdomen Girth (cm)	89	80
Systolic BP (mmHg)	150	136
Diastolic BP (mmHg)	74	67
Total Cholesterol (mg/dL)	200	169.5
Triglycerides (mg/dL)	188	156
HDL Cholesterol (mg/dL)	43	42
LDL Cholesterol (mg/dL)	154	104

DISCUSSION

The case study demonstrates the beneficial effects of Ayurvedic treatments for coronary artery disease (CAD). Systemic equilibrium was facilitated by stress-reduction techniques, light food regimens, and lifestyle changes (*Pathya Vihara*) like *Swedana, Vamana, Basti,* and *Virechana*. Numerous facts of heart health were successfully addressed by the use of nervine and cardioprotective Ayurvedic medications such as *Arjunarishta, Hridaya Sudha, Ashwagandharishta, Brahmi Vati*, and *Arogyavardhini Vati.*The patient had relief in his chief complaints.

The patient's vital cardiovascular and metabolic markers significantly improved after treatment. The heart rate decreased from 78 to 72 beats per minute, suggesting better autonomic control. Improved metabolic efficiency is demonstrated by weight loss from 54.9 kg to 51.9 kg and a BMI decrease from 23 to 20.27. Reduced visceral fat and enhanced insulin sensitivity are suggested by a notable decrease in abdominal circumference (89 to 80 cm). The lipid profile improved dramatically, with a decrease in total cholesterol (200 to 169.5 mg/dL), triglycerides (188 to 156 mg/dL), and LDL (154 to 104 mg/dL), but HDL was constant. The blood pressure also returned to normal (150/74 to 136/67 mmHg). Together, these modifications show better cardiovascular health and fewer risk factors, proving the effectiveness of comprehensive Ayurvedic treatment for CAD.

CONCLUSION

The case study concludes by demonstrating the substantial therapeutic potential of *Ayurvedic* treatment for coronary artery disease (CAD). Significant improvements in cardiovascular and metabolic markers were achieved with the combination of detoxifying *Panchkarma* therapies, lifestyle changes *(Pathya Vihara),* and certain *Ayurvedic* drugs. Improved autonomic function, metabolic balance, and decreased cardiovascular risk are shown by decreases in blood pressure, cholesterol levels, weight, BMI, abdomen circumference, and heart rate. Crucially, the disease's psychological and physiological aspects were both addressed by the comprehensive approach. This example demonstrates the effectiveness of traditional *Ayurvedic* treatments as a supportive, safe approach in conjunction with lifestyle modification for the treatment of CAD, particularly in its early or moderate phases.

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Integrative *Ayurvedic* Strategies for *Madhumeha* (Type 2 Diabetes): Diagnosis and Management

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ABSTRACT

This case study explores the effectiveness of an *Ayurvedic* treatment protocol in managing *Madhumeha* (Type 2 Diabetes Mellitus) in a 45-year-old male patient. On August 8, 2025, the patient, who had a known history of diabetes, came to the Aadi Shankaracharya Yoga Aushadhalaya Kendra on Jind Road in Safidon, Haryana, complaining of polyuria and overall weakness. *Vasant Kusumakar Rasa, Trivanga Bhasma, Giloy Satva, Madhunashini Vati, Madhukalpa Vati,* and *Chandraprabha Vati* were among the traditional *Ayurvedic* medicines used in the 28-day intervention. The regimen also includes dietary supplements with *Amla juice* and *Haridra churna,* regular outdoor exercise, and *divaswapna,* or the restriction of daytime sleep. The patient had increasing relief from symptoms such as exhaustion, sleep disturbances, excessive thirst, frequent urination, and foot burning during the course of treatment. Significant improvements were also seen in biochemical markers: HbA1c dropped from 7.0% to 4.8%, postprandial blood sugar dropped from 294 mg/dL to 117 mg/dL, and fasting blood sugar dropped from 176 mg/dL to 95 mg/dL. No negative consequences were noted.

Keywords: *Madhumeha,* Type 2 Diabetes Mellitus*, Ayurvedic* Management, *Vasant Kusumakar Rasa*, Blood Sugar Control.

INTRODUCTION

Ancient Indian physicians identified Diabetes mellitus as *Madhumeha* because the urine of patients attracted ants. One of the Vataja subtypes of *Prameha* is *Madhumeha.* This illness, known as mahagada in *Ayurveda* has plagued people from the beginning of time, and the proof of this illness with its problems are becoming worse every day.[1] The metabolic syndrome, prediabetes, diabetes, and obesity are all clinical disorders that are part of this syndrome.[2] According to *Ayurvedic* traditions, the primary symptom of *Prameha* is "*prabhu tavila mutrata*," or the emission of large amounts of turbid urine. This symptom is similar to the one for Diabetes mellitus that is referenced in contemporary texts.[3] An estimated 424.9 million people worldwide had diabetes in 2017 ,

according to epidemiological research, and the frequency of the disease is rising among adults.[4] India, which currently has the second-highest number of people with diabetes worldwide, is greatly impacted by the global increase in the condition.[5] A class of metabolic diseases known as diabetes mellitus is characterized by persistently high blood sugar levels brought on by either insufficient insulin secretion, insufficient insulin action, or both.[6] Classic symptoms including increased hunger (polyphagia), excessive thirst (polydipsia), and frequent urine (polyuria) are brought on by this raised blood sugar level. Diabetic ketoacidosis, hyperosmolar nonketotic coma, cardiovascular disease, stroke, kidney failure (nephropathy), diabetic foot ulcers, and eye disorders such retinopathy, cataracts, and glaucoma are among the severe complications that can result from poorly treated diabetes.[7] According to *Ayurvedic* literature, *Prameha,* a *Tridoshaja* illness mostly brought on by Santarpana (over-nourishment), is associated with diabetes. According to *Sushruta*, vitiation of immature *Vata, Pitta,* and *Kapha* results from overindulging in foods and actions that aggravate P*rameha Karaka ahara-vihara.* These factors then interact with *Medo Dhatu* (fat tissue). *Prameha* is the outcome of these vitiated components localizing in the *Basti* (bladder) after passing via the *Mutravaha Srotas* (urinary channels).[8] Although *Ayurveda* stresses that it can be efficiently handled, *Madhumeha*, a Vata-dominant *Prameha,* is regarded as *Asadhya* (incurable) among its subtypes. *Pathya Aahara-Vihara* (controlled dietary and lifestyle changes), *Shodhana Chikitsa* (detoxification through *Panchkarma*), and *Shamana Chikitsa* (application of antidiabetic herbal formulations) are all part of the management strategy.

***Samprapti Ghataka* of *Madhumeha*[9]**

- ***Dosha* (Bio-energies):** *Kapha*-dominant *Tridosha* – All three *doshas* involved, mainly *Kapha.*
- ***Dushya* (Affected tissues):**Fat (*Meda),* Muscle *(Mamsa),* Fluid *(Kleda),* Semen *(Shukra), Blood (Rakta),* Fat tissue *(Vasa),* Bone marrow *(Majja),* Lymph (*Lasika),* Plasma *(Rasa),* Immunity *(Ojas)*
- ***Srotas* (Body channels involved):** Urinary channels *(Mutravaha Srotas)* and Fat metabolism channels *(Medovaha Srotas)*
- ***Srotodushti* (Type of channel disorder):** Obstruction *(Sanga)* and Excess flow *(Atipravriti)*
- ***Agni* (Digestive/metabolic fire):** Main digestion *(Jatharagni)* and Fat metabolism *(Medodhatu Agni)*
- ***Udbhav Asthana* (Origin of disease):** Stomach *(Amashaya)*
- ***Vyaktasthana* (Manifestation site):**Urinary system *(Mutra Vaha)*
- ***Adhishthana* (Main site):** Bladder *(Basti)*
- ***Rogamarga* (Disease pathway):** Internal systems *(Madhyama)*
- ***Swabhava* (Nature of disease):** Chronic *(Chirakari)*
- ***Sadhya-Asadhyata* (Prognosis):** Manageable but not fully curable *(Yapya)*

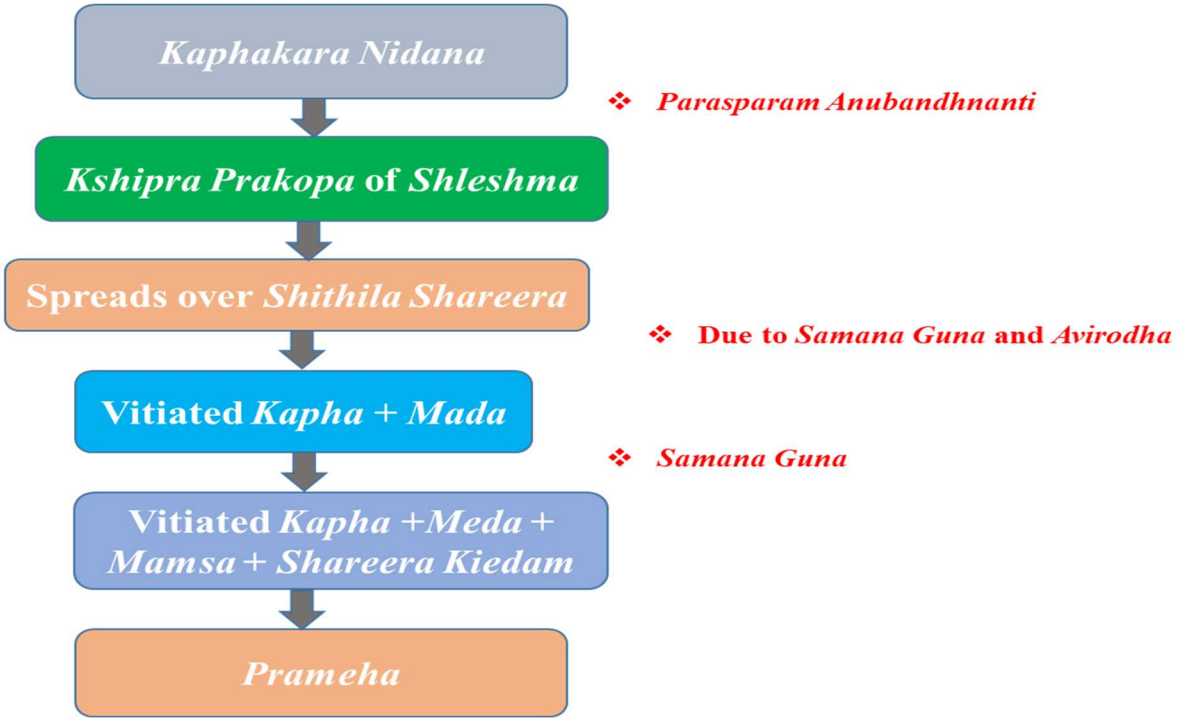

Figure 1: *Samprapati* of *Prameha*

CASE REPORT

A 45 year-old male with a history of Diabetes mellitus visited Aadi Shankaracharya Yoga Aushadhalaya Kendra Jind Road, Safidon, Haryana. The patient visited on 8/1/2025. The patient suffered from Weakness and polyuria.

Table 1: Vitals during the initial examination visit on 17/10/2024

Parameters	Findings
Blood Pressure	110/60mmHg
Pulse Rate	70/min
Weight	75kg

Table 2: History of Patient Allopathic Medicine

Medicine Name	Dosage
Glimepiride, Metformin and Voglibose	**BD**
Tianeptine	**BD**

Table 3: *Asthvidha Pariksha* on the first-day visit of the patient

Parameters	Findings
Nadi	*VatajPittaj*
Mala	*Avikrita*

Mutra	*Isha Peeta*
Jiwha	*Saam*
Shabda	*Spashta*
Sparsha	*Anushna Sheeta*
Drika	*Avikrita*
Akriti	*Sthula*

RESULTS and FOLLOW-UP

For 28 days, the patient was treated according to a systematic *Ayurvedic* protocol. *Vasant Kusumakar Rasa* (100 mg), *Trivanga Bhasma* (125 mg), and *Giloy Satva* (500 mg) along with honey were first given orally twice a day before meals for the first 20 days. Moreover, *Madhunashini Vati* (one tablet) was taken four times daily with tepid water prior to meals, and *Madhukalpa Vati* (two tablets) and *Chandraprabha Vati* (two tablets) were taken twice daily after meals. Twenty days later, the medication was changed: *Madhunashani Vati* was given two pills three times a day before meals, while *Madhukalpa Vati* and *Chandraprabha Vati* doses stayed the same.The patient was instructed to avoid divaswapna (daytime napping), exercise outside for an hour each day, and take *Amla juice* (20 ml) with *Haridra Churna* (1 g) every morning in addition to the prescription.

Dring follow-ups:

- **Day 7**: Patient reported noticeable relief in general symptoms like body ache, disturbed sleep, excessive thirst, hunger, and frequent urination.
- **Day 14**: Further improvement in all symptoms was reported.
- **Day 21**: Patient experienced a sense of lightness and increased energy; mental stress and burning sensation in the feet were reduced.
- **Day 28**: After the change in medication schedule, no recurrence of previous symptoms was reported. The patient felt energetic, and urinary frequency was normalized (0–1 times at night, 4–6 times during the day).

Table 4: Improvement in Blood Sugar Levels During Treatment

Follow-Up	**Date**	**Fasting Blood Sugar (mg/dL)**	**Postprandial Blood Sugar (mg/dL)**
Baseline	08/1/25	176	294

Follow-Up 1 (7 Days)	14/1/25	110	145
Follow-Up 2 (14 Days)	21/1/25	97	110
Follow-Up 3 (21 Days)	28/1/25	88	105
Follow-Up 4 (28 Days)	04/2/25	95	117

The pre- and post-intervention assessment of the patient, as presented in Table 4, demonstrates a significant improvement in glycemic control following the intervention. The glycosylated hemoglobin (HbA1c) levels, which indicate long-term blood glucose regulation, were recorded at 7.0% on 8/1/2025, reflecting poor glycemic control. With the administration of the prescribed intervention, including the herbal tea and follow-up medicine, there was a noticeable reduction to 4.8% on 04/2/25.

Table 5: Pre and Post-Intervention Assessment of the Patient

Parameter	Findings	
Date	8/1/25	4/2/25
Glycosylated hemoglobin (HbA1c)	7.0%	4.8%

DISCUSSION

According to traditional *Ayurvedic* scriptures, this instance demonstrates the potential of *Ayurvedic* intervention in the treatment of Type 2 Diabetes Mellitus, particularly *Apathyanimittaja Madhumeha.*[10] After a 28-day planned *Ayurvedic* regimen, the patient, who had initially presented with poor glycemic control (HbA1c: 7.0%, FBS: 176 mg/dL, PPBS: 294 mg/dL), showed a noticeable improvement. The treatment plan used herbal formulations with *deepana, pachana, lekhana,* and *medohar* capabilities to target important pathophysiological components like *Kapha, Meda Dhatu,* and *Kleda.* Blood glucose levels were found to be effectively normalized over time by combining *Vasant Kusumakar Rasa, Trivanga Bhasma,* and *Giloy Satva* with *Madhunashini Vati, Madhukalpa Vati,* and *Chandraprabha Vati*.Subjective symptoms such as mental stress, burning feet, frequent urination, excessive thirst, and exhaustion also gradually improved over the course of four weeks. By treatment's

completion, the HbA1c has decreased from 7.0% to 4.8%, indicating both short-term glycemic correction and better long-term glucose metabolism. Improved metabolic regulation was probably a result of lifestyle changes like avoiding divaswapna and walking for an hour every day. The overall therapeutic response points to customized *Ayurvedic* treatment as a potential safe and efficient adjunctive strategy for Type 2 diabetes glucose control.

CONCLUSION

The current case study illustrates how *Ayurvedic* treatment can improve glycemic control in a patient with Type 2 Diabetes Mellitus *(Apathyanimittaja Madhumeha)*. The 28-day treatment plan significantly decreased fasting and postprandial blood sugar levels. It included traditional Ayurvedic formulations like *Vasant Kusumakar Rasa, Trivanga Bhasma, Giloy Satva, Madhunashini Vati, Madhukalpa Vati*, and *Chandraprabha Vati,* as well as supportive lifestyle interventions. A decrease in the glycosylated hemoglobin (HbA1c) from 7.0% to 4.8% suggests that long-term glycemic management is working. Additionally, the patient reported a discernible improvement in subjective symptoms such exhaustion, frequent urination, excessive thirst, and foot burning. With no documented side effects, this improvement demonstrates the effectiveness and safety of *Ayurveda* as a supplemental treatment option for diabetes care.

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