

**Date: 05 September, 2025**

<p>To, Manager - Listing Compliance <b>National Stock Exchange of India Limited</b> 'Exchange Plaza'. C-1, Block G, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051 SYMBOL: JSLL</p>	<p>To, Head of the Department, Department of Listing Operation, <b>BSE Limited</b> Phiroze Jeejeebhoy Towers, Dalal Street, Mumbai 400001 SCRIP Code: 544476</p>
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**Subject: Intimation under Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 – Publication of Case Studies and Reports.**

**Dear Sir/Madam,**

Pursuant to Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, we wish to inform you that the following case studies and reports have been authored by medical professionals associated with **Jeena Sikho Lifecare Limited**, including our Managing Director, senior consultants, and Ayurvedic experts.

These publications underscore the Company's continued commitment to advancing Ayurvedic research and promoting evidence-based clinical practices. The details of the case studies are as follows:

S. No.	Type	Name
1.	Case Study	Role of Panchakarma and Ayurvedic Medicine in Controlling Ckd and HTN: A Case Study
2.	Case Report	Effective Management of Symptoms of Carcinoma of The Urinary Bladder (Bastyarbuda) through Ayurvedic Interventions: A Case Report
3.	Case Study	Efficacy of Ayurvedic Panchakarma Therapies in Vrikkaroga with Special Reference to Chronic Kidney Disease
4.	Case Study	Exploring the Efficacy of Ayurveda in Alcoholic Liver Disease: A Case Study
5.	Case Report	A Comprehensive Case Report on the Management of Prameha (Diabetes Mellitus) Using Traditional Ayurvedic Medications
6.	Case Study	Management of Chronic Kidney Disease (Vrikka Vikara) Through Ayurvedic Modalities: A Case Study
7.	Case Study	Significant Improvement in Type 2 Diabetes Mellitus with Diabetic Neuropathy and Retinopathy by Ayurvedic Therapeutics: A Case Study Regarding Santarpan Chikitsa in Krucchrasadhya (Difficult to Treat) Vataj Prameha along with its Updrava
8.	Case Study	Considerable Effect of Ayurvedic Intervention in Subclinical Hypothyroidism: A Case Study of Anuktavyadhi (Unsaid Disorder)

## JEENA SIKHO LIFECARE LIMITED

120+ AYURVEDA CLINICS & HOSPITALS | FREEDOM FROM 2D DISEASES & DRUGS

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CIN NO.: L52601PB2017PLC046545

**Corporate Office Address:**

B-26, Opp. Metro Pillar No. 223, Rohtak Road,  
New Multan Nagar, Delhi - 110056  
Email ID: cs@jeenasikho.com | www.jeenasikho.com

9.	Case Study	Management of Type 2 Diabetes Mellitus Significantly through Ayurvedic Intervention: A Case Study of Vatajapramehachikitsa
10.	Case Report	Efficacy of Ayurvedic Medicines in The Management of Psoriasis: A Case Report
11.	Case Study	Rapid healing of liver health along with preventing it from converting into acute to chronic liver disease Byayurvedic management in the viewpoint of Yakrit Vikara: A Case Study

The above-mentioned case studies have been co-authored by **Acharya Manish Grover Ji (Managing Director)** along with the following medical professionals associated with the Company:

**Dr. Gitika Chaudhary, Dr. Richa, Dr. Poonam Hooda, Dr. Tanu Rani, Dr. Goel Abhishek Rajendra Kumar, Dr. Jagdish Prasad Kumawat, Dr. Suyash Pratap Singh, Dr. Priyank Sharma, Dr. Manjeet Singh, Dr. Gurdas, Dr. Ankita, Dr. Upam, Dr. Sadhna Yadav, Dr. Arpana Negi and Dr. Yogesh Handa**

Copies of the articles are enclosed as *Annexures A to K* for your records.

This is for your kind information and record.

**Thanking you,  
Yours faithfully,**

**For Jeena Sikho Lifecare Limited**

**Manish Grover  
Managing Director  
DIN: 07557886  
Place: Zirakpur, Punjab  
Date: 05.09.2025**

## **JEENA SIKHO LIFECARE LIMITED**

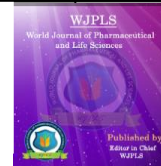
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## ROLE OF PANCHAKARMA AND AYURVEDIC MEDICINE IN CONTORLING CKD AND HTN: A CASE STUDY

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### 1. ABSTRACT

Chronic kidney disease (CKD) is defined as a progressive condition affecting kidney. According to recent studies glomerular filtration rate (GFR) is the basis of CKD detection and classification to five stages. The GFR alone cannot diagnose the disease during of stage 1 and stage 2 CKD because in those individuals the GFR may be normal or borderline normal. It is diagnosed and confirmed by analyzing GFR, serum urea, serum creatinine and serum uric acid. Chronic kidney disease (CKD), falling under the umbrella of non-communicable diseases is emerging as a global threat, reducing the productive years, life expectancy,<sup>[1]</sup> causing immense health expenditure, and increased socio-economic burden. CKD has become a common disease with a high Prevalence rate of nowadays<sup>[2]</sup> in people including young individuals. CKD refers to long term kidney damage, often caused by hypertension and type 2 diabetes, leading to irreversible damage to kidney function over time. Chronic kidney disease (CKD) means your kidneys are damaged and can't filter blood the way they should. The disease is called "chronic" because the damage to your kidneys happens slowly over a long period of time. This damage can cause wastes to build up in your body. CKD can also cause other health problems. Kidney diseases are categorized under *Basti* or *Maha Marma* (vital organs) in *Ayurveda* and are recognized for their *Kashtasadhyatva* (poor prognosis). The structural and functional components of *Vrikka* (kidneys) are nourished by *Rakta* (blood) and *Meda* (fat tissue), forming the basis of *Medovahasrotas* (fat-metabolic channels). Chronic Kidney Disease (CKD), considered an *Anukta Vikara* (non-specific disease) in *Ayurveda*.

**2. KEYWORDS:** Chronic Kidney Disease (CKD), *Mutrakriccha*, *Vrikk Nishkriyata*, Serum creatinine, Anemia, *Panchakarma Chikitsa*.

### 3. INTRODUCTION

Chronic Kidney Disease (CKD), a progressive condition affecting kidneys for  $\geq 3$  months, causes over 1 million deaths annually and requires improved resources and healthcare costs. CKD is a growing global disorder, with early diagnosis and intervention reducing cardiovascular events, kidney failure, and death. Screening is most effective in developed countries, targeting high-risk groups like elderly individuals and those with concomitant illnesses. Strategies to slow disease progression include high blood pressure treatment, angiotensin-converting-enzyme inhibitors or blockers, glycemic control, statins and aspirin, and novel clinical methods to identify patients at risk of progression to later stages.

India, like many other developing countries, is experiencing a growing and often under-recognized epidemic of chronic renal failure (CRF). This issue is a key aspect of the ongoing health transition driven by industrialization and urbanization. Contributing factors include a rise in sedentary lifestyles, poor dietary habits, low birth weight, and malnutrition.<sup>[3]</sup>

Chronic kidney disease (CKD), is the irreversible loss of kidney function over years. Chronic renal failure (CRF) initially presents as a biochemical abnormality. It is diagnosed when the glomerular filtration rate (GFR) drops below 30 ml/min.<sup>[4]</sup> Type-2 diabetes is one of the main causative factor of CKD, further leading to diabetic nephropathy. A blood test for creatinine, a breakdown product of muscle metabolism, can detect chronic renal

disease. Elevated levels of creatinine (breakdown product of muscle metabolism) signify a reduced glomerular filtration rate, which in turn signifies a diminished kidney's ability to eliminate waste materials. CKD poses a growing problem to society as the incidence of the disease increases at an annual rate of 8.<sup>[5]</sup>

### 1. CASE REPORT

A 60-year-old male patient with K/C/O CKD which was diagnosed recently & came to the OPD of Jeena Sikho Lifecare Limited, Clinic, Rohini, New Delhi on 30<sup>th</sup> Nov. 2024 with the chief complaints of gastritis and acidity. The other complaints include low appetite, not clear motion, less urine and mild nausea. There is no any relevant family history and surgical history.

- **Table 1: A detailed assessment of vital signs on the first visit (30.11.2024).**

Parameters	Findings
B.P.	160/90 mmHg
P/R	90/min
Weight	47 kg
Height	5 ft. 3 in.

- **Table 2: Ashtavidha Pariksha done on 30.11.2024.**

S.No.	Parameters	Findings
1.	<i>Sparsha</i>	<i>Prakrita</i>
2.	<i>Shabda</i>	<i>Spashta</i>
3.	<i>Akriti</i>	<i>Prakrita</i>
4.	<i>Drishhti</i>	<i>Prakrita</i>
5.	<i>Jivha</i>	<i>Niraam</i>
6.	<i>Mutra</i>	<i>Ishat-peat varna</i>
7.	<i>Mala</i>	<i>Avikrita</i>
8.	<i>Nadi</i>	<i>Vaat-Kaphaj</i>

- **Table 3: Dasha Pariksha done on 30.11.2024.**

S.No.	Parameters	Findings
1.	<i>Prakriti</i>	<i>Vaat-Kaphaj</i>
2.	<i>Vikriti</i>	<i>Vaataj</i>
3.	<i>Sara</i>	<i>Madhyam</i>
4.	<i>Samhana</i>	<i>Madhyam</i>
5.	<i>Pramana</i>	<i>Madhyam</i>
6.	<i>Satmya</i>	<i>Madhyam</i>
7.	<i>Satva</i>	<i>Madhyam</i>
8.	<i>Aahar Shakti</i>	<i>Madhyam</i>
9.	<i>Vaya</i>	<i>Vridhdha</i>
10.	<i>Vyayam Shakti</i>	<i>Madhyam</i>

The patient was advised for some investigations like CBC, Platelet count, RFT, and LFT.

- **Table 4: A detailed result of investigations done on 30.11.2024.**

**Table 4.1: CBC Report.**

Parameters	Findings
Hemoglobin (HB)	8.90 g/dL
Total Leucocytes Count (TLC)	7.00 thou/mm <sup>3</sup>
Total RBC count	2.91 Mill/mm <sup>3</sup>

Packed Cell Volume (PCV)	27.20 %
MCV	93.40 fL
MCH	30.60 pg
MCHC	32.80 g/dL

**Table 4.2: Platelets count Report.**

Parameters	Findings
Basophils	0.04 thou/mm <sup>3</sup>
Platelets count	176 thou/mm <sup>3</sup>
Mean platelet volume	11.5 fL

**Table 4.3: LFT Report.**

Parameters	Findings
AST (SGOT)	13.0 U/L
ALT (SGPT)	12.0 U/L
AST:ALT	1.08
Alkaline Phosphatase (ALP)	153 U/L
Bilirubin Total	0.40 mg/dL
Bilirubin direct	0.16 mg/dL
Bilirubin indirect	0.24 mg/dL
Total Protein	7.60 g/dL
Albumin	4.60 g/dL
A:G Ratio	1.53

**Table 4.4: KFT Report.**

Parameters	Findings
Creatinine	9.02 mg/dL
GFR estimated	6 ml/min/1.73 m <sup>2</sup>
Urea	190.20 mg/dL
Urea Nitrogen Blood	88.82 mg/dL
Uric acid	7.40 mg/dL

**Table 4.5: Electrolyte Report.**

Parameters	Findings
Calcium	9.80 mg/dL
Phosphorous	5.67 mg/dL
Sodium (Na <sup>+</sup> )	136.00 mEq/L
Potassium (K <sup>+</sup> )	6.13 mEq/L
Chloride (Cl)	112.00 mEq/L

### 2. Treatment Plan

As far as CKD is concerned, it is not separately mentioned in *Ayurveda* texts. So, it can be categorized under the disorders of *Mutra-vaha strotas dushti vikaras* such as *Mutrakriccha* or *Vrikk Nishkriyata* due to similarity of major symptoms are seen. Here, the patient was given medications under the following way:

## ➤ Daily Medication

## ○ Table 5: Daily Ayurvedic Medication Schedule on 30.11.2024.

S.N.	Medicine Name	Content	Doses
1.	Nephron plus	<b>Hazrool Yahood Bhasma, Chandraprabha powder, Pashanbheda</b> ( <i>Bergenia lingulata</i> ), <b>Mulak kshar</b> ( <i>Raphanus sativus</i> ), <b>Yava kshar</b> ( <i>Hordeum vulgare</i> ), <b>Amalaki Rasayan powder, Trivikrum Rasa powder, Navasara powder, Nimbu satva</b> ( <i>Citrus limon</i> ), <b>Gokshur</b> ( <i>Tribulus terrestris</i> ), <b>Durbhamool</b> ( <i>Desmostachya bipinnata</i> ), <b>Shila pushpa</b> ( <i>Didymocarpus pedicillata</i> ), <b>Black salt, Hing</b> ( <i>Ferula foetida</i> )	1 Tab. BD
2.	Electro plus	Electrolytes, Glucose, Vitamin C, Aple	1 BD
3.	Yakrit Shoth Har Vati	<b>Punarnva</b> ( <i>Trianthema portulacastrum</i> ), <b>Kalimirch</b> ( <i>Piper nigrum</i> ), <b>Pippali</b> ( <i>Piper longum</i> ), <b>Vayavidanga</b> ( <i>Embella ribes</i> ), <b>Devdaru</b> ( <i>Cedrus deodara</i> ), <b>Kutha</b> ( <i>Saussurea lappa</i> ), <b>Haldi</b> ( <i>Curcuma longa</i> ), <b>Chitrak</b> ( <i>Plumbago zeylanica</i> ), <b>Harad</b> ( <i>Terminalia chebula</i> ), <b>Bahera</b> ( <i>Terminalia belerica</i> ), <b>Amla</b> ( <i>Emblica officinalis</i> ), <b>Danti</b> ( <i>Baliaspermum mantanum</i> ), <b>Chavya</b> ( <i>Piper retrofractum</i> ), <b>Indra Jon</b> ( <i>Holarrhena antidysenterica</i> ), <b>Pippla Mool</b> ( <i>Piper longum</i> ), <b>Motha</b> ( <i>Cyperus rotundus</i> ), <b>Kalajira</b> ( <i>Carum carvi</i> ), <b>Kayphal</b> ( <i>Myrica esculenta</i> ), <b>Kutki</b> ( <i>Picrorhiza kurroa</i> ), <b>Nishoth</b> ( <i>Operculina turpethum</i> ), <b>Sonth</b> ( <i>Zingiber officinale</i> ), <b>Kakd singhi</b> ( <i>Pistacia integerrima</i> ), <b>Ajwaen</b> ( <i>Carum copticum</i> ), <b>Mandur bhasam</b> ( <i>Ferric Oxide</i> )	1 Tab. BD
4.	Mutral vati	<b>Kajjali, Loh bhasma, Vanga bhasma, Abharaka bhasma, Yavakshar, Gokshura, Haritiki, Baheda, Vasa, Petha, Kusha, Kasha, Charra, Durvaa, Ikhha</b>	1 Tab. BD
5.	Gokshuradi Guggulu	<b>Gokshura</b> ( <i>Tribulus terrestris</i> ), <b>Shudha Guggulu</b> ( <i>Commiphora wightii</i> ), <b>Shunthi</b> ( <i>Zingiber officinale</i> ), <b>Marich</b> ( <i>Piper nigrum</i> ), <b>Pippali</b> ( <i>Piper longum</i> ), <b>Haritaki</b> ( <i>Terminalia chebula</i> ), <b>Bibhitaki</b> ( <i>Terminalia bellirica</i> ), <b>Amlaki</b> ( <i>Emblica officinalis</i> ), <b>Musta</b> ( <i>Cyperus rotundus</i> )	1 Tab. BD
6.	Syrup CKD	<b>Kasani</b> ( <i>Cichorium endivia linn.</i> ), <b>Gokhru</b> ( <i>Tribulus terrestris linn.</i> ), <b>Shatavari</b> ( <i>Asparagus racemosus willd.</i> ), <b>Giloy</b> ( <i>Tinospora cordifolia</i> ), <b>Sorbitol, Sudha shilajit</b> ( <i>Asphaltum punjabianum</i> )	2 tbsp. BD
7.	Amla Pitta Har Churna	<b>Shunthi</b> ( <i>Zingiber officinale</i> ), <b>Maricha</b> ( <i>Piper nigrum</i> ), <b>Pippali</b> ( <i>Piper longum</i> ), <b>Amalki</b> ( <i>Emblica officinalis</i> ), <b>Bibhitika</b> ( <i>Terminalia belerica</i> ), <b>Haritiki</b> ( <i>Terminalia chebula</i> ), <b>Musta</b> ( <i>Cyperus rotundus</i> ), <b>Sukshmaila</b> ( <i>Elettaria cardamomum</i> ), <b>Tvak Patra</b> ( <i>Cinnamomum tamalas</i> ), <b>Vidanga</b> ( <i>Embelia ribes</i> ), <b>Bid Lavana</b> ( <i>Sodii chloridum</i> ), <b>Lavanga</b> ( <i>Syzygium aromaticum</i> ), <b>Trivrita</b>	1 tbsp. BD
8.	GFR Powder	<b>Bhoomi Amla</b> ( <i>Phyllanthus fraternus</i> ), <b>Badi Harad</b> ( <i>Terminalia chebula</i> ), <b>Bahera</b> ( <i>Terminalia belerica</i> ), <b>Kasni</b> ( <i>Cichorium lenticula</i> ), <b>Makoye</b> ( <i>Solanum nigrum</i> ), <b>Punarnava</b> ( <i>Boerhaavia diffusa</i> ), <b>Gokhru</b> ( <i>Tribulus terrestris</i> )	1 tbsp. BD

## ➤ DIP diet

Pathya-Apathya<sup>[6]</sup>

## ○ Table 6: Dietary plans for Mootravaha sroto vikaras.

Pathya diet	Apathya diet
Mudgarasa – Once weekly	Protein diet/Dairy food/Animal food
Yava Anna Sewan	Wheat ( <i>Godhum</i> )
Patol sewan, Urvaruk (snake cucumber) and boiled vegetables	Heavy pulses
Saindhav lavana	Packed items
Fruits – apple, papaya	Citrus fruits
Strictly fluid intake – 1 to 1.5 L/day	Spices and pickles

**Hydration**

- Sip water slowly and steadily to ensure proper hydration.
- Drink approximately 1 litre of alkaline water 3 to 4 times a day.
- Include herbal tea, living water, and turmeric-infused water in your daily routine.
- Boil 2 litres of water and reduce it to 1 litre before consumption.

- Kodo
- Banyard
- Browntop

**Include millets like**

- Foxtail
- Little

○ **Table 7: Diet Chart.**

TIME	DIET PLAN
Early Morning (5:45 AM)	Herbal tea with curry leaves (1 leaf for 1 minute or 5 leaves for 5 minutes) Raw ginger and turmeric
Breakfast (9:00-10:00 AM)	Steamed seasonal fruits Steamed sprouts (based on the season) Fermented millet shake (containing 4-5 types of millet)
Morning Snacks (11:00 AM)	Red juice (150 ml) Soaked almonds
Lunch (12:30 PM - 2:00 PM)	Plate 1: Steamed salad Plate 2: Cooked millet-based dish
Evening Snacks (4:00 – 4:20 PM)	Green juice (100-150 ml) 4-5 almonds
Dinner (6:15-7:30 PM)	Plate 1: Steamed salad, chutney, and soup Plate 2: Millet khichdi

➤ **Lifestyle modification**

- (i) Practice deep breathing exercises (*Pranayama*) for 40 mins daily.
- (ii) Eat and drink within a bracket of 08 hours (for e.g. If you start your first meal in the morning at 10 AM then finish your dinner by 6 PM).
- (iii) Fast once a week on just coconut water.
- (iv) 1 glass of Luke warm water added with 1 spoon *haldi* powder, 1 lemon with pinch of black pepper (freshly grated) to be consumed 4 times a day.
- (v) Perform oil pooling every day.
- (vi) Physical Activity: 60 minutes exercise daily (preferably during sunrise)
- (vii) Sunlight: Sit in sunlight for at least 1 hour in the morning and 1 hour in the evening with foot soaked in lukewarm water as advised with chanting.

➤ **Panchakarma therapy**

1) **Awagaha Swedana**<sup>[7]</sup>

Procedure: The patient is seated in a tub containing warm water (42°C) infused with medicinal herbs for approximately 30 minutes under observation.

Physiological Effects

- Warm water induces vasodilation, enhancing skin blood flow and promoting diaphoresis.
- Sweating aids in the elimination of metabolic waste (urea, creatinine, uric acid).
- Transdermal absorption of *ayurvedic* constituents supports systemic effects.

Mode of Action

- Elevated body temperature triggers vasodilation and sympathetic activation, releasing catecholamines and thyroid hormones to boost metabolism and lipolysis.
- Facilitates liquefaction and mobilization of *doshas* within microchannels (*srotas*) as described in *Ayurvedic* texts (*Charaka Siddhi Sthana* 1/8).
- *Awagaha Swedana* is a therapeutic approach within *Sagni Sweda* therapy, promoting detoxification and balancing systemic functions.

a) **Ruksha Pottali Sweda after Abhyangam for 3 days**

i. **Abhyangam**

Procedure

1. Warm *Mahanarayan Taila* and *Bala Taila* are applied to the body using gentle to moderate pressure in a rhythmic manner.
2. Massage is performed in the direction of hair growth, focusing on *marma* points and major muscles, for 30–45 minutes.
3. Post-massage, the body is covered with a warm cloth or exposed to mild steam for better oil absorption.

**Physiology**

- Improves Circulation: Massage stimulates blood flow, enhancing oxygen and nutrient delivery to tissues.
- Relieves Stiffness: Reduces muscle tension and stiffness by relaxing contracted fibers.
- Nervous System Regulation: Activates parasympathetic responses, reducing stress and promoting relaxation.
- Skin Absorption: Oils penetrate the skin, nourishing deep tissues and enhancing joint lubrication.

**Mode of Action**

- Enhances lymphatic drainage, removing metabolic waste.
- Oils with medicinal properties (e.g., *Mahanarayan Taila*) reduce *vata dosha*, alleviating pain and promoting joint health.

ii. **Ruksha Pottali Sweda**

**Procedure**

1. After *Abhyangam*, a heated *pottali* (bolus) containing dry medicinal herbs (*churna pinda*) is used.
2. The *pottali* is applied over specific areas using tapping or gentle circular strokes.
3. The process lasts 15–30 minutes, ensuring even heat distribution and therapeutic action.

**Physiology**

- Vasodilation: Heat application dilates blood vessels, increasing circulation.
- Sweat Induction: Encourages sweating, facilitating the removal of *ama* (toxins).
- Anti-inflammatory Effect: Reduces swelling and inflammation in targeted areas.

**Mode of Action**

- Dry heat reduces *kleda* (fluid retention) and balances *kapha* and *vata doshas*.
- Mobilizes toxins lodged in deeper tissues for excretion.
- Promotes muscle relaxation and pain relief by improving microcirculation and reducing nerve compression.

Together, *Abhyangam* and *Ruksha Pottali Sweda* provide a synergistic effect, addressing stiffness, pain, and toxin accumulation while enhancing systemic balance.

**2) Basti Therapy****i. Matra Basti with Sahacharadi Taila<sup>[8]</sup> (90 ml)****Procedure**

1. Preparation: The patient is advised to empty the bowel and bladder before the procedure.
2. Positioning: The patient lies in the left lateral position with knees flexed.
3. Administration: Warm *Sahacharadi Taila* (90 ml) is introduced slowly into the rectum using a sterile syringe or nozzle.
4. Post-Procedure Care: The patient is advised to remain in the same position for 15–30 minutes to allow optimal absorption of the oil.

**Physiology**

- Lubrication: *Sahacharadi Taila*<sup>[9]</sup> provides lubrication to the intestinal mucosa, easing bowel movements.
- Nutrient Absorption: The rectal mucosa absorbs the active medicinal components, delivering systemic effects.
- Neuromuscular Relaxation: The warm oil soothes local *vata* imbalances, relieving pain and stiffness.

**Mode of Action**

- Balances *vata dosha* by its *snigdha* (unctuous) and *ushna* (warm) properties.
- Enhances circulation in the pelvic region, relieving congestion and promoting tissue nourishment.
- Acts as a nervine tonic, reducing neuromuscular disorders and enhancing the strength of ligaments and joints.

**ii. Madhutailik Basti<sup>[10]</sup>****Procedure**

1. Preparation: The patient is prepared by ensuring an empty bowel and bladder.

2. Mixture Preparation: A medicated combination of honey, oil (commonly sesame or medicated oil), *saindhav lavan* along with *kalka* and *kwatha* of other prescribed ingredients is emulsified.
3. Administration: The warm mixture is gently introduced into the rectum using a sterile enema apparatus with the patient in the left lateral position.
4. Post-Procedure Care: The patient rests for 15–30 minutes to allow absorption and avoid immediate expulsion.

**Physiology**

- Nutrient Absorption: The rectal mucosa absorbs the medicated solution, facilitating systemic delivery.
- Lubrication and Detoxification: Honey and oil synergistically lubricate the colon and aid in toxin removal.
- Neuromuscular Regulation: Promotes relaxation of the intestinal walls, aiding in motility and reducing spasticity.

**Mode of Action**

- Balances *vata dosha* by providing unctuousness and calming hyperactive nerve impulses.
- The combination of honey and oil supports cleansing (detoxification) and rejuvenation (*rasayana*).
- Addresses localized inflammation and systemic metabolic imbalances by improving circulation in the pelvic and abdominal regions. *Madhutailik Basti* is particularly effective in managing digestive disorders, joint pains, and neurological issues while promoting systemic health.

**3) Shiropichu and Shiroabhyangam with Ksheerbala****Procedure:**

- *Shiropichu*: A soft cotton pad soaked in warm *Ksheerbala* oil is gently placed on the head's crown region. It is left undisturbed for 30–45 minutes to facilitate absorption of the medicinal oil.
- *Shiroabhyangam*: Following *Shiropichu*, the scalp is massaged with *Ksheerbala* oil using smooth, circular strokes for 20–30 minutes, focusing on *marma* points and areas of tension.

**Physiology:**

- *Ksheerbala* oil, enriched with nourishing and calming herbs, helps regulate *Vata dosha*, enhances microcirculation, and provides a calming effect on the central nervous system. It alleviates tension and supports nerve health.

**Mode of Action:**

- *Shiropichu*: Calms the nervous system, reducing stress and promoting relaxation. This directly aids in managing high blood pressure, which is a common concern in CKD patients.
- *Shiroabhyangam*: Amplifies these effects by improving scalp blood flow, soothing the mind, reducing anxiety, and fostering better sleep patterns. Together, these therapies improve mental

clarity, enhance relaxation, and contribute to holistic well-being in individuals with CKD.

These combined therapies play a vital role in balancing Vata and promoting tranquillity, which are essential in managing CKD symptoms and improving quality of life.

### 3. Follow up

The patient was treated on the OPD. He was instructed to take the diet according to diet chart and was advised to visit the hospital on 30<sup>th</sup> Dec. 2024 for follow up. The patient visited the hospital on 09<sup>th</sup> Jan. 2025 for the follow up. He had the complaints of gastritis and acidity. His vitals were noted and he was advised for some investigations.

- **Table 8: A detailed assessment of vital signs on 09.01.2025.**

Parameters	Findings
B.P.	160/100 mmHg
P/R	68/min
Weight	50 kg
Height	5 ft 3 in.

- **Table 9: Ashtavidha Pariksha done on 09.01.2025.**

S.No.	Parameters	Findings
1.	Sparsha	Prakrita
2.	Shabda	Spashta
3.	Akriti	Prakrita
4.	Drishti	Prakrita
5.	Jivha	Niraam
6.	Mutra	Ishat-peat varna
7.	Mala	Avikrita
8.	Nadi	Vaat-Kaphaj

- **Table 10: Dasha Pariksha done on 09.01.2025.**

S.No.	Parameters	Findings
1.	Prakriti	Vaat-Kaphaj
2.	Vikriti	Vaataj
3.	Sara	Madhyam
4.	Samhana	Madhyam
5.	Pramana	Madhyam
6.	Satmya	Madhyam
7.	Satva	Madhyam
8.	Aahar Shakti	Madhyam
9.	Vaya	Vridhha
10.	Vyayam Shakti	Madhyam

- **Table 11: Medicine Prescribed on 09.01.2025.**

S.N.	Medicine Name	Content	Doses
1.	Nephron plus	<b>Hazrool Yahood Bhasma, Chandraprabha powder, Pashanbheda</b> ( <i>Bergenia lingulata</i> ), <b>Mulak kshar</b> ( <i>Raphanus sativus</i> ), <b>Yava kshar</b> ( <i>Hordeum vulgare</i> ), <b>Amalaki Rasayan powder, Trivikrum Rasa powder, Navasara powder, Nimbu satva</b> ( <i>Citrus limon</i> ), <b>Gokshur</b> ( <i>Tribulus terrestris</i> ), <b>Durbhamool</b> ( <i>Desmostachya bipinnata</i> ), <b>Shila pushpa</b> ( <i>Didymocarpus pedicillata</i> ), <b>Black salt, Hing</b> ( <i>Ferula foetida</i> )	1 Tab. BD
2.	Electro plus	Electolytes, Glucose, Vitamin C, Aplple	1 BD
3.	Yakrit Shoth Har Vati	<b>Punarnava</b> ( <i>Trianthema portulacastrum</i> ), <b>Kalimirch</b> ( <i>Piper nigrum</i> ), <b>Pippali</b> ( <i>Piper longum</i> ), <b>Vayavidanga</b> ( <i>Embella ribes</i> ), <b>Devdaru</b> ( <i>Cedrus deodara</i> ), <b>Kutha</b> ( <i>Saussurea lappa</i> ), <b>Haldi</b> ( <i>Curcuma longa</i> ), <b>Chitrak</b> ( <i>Plumbago zeylanica</i> ), <b>Harad</b> ( <i>Terminalia chebula</i> ), <b>Bahera</b> ( <i>Terminalia belerica</i> ), <b>Amla</b> ( <i>Emblica officinalis</i> ), <b>Danti</b> ( <i>Baliaspermum mantanum</i> ), <b>Chavya</b> ( <i>Piper retrofractum</i> ), <b>Indra Jon</b> ( <i>Holarrhena antidysenterica</i> ), <b>Pippala Mool</b> ( <i>Piper longum</i> ), <b>Motha</b> ( <i>Cyperus rotundus</i> ), <b>Kalajira</b> ( <i>Carum carvi</i> ), <b>Kayphal</b> ( <i>Myrica esculenta</i> ), <b>Kutki</b> ( <i>Picrorhiza kurrooa</i> ), <b>Nishoth</b> ( <i>Operculina turpethum</i> ), <b>Sonth</b> ( <i>Zingiber officinale</i> ), <b>Kakd singhi</b> ( <i>Pistacia integerrima</i> ), <b>Ajwain</b> ( <i>Carum copticum</i> ), <b>Mandur bhasam</b> ( <i>Ferric Oxide</i> )	1 Tab. BD
4.	Mutral vati	<b>Kajjali, Loh bhasma, Vanga bhasma, Abhraka bhasma, Yavakshar, Gokshura, Haritiki, Baheda, Vasa, Petha, Kusha, Kasha, Charra, Druvaa, Ikhha</b>	1 Tab. BD
5.	Gokshuradi Guggulu	<b>Gokshura</b> ( <i>Tribulus terrestris</i> ), <b>Shudha Guggulu</b> ( <i>Commiphora wightii</i> ), <b>Shunthi</b> ( <i>Zingiber officinale</i> ), <b>Marich</b> ( <i>Piper nigrum</i> ), <b>Pippali</b> ( <i>Piper longum</i> ), <b>Haritaki</b> ( <i>Terminalia chebula</i> ), <b>Bibhitaki</b> ( <i>Terminalia bellirica</i> ), <b>Amlaki</b> ( <i>Emblica officinalis</i> ), <b>Musta</b> ( <i>Cyperus rotundus</i> )	1 Tab. BD
6.	Syrup CKD	<b>Kasani</b> ( <i>Cichorium endivia linn.</i> ), <b>Gokhru</b> ( <i>Tribulus terrestris linn.</i> ), <b>Shatavari</b> ( <i>Asparagus racemosus willd.</i> ), <b>Giloy</b> ( <i>Tinospora cordifolia</i> ), <b>Sorbitol, Shudha shilajit</b> ( <i>Asphaltum punjabianum</i> )	2 tbsp. BD
7.	Amla Pitta Har Churna	<b>Shunthi</b> ( <i>Zingiber officinale</i> ), <b>Maricha</b> ( <i>Piper nigrum</i> ), <b>Pippali</b> ( <i>Piper longum</i> ), <b>Amalki</b> ( <i>Emblica officinalis</i> ), <b>Bibhitika</b> ( <i>Terminalia belerica</i> ), <b>Haritiki</b> ( <i>Terminalia chebula</i> ), <b>Musta</b> ( <i>Cyperus rotundus</i> ), <b>Sukshmaila</b> ( <i>Elettaria cardamomum</i> ), <b>Tvak Patra</b> ( <i>Cinnamomum tamalas</i> ), <b>Vidanga</b> ( <i>Embelia ribes</i> ), <b>Bid Lavana</b> ( <i>Sodii chloridum</i> ), <b>Lavanga</b> ( <i>Syzygium aromaticum</i> ), <b>Trivrita</b>	1 tbsp. BD

Next follow up for the patient is given on 09<sup>th</sup> Feb. 2025.

#### 4. Results and outcomes

Patient's condition was improved with the decline in the symptoms which were seen on the first OPD visit. Some of the lab investigations got normal in 1 months of medications followed by strict *Pathya* diet. The patient was advised for some investigation on 06.01.2025 which is mentioned here. Normalization of the investigation are mentioned below:

- **Table 12: A detailed result of investigations done on 06.01.2025.**

**Table 12.1: CBC Report.**

Parameters	Findings
Hemoglobin (HB)	9.0 g/dL
Total Leucocytes Count (TLC)	5.90 thou/mm <sup>3</sup>
Total RBC count	2.90 Mill/Cumm
Packed Cell Volume (PCV)	27.10 %
MCV	93.20 fl
MCH	30.80 pg
MCHC	33.10 g/dL

**Table 12.2: Platelets count Report.**

Parameters	Findings
Basophils	0.04 thou/mm <sup>3</sup>
Platelets count	130 thou/mm <sup>3</sup>
Mean platelet volume	11.6 fL

**Table 12.3: LFT Report.**

Parameters	Findings
AST (SGOT)	19.0 U/L
ALT (SGPT)	21.0 U/L
AST:ALT	0.90
Alkaline Phosphatase (ALP)	140 U/L
Bilirubin Total	0.35 mg/dL
Bilirubin direct	0.14 mg/dL
Bilirubin indirect	0.21 mg/dL
Total Protein	7.02 g/dL
Albumin	4.01 g/dL
A:G Ratio	1.33

**Table 12.4: KFT Report.**

Parameters	Findings
Creatinine	8.10 mg/dL
GFR estimated	7 ml/min/1.73 m <sup>2</sup>
Urea	124.85 mg/dL
Urea Nitrogen Blood	58.3. mg/dL
Uric acid	9.51 mg/dL

**Table 12.5: Electrolyte Report.**

Parameters	Findings
Calcium	9.30 mg/dL
Phosphorous	5.75 mg/dL
Sodium (Na <sup>+</sup> )	139.00 mEq/L
Potassium (K <sup>+</sup> )	5.12 mEq/L
Chloride (Cl)	111.00 mEq/L

#### 5. DISCUSSION

- As mentioned earlier, CKD is specific form of renal disease. According to *Ayurveda*, CRF is a disease of *Mutravaha Srotas*. Though all the three *Doshas* as well as all the *Dushyas* are involved in the disease, *Kapha* is responsible in blocking microvessels and developing microangiopathy. *Vata* is responsible for degeneration of the structure of the kidney.<sup>[11]</sup>
- Especially *Punarnava*, *Gokshura* are recommended exclusively in the disorders of *Mootravaha Samsthana*. These drugs should be accepted as *Naimittika Rasayana* for kidney and other organs of *Mootravah Srotas*. *Rasayana* drugs bear the property of anti-oxidant and work as free radical scavengers.<sup>[12]</sup>

#### 6. Future Research perspectives

This study focused on a CKD patient with hypertension and T2DM. While the results were promising, a more thorough evaluation is necessary due to the involvement of only one patient. To validate the reliability, effectiveness, and safety of the integrated *Ayurvedic* therapies used in this study for CKD, further research with a larger sample size and randomized controlled trials is needed. This will help establish standardized protocols and guidelines for clinical practice.

#### 7. CONCLUSION

A 60-year-old male patient diagnosed with **Chronic Kidney Disease (CKD)** reported with symptoms including **gastritis, reduced appetite, nausea, low urine output, and incomplete bowel evacuation**. These were understood through an *Ayurvedic* lens as manifestations of *Mutravaha Srotas Dushti Vikara*. The treatment plan involved a multidimensional integrative approach combining *Ayurvedic medicines*, a **renal-friendly DIP Diet**, lifestyle modifications, and *Panchakarma therapies*. Medications were aimed at correcting digestion (*Deepana-Pachana*), reducing inflammation, and supporting renal detoxification. The DIP Diet focused on anti-inflammatory, low-protein, and nephroprotective foods, while lifestyle practices such as hydration, early sleeping habits, stress reduction, and moderate physical activity were emphasized.

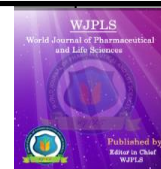
*Panchakarma* therapies including *Awagaha Swedana*, *Abhyangam with Ruksha Pottali Sweda*, *Matra Basti*, *Madhutailik Basti*, *Shiropichu*, and *Shiroabhyangam* were administered to balance aggravated *Vata*, improve bowel evacuation, and enhance neuromuscular function.

After a period of treatment, **renal function markers showed notable improvement**. Serum creatinine decreased from 9.02 mg/dL to 8.10 mg/dL, urea reduced from 190.20 mg/dL to 124.85 mg/dL, and BUN dropped from 88.82 mg/dL to 58.3 mg/dL. The GFR improved from 6 to 7 ml/min/1.73 m<sup>2</sup>, suggesting stabilization and slight enhancement in kidney filtration capacity.

This case illustrates that an integrative *Ayurvedic* regimen—comprising **individualized *chikitsa*, dietary guidelines, lifestyle corrections, and detoxification therapies**—can effectively **slow the progression of CKD**, reduce toxin load, and improve overall renal health. Continued monitoring, long-term diet and medicine adherence, and periodic *Panchakarma* support are essential to sustain progress and enhance patient well-being.

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## "EFFECTIVE MANAGEMENT OF SYMPTOMS OF CARCINOMA OF THE URINARY BLADDER (*BASTYARBUDA*) THROUGH *AYURVEDIC* INTERVENTIONS: A CASE REPORT"

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### ABSTRACT

This case report investigates the efficacy of traditional *Ayurvedic* treatment modalities in managing symptoms of carcinoma of the urinary bladder, highlighting both clinical outcomes and changes in quality of life indicators. Initial assessment revealed severe symptoms of urinary dysfunction, marked hydronephrosis, and notable prostatomegaly, confirmed through diagnostic ultrasonography which indicated latent neoplastic pathology. Over a treatment course spanning three months, the patient received tailored *Ayurvedic* therapies aimed at detoxifying the body, enhancing metabolic functions, and restoring *doshic* balance, without referencing specific medicinal compounds. Post-treatment evaluations demonstrated significant improvements. Objective measurements from ultrasonography illustrated changes such as decreased bladder wall irregularity and diminished hydronephrosis. Subjective assessments showed a dramatic reduction in the severity of symptoms: the International Prostate Symptom Score (IPSS) decreased from 28/35 to 10/35, and the Modified Medical Research Council (mMRC) Dyspnea Scale improved from 4/4 to 1/4. Furthermore, the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) score for knee joint pain improved from 80/96 to 30/96, suggesting enhanced joint function and reduced pain. These findings suggest that *Ayurvedic* interventions could serve as effective complementary treatments for managing specific symptoms of bladder carcinoma, supporting further research into their integrative use in oncology. The results advocate for the inclusion of *Ayurvedic* practices in holistic cancer care, promising improvements in patient outcomes and quality of life.

**KEYWORDS:** CA urinary bladder, *Ayurvedic* treatment, quality of life, integrative oncology, *Ayurveda* in cancer care, *Bastyarbuda*.

### INTRODUCTION

*Bastyarbuda*, recognized in *Ayurveda* as a severe ailment akin to carcinoma of the urinary bladder, is discussed extensively in ancient *Ayurvedic* texts, such as the *Charaka Samhita* and *Sushruta Samhita*. These texts describe symptoms such as painful urination, obstruction, and palpable masses in the pelvic area, pointing to a tumor within the urinary bladder.<sup>[1]</sup> These classical references highlight treatments involving *ayurvedic* formulations, diet modifications, and lifestyle interventions aimed at rebalancing the body's *doshas* and cleansing bodily channels.<sup>[2]</sup>

From a modern medical perspective, carcinoma of the urinary bladder is identified predominantly in the

epithelial lining and is marked by mutations that cause uncontrolled cellular growth. Epidemiologically, it is a significant health concern, with approximately 573,000 new cases and 213,000 deaths globally in 2020. The incidence rates are notably higher in developed regions and among males, with lifestyle factors like smoking and exposure to industrial chemicals being major risk factors.<sup>[3,4]</sup>

The pathophysiology in modern medicine revolves around genetic mutations and environmental interactions, leading to malignant growths within the bladder.<sup>[5]</sup> Medical advancements have led to improved diagnostic and treatment modalities, including surgical interventions, intravesical therapy, and chemotherapy.<sup>[6]</sup>

In *Ayurveda*, *Bastyarbuda* is considered a result of *Srotodushti* (disturbance in the body channels), particularly in the *Mutravaha Srotas* (urinary channels). This disturbance is primarily attributed to imbalances in the *Kapha* and *Vata doshas*, with *Pitta* less commonly involved. The disease's progression involves the accumulation and spread of toxins in the body channels, eventually leading to tumor formation.<sup>[7]</sup>

By drawing parallels between *Ayurvedic Samprapti* (pathogenesis) and modern pathology, deeper integrative medical approaches can be explored. *Ayurvedic* principles can complement modern treatments by focusing on individualized holistic care, potentially improving patient well-being and treatment efficacy.

## CASE REPORT

### Patient History and Information

**Demographics:** The patient is a 78-year-old male, who presents with several urological and respiratory symptoms that have progressively worsened over time. This case description provides a detailed overview of his current health challenges and medical background to facilitate a comprehensive diagnostic and treatment approach.

**Medical History:** Previously, the patient had not been on any long-term medication related to the urinary symptoms nor had he followed any specific traditional *Ayurvedic* treatment regimen before this episode. There is no known history of hypertension or anaemia, which simplifies the clinical context somewhat by eliminating these common variables associated with his age group.

**Surgical History:** The patient has a relatively minimal surgical history, with the only operation being a cataract surgery. This is significant as it indicates that there have been no interventions that might directly influence his current urinary system's condition.

### *Samprapti* Ghataka

Table 1: *Samprapti* Ghataka.

Component	Description
<i>Dosha</i>	<i>Vata, Kapha</i>
<i>Dushya</i>	<i>Meda, Rakta</i>
<i>Srotas</i>	<i>Mutravaha Srotas</i>
<i>Adhishthana</i>	<i>Basti</i>
<i>Nidana</i>	Diet, Lifestyle, Genetics
<i>Purvarupa</i>	Urinary Disturbances
<i>Rupa</i>	Dysuria, Haematuria
<i>Upashaya-Anupashaya</i>	Food, Lifestyle Choices

Table 2: Vital Parameters.

Sr. No	Examination	Findings
1.	<b>Blood Pressure</b>	130/80 mm of Hg
2.	<b>Pulse</b>	90 / min
3.	<b>Weight</b>	68.45 kg
4.	<b>Height</b>	5 feet 4 inches

**Family and Lifestyle History:** There is no significant family history of genetic disorders, cancer, or cardiovascular diseases, which might have predisposed him to his current condition. He maintains a primarily vegetarian diet with occasional imbalances possibly due to his age and lifestyle. His lifestyle is predominantly sedentary, primarily due to chronic knee joint pain which restricts his mobility and physical activity.

**Symptomatology and Disease Progression:** The patient reports a burning sensation during micturition and an increased frequency of urination, both classic signs that suggest a potential urinary tract issue. Additionally, the symptom of haematuria was particularly alarming and indicative of a more severe underlying condition. Comorbidity includes a cough and dyspnoea on exertion, which could suggest an overlapping cardiorespiratory issue, complicating his clinical picture.

### *Samprapti*

In *Ayurveda*, the *Samprapti* (pathogenesis) of *Bastyarbuda*, akin to carcinoma of the urinary bladder, is characterized by the disturbance of *Vata* and *Kapha doshas*. *Vata's* increase promotes abnormal cell mobility and spread, while *Kapha's* involvement leads to cell growth and tumor formation, primarily affecting the *Medas* (fat tissue) and *Rakta* (blood). The pathological process primarily disturbs the *Mutravaha Srotas* (urinary channels), presenting as *Sanga* (obstruction) and *Vimargagamana* (improper movement). This obstruction results in symptoms like painful and frequent urination, alongside haematuria due to the involvement of the *Rakta dhatu* and disruption of normal urinary flow. Such an understanding of pathogenesis helps in framing targeted *Ayurvedic* interventions focusing on correcting the *doshic* imbalances and clearing the *Srotas* obstructions.

**Ayurvedic Examination****Table 3: Ashtavidha Pariksha (Eight-fold Examination).**

Sr. No	Examination	Findings
1.	<b>Nadi (Pulse)</b>	<i>Pitta Kapha</i>
2.	<b>Mutra (Urine)</b>	Discomfort during micturition ( <i>Mutrakruchra</i> ), Haematuria
3.	<b>Mala (Stool)</b>	<i>Avikrita</i>
4.	<b>Jihva (Tongue)</b>	<i>Saam</i>
5.	<b>Shabda (Voice)</b>	<i>Avikrita</i>
6.	<b>Sparsha (Touch)</b>	<i>Avikrita</i>
7.	<b>Drik (Eyes)</b>	<i>Shweta</i>
8.	<b>Akriti (Appearance)</b>	<i>Avikrita</i>

**Table 4: Dashavidha Pariksha (Ten-fold Examination).**

Sr. No	Examination	Findings
1.	<b>Prakriti (Constitution):</b>	<i>Pitta Vata</i>
2.	<b>Vikriti (Imbalance):</b>	<i>Vata, Kapha</i>
3.	<b>Sara (Tissue Excellence):</b>	<i>Maans Saar</i>
4.	<b>Samhanana (Body Build):</b>	Moderate
5.	<b>Pramana (Body Proportions):</b>	Within normal limits.
6.	<b>Satmya (Adaptability):</b>	<i>Avar</i>
7.	<b>Satva (Psychological Strength):</b>	<i>Avar</i>
8.	<b>Ahara Shakti (Digestive Strength):</b>	<i>Avar</i>
9.	<b>Vyayama Shakti (Exercise Capacity):</b>	<i>Avar</i>
10.	<b>Vaya (Age):</b>	78 yr old, <i>vridha</i>

**Systemic Examination**

- General Appearance:** The patient appears fatigued and displays pallor, indicative of chronic illness or anemia.
- Vital Signs:** Normal body temperature with a potentially elevated heart rate, possibly due to pain or stress.
- Abdominal Examination:** A palpable mass is noted in the lower abdomen consistent with the expected tumor location.
- Cardiovascular System:** Heart sounds are normal, though the rate may be increased, aligning with systemic stress or anaemia.
- Respiratory System:** Breath sounds remain clear unless impacted by secondary complications like metastasis.
- Musculoskeletal:** Mobility is decreased, potentially due to pelvic pain or metastatic impact on bones.
- Neurological Examination:** Mental status and motor/sensory assessments are generally normal, without evident neurological deficits.
- Urinary System Examination:** Urinary symptoms are highlighted by dysuria, haematuria, and increased frequency of urination, directly related to tumor presence and activity within the bladder.

**Diagnostic Assessment****Table 3: Laboratory Results****Urine examination**

- Urine Protein - +**
- Blood - +++**

**Imaging Results**

- Ultrasound:** done on 28/10/24 suggested of –
  - Findings likely represent neoplastic urinary bladder pathology
  - Mild left sided hydronephrosis and hydroureter noted.
  - Small left renal cortical cysts as described
  - Grade IV Prostatomegaly
  - Grade I fatty liver changes
- FDG Report PET Scan**
  - Node in RT upper lobe of lung anteriorly measuring 8mm
  - Bladder wall left & Infero lateral 8x6.5cm anterior wall 1.9x2.2cm
  - Diverticulum 3.5x1.5cm

**Assessment Parameters****Objective Parameters****1. USG Findings****Subjective Parameters**

To measure and evaluate the specific symptoms such as burning and frequent micturition, hematuria, cough, dyspnea on exertion, and knee joint pain, various well-recognized scales can be utilized. Each symptom can be quantitatively assessed using respective scales to systematically gauge their severity and impact on the patient's quality of life:

**1. Burning and Frequent Micturition**

- **Scale:** International Prostate Symptom Score (IPSS)
- **Description:** Assesses symptoms related to lower urinary tract issues, including frequency, urgency, and pain. The scale runs from 0 to 35, where higher scores indicate more severe symptoms.<sup>[8]</sup>

## 2. Cough

- **Scale:** Leicester Cough Questionnaire (LCQ)
- **Description:** A comprehensive tool measuring the impact of cough with domains covering physical, psychological, and social aspects. It has a scoring range where higher scores indicate better health status; total scores range from 3 to 21.<sup>[9]</sup>

## 3. Dyspnea on Exertion

- **Scale:** Modified Medical Research Council (mMRC) Dyspnea Scale
- **Description:** Grades severity of breathlessness from 0 (no trouble breathing except on strenuous exercise) to 4 (too breathless to leave the house), with higher numbers indicating greater disability.<sup>[10]</sup>

## 4. Knee Joint Pain

- **Scale:** Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)
- **Description:** This scale assesses pain, stiffness, and functional limitations specifically related to knee and hip osteoarthritis. It is scored from 0 to 96, with higher scores indicating worse pain, stiffness, and functional limitations.<sup>[11]</sup>

## Therapeutic Intervention

### I. Diet Plan<sup>[12]</sup>

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key commendations:

#### a. Foods to be avoided:

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.

#### b. Hydration

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 litre of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water, coconut water and turmeric-infused water part of your daily routine.

#### c. Millet Intake

- Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo

(*Paspalum scrobiculatum*), and Browntop (*Urochloa ramosa*).

- Use only steel cookware for preparing the millets
- Cook the millets only using mustard oil.

#### d. Meal Timing and Structure

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
2. Breakfast (9:00-10:00 AM): The patient will have steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).
3. Morning Snacks (11:00AM): The patient will be given Red juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient will receive Plate 1 and Plate 2. Plate 1 will include a steamed salad, while Plate 2 with cooked millet-based dish.
5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
6. Dinner (6:15-7:30 PM): The patient will be served a steamed salad, chutney, and soup.

#### e. Fasting

- It is advised to observe one-day fasting.

#### f. Special Instructions

- Express gratitude to the divine before consuming food or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

#### g. Diet Types

- The diet comprises low salt solid, semi-solid, and smoothie options.
- Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

## II. Lifestyle Recommendations

- (i) Include meditation for relaxation.
- (ii) Practice barefoot brisk walk for 30 minutes.
- (iii) Ensure 6-8 hours of quality sleep each night.
- (iv) Adhere to a structured daily routine.

## Medicines that were used in this case report

Table 6: Day 1 on 09/11/24.

Medications	Dose	Anupana	Duration
<b>Dr. Shuddhi Powder-</b> <i>Trikatu</i> (a blend of <i>Piper nigrum</i> , <i>Piper longum</i> , and <i>Zingiber officinale</i> ), <i>Amarvati</i> , <i>Triphala</i> (a blend of <i>Terminalia chebula</i> , <i>Terminalia bellirica</i> , and <i>Emblica officinalis</i> ), <i>Anardana</i> ( <i>Punica granatum</i> ), <i>Nagar motha</i> ( <i>Cyperus rotundus</i> ), <i>Dalchini</i> ( <i>Cinnamomum verum</i> ), <i>Vay Vidang</i> ( <i>Embelia ribes</i> ), <i>Badi Elaichi</i> ( <i>Amomum subulatum</i> ), <i>Choti Elaichi</i> ( <i>Elettaria cardamomum</i> ), <i>Hing</i> ( <i>Ferula asafoetida</i> ), <i>Tej Patta</i> ( <i>Cinnamomum tamala</i> ), <i>Kachnar</i> ( <i>Bauhinia variegata</i> ), <i>Laung</i> ( <i>Syzygium aromaticum</i> ), <i>Ajwain</i> ( <i>Trachyspermum ammi</i> ), <i>Nishoth</i> ( <i>Operculina turpethum</i> ), <i>Sajjikshar</i> ( <i>Sodium bicarbonate</i> ), <i>Sendha Namak</i> ( <i>Rock</i>	½ Tsp BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)

<i>salt</i> ), <i>Pushkarmool</i> ( <i>Inula racemosa</i> ), <i>Dhaniya</i> ( <i>Coriandrum sativum</i> ), <i>Sanaye</i> ( <i>Cassia angustifolia</i> ), <i>Pipla Mool</i> ( <i>Piper longum</i> root), <i>Mishri</i> (crystallized sugar from <i>Saccharum officinarum</i> ), <i>Jeera</i> ( <i>Cuminum cyminum</i> ), <i>Nagkesar</i> ( <i>Mesua ferrea</i> ).			
<b>Carcinex Cap</b> - <i>Guduchi</i> ( <i>Tinospora cordifolia</i> ), <i>Kirattikta</i> ( <i>Swertia chirata</i> ), <i>Maricha</i> ( <i>Piper nigrum</i> ), <i>Paneer Dodi</i> ( <i>Withania coagulans</i> ), <i>Amlaki</i> ( <i>Emblica officinalis</i> ), <i>Kalmegha</i> ( <i>Andrographis paniculata</i> ), <i>Neem</i> ( <i>Azadirachta indica</i> ), and <i>Lavang</i> ( <i>Syzygium aromaticum</i> ). Additionally, <i>Abhrak Bhasma</i> is a mineral-based Ayurvedic preparation, and its main component is mica, biotite or Muscovite.	1 Cap BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Pragbhakta</i> (Before Meal)
<b>Varunadi Vati</b> - The primary ingredients in <i>Varunadi Vati</i> include <i>Varuna</i> ( <i>Crataeva nurvala</i> ), <i>Gokshura</i> ( <i>Tribulus terrestris</i> ), <i>Punarnava</i> ( <i>Boerhavia diffusa</i> ), and <i>Shuddha Guggulu</i> ( <i>Commiphora wightii</i> ). These components synergistically work to address urinary tract issues and promote the health of the renal system. <i>Varuna</i> assists in breaking down renal stones and alleviating urinary retention. <i>Gokshura</i> acts as a diuretic and improves overall urinary function. <i>Punarnava</i> supports kidney function and helps manage fluid retention, while <i>Shuddha Guggulu</i> , known for its anti-inflammatory properties, aids in reducing inflammation and enhancing the effectiveness of other herbal ingredients.	1 Tab BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)
<b>Pain Nil Capsule</b> - <i>Picrorhiza kurroa</i> ( <i>Kutki</i> ), <i>Centratherum anthelminticum</i> ( <i>Kalijeeri</i> ), <i>Holarrhena antidysenterica</i> ( <i>Kuda Saq</i> ), <i>Citrullus colocynthis</i> ( <i>Kodtumba</i> ), <i>Hyoscyamus niger</i> ( <i>Khurasani Ajwain</i> ), <i>Withania somnifera</i> ( <i>Ashwagandha</i> ), <i>Colchicum luteum</i> ( <i>Suranjan</i> ), <i>Zingiber officinale</i> ( <i>Sonth</i> ), <i>Swertia chirata</i> ( <i>Chiraita</i> ), <i>Piper longum</i> ( <i>Pippali</i> ), <i>Curcuma amada</i> ( <i>Amba Haldi</i> ), <i>Myristica fragrans</i> ( <i>Jaiphal</i> ), <i>Myristica fragrans</i> ( <i>Javitri</i> ), <i>Cucurbita pepo</i> ( <i>Magah</i> ), <i>Piper nigrum</i> ( <i>Kali Mirch</i> ), <i>Berberis aristata</i> ( <i>Rasont</i> ), <i>Ricinus communis</i> ( <i>Erandmool</i> ), <i>Vitex negundo</i> ( <i>Nirgundi</i> ), <i>Moringa oleifera</i> ( <i>Sahjan</i> ), and <i>Tinospora cordifolia</i> ( <i>Giloy</i> ).	1 Cap BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)
<b>Detox Lung Churna</b> - <i>Arjuna</i> powder is made from <i>Terminalia arjuna</i> , <i>Kantakari</i> powder from <i>Solanum xanthocarpum</i> , <i>Haridra</i> powder from <i>Curcuma longa</i> , <i>Vasa</i> powder from <i>Adhatoda vasica</i> , <i>Shunthi</i> powder from <i>Zingiber officinale</i> , <i>Pushkarmool</i> powder from <i>Inula racemosa</i> , <i>Karkatshringi</i> powder from <i>Pistacia integerrima</i> , and <i>Pippali</i> powder from <i>Piper longum</i> . Additionally, <i>Sphatika Bhasma</i> powder is derived from alum (potassium aluminum sulfate).	½ Tsp BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)
<b>Mahagranthihar Vati</b> - <i>Terminalia chebula</i> ( <i>Harad</i> ), <i>Terminalia bellirica</i> ( <i>Bahera</i> ), <i>Emblica officinalis</i> ( <i>Amla</i> ), <i>Piper longum</i> ( <i>Pippali</i> ), <i>Piper nigrum</i> ( <i>Kalimirch</i> ), <i>Zingiber officinale</i> ( <i>Sonth</i> ), <i>Piper retrofractum</i> ( <i>Chavya</i> ), <i>Curcuma zedoaria</i> ( <i>Kachur</i> ), <i>Embelia ribes</i> ( <i>Vayavdanga</i> ), <i>Cyperus rotundus</i> ( <i>Musta</i> ), often mistaken with <i>Pipla Mool</i> ), <i>Cyclea peltata</i> ( <i>Patha</i> ), <i>Acorus calamus</i> ( <i>Vacha</i> ), <i>Elettaria cardamomum</i> ( <i>Choti Elaychi</i> ), <i>Cedrus deodara</i> ( <i>Devdaru</i> ), <i>Ipomoea digitata</i> ( <i>Vidari</i> ). The <i>Bhasmas</i> listed do not have direct Latin herb names as they are processed minerals or metals utilized in Ayurvedic medicine. Examples include <i>Parad Bhasma</i> (made from mercury), <i>Gandhak</i> (Sulfur), <i>Vang Bhasma</i> (made from tin), <i>Tamra Bhasma</i> (made from copper), <i>Kash Bhasma</i> , <i>Hartal Bhasma</i> (arsenic trisulfide), <i>Shankh Bhasma</i> (made from conch shell), and <i>Loh Bhasma</i> (made from iron). The various salts mentioned such as <i>Samundar Namak</i> (sea salt), <i>Senda Namak</i> (rock salt), <i>Sambar Namak</i> , <i>Vid Namak</i> , and <i>Kala Namak</i> (black salt) also do not have botanical Latin names as they are mineral-based.	1 Tab BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After meal)
<b>Liv Shuddhi Tablet</b> - <i>Silybum marianum</i> ( <i>Milk Thistle</i> ), <i>Cichorium intybus</i> ( <i>Chicory</i> ), <i>Taraxacum officinale</i> ( <i>Dandelion</i> ), <i>Phyllanthus niruri</i> ( <i>Bhumi Amla</i> ), <i>Picrorhiza kurroa</i> ( <i>Kutki</i> ), <i>Andrographis paniculata</i> ( <i>Kalmegh</i> ), and <i>Terminalia chebula</i> ( <i>Haritaki</i> ). These components are renowned for their hepatoprotective properties, aiding in detoxification, enhancing bile production, and providing antioxidant benefits to maintain healthy liver function.	1 Tab BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After meal)

Table 7: Visit 2 – 27/11/24.

Medications	Dose	Anupana	Duration
<b>Oncoblaze Churna</b> - <i>Tinospora cordifolia</i> ( <i>Guduchi</i> ), <i>Andrographis paniculata</i> ( <i>Kalmegh</i> ), <i>Emblica officinalis</i> ( <i>Amalaki</i> ), <i>Solanum xanthocarpum</i> ( <i>Kantakari</i> ), <i>Linum usitatissimum</i> ( <i>Atasi</i> ), <i>Zingiber officinale</i> ( <i>Jadaber</i> , often referred to by its common name in	½ Tsp BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)

English as Ginger although the term 'Jadaber' is unusual), <i>Curcuma longa</i> (Haridra), and <i>Annona squamosa</i> (Sitaphal).			
<b>Carcinex Cap-</b> Guduchi powder ( <i>Tinospora cordifolia</i> ), Kirattikta powder ( <i>Andrographis paniculata</i> ), Maricha powder ( <i>Piper nigrum</i> ), Paneer Dodi powder ( <i>Hedychium spicatum</i> ), Amalaki rasayan powder ( <i>Phyllanthus emblica</i> ), Tamra bhasma powder, Swarnamakshik Bhasma, Kalmegha ( <i>Andrographis paniculata</i> ), Neem powder ( <i>Azadirachta indica</i> ), Lavang powder ( <i>Syzygium aromaticum</i> ), Abhrak Bhasma powder	1 Cap BD	Lukewarm Water (Koshna Jala)	Pragbhakta (Before Meal)
<b>Varunadi Vati-</b> Punarnava ( <i>Boerhavia diffusa</i> ), Gokshur ( <i>Tribulus terrestris</i> ), Varun ( <i>Crataeva nurvala</i> ), Guggul ( <i>Commiphora mukul</i> )	1 Tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>Mutral Vati</b> - <i>Tribulus terrestris</i> (Gokhru), <i>Commiphora wightii</i> (Guggul), <i>Zingiber officinale</i> (Sonth), <i>Piper nigrum</i> (Kalimirch), <i>Piper longum</i> (Pippal), <i>Terminalia bellirica</i> (Bahera), <i>Terminalia chebula</i> (Harad), <i>Emblica officinalis</i> (Amla), and <i>Cyperus rotundus</i> (Motha).	1 Cap BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>Detox Lung Churna-</b> Sajjikshar (Sodium bicarbonate), Arjuna ( <i>Terminalia arjuna</i> ), Kantakari ( <i>Solanum xanthocarpum</i> ), Haridra ( <i>Curcuma longa</i> ), Vasa ( <i>Adhatoda vasica</i> ), Shunthi ( <i>Zingiber officinale</i> ), Pushkarmool ( <i>Inula racemosa</i> ), Sphatika Bhasm (Aluminium silicate), Karkatshringi ( <i>Balanites roxburghii</i> ), Pippali ( <i>Piper longum</i> )	½ Tsp BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)

Table 8: Visit 3 – 19/01/25.

Medications	Dose	Anupana	Duration
<b>Oncoblaze Churna</b> - <i>Tinospora cordifolia</i> (Guduchi), <i>Andrographis paniculata</i> (Kalmegh), <i>Emblica officinalis</i> (Amalaki), <i>Solanum xanthocarpum</i> (Kantakari), <i>Linum usitatissimum</i> (Atasi), <i>Zingiber officinale</i> (Jadaber, often referred to by its common name in English as Ginger although the term 'Jadaber' is unusual), <i>Curcuma longa</i> (Haridra), and <i>Annona squamosa</i> (Sitaphal).	½ Tsp BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>Carcinex Cap-</b> Guduchi powder ( <i>Tinospora cordifolia</i> ), Kirattikta powder ( <i>Andrographis paniculata</i> ), Maricha powder ( <i>Piper nigrum</i> ), Paneer Dodi powder ( <i>Hedychium spicatum</i> ), Amalaki rasayan powder ( <i>Phyllanthus emblica</i> ), Tamra bhasma powder, Swarnamakshik Bhasma, Kalmegha ( <i>Andrographis paniculata</i> ), Neem powder ( <i>Azadirachta indica</i> ), Lavang powder ( <i>Syzygium aromaticum</i> ), Abhrak Bhasma powder	½ Tsp BD	Lukewarm Water (Koshna Jala)	Pragbhakta (Before Meal)
<b>Varunadi Vati-</b> Punarnava ( <i>Boerhavia diffusa</i> ), Gokshur ( <i>Tribulus terrestris</i> ), Varun ( <i>Crataeva nurvala</i> ), Guggul ( <i>Commiphora mukul</i> )	1 Tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>Mutral Vati</b> - <i>Tribulus terrestris</i> (Gokhru), <i>Commiphora wightii</i> (Guggul), <i>Zingiber officinale</i> (Sonth), <i>Piper nigrum</i> (Kalimirch), <i>Piper longum</i> (Pippal), <i>Terminalia bellirica</i> (Bahera), <i>Terminalia chebula</i> (Harad), <i>Emblica officinalis</i> (Amla), and <i>Cyperus rotundus</i> (Motha)	1 Tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>Detox Lung Churna-</b> Sajjikshar (Sodium bicarbonate), Arjuna ( <i>Terminalia arjuna</i> ), Kantakari ( <i>Solanum xanthocarpum</i> ), Haridra ( <i>Curcuma longa</i> ), Vasa ( <i>Adhatoda vasica</i> ), Shunthi ( <i>Zingiber officinale</i> ), Pushkarmool ( <i>Inula racemosa</i> ), Sphatika Bhasm (Aluminium silicate), Karkatshringi ( <i>Balanites roxburghii</i> ), Pippali ( <i>Piper longum</i> )	1 Tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)

## Follow-Up and Outcomes

After 3 months of Ayurveda Treatment the results that were seen were

Organ / Finding	Old Report (28 Oct 2024)	New Report (18 Jan 2025)	Progression / Status
Liver	Grade I fatty liver changes	Normal echotexture	Improved – fatty changes not seen later
Gall Bladder	Normal (no stones, well distended)	Normal (no stones, normal wall)	Stable
Spleen	Normal size (8.4 cm)	Normal size	Stable
Pancreas	Normal size & echotexture	Normal size & echotexture	Stable

<b>Kidneys</b>	Mild left hydronephrosis & hydroureter, 3 cortical cysts with calcification in left kidney	Mild left hydronephrosis & hydroureter, no cysts mentioned	Possible improvement (cysts absent) or reporting difference
<b>Urinary Bladder</b>	Large ill-defined heterogeneous lesion (9×3 cm) posterior & left lateral wall + another lesion (2.6×2.2 cm) superior wall, diverticulum (4×2 cm) right wall	Ill-defined heterogeneous polypoidal mass (6.1×4.7 cm) left lateral wall, irregular/trabeculated wall, diverticulum right wall	Stable concern – both reports suggest neoplastic pathology; slight difference in size & lesion count due to measurement/reporting
<b>Prostate</b>	Enlarged (148 cc) – Grade IV prostatomegaly	Mildly enlarged (42 cc)	Improved – possibly due to catheter drainage or measurement method
<b>Other Findings</b>	No ascites, normal bowel loops, no lymphadenopathy	Same	Stable

The changes in the subjective parameters that was observed were

**Table 10: Outcomes – Subjective Parameters.**

Parameters	Pre-Treatment	Post-Treatment
<b>Burning and Frequent Micturition: (IPSS Score)</b>	28/35, indicating severe symptoms of urinary frequency, urgency, and pain.	10/35, showing significant improvement and reduction in lower urinary tract symptoms
<b>Cough: LCQ Score</b>	6/21, reflecting poor control over symptoms with significant impact physically, psychologically, and socially.	18/21, illustrating considerable improvement in managing cough and reducing its impact on daily life.
<b>Dyspnea on Exertion: mMRC Score</b>	4/4, indicating extreme difficulty in breathing even during minimal activity.	1/4, significantly better, where the patient now only experiences breathlessness with strenuous exercise.
<b>Knee Joint Pain: WOMAC Score</b>	80/96, suggesting severe pain, stiffness, and functional limitations.	30/96, denoting a marked reduction in pain and improvement in joint function.

**Image 1,2 – Pre- Treatment**

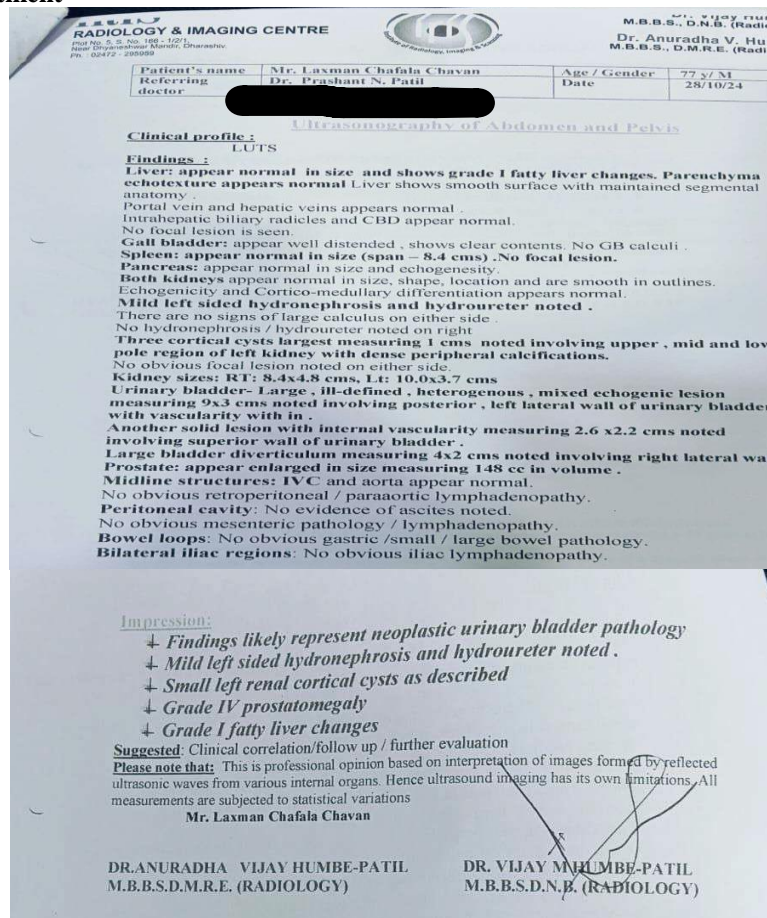
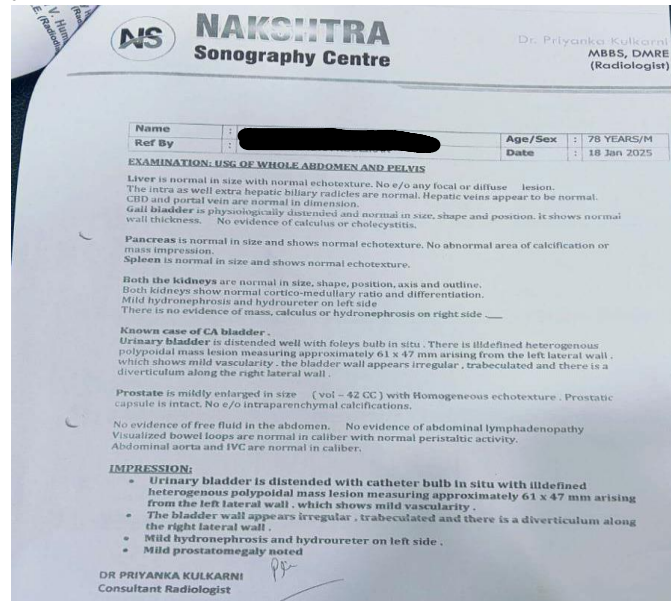


Image 3 – Post – Treatment



## DISCUSSION

In discussing the disease of carcinoma of the urinary bladder, often referred to as *Bastyarbuda* in Ayurvedic medicine, it's important to delve into both its modern medical understanding and its conceptualization in traditional Ayurvedic terms. This disease ranks among the top ten cancers worldwide and presents significant challenges in terms of diagnosis, treatment, and quality of life.

Carcinoma of the urinary bladder is primarily characterized by the malignant transformation of the urothelial cells lining the bladder. The most common type, urothelial carcinoma, accounts for approximately 90% of all bladder cancers. The risk factors for developing this malignancy include smoking, occupational exposure to certain chemicals (aromatic amines), chronic bladder inflammation, and certain genetic predispositions. Symptoms often include haematuria (blood in the urine), painful urination, and frequent urination, prompting initial diagnostic investigations such as cystoscopy and urine cytology.

The pathophysiology revolves around genetic mutations that disrupt the normal regulation of cell growth, leading to the proliferation of abnormal cells. Treatments vary based on the stage of the disease and can range from surgical interventions (like transurethral resection, partial or complete cystectomy) to intravesical therapy, radiation, and systemic chemotherapy in more advanced or recurrent cases.

In Ayurveda, *Bastyarbuda* is described as a serious disease associated with significant morbidity. According to Ayurvedic theory, the condition results from an imbalance of the body's three *doshas*, particularly *Vata* and *Kapha*. The imbalance may cause a *Srotodushti*, or obstruction in the body channels, specifically in the *Mutravaha Srotas* (urinary channels). This disruption

leads to the formation of a mass, identified in modern terms as a tumor.

Ayurvedic treatment approaches focus on restoring the balance of the *doshas* through ayurvedic medications, dietary regulations, and *Panchakarma* procedures, which are cleansing treatments that help eliminate body toxins. Common herbs used include *Guduchi* (*Tinospora cordifolia*), *Punarnava* (*Boerhaavia diffusa*), and *Shilajit*, known for their detoxifying and rejuvenating properties.

In the case of *Bastyarbuda* (bladder carcinoma), *Samprapti Vighatana* using *Shaman* (palliative) medicines focuses on harmonizing the *doshas* and mitigating symptoms without extensive cleansing procedures. This involves administering ayurvedic formulations that specifically pacify *Vata* and *Kapha doshas*, which are commonly disrupted in this condition. Effective ingredients such as *Gokshura* (*Tribulus terrestris*) and *Punarnava* (*Boerhavia diffusa*) can be used to enhance urinary function and manage tumor growth by their diuretic and anti-inflammatory properties, respectively. Additionally, incorporating antioxidant-rich herbs like *Amalaki* (*Embllica officinalis*) helps in cellular health and overall vitality, supporting the body's natural resilience against the growth of cancerous cells. Concurrently, gentle digestion-enhancing herbs like *Jeeraka* (*Cuminum cyminum*) ensure that *Ama* (toxins resulting from improper digestion) is minimized, supporting overall metabolic health which is crucial in managing and halting the progression of cancer.

In this case report the mode of action of the formulations used are –

**Dr Shuddhi Powder:** This formulation integrates various spices and herbs like *Triphala*, *Guggul*, and several aromatic seeds that are potent in digestive and

anti-inflammatory actions. It is primarily used to enhance digestion, promote detoxification, and provide relief from constipation. The combination of digestive stimulants and mild laxatives makes it suitable for maintaining digestive health and ensuring proper elimination of toxins.

**Carcinex Cap:** This capsule contains ingredients such as *Guduchi* and *Neem*, which are known for their immunomodulatory and anti-inflammatory properties. It targets enhancing the immune system while aiding in combating infections and inflammation, making it particularly useful in conditions with immune suppression or vulnerability.

**Varunadi Vati:** Predominantly used for urinary disorders, this contains diuretics like *Varuna* and *Gokshura* which help in managing urinary tract infections, dissolving kidney stones, and alleviating symptoms of urinary obstruction. It enhances kidney function and helps in the natural detoxification process.

**Pain Nil Capsule:** Composed of anti-inflammatory and analgesic herbs like *Ashwagandha* and *Nirgundi*, which are traditionally used to relieve pain. Suitable for joint and muscular pain, it works by reducing inflammation and improving blood circulation, thereby alleviating pain and discomfort.

**Detox Lung Churna:** This formulation involves herbs like *Pushkarmool* and *Vasa* which are known for their respiratory system benefits. They act as expectorants and anti-inflammatories, helping clear mucus build-up in the lungs, easing breathing, and reducing inflammation in the airways.

**Mahagranthihar Vati:** A blend primarily for digestive and bowel health, containing ingredients like *Haritaki* and *Amalaki* which foster bowel regularity and aid in detoxification. Useful in treating constipation and promoting regular bowel movements, it also supports overall digestive health.

**Liv Shuddhi Tablet:** Integrates liver-supporting herbs like Milk Thistle and Chicory which are known for their hepatoprotective and regenerative properties. This tablet aims to enhance liver function, support detoxification processes, and protect against liver damage from toxins or diseases.

**Oncoblaze Churna** utilizes a potent blend of anti-inflammatory, antioxidative, and potentially anti-cancer herbs such as *Tinospora cordifolia* (*Guduchi*), *Andrographis paniculata* (*Kalmegh*), and *Curcuma longa* (*Haridra*). These herbs work synergistically to support immune function, detoxification, and overall vitality, targeting health-enhancing effects at a cellular level.

**Mutral Vati** features diuretic herbs like *Tribulus terrestris* (*Gokhru*) and *Cyperus rotundus* (*Motha*), which promote kidney health by aiding in toxin elimination and fluid balance, while *Commiphora wightii* (*Guggul*) supports metabolic functions and detoxification.

Sharma H et al in this review discusses the overall potential of *Ayurveda* in cancer management, including practices that could be related to urinary bladder cancer care.<sup>[13]</sup> Patel SR et al in This paper reviews research on bladder cancer from an *Ayurvedic* perspective, identifying herbs and treatments that show potential for efficacy.<sup>[14]</sup> Balachandran P, et al in this paper Although broader, this research explores numerous *Ayurvedic* herbs and their cancer-treating potentials, some of which may apply to bladder cancer due to their general anti-cancer properties.<sup>[15]</sup> Sumantran VN, et al in This article explores the inflammatory pathways in cancer and discusses *Ayurvedic* approaches to modulation, potentially relevant to bladder cancer treatment<sup>15</sup>. Singh SK, et al in This case study demonstrates the use of *Ayurvedic* modalities in managing a patient with bladder carcinoma, highlighting specific medicinal interventions and lifestyle modifications.<sup>[16]</sup>

#### Need for further Research

While *Ayurveda* offers promising avenues for managing various diseases, including carcinoma of the urinary bladder, there remains a significant need for further research to integrate it fully into contemporary medical practice. Studies to date have highlighted potential benefits, yet most findings come from preliminary research, small case studies, or traditional claims. Rigorous clinical trials, standardized methodologies, and detailed phytochemical analyses are crucial to authenticate the efficacy and safety of *Ayurvedic* treatments. Additionally, understanding the molecular mechanisms of *Ayurvedic* herbs and formulations would further validate their use as complementary or alternative therapies in cancer treatment, ensuring that these practices meet global healthcare standards and contribute effectively to integrative oncology.

#### CONCLUSION

The 78-year-old male patient presents with significant urological symptoms, including **burning micturition**, **increased urinary frequency**, and **haematuria**, along with respiratory complaints (**cough** and **dyspnoea on exertion**). These urinary symptoms correlate strongly with imaging findings from both **October 2024** and **January 2025** ultrasound reports.

Both scans reveal a **large, ill-defined, heterogeneous urinary bladder mass with irregular and trabeculated walls** and a **diverticulum on the right lateral wall**. This lesion is **highly suspicious for neoplastic bladder pathology** and has **persisted with minimal change** between reports. In the **October 2024** scan, the mass measured **9×3 cm** with an **additional lesion (2.6×2.2**

cm), while the **January 2025** scan showed a **single polypoidal mass measuring 6.1×4.7 cm**. The change in size and lesion count may reflect measurement variation or partial change, but malignancy cannot be excluded.

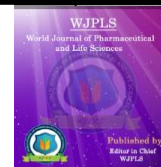
**Mild left hydronephrosis and hydroureter** are present in both scans, likely due to bladder outlet obstruction. **Cortical cysts with calcification** in the left kidney were noted in **October 2024** but were **absent in January 2025**, suggesting possible resolution or reporting difference.

The prostate gland was **significantly enlarged (148 cc – Grade IV)** in **October 2024** but **mildly enlarged (42 cc)** in **January 2025**, possibly due to **catheter decompression** or measurement differences. The liver showed **Grade I fatty changes in October 2024** but was **normal in January 2025**, indicating possible improvement through *ayurvedic* treatment includes *ayurvedic* medicine & dietary or lifestyle interventions.

The patient's **respiratory symptoms** may indicate a coexisting **cardiorespiratory condition**, which requires further assessment.

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## EFFICACY OF AYURVEDIC PANCHAKARMA THERAPIES IN VRIKKAROGA WITH SPECIAL REFERENCE TO CHRONIC KIDNEY DISEASE

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### ABSTRACT

An irreversible deterioration in kidney function that develops over time is called as Chronic Kidney disease and is manifested as biochemical abnormality initially then in later stages hampers the excretory, metabolic and endocrine dysfunctions of the kidney. High blood pressure causes constriction and narrowing the blood vessels throughout the body which reduces blood flow and hampers the kidney function. *Ayurveda* correlation of this condition can be done with *Vrikka Vikara* that encompasses a broader spectrum of kidney-related disorders. This case study is of a 56-year old Male, known Hypertension and Chronic Kidney disease (CKD), complaining of constipation and hyperacidity who underwent *Ayurvedic* treatment & *Panchakarma* therapies *Abhyanga*, *Swedana*, *Kayaseka*, *Shirodhara* and *Basti*. He experienced significant result which reflected in improving symptoms and reducing Blood urea and Sr. Creatinine levels.

**KEYWORDS:** Chronic Kidney disease (CKD), *Vrikka Vikara*, *Mutrughat*, *Panchakarma*, *Basti*, *Ayurveda*, Sr. Creatinine.

### INTRODUCTION

High blood pressure causes constriction and narrowing the blood vessels throughout the body which reduces blood flow and hampers the kidney function. If kidneys blood vessels are damaged, they no longer function properly and they are not able to remove all wastes and extra fluid from the body. This extra fluid can raise blood pressure even more, creating a dangerous cycle, and cause more damage leading to kidney failure. In early stages this condition may be unnoticed and generally gets diagnosed at later stages as the patient may have nonspecific signs and symptoms such as feeling generally unwell and a reduced appetite.<sup>[1]</sup> Chronic kidney disease (CKD), is emerging as a global threat, reducing the productive years, life expectancy,<sup>[2]</sup> causing immense health expenditure, and increased socioeconomic burden, thus dilapidating an individual as well as society.<sup>[3,4,5]</sup> CKD is diagnosed with blood tests including Sr. creatinine, which is a breakdown product of muscle metabolism. In *Ayurveda*, CKD can be correlated to *Mutrughat*, *Mutravaha Srota dushti vikara*, *Vrikka Vikara*. It involves imbalance of the *Tridoshas*,

accumulation of *Doshas* within the *Srotas* causes pathological changes and disturbances in *Saptadhatu*s and *Mutra* leading to blockages that impair kidney functions.

### CASE REPORT

A 56-year old Male, presented with constipation and hyperacidity at Jeena Sikho Lifecare Limited Hospital, Jaipur, Rajasthan, India.

The patient has a known case of hypertension and chronic kidney disease (CKD) since January 2022. There is no history of surgical interventions. The patient denies any form of substance use and has no known drug or food allergies. Family history is non-contributory.

**Table 1: On Examination.**

<b>General Examination:</b>	<b>Samprapti Ghatak:</b>
Pulse: 60/min	<i>Dosha: Vata Pradhana, Tridosha</i>
Blood pressure: 150/80 mm of hg	<i>Dushya: Rasa, Rakta, Meda</i>
Weight: 64 kgs	<i>Srotas: Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Shukra, Sweda, Mutra, Prana, Anna, Udaka,</i>
Height: 5'6"	<i>Srotodushti: Sanga</i>
CVS: S1S2 heard normal	<i>Agni: Dhatvagni</i>
CNS: Conscious, Oriented	<i>Vyadhimarga: Abhyantara</i>
RS: AEBE Clear	<i>Adhishthan: Vrikka, Basti, Sarva Sharir</i>
<b>Ashtasthana Pariksha:</b>	
<i>Nadi: VataKaphaja</i>	
<i>Mala: Samyaka</i>	
<i>Mutra: Peetavarna, 3-4 times/day</i>	
<i>Jivha: Saama</i>	
<i>Kshudha: Prakrit</i>	
<i>Sparsha: Anushnasheeta</i>	
<i>Drika: Prakrita</i>	
<i>Akriti: Madhyam</i>	

**Table 2: Investigations.**

<b>06/07/2024</b>	<b>13/07/2024</b>
Hb- 10.1 g/dl	Hb- 10.7 g/dl
Sr. Creatinine – 7.32 mg/dl	Sr. Creatinine – 5.8 mg/dl Blood
Blood Urea- 174 mg/dl	Urea- 143.2 mg/dl

**Treatment:** treated as IPD patient – *Panchakarma* for 7 days.

*Abhyanga- Mahanarayan Tail.*

**Kayaseka**

*Swedana- Dashamoola kwatha*

*Shirodhara- Bramhi Tail*

*Basti- alternate day-*

*Anuvasana- Punarnava Tail (120 ml)*

*Niruha- Punarnava Kwatha (320 ml)*

**Diet**

**I. Dietary Recommendations**

The dietary guidelines provided by Jeena Sikho Lifecare Limited include the following key recommendations:

**Foods to Avoid**

Eliminate wheat, processed foods, refined products, dairy, animal-based foods, coffee, and tea.

Avoid eating after 8 PM to support better digestion and metabolic function.

**Hydration**

Drink alkaline water 3-4 times daily, along with herbal tea, living water, and turmeric water.

**Millet Inclusion**

Incorporate five varieties of millets into your diet: Foxtail, Barnyard, Little, Kodo, and Browntop.

Ensure that millets are cooked using only steel utensils to preserve their nutritional properties.

**Meal Timing & Structure**

Breakfast (9:00 - 10:00 AM): Steamed fruits (equal to patient's weight × 10 in grams) and steamed sprouts.

Lunch (12:30 - 2:00 PM): Steamed salad (equal to patient's weight × 5 in grams) and cooked millets.

Evening Snacks (4:00 - 4:20 PM): Light, nutritious snacks.

Dinner (6:15 - 7:30 PM): Same as lunch.

**Special Practices**

Offer gratitude before meals to cultivate positive energy. Sit in *Vajrasana* after eating to improve digestion and circulation.

**II. Lifestyle Recommendations**

**Sungazing**

Spend 30 minutes in direct sunlight each morning to absorb vitamin D and boost overall health and vitality.

**Yoga**

Practice yoga daily from 6:00 to 7:00 AM, focusing on flexibility, strength, and mental clarity to overall well-being.

**Meditation**

Incorporate meditation into your daily routine to reduce stress, promote mental clarity, and enhance emotional well-being.

**Barefoot Walking**

Walk briskly for 30 minutes daily, preferably barefoot on natural surfaces like grass, to improve circulation and foster a deeper connection with nature.

**Sleep**

Aim for 6-8 hours of restful sleep each night to support physical and mental recovery, ensuring the body's systems function optimally.

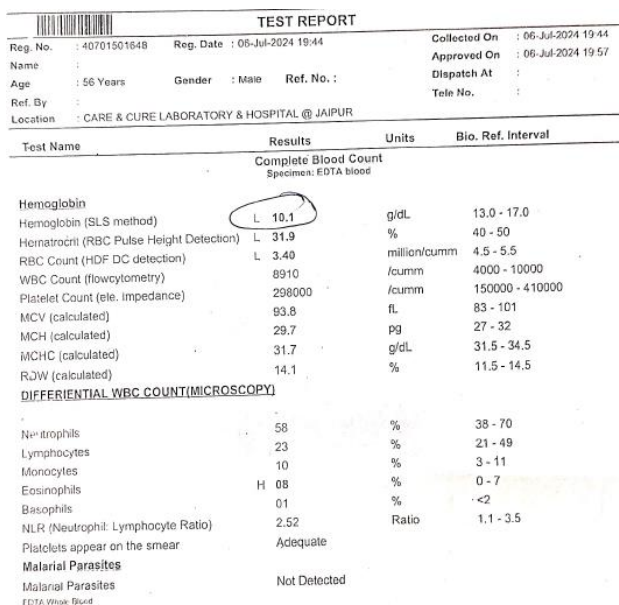
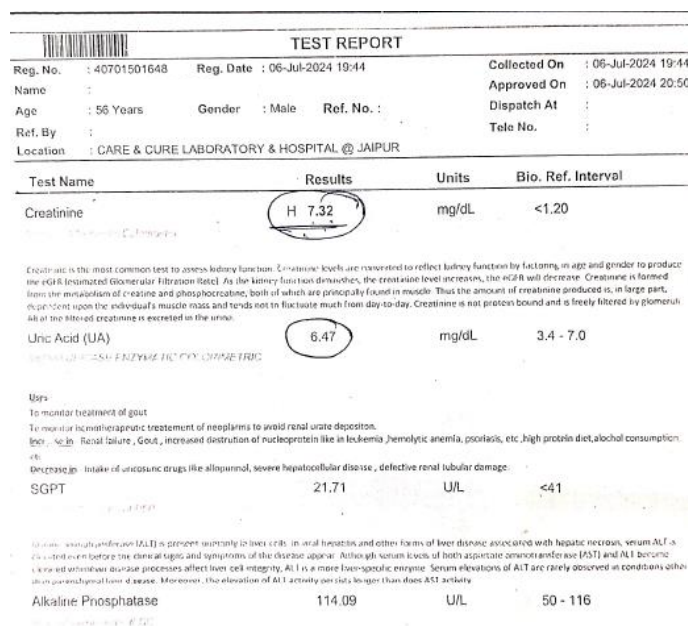
**Consistent Daily Routine**

Follow a balanced and structured daily routine that supports equilibrium between meals, physical activity, and rest, helping to promote long-term health and vitality.

**OBSERVATION**

**Table 3: Observation: Investigations Before and After treatment.**

06/07/2024 (Before treatment)	13/07/2024 (After treatment)
Hb- 10.1 g/dl	Hb- 10.7 g/dl
Sr. Creatinine – 7.32 mg/dl	Sr. Creatinine – 5.8 mg/dl
Blood Urea- 174 mg/dl	Blood Urea- 143.2 mg/dl



<b>P.Name:</b>		<b>S.NO:</b>	6956	<b>Date:</b>	13-07-2024
<b>Ref.By Dr:</b>		<b>Age</b>	56YEAR	<b>Sex:</b>	MALE
<b>BIO-CHEMISTRY</b>					
<b>Test Name</b>		<b>T. Result</b>	<b>Units</b>		<b>Ref. Range*</b>
UREA		143.2	mg%		<45
Creatinine		5.80	mg%		0.6 - 1.4

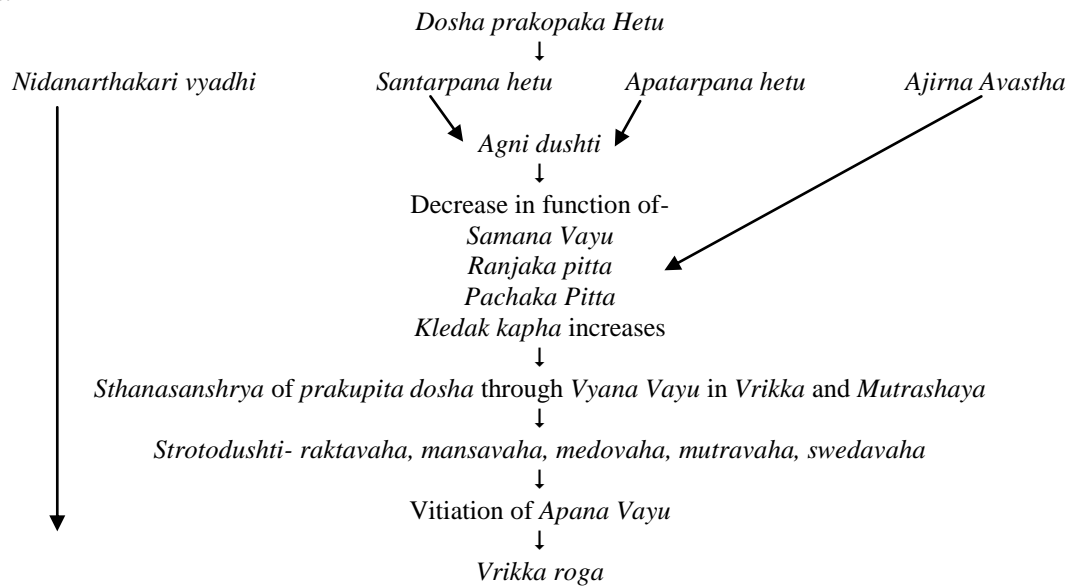
Figure 3: RFT after treatment.

MOD.: 5002340000, 5000000000

NAME	DDEEM DARKASH		AGE: 56 YEAR
Lab No.			Gender: MALE
Ref By D		AT	Date : 13-07-2024
Test Name	Results	Units	Bio.Ref.Interval
<b>HEMATOLOGY</b>			
<b>COMPLETE BLOOD COUNT: CBC</b>			
Hemoglobin	: 10.4	dL	13.00 - 17.0
Packed Cell Volume(PCV)	: 33.3	%	40.00-50.00
RBC Count	: 3.55	mill/mm <sup>3</sup>	4.50 - 5.50
MCV	: 93.8	fL	80.00-100.0
MCH	: 29.3	Pg	27.00-32.00
MCHC	: 31.2	g/dL	32.00-35.00
Total Leucocytic Count	: 7.9	thou/mm <sup>3</sup>	4.00 - 10.0
<b>Differential Leucocytic Count</b>			
Neutrophil	: 58	%	40.00-80.00
Lymphocyte	: 33	%	20.00-40.00
Monocyte	: 06	%	2.00 -10.00
Eosinophils	: 03	%	1.00 -6.00
Basophil	: 00	%	<2.00
Platelet Count :	: 256	thou/mm <sup>3</sup>	150.0-450.0
Test Performed by:- Fully Automated (SYSMEX XP-100)			

Figure 4: Haemogram After Treatment.

## DISCUSSION

*Samprapti*

This patient was treated as in patient department and was given *Panchakarma* therapies with *dravya* possessing *Tridoshaghna*, *Mutrala Raktasanshodhak*, *Dhatu Pushti* and stress relieving properties. This treatment helped the patient relieve symptoms; he experienced reduction in his hyperacidity and also relief in constipation. *Panchakarma* therapies were as follows-

1. **Sarvanga Abhyanga-** It helps relieve tiredness, body aches, nourishes body tissues, induces good sleep, *Mahanarayan Tail* is a well known medications used for *Abhyanga* which helps in relieving musculoskeletal pain. It contains rejuvenating antioxidant herbs.
2. **Kayaseka-** It is beneficial in psycho-somatic healing. It is highly beneficial in tackling *Vata Dosh*, helps in relieving musculo-skeletal pain, causes *Dhatudhrudata*, *Deha Sthairyam*, *Agni Sthairyam*. Relaxes and rejuvenates the mind. Controls and creates equilibrium in all *doshas*.
3. **Shirodhara-** is a classic and widely practiced *Ayurvedic* procedure which involves slow and steady dripping of medicated oil on the forehead. *Taila dhara* is one of the variety of *shirodhara* which is considered specifically effective in various disorders where *vata dosha* play a predominant role.<sup>[6]</sup> The pressure of oil on to the forehead creates a vibration and then the oil saturates the forehead and scalp and penetrates into nervous system.<sup>[7]</sup> Gentle pressure and soothing warmth of the oil allows the body, mind and nervous system to experience a deep state of relaxation.<sup>[8]</sup> It helps to relieve stress. *Bramhi Tail-* is useful in relieving headaches, dizziness, anxiety, lack of sleep. It helps relax the mind. *Bramhi* is a *medhya*, *rasayana* and *kaphavata shamaka* which is specifically used in *nidravikara* and *manoroga*.<sup>[9]</sup> It has *medohara nidrajanana*, *chittowegahara* (anxiolytic) and *hrudya* properties.<sup>[10]</sup>

4. **Sarvanga Swedana** - it improves body's circulation. **Dashamoola kwatha** has anti-inflammatory, analgesic, and anti-oxidative properties. It can help to balance *Vata*, *Kapha*, and *Pitta doshas*. It can help to increase blood circulation and strengthen muscles, nerves, ligaments, tendons, and bones.
5. **Basti- alternate day- Anuvasana-** it helps remove toxins from the body and improve kidney function and alleviate symptoms associated with the disease by balancing the *Vata dosha*, which is primarily responsible for kidney diseases. **Punarnava** is **Bastishodhaka**, helps in regeneration of tissues.

**Niruha- Punarnava Kwatha-** *Punarnava* is **Bastishodhaka**, helps in regeneration of tissues. *Niruha Basti* is hyper osmotic solution and causes movement of solvent from cells of colon to the lumen. *Dravya* used in *Basti* facilitates the absorption of endotoxin and produce detoxification during elimination.<sup>[11]</sup> it helps stimulate the nerve ending of rectum and colon activate the autonomic nervous system and helps in excretion of vitiated *Doshas* and *Malas*.

**Need for further research**

While the outcomes in this case are promising, they are limited to a single patient and short-term follow-up. Larger, well-designed clinical trials are needed to confirm the reproducibility of these results, determine the long-term impact on CKD progression, and clarify the underlying mechanisms of *Panchakarma* interventions. Future research should also explore optimal treatment duration, standardization of protocols, and integration with conventional management to enhance patient outcomes in CKD care. Future research should focus on:

- Evaluating the efficacy of integrative management strategies for CKD with coexisting hypertension in randomized controlled trials.

- Assessing the long-term impact on kidney function preservation, blood pressure control, and overall quality of life.
- Investigating the mechanisms by which such interventions may modulate disease progression and prevent complications.
- Establishing standardized protocols that combine lifestyle modifications, dietary interventions, and pharmacological or *Ayurvedic* therapies.

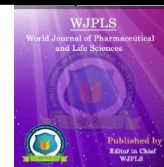
Such evidence would help guide clinicians in optimizing treatment strategies and improving prognosis for patients with CKD and hypertension.

## CONCLUSION

The case of this 56-year-old male with a known case of hypertension and chronic kidney disease demonstrated notable improvement following a 7-day in-patient *Ayurvedic Panchakarma* regimen combined with dietary and lifestyle management. Post-treatment assessments revealed a rise in **hemoglobin from 10.1 g/dl to 10.7 g/dl**, a significant reduction in **serum creatinine from 7.32 mg/dl to 5.8 mg/dl**, and a decrease in **blood urea from 174 mg/dl to 143.2 mg/dl**. These findings indicate enhanced renal function, improved metabolic balance, and better systemic health. This case highlights the potential of targeted *Ayurvedic therapies*—such as *Abhyanga, Kayaseka, Swedana, Shirodhara, and Basti*—when integrated with proper diet and lifestyle guidance, in supporting kidney health and improving quality of life in chronic kidney disease patients.

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## EXPLORING THE EFFICACY OF AYURVEDA IN ALCOHOLIC LIVER DISEASE: A CASE STUDY

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### ABSTRACT

Liver is an important gland in human body which detoxifies various metabolites, synthesizes proteins and produces biochemicals necessary for digestion. Alcoholic liver disease could be due to alcohol consumption for long term, fatty liver, alcoholic hepatitis, and chronic hepatitis with liver fibrosis or cirrhosis. This condition can be correlated with *Yakrit Vriddhi* or *Yakritdalyodara*. *Madya* causes vitiation of *Pitta* and *Rakta* and leads to *Yakrit Vriddhi*. This case study is a 70-year old male, presented with abdominal pain, abdominal heaviness and numbness in bilateral lower limb. Treated with *Ayurvedic Shamanoushadhis*, *Panchakarma* therapies along with diet & lifestyle management. This helped in improvement of signs and symptoms, decrease in SGPT, SGOT, Bilirubin levels.

**KEYWORDS:** Alcoholic liver disease, *Yakritdalyodara*, *Yakrit Vriddhi*, *Shamanoushadhis*, *Basti*.

### INTRODUCTION

Chronic alcohol consumption leads to liver damage, a condition stated as Alcoholic liver disease. Alcohol after consumption, undergoes metabolic changes and acetaldehyde is formed which damages the liver. Initially the liver cells get studded with fat droplets and leads to inflammation of the liver called Alcoholic hepatitis. Alcoholic Liver Disease (ALD) involves fatty liver, alcoholic hepatitis, chronic hepatitis, and liver cirrhosis.<sup>[1]</sup> It accounts for 20%-50% of the prevalence of liver cirrhosis.<sup>[2]</sup> According to *Ayurveda*, *Ranjana* of *Rasadhatu* is the function of *Yakrit*<sup>[3]</sup> and *Moolasthana* of *Yakrit* as *Raktavaha srotas*.<sup>[4]</sup> *Pitta* and *Rakta dhatu* has *Ashryashraye bhava*. And both have almost same qualities<sup>[5]</sup> *Madya* has *Amla*, *Ushna*, *Laghu*, *Tikshna*, *Sukshma*, *Vyavayi*, *Ruksha*, *Vikasi* and *Vishada guna*.<sup>[6]</sup> It vitiates *pitta* and *Rakta* and causes *Yakrit Vriddhi*.

### CASE REPORT

A 70 year old male, presented with abdominal pain, abdominal heaviness and numbness in bilateral lower limb at Jeena Sikho Lifecare Limited Hospital, Derabassi, Punjab, India.

#### Past Medical History

- Known case of hypertension, not on treatment.

#### Surgical History

- Hip replacement – twice
- Patellar repair

#### Addictions

- Chronic alcoholic

#### Allergies

- No known drug or food allergies

#### Family History

- Non-contributory

## Investigations

Parameter	Value	Unit
Date	28/07/2023	—
Na <sup>+</sup>	130	mmol/L
Cl <sup>-</sup>	110	mmol/L
Bilirubin – Total	3.7	mmol/L
SGOT	125	IU/L
SGPT	71	IU/L

Table 1: On Examination.

General Examination:	Ashtasthana Pariksha:
Pulse: 82/min	Nadi: PittaKaphaja
Blood pressure: 150/90 mm of hg	Mala: Vibandha
Weight: 70 kgs	Mutra: Peetavarna
CVS: S1S2 heard normal	Jivha: Saama
CNS: Conscious, Oriented	Kshudha: Prakrit
RS: AEBE Clear	Sparsha: Anushnasheeta
P/A- Tenderness over right Hypochondriac region	Drika: Prakrit
	Akriti: Madhyam

Table 2: Treatment.

1.8.23 (On Admission) <ul style="list-style-type: none"> <li>Liv DS cap 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Trivritta avaleha ½ tsf HS (<i>Nishikala with koshna jala</i>)</li> <li>Dhatuposhak Vati 2BD (<i>Adhobhakta with koshna jala</i>)</li> </ul>	10/8/23 (On Discharge) <ul style="list-style-type: none"> <li>DS Powder ½ tsf HS (<i>Nishikala with koshna jala</i>)</li> <li>Trivritta avaleha ½ tsf HS once a week (<i>Nishikala with koshna jala</i>)</li> <li>GE Liv Forte 20ml BD empty stomach (<i>Pragbhakta with samamatra koshna jala</i>)</li> <li>Arogya vati 2BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Liv DS cap 1BD (<i>Adhobhakta with koshna jala</i>)</li> </ul>
12/9/23 (1 <sup>st</sup> follow up) <ul style="list-style-type: none"> <li>DS Powder ½ tsf HS (<i>Nishikala with koshna jala</i>)</li> <li>Trivritta avaleha ½ tsf HS twice a week (<i>Nishikala with koshna jala</i>)</li> <li>GE Liv Forte 20ml BD empty stomach (<i>Pragbhakta with samamatra koshna jala</i>)</li> <li>Arogya vati 1BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Liv DS cap 1 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Amlapittahar churna ½ tsf BD (<i>Pragbhakta with koshna jala</i>)</li> </ul>	11.10.23 (2 <sup>nd</sup> follow up) <ul style="list-style-type: none"> <li>Arogya vati 2BD (<i>Adhobhakta with koshna jala</i>)</li> <li>GE Liv Forte 20ml BD empty stomach (<i>Pragbhakta with samamatra koshna jala</i>)</li> <li>Liv DS cap 1BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Amlapittahar churna ½ tsf BD (<i>Pragbhakta with koshna jala</i>)</li> </ul>
7.11.23 (3 <sup>rd</sup> follow up) <ul style="list-style-type: none"> <li>Yakritshothahar vati 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Arogya vati 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>DS Powder ½ tsf HS (<i>Nishikala with koshna jala</i>)</li> <li>Shivagutika 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>GE Liv Forte 20ml BD empty stomach (<i>Pragbhakta with samamatra koshna jala</i>)</li> </ul>	4.12.23 (4 <sup>th</sup> follow up) <ul style="list-style-type: none"> <li>Amlapittanashak cap 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Arogya vati 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>GE Liv Forte 20ml BD empty stomach (<i>Pragbhakta with samamatra koshna jala</i>)</li> <li>Liver pitta shuddhi 1-2 tab (<i>Adhobhakta with koshna jala</i>)</li> <li>Onco blaze churna ½ tsf BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Liv DS cap 1 BD (<i>Adhobhakta with koshna jala</i>)</li> </ul>
9.3.24 (5 <sup>th</sup> follow up) <ul style="list-style-type: none"> <li>Arogya vati 2BD (<i>Adhobhakta with koshna jala</i>)</li> <li>DS Powder ½ tsf HS (<i>Nishikala with koshna jala</i>)</li> <li>Shivagutika 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>GE Liv Forte 20ml BD empty stomach (<i>Pragbhakta with samamatra koshna jala</i>)</li> </ul>	8.4.24 (6 <sup>th</sup> follow up) <ul style="list-style-type: none"> <li>GE Liv Forte 20ml BD empty stomach (<i>Pragbhakta with samamatra koshna jala</i>)</li> <li>Yakritshotha har vati 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Sama vati 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Immune plus syrup 20ml BD (<i>Adhobhakta with samamatra koshna jala</i>)</li> </ul>
4.5.24 (7 <sup>th</sup> follow up) <ul style="list-style-type: none"> <li>Yakritshotha har vati 2 BD (<i>Adhobhakta with koshna jala</i>)</li> <li>Nervine tonic 20ml BD (<i>Adhobhakta with samamatra koshna jala</i>)</li> </ul>	

**Panchakarma Therapies:** IPD ON 1/8/23 for 10 days  
*Matrabasti punarnavadi*+ *Bhumiamalaki siddha* oil  
*Udarbasti* with *Dhanwantaram* oil  
*Shirodhara* with *Brahmi* oil on alternate day  
*Parishek* with *Dashmool kwath* on alternate day

### Diet

To Avoid: Avoid the following:

- Wheat & Rice
- Packed food
- Refined food
- Dairy food/Animal food
- Avoid drinking tea/coffee
- Never eat after 8PM

### First thing in the morning

1) Chew 2 cloves (*long*) and 2 crushed garlic (*lehsoon*).

**Brunch:** (9:00 am)- Fruits (whose seeds cannot be taken out) eg. Pomegranate, Guava, Tomato, Cucumber + Fermented Millet Shake.

**Sprouts** (11:00 am) (5 different kinds of sprouts) + Red Juice + Almonds (4-5) (Soaked)

Black grams, white grams, black horse grams (*kulthi*), moong whole & peanuts with added onions, *amla*, beetroot, ginger, tomato and lemon and rock salt (minimal)

Minimum amount to be consumed = 150 gms

### Lunch (12:30pm-2:00pm)

Alkaline Water: - 3-4 time a day (1 ltr)

Coconut Water

Turmeric Water

Living Water

### Green Juice (4:00pm) 100-150 ml

Ingredients: Curry Leaves (10), *Ajwain* Leaves (5), *Giloy* Leaves (5), *Alovera* (2 inch), *Neem* Leaves (2), *Tulsi* (5), *Dhania*, *Pudina*, *Paan* (1/2)

### Dinner: (6:00PM)

1. Plate-1-Salad

2. Fermented millets with five different leaves (*Dhania*, *Pudina*, *Peepal*, *Kari Patta* and *Tulsi*) can be prepared in

*chutney* form with addition of onion, garlic, tomato and ginger with green chilli.

### Drinks

2 liters of hot water sipping throughout the day, two times DAP tea.

### Herbal Tea

2 Cloves, 5 *Ilaichi*, 25 Black Pepper Seeds, 2 Small Finger Length Of *Daal Chini*, Spoon Of *Sauf* with Continuous Pouring Of Hot Water Throughout The Day (750 ml per day)

### Alkaline water

750 ml to be prepared and consumed consisting of ½ Cucumber (non-peeled) cut into 4 parts, ½ cut lemon, 1 little finger sized Ginger, 1 little finger sized Raw Turmeric, 1 Tomato (non-cut) 3 Green Chilli with stem, *Dhania* leaves, *Pudina* leaves and *Tulsi* (750 ml per day)

Any other Green tea and Black tea can be consumed but no added Milk and Sugar.

**Physical Activity:** 90-minutes exercise daily (preferably during sunrise)

**Sunlight:** Sit in sunlight for at least 1 hour in the morning and 1 hour in the evening with foot soaked in lukewarm water as advised with chanting of LUM, VUM, RUM, YUM, HUM, OM, AUM with fingers in *Gyan mudra* pose.

### Special Instructions

- Practice deep breathing exercises (Pranayama) for 40 mins daily
- Eat and drink within a bracket of 08 hours (for eg. if you start your first meal in the morning at 10 A.M, then finish your dinner by 6 P.M).
- Fast once a week on just coconut water.
- 1 glass of luke warm water added with 1 spoon *Haldi* powder, 1 lemon with 1 pinch of black pepper (freshly grated to be consumed four times a day).
- Perform oil pulling every-day.

**Table 3: Observation: Investigations on Follow UPS.**

Investigation	01/08/2023	09/08/2023	10/10/2023	Nov/2023	02/12/2023	02/01/2024	08/03/2024
SGOT (Normal: 0–40 IU/L)	93.98	69.93		63		55	63
SGPT (Normal: 0–40 IU/L)	75.24	65.18		48			35
ALP (Normal: 44–147 IU/L)	152.98	119.13					
Albumin (Normal: 3.4–5.4 g/dL)	3.25	3.47					
Sr. Amylase (Normal: 25–125 U/L)			279	248	245		
Sr. Lipase (Normal: 10–140 U/L)			136	86	98		
Indirect Bilirubin (Normal: 0.2–0.7 mg/dL)					0.6	0.6	0.4
Direct Bilirubin (Normal: 0.1–0.3 mg/dL)							0.2
Globulin (Normal: 2.0–3.5 g/dL)					2.8	3.1	

Date	Scan Report
02/12/2023	<b>CECT Abdomen – Chronic liver parenchymal disease</b> , dilated common bile duct with mild central dilatation of IHBR. Changes of <b>subacute cholecystitis, bilateral renal cortical cysts (Type I Bosniak), mild enlargement of prostate gland.</b>
08/03/2024	<b>USG Whole Abdomen – Chronic Liver parenchymal disease, obstructive biliopathy with dilated CBD and GB showing sludge formation – likely distal CBD stricture.</b>

Table 4: Observation of Vitals and Symptoms.

	01/08/2023	12/09/2023	09/11/2023	04/12/2023	08/04/2024
<b>Pulse</b>	82/min	Pulse-84/min	Pulse-80/min	Pulse-76/min	Pulse-92/min
<b>Blood pressure</b>	150/90 mm of hg	130/80 mm of hg	130/70 mm of hg	140/80 mm of hg	150/90 mm of hg
<b>Weight</b>	70kgs	62 kgs	58 kgs	58 kgs	56 kgs
Abdominal Pain	++++	+++	+++	+	-
Abdominal heaviness	++++	+++	+++	++	-
Numbness in bilateral lower limb	++++	+++	+++	++	-

## DISCUSSION

*Madya* gunas are *Amla, Ushna, Laghu, Tikshna, Sukshma, Vyavayi Ruksha Vikasi* and *Vishada guna*, which are similar to *Visha Guna* and it causes *Pittaprakopaka* and causes *Rakta Dusti*. As *Yakrit* is *Moolasthan* of *Rakta* and *Ranjaka Pitta* it leads to *Yakrit roga/Yakrit vriddhi/ Yakritdalyodara*. It can be compared to Alcoholic Liver disease.

### Samprapti Ghatak

*Dosha: Pitta*

*Dushya: Rasa, Rakta, Mansa*

*Srotas: Rasavaha, Raktavaha, Annavaha*

*Srotodushti: sanga, Atipravritti, Vimargagamana*

*Agni: Jatharagni, Dhatvagni*

*Udbhavasthan: Amashaya*

*Vyaktasthan: Twaka, Netra*

*Adhishthan: Rakta, Mansa.*

Chikitsa in this patient possess properties of *Pittashamana, Raktaprasadana, Deepana, Pachana*, liver tonic.

1. Amlapittanashak powder- contains Shunti, Maricha, Pippali, Amalki, Bibhitika, Haritiki, Musta, Sukshmaila, Tvak Patra, Vidanga, Bid Lavana, Lavanga, Trivrita, Sharkara. Used in indigestion, acidity, liver, GERD, vomiting, nausea.
2. Arogya Vati<sup>[5]</sup> contains ingredients like *Shatavari Ashwagandha*. It also helps in stress reduction. It promotes digestive health. Good for weight management by fastening metabolism. Arogyavardhini vati possesses mainly *Katu, Tikta, Kashaya rasa, Ushna, Laghu, guna, Sheeta veerya, Katu vipaka*. It is *Pachani, Deepani, Medovinashini, Srotoshodhak, Tridosahara* and *Malsudhikar*. Due to its *Ushna, Laghu guna, Tikta rasa* it pacifies *Kapha* and *Medha*, thus relieves symptoms.
3. Dhatuposhak Vati- contains *Shankha bhasma, Mukta Shukti, Prawal Pishti, Kapardika, Loha*. Helps in *Asthma, increases immunity, Dhatu Poshana, Anorexia*.
4. Syrup GE Liv Forte- contains key ingredients like *Bhringraj, Kalmegh, Kutaki, Vidanga* that improves digestion, improves liver function and boosts overall well-being.

5. Onco blaze churna- Key ingredients are *Guduchi, Kalmegh, Amalaki, Kantakari, Atasi, Jadaber, Haridra, Sitaphal*. Useful in increasing immunity, cystic growth.
6. Trivritta avaleha- Trivritta considered as a best drug for *virechana*.<sup>[6]</sup> it is *sukhvirechan*<sup>[7]</sup> so it is good for all persons. It has *laghu, ruksha, tikshna gunas, katu tikta rasa, ushna virya* and *pittaghna* property. *Lehya yogas* of *trivritta* are used as *virechana* as mentioned in *charak samhita*.<sup>[8]</sup> It helps remove vitiated *pitta* from body.
7. Sama vati- it contains *Gokru, Kaunch, Shatawar, Aswagandha, Vidarikand, Akarkara, Talmakhana, Musli, Aawla, Sonth, Jaiphal, Swarn makshik, Shilajit shudh*. It is *deepana pachana*, helps in indigestion, liver disorders, constipation, anorexia, increases immunity.
8. Liv DS Cap- contains *Bhumiamla Ext., Kasani Ext., Himsra, Punarnava Ext., Guduchi Ext., Kakamachi, Arjuna, Biranjasipha, Kasamarda Jhavuka, Vidanga, Chitraka, Kutki, Haritaki, Bhringraj*. *Guduchi* consists of *hepato-protective* properties which prevents fibrous changes and promotes regeneration of *parenchymal tissue*.<sup>[9]</sup> *Guduchi* helps in normalization of altered liver functions (*ALT, AST*)<sup>[10]</sup> *Kasni seed, Katuki rhizome, Bhunimba, Punarnava* is used in the management of *Shotha* and *Pandu*.<sup>[11]</sup> It also has *Hepato-protective* Properties and helps in decreasing *albuminuria* and increasing *serum protein*.<sup>[12]</sup> It also possess *anti-inflammatory* activity, thus help in modulating *inflammatory responses*.<sup>[13]</sup> It is useful in liver disease and helps improve appetite.
9. *Yakrit Shothahar Vati*- contains *Punarnava, kalimirch, pippali, vidanga, devadaru, haridra, chitrak, haritaki, amalaki, danti, chavya, pippalimula, kutaki, nishoth, shunthi, ajwain, mandoor bhasma*. Helps in liver dysfunction, diuretic, anemia, oedema.
10. *Dr. DS Powder*- it contains *Triphala, trikatu, magarmotha, vidanga, elaichi, laung, shontha, sendha, Pippalimula, nagkeshar, anardana, pushkarmula, kanchanar*. It helps in indigestion, *udara vikara*. Helps boost immunity.
11. *Immune plus syrup*- it helps increasing immunity.

12. Shivagutika- it contains Brimhana drugs like Shatavari, Vidari, Riddhi, Risabhaka, Ksiravidari, Meda, Mahameda, Godugdha, Jeevanthi, Jivaka, Ghrita etc. It contains many Deepana, Pachana drugs like Pippali, Marica, Nagara, Gajapipali etc. is best for Agnimandya. Danti, Triphala are effective in maintain the Anulomana of Vata and also helps in constipation. It is also indicated in liver disorders.
13. Nervine tonic- it is an Ayurvedic formulation which has key ingredients like Ashwagandha, Musli, Harad. It helps minimize stress, increases energy levels, helps in detoxification and effective for nerve care.

**Shirodhara**- is a classic and widely practiced *Ayurvedic* procedure which involves slow and steady dripping of medicated oil on the forehead. *Taila dhara* is one of the variety of *shirodhara* which is considered specifically effective in various disorders where *vata dosha* play a predominant role<sup>[14]</sup> The pressure of oil on to the forehead creates a vibration and then the oil saturates the forehead and scalp and penetrates into nervous system.<sup>[15]</sup> Gentle pressure and soothing warmth of the oil allows the body, mind and nervous system to experience a deep state of relaxation.<sup>[16]</sup> It helps to relieve stress. **Bramhi Tail**- is useful in relieving headaches, dizziness, anxiety, lack of sleep. It helps relax the mind. *Bramhi* is a *medhya*, *rasayana* and *kaphavata shamaka* which is specifically used in *nidravikara* and *manoroga*.<sup>[17]</sup> It has *medohara* *nidrajanana*, *chittowegahara* (anxiolytic) and *hrudya* properties.<sup>[18]</sup>

**Udar basti/ Nabhi Basti**- helps improve digestion, helps in relieving bloating, constipation, it help relive abdominal discomfort, *Nabhi* is one of the site of *Pitta*. *Dashmool tail* balances *Vata* and *Pitta dosha*.

**Matra basti** helps to pacify *Vata* imbalances in the digestive system and liver by providing lubrication and nourishment, potentially alleviating symptoms. By regulating *Vata*, *Matra Basti* can indirectly support liver function, which is crucial in managing jaundice. *Punarnava* stimulates bile secretion, which is important for maintenance of healthy liver. *Bhumiamalaki* is helpful in treating liver disorders. It helps in liver detoxification, reduces liver inflammation, and protects liver cells from damage.

**Parishek**- is a form of *swedana* which involves pouring/ showering of *Kwathadravya* over body. It is useful in *Vata*, *Pitta*, *Kapha rogas*, bodyache, abdominal distension and *Udavarta*.

#### Need for further research

While the presented *Ayurvedic* approach demonstrates promising clinical outcomes in managing symptoms related to **liver dysfunction, digestive disturbances, and neuromuscular complaints** in this 70-year-old male patient, there remains scope for **systematic scientific**

**validation and long-term efficacy assessment.** Key areas warranting further research include:

1. **Standardization & Clinical Validation**
  - The multi-*ayurvedic* formulations such as GE Liv Forte, Liv DS Cap, Arogya Vati, and Onco Blaze Churna require **standardized protocols and dosage guidelines** based on age, comorbidities, and disease severity.
  - Clinical trials are needed to assess their **hepatoprotective efficacy**, particularly in cases of **chronic liver parenchymal disease and obstructive biliopathy**.
2. **Mechanistic Understanding of Panchakarma Therapies**
  - Therapies like *Shirodhara*, *Nabhi Basti*, *Matra Basti*, and *Parisheka* demonstrated symptomatic relief. However, **biological markers and imaging evidence** supporting their physiological impact on **liver health, neural repair, and digestive modulation** need to be studied using modern parameters (e.g., cytokine markers, HRV, liver elastography).
3. **Integrative Impact Analysis**
  - The combined use of *ayurvedic* medicines, **dietary protocols, lifestyle changes, and detox procedures** creates a synergistic effect. Yet, **isolated efficacy vs. cumulative outcome studies** are needed to identify which components contribute most to improvement.
4. **Neurovascular Symptom Resolution (Numbness in Lower Limbs)**
  - The reversal or management of peripheral neuropathy/numbness through *Ayurvedic* nervine tonics and *Panchakarma* warrants **further neurological studies**, including NCS/EMG and **functional assessments**, to verify efficacy.
5. **Comparative Studies with Modern Treatment**
  - Further research comparing this integrated *Ayurvedic* regimen with conventional treatment protocols can help define its **role as a primary or adjunctive therapy**, especially for liver-related disorders and geriatric health issues.

#### CONCLUSION

The *Ayurvedic* management of this 70-year-old male patient suffering from **chronic liver parenchymal disease, digestive disturbances, and lower limb numbness**, involved a multi-dimensional approach incorporating ***Ayurvedic* formulations, diet and lifestyle modifications, and customized Panchakarma therapies**. Serial **LFT reports** showed a progressive decline in SGOT, SGPT, and ALP levels, indicating **gradual liver function normalization**.

Scan findings revealed **chronic liver changes with biliary obstruction and sludge formation**, which were addressed through hepatoprotective formulations (*Liv DS Cap*, *GE Liv Forte*) and *virechana*-based therapies (*Trivritta Avaleha*). The presence of **neurological symptoms** like numbness was managed with nervine

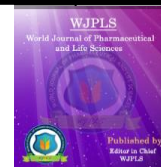
tonics and *Shirodhara*, which provided symptomatic relief.

The *Ayurvedic* medicines used possessed ***Pittashamana***, ***Deepana-Pachana***, ***Raktaprasadana***, and **liver regenerative properties**, while *Panchakarma* procedures like *Matra Basti* and *Udar Basti* targeted systemic detoxification and *dosha* balance. The integrative regimen also addressed **psychosomatic stress** and ***Agnimandya***, key contributors to disease manifestation.

This case highlights the **potential of holistic Ayurvedic protocols** in managing chronic liver conditions and geriatric neuromuscular issues. However, controlled research is essential to confirm its efficacy, ensure safety, and develop standardized therapeutic models.

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## A COMPREHENSIVE CASE REPORT ON THE MANAGEMENT OF *PRAMEHA* (DIABETES MELLITUS) USING TRADITIONAL *AYURVEDIC* MEDICATIONS

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### ABSTRACT

Type 2 Diabetes Mellitus (T2DM), known as *Madhumeha* in *Ayurveda*, is a growing global health burden characterized by chronic hyperglycemia due to insulin resistance and/or deficiency. While modern medicine offers pharmacological interventions, *Ayurveda* provides a holistic approach rooted in diet, lifestyle, and *Ayurvedic* formulations that may offer long-term benefits and fewer side effects. This case report describes the management of a 47-year-old female patient diagnosed with Type 2 Diabetes Mellitus using an integrated approach that incorporates *Ayurvedic* treatments. Prior to the intervention, the patient struggled with generalized weakness and mild lower limb pain, compounded by ineffective use of conventional medication due to side effects. Over a period of six months, an *Ayurvedic* regimen tailored to the patient's symptomatic profile and medical history was administered, focusing on correcting metabolic imbalances traditionally associated with the aggravation of *Kapha* and *Vata* doshas. Significant improvements were observed, with the patient's HbA1c levels dropping from 9.2% to 5.9%, marking an enhancement in glycaemic control. Additionally, subjective health indices such as energy levels and pain severity saw considerable improvements. The follow-ups conducted at regular intervals ensured the treatments' adaptability and efficacy, highlighting the potential of *Ayurvedic* medicine as a viable complement or alternative to conventional diabetes management strategies. This case supports further exploration into *Ayurvedic* practices and their integration into mainstream healthcare for chronic conditions.

**KEYWORDS:** Type 2 Diabetes Mellitus, *Ayurvedic* medicine, metabolic management, chronic disease management. *Prameha*.

### INTRODUCTION

*Prameha*, commonly equated with Diabetes Mellitus in modern medicine, is a significant metabolic disorder characterized by chronic hyperglycaemia, resulting from issues in insulin secretion, insulin action, or both. Modern medical textbooks such as Harrison's Principles of Internal Medicine provide extensive details on the pathophysiology, treatment, and epidemiology of Diabetes Mellitus, highlighting its status as a global public health crisis.<sup>[1]</sup> Derived from two major types - Type 1 and Type 2 - Diabetes impacts millions worldwide, with the International Diabetes Federation reporting over 463 million affected individuals globally in 2019, projected to rise to 700 million by 2045.<sup>[2]</sup>

In *Ayurveda*, *Prameha* is detailed extensively in classical texts like *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridayam*. These texts classify *Prameha* into

20 subtypes based on the clinical symptoms and the predominance of *Doshas* - *Vata*, *Pitta*, and *Kapha*.<sup>[3]</sup> The most closely related to Diabetes Mellitus are those subtypes dominated by *Kapha*, which correlate to insulin resistance and Type 2 Diabetes due to their manifestation from an excess of *meda* (body fat). Scholarly research on comparison and management of *Prameha* with *Ayurvedic* interventions can be observed in recent works that integrate classical protocols with modern clinical practices.<sup>[4]</sup>

From a modern pathophysiological perspective, Diabetes Mellitus involves impaired insulin secretion and function, influenced by genetic and environmental factors. Insulin resistance, a prominent feature particularly in Type 2 Diabetes, leads to increased blood glucose levels, which over time damages various organ systems. Epidemiologically, the increase in global

diabetes prevalence is fueled by aging populations, urbanization, sedentary lifestyles, and increasing rates of obesity.<sup>[5]</sup>

On the other hand, *Ayurveda* describes the *Samprapti* (pathogenesis) of *Prameha* focusing on lifestyle and dietary factors that disrupt the body's *dosha* balance, particularly the *Kapha dosha*. Overconsumption of *guru* (heavy), *snigdha* (unctuous), *madhura* (sweet), and *amla* (sour) foods, along with a sedentary lifestyle, is said to *meda dhatu vrddhi* (increase in body fat) and *kleda* (fluid retention), which in turn aggravates *Kapha dosha*. This leads to *Srotasavarodha* (obstruction of channels), eventually resulting in *Prameha*.<sup>[6]</sup> The comprehensive management approach in *Ayurveda* involves not only *shaman chikitsa* (pacification therapy) using *ayurvedic* preparations but also *shodhan chikitsa* (purification procedures) along with strict dietary and lifestyle modifications aimed at restoring the *dosha* balance and enhancing *Agni* (digestive fire).

## CASE REPORT

### Patient History and Information

A 47-year-old Male patient presented with symptoms of generalized weakness, mild pain in the lower limbs, and was recently diagnosed with Type 2 Diabetes Mellitus. The diagnosis followed multiple occasions where the patient complained of increased fatigue and recurrent episodes of mild pain, prompting her to seek medical evaluation.

**Diet and Lifestyle History:** Upon detailed examination of her diet and lifestyle, the patient reported a predominantly sedentary lifestyle with minimal physical activity due to her sedentary occupation. Her diet mainly consisted of high-carbohydrate meals, frequent intake of sugary snacks, and inadequate fruits and vegetables. She admitted to occasional alcohol consumption and had a smoking history of 5 years, although she had quit smoking 10 years ago.

**Medicine History:** Upon diagnosis of Type 2 Diabetes, the patient was initially prescribed metformin, which she took irregularly due to gastrointestinal side effects. She had not been on any other long-term medication prior to this. Before resorting to systematic *Ayurvedic* treatment, the patient had also tried various over-the-counter supplements to mitigate her weakness but found these ineffective.

**Surgical History:** The patient's surgical history was unremarkable with no previous surgeries reported.

**Family History:** There was no notable family history of diabetes or other chronic metabolic disorders. The patient was the first in her immediate family to be diagnosed with Type 2 Diabetes.

**Onset and Disease Progression:** The onset of the disease was gradual, marked initially by increased

lethargy and the mild, non-specific pain in her lower limbs, which she attributed to aging and her sedentary nature of work. As these symptoms persisted and increased in frequency, coupled with the development of new symptoms such as occasional blurring of vision and frequent thirst, the patient was compelled to seek medical advice. Clinical investigations confirmed the diagnosis of Type 2 Diabetes, characterized by elevated fasting glucose levels, and an HbA<sub>1c</sub> confirming poor glycemic control over the previous 3 months.

The progression of her symptoms and irregular medication adherence prompted the consideration of an integrated *Ayurvedic* approach, focusing on correcting her diet, enhancing lifestyle practices, and utilizing holistic *Ayurvedic* therapies aimed at restoring her bodily balance and managing her diabetes more naturally.

### Samprapti

In *Ayurveda*, the *Samprapti* (pathogenesis) of *Prameha* (Diabetes Mellitus), particularly when concerning the subtype rooted in *Kapha dosha*, involves a dysfunctional metabolic process initiated by poor dietary choices and a sedentary lifestyle, leading to an accumulation and aggravation of *Kapha*. This imbalance primarily affects the *meda dhatu* (fat tissue) and *kleda* (body fluids), augmenting production and blocking the *srotas* (body channels), which in turn impairs the normal function of *Vata*. The aggravated *Vata* further disrupts the *agni* (digestive fire), leading to irregular digestion and an abnormal increase in the levels of sugar in the bloodstream. This pathophysiological narrative closely aligns with the observable symptoms and progression in patients diagnosed with Type 2 Diabetes, seen as a manifestation of chronic metabolic dysfunction influenced strongly by lifestyle factors.

#### Nidana (Causes)

→ *Aharaja* (excess sweet/oily foods)  
+ *Viharaja* (sedentary habits)



#### Dosha Prakopa

→ *Kapha* → *Pitta* → *Vata* (*tridosha* imbalance)



#### Dhatu-Srotodushti

→ *Meda dhatu* (fat) + *Mutravaha/Medovaha*  
*srotas* (channels) blocked → *Ama* (toxins)



#### Prameha Utpatti

→ 10 *Kapha*, 6 *Pitta*, 4 *Vata* types → *Mutra*  
*samsrava* (excessive urination)



#### Avrita Vata

→ Chronic → *Madhumeha* (sweet urine) + *dhatu*  
*kshaya* (tissue wasting)

1. ↓

#### Upadrava

→ *Trishna* (thirst), *Daurbalya* (weakness), *Hridroga* (heart issues).

Component	Details
1. <i>Nidana</i>	<i>Aharaja</i> (excess <i>guru</i> , <i>snigdha</i> , <i>madhura</i> foods), <i>Viharaja</i> (sedentary habits, <i>divasvapna</i> ).
2. <i>Dosha</i>	<i>Kapha</i> (primary), followed by <i>Pitta</i> and <i>Vata</i> → <i>Tridosha</i> involvement.
3. <i>Dushya</i>	<i>Meda dhatu</i> (main), <i>Mamsa</i> , <i>Kleda</i> , <i>Shukra</i> , <i>Ojas</i> .
4. <i>Srotas</i>	<i>Mutravaha srotas</i> (urinary channels) and <i>Medovaha srotas</i> (fat metabolism channels).
5. <i>Agni</i>	<i>Mandagni</i> (weak digestive fire) → leads to <i>Ama</i> (toxins).
6. <i>Ama</i>	Accumulates due to impaired metabolism, blocks <i>srotas</i> .
7. <i>Udbhava Sthana</i>	<i>Amashaya</i> (stomach and upper GI tract).
8. <i>Sanchara</i>	Spreads through <i>srotas</i> → vitiates <i>dhatu</i> s (tissues).
9. <i>Vyakta Sthana</i>	<i>Mutravaha srotas</i> (urinary system) → symptoms manifest here.
10. <i>Lakshana</i>	<i>Mutra samsrava</i> (excessive urination), <i>Avila mutra</i> (turbid urine), <i>Madhumeha</i> (sweet urine).
11. <i>Upadrava</i>	<i>Daurbalya</i> (weakness), <i>Trishna</i> (thirst), <i>Hridroga</i> (cardiac issues), <i>Vidradhi</i> (abscesses).
12. <i>Sadhyasadhya</i>	<i>Kapha</i> types (curable), <i>Pitta</i> (manageable), <i>Vata/Madhumeha</i> (palliative).

Table 2: Vital Parameters.

Sr. No	Examination	Findings
1.	<b>Blood Pressure</b>	140/90 mm of Hg
2.	<b>Pulse</b>	92 / min
3.	<b>Weight</b>	66.8 kg
4.	<b>Height</b>	5 feet 3 inches

## Ayurvedic Examination

Table 3: *Ashtavidha Pariksha* (Eight-fold Examination).

Sr. No	Examination	Findings
1.	<i>Nadi</i> (Pulse)	<i>Pittaja-Vata</i>
2.	<i>Mutra</i> (Urine)	<i>Avikrita</i>
3.	<i>Mala</i> (Stool)	<i>Baddha</i> (Incomplete Evacuation)
4.	<i>Jihva</i> (Tongue)	<i>Saam</i>
5.	<i>Shabda</i> (Voice)	<i>Avikrita</i>
6.	<i>Sparsha</i> (Touch)	<i>Avikrita</i>
7.	<i>Drik</i> (Eyes)	<i>Shweta</i>
8.	<i>Akriti</i> (Appearance)	<i>Avikrita</i>

Table 4: *Dashavidha Pariksha* (Ten-fold Examination).

Sr. No	Examination	Findings
1.	<b>Prakriti (Constitution):</b>	<i>Vata Pitta</i>
2.	<b>Vikriti (Imbalance):</b>	<i>Vata Kapha</i>
3.	<b>Sara (Tissue Excellence):</b>	<i>Meda Saar</i>
4.	<b>Samhanana (Body Build):</b>	<i>Avar</i>
5.	<b>Pramana (Body Proportions):</b>	<i>Madhyama</i>
6.	<b>Satmya (Adaptability):</b>	<i>Avar</i>
7.	<b>Satva (Psychological Strength):</b>	<i>Avar</i>
8.	<b>Ahara Shakti (Digestive Strength):</b>	<i>Avar</i>
9.	<b>Vyayama Shakti (Exercise Capacity):</b>	<i>Avar</i>
10.	<b>Vaya (Age):</b>	47 yrs old

## Systemic Examination

- General Appearance:** Patient appears fatigued.
- Cardiovascular System:** Normal heart sounds with no murmurs; regular rhythm and rate.
- Respiratory System:** Lungs clear to auscultation bilaterally, no wheezes, rhonchi, or crackles observed.
- Gastrointestinal System:** Abdomen is soft, non-distended with normal bowel sounds; no hepatosplenomegaly or masses palpated.

- Neurological Examination:** Conscious, oriented, with normal cognitive function and no focal neurological deficits.
- Musculoskeletal System:** No joint swelling or deformities; muscle strength preserved but mild lower limb pain noted.
- Integumentary System:** Skin is dry with mild itching; no rashes or pigmentation changes.

**Diagnostic Assessment****Table 3: Laboratory Results.****Table 5: Tests Done in this Case.**

Test	Readings
Glycosylated Haemoglobin (HbA <sub>1c</sub> )	9.6 %

**Assessment Parameters****Objective Parameters**

Glycosylated Haemoglobin (HbA <sub>1c</sub> )
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**Subjective Parameters**

- 1. Generalized Weakness: Fatigue Severity Scale (FSS):** This scale measures the severity of fatigue and its effect on a person's activities and lifestyle in patients with a variety of chronic diseases. It consists of 9 statements that the patient rates on a scale from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater fatigue severity.
- 2. Mild Lower Limb Pain: Visual Analogue Scale (VAS) for Pain:** This is a unidimensional measure of pain intensity, which has been widely used in diverse adult populations, including those with rheumatic diseases. This scale involves a line, usually 10 centimeters long, where the endpoints are defined as the extreme limits of the pain experience (no pain to worst pain). The patient marks on the line the point that they feel represents their perception of their current state.

**TREATMENT INTERVENTION****I. Diet Plan<sup>[9]</sup>**

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key commendations:

- a. Foods to be avoided**
  - Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
  - Avoid eating after 8 PM.
  - During solid meal consume small bites and chew each bite 32 times.
- b. Hydration**
  - During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
  - Drink about 1 litre of alkaline water 3 to 4 times throughout the day.
  - Include herbal tea, living water, and turmeric-infused water part of your daily routine.
  - Boil 3-4 litre water & reduce up to 2 litre and consume.
- c. Millet Intake**
  - Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*), and Browntop (*Urochloa ramosa*).

- Use only steel cookware for preparing the millets
- Cook the millets only using mustard oil.

**d. Meal Timing and Structure**

- 1. Early Morning (5:45 AM):** Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
- 2. Breakfast (9:00-10:00 AM):** The patient will have steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).
- 3. Morning Snacks (11:00AM):** The patient will be given carrot juice (150 ml) and soaked almonds.
- 4. Lunch (12:30 PM - 2:00 PM):** The patient will receive Plate 1 and Plate 2. Plate 1 will include a steamed salad, while Plate 2 with cooked millet-based dish.
- 5. Evening Snacks (4:00 – 4:20 PM):** Green juice (100-150 ml) along with 4-5 almonds.
- 6. Dinner (6:15-7:30 PM):** The patient will be served a steamed salad, chutney, and soup, as Plate 1, along with millet *khichdi* as Plate 2.

**e. Fasting**

- It is advised to observe one-day fasting.

**f. Special Instructions**

- Express gratitude to the divine before consuming food or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

**g. Diet Types**

- The diet comprises low salt solid, semi-solid, and smoothie options.
- Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

**II. Lifestyle Recommendations**

- Include meditation for relaxation.
- Practice barefoot brisk walk for 30 minutes.
- Ensure 6-8 hours of quality sleep each night.

Adhere to a structured daily routine

## Medicines Used in this Case

Table 6: Medicines used in this case study.

Medications	Dose	Anupana	Duration
<b>Prameharoghar Powder</b> – <i>Kutki</i> is <i>Picrorhiza kurroa</i> . <i>Chiraita</i> is <i>Swertia chirata</i> . The combination of <i>Neem</i> and <i>Karela</i> refers to <i>Azadirachta indica</i> and <i>Momordica charantia</i> , respectively. <i>Rasonth</i> (dried ginger) is <i>Zingiber officinale</i> . <i>Imli Beej</i> (tamarind seeds) <i>Tamarindus indica</i> . <i>Kala Namak</i> , <i>Giloy Sonth</i> combines <i>Giloy</i> ( <i>Tinospora cordifolia</i> ) and <i>Sonth</i> (dry ginger, which is <i>Zingiber officinale</i> ). <i>Babool Chaal</i> refers to the bark of <i>Acacia arabica</i> (Indian gum arabic tree), and <i>Sarpgandha</i> is <i>Rauvolfia serpentina</i> . <i>Trivang Bhasma</i> and <i>Yashad Bhasam</i> . <i>Revend Chinni</i> , known as Chinese rhubarb, is <i>Rheum emodi</i> . <i>Sodhit Guggulu</i> involves purified guggul from <i>Commiphora wightii</i> . <i>Methi</i> is <i>Trigonella foenum-graecum</i> (fenugreek), and <i>Jamun</i> is the black plum, <i>Syzygium cumini</i> . <i>Babool Fruit</i> <i>Acacia arabica</i> . <i>Karanj</i> is <i>Pongamia pinnata</i> . <i>Shilajit</i> is a mineral resin. <i>Haldi</i> is turmeric, <i>Curcuma longa</i> . <i>Harad</i> is <i>Terminalia chebula</i> , and <i>Inderjaun</i> is known as <i>Holarrhena antidysenterica</i> . <i>Banslochan</i> is a silica preparation from bamboo, <i>Bambusa bambos</i> . <i>Bahera</i> is <i>Terminalia bellirica</i> . <i>Amla</i> is the Indian gooseberry, <i>Emblica officinalis</i> . <i>Safed Musli</i> is <i>Chlorophytum borivilianum</i> . Finally, <i>Gudmar</i> is <i>Gymnema sylvestre</i> .	½ Tsp BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>DM Cap - Amba Haldi</b> is known as <i>Curcuma amada</i> , <i>Giloy</i> is <i>Tinospora cordifolia</i> , and <i>Safed Musli</i> refers to <i>Chlorophytum borivilianum</i> . <i>Methi</i> is <i>Trigonella foenum-graecum</i> , while <i>Neem</i> is identified as <i>Azadirachta indica</i> . <i>Karela</i> is the common name for <i>Momordica charantia</i> , and <i>Jamun</i> is referred to as <i>Syzygium cumini</i> . <i>Bilva Patra</i> comes from the tree known as <i>Aegle marmelos</i> . <i>Gudmar</i> is scientifically named <i>Gymnema sylvestre</i> , and <i>Shudh Shilajeet</i> is not a plant, but a mineral resin purged of impurities, primarily sourced from Himalayan rocks.	1 Tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>Tab Chander Vati</b> - contains a blend of numerous Ayurvedic ingredients. These include <i>Kapoor Kachri</i> ( <i>Hedychium spicatum</i> ), <i>Vach</i> ( <i>Acorus calamus</i> ), <i>Motha</i> ( <i>Cyperus rotundus</i> ), <i>Kalmegh</i> ( <i>Andrographis paniculata</i> ), <i>Giloy</i> ( <i>Tinospora cordifolia</i> ), <i>Devdaru</i> ( <i>Cedrus deodara</i> ), <i>Desi Haldi</i> ( <i>Curcuma longa</i> ), <i>Atees</i> ( <i>Aconitum heterophyllum</i> ), <i>Daru Haldi</i> ( <i>Berberis aristata</i> ), <i>Pipla Mool</i> (root of <i>Piper longum</i> ), <i>Chitraka</i> ( <i>Plumbago zeylanica</i> ), <i>Dhaniya</i> ( <i>Coriandrum sativum</i> ), <i>Harad</i> ( <i>Terminalia chebula</i> ), <i>Bahera</i> ( <i>Terminalia bellirica</i> ), <i>Amla</i> ( <i>Emblica officinalis</i> ), <i>Chavya</i> ( <i>Piper chaba</i> ), <i>Vayavidang</i> ( <i>Embelia ribes</i> ), <i>Pippal</i> ( <i>Piper longum</i> ), <i>Kalimirch</i> ( <i>Piper nigrum</i> ), <i>Sonth</i> ( <i>Zingiber officinale</i> ), and <i>Gaj Pipal</i> ( <i>Scindapsus officinalis</i> ). Additional components in the tablet include <i>Swarn Makshik Bhasma</i> , <i>Sujji Kshar</i> , <i>Senda Namak</i> , <i>Kala Namak</i> , <i>Choti Elaichi</i> ( <i>Elettaria cardamomum</i> ), <i>Dalchini</i> ( <i>Cinnamomum verum</i> ), <i>Tejpatra</i> ( <i>Cinnamomum tamala</i> ), <i>Danti</i> ( <i>Baliospermum montanum</i> ), <i>Nishothra</i> ( <i>Operculina turpethum</i> ), <i>Banslochan</i> ( <i>Bambusa arundinacea</i> ), <i>Loh Bhasma</i> , <i>Shilajit</i> , and <i>Guggal</i> ( <i>Commiphora wightii</i> ). This formulation is a complex mixture aimed at addressing various health issues according to Ayurvedic principles.	2 Tablets BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>Yakritshothhar Vati</b> - <i>Punarnava</i> is known as <i>Boerhavia diffusa</i> , <i>Kalimirch</i> as <i>Piper nigrum</i> , and <i>Pippali</i> as <i>Piper longum</i> . <i>Vayavidanga</i> is identified as <i>Embelia ribes</i> , while <i>Devdaru</i> refers to <i>Cedrus deodara</i> . <i>Kutha Haldi</i> is actually known as <i>Curcuma zedoaria</i> , and <i>Chitrake</i> is <i>Plumbago zeylanica</i> . <i>Herad</i> (often part of <i>Triphala</i> , combined with <i>Bahera</i> and <i>Amla</i> ), <i>Bahera</i> is <i>Terminalia bellirica</i> , and <i>Amla</i> is <i>Phyllanthus emblica</i> . <i>Danti</i> is <i>Baliospermum montanum</i> while <i>Chavya</i> is <i>Piper chaba</i> . <i>Indra Jon</i> , commonly known as <i>Holarrhena antidysenterica</i> , and <i>Pipla Mool</i> (the root of <i>Piper longum</i> ). <i>Motha</i> is <i>Cyperus rotundus</i> and <i>Kalajira</i> could refer to <i>Carum carvi</i> . <i>Kayphal</i> is <i>Myrica esculenta</i> , <i>Kutki</i> as <i>Picrorhiza kurroa</i> , and <i>Nisoth</i> is <i>Operculina turpethum</i> . <i>Sonth</i> is the dried form of <i>Zingiber officinale</i> , <i>Kakd singhi</i> is <i>Pistacia integerrima</i> , and <i>Ajwaen</i> refers to <i>Trachyspermum ammi</i> . Lastly, <i>Mandur bhasam</i> is an iron oxide preparation and not a plant-based material.	1 tab BD	Lukewarm Water (Koshna Jala)	Adhobhakta (After Meal)
<b>Madhumehanaashaka Syrup</b> – <i>Karela</i> is known as <i>Momordica charantia</i> . <i>Jamun</i> is referred to as <i>Syzygium cumini</i> . The Latin name for <i>Neem</i> is <i>Azadirachta indica</i> . <i>Chirata</i> is identified as <i>Swertia chirata</i> . <i>Gudmar</i> is known scientifically as <i>Gymnema sylvestre</i> . Lastly, <i>Kutaj</i> is called <i>Holarrhena antidysenterica</i> .	20 ml BD	Equal amount of Lukewarm Water (Sama matra Koshna Jala)	Adhobhakta (After meal)

## FOLLOW-UP &amp; OUTCOME

Table 8: Objective Parameter.

Parameter	Date 02/04/2024 Pretreatment	Date 15/03/2025 Post treatment
Glycosylated Haemoglobin (HbA <sub>1c</sub> )	9.2 %	5.9 %
Estimated Average Plasma Glucose	217.34 mg/dl	122.63 mg/dl

Table 9: Subjective Parameter.

Subjective Parameter	Pre-Treatment Scale Score	Post-Treatment Scale Score	Scale Used
Generalized Weakness	6	2	Fatigue Severity Scale
Lower Limb Pain	7	3	Visual Analog Scale (VAS)

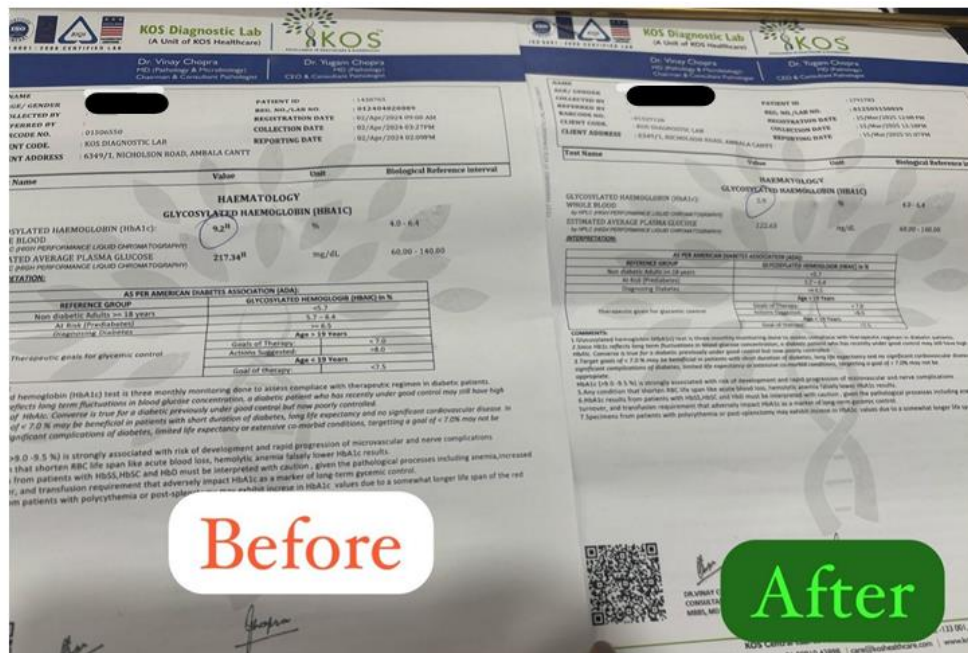


Image 1: Pre Treatment and Post Treatment.

## DISCUSSION

In the discussion of the pathology of *Prameha* (Type 2 Diabetes Mellitus), from both a modern and *Ayurvedic* perspective, the disease is essentially characterized by chronic hyperglycemia due to insulin resistance and reduced insulin secretion. Western medicine explains the failure of pancreatic islet cells and the detrimental effect of lifestyle factors on the metabolic syndrome, which includes increased plasma glucose levels, abdominal obesity, dyslipidemia, and hypertension. In contrast, *Ayurveda* views *Prameha* as a disturbance in *Kapha dosha* that impairs the transformation processes related to *meda dhatu* (fat tissue) and subsequently involves *Vata dosha*, particularly affecting *ambu vaha srotas* (water channels) due to the disturbance in *meda* and *mamsa dhatu* (muscle tissue), leading to excessive *mutra* (urine) and *mithya ahara vihar* (improper diet and lifestyle practices).

With regard to *samprapti* breaking, the *Ayurvedic* treatment employed herbs such as *Gudmar* (*Gymnema sylvestre*), *Karela* (*Momordica charantia*), and *Jamun* (*Syzygium cumini*) that primarily act by restoring the balance of *Kapha dosha* and enhancing the function of *agni* (digestive fire). These herbs are known for their

properties in reducing blood sugar levels and improving insulin action. The application of these *Ayurvedic* medicines aids in the reversal of the pathology of *Prameha* by detoxifying the *srotas*, diminishing the production of *Ama* (toxins due to improper digestion), and stimulating *meda dhatu agni*, thereby managing both the symptoms and the progression of the disease effectively. This therapeutic approach aligns with *Ayurvedic* principles targeting the root cause of the disease rather than just symptomatic relief.

**Prameharogahar Powder** is formulated with a broad array of *Ayurvedic* herbs, each contributing uniquely to managing blood sugar levels and improving metabolic functions. Herbs like *Gymnema sylvestre* (*Gudmar*) act as a hypoglycemic agent, reducing sugar absorption in the intestines, while *Momordica charantia* (*Karela*) and *Syzygium cumini* (*Jamun*) serve as potent antioxidants and help in reducing blood glucose levels. *Azadirachta indica* (*Neem*) provides anti-inflammatory benefits and enhances insulin receptor sensitivity. Additional components such as *Tinospora cordifolia* (*Giloy*) and *Curcuma longa* (*Haldi*) boost the immune system and offer anti-inflammatory properties, respectively, making this powder a comprehensive treatment for diabetes management.

**DM Cap** includes ingredients that synergistically work to control blood sugar levels and improve overall health. *Curcuma amada* (*Amba Haldi*) offers anti-inflammatory effects, *Tinospora cordifolia* (*Giloy*) boosts immunity, and *Chlorophytum borivilianum* (*Safed Musli*) provides strength and stamina. The inclusion of hypoglycemic agents like *Gymnema sylvestri* (*Gudmar*) and *Momordica charantia* (*Karela*) directly reduces sugar absorption during digestion. This capsule is designed to improve pancreatic functions and enhance the body's responsiveness to insulin.

**Tab Chander Vati** integrates numerous *Ayurvedic* components targeting various ailments including digestive issues, infections, and inflammatory conditions. Ingredients like *Commiphora wightii* (*Guggal*) and *Plumbago zeylanica* (*Chitraka*) provide anti-inflammatory and digestive aid, enhancing metabolism and reducing ama (toxin build-up). *Piper longum* (*Pippali*) and *Zingiber officinale* (*Sonth*) work as bioenhancers, increasing the efficacy of other herbs within the body. Additionally, *Piper nigrum* (*Kalimirch*) increases nutrient absorption and improves digestion, supporting overall gastrointestinal health.

**Yakritshothhar Vati** focuses on liver health and the detoxification process, crucial for patients with metabolic disorders. *Boerhavia diffusa* (*Punarnava*) is known for its diuretic and rejuvenative properties, ideal for liver disorders. *Cedrus deodara* (*Devdaru*) and *Embelia ribes* (*Vayavidanga*) provide antimicrobial properties, cleansing the liver and supporting its function. The formulation helps in managing liver ailments, ensuring optimal metabolic function which is vital in the holistic management of diabetes.

**Madhumehanashaka Syrup** targets hyperglycemia directly through its constituents like *Gymnema sylvestri* (*Gudmar*), which helps in reducing sugar cravings and blood sugar levels. *Momordica charantia* (*Karela*) and *Syzygium cumini* (*Jamun*) are prominent for their role in reducing blood sugar and boosting insulin production. The decoction serves as a therapeutic intervention for diabetes by combining hepatoprotective, immunomodulatory, and metabolic-enhancing properties, providing a holistic treatment approach.

Sharma et al. describe the efficacy of *Gymnema sylvestri* in lowering blood glucose levels and improving insulin sensitivity, highlighting its potential as a stand-alone treatment or in synergy with other conventional treatments (Sharma et al., 2007).<sup>[10]</sup> Kumar et al. explore the antioxidant properties of *Momordica charantia*, noting its significant blood glucose-lowering effect, which is vital for managing diabetes mellitus effectively (Kumar et al., 2010).<sup>[11]</sup> Another study by Patel and Goyal highlights the dual role of *Tinospora cordifolia* in boosting the immune system and acting as an adjuvant in diabetes therapy, further emphasizing its usefulness in holistic diabetes management (Patel and Goyal, 2012).<sup>[12]</sup>

Additionally, Jain et al. discuss the role of *Syzygium cumini* in the modulation of blood sugar levels, outlining its benefits in both the preventive and curative aspects of diabetes care (Jain et al., 2014).<sup>[13]</sup> Singh et al. provide insight into the anti-inflammatory and hepatoprotective activities of *Curcuma longa*, which support its use in treating diabetes-related complications (Singh et al., 2013).<sup>[14]</sup>

#### NEED FOR FURTHER RESEARCH

Despite promising outcomes from current studies on the use of *Ayurvedic* herbs in managing diabetes, there is a critical need for further research to substantiate their efficacy and safety through rigorous clinical trials. The integration of modern scientific techniques with traditional knowledge can uncover the mechanistic pathways of these treatments and validate their use in routine clinical practice. Moreover, long-term studies are required to assess the sustainability and potential side effects of these treatments over extended periods. Developing standardized formulations and dosing regimens, alongside genetic and biochemical markers studies, can enhance the personalization and effectiveness of *Ayurvedic* medicine in diabetes care. This approach not only helps in improving treatment outcomes but also contributes significantly to the global acceptance and integration of *Ayurvedic* therapies into mainstream healthcare systems.

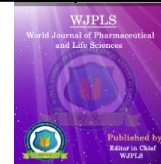
#### CONCLUSION

In conclusion, the case report of a 47-year-old female diagnosed with Type 2 Diabetes Mellitus illustrates the effective integration of *Ayurvedic* medicine into the management of chronic metabolic disorders. The treatment strategy, incorporating *Ayurvedic* formulations such as **Prameharogahar Powder, DM Cap, Tab Chander Vati, Yakrit shoth har Vati, and Madhumehanashaka Syrup**, has shown significant improvement in the patient's symptoms of generalized weakness and lower limb pain. These formulations, which include herbs like *Gymnema sylvestri*, *Momordica charantia*, and *Tinospora cordifolia*, have been instrumental in modulating blood sugar levels and enhancing overall metabolic health.

Follow-up assessments over a 6-month period demonstrated a notable improvement in the patient's glycemic control, with a reduction in **HbA1c from 9.2% to 5.9%**. The patient reported increased energy levels and a decrease in pain severity, contributing to an improved quality of life. The success of this case underscores the potential of *Ayurvedic* medicines as complementary therapies in managing diabetes. However, continuous monitoring and periodic adjustments of the treatment regimens were necessary to adapt to the patient's evolving health status. This case advocates for the broader application of *Ayurvedic* principles in chronic disease management, highlighting the need for further research to validate these findings in larger, diverse populations.

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## MANAGEMENT OF CHRONIC KIDNEY DISEASE (*VRIKKA VIKARA*) THROUGH AYURVEDIC MODALITIES: A CASE STUDY

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### ABSTRACT

Chronic Kidney Disease (CKD), known in *Ayurveda* as *Vrikka Vikara*, is a progressive condition characterized by a gradual loss of kidney function over time. This study explores the efficacy of *Ayurvedic* treatments in managing chronic kidney disease (CKD), focusing on breaking the *Samprapti* (pathogenesis) through traditional therapies. A 49-year-old male patient with established CKD was subjected to a comprehensive *Ayurvedic* treatment regime including *Panchakarma* therapies such as *Abhyangam* with *Dhanwantaram* Oil, *Avgaha Swedanam*, *Matra basti* with mixed *ayurvedic* oils, and *Asthapana basti* with *Punarnava Kwatha*. The treatment spanned over an 8-day inpatient stay followed by continuous outpatient monitoring for three months. Objective and subjective health parameters were systematically measured before and after the treatment period. Significant improvements were noted; blood urea decreased from 98 mg/dl to 76.4 mg/dl, and serum creatinine levels reduced from 5.6 mg/dl to 4.4 mg/dl. Subjective measures showed a drastic reduction in pain severity (from a score of 6 to 1 on the VAS) and marked improvement in the patient's quality of life (from 35% to 75% as per KDQOL scores). These results suggest that *Ayurvedic* interventions could effectively disrupt the CKD pathogenesis by detoxifying the body and restoring *doshic* balance, offering a potential complementary approach alongside conventional treatments. Further research involving larger cohorts and clinical trials is necessary to substantiate these findings and elaborate on the mechanisms involved in such therapeutic successes.

**KEYWORDS:** *Vrikka* Roga, Chronic Kidney disease, *Panchkarma*, *Ayurveda* Medicines.

### INTRODUCTION

Chronic Kidney Disease (CKD), known in *Ayurveda* as *Vrikka Vikara*, is a progressive condition characterized by a gradual loss of kidney function over time. It involves the deterioration of renal tissues, leading to a failure in the kidneys' ability to filter excess fluids and waste from the blood efficiently. As a result, harmful levels of fluid, electrolytes, and wastes can build up in the body.

From the perspective of classical *Ayurveda*, CKD or *Vrikka Vikara* is referenced across ancient texts like *Charaka Samhita* and *Sushruta Samhita*, suggesting a complex understanding of renal pathology. Traditional *Ayurvedic* texts categorize kidney diseases under '*Mutravaha Srotas Dushti*', which pertains to disorders affecting the urinary system.<sup>[1]</sup> These scriptures provide detailed descriptions and treatments which include

*ayurvedic* medications, dietary regulations, and lifestyle adjustments aimed at restoring the '*Srotas*' (channels) balance.

In modern medicine, CKD is defined by a reduction in the glomerular filtration rate, increased urinary albumin excretion, or both, indicative of damage to the kidney's filtering units.<sup>[2]</sup> Epidemiologically, CKD is a global burden affecting about 8-16% of the population worldwide. It is primarily caused by diabetes and hypertension, which are leading risk factors that contribute significantly to the incidence and progression of the disease.<sup>[3]</sup>

Pathophysiologically, CKD involves complex mechanisms like the nephron loss leading to hyperfiltration in remaining nephrons, systemic hypertension, and metabolic changes. Alterations in

kidney morphology, such as glomerulosclerosis and interstitial fibrosis, are commonly observed as the disease progresses. The worsening of renal function induces a series of systemic dysfunctions including fluid and electrolyte imbalance, hormonal changes, and alterations in cardiovascular and bone health.

*Ayurveda* attributes the pathogenesis of *Vrikka Vikara* to the imbalance of the *Doshas* - primarily *Kapha* blocking the *Vata dosha* in the '*Kaphavaha srotas*', impacting the circulation and filtration process in the kidneys.<sup>[4]</sup> Key components of the *Ayurvedic* pathophysiological paradigm include '*Ama*' formation (toxin accumulation due to improper digestion) and '*Avarana*' (blockage). This *Ayurvedic* approach focuses on restoring balance through '*Shodhana*' (detoxification), '*Shamana*' (palliation), and specific renal-protective herbs and formulations.<sup>[5]</sup>

Both traditional and modern treatments emphasize mitigation through early detection and a tailored treatment regimen aimed at slowing the progression of the disease and improving quality of life. Therefore, integrating the wisdom of *Ayurveda* with modern medical practices offers a comprehensive therapeutic strategy that can be particularly beneficial in managing CKD.

## CASE REPORT

### Patient History and Information

A 49-year-old male presents with several concerning symptoms including generalized weakness, bilateral ankle oedema for the past three months, and low backache. His current medical regimen for the treatment of hypertension includes multiple medications such as Tab Sodium bicarbonate for acidosis management and Tab Pantaprazole 40mg, possibly a cholesterol-lowering agent. To address his anaemia, he is taking an iron supplement and additional support through a nutritional or multivitamin supplement. No *Ayurvedic* treatments have been noted at this stage.

### Diet and Lifestyle History

Details regarding the patient's diet and lifestyle have not been exhaustively documented, which is crucial in cases of chronic kidney disease where dietary and lifestyle adjustments can significantly affect the disease trajectory. Information on his intake of protein, sodium, and fluid would be particularly valuable given his symptoms of edema and his chronic conditions.

### *Ayurvedic* Examination

**Table 2: *Ashtavidha Pariksha* (Eight-fold Examination).**

Sr. No	Examination	Findings
1.	<i>Nadi</i> (Pulse)	<i>Vata-Pittaja</i>
2.	<i>Mutra</i> (Urine)	Discomfort in urinating ( <i>Mutrakrichra</i> )
3.	<i>Mala</i> (Stool)	<i>Avikrita</i>
4.	<i>Jihva</i> (Tongue)	<i>Niraam</i>
5.	<i>Shabda</i> (Voice)	<i>Avikrita</i>
6.	<i>Sparsha</i> (Touch)	<i>Avikrita</i>
7.	<i>Drik</i> (Eyes)	<i>Shweta</i>
8.	<i>Akriti</i> (Appearance)	<i>Avikrita</i>

### Medication History

The patient's pharmacological treatment has been oriented towards managing the symptoms and complications of hypertension and anaemia rather than directly addressing renal health. K bind sachet is utilized to manage hyperkalaemia, indicating concerns about renal potassium clearance. The combination of medications underscores a focus on managing side effects and associated risk factors of hypertension and anaemia.

### Surgical and Family History

He has no relevant surgical history. Additionally, there is no reported family history of renal disease, cardiovascular diseases, or other genetic disorders that could predispose him to nephropathy, suggesting his kidney issues may primarily be due to acquired conditions such as hypertension.

### Onset and Disease Progression

The patient's symptoms of generalized weakness, oedema, and backache, combined with his treatment for hypertension and anaemia, suggest a progressive decline in kidney function. The usage of a potassium binder and sodium bicarbonate points towards an advancing stage of chronic kidney disease, characterized by complications like hyperkalaemia and metabolic acidosis. These indicators are crucial for diagnosing CKD and suggest that despite current treatments, his renal function may be continuing to deteriorate.

These factors combined highlight the need for a comprehensive review of the patient's treatment plan. Integration of dietary management and potential review by a nephrologist are recommended. Additionally, exploring integrative treatments, such as *Ayurvedic* therapies which focus on whole-body wellness, might provide supportive benefits in managing his symptoms and potentially slowing the progression of his kidney disease.

**Table 1: Vital Parameters.**

Sr. No	Examination	Findings
1.	<b>Blood Pressure</b>	150/90 mm of Hg
2.	<b>Pulse</b>	80 min
3.	<b>Weight</b>	71 g
4.	<b>Height</b>	5 feet 5 inches

Table 3: *Dashavidha Pariksha* (Ten-fold Examination).

Sr. No	Examination	Findings
1.	<b>Prakriti (Constitution):</b>	<i>Vata Pitta</i>
2.	<b>Vikriti (Imbalance):</b>	<i>Vata</i>
3.	<b>Sara (Tissue Excellence):</b>	<i>Meda Saar</i>
4.	<b>Samhanana (Body Build):</b>	Moderate
5.	<b>Pramana (Body Proportions):</b>	Within normal limits.
6.	<b>Satmya (Adaptability):</b>	<i>Avar</i>
7.	<b>Satva (Psychological Strength):</b>	<i>Avar</i>
8.	<b>Ahara Shakti (Digestive Strength):</b>	<i>Avar</i>
9.	<b>Vyayama Shakti (Exercise Capacity):</b>	<i>Avar</i>
10.	<b>Vaya (Age):</b>	49 yr old

### Diagnostic Assessment

Table 3: Laboratory Results

#### a. CBC, Renal Function Test, LFT, HbA1c were done

Complete Blood Count	
Hb	9.50 gm/dl
PCV	28.60 %
TLC	10300 /cmm
RBC	3.26 mill/cmm
Platelet Count	3.79 Lac/cmm
WBC	10.30 thou/cmm
ESR	20 min
Renal Function Test	
Blood Urea	98. mg/dl
Sr. Creatinine	5.8 mg/dl
GFR	10
Liver Function Test	
AST	14.6 U/L
ALT	12.6 U/L
Albumin/Globulin Ratio	1.47
Alkaline Phosphatase	89.54 U/L
<b>HbA1c</b>	5.0%

### Imaging Results

1. **Ultrasound:** done on 19/02/2024 suggested the Right kidney: 7.7x3.6cm  
Left kidney: 8.4x4.0cm  
Both kidneys are small in size, normal in shape and position with increase in renal cortical echo texture. Cortico-medullary differentiation is poorly maintained. Evidence of simple renal cortical cyst of size measuring 10x9mm noted at upper pole of right kidney.

### Assessment Parameters

#### Subjective Parameters

##### 1. Pain Severity – Visual Analogue Scale (VAS)<sup>[6]</sup>

The Visual Analogue Scale (VAS) is a psychometric response scale which can be used in questionnaires. It is a measurement instrument for subjective characteristics or attitudes that cannot be directly measured. For pain assessment, it consists of a straight line with the endpoints defining extreme limits such as 'no pain' and 'worst pain imaginable.' The patient marks on the line the point that they feel represents their perception of their current state. The VAS score is determined by measuring the distance (in mm) on the 10-cm line between the 'no pain' anchor and the patient's mark, providing a range of

scores from 0-100. A higher score indicates greater pain intensity.

##### 2. Fatigue Severity Scale (FSS)<sup>[7]</sup>

This scale is designed to assess the disruptive impact of fatigue on daily functioning. The scale has 9 statements that patients rate on a scale from 1 (strongly disagree) to 7 (strongly agree). Topics addressed include effects on physical functioning, exercise, work performance, family or social life, and overall well-being. An average score is calculated, which helps determine the level of fatigue a patient is experiencing. Higher scores suggest more severe fatigue.

##### 3. Kidney Disease Quality of Life (KDQOL)<sup>[8]</sup>

The KDQOL survey is specifically tailored for patients with kidney disease and includes components that are common to health-related quality of life measures (generic core) as well as items that are specific to individuals on dialysis. It assesses various aspects of health and daily life, including the physical, mental, emotional, and social functioning domains. Scores are transformed on a 0 to 100 scale, with higher scores representing better health status and quality of life. The

KDQOL has been extensively used in clinical trials and research to evaluate the effects of kidney disease on patients' lives and to monitor changes over time.

### Objective Parameter

1. Sr. Creatinine
2. Sr. Blood Urea

## THERAPEUTIC INTERVENTION

### I. Diet Plan<sup>[9]</sup>

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key commendations:

- a. Foods to be avoided
  - Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
  - Avoid eating after 8 PM.
  - During solid consume as small bite and chew 32 times.
- b. Hydration
  - During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
  - Drink about 1 litre of alkaline water 3 to 4 times throughout the day.
  - Include herbal tea, living water, and turmeric-infused water part of your daily routine.
  - Boil 2 litre water & reduce up to 1 litre and consume.
- c. Millet Intake
  - Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*), and Browntop (*Urochloa ramosa*).
  - Use only steel cookware for preparing the millets
  - Cook the millets only using mustard oil.
- d. Meal Timing and Structure
  1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
  2. Breakfast (9:00-10:00 AM): The patient will have steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).
  3. Morning Snacks (11:00AM): The patient will be given Red juice (150 ml) and soaked almonds.
  4. Lunch (12:30 PM - 2:00 PM): The patient will receive Plate 1 and Plate 2. Plate 1 will include a steamed salad, while Plate 2 with cooked millet-based dish.
  5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
  6. Dinner (6:15-7:30 PM): The patient will be served a steamed salad, chutney, and soup, as Plate 1, along with millet *khichdi* as Plate 2.

### e. Fasting

- It is advised to observe one-day fasting.

### f. Special Instructions

- Express gratitude to the divine before consuming food or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

### g. Diet Types

- The diet comprises low salt solid, semi-solid, and smoothie options.
- Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

## II. Lifestyle Recommendations

- (i) Include meditation for relaxation.
- (ii) Practice barefoot brisk walk for 30 minutes.
- (iii) Ensure 6-8 hours of quality sleep each night.
- (iv) Adhere to a structured daily routine.

### Panchakarma Therapies

Following a comprehensive evaluation, the patient was advised to undergo inpatient department (IPD) treatment for duration of 7 days. This approach allowed us for a structured administration of the *Ayurvedic* treatment regimen and ensuring adherence, while providing continuous medical supervision. The patient was admitted on 08/04/2024 and was discharged on 15/04/2024, the following interventions were followed during the admission period.

#### 1. *Abhyangam with Dhanwantaram Oil*

*Abhyangam* with *Dhanwantaram* Oil, an *Ayurvedic* deep tissue massage therapy, can be particularly beneficial in managing chronic kidney disease (CKD) due to its ability to enhance circulation, alleviate stress and pain, and improve sleep quality. The use of *Dhanwantaram* Oil, known for its anti-inflammatory and rejuvenating properties, helps in balancing the *Vata dosha*, which is often disrupted in CKD. This therapy aids in supporting toxin removal, managing fluid retention and edema, and enhancing skin integrity, which are common issues in CKD patients. It is important that such *Ayurvedic* treatments are administered by a skilled practitioner and integrated carefully with conventional medical treatments to ensure holistic and effective disease management.

#### 2. *Avgaha Swedanam for 45 mins below Navel region*

*Avgaha Swedanam*, an *Ayurvedic* therapy involving a medicated steam bath focused below the navel region, can offer therapeutic benefits in the management of chronic kidney disease (CKD). This localized sweat-inducing treatment primarily targets the lower abdomen, enhancing blood and lymphatic circulation in the pelvic region, which can help reduce fluid retention and promote the elimination of toxins through sweat. The

warmth and moisture from the treatment may also alleviate abdominal and pelvic discomfort, common in CKD due to toxin buildup and fluid imbalances. By stimulating the sweat glands in the targeted area, *Avgaha Swedanam* supports the body's natural detoxification processes, potentially easing the burden on the kidneys while balancing the body's *doshas*, particularly *Apana Vata*, which governs the lower abdominal region. This therapeutic approach is particularly useful in harmonizing bodily functions, which can be disrupted in CKD, thereby aiding in symptom management and improving overall well-being.

### 3. *Matra basti with Dashmoola Oil + Shatavari Oil + Mahanarayan Oil on alternate days*

*Matra basti*, an Ayurvedic enema therapy using medicated oils such as *Dashmoola Oil*, *Shatavari Oil*, and *Mahanarayan Oil* on alternate days, plays a significant role in managing chronic kidney disease (CKD). The therapy is aimed at nourishing and lubricating the lower intestines, enhancing the *Vata dosha* balance, which in *Ayurveda* is closely associated with the kidney function. This form of treatment helps in soothing the entire renal system and mitigating the *Vata*-related symptoms such as dryness and degeneration. The oils used are known for their anti-inflammatory and analgesic properties, potentially reducing pain and discomfort associated with CKD. By administering *Matra basti* on alternate days, the therapy aids in gently detoxifying the body, improving bowel movements, and

enhancing tissue strength, which are supportive in managing the symptoms and progression of CKD. Additionally, this procedure also aids in the overall strengthening of the body's immune response, supporting a more holistic approach to managing kidney health.

### 4. *Asthapana basti – Punarnavadi Kashaya Basti - 500ml*

*Asthapana basti*, specifically using *Punarnavadi kashaya Basti* at a volume of 500ml, is an Ayurvedic decoction enema that holds therapeutic significance in the management of Chronic Kidney Disease (CKD). This treatment utilizes the diuretic and rejuvenative properties of *Punarnava (Boerhavia diffusa)*, which plays a pivotal role in promoting renal health by enhancing kidney function and facilitating fluid balance in the body. Administering this type of *Basti* helps in detoxifying the body by removing *ama* (toxins) that accumulate in the digestive tract and obstruct proper physiological functioning. This process is essential in CKD, where kidney function is compromised. The decoction used in *Asthapana basti* promotes the cleansing of metabolic wastes more efficiently, thus aiding in reducing the burden on the kidneys while supporting the restoration of *doshic* balance, especially pacifying *Vata dosha* associated with the lower pelvic region. Through its cleansing and rebalancing actions, *Asthapana basti* can help alleviate symptoms of CKD, improving patient well-being and potentially slowing the progression of the disease.

### Medicines Used

Following medicinal Treatment was given to the patient during the admission period

**Table 4: Day 1 to Day 8 – 08/04/24 to 15/04/24.**

Medications	Dose	Anupana	Duration
<b>Cap Nephron Plus</b> - The ingredients of the capsule are <i>Pashanbheda (Bergenia ligulata)</i> , <i>Gokshur (Tribulus terrestris)</i> , <i>Durbhamool (Cynodon dactylon)</i> , <i>Shila pushpa (Didymocarpus pedicellata)</i> , and <i>Hing (Ferula asafoetida)</i> . In the list, <b>Hazrool yahood bhasma (Hajarul Yahood Bhasma)</b> is a preparation from a type of limestone, <b>Chandraprabha</b> refers to an Ayurvedic compound, and <b>MulakKshar, YavaKshar, Amalaki Rasayan, Trivikrum Rasa, Navasara, and Nimbu Stava</b> do not relate directly to specific botanical Latin names as they are mineral/compound preparations or formulations. <b>Black Salt</b> , typically known as <i>Kala Namak</i> , and <b>Amalaki Rasayan</b> (related to <i>Phyllanthus emblica</i> ), also involve non-ayurvedic substances. <b>Magnesium Stearate</b> and <b>Talcum Powder</b> , which are excipients used in the formulation process	1 Cap BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)
<b>Tab Chander Vati</b> – The ingredients of the tablet are <i>Kapoor Kachri (Hedychium spicatum)</i> , <i>Vach (Acorus calamus)</i> , <i>Motha (Cyperus rotundus)</i> , <i>Kalmegh (Andrographis paniculata)</i> , <i>Giloy (Tinospora cordifolia)</i> , <i>Devdaru (Cedrus deodara)</i> , <i>Desi Haldi (Curcuma longa)</i> , <i>Atees (Aconitum heterophyllum)</i> , <i>Daru Haldi (Berberis aristata)</i> , <i>Pipla Mool (Piper longum root)</i> , <i>Chitraka (Plumbago zeylanica)</i> , <i>Dhaniya (Coriandrum sativum)</i> , <i>Harad (Terminalia chebula)</i> , <i>Bahera (Terminalia bellirica)</i> , <i>Amla (Emblica officinalis)</i> , <i>Chavya (Piper chaba)</i> , <i>Vayavidang (Embelia ribes)</i> , <i>Pippal (Piper longum)</i> , <i>Kalimirch (Piper nigrum)</i> , <i>Sonth (Zingiber officinale)</i> , <i>Gaj Pipal (Scindapsus officinalis)</i> . Other items like <i>Swarn Makshik Bhasma, Sujji Kshar, Senda Namak, Kala Namak, Choti Elaichi (Elettaria cardamomum)</i> , <i>Dalchini (Cinnamomum verum)</i> , <i>Tejpatra (Cinnamomum tamala)</i> , <i>Danti (Baliospermum montanum)</i> , <i>Nishoth (Operculina turpethum)</i> , <i>Banslochan (Bambusa arundinacea)</i> , <i>Loh Bhasma, Shilajit, and Guggal (Commiphora wightii)</i> are primarily mineral-based compounds or resins	1 Tablets BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)

<b>Tab Rakta Care</b> - The ingredients of the tablet are <i>Amba Haldi (Curcuma amada)</i> , <i>Kutki (Picrorhiza kurroa)</i> , <i>Chiraita (Swertia chirata)</i> , <i>Majeeth (Rubia cordifolia)</i> , <i>Khadir (Acacia catechu)</i> , and <i>Sariva (Hemidesmus indicus)</i> . <b>Tankan Bhasma</b> is not an herb but a calcined borax (sodium borate). <b>Saptika</b> and <b>Vyadi Haran Rasayan</b> do not correspond to specific botanical names as they refer to <i>Ayurvedic</i> formulations or minerals; <b>Saptika</b> generally pertains to a type of mineral and <b>Vyadi Haran Rasayan</b> likely refers to a multi-ingredient <i>Ayurvedic</i> preparation. <b>Shudh Gandhak</b> is purified sulphur	1 Tablets BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)
<b>Tab Yakritshothhar Vati</b> – The ingredients of the tablet are <i>Punarnava (Boerhaavia diffusa)</i> , <i>Kalimirsch (Piper nigrum)</i> , <i>Pippali (Piper longum)</i> , <i>Vayavidanga (Embelia ribes)</i> , <i>Devdaru (Cedrus deodara)</i> , <i>Kutha (Saussurea lappa)</i> , <i>Haldi (Curcuma longa)</i> , <i>Chitrake (Plumbago zeylanica)</i> , <i>Herad (Terminalia chebula)</i> , <i>Bahera (Terminalia bellirica)</i> , <i>Amla (Emblica officinalis)</i> , <i>Danti (Baliospermum montanum)</i> , <i>Chavya (Piper chaba)</i> , <i>Indra Jon (Wrightia tinctoria)</i> , <i>Pippala Mool (root of Piper longum)</i> , <i>Motha (Cyperus rotundus)</i> , <i>Kalajira (Carum carvi)</i> , <i>Kayphal (Myrica esculenta)</i> , <i>Kutki (Picrorhiza kurroa)</i> , <i>Nisoth (Operculina turpethum)</i> , <i>Sonth (Zingiber officinale)</i> , <i>Kakd singhi (Pistacia integerrima)</i> , <i>Ajwaen (Trachyspermum ammi)</i> , and <i>Mandur bhasam</i> (a ferric oxide calx).	1 Tablets BD	Lukewarm Water ( <i>Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)
<b>Syp CKD</b> – The ingredients of the syrup are <i>Kasani (Cichorium intybus)</i> , <i>Gokhru (Tribulus terrestris)</i> , <i>Shatavari (Asparagus racemosus)</i> , <i>Giloy (Tinospora cordifolia)</i> , <i>Shudh Shilajit</i> (derived from mineral pitch, primarily found in the Himalayas, not a plant-based substance and thus does not have a Latin botanical name). Sorbitol is a sugar alcohol and not an herb	10 ml TDS	Equal Amount of Lukewarm Water ( <i>Sam matra Koshna Jala</i> )	<i>Adhobhakta</i> (After Meal)
<b>Syp Kidney Care</b> - The ingredients of the syrup are <i>Pashanbheda (Bergenia ligulata)</i> , <i>Gokshur (Tribulus terrestris)</i> , <i>Durbhamool (Cynodon dactylon)</i> , <i>Shila pushpa (Didymocarpus pedicellata)</i> , and <i>Hing (Ferula asafoetida)</i> . In the list, <b>Hazrool yahood bhasma (Hajarul Yahood Bhasma)</b> is a preparation from a type of limestone, <b>Chandraprabha</b> refers to an <i>Ayurvedic</i> compound, and <b>MulakKshar, YavaKshar, Amalaki Rasayan, Trivikrum Rasa, Navasara, and Nimbu Satva</b> do not relate directly to specific botanical Latin names as they are mineral/compound preparations or formulations. <b>Black Salt</b> , typically known as <i>Kala Namak</i> .	10 ml TDS	Equal Amount of Lukewarm Water ( <i>Sam matra Koshna Jala</i> )	<i>Pragbhakta</i> (Before Meal)

The Patient was discharged on 15/04/24 and on discharge patient was advised to take following medication for 4 months

1. Cap Nephron Plus – 1 cap BD after meal with Lukewarm water
2. Chander Vati – 1-tab BD after meal with Lukewarm water
3. Tab Rakta Care 1-tab BD after meal with Lukewarm water
4. Tab Yakritshothhar Vati 1-tab BD after meal with Lukewarm water

5. Syp Kidney Care 10ml TDS Before meal with equal amount of Lukewarm water
6. Syp CKD 10 ml TDS after meal with equal amount of Lukewarm water

#### FOLLOW-UP & OUTCOME

After 8 days admission and after the series of *Ayurveda Panchakarma* Treatment and *Ayurvedic* Medicines and a follow-up of 3 months the results that were seen were

**Table 4: Outcomes – Objective Parameters.**

Parameters	Pre-Treatment (14/02/24)	Post-Treatment (07/09/24)
<b>Renal Function Test</b>		
Blood Urea	98 mg/dl	76.4 mg/dl
Sr. Creatinine	5.26 mg/dl	4.4 mg/dl

The changes in the subjective parameters that was observed were

**Table 5: Outcomes – Subjective Parameters.**

Parameters	Pre-Treatment	Post-Treatment
<b>Pain Severity (VAS)</b>	Patient reported severe pain, rated at 6 on a scale of 1-10 during episodes of renal colic.	Complete resolution of pain, with a pain rating of 1 on a scale of 1-10.
<b>Fatigue Severity Scale (FSS)</b>	Average score of 5/7 (severe fatigue impacting daily function)	Average score of 2/7 (mild fatigue)
<b>Kidney Disease Quality of Life (KDQOL)</b>	Overall score 35% (significant impact of kidney disease on quality of life)	Overall score 75% (moderate improvement in quality of life with some persistent challenges)

## DISCUSSION

Chronic Kidney Disease (CKD) is a prevalent health issue characterized by a gradual decline in kidney function over time. In modern medicine, diagnostic parameters such as blood urea and serum creatinine levels are crucial for assessing kidney health, as they indicate the efficiency of the kidneys in filtering metabolic wastes. In the realm of *Ayurveda*, CKD is viewed through the lens of "*Vrikka Roga*" or "*Mutravaha srotas dushti*", terms that describe the dysfunction of the urinary system attributed to imbalances in the fundamental bodily humors (*doshas*), predominantly involving *Pitta* and *Kapha*, with *Vata* playing a secondary yet significant role.

According to *Ayurvedic* theory, the pathogenesis (*Samprapti*) of CKD is thought to originate from lifestyle and dietary habits that disrupt *doshic* balance, leading to the accumulation of *ama* (toxins). These toxins clog the microchannels (*srotas*) of the kidneys, impeding their function and manifesting symptoms such as fatigue, pain, and edema. *Ayurvedic* treatment approaches, such as *Panchakarma*, aim to detoxify the body and restore *doshic* equilibrium through therapeutic procedures, diet modifications, and *ayurvedic* remedies.

The efficacy of these *Ayurvedic* interventions was observed in a clinical case where a 49-year-old male presented with symptoms indicative of CKD, including severe pain, generalized weakness, and bilateral ankle edema. After undergoing an 8-day *Ayurvedic* treatment program including *Panchakarma*, followed by a three-month period of continued *Ayurvedic* medication, significant improvements were documented both in objective and subjective parameters. Objectively, there was a noticeable reduction in blood urea levels from 98 mg/dl to 76.4 mg/dl, and serum creatinine levels decreased from 5.26 mg/dl to 4.4 mg/dl, suggesting enhanced renal clearance. Subjectively, the patient reported a decrease in pain severity, from a VAS score of 6 to 1, a reduction in fatigue severity from 5/7 to 2/7 on the FSS, and an increase in quality of life from 35% to 75% on the KDQOL scale.

The mode of action of each medicine that was used in this case study was **Cap Nephron Plus and Syp Kidney Care**: Both these formulations contain ingredients like *Pashanbheda*, *Gokshur*, and *Durbhamool*, noted for their diuretic and kidney-protective properties. These herbs help in increasing renal circulation and decreasing edema and uremic toxins, which are critical in managing CKD. **Tab Chander Vati**: This tablet incorporates detoxifying and rejuvenating herbs like *Kapoor Kachri*, *Vach*, and *Giloy*, which aid in cleansing the blood, improving liver function and supporting immune health. This holistic approach helps in enhancing overall metabolism and kidney function. **Tab Rakta Care**: Containing potent blood purifiers like *Sariva* and *Manjistha*, this tablet helps in reducing uremia and protecting the kidneys by preventing further damage due to accumulated toxins.

**Tab Yakritshothhar Vati**: This is formulated specifically to support liver function, which is crucial in detoxification processes that relieve the kidney's load. Ingredients like *Kutki* and *Chiraita* have hepatoprotective and anti-inflammatory effects. Using these therapies and medications in an integrated manner during the inpatient treatment helps maximize the detoxifying effects and supports the improvement of renal function, directly addressing the root causes and symptoms associated with CKD.

Numerous studies have explored the efficacy of *Ayurvedic* treatments, including *Panchakarma*, in managing chronic kidney disease (CKD), highlighting their potential in both symptom management and overall disease progression. Research by Sharma and Sharma (2018)<sup>[10]</sup> evaluated the detoxifying effects of *Panchakarma* on urea and creatinine levels in CKD patients, revealing significant improvements. Agarwal and Diwan (2020)<sup>[11]</sup> conducted a systematic review analyzing the effectiveness of *Ayurvedic* medicine in treating CKD, affirming its role in symptom control and disease management. Patel, Acharya, and Shukla (2017)<sup>[12]</sup> discussed the integration of *Ayurvedic* practices with conventional medicine, suggesting enhanced outcomes in kidney care. Kumar and Nair (2019)<sup>[13]</sup> investigated the specific use of *Punarnava* in *Panchakarma*, particularly its application through *Basti* therapy, demonstrating reduced serum creatinine levels among patients. Lastly, Mehta and Balachandran (2021)<sup>[14]</sup> studied the effects of *Abhyangam* massage using *Dhanwantaram* Oil, noting notable improvements in renal function and patient well-being. These studies collectively emphasize the beneficial impact of *Ayurvedic* therapies in the comprehensive management of CKD.

## NEED FOR FURTHER RESEARCH & STUDY

While existing studies have illuminated the beneficial effects of *Ayurvedic* therapies in managing Chronic Kidney Disease (CKD), there remains a critical need for further research and study to fully understand and optimize these traditional methods. Comprehensive, controlled clinical trials with larger patient cohorts are essential to validate the efficacy and safety of *Ayurvedic* treatments, particularly *Panchakarma*, in a systematic and scientifically rigorous manner. Additionally, investigations into the mechanistic pathways through which these treatments exert their effects could contribute to better integration with conventional medical practices. Detailed long-term follow-up studies are also necessary to assess the sustainability of therapeutic benefits and the potential impacts on patient quality of life and disease progression. Expanding this research domain can significantly enhance evidence-based practices in *Ayurveda*, ensuring that it evolves as a well-substantiated complementary approach for CKD and potentially other chronic conditions.

**CONCLUSION**

The *Ayurvedic* treatment of chronic kidney disease (CKD) emphasizes disrupting the *Samprapti* (pathogenesis) of the disease by addressing *doshic* imbalances and toxin accumulation. In the observed case, after undergoing specific *Panchakarma* therapies like *Abhyangam*, *Avgaha Swedanam*, *Matra basti*, and *Asthapana basti*, significant improvements were noted. Objectively, blood urea was reduced from 98 mg/dl to 76.4 mg/dl, and serum creatinine dropped from 5.26 mg/dl to 4.4 mg/dl. Subjectively, pain severity decreased from a score of 6 to 1 on the VAS, and overall quality of life improved from 35% to 75%, as measured by KDQOL.

These outcomes demonstrate the potential of *Ayurvedic* practices to not just alleviate symptoms but also fundamentally restore physiological balance and halt CKD progression by directly countering the disease's pathogenesis. Continued research, particularly involving larger and more controlled studies, is crucial to validate these findings and integrate *Ayurvedic* treatments more effectively with conventional renal care. Such integrative approaches could offer comprehensive solutions that significantly enhance quality of life and clinical outcomes for CKD patients.

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# Significant Improvement in Type 2 Diabetes Mellitus with Diabetic Neuropathy and Retinopathy by Ayurvedic Therapeutics: A Case Study Regarding Santarpan Chikitsa in Krucchrasadhya (Difficult to Treat) Vataj Prameha along with its Updrava.

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## Abstract

*Living with diabetes and their complications is a struggle for every diabetic patient. The reason is that diabetes is a complicated and chronic condition. Its complications are becoming serious issues of health in present days. But ayurvedic therapeutics can give a quality life to the diabetic patient and increase the longevity of patient. Ayurvedic lifestyle management also can help to deal easily with diabetic complications. This article is presenting a case of female patient 61 years old K/C/O type 2 diabetes and HTN. She had visited to the hospital for complain of developing diabetic complications like neuropathy and retinopathy. Based on symptoms and history she was diagnosed as a case of vataj prameha. Later she underwent for ayurvedic therapeutics which included lifestyle management and ayurvedic medicines. Treatment of 7 months her HbA1C value showed a significant positive result. This is a laboratory criterion of therapeutics outcome. Her symptoms got subsided by treatment but vataj prameha is complicated type than others, so she was suggested to follow healthy lifestyle for prevention of further complications.*

## Keywords

*Diabetic complication, Type 2 diabetes, Vataj prameha, Diabetic neuropathy and retinopathy, Ayurvedic therapeutics, HbA1C*

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## 1. Introduction

Millions of people are badly affected due to serious and most commonly occurring lifestyle disorders named diabetes. In today's era it has become a global health issue along with its complications. According to WHO its prevalence is higher in low and middle-income countries. It may be due to unawareness of healthy lifestyle. Diabetes is a complex, metabolic and multifactorial disorder in its own.[1] Its complications are also more complicated and include another new disease. Diabetic complications occur due to harm to the blood vessels by high sugar level in the blood. They include kidney disease, neuropathy, retinopathy, gangrene, heart diseases, atherosclerosis etc. Diabetic retinopathy is a serious sight threatening complication. It is becoming a lead factor for blindness all over the world specifically in the American adults.[2] Diabetic neuropathy is another major complication which affects damage to the nerves especially lower limb nerves. Over time, high blood sugar levels and high levels of fats like triglycerides can damage the nerves.

In ayurveda all the factors regarding occurrence of diabetes and its treatment are explained under prameha vyadhi. Ayurveda also mentioned diabetic complications and are termed as updrava of prameha. Some diabetic complications are mentioned in purvaroopavastha (pre-symptomatic phase) of prameha. So, while stating prognosis of prameha vyadhi Charakacharya noted that prameha vyadhi which occurs with all its purvaroopas is asadhya (incurable).[3] It means that all prameha purvaroops can together complicate the prameha vyadhi. Diagnosis of prameha vyadhi with its subtype should be made by observing and studying purvaroopas, roopas (symptoms), involved dosh-dushyas (pathogenic factors) and updravas. This can give a clue to deciding the prognosis of prameha. Prognosis is important in the view of treatment. Because by prognosis it can be clear whether the case is curable or not and approximately how much time requires for treatment. This case is of an old age female patient with K/C/O diabetes mellitus type 2 for 5 years and was on medication for HTN and DM. She had come with complaints of diabetic complications like blurred vision, numbness in feet, itching over back etc. Case report regarding this article and its improvement by ayurvedic therapeutics is explained from here onwards in detail to understand and conclude the significant role of ayurveda in managing vataj prameha.

## 2. Case Report

A female patient of age 61 years old had HTN in the last 22 years and T2DM for 5 years. She had visited JEENA SIKHO LIFE CARE LTD. HOSPITAL, PATIALA, PUNJAB on 8/6/2024. She wanted to avail ayurvedic intervention for diabetes as she was suffering from the symptoms of diabetic complications. She had complaints of –

1. Constipation – on and off
2. Blurred vision
3. Numbness in feet
4. Itching on back

Further details of case mentioned below in tabular forms:

**Table 1.** History Taking

History of	Remark
<b>Disease history</b>	K/C/O HTN for 22 years K/C/O T2DM for 5 years
<b>Medication history</b>	1. Amlodipine, Atenolol tab– OD 2. Glimepiride & metformin (GM) 2 - ½ tab OD
<b>Family history</b>	Brother diabetic
<b>Menstrual history</b>	Menopause 6 years ago
<b>Food habit</b>	Vegetarian, milk

**Table 2.** General Examination

Assessment	Observation
<b>BP</b>	190/80 mm of Hg
<b>Pulse</b>	82/min
<b>Age</b>	61 years
<b>Height</b>	5'
<b>Weight</b>	57 Kg
<b>Nidra</b>	<i>Khandita</i>
<b>Kshudha</b>	<i>Prakrita</i>
<b>Mutra</b>	<i>Prakrita</i>

Table 3. Ashtavidh Parikshan

Assessment	Observation
<i>Nadi</i> (pulse)	<i>Vata pittaja</i>
<i>Mala</i> (bowel)	<i>Vikrita</i>
<i>Mutra</i> (urine)	<i>Prakrita</i>
<i>Jivha</i> (tongue)	<i>Prakrita</i>
<i>Shabd</i> (voice)	<i>Spashta</i>
<i>Sparsh</i> (touch)	<i>Anushna</i>
<i>Drik</i> (eyes)	<i>Prakrita</i>
<i>Aakriti</i> (physique)	<i>Madhyama</i>

Table 4. Dashvidh Parikshan

Assessment	Observation
<b><i>Prakriti</i></b> (Physical constitution)	<i>Vata Pitta</i>
<b><i>Vikriti</i></b> (pathological constitution)	<i>Vata kapha</i>
<b><i>Sara</i></b> (excellence of tissues)	<i>Madhyama</i>
<b><i>Samhanan</i></b> (body compactness)	<i>Madhyama</i>
<b><i>Praman</i></b> (measurements of body parts)	<i>Madhyama</i>
<b><i>Satmya</i></b> (homologation)	<i>Madhyama</i>
<b><i>Sattva</i></b> (mental constitution)	<i>Madhyama</i>
<b><i>Aaharshakti</i></b> (capacity ingesting, digesting and assimilating the food)	<i>Madhyama</i>
<b><i>Vyayamshakti</i></b> (capacity to exercise)	<i>Avara</i>
<b><i>Vaya</i></b> (age)	<i>Vridhdha</i> (old)

Investigations: Patient hadk/c/o diabetes since last 5 years. Her symptoms were observed related to diabetes. So there was no need to investigate her for blood sugar level. After 24 days of treatment she was tested for HbA1c. Reports are mentioned in results.

Diagnosis: On the basis of history, examinations and symptoms it was diagnosed as diabetic neuropathy and retinopathy. By ayurvedic perspective this is a case of Vataj prameha with updrava.

### 3. Ayurvedic Therapeutics

It included *ayurvedic* medicines and lifestyle management. Herbo-mineral and herbal medicines were prescribed and all medicines were told to consume with *koshna jala* (lukewarm water) and syrups were told to consume with equal amount of lukewarm water. Below table no. 5 and 6 mentioned the medicines given on 1<sup>st</sup> day and every follow-up along with their directions of use.



Table 5. Prescribed Medicines

Follow up date	Medicine given
08/06/2024 Day 1	<ol style="list-style-type: none"> <li>1. VPK kit included <ul style="list-style-type: none"> <li>• Dr. Shuddhi powder</li> <li>• Dr. Immune tablet</li> <li>• Nabhi oil</li> <li>• Tooth oil</li> <li>• 32 herbs tea</li> </ul> </li> <li>2. Rakta chap vati</li> <li>3. Syrup Liver tonic</li> <li>4. Syrup Blood purifier</li> </ol>
06/07/2024 1 <sup>st</sup> follow-up	<ol style="list-style-type: none"> <li>1. Prameha rogahar powder</li> <li>2. 32 Herbs tea</li> <li>3. DM Capsule</li> <li>4. Liv DS capsule</li> <li>5. Raktachap vati</li> <li>6. Lipi capsule</li> <li>7. Syrup Blood purifier</li> </ol>
09/08/2024 2 <sup>nd</sup> follow up	<ol style="list-style-type: none"> <li>1. Skip blood purifier</li> <li>2. Add vishhar rasa</li> <li>3. Rest continued as 1<sup>st</sup> follow up</li> </ol>
09/09/2024 3 <sup>rd</sup> follow-up	<ol style="list-style-type: none"> <li>1. Skip vishhar ras</li> <li>2. Add syrup blood purifier</li> <li>3. Add syrup liver tonic</li> <li>4. Rest continued as 2<sup>nd</sup> follow up</li> </ol>
07/10/2024 4 <sup>th</sup> follow-up	<ol style="list-style-type: none"> <li>1. DM Capsule</li> <li>2. Liv DS capsule</li> <li>3. Shuddhi BP tablet</li> <li>4. Lipi capsule</li> <li>5. Syrup blood purifier</li> <li>6. Syrup Liver tonic</li> </ol>
09/11/2024 5 <sup>th</sup> follow-up	<ol style="list-style-type: none"> <li>1. Prameha roghar powder</li> <li>2. Capsule DM</li> <li>3. Raktachap vati</li> <li>4. Bramhi vati</li> <li>5. Syrup Blood purifier</li> </ol>
14/12/2024 6 <sup>th</sup> follow-up	<ol style="list-style-type: none"> <li>1. Prameharoghar powder</li> <li>2. Lipi capsule</li> <li>3. DM capsule</li> <li>4. Bramhi vati</li> <li>5. Tablet JS diab</li> <li>6. Visha har rasa</li> <li>7. Tablet Liv DS</li> <li>8. Pachak vardhak (Shuddhi Liv syrup)</li> </ol>



Table 6. Direction of use of Medicines

Medicine name	Direction of use
<b>Prameha roghar powder</b>	½ tsf TDS before meal ( <i>Pragbhakta kala with Koshna jala</i> )
<b>Dr. Shuddhi powder</b>	½ tsf HS ( <i>Nishakalawith Koshna jala</i> )
<b>Herbal tea</b>	3 gm for 1 cup of tea in the morning & SOS
<b>Dr. Immune tab.</b>	1 Tab. BD ( <i>Pragbhakta kala with Koshna jala</i> )
<b>Nabhi oil</b>	After waking up and at night: applied in the navel
<b>Tooth oil</b>	Apply before brush in the morning over gums
<b>Raktachap vati</b>	1 Tab. BD ( <i>Pragbhakta kala with Koshna jala</i> )
<b>Capsule DM</b>	1 Cap BD ( <i>Adhobhakta kala with Koshna jala</i> )
<b>LIV DS capsule</b>	1 Cap BD after food ( <i>Adhobhaktawith Koshna jala</i> )
<b>Tablet Shuddhi BP</b>	1 Tab. BD ( <i>Pragbhakta kala with Koshna jala</i> )
<b>Capsule Lipi</b>	1 Tab BD ( <i>Adhobhaktawith Koshna jala</i> )
<b>Bramhi vati</b>	2 Tab HS ( <i>Nishakalawith Koshna jala</i> )
<b>Syrup Liver tonic</b>	7.5 ml syrup BD ( <i>Adhobhaktawith Koshna jala</i> )
<b>Syrup blood purifier</b>	3 tsf BD ( <i>Pragbhaktawith Koshna jala</i> )
<b>Tab. JS diab</b>	2BD before food ( <i>Pragbhakta kala with Koshna jala</i> )
<b>Vishahar rasa</b>	1 Tab. BD ( <i>Pragbhakta kala with Koshna jala</i> )
<b>Shuddhi Liv syrup</b>	10   BD ( <i>Pragbhakta kala with Koshna jala</i> )

#### 4. Lifestyle management

It included DIP diet plan, ayurvedic pathya-apathyaand exercise recommendation.

DIP diet (discipline and intelligent person's diet): [15]

According to this diet plan her day meal was planned and told to follow strictly. It included time management for having food and quantity of fruits and salad. Quantity was calculated by formulas of DIP diet according to patient's weight.

- Advised quantity:

Herbal tea:1 cup

Fruit: 570 gm

Salad: 285 gm

Meal:according to hunger but not toconsume full stomach

Table 7. Diet Schedule

Time	Having food
<b>Morning</b> 6.00 to 7.00 am	Herbal tea
<b>Breakfast</b> 9.00 to 10.00 am	3-4 types of fruits like orange, strawberries, <i>papaya</i> , pomegranate, apple etc.
<b>Salad (Plate 1)</b>	Just before lunch. Included cucumber, radish, carrot, tomato, beetroot etc.
<b>Lunch (Plate 2)</b>	Just after salad. Millet diet especially <i>yavawas</i> advised to

12.00 to 1.00 pm	include, all vegetables, lentils
<b>Afternoon</b> 4.00 to 5.00 pm	Boiled sprouts, dry fruits, fruits, herbal tea etc.
<b>Dinner (plate 2)</b> 6.30 to 7.30 pm	Same as lunch
<b>Water</b> SOS	Alkaline water Drink sip by sip water intermittently.

Table 8. Pathya-Apathya

Do's ( <i>pathya</i> )	Don'ts ( <i>apathya</i> )
Fresh and homemade food	Stale food, junk food, fastfood
Bitter taste vegetables	Sugar and sugar products
Millet diet	Refined flour, bakery products, oily
Regular exercise	Avoid continue rest
Wakeup early and sleep on time	Day sleeping and night awaken- ing
Cow ghee	Dairy products except cow ghee
Alkaline water	Cold water
Old grains	New grains

Exercise:

Due to vataj prakriti heavy exercise was told to avoid.

- She was advised to doVajrasan after every meal.
- Take vamakukshi(lay down on left side) after lunch for 5 to 10 minutes
- Do shatapavali (100 steps walking) after each meal especially after dinner

## 5. Results

1. Result included before treatment findings of symptoms and after treatment changes in symptoms. It also included, after treatment follow-up of HbA1c and general examination observations.

Table 9. Symptomatic change

Before treatment	After treatment
Blurred vision	Cleared
Itching at back	Absent
Constipation	Relieved
Disturbed sleep	Normalized
Numbness in feet	Reduced

2. Follow-up observations including 1<sup>st</sup> day are given below in table. Observation included weight, blood pressure, pulse rate and blood sugar level. Below table shows the outcome that –

- Patient gained weight by 4 kg's than 1<sup>st</sup> day of visit.
- Her BP was showed reduction in both systolic and diastolic reading during follow-up but not shifted to normal. But yet BP reduced approximately by 20 to 30 in follow-up and it was significant. Fasting blood sugar on 1st day was 160 (diabetic) which shifted to 123 after 6 months of treatment and it can be considered as pre-diabetic condition.



**Table 10.** Follow up observations

Follow-up date	Weight in kg	BP in mm of Hg	Pulse/min	Blood sugar level (mg/dl)
08/06/2024	57	190/80	82	FBS - 160
06/07/2024	59	180/80	88	FBS - 185
09/08/2024	59.6	160/80	58	FBS - 108
07/09/2024	60	160/90	68	FBS - 112
06/10/2024	59	170/80	68	-
09/11/2024	60	160/80	64	FBS - 145
14/12/2024	61	150/80	64	FBS - 123
11/01/2025	61	150/90	62	RBS - 160

3. After 6 months of treatment her HbA1c reading shifted to 7.4% from 9.8 %. Yet 7.4% is not a non-diabetic range but it reduced by 2.4 % is also a significant result. Because this case is already a K/C/O diabetes for 5 years. She had already developed chronic complications of diabetes also. Withayurvedic perspective prognosis of vataj prameha is noted as asadhya (incurable) but yet it could be shifted to kruchchra sadhya (hard to treat but not cured completely).

**Table 11.** Glycated Hemoglobin

Date	HbA1c	eAG
After 24 days of treatment 2/07/2024	9.8 %	235 mg/dl
After 7 months of treatment 13/01/2025	7.4 %	166 mg/dl

This case showed very slow progress in glycosylated Hb. It is because; already vataj prameha is stated as asadhya by acharyas. Besides this case involved medodhatu dushti more. She had manifested both purvaroop and updrava of prameh. Prameh is a multi-factorial disease itself. So this case was complicated and it did take more time to progress by treatment. But yet it showed remarkable effect.

## 6. Discussion

To get significant result in treatment accuracy of diagnosis is important. So, here the symptomology of patient is given according to ayurvedic perspective.

**Table 11.** Symptomatology of case

Symptoms	Ayurvedic terminology	Meaning & Explanation
Numbness in feet	<ul style="list-style-type: none"> <li><i>Purvaroop</i></li> <li>‘करपादयोःसुप्तता’<sup>[4]</sup></li> </ul>	<ul style="list-style-type: none"> <li>Numbness to hands and feet.</li> <li>It is due to <i>vata prakopa</i> (increases <i>vata dosha</i>)</li> </ul>
Constipation	<ul style="list-style-type: none"> <li><i>Updrava</i></li> <li>वर्चोअप्रवृत्तिः - कृच्छ्रेणशुष्कस्यचिरात्प्रवृत्तिः।<sup>[5]</sup></li> <li>It is a sign of उदावर्त and <i>udavarta</i> is a <i>updrava</i> of <i>vataj prameha</i>.</li> <li>बद्धपुरीषता: <i>Vataj prameha updrava</i><sup>[6]</sup></li> </ul>	<ul style="list-style-type: none"> <li>Constipation is the complication of <i>vataj prameha</i>.</li> <li><i>Vata dosha vridhhi/prakop</i> is responsible</li> </ul>

Blurred vision	<ul style="list-style-type: none"> <li>• <i>Purvaroop</i></li> <li>• “हुतनेत्रजिह्वाश्रवणउपदेहो” [3]</li> </ul>	<ul style="list-style-type: none"> <li>• Accumulation of toxins in heart, eyes, tongue and ear. These toxins are because of <i>medo dhatu dushti</i> (excess/disturbed lipid).</li> <li>• It concludes that <i>prameh</i> affects all these organs of the body.</li> <li>• So, there is blurred vision.</li> </ul>
Itching on back	<ul style="list-style-type: none"> <li>• <i>Purvaroop</i></li> <li>• <i>Prushthha Kandu</i></li> </ul>	<i>Kandu</i> (itching) is a sign of <i>kaphaprapkop</i> . <i>Prameh</i> is a <i>kapha dosh janya vyadhi</i> . Also, in <i>purvaroop</i> स्वेदोअंगः [3] is noted. Means excess sweating which can cause itching.

*Shloka* of *vatajprameha updrava* is given below.

*Shloka* no. 1:

“वातजानाम्उदावर्तः कम्पहुद्ब्रह्मलोलतः।  
शूलंअनिद्रताशोषःश्वासःकासःचजायते॥२०॥ “  
- भावप्रकाशमध्यमखण्ड३८

In history taking she said that she had disturbed sleep. This symptom is mentioned above in *shloka* no.1 as *anidrata* and *acharya Sushruta* also mentioned the same symptom in *updrava*.

Diabetic neuropathy:

Distal Symmetric Polyneuropathy (DSPN) is the commonest form of diabetic neuropathy, often presents with distal sensory loss and pain. Symptoms may include a sensation of numbness, tingling, sharpness, or burning that begins in the feet and spreads proximally. [7] This patient also had numbness in feet.

Diabetic retinopathy:

Almost all diabetic patients develop some degree of retinal damage i.e. retinopathy over several decades with the disease. In diabetic retinopathy repeated process of blood vessel growth, swelling and scarring occurs which can cause retinal detachment. It manifests the symptoms like flashes of light, appearance of dark floating spots suddenly and blurred vision. This patient had symptom of blurred vision, and it was an early stage of retinopathy.[8]

**Sadhya-asadhyatva (prognosis):** General statement of *acharya's* for *vataj prameha* prognosis is -it is *asadhya* (incurable). *Acharya Charaka* also noted that, *samprapti* (pathogenic process) of *vataj prameha* in which *hetu*, *purvaroop*, *roopa* founds sequentially that type of *vataj prameha* is *asadhya*.

*Shloka* no 2:

सपूर्वरूपाःक्रमेणयेवातकृताचअसाध्यः॥ [3]

**Diagnosis:**

So, from the above study and observation diagnosis of the case was diabetic neuropathy with retinopathy along with *ayurvedic* diagnosis of *vataj prameha* with *updrava*.

**Ayurvedic therapeutics:**

*Charakacharya* said that *vataj prameh* which involved *kapha* or *pittadosha* (*doshanubandh*) can be manageable. It can be *kruchrasadhya* or *yapya* (difficult but can be treatable). This statement stated that *vataj prameha* in which *vata prakop* occurs due to *dhatu kshaya* (can say very low immunity) and there is no involvement of other *dosha* is unable to treat.

Shloka no. 3:

“यावातमेहान्प्रतिपूर्वउक्तावातोल्बणानांविहिताक्रियासा।  
वायुर्हिमेहेषुअतिकर्शितानांकुप्यतिअसाध्यान्प्रतिनास्तिचिन्ता॥५२॥”<sup>[3]</sup>

Yet *prameha* is a *santarpan janya vyadhi* (over-nourished disease)<sup>[9]</sup> in this case *bruhan/ santarpan chikitsa* was advised. While treating, *prameha* patient is divided into 2 categories. One is *sthula* and *balwan pramehi* (obese and strong immunity) and another is *krisha* and *paridurbal* (thin and low immunity). In the former type *sanshodhan chikitsa* (detoxification by *pan-chakarma* treatment) and in later type *brihana chikitsa* (weight gaining and immunity booster treatment) is stated. *Shloka* regarding this statement by *acharya Charaka* is given below:

Shlokano 4:

कृशःपरिदुर्बलश्चसबृहणंतत्रकृशस्यकार्यं।<sup>[3]</sup>

This patient had *vataj prameha* and she was thin with poor immunity. Relating to this condition *acharya Sushruta* said that if diabetic patient is thin or weak then always care that patient and protect her/his immunity. So her treatment pattern included *prameha har* (anti-diabetic) medicines and diet for gaining weight and immunity.

Shloka no. 5

कृशःतुसततंअनुपालयेत्।

- सु.चि. 11

**Gaining weight and immunity:** It should be by examining patient's *vanhi/agni* (appetite/digestion power). Because if *agni* is low and heavy food will be given for weight gain then it cannot be digest easily and might be troublesome to the patient and if *agni* is *tikshna* (strong) and low quantity or light food will be given then it cannot fulfill the nourishment of patient. This is mentioned by *acharya Charaka* by stating following

shloka no. 6:

प्रमेहिणःस्युःपरितर्पणानिकार्यानि तस्यप्रसमीक्ष्यवन्हिम्।<sup>[3]</sup>

#### Way of get successful in the treatment of *vataj prameha*:

By doing *santarpan* (health and immunity booster) and *sanshmana chikitsa* (pacification of *dosha's/pathogenic factors*) treatment can be made successful.

Shloka no. 7

चिकित्साफलश्रुतिः जयन्तिसंतर्पणः संशमनोविधिश्च ।

- चरकसंहिताचिकित्सास्थान ६

1. **Nidan parivarjan (avoid etiological factor):** *Acharya Charaka* mentioned first step towards *prameha chikitsa* and said that *hetus* (etiological factors) which are responsible for *prameha* should be avoided. Things said to avoid for the patient are mentioned in lifestyle management.



Shloka no. 8

“हेतोःअसेवाजातस्यरोगस्यभवेत्त्विकित्सा।”

- चरकसंहिताचिकित्सास्थान६

**Formulations prescribed:**This is a case of diabetic neuropathy and retinopathy. By treating diabetes their complications also get treated. Medicines prescribed are mentioned below with their key ingredients and effective uses regarding this case. Though this case was primarily of diabetic complications but along with this she had K/C/O HTN also. So, she was prescribed to take anti-hypertensive *ayurvedic* formulations also. Some formulations are given to regulate the liver function because liver plays a key role in maintaining the blood glucose level, it regulates metabolism and digestion. It also detoxifies the body. <sup>[10]</sup> So while treating diabetic patient liver tonics should also be given.

- **Rakta chapa vati:** *Sarpagandha (Rawolfia serpentina)*, *Khurasani ajmoda (Hyoscyamas niger)*, *Jatamansi (Nordostachys jatamansi)*, *Bhanga (Cannabis sativa)*, *Pippali (Piper longum)*, *Mukta pisthi (made with pearl)*, *Shukti pishti (made up of pearl oyster)*

**Use:** Hypertension

- **Syrup Liver tonic:** *Rakta Punarnava (Boerhaavia diffusa)*, *Shweta Punarnava (Boerhaavia erecta)*, *Bala (Sida cordifolia)*, *Atibala (Abutilon indicum)*, *Pathha (Cissampelos pareira)*, *Guduchi (Tinospora cordifolia)*, *Kakoli (Roscoeae purpurea)*, *Chitrak (Plumbago zeylanica)*, *Vasa (Adathoda vasica)*, *Musta (Cyperus rotundus)*, *Ajmoda (Apium graveolens)*, *Shunthi (Zingiber officinale)*, *Maricha (Piper nigrum)*, *Lavang (Syzygium aromaticum)*, *Methika (Trigonella foenum-graecum)*, *Shweta Jeerak (Cuminum cyminum)*, *Rohitak (Tecoma undulate)*, *Twaka (Cinnamomum zeylanicum)*, *Patra (Cinnamomum tamala)*, *Laghu Ela (Eleteria cardamomum)*, *Bruhat Ela (Amomum subulatum)*, *Jatiphala (Myristica fragrans)*, *Nagkehsar (Mesua ferrea)*, *Kankol (Piper cubeba)*, *Yashtimadhu (Glycyrrhiza glabra)*, *Moha (Madhuka indica)*

**Use:** Liver disease

- **Syrup blood purifier:** *Khadir (Acacia catechu)*, *Bakuchi (Psoralea corylifolia)*, *Devdaru (Citrus deodara)*, *Haridra (Curcuma longa)*, *Darvi (Berberis aristata)*, *Triphala (Terminalia chebula, Terminalia bellirica, Emblica officinalis)*, *Manjistha (Rubia cordifolia)*, *Sariva (Hemedesmus indicus)*, *Amragandhi haridra (Curcuma amada)*, *Kutaki (Picrorhiza kurroa)*, *Kirattikta (Swertia chirayta)*, *Dhamasa (Fagonia indica)*

**Use:** Itching

- **Prameha roghar powder:** *Kutaki (Picrorhiza kurroa)*, *Kirattikta (Swertia chirayta)*, *Nimba (Azadirachta indica)*, *Karvellak (Momordica charantia)*, *Rasanjan (Berberis aristat)*, *Amlika beeja (Tamarindus indica seeds)*, *Kala namak (Black salt)*, *Guduchi (Tinospora cordifolia)*, *Shunthi (Zingiber officinale)*, *Babula tvak and phal (Acacia arabica bark and fruit)*, *Sarpagandha (Rauwolfia serpentine)*, *Trivang bhasma*, *Yashad bhasma*, *Revandchini (Rheum emodi)*, *Guggulu (Commiphora mukul)*, *Methika (Trigonella foenum)*, *Jambu (Syzygium cumini)*, *Karanj (Pongamia pinnata)*, *Shilajeet (pure asphaltum)*, *Haridra (Curcuma longa)*, *Haritaki (Terminalia chebula)*, *Indrayava (Holarrhena antidysenterica seeds)*, *Vanshlochan (Bambusa arundinacea)*, *Bibhitak (Terminalia Bellerica)*, *Amalki (Emblica officinalis)*, *Shweta musali (Chlorophytum borivilianum)*, *Gudmar (Gymnema sylvestre)*

**Use:** All types of diabetes, controls blood sugar level, improves immunity, useful in diabetic neuropathy and retinopathy

- **Capsule DM:** *Aamragandhi Haridra (Curcuma amada)*, *Guduchi (Tinospora cordifolia)*, *Methika (Trigonella foenum)*, *Shweta musli (Chlorophytum borivilianum)*, *Nimba (Azadirachta indica)*, *Karvellak (Momordica charantia)*, *Jambu (Syzygium cumini)*, *Bilva patra (Aegle marmelos leaves)*, *Gudmar (Gymnema sylvestre)*, *Sheelajit (Asphaltum)*

**Use:**All types of diabetes and all diabetic complications.



- **Capsule Lipi:** Arjun (*Terminalia arjuna*), Guggulu (*Commiphora mukul*), Resin (*Shorea robusta*), Haridra (*Curcuma longa*), Bhumyamalki (*Phyllanthus niruri*), Bibhitak (*Terminalia bellirica*), Haritaki (*Terminalia chebula*), Aamalki (*Emblia officinalis*), Guduchi (*Tinospora cordifolia*), Shunthi (*Zingiber officinalis*), Maricha (*Piper nigrum*), Pippali (*Piper longum*), Yash-timadhu (*Glycerriza glabra*), Punarnava (*Boerhaavia diffusa*), Jatamansi (*Nordostachys jatamansi*), Rasona (*Allium sativum*), Akik pisthi, Mukta pisthi, Abhrak bhasma, Shankha bhasma

**Use:** Dyslipidemia

- **Vishahara rasa:** Guduchi (*Tinospora cordifolia*), Erandkarkati patra (*Carica papaya* leaves), Wheat grass, Punarnava (*Boerhavia diffusa*), Nimba (*Azadirachta indica*), Vasa (*Adhathoda vasica*), Kalmegha (*Andrographis paniculata*), Karanja beej (*Pongamia pinnata* seeds), Haridra (*Curcuma longa*), Tulsi (*Ocimum sanctum*)

**Use:** Reduces infection

- **Capsule LIV DS:** Bhumyamalki (*Phyllanthus niruri*), Kasmard (*Cassia occidentalis*), Hinsra (*Capparis sepiaria*), Punarnava (*Boerhavia diffusa*), Guduchi (*Tinospora cordifolia*), Kakmachi (*Solanum nigrum*), Arjun (*Terminalia arjuna*), Zabuk (*Tamarix gallica*), Vidang (*Embelia ribes*), Chitrak (*Plumbago zeylanica*), Kutaki (*Picrorhiza kurroa*), Haritaki (*Terminalia chebula*), Bhringraj (*Eclipta prostrate*)

**Use:** Liver disease

- **Bramhi vati:** Brahmi (*Bacopa monnieri*), Rassindur, Sheelajit (purified Asphaltum), Marich (*Piper nigrum*), Vidanga (*Embelia ribes*), Pippali (*Piper longum*), Abhrak bhasma (Ash of purified Mica), Vang bhasma (Ash of purified Tin)

**Use:** Insomnia

- **Tablet JS Diab:** Karvellak (*Momordica charantia*), Gudmar (*Gymnema sylvestri*), Paneer dodi (*Withania coagulens*), Jambu (*Syzygiumcumini*, Methika (*Trigonella foenum-graceum*), Nimba (*Azadirachta indica*), Kalmegha (*Andrographis paniculata*), Bilva (*Aegle marmelos*), Mamajjak (*Encostema littorale*), Guduchi (*tinospora cordifolia*), Yashad bhasma, Vang bhasma

**Uses:** Diabetes, diabetes neuropathy, retinopathy

- **Dr. immune tablet:** Kesar (*Crocus sativus*), Kuchala (*Strychnos nux vomica*), Ashwgandha extract (*Withania somnifera*), Shatavari extract (*Asparagus racemosus*), Pippali (*Piper longum*), Shunthi (*Zingiber officinalis*), Laghu ela (*Elletaria cardamomum*), Tulsi (*Ocimum sanctum*), Haridra (*Curcuma longa*), Lavang (*Zeylanicum aromaticum*), Loha bhasma, Swarna Makshik bhasma, Shukti bhasma, Mukta bhasma

**Use:** Immunity booster

- **Syrup GE-Liv forte:** Bhringaraj (*Eclipta alba*), Kachora (*Curcuma zedoaria*), Kalmegha (*Andrographis paniculata*), Kutaki (*Picrorhiza kurroa*), Vidang (*Embelia ribes*), Nishottha (*Operculina turpethum*), Daruharidra (*Berberis aristata*), Chitrak moola (root of *Plumbago zeylanica*), Bhumyamalki (*Phyllanthus niruri*)

**Uses:** Liver disorder, immunity

- **Tab. Shuddhi Liv:** Silybum marianum, Bhumyamalki (*Phyllanthus amarua*), Kutaki (*Picrorhiza kurroa*), Kalmegh (*Andrographis paniculata*), Kakmachi (*Solanum nigrum*), Marich (*Piper nigrum*), Punarnava (*Boerhavia diffusa*)

**Use:** Hepato-protective, immunity booster

**Dietary management:** DIP diet mentioned in *ayurvedic* treatment is proven diet schedule for lifestyle disorders. It is significant because it decides the diet according to nature's clock. So, the patient can heal naturally. Besides this it included all plant-based sources which are natural. <sup>[11]</sup> So this diet plan worked in this patient to deal with chronic diabetic complications. Charakacharya mentioned *Triphala* i.e. Aamalki (*Emblia officinalis*), Bibhitaki (*Terminalia bellerica*) and Haritaki (*Terminalia chebula*) and yava (*Hordeum vulgare*) as *santarpan yoga*.<sup>[3]</sup> So this patient also advised to include yava in millet diet. *Triphala* was included in medicines.



**Factors to avoid:** Already *pathya-apathya* are mentioned in table no. 8. Here the causative factors of *prameha* are given which were advised to the patient for avoidance. Food and activities which increases *meda* (Lipid or fat), *mutra* (urine) and *kapha dosha*, food of sweet, sore and salty taste, *snigdha* (Oily), *guru* (uneasy to digest), *pichchila* (Sticky or fermented), *sheetal* (cold potency food), *nava dhanya* (new grains), *sura* (alcohol), *anoop mansa* (sea food, non-veg of buffalo, goat etc. ), *ikshu* (sugar-cane), *guda* (jaggery), *gorasam* (curd and milk), *ekasthanaasanarati* (sitting continually at one place), *shayanamvidhivarjitam* (sleeping without following rules of sleep). [12]

### श्लोकः

“प्रमेहाविंशतिः तत्र.....तेषांमेदोमूत्रकफावहम् ॥१॥

अन्नपानक्रियाजातंयत्प्रायःतत्प्रवर्तकम्।

स्वादुअम्ललवणःस्निग्धगुरुपिच्छिलशीतलम् ॥२॥

नवधान्यः सुराःअनूपमांसेक्षुगुडगोरसम्।

एकस्थानासनरतिः शयनम् विधि वर्जितम् ॥३॥”

अष्टांगहृदयनिदानस्थान१०/०१

### Water drinking recommendation:

Patient was recommended to drink alkaline water. Means boil the water till it remains to half. This water is called as *shrutasheeta jala* by *acharya Vagbhata* and it is easy to digest.<sup>[13]</sup> She was also advised to drink little and sip by sip water. *Acharya Bhavmishra* recommended *alpa jala pana* (drink low quantity of water) in diseases like *mandagni*(low appetite), *jwara*(fever), *madhumeha* (diabetes) etc. [14]

**Exercise:***Acharya Charaka* mentioned in the treatment part of the *prameha* that after performing different types of exercises regularly,*prameha* get cured earlier and it can prevent *prameha*. But this patient had *vatajprameha*, exercise can again elevate *vata dosha*. So patient was advised to walk regularly instead of heavy exercise.

*Shloka no.9*

“व्यायामयोगैःविविधैः आशुनसन्तिमेहाः ।”<sup>[3]</sup>

She was told to follow healthy lifestyle as prescribed in lifestyle management. Because symptoms can get reversed and may trigger as this is a type of *vataj prameha* which is *asadhya*.

### FURTHER SCOPE OF STUDY:

- There is much scope for research regarding this case. More data collection on prognosis of different type of *prameha*'s like *vataj*, *pittaj*, *kaphaj* (types of diabetes) is required so that it can be useful data to treat patient accordingly.
- Data collection on large scale regarding the positive results of *ayurvedic* therapeutics in diabetic complications can also be a hopeful record for the society.



## Conclusion

Acharya's stated that *vataj prameha* is incurable or if it does not involve more pathogenic factors then it requires much effort to treat. Current study proves this fact and shows a result that even after 6 months of *ayurvedic* treatment HbA1C reduced by 2.4 % only but it is significant result in the view of its bad prognosis. Positive factor was that this case did not involve much pathogenic factors so it could be able to treat. This article also concluded that, *ayurvedic* treatment can increase the longevity of chronic diabetic patients and can help to reduce complications like diabetic neuropathy and retinopathy which are complicated to treat. This study enlightens over the concepts which are mentioned in *ayurvedic samhitas* are truthful things.

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**RESEARCH ARTICLE**

**CONSIDERABLE EFFECT OF AYURVEDIC INTERVENTION IN SUBCLINICAL  
HYPOTHYROIDISM: A CASE STUDY OF ANUKTAVYADHI (UNSAID  
DISORDER)**

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**Abstract**

Ayurveda explained various concepts of treatment both in ukta (mentioned) and anukta vyadhi (unsaid diseases). For the management of anuktavyadhi, there should be an accurate observation of sign and symptoms and minute examination of dosha-dushya involved in that particular disease. Hypothyroidism can be considered under anuktavyadhi. Subclinical hypothyroidism is a mild state of thyroid failure. It may cause due to autoimmune disorder or iodine deficiency mainly. This case is regarding a female patient of age 38 years' old who had diagnosed subclinical hypothyroidism 7 years ago and had taking medication for it. Primarily she consulted for hypothyroidism and simultaneously she wanted to treat her psoriatic condition. After treatment her TSH value reversed within normal limit which was elevated by 5 times 5 months ago of treatment. Ayurvedic management was included oral medications and lifestyle changes for healthy living. Her symptoms regarding psoriatic condition were also gets subsided after 2 months of treatment.

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**Introduction:-**

Hypothyroidism is now becoming prevalent worldwide including India among lifestyle disorders and hormonal imbalance disorders. It manifests with very usual symptoms like fatigue, weight, mood alterations, stress etc. Its prevalence in India is around 11 % and it is higher than western countries. In western countries its prevalence is only 2 % to 4.6 %. [1] Although some patients may have minor symptoms, this state is termed as subclinical hypothyroidism (SCH). The mean annual incidence rate of autoimmune hypothyroidism is up to 4 per 1000 women and 1 per 1000 men. It is more common in certain populations, such as the Japanese, probably because of genetic factors and chronic exposure to a high iodine diet. The mean age at diagnosis is 60 years, and the prevalence of overt hypothyroidism increases with age. Subclinical hypothyroidism is found in 6–8% of women (10% over the age of

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60)and 3% of men. The annual risk of developing clinical hypothyroidism is ~ 4% when subclinical hypothyroidism is associated with positive thyroid peroxidase (TPO) antibodies. [2] This is a worrying condition among people because now it is affecting in early ages and there are more incidences in female than male. Sub-clinical hypothyroidism is a state of thyroid in which TSH level found increased to a little extent while other thyroid hormone levels (T3 & T4) remain normal which indicates mild underactive thyroid function. Generally, in mild cases there is no need of treatment but if TSH level is significantly elevated within the sub-clinical range or in pregnancy state or patient suffering from symptoms like fatigue, hair loss, weight gain, depression etc. then there may be need to take treatment. TSH (thyroid stimulating hormone) is the chief hormone for secretion of thyroid gland hormones and is secreted by anterior pituitary gland. There are 2 hormones secreted by thyroid gland named as T3 (tri-iodo-thyronine) and T4 (thyroxine). These 2 hormones increase the metabolic rate of the body. Hyperthyroidism and hypothyroidism are the two main disorders which caused by alteration in thyroid gland hormones. [3]

There is no reference of hypothyroidism and hyperthyroidism in ayurveda. But there is one disease related to thyroid gland referred in ayurveda by name galaganda. [4, 5] Acharya Charaka mentioned about anuktavyadhi. Anuktavyadhimeans that diseases which are not named or unsaid. But it does not mean that apart from the named diseases there cannot be other diseases. Acharyashave stated that it is not necessary to know the exact nomenclature of the disease even it is not possible always. [6] So hypothyroidism can be included in anuktavyadhi. One can diagnose a condition of disease by knowing nidan-panchak of disease. It includes Hetu(etiology), Purvaroop(pre-symptomatic phase), Roopa(sign and symptoms), Upshaya(relief by) and samprapti(pathogenesis). [7] For the Ayurvedic treatment it is not always compulsory to know the name of disease. For effective Ayurvedic treatment it is important to know the dosha-dushyainvolved in pathogenesis by observing symptoms.

This article is going to present a case study of subclinical hypothyroidism. A female patient who had K/C/O of hypothyroidism since 7 years was taking regular medicine for it. She had consulted to the JeenaSikhoLifecare Limited Hospital, Pune, Maharashtra for Ayurvedic treatment of subclinical hypothyroidism primarily but along with this she had complaining of psoriatic patches over skin and scalp. Purpose of this case study is to discuss about the Ayurvedic efficacy in hypothyroidism.

#### Case report:-

A female patient aging 38 years old had consulted to JeenaSikhoLifecare Limited Hospital, Pune, Maharashtra on 20/10/2024. She was already a diagnosed case of subclinical hypothyroidism 7 years ago. Along with this known case, she had complaining of –

- Patches on skin
- Psoriasis over scalp &
- Hyperacidity

Following to this her history was taken (table no. 1) and examinations were done (table no. 2) for further diagnosis of the disease.

**Table no. 1: Personal history**

Assessment	Observation
Diet pattern	Mixed (vegetarian & non-vegetarian)
Family history	Mother & maternal grandfather: diabetic
Procedure history	Cesarean section
Past illness	K/C/O Hypothyroidism since 7 years
Medication history	Tab. Thyronorm 75 mg OD

Table no. 2: AshtavidhaParikshan

Assessment	Observation
Nadi(pulse)	Vatakapha
Mala (bowel)	Samyak
Mutra(urine)	Samyak(Normal)
Jivha(tongue)	Sama (White coating)
Shabda(pronunciation)	Spashta(clear)
Sparsh(touch)	Ruksha(dry)
Drik(eyes)	Prakrit
Aakriti(physique)	Madhyam(average) Weight: 55 kg

**Laboratory report:** Almost 5 months prior to consult she had done her TFT (Thyroid function test). She was also investigated for her hemoglobin on same day. Her T3 and T4 were within normal limits but TSH was increased. Hemoglobin also found in its normal value. Findings of these tests are as like below:

Table no. 3: TFT and Hb report

Test name	29/05/ 2024	Reference range	02/12/2024
Thyroid stimulating hormone (TSH)	17.836 micro IU/mL	0.34 – 5.60	2.982 IU/mL
Triiodothyronine (T3)	1.35 ng/mL	0.87 – 1.78	1.42 ng/mL
Thyroxine (T4)	7.04 µg/dL	5.48 – 14.28	9.34 µg/dL
Hemoglobin (Hb)	12.4 gm/dL	12 - 15	13.6 gm/dL

**Diagnosis:** Primarily this is a known case of subclinical hypothyroidism and patient had come to the hospital for taking treatment of it. Besides this she had complaining of psoriatic patches over skin and scalp. So the diagnosis could be Psoriasis with K/C/O subclinical hypothyroidism primarily.

#### Ayurvedic intervention:

In ayurveda, aahara (diet), nidra (sleep) and vyayama (exercise) are mentioned as equally important for the cure of any disease specifically apathyajanyavyadhi (lifestyle disorder). So Ayurvedic management of this case was also included diet, sleep and exercise recommendation together with oral medicines.

Oral medicines included ayurvedic and herbo-mineral formulations for symptomatic relief and to pacify the dosha-dushyadushti involved in this case. Formulations which can cure both hypothyroidism and psoriasis were prescribed in together. All medicines were told to take with koshnajala (lukewarm water).

Table no. 4: prescribed medicines on 1<sup>st</sup> day and in 1<sup>st</sup> follow-up

Course	Formulation
Day 1 20/10/2024	<ol style="list-style-type: none"> <li>1. Table Rakta care – 1 tablet BD after food (Adhobhakta with koszna jala)</li> <li>2. Syrup Puroderm-G – 20 ml syrup BD after food (Adhobhakta with samamatra koszna jala)</li> <li>3. Charma rogharvati – 1 tablet BD after food (Adhobhakta with koszna jala)</li> <li>4. Capsule Thyroplus – 1 capsule BD before food (Pragbhakta with koszna jala)</li> <li>5. Syrup Immune power – 10 ml syrup BD after food (Pragbhakta with koszna jala)</li> </ol>
1 <sup>st</sup> follow-up 15/11/2024	<ol style="list-style-type: none"> <li>1. Granthiharvati – 1 tablet BD after food (Adhobhakta with koszna jala)</li> <li>2. Asthipurakvati – 1 tablet BD after food (Adhobhakta with koszna jala)</li> <li>3. DhatuposhakCap – 1 tablet BD after food (Adhobhakta with koszna jala)</li> <li>4. Hair oil – apply over hair at least 3 times per week</li> </ol>

#### Diet recommendation:

She advised to follow Ayurvedic diet planned by DIP diet schedule.

Ayurvedic diet included –

**Pathyaaahara(to have)** – mudgayusha (green gram soup), yavanna (barley food items), bhrushtatandul (roasted rice), jurna (sorghum).

**Apathy aahara(to avoid)** -masha (black gram), dugdha and dugdhajanyapadartha (dairy products), pishtanna (starchy foods, refine flour), stale food, guda (jaggary) and sugar products, mansahar(no-vegetarian food)

**DIP diet plan: It was included 3 steps of diet plan:**

Step 1: In the morning till noon (12.00 pm) eat only fruits of 3 to 4 types like banana, apple, strawberries, grapes etc. Amount of fruits and salads were calculated by formulas of DIP diet plan suitable for that particular weight of patient.

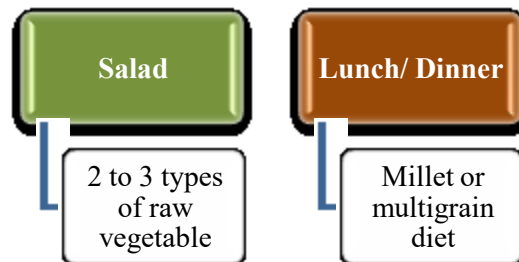
Minimum amount to be consumed for fruits was = 550 grams

**Step 2: She was advised to eat her lunch or dinner always in 2 plates:**

- Plate 1 – eat salad in above mentioned quantity just before lunch/dinner. It included 2-3 types of raw vegetables like cucumber, tomato, carrot, beetroot etc. After eating salad take plate 2 for eating.
- Minimum amount to be consumed for salad was = 275 grams
- Plate 2 – it included multigrain/ millet diet. Eat homemade and fresh vegetarian food according to hunger. It should contain negligible amount of salt and oil. Same rules were to be followed for lunch and dinner.

**Lunch time: 1.00 to 2.00 pm**

**Dinner time: 6.00 to 7.00 pm**



Step 3: During snacks time in the afternoon (4.00 to 5.00 pm) if wanted to eat something then advised to eat sprouts, dry fruits, fresh fruits, drink herbal tea/ coconut water etc. Dry fruits were told to eat by soaking at least for 3-4 hours.

**Quantity of sprouts = 55 grams**

**Water intake recommendation:**

- Drink Shritasheetjala(alkaline water) in low quantity intermittently.
- Avoid more water intake at a time.
- Drink a little water in between while eating.
- Don't drink water just before and after eating of food.

**Exercise/ Yogasanas:**

- She was advised to do any simple exercise regularly like sun salutations.
- Advised to perform Vajrasan (diamond pose) after every meal
- Do shatapavali (100 stepping walk) after lunch and dinner.
- Perform Jalandhar bandh every day.

**Sleeping recommendation:** Advised to –

- Sleep on time (before 10.00 pm) and wake up early morning before sunrise
- Avoid day sleeping
- Avoid night awakening
- Take 7 to 8 hours of sleep

**Results:-**

- Her previous TSH investigation was of 5 months ago. Then she started Ayurvedic treatment with healthy lifestyle. After 2 months of treatment her TSH level reduced approximately by 5 times than previous reading and comes within normal limit.

- Before treatment hemoglobin level was already within normal range. Due to intake of blood purifier medicines her hemoglobin positively increased by 1.2 %.
- She had not complaining about symptoms of subclinical hypothyroidism like fatigue, mood swings, irritability, hair loss, feeling of coolness etc. But sometimes when she had missed her dose of medicine she was getting suffered from these symptoms in mild form. These mild symptoms also get subsided after 2 months of treatment.
- Besides this her psoriatic patches also healed nearly about to normal.
- Dry skin became oily and normal after treatment.
- Tongue examination showed normal colour and clear tongue (niram).
- Before treatment she was weighting about 55 kg. After treatment due to healthy lifestyle recommendation she lost her weight around 3 kg and it was 52.35 kg.
- Following table no. 6 notified before and after treatment laboratory results:

**Table no. 5: TFT and Hb before and after treatment**

Test name	Before treatment 29/05/ 2024	Reference range	After treatment 02/12/2024
Thyroid stimulating hormone (TSH)	17.836 micro IU/mL	0.36 to 5.60 IU/mL	2.982
Hemoglobin (Hb)	12.4 gm/dL	12 to 15 gm/dL	13.6 gm/dL

**Discussion:-**

Generally, SCH is asymptomatic. But sometimes it can show mild symptoms like constipation, depression, fatigue, unexplained weight gain, dry and coarse skin and hair, heavy menstrual bleeding etc. SCH can progress and develop into full blown hypothyroidism. It occurs particularly if the TSH levels are significantly elevated or in the presence of thyroid antibodies. Symptoms of improper functioning of thyroid gland include fatigue and extreme somnolence with sleeping up to 12 to 14 hours a day, tremendous muscular sluggishness, slowed heart rate, decreased cardiac output, decreased blood volume, sometimes increased body weight, constipation, mental sluggishness, failure of many trophic functions in the body evidenced by depressed growth of hair and scaliness of the skin, development of a froglike husky voice, and, in severe cases, development of an edematous appearance throughout the body called myxedema. <sup>[2]</sup>

**Nidan-panchak:**

1. **Hetu:** Hypothyroidism shows similar symptoms like kapha- vata dosh prakoplakshana. This disease can be included in santarpanjanyavyadhi which causes due to frequent unhealthy lifestyle. Acharya Vagbhata stated that kapha and rasa dhatu should be considered as similar to each other. <sup>[8]</sup> Besides, symptoms of thyroid dysfunction are somewhat similar to rasavahasrotoduhti. So etiological factors may include –
  - Vata-kaphaprakopakaahar-vihar – factors which have same property like prakrutvata and kapha dosha. For example, atisnigdhaaahar increases kaphadosha, atisheetaaharelevates vatadosha etc.
  - Santarpanjanyavyadhi mentioned by Charakacharya <sup>[9]</sup> and
  - Hetu of rasavahasrotodushti: Guru (heavy to digest), sheetam (cooling property food), atisnigdham (oilier food), atimatra (more quantity of food), samashnatam (eating of same food regularly), chintyanamchatchintanata (more stress and anxiety) <sup>[10]</sup> Some of these causative factors were found in the history of patient exactly.
2. **Purvaroop**– SCH is assumed as an early stage of thyroid disease in its own. Means it may be a pre-symptomatic phase of hypothyroidism <sup>[11]</sup> and it can be a roopa (symptomatic phase) of hypothyroidism.
3. **Roopa** – Roopa is the symptomatic phase of disease. Due to already on medication she had not complained about symptoms of SCH. But sometimes she was getting mild symptoms of it. These symptoms are similar to rasavahasrotodushtilakshan, kaphaprakopalakshan and vataprakopalakshan in some extent.

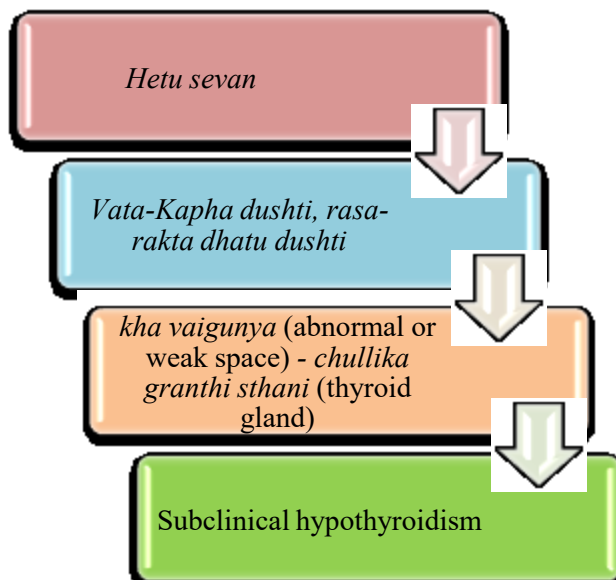
Table no. 6: Clinical feature and Ayurvedic terminology

Symptoms of SCH	Ayurvedic terminology	Regarding symptom
Fatigue	Alpabalatva (low immunity) <sup>[12]</sup> / Balabhransha (loss of strength) <sup>[8]</sup> Sada(fatigue/ weakness) <sup>[10]</sup>	Vatavridhhi (elevation) Rasavahasrotodushtilakshan
Cold intolerance	Ushnakamitva <sup>[8]</sup> Shaitya (feeling of cold increased) <sup>[8]</sup>	vatavridhhi kaphavridhhi
Dry skin and hair	Khara and parusha(very dry skin) <sup>[13]</sup>	Vatavridhhi
Constipation	Shakrut graham <sup>[8]</sup>	Vatavridhhi
Unexplained weight gain/ heaviness	Gourava <sup>[10]</sup>	Rasavahasrotodushtilakshan
Increased sleep	Atinidrata <sup>[14]</sup>	Kaphaprakopa (elevation)
Symptoms of depression	Shoka(sad), [15]pralap(delirium), bhram(confusion), deenata(unhappy) <sup>[8]</sup>	Vatavridhhi
Voice changes	Khara (dryness in voice) <sup>[13]</sup>	Vatavridhhi
Muscle cramps/ muscle sluggishness	Shlathangatva (muscle sluggishness) <sup>[8]</sup> Angamarda(muscle pain/ body ache) <sup>[10]</sup>	Kaphaprakopa

- Menstrual irregularities are sometime due to vataprakopa because ‘veg pravartana’ is the normal function of vatadosha which means regulation of activities in body.<sup>[8]</sup>
4. **Upashaya** – Relief by some specific things was not observed by her. But due to cold intolerance she was feeling good in hot weather season.

##### 5. Samprapti of hypothyroidism is being like:

Galagandhas vataand kapha dosha predominance along with medodhatudushti.<sup>[4]</sup> Acharya Charaka mentioned one more dhatudushti in galagandand that is raktadhatudushti. Galgandis a structural growth of thyroid gland as like in goiter. So it involves medodhadtudushtialso. But SCH is a functional abnormality of thyroid gland. So it can be considered as vata, kaphaprakopa and rasa-raktadhatudushtiin SCH.



**Ayurvedic intervention:**

Acharya Vagbhata also mentioned about unsaid disorders. He has not termed it by specific name like Anuktavyadhibut explained about the unknown diseases. He mentioned the concept for how to treat the unknown disorders. He said in each disease at first examine the doshas minutely. Because these vitiated doshas are the only reason to form disease by affecting its place of origin and by circulating to any weak or abnormal space in the body and causes various types of diseases. Shloka regarding this is given below:

“Sa evakupitodoshasamuthanvisheshata|Sthanantaranichprapyavikarankurutebahun||”<sup>[14]</sup>

There is no need to think whether to do treatment or not if we don't understand the name of disease. Therefore, start their treatment quickly by knowing the nature of disease, their different locations of affecting and causative factor.

“Vikaranamakushalo n jihniyatkadachan|Na hi savravikaranamnamatoastidhruva||”<sup>[14]</sup>

Treatment plan of this case is already stated previously after diagnosis. Here the discussion of Ayurvedic management is explained.

**Oral Medicines**

Choice of medicines was made according to pathogenic factors involved and manifestation of symptoms. Along with SCH, medicines were given for psoriatic complaints.

**1. Tridoshashamaka**

- **Vatahar** – to regularize metabolic action
- **Pittahar** – to reduce hyperacidity and to pacify Bhrajak Pitta in skin, this helps to cure psoriasis
- **Kaphashamaka** – detoxifies the body, relieves skin issues like itching, psoriatic patches, etc.

**2. Rasa Dushtihar**

Acharya Vagbhata has given a statement about the treatment of Rasa Dhatu Dushti and said that in Rasa Dushti, Langhan Chikitsa (weight loss) should be applied. [8] ‘Rasjanam vikaranam sarva langhanam oushadham|’

**3. Raktashodhak**

Blood purifier

**4. Langhan Chikitsa**

Medo (fat) – Anil (vata) – Shleshma (kapha) nashanam kriya (pacifying treatment)

**5. Rasayan**

Immunity booster

**Prescribed Medicines (with Key Ingredients & Uses):****1. Charmrog Har Vati:**

Ingredients: Aamalki (*Emblica officinalis*), Haritaki (*Terminalia chebula*), Bibhitaki (*Terminalia bellerica*), Guduchi (*Tinospora cordifolia*), Guggulu (*Commiphora mukul*), Shunthi (*Zingiber officinalis*), Maricha (*Piper nigrum*), Pippali (*Piper longum*), Trivrutta (*Operculina turpethum*), Danti (*Baliospermum montanum*).

Use: Given for psoriasis as it works effectively in skin diseases and detoxifies the body. This includes Triphala (Aamalki, Bibhitaki & Haritaki). Acharya Vagbhata mentioned Triphala as:

- Ropani (healing property)
- Twakgada (skin diseases)
- Kledo-medo-meha-kapha-asrajit (pacifies or cures wet metabolic waste, fat/lipid, diabetes, kapha dosha, blood disorders) Triphala is termed as Rasayanivara (best tonic). [16]

**2. Granthihar Vati:**

Ingredients: Kanchnara (*Bauania variegata*), Guggulu (*Commiphora mukul*), Aamalki (*Emblica officinalis*), Bibhitaki (*Terminalia bellerica*), Haritaki (*Terminalia chebula*), Pippali (*Piper longum*), Maricha (*Piper nigrum*), Shunthi (*Zingiber officinalis*), Varun (*Crateva nurvala*), Dalchini (*Cinnamomum zeylanicum*).

Use:

- Trikatu (Shunthi, Maricha, Pippali) is useful in Sthoulya (obesity) and Shleepad (elephantiasis). [16]
- Kanchnara is mentioned in Gandamala [17] (similar to Galganda that affects the neck region but with series of swellings). Other herbs have Lekhana (scraping), Tridosahar, and anti-inflammatory properties. → Given for thyroid dysfunction and to reduce weight.

**3.Syrup Puroderm-G:**

Ingredients:Nimba(Azadirachta indica),Manjistha(Rubia cordifolia),Guduchi(Tinosporacordifolia),Sariva (Hemidesmus indicus),Khadir(Acacia catechu), Chopchini (Smilax china), Bakuchi (Psoralea corylifolia), Daruharidra (Berberis aristata),Gorakhmundi(Sphaeranthus indicus),Kirattikta(Swertia chirayta),Yashtimadhu(Glycyrrhiza glabra), Bhringraj (Eclipta alba), Kutaki (Picrorhiza kurroa), Haridra (Curcuma longa).

**Use:** Yashtimadhu, Sarivaand Manjisthaare the drugs of varnyamahakashaya(group of herbs useful in skin disorders). [18] Other herbs like Nimba, Haridra, Guduchi, Kirattiktaalso mentioned for their uses in skin disorders. Some herbs reduce itching, some improves skin complexion by pacifying pitta dosha, some herbs purify blood etc. So this formulation was given to reduce psoriatic skin patches and their related problems. Blood purification was useful in both SCH and psoriasis.

**4.Rakta Care Tablet:**

Ingredients: Amragandhi Haridra (Curcuma amada), Tankan Bhasma (ash of borax), Sphatika Bhasma (rock crystal), Shuddha Gandhaka (purified sulphur), Kutaki (Picrorhiza kurroa), Kirattikta (Swertia chirayta), Manjistha (Rubia cordifolia), Khadir (Acacia catechu), Sariva (Hemidesmus indicus).

**Use:** Plays a key role in skin disorders, scalp itching, fungal infection, scalp psoriasis, and blood purification.

**5.Dhatuposhak Vati:**

Ingredients: Sudha (Lime), Shankha Bhasma (Turbinella pyrum ash), Praval (Corallium rubrum), Mukta (Pearl), Shukti (Oysters), Kapardik (Cypraea moneta), Loha Bhasma (Ferrum ash).

**Use:** Immunity and hyperacidity.

**6. Asthipurak Vati:**

Ingredients:Ashwattha(Ficus religiosa),Laksha (Laccifer lacca),Asthisrinkhala (Cissus quadrangularis), Arjun (Terminalia arjuna), Nagbala (Grewia hirsuta), Vanshlochan (Bambusa arundinacea), Guggulu (Commiphora mukul).

**Use:** Anti-inflammatory, useful in osteoarthritis, blood disorders, strengthens hair.

**7.Syrup Immune Power:**

Ingredients: Guduchi (Tinospora cordifolia), Nagkeshar (Mesua ferrea), Dashmoola (formulation of 10 herbs) [19], Babbula (Acacia babbula), Dhatura (Datura metel), Vasa (Adhatoda vasica), Jatiphala (Myristica fragrans), Yashtimadhu (Glycyrrhiza glabra), Lavang (Syzygium aromaticum), Kantakari (Solanum surattense), Kankol (Piper cubeba), Bruhat Ela (Amomum subulatum), Maricha (Piper nigrum).

**Use:** For weakness, immunity booster.

- Dashmoola has Tridoshaghna property (pacifies Vata, Pitta, Kapha), Shothahar (anti-inflammatory), and Aamadoshanashaka (detoxifies Rasavaha Srotodushti). [19, 20]

**8.Thyropus Capsule:**

Ingredients: Triphala, Bramhi (Bacopa monnieri), Gokshur (Tribulus terrestris), Punarnava (Boerhavia diffusa), Shunthi (Zingiber officinalis), Ashwagandha (Withania somnifera), Yashtimadhu (Glycyrrhiza glabra), Shilajit (Asphaltum), Kaishora Guggulu, and Kanchnar Guggulu (Ayurvedic formulations).

**Use:** Improves digestion and thyroid dysfunction.

**Diet recommendation:**

- It is essential in all diseases specifically in lifestyle disorders. Reason behind this is, the person who follows healthy diet and activities will never get diseased or if get diseased then can cure easily. [21] Acharya Vagbhatamentioned Kulattha(horse gram), Jurna(sorghum), Shyamaka (Barnyard millet), yava (Hordeumvulgare), mudga(green gram), madhudakam(honey water) in sthoulyavyadhi(obesity). [22] So the patient was told to add this food in regular diet.
- DIP diet plan included vegetarian and homemade food based on natural resources and was planned according to after sunrise and before sunset time. It has significant role in lifestyle disorders and can detoxify the body naturally. [23]

- **Water intake:**

- Koshnajala was suggested as anupan with medicines. Anupan is a liquid substance and has to consume with or after intake of medicine or food. [24] It improves the absorption and effectiveness of drug into the body. Koshnajala is mentioned as best anupan for all.
- Shutasheetajala was suggested for drinking. It involves boiling of water and then letting it to cool at normal temperature naturally. This water digests easily and rapidly. [22]
- Alpajalapana was told because in santarpanjanyavyadhi or in lifestyle disorders like ascites, edema, piles, liver and spleen disorders, diabetes etc. less water intake is suggested by acharyas. [22]

**Exercise/yogasan:**

- Specifically, she was told to practice Jalandhar bandh regularly. Its effect is mentioned – the destroyer of a host of diseases of the throat (kanth-dukhoughanashana). [25]
- Vajrasanas was told to do after every meal for 5 minutes as it detoxifies the body by removing impurities of 7000 nadi's. [25]

**Further scope of study:**

1. The scope can encompass to know its exact patho-physiology along with clinical presentation by the view of ayurveda.
2. If pre-symptomatic phase is diagnosed earlier, it can be easy to treat. For this manifestation of pre-symptomatic phase should be studied.
3. In present days it has occurring at early ages and causes mental and emotional disturbance of patient very badly. So other than unhealthy lifestyle, it is necessary to find out that, is there any other underlying cause of its occurrence at early ages.
4. A broad scope for research in Ayurvedic treatment for hypothyroidism to cure this permanently.

**Conclusion:-**

- A fine conclusion of this case study is that, even if a disease is not mentioned in the Ayurvedic literature, it can be successfully treated by knowing the Ayurvedic pathogenesis of disease.
- Another conclusion is that in unsaid diseases minute study of clinical features and proper history taking can aid to know the dosh-dushyainvolved in the disease. It helps to catch the accurate diagnosis.
- The patient, a 38-year-old female with a 7-year history of subclinical hypothyroidism, presented with dermatological symptoms (skin patches, scalp psoriasis) and gastrointestinal complaints (hyperacidity). Baseline investigations on 29/05/2024 revealed markedly elevated TSH levels (17.836  $\mu$ IU/mL) with normal T3 and T4 values, confirming ongoing thyroid dysfunction. After initiating a comprehensive Ayurvedic treatment protocol, including Ayurvedic medications, dietary regulation, and lifestyle modifications, follow-up evaluation on 02/12/2024 demonstrated significant improvement in thyroidfunction, with TSH reduced to 2.982  $\mu$ IU/mL (within normal range), T3 and T4 levels maintained in the normal range, and hemoglobin improved from 12.4 g/dL to 13.6 g/dL. The marked normalization of thyroid profile and hemoglobin levels indicates the effectiveness of the Ayurvedic regimen in managing subclinical hypothyroidism while also potentially alleviating associated systemic symptoms.
- Conclusion regarding Ayurvedic management is that, precise choice of drugs and following healthy lifestyle regimen by patient can reverse the chronic sub-clinical hypothyroidism just within 2 months of treatment.

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**RESEARCH ARTICLE****MANAGEMENT OF TYPE 2 DIABETES MELLITUS SIGNIFICANTLY THROUGH AYURVEDIC INTERVENTION: A CASE STUDY OF VATAJAPRAMEHACHIKITSA**Acharya Manish<sup>1</sup>, Gitika Chaudhary<sup>2</sup>, Richa<sup>3</sup>, Arpana Negi<sup>4</sup> and Tanu Rani<sup>5</sup>

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Madhumeha, HbA1c.

**Abstract**

Ayurvedic therapeutics can significantly manage the cases of diabetes mellitus. For this it requires the detailed case study which includes study of lifestyle, daily habits, pathogenesis of the disease, contributed pathogenic elements, symptomatology and many more things. This detailed study would help to decide the prognosis of diabetes and to decide the line of treatment. Vatajaprameha is one among types of diabetes (Prameha) in ayurveda. Its basic prognosis is mentioned as not curable. But it depends on so many states. This case is about the same disease. A male patient (42 years) visited to JeenaSikhoLifecareLimited Clinic, Haridwar, Uttarakhand on 15.07.2024 with a K/C/O type 2 Diabetes mellitus diagnosed 2 months prior to consultation. He described symptoms like generalized weakness, nocturia and weight loss. Clinically he was examined for various factors like tongue, pulse, eyes etc. His history and examination helped to diagnose the case as Madhumeha, a type of Vatajaprameha by Ayurvedic view. His HbA1c was at very high levels of poor diabetic control i.e. 11.9 % before treatment. After ayurvedic treatment it reduced to 6.7 % which is a significant shift. His symptoms also diminished till the end of the treatment.

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**Introduction:-**

Diabetes mellitus has already become a usual lifestyle disorder among people worldwide. But now a day its prevalence is increasing in early ages than its usual age of occurrence. Its reason is none other than unhealthy and sedentary lifestyle along with various stress factors. Superficially diabetes mellitus is classified into 2 main types, type 1 DM and type 2 DM. Between these types, T2DM is the most widespread type and occupies about 90 % of total cases of diabetes. In type 2 DM insulin secretion is reduced or may be normal and body cells resist to take

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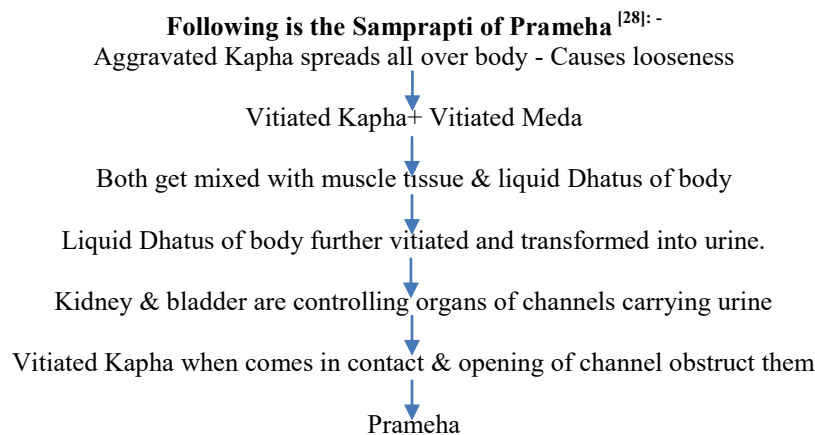
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blood glucose inside means cells do not respond well to insulin especially cells in muscles, fat and liver. This type mostly requires anti-diabetic medicines and lifestyle changes.<sup>[1]</sup> But in some conditions, sometime it requires administration of Insulin units like in cases with high levels of HbA1c. Glycated hemoglobin (HbA1c) is a blood glucose level estimation test for over last 2 to 3 months. It means that if HbA1c is showing high then patient was suffering with high glucose level since 2 to 3 months.<sup>[2]</sup>

Diabetes mellitus is similar as that of Pramehain ayurveda. In ayurveda 3 main types of Prameha are stated on the basis of predominant Dosha vitiation and these types are like Vatajaprameha, Pittjaprameha and Kaphaj prameha. This article is explaining here a case of Madhumeha- Vatajaprameha. Basically it is noted as Asadhyaprameha means has no cure. But further some conditions are mentioned in which it can become curable. Vitiation of Kapha doshas obligatory in Pramehavyadhi development. But predominance of Doshas, classifies Pramehain different types. Focus of Prameha treatment is mentioned in 2 categories by ayurveda on the basis of patient's condition. One is Sthulapramehi (obese diabetic patient) and second is Krishapramehi (thin diabetic patient). In former type there is presence of more vitiated factors and these patients are strong by strength as compared to later type. In later type there is presence of low immunity with reduced body strength.

Sanshodhana (Detoxification by Panchakarma) and Sanshamana (pacification/palliative treatment) chikitsas suggested respectively in former and later type.<sup>[3]</sup> Ayurvedic contexts gave a very detailed description of Pramehavyadhi like different etiological factors of different types, pathogenic factors involved, Samprapti (pathogenic process) of each type, Purvaroopas (pre-symptomatic phase), Samanyalakshana (general symptoms), Upadravas of each type etc. Treatment involves detailed explanation in each type, Panchakarma procedures, importance of diet and activities.

This article is about a case of Madhumeha which was treated with oral medicines made up of medicinal plants and minerals. Medicines were prescribed in the view of pacifying the involved Dosha-dushyalike Kaphadosha, Medodhatu, Vatadosha, etc. Diet and activities also recommended for healthy lifestyle in regarding to diabetes. During each follow up patient noted progress of the treatment. His before treatment HbA1c level significantly get reduced within 2 months of treatment. His dose and number of medicines were declined in each follow up according to the state of diminish in chief complains and HbA1c. At last the management of patient was brought on diet and activities. All these updates of the case from the chief complain till his complete diminish of symptoms are collectively and step by step proposed here in this article. This case analysis would help to know the management of Madhumeha by knowing the condition of the disease and patient as well.



#### CASE REPORT:-

**Clinical features:** A male patient who was aging 42 years old and was working in private job had visited to JEENA SIKHO LIFECARE LIMITED CLINIC, HARIDWAR, UTTARAKHAND on 15.07.2024. His diet pattern was vegetarian. He had addiction of having 2-3 cups of milk tea a day. He had complaining of –

1. Generalized weakness – since 2 months
2. Loss of weights by 9 Kg– in last 2 months (13.05.2024: 84 Kg)
3. Frequent nocturnal urination – 15 times a day

- **History taking:** After knowing the complaints his history was taken related to the case. Two months ago he was suffering from above symptoms like weakness, weight loss and nocturia. Therefore, on 17.05.2024 he went to the hospital for checkup and he was suggested for HbA1c. His HbA1c was noted as 11.9 % and then diagnosed as type 2 Diabetes mellitus. On 26.05.2024 Insulin was injected to him in the dose of 1.80 units due to very high level of HbA1c. Other than this he had nothing history of family, any other disease or surgical procedure.
- **Examinations:** Following to history taking general examination and ayurvedic criteria of examination was performed.

**Table no. 1: General examination**

Assessment	Observation
Height	5'9"
Weight	75 Kg
Age	42 years
BP	140/80 mm of Hg
Pulse	76/ min

**Table no. 2: Ashtavidhparikshana**

Assessment	Observation
Nadi(pulse)	VataKaphaja
Mala (bowel)	Normal
Mutra(urine)	Nocturnal micturition
Jivha(tongue)	Sama(thick white coating)
Shabda(pronunciation)	Clear
Sparsh(touch)	Normal
Drik(eyes)	Normal
Aakriti(physique)	Average

**Table no. 3: Dashvidhparikshana**

Assessment	Observation
<b>Prakriti</b> (Physical constitution)	KaphaVataja
<b>Vikriti</b> (pathological constitution)	VataKaphaja
<b>Sara</b> (excellence of tissues)	Average
<b>Samhanan</b> (body compactness)	Average
<b>Praman</b> (measurements of body parts)	Average
<b>Satmya</b> (homologation)	Average
<b>Satva</b> (mental constitution)	Average
<b>Aaharshakti</b> (capacity ingesting, digesting and assimilating the food)	Average
<b>Vyayamshakti</b> (capacity to exercise)	Low
<b>Vaya</b> (age)	Madhyama (middle age)

**Ayurvedic intervention:**

**Medicinal treatment:** Following choice of ayurvedic medicines were prescribed in this case. All medicines had to take with lukewarm water that is Koshnaja which is mentioned as Anupanain Ayurveda. Anupanais any drink like water, honey, decoction etc. which has to take with or after taking medicine for its rapid absorption in the body. <sup>[4]</sup> Follow up of medicines in all visits of consultation is also noted below:

- **First day of consultation (15.07.2024):**
  1. Prameharoghara powder - ½ TSF powder BD Before food (Pragbhaktewithkoshnaja)
  2. Capsule DM – 1 Capsule BD After food (Adhobhaktewithkoshnaja)
  3. Madhumehanashaka syrup – 10 ml syrup BD After food (Adhobhaktewithsamamatrakoshnaja) with equal amount of lukewarm water.

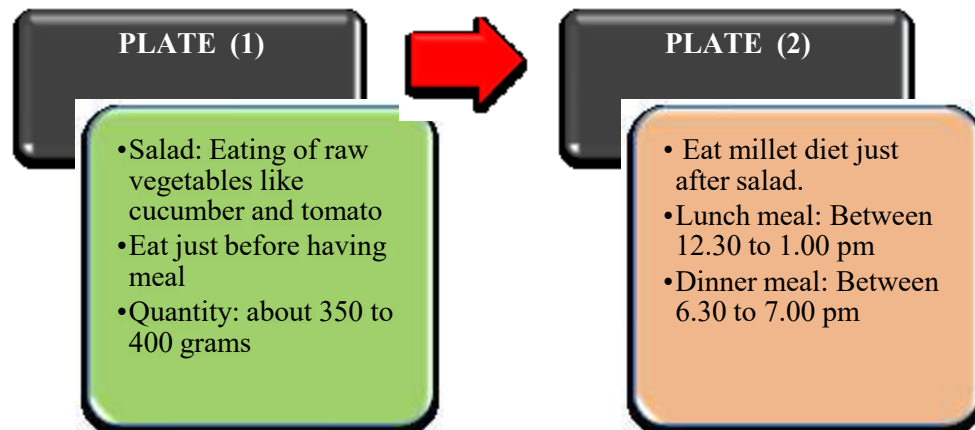
- **1<sup>st</sup> Follow up (13.08.2024):** Relief in nocturia to some extent is noted by the patient. Therefore, same medicines were continued as mentioned above from number 1 to 3. But in this follow up he complained of constipation on and off. Therefore, one more medicine was added and it was –
- 4. Panchaskarachurna – ½ TSF of powder HS Bed time (Nishakalewithkoshnajala)
- **2<sup>nd</sup> Follow up (13.09.2024):** Same medicines were continued except Panchaskarachurna. It was skipped in this course as patient was get relieved from the constipation.
- **3<sup>rd</sup> Follow up (12.10.2024):** In this follow up only 2 medicines were prescribed. Both medicines were told to take on alternate days for 2 months.
  1. Capsule DM (dose reduced) – 1 capsule OD in the afternoon after food (PratahAdhobhaktewithkoshnajala)
  2. Madhumehanashaka syrup – 10 ml syrup BD After food (Adhobhaktewithsamamatrakoshnajala) with equal amount of lukewarm water.
- **4<sup>th</sup> Follow up (18.01.2025):** Only Capsule DM in the dose of 1 OD for 2 months was continued.
- **5<sup>th</sup> Follow up (23.03.2025):** Intake of DM capsule again reduced to 1 OD on alternate day for 3 months.

#### Diet and activity guidelines:<sup>[27]</sup>

**DIP diet plan:** This diet plan is specifically designed for lifestyle disorders. This diet stands for Discipline and intelligence diet which helps to adopt healthy diet schedule easily.<sup>[5]</sup>

**Step 1:** Eating of 2 – 3 variety of seasonal fruits in the morning around 9.00 Am. Quantity was advised according to the weight of the patient and that was = 750 grams.

**Step 2:** It includes plate no. 1 and 2 as explained below:



**Step 3:** It included evening snacks. Around 4.30 pm he was suggested to eat dry fruits and sprouts especially green gram sprouts both in the quantity of 75 to 80 grams. It would be beneficial to tackle with the feeling of fatigue or weakness.

**Step 4:** It include guidelines regarding food and other habits.<sup>[6, 7, 8]</sup> -

- Should always eat Ushnaahara (fresh food). Stale food can elevate Vatadosha.
- Avoid junk food, spicy, oily, too salty food
- Avoid sugar, dairy and bakery products, avoid having milk tea. Instead of milk tea can take herbal tea.
- Must have to follow proper timings of having food. Avoid both overeating and fasting.
- Eat vegetables which are bitter in taste like green fenugreek, bitter gourd etc. Always prefer to have fruity vegetables like Ivy gourd, Lady Finger, Capsicum etc.
- Drink alkaline water that is Shrutasheetajala. It is boiled water to its half and had to drink after bringing it to room temperature. It becomes light to digest due to boiling.

- Don't eat Mansahara(meat)
- Water over drinking should be avoided. [9]
- Avoid AtiLavanasevana(Limit salt intake) [6]

**Activities guidelines:**

Basically in all type of Pramehadifferent type of exercise is advised by stating 'Vyayamaihvidhai'. [3] But in Vatajapramehaone thing should be keep in the mind that over exercise can elevate the Vataadosha. This case is of Vatajaprameha. In addition, this patient already had complained of weight loss. Therefore, he was advised to do Yogasanasawhich would not require more energy and would not cause loss of strength. Exercise is essential to remove toxins from the body and to keep body in active mode.

**Obligatory to follow:**

- Vajrasana(diamond pose sitting) after having meal [10]
- Shatapavali(after meal 100 step walking) [11]

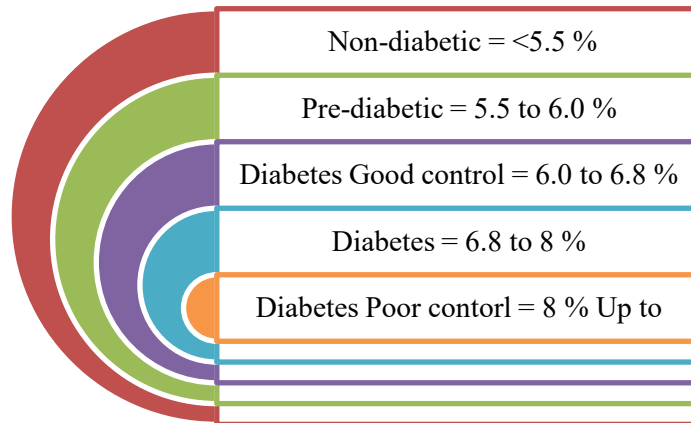
**Obligatory to avoid:**

- Diwaswapa (day sleeping): It elevates Vataadosha.
- Ratroujagarana(night awakening): It vitiates Kapha dosha.

**Results:-**

1. **HbA1c outcome:**Two months prior to visit the hospital on date 17.05.2024 his HbA1c was 11.9 %.This was his before treatment finding. Then he started taking Ayurvedic oral medicines from 15.07.2024. After taking 2 months of treatment on 09.09.2024 his HbA1c was reduced significantly by near about 4.2% and it was 6.7%. It has to be considered as noteworthy effect because generally Vatajapramehatakes more time to show positive and significant result due to its no cure prognosis. In this case result was achieved rapidly just within 2 months that too with oral medicines only. This result gave a hope for the complete reversal in the future. Generally, in diabetic people a goal should be to keep HbA1c below 7%. In this casepatient's HbA1c was shifted from diabetes poor control to good control range. Treatment was continued till March 2025. But HbA1c was investigated only at once after treatment in September 2024. Because in later follow ups clinical features of the patient were observed to see the efficacy of the treatment and thereby to decline the dose of medicine. There was no any need to detect HbA1c again and again.

**Reference range of HbA1c:** [12, 13]



2. **Observation of Jivha (Tongue) and Nadi (Pulse) during follow up:** Following table is showing the progress of examination findings of tongue and pulse. Tongue indicates the signs of any pathology happening in the body especially related to digestive system. Pulse signifies the pathology of Dosha vitiation in the body.

- Before treatment tongue was showing white coating of indigested food over it which is called as 'Amasanchiti'. This type of tongue is termed as Samajivha. After starting of the treatment white coating was getting reduced

and showing mild coating in each follow up. At the last it showed completely clean tongue that is Niramajivhawhich indicates that patient's digestion and metabolism was reversed to normal.

- At the time of consultation his Nadiwas showing elevation of vitiated Vata-Kaphadosha. In the last month of treatment Nadiwas examined again which showed Prakritanadiwith equal dominance of Vata-Pitta-Kaphadosha. Elevation of Vata-Kaphadoshagets normalized and this balanced Nadiindicated that Ayurvedictreatment played a well role in managing the Doshavitiation in Madhumeha.

**Table no. 4: Tongue and pulse examination**

Assessment	Jivha (Tongue)	Nadi(Pulse)
15.07.2024	Sama (Thick coating)	Vata++ kapha++
13.08.2024	Alpasama (Mild coating)	Vata++ kapha++
13.09.2024	Alpasama (Mild coating)	Vata++ Kapha +
12.10.2024	Nirama(No coating)	Vata++ Kapha +
18.01.2025	Nirama(No coating)	Vata+ Kapha+
20.03.2025	Nirama (No coating)	Vata+ Kapha+

**3. Symptomatic outcome:** In each follow up he was showing progress in symptomatic relief.

- In the last follow up he mentioned about reduction in weight loss.
- Frequent nocturnal micturition was reduced to some extent within one month. In the last month of treatment, it was completely recovered to normal frequency.
- He was complaining of general weakness before starting of the treatment. After initiation of treatment he was feeling energetic just from second to third day. Later, continuation of Ayurvedic treatment for about 8 month helped to recover total energy loss. Patient gets boosted with good muscle strength.

Thus, above result signifies that, 8 months of Ayurvedic treatment and strict following up of lifestyle guidelines successfully facilitated to reverse the pathology of Vatajapramehawithout any adverse effect

## Discussion:-

### Contextual analysis of clinical features in patient:

- 1. Generalized weakness:** Fatigue or weakness is mentioned as a characteristic symptom of diabetes mellitus. Reason behind this is that in diabetes cells cannot respond well to the insulin which thereby hampers the use of blood glucose by cells for energy production. This condition is called as insulin resistance which is usual in type 2 diabetes mellitus. By ayurvedic perspective this symptom is termed as 'Dourbalya' which refers to the meaning of weakness. This symptom is mentioned by Charakacharyain Pramehaupadrava. <sup>[14]</sup> Upadrava means the disease or any symptom arises during or after a disease. <sup>[15]</sup> Means it can be considered as complication of diabetes. Vataadoshaelevation is responsible for immunity loss by Ayurvedic perspective. Vatavriddhi(elevation) manifests symptom of BalabhranshaorBalahanior Dourbalyawhich mean as loss of strength or weakness. <sup>[16,17]</sup>
- 2. Loss of weight:** It is usual in Sahaja prameha(hereditary or genetic diabetes) and in Vatajaprameha. Karshyataor Krishataare the words mentioned in the sense of weight loss in Vatavriddhisymptoms. <sup>[16,17]</sup>
- 3. Frequent nocturnal urination:** In Prameha'Prabhutamutrata'(increased urine frequency) is noted as Samanyarooapaof Pramehawhich refers to increased micturation. Generally, it is observed that night frequency of urine gets increased in diabetes as compared to day frequency. In diabetes kidney works harder to filter excess glucose resulting in increased urine production. In day time due to daily activities glucose can be utilized by the body in any way. But in the night time due to reduced body activities blood glucose level get increased naturally as compared to day time which leads to more urine production to expel the excess blood glucose out of the body via urine.

4. **SamaJivha:**In Purvaroop(pre-symptomatic phase) of PramehaCharak Acharya mentioned one symptom regarding tongue. He said that in Prameha‘Jivhaupedha’can occur which is in the sense of accumulation of dirt over tongue. White coating typically arises from a buildup of bacteria, food debris and dead cells trapped between the papillae. In Prameha or diabetes it is found that there is impairment in the digestion and metabolism of carbohydrates, fats and proteins. This coating is termed as Samajivha in ayurveda. Jivhaparikshana is one of the diagnostic tools of ayurvedic pariskhana. <sup>[18]</sup>
5. **VataKaphajanadi:**Nadiparikshanais also a one essential tool of ayurvedic examination in the sense of diagnosis and treatment. <sup>[19]</sup> By history taking it was understood that patient has KaphaVatajaprakriti(normal constitution). But after examining the patient’s Nadi, it was observed that Nadiwas showing VataKaphapradhanata. Means predominance of VataDoshaalong with next to elevation of Kapha dosha. It means that patient has Vata-KaphajaVikriti(vitiation of Vata-Kapha).

#### Focus of Ayurvedic treatment:

In Ayurveda 2 types of treatments are mentioned in Pramehaand that are Sanshamanchikitsa and Sanshodhanachikitsa. Sanshamanchikitsarefers to pacification of Doshas by palliative medicines and diet. Sanshodhanachikitsarefers to elimination of vitiated Doshas(toxins) through Panchakarmatherapies or mild oral medicines. This is a case of Madhumeha – type of Vatajaprmeha. Since Vatajaprmehipossesses low immunity with low body strength all Acharya’s explained to do Sanshamanachikitsa. Usually these patients manifest with loss of weight. Sanshodhanatreatment can again cause loss of weight and can elevate VataDosha again which would become a triggering factor for the aggravation of the disease instead of pacification.

1. **Kaphashamakachikitsa:**Generally, all types of Pramehadevelop due to vitiation of Kapha dosha predominantly. Therefore, in any type of Prameha like Vatajaprmeha, Pittajaprmeha, etc. first focus should be on the pacification of vitiated Kapha dosha.
2. **Vatashamakachikitsa:**SecondlyVatadoshapacification was essential as this case was of Vatajaprmehawhich causes due to VataDoshaelevation.
3. **Santarpanachikitsa:**It included nourishment of patient’s health. In all Pramehas, loss of body strength and immunity occurs. In addition to this Vatajaprmehaalso manifests with loss of body weight, strength and immunity. This type includes loss of nourishing body elements. Therefore, in this patient nourishment of body was essential to prevent further loss of body elements. AcharyaSushrutaalso mentioned that Vatajaprmehisould be always protected and it is referred by saying ‘Satatamanupalayet’. <sup>[3, 7]</sup>

#### • Ayurvedic medicines with their components and uses are mentioned below:

##### 1. Prameharogahara powder:

Components:Kutaki (Picrorhizakurrooa), Kirattikta (Swertiachirayta), Nimba (Azadirachtaindica), Karvellaka (Momordicacharantia), Rasanjan (Berberisaristat), Amlikabeeja (Tamarindusindicaseeds), Kala namak(Black salt),Guduchi (Tinosporacordifolia), Shunthi(Zingiberofficinale), BabbulaTvakandPhala (Acacia arabicabark and fruit), Sarpagandha (Rauwolfia serpentine), Trivangbhasma, Yashadbhasma, Revandchini (Rheum emodi), Guggulu (Commiphoramukul), Methika (Trigonellafoenum), Jambu (Syzygiumcumini), Karanja (Pongamiapinnata), Shilajeet(pure Asphaltum), Haridra (Curcumas longa), Haritaki(Terminalia\ chebula), Indrayava (Holarrhenaantidysenterica seeds), Vanshlochan (Bambusaarundinacea), Bibhitaki(Terminalia Bellerica),Aamalaki(Emblicaofficinalis), Shweta musali (Chlorophytumborivilianum), Gudmar(Gymnemasylvestre)  
Use: All types of diabetes, controls blood sugar level, relieves urinary problems, improves immunity, useful in diabetic neuropathy and retinopathy Capsule DM:

**Components:**Aamra Gandhi Haridra (Curcuma amada), Guduchi (Tinosporacordifolia), Methika(Trigonellafoenum), Shweta musli(Chlorophytumborivilianum),Nimba(Azadirachtaindica),Karvellak(Momordicacharantia),Jambu(Syzygiumcumini), Bilvapatra (Aegle marmelosleaves), Gudmar (Gymnemasylvestre), Sheelajita (Asphaltum)  
Use: all types of diabetes and all diabetic complications.

**2. Madhumehanashaka syrup:**

**Components:**Karvellaka (Momordicacharantia), Jambu (Syzigiumcumini), Nimba (Azadirachta indica), Kirattikta (Swertiachirayta), Gudmar(Gymnemasylvestri), Kutaja (Holarrhenaantidysenterica)

**Use:**Diabetes mellitus, Diabetes neuropathy, Retinopathy, Hyperglycemia

**3. Panchaskarchurna:**

**Components:**Sanayapatra (Cassia angustifolia), Shatapushpa (Anethumsowa), BalaHaritaki (Unripe fruits of Terminalia chebula), Shunthi (Zingiberofficinale), Saindhava (Rock salt),

**Use:**Useful in constipation and bloating as Virechaka(laxative).

**Contextual reference of plants useful in Vatajaprameha:** Following table is showing the role of above mentioned Dravyas (medicinal plants) in this case with contextual reference. <sup>[20, 21]</sup> Latin names of these plants are already stated above.

**Table no. 5: Medicinal plants and their role as anti-diabetic**

Dravyas (plants)	Vatadoshapacification	Kapha dosha pacification	Prameha-hara (Anti-diabetic)	Balya/ Bruhana (Strength and immunity bosster)
Kutaki	-	+	Prameha-pranuta	-
Kiratitkta	-	+	Mehahara	-
Nimba	-	+	Mehanut, Jayetmeha	-
Karvellaka	+	+	Mehahara	-
Guduchi	+	+	Mehahara	Balya, Rasayana
Jambu	-	+	Madhumehanashana	-
Gudmara	+	+	Mehahara	-
Kutaja	-	+	Pramehanashaka	-
Aamragandhiharidra	-	+	-	-
Methika	+	+	-	-
Shweta mushali	+	+	-	Balya, Pushtikara
Bilva	+	+	-	Balya
Sheelajeeta	+	+	Mehanashaka	Rasayana
Rasanjana	-	+	Mehanut, KaphaPrameha-nashaka	-
Amlika	+	+	-	-
Krishna lavana				
Shunthi	+	+	-	-
Babbula	+	+	Mehanashana	-
Sarpagandha	+	+	-	-
Trivanga			-	Balya, Rasayana
Yashada			-	Balya
Revandchini	-	+	-	-
Guggulu	+	+	Mehahara	Balya
Karanja	+	+	Pramehaharani <sup>[22]</sup>	-
Haridra	-	+	Mehapaha Meha hanta	-
Indrayava	+	+	Pramehanashaka	-
Vanshalochana	+	+	-	Balya
Aamalaki	+	+	Pramehagham	Rasayana
Bibhitaki	+	+	Prameha-nashaka	-
Haritaki	+	+	Prameha-nashaka	Rasayani, Brihani, Balapradam

**Significant potential of some above medicinal plants:**

1. **Jambu** – It diminishes Madhumehaspecifically and is stated by ‘VisheshatMadhumehaha’.<sup>[23]</sup>
2. **Bibhitaki** – It reduces vitiated Kaphadoshaand Kleda(watery secretion) which are main pathogenic factors in causing Pramehaby absorbing them. Its reference is given as ‘Kaphotkledarogavinashanam’ means it demolishes Rogas(disorders) caused by Kaphadoshaand Kledaelevation.<sup>[24]</sup>
3. **Bilva** – Charakacharyanoted some prime choices of medicinal plants useful in some specific conditions and is called as ‘AgyaSangraha’. One of them is Bilvawhich is mentioned as ‘VataKaphaPrashamananam’. It denotes that Bilvais a prime herb in pacification of Vataand Kaphadosha.<sup>[25]</sup>
4. **Vanshalochana** – It has ‘Medoghna’ property means which diminishes Medodhatudushtithat is unhealthy fat tissue and adipose tissue. Medodhatudushtiis one among key pathogenic factors of Prameha.<sup>[24]</sup>
5. **Guggulu** – It also possesses ‘Medohara’quality which diminishes unhealthy fat.<sup>[24]</sup>
6. **Haritaki** – ‘Sarvaroganganavita’ is the term used in the reference of Haritakiuse. It meant that Haritakiis effective in all disease. It has Vatanulomakaproperty also.<sup>[26]</sup> Vatanulomakaproperty means which tend to normalize the movement of Vataadosha thereby it regulates activities like digestion, metabolism, insulin secretion and absorption of glucose by cells.
7. **Shunthi** – It is beneficial in diabetes by working as Aamaghnimeans which reduces toxic elements or undigested metabolic waste, Pachan means regulates digestionand Agnidipanamregularizes appetite.<sup>[26]</sup>
8. **Kutaja** –It works in diabetes by Upshonanam(absorbing) Shleshma(Kaphadosha)and Kleda(excess watery secretion).<sup>[25]</sup>
9. **Triphala**– Triphalawhich includes Aamalaki, Bibhitakiand Haritakiis mentioned as the best Santarpana(nourishing combination) by Charakacharya.

#### Further scope of study: -

Diabetes is already a complex metabolic disorder with complicated pathophysiology in itself. Its unpredictable diagnosis and usual symptoms may complicate the case. In addition, when it manifests with its complications its prognosis becomes poorer for the treatment. Therefore, the need of the further study is to collect the data and present those types of cases which would help to give surety in the treatment with successful management by ayurveda even in chronic diabetes with complications. Another scope is to manage the patients who have insulin dependent diabetes in the view to reduce insulin units.

#### Conclusion:-

This case study highlights the effective management of VatajaPrameha (a subtype of diabetes mellitus with traditionally poor prognosis) through an early diagnosis and timely initiation of Ayurvedic oral treatment, without the need for detoxification via PanchakarmaChikitsa. Despite the classical categorization of VatajaPrameha as difficult to manage, this case demonstrated remarkable clinical outcomes within a short duration, affirming the potential for reversal and long-term control when managed with a strict diet, disciplined lifestyle, and targeted SantarpanaChikitsa (nourishment-based therapy).

#### Subjective Improvements:

- Weight stabilization was reported in the final follow-up, reversing the initial trend of weight loss.
- Nocturnal micturition, a troubling symptom, significantly reduced within the first month and normalized completely by the end of the treatment period.
- The patient, who initially presented with generalized weakness, reported a boost in energy levels by the second or third day of treatment and full restoration of muscle strength and stamina over the 8-month treatment span.

#### Objective Improvements:

- Glycemic control showed a rapid and significant shift:
  - Initial HbA1c (17.05.2024): 11.9%
  - After 2 months of treatment(09.09.2024):6.7%
 This reduction of ~4.2% in HbA1c within two months, solely through oral Ayurvedic medicines, is highly significant—especially in VatajaPrameha—indicating transition from poor glycemic control to well-controlled diabetes status (target HbA1c < 7%).
- Tongue (Jivha) assessment revealed:
  - Pre-treatment: SamaJivha (white coating indicative of Ama and poor digestion).
  - Final follow-up: NiramaJivha (clean tongue), showing restoration of Agni (digestive fire) and reversal of metabolic disturbances.

- Pulse (Nadi) analysis:
  - Initially: Vata-Kaphavitiation noted.
  - Final follow-up: PrakritaNadi (balanced state of all three doshas), indicating successful doshahomeostasis.

This case confirms that not all cases of Prameha require Panchakarma, especially when diagnosed early and managed aggressively with appropriate Ayurvedic formulations and lifestyle modifications. Restoration of lost tissues and prevention of further depletion through SantarpanaChikitsa remains the cornerstone in the management of VatajaPrameha. The swift symptomatic relief, significant HbA1c reduction, and normalized Ayurvedic diagnostic parameters affirm the efficacy of personalized Ayurvedic management, even in types of diabetes traditionally labeled as incurable.

This case provides a strong rationale for integrating classical Ayurvedic protocols with regular follow-up and dosha monitoring in early-diagnosed diabetic patients, aiming for drug minimization and long-term sustainable recovery.

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**RESEARCH ARTICLE****EFFICACY OF AYURVEDIC MEDICINES IN THE MANAGEMENT OF PSORIASIS:  
A CASE REPORT**Acharya Manish<sup>1</sup>, Gitika Chaudhary<sup>2</sup>, Richa<sup>3</sup>, Sadhna Yadav<sup>4</sup> and Tanu Rani<sup>5</sup>

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**Abstract**

Psoriasis is a chronic skin condition causing raised, inflamed, scaly patches, most often on the scalp, elbows, knees, and back. Symptoms include itching, redness, and silvery scales. It's caused by an overactive immune system, genetics, and environmental factors like infections, stress, or hormone changes. Treatment options include creams, light therapy, pills, and injections. Complications can include psoriatic arthritis, cardiovascular disease, diabetes, and mental health issues. Managing triggers, living a healthy lifestyle, and skincare are key to controlling the condition. The patient, a 55-year-old male with a 25-year history of psoriasis, presented with a range of symptoms including weight gain, bilateral hand and leg psoriatic red patches, blackish patches, and unsatisfactory bowel movements. These symptoms had been persistent for the past 14 months and significantly affected the patient's quality of life. After a detailed assessment, an Ayurvedic formulation was prescribed, targeting both the underlying autoimmune mechanism and the symptomatic manifestation of psoriasis. The treatment regimen to reduce the inflammation, improve bowel movement function, and address skin pigmentation changes.

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**Introduction:-**

Psoriasis is a chronic skin condition causing itchy, scaly patches, most commonly on the knees, elbows, trunk, and scalp. It can be painful, disrupt sleep, and affect concentration. Psoriasis often goes through cycles of flare-ups followed by periods of remission. It has various types, including:

1. **Plaque psoriasis:** Raised, scaly patches, usually on elbows, knees, and scalp.
2. **Nail psoriasis:** Affects nails, causing pitting and discoloration.
3. **Guttate psoriasis:** Small, drop-shaped spots, often triggered by strep throat.
4. **Inverse psoriasis:** Affects skin folds, like the groin and breasts.

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	<p>Laung(Syzygium aromaticum), Nishoth(Operculina terpenanthum), Rock salt, Dhaniya(Coriandrum sativum), Pipla mool(Piper nigrum), Jeera(Cumminum Cyminum), Nagkesar (Mesua ferrie), Amarvati (Tinospora cardifolia), Anardana(Punica granatum), Dalchini(Cinnamomum zelyanicum), Badi elaichi (Ammomum Subutalum), Hing(Ferula foetida), kanchnar(Boehinia variegata), Ajwain(Trachyspermum ammi), Sazikshar, Pushkarmool(Inula racemosa), Senna(Cassia angustifolia), Mishri Cam</p> <p><b>NABHI OIL</b> Harad (Terminlia chebula) Bahera(Terminallia bellirica) Amla(Phyllanthus emblica) Almond(Prunus dulcis) Hing (Ferula foetida) Jaiphal(Myristica fragrans) Ajwain(Trachyspermum ammi), Clove(Syzygium aromaticum) Camphor(Cinnamomum comphora) Olive(Olea europaea) Coconut(cocuc nucifera) Neem(Azardirachta indica) Lemongrass(Cymbopogon) Kali jeera(Bunium persicum) Ajmoda(Apium graveolens) Guggul (Commiphora weightii) Giloy(Tinospora cordifolia) Chiryata(Swertia japonica) Kalonji(Nigella sativa) Til tail (Sesamum indicum) Katu tailam</p> <p><b>TOOTH OIL</b> Glycerin Long oil (Syzygium aromaticum) Peppermint (Mentha arvensis) Sat ajwain(Trachyspermum ammi)</p> <p><b>32 HERBS TEA</b> Gauzaban (onosma bracteatum) Kulanjan (Alpinia galangal) Chotielaichi (Elettaria cardamomum) Laung (Syzygium aromaticum)</p>		<p>Massage oil at night around navel for 4-5 minutes.</p> <p>Use in morning before brushing &amp; massage over gums.</p> <p>Make a herbal tea &amp; use 3-4 times in a day.</p>
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	<p>Badi elaichi (Amomum subulatum)  Khtayi (Pimpinella anisum)  Banafsa (VIOla odorata)  Jufa(hyssofus officianalia,  Ashwagandha, (Withania somnifera), Mulethi(Glycerrhiza glabra), Punarnava(Boerhavia diffusa), Bramhi(Bacopa moneira), Chitrak(Plumbago zeylanica), Kali mirch (Piper nigrum) Adulsa(Adhatoda vasica nees), saunf (Foeniculum vulgare) Shankpushpi (Convolvuli pluericaulis), Tulsi (Ocimum santum), Arjun (Terminalia arjuna), Motha(Cyperus rotundus), Sonpatra (Cassia angustafolia), Sonth (Zingiberofficinale), Manjistha (Rubia cardifolia), Tephrosia purpurea, Dalchini (Cinnamomum verum), Gulab(Rosa centifolia), grass tea(Camlia sinensis), Giloy(Tinospora cordifolia), Tej patra(Cinnamomum tamala), lal chandan(Pterocarpus sentalinus), white chandan(Santalum album)</p>		
<b>Arogya Vati</b>	<p>Kajan, Loh Bhasma, Abhrak Bhasma, Tamra Bhasma, Amalaki(Phyllanthus amblica), Vibhitaki(Terminalia bellirica), Haritaki(Terminalia chebula), Chitrak, Katuka(Picrorhiza kurroo), Nimba(Azardirachata indica) Patra.</p>	<p>Fever  Cough  Constipation  Asthma</p>	<p>1 BD (Adhobhakta with koshna jala)</p>
<b>Chandraprabha vati</b>	<p>Karpura (Camphor, Cinnamomum camphor), Vacha (Acorus calamus), Musta (Nut grass (root) – Cyperusrotundus), Bhunimba – (The Creat (whole plant), Andrographis paniculata), Amrita (Tinospora cordifolia), Daruka (Himalayan cedar (bark) Deodara cedar), Haridra (Turmeric rhizome – Curcuma Longa),Ativisha (Aconite heterophyllum), Darvi (Tree Turmeric (stem) - Berberis aristata), Pippalimoola (Long pepper root - Piper longum), Chitraka (Lead Wort (root) - Plumbago zeylanica), Dhanyaka</p>	<p>prameha, meha-urinary tract disorder, diabetes,,mutrak richra, mutraghat, Ashmari( renal calculi), vibandha(constipation)</p>	<p>2 BD (Adhobhakta with koshna jala)</p>

	(Coriander - Coriandrum sativum), Haritaki (Chebulic Myrobalan fruit rind -Terminalia chebula), Vibhitaki (Belliric Myrobalan fruit rind-Terminalia bellirica), Amalaki (Indian gooseberry fruit- Emblica officinalis), Chavya (Java Long Pepper - Piper chaba), Vidanga (False black pepper – Embeliaribes), Gajapippali (Java Long Pepper (fruit) Piper chaba), Shunthi (Ginger Rhizome - Zingiber officinalis), Maricha (Black pepper - Piper nigrum), Pippali (Long pepper fruit - Piper longum), Makshika Dhatu Bhasma (Purified Copper Iron Sulphate), YavaKshara (Kshara of Barley- Common barley), SwarjikaKshara, Saindhava Lavana (Rock salt), Sauvarchala [Lavana		
<b>LIV DS Cap</b>	Bhumiamla Ext. (Phyllanthus niruri) Kasani Ext. (Cichoriumintybus) Himsra(Capparis spinosa) Punarnava Ext. (Boerhavia diffusa) Guduchi Ext. (Tinospora cordifolia) Kakamachi(Solanum nigrum) Arjuna (Terminalia arjuna) Biranjasipha (Achilea millefolium) Kasamarda Jhavuka(Cassia occidentalis) Vidanga (Emblia ribes) Chitraka (Plumbago zeylanica) Kutki (Picrorhiza kurroa) Haritaki(Terminalia chebula) , Bhringraj(Eclipta prostrate)	liver disease GIT GERD loss of appetite	1 BD (Adhobhakta with koshna jala)
<b>Charmarog har vati</b>	Triphala (Terminalia chebula, Terminalia bellirica, Emblica officinalis), Giloy(Tinospora cordifolia) Guggal(Commiphora guggulu)  Sonth(Zingiber officinale) Mircha Pippal(Ficus religiosa) Nishotha(Operculina turpethum) Danti(Baliospermum montanum)	healing wounds blood purifire abscess anti inflammatory join pain gout uric acid	1 BD (Adhobhakta with koshna jala)
<b>Psorhin Tablet</b>	Bawchi (Psoralea coryfolia) Terminalia chebula, Terminalia bellirica, Emblica officinalis	Psoriasis skin disorders skin allergy	1 BD (Adhobhakta with koshna jala)

	Chakramard(Cassia tora) Neem Chal(Azardirachata indica) Akash Bale(Cuscuta reflexa) Sariva (Hemidesmus indicus) Bakayan (Melia azedarach) Amaltas (cassia fistula) Aloe Vera Mulethi (Glycyrrhiza glabra) Karanj (Milletia pinnata) Katha (acasia catechu) Haldi (Curcuma longa) Chameli (Jasminum polyanthum) Nishoth(Operculina turpenthum) Pitpapa(Fumaria indica)	itching patches redness	
Luderm 250 Gm	Ointment Bawchi(Psoralea coryfolia) Chameli(Jasminum polyanthum) Shalmal/Semal Salmala. Chirak(Plumbago zeylanica) Haldi(Curcuma longa) Khadir(Acacia catechu) Geru(Anacardium occidentale) Chakramard(Cassia tora) Shudh Gandhak Neem(Azardirachata indica) Yashad Bhasam Jeera(Cuminum Cyminum) Marichiyadi Tail	skin disorder blood purifier skin rashes itching patches	1 BD (Adhobhakta koshna jala) with
Skin Cure Capsule	Anant(Gardenia jasminoides) Neem (Azardirachata indica) Gulab(Dianthus caryophyllus) Haldi(Curcuma longa) Giloy(Tinospora cordifolia) Mulethi(Glycyrrhiza glabra) Chirayta(Swertia chirayata) Babool(Vachellia nilotica) Manjishtha (Rubia cordifolia) Vidang(Emblia ribes) Sharpunkha(Tephrosia purpurea) Khadir(Acacia catechu) Sanay(Alexandrian senna) Gandhak Yashad	skin disease (all type) blood purifier anti inflammatory itching	1 BD (Adhobhakta koshna jala) with

**Observation:-**

Before Treatment

After Treatment

**Result:-**

Following the prescribed Ayurvedic treatment, the patient reported a significant improvement. Within a short duration, he experienced approximately 90% relief from the red-colored psoriatic patches and 50% improvement in the blackish patches. Bowel movement regularity also improved, and the patient's overall quality of life showed considerable enhancement.

**Discussion:-**

Psoriasis is thought to be caused by immune system dysfunction, where the body mistakenly attacks healthy skin cells. Triggers include infections, skin injuries, cold weather, smoking, alcohol, and certain medications. Genetics play a role, and it runs in families. Complications can include psoriatic arthritis, eye conditions, obesity, diabetes, cardiovascular disease, and mental health issues like depression.<sup>[5]</sup>

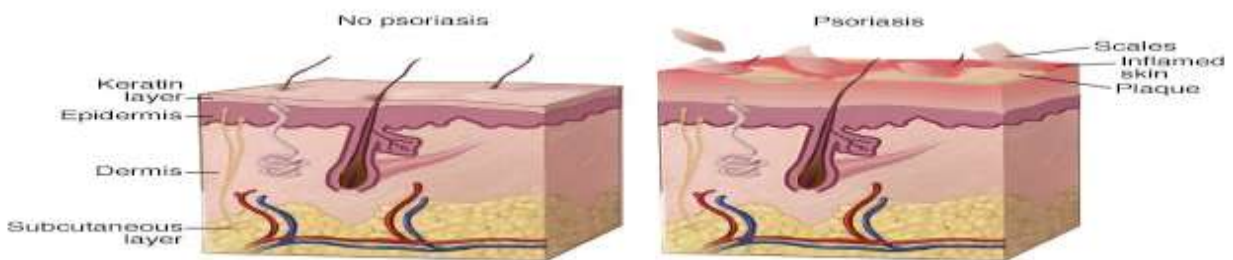


Image courtesy:<sup>[6]</sup><https://www.mayoclinic.org/diseases-conditions/psoriasis/symptoms-causes/syc-20355840#dialogId54800343>

**In modern medicine treatment options include:**

**Topical treatments:**

- Corticosteroids: Common for mild to moderate psoriasis, available in various forms, but long-term use can thin skin.
- Vitamin D analogues: Slow skin growth (e.g., calcipotriene).
- Retinoids: Reduce skin cell production but can cause irritation.
- Calcineurin inhibitors: Help with sensitive areas like around the eyes.
- Salicylic acid and coal tar: Reduce scaling and inflammation.

**Light therapy:**

- Sunlight, UVB light, and PUVA: Expose skin to controlled light to reduce symptoms.
- Excimer laser: Targets specific patches with strong UVB light.

**Oral/injected medications:**

- Steroids: For small, persistent patches.
- Retinoids: Pills that reduce skin cell production but are not for pregnant women.
- Biologics: Injectable drugs like etanercept and adalimumab alter the immune system and are for moderate to severe psoriasis.
- Methotrexate and cyclosporine: Suppress skin cell production but require monitoring.<sup>[7]</sup>In this case only shaman chikitsa was given. Ayurvedic formulation were given orally. Psoralea coryfolia: The Ethnol seed extract exhibits effect of antipsoriatic and antibacterial activity, which was concluded by measuring mean thickness of epidermis and histopathological report & antibacterial studies by zone of inhibition & MIC.<sup>[8]</sup> Chakramar (C. tora): Three flavonoids namely luteolin-7-O-glucopyranoside, quercetin-3-O-beta-D-glucuronide and formononetin-7-O-beta-D-glucoside isolated from ethnol extract of C. tora leaves exhibited a significant reduction in relative epidermal thickness resulting in antipsoriatic effect.<sup>[9]</sup> Gardenia Jasminoides (anant): A study suggests that GJ improves atopic dermatitis (AD) by restoring balance to the intestinal microflora. It enhanced symptoms like skin thickness and cytokine expression, and normalized the gut microbiome. GJ, similar to probiotics and prebiotics, stabilizes microflora, making it a promising therapeutic agent for AD by addressing both immune inflammation and gut health.<sup>[10]</sup>

**Need for further research:**

While this case demonstrates notable improvement in chronic psoriasis symptoms through Ayurvedic management, the findings are based on a single patient observation and cannot be generalized without larger, controlled studies. Further research is warranted to:

- Conduct randomized controlled trials (RCTs) comparing Ayurvedic formulations with standard allopathic treatments for psoriasis.
- Investigate the individual and synergistic effects of the medicinal components used in the prescribed regimen, including Psoralea corylifolia, Cassia tora, and Gardenia jasminoides.
- Assess long-term safety, recurrence rates, and sustained efficacy of Ayurvedic therapies in chronic autoimmune skin disorders.
- Explore the mechanisms of action of Ayurvedic medicines in modulating immune response, reducing inflammation, and improving skin barrier function.
- Examine the role of gut health modulation, as highlighted by certain herbs, in the pathogenesis and management of psoriasis.

Such research could validate traditional Ayurvedic approaches, provide evidence-based integration into mainstream healthcare, and establish standardized treatment protocols for chronic psoriasis.

**Conclusion:-**

This case highlights the promising role of Ayurvedic medicine in the management of chronic psoriasis, a condition often resistant to conventional treatments. The patient achieved approximately 90% relief from red psoriatic patches, 50% improvement in blackish pigmentation, and better bowel regularity, leading to a marked enhancement in overall quality of life. The multi-medicinal Ayurvedic regimen appeared to address both the symptomatic and underlying systemic imbalances associated with psoriasis. By targeting immune modulation, detoxification, and skin repair through a holistic approach, Ayurveda may offer an effective and well-tolerated alternative or adjunct to modern therapies. Although the results are encouraging, larger clinical studies are essential to validate efficacy, ensure safety, and develop standardized treatment protocols for broader application.

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**RESEARCH ARTICLE**

**RAPID HEALING OF LIVER HEALTH ALONG WITH PREVENTING IT FROM  
CONVERTING INTO ACUTE TO CHRONIC LIVER DISEASE BY AYURVEDIC  
MANAGEMENT IN THE VIEWPOINT OF YAKRIT VIKARA:  
A CASE STUDY**

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**Key words:-**

Liver disorders, Yakrit vikar, Rakta dhatu, Vomiting, LFT, Liver cell harm, DIP diet.

**Abstract**

Nowadays liver disorders are being common because of unhealthy and sedentary lifestyle, stress factors, alcohol consumption etc. Eating of spicy food, oily and sour tasty food, food of hot potency or that type of lifestyle which vitiates Raktadhatu (Blood) are the main etiological factors for liver disease which termed as Yakrit vikara in Ayurveda because Yakrit is a store house of blood. Vitiating of raktadhatu causes damage to liver and vice versa. This case is regarding a male patient of 49-year-old who came to the Jeena Sikho Lifecare Limited Hospital, Kota, Rajasthan on 22/09/2023. He was having symptoms of liver disease like low appetite, vomiting, bloating etc. He had come with hematological report of LFT (Liver Function test). This report showed increased parameters of LFT like SGOT, SGPT, Bilirubin and Globulin. These parameters elevate in various health issues including liver cell harm. After doing all examination he underwent ayurvedic management along with following entire regimen and DIP (Discipline and Intelligent) diet plan. This ayurvedic management cures the disease rapidly just within 16 to 28 days of treatment.

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**Introduction:-**

Liver is a spongy organ that locates in upper right quadrant of the abdomen just beneath the rib cage. Liver disease can be defined as any state that harms the liver and prevents it from functioning healthy. Etiology may include viruses, alcohol, obesity, liver harming medicines etc. Liver actively participates in digestion, metabolism and detoxification and is more prone to injuries. Over the time, conditions that damage the liver can lead to chronic conditions like cirrhosis, cancers etc which can lead to liver failure, a life threatening condition. However early diagnosis and treatment may give the time to heal the injured liver.

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In ayurveda Yakrit vikara's can be correlated with liver disease. An extensive description of hepatobiliary disorders are found in Ayurvedic classics. The distension of abdomen (Udara vriddhi) caused by the functional derangement of liver is known as Yakrdalyudara in Ayurveda. This disease has been described in the chapter of Udara Roga in Ayurvedic classics<sup>[1]</sup>. Acharya Sushrutatermed Yakrita as Raktashaya<sup>[2]</sup>. Rakta means blood and Aashay means store house or bladder. It means that an organ which stores the blood. Also yakrit is a moolsthan (root place) of Raktavaha srotas<sup>[3,4]</sup>. It means Raktavaha Srotodushti causes dushti of its moolsthan yakrit and vice versa. Raktavaha srotodushti lakshan(Symptoms) includes Kushta (Leprosy), Pleehavidhi (Splenomegaly), Kamala (Jaundice), Vyanga (Melasma), Indralupta (Alopecia), Vidradhi (Abscess) etc<sup>[5]</sup>. In these all diseases vitiation of blood occurs. Rakta dhatu dushti causes dushti of Yakrit and again yakrit dushti causes dushti of rakta dhatu. Yakrit is also sthan (place) of Ranjak pitta<sup>[6]</sup>. So there is pitta dushti also found in Yakrit vikara.

This ongoing case is of a male patient aging 49 years who visited to hospital had complains of liver disease like nausea, vomiting, burping, vertigo, low appetite and chronic constipation since many days. Diagnostic approach of this case was included ayurvedic criteria of examination and parameters of Liver Function Test (LFT). After treatment patient get relief by all the symptoms and all elevated LFT parameters showed reversal to normal just within 16 to 28 days of ayurvedic treatment.

#### Case report:-

Current case study is of a 49-year-old male patient who had visited to the JEENA SIKHO LIFECARE LIMITED HOSPITAL, KOTA, RAJASTHAN on 22/09/2023. He was having symptoms of liver disease as given in table number 1. He had come with hematological report of LFT (Liver Function test). That report showed elevated values of LFT as shown in table no. 2.

**Table no. 1 Symptoms of patient**

Complains of	Since when
Indigestion, bloating, burping –	Since July 2023,
Vomiting, vertigo, headache–	Since August 2023
Abdomen pain –	September 2023
Chronic constipation –	Since 2 years

**Table no. 2 Investigation reports**

Particulars	Elevated values- 13/09/2023	Normal
SGOT	227.3U/L	Up to 37 U/L
SGPT	168.0 U/L	41 U/L
Globulin	3.4 gm%	2.5 to 3.0 gm%
Total Bilirubin	5.38 mg%	0.2 to 1 mg%
Direct Bilirubin	2.47 mg%	0.0 to 0.25 mg%

After observing symptoms and LFT values his general examination was done as in table no. 3. According to ayurvedic criteria his Dashavidha parikshan (10-fold examination) and Ashtavidha parikshan (8-fold examination) was also done as shown in table no 4&5 respectively for the diagnosis of disease. Then he was diagnosed as Yakrit vikara with Yakrit shotha and treatment gets started.

**Table no. 3 General examination**

Parameters	Remarks
Height	5.10 ft
Weight	80 kg
BP	130/75 mm Hg
Pulse	70/min
Appetite	Low

Table no. 4 Dashavidha parikshan

Parameters	Remarks
Prakriti (Physical constitution)	Vata Kapha
Vikriti (pathological constitution)	Vata pitta & Rakta dushti
Sara (excellence of tissues)	Mamsasara
Samhanan (body compactness)	Madhyam(average)
Praman (measurements of body parts)	Madhyam (average)
Satmya (homologation)	Madhyam(average)
Sattva (mental constitution)	Heena (Low)
Aaharshakti (capacity of ingesting, digesting & assimilating the food)	Madhyam(average)
Vyayamshakti (capacity to exercise)	Heena (Low)
Vaya (age)	Madhyam (middle age)

Table no. 5Ashtavidha Parikshan

Parameter	Remark
Nadi	Vata paittik
Mala	Baddhata (constipated)
Mutra (urine)	Ishatpecta(Normal)
Jivha (tongue)	Sama (White coating)
Shabd (pronunciation)	Spashta (clear)
Sparsh	Anushna sheeta
Drika	Prakrita
Aakriti (physique)	Prakrita

**Ayurvedic management:**

Following formulations were prescribed from day one and told to take all the medicines with lukewarm water. Similarly, he was suggested for daily regimen, DIP diet with following of Yoga asanas and pranayam.

Table no. 6 Prescribed formulations

Course number & date	Formulation	Dose and time
<b>Course 1</b> 22/09/2023	Cap. Liv DS	1 Cap BD after food (Adhobhukte with Koshna jala)
	Yakrit shothahar vati	1 Tab BD after food (Adhobhukte with Koshna jala)
	Tab. Amlapitta nashak	1 Cap BD (Pragbhukte with Koshna jala)
	Cap. Lipi	1 Cap BD (Adhobhukte with Koshna jala)
	Syrup liver tonic	7.5 ml syrup BD (Adhobhukte with samamatra Koshna jala)
<b>Course 2</b> 20/10/2023	Cap. Liv DS	1 Cap BD after food (Adhobhukte with Koshna jala)
	Yakrit shothahar vati	1 Tab BD after food (Adhobhukte with Koshna jala)
	Tab. Amlapitta nashak	1 Tab BD (Pragbhukte with Koshna jala)
	Cap. Lipi	1 Tab BD (Adhobhukte with Koshna jala)
	Syrup liver tonic	7.5 ml syrup BD (Adhobhukte with samamatraKoshna jala)

**Daily regimens (Pathya Aahar-Vihar):**

He was advised to follow daily regimens. He was also told to those things not to follow.

1. Exercise (Asana) regularly and do meditation (Pranayam) at every morning.
2. Wake up and go to bed early.
3. Whatever to eat should have after sunrise and before sunset.
4. Follow appetite time and eat whenever you feel hungry means avoid starvation to prevent acidity.
5. Eat fruits and salad daily.
6. Avoid junk food, fast food, packaged food, and dairy and bakery products.
7. Avoid day sleeping and don't wake up at night.
8. Don't have spicy, oily, hot potency and only liquid food.
9. Avoid extreme sunlight and fire exposure.

**DIP (Discipline and Intelligent) diet:** Patient was recommended to follow DIP diet plan. This diet plan is clinically proved and showed reversal in the lifestyle disorders like diabetes, hypertension, thyroid, liver diseases etc.<sup>[7]</sup>

**Fruits:** He was told to have all type of fruits especially citrus fruits including oranges, pomegranate, berries, apple etc. Amount of fruits was based on DIP diet formula as given below.

**Salad:** Salad like cucumber, tomato, beetroot, cabbage, carrot etc. was told for having before lunch and dinner as PLATE 1. There after he had to have food which includes millet diet as PLATE 2. Formula of fruits and salad along with calculated amount for this patient of weight 80kg is given below in table no. 7.

Table no. 7 showing formula for quantity of fruit and salad as per DIP diet

To have	Formula	Amount advised to patient
<b>Fruits</b>	Patient's weight in grams $\times 10 =$ fruits in grams	800 gm
<b>Salad</b>	Patient's weight in grams $\times 5 =$ salad in grams	400 gm

**Lunch and dinner:** It includes mainly millet diet. He suggested eating fresh and homemade food. Lunch and dinner should include barley or other millet roti (bread), Mudga yusha (Green gram soup), rice and all lentil and fruit vegetables. But vegetables should be prepared without spices as they have hot potency.

**Yoga Asanas and Pranayam's were to do:****Yogasana's<sup>[8]</sup>–**

Dhanurasan (Bow pose):It stretches the abdominal region and compresses the liver. So detoxification process of liver gets stimulated.Increases blood circulation and boosts digestion.

Gomukhasana (Cow face pose):This helps the liver to energize. It increases blood circulation by getting the oxygen.

**Pranayam's –**

Apan mudra(Energy mudra)<sup>[9]</sup>: provides energy to gall bladder and liver by elimination waste products and toxins.

Kapalbhati (skull shining breath)<sup>[8]</sup>: Targets overall body. It improves liver function and reduces risk of liver cirrhosis.

### Results:-

Ayurveda plays a master role in the fast and harmless revival of damaged liver. This case of a male patient was diagnosed as Yakrit shotha from the presenting features (constitutional symptoms) and investigation. The patient was assessed for improvement in hematological parameters, signs and symptoms. After just 28 days, noteworthy improvement was observed in signs and symptoms as well as all altered hematological parameters were within normal limits just after 16 days. That's why; presenting this case is an evidence to demonstrate the efficiency of Ayurvedic treatment in managing hepatic disorders quickly.

On first day of visit (22/09/2023) patient had chief complains of liver disease like indigestion, bloating, burping, vomiting, vertigo, headache, abdominal pain and chronic constipation. After starting ayurvedic treatment, in first follow up (20/10/2023) he had 85% improvement in symptoms. Then for complete getting rid of these symptoms he again underwent for 2<sup>nd</sup> course of treatment. Beyond this outstanding results of this case are that, his LFT parameters get reversed to normal just after 16 days of ayurvedic treatment. He did LFT on 13/09/2023 but he started treatment for this on 22/09/2023. After starting of treatment he again goes for LFT investigation on 08/10/2023. But to get complete relief in symptoms he continued his 2<sup>nd</sup> course of ayurvedic treatment till reversal to normal health and it took place after completing the course. Following table shows elevated LFT values on the first day treatment (22/09/2023) which was already investigated on 13/09/2023 and within normal limits LFT values after treatment i.e. on the 16<sup>th</sup> day of treatment.

**Table no. 8 LFT values (Before and After treatment)**

Particulars	Before treatment (1 <sup>st</sup> day)	After treatment (16 <sup>th</sup> day)
SGOT	227.3U/L	21 U/L
SGPT	168.0 U/L	19 U/L
Globulin	3.4 gm%	3.20 gm%
Total Bilirubin	5.38 mg%	0.75 mg%
Direct Bilirubin	2.47 mg%	0.20 mg%

End result of this case is patient get relief from all the symptoms and hematological parameters for LFT also comes within normal limits after ayurvedic management of the liver disease.

### Discussion:-

The liver is the largest organ in the body, contributing about 2 percent of the total body weight. Because the liver is an expandable organ, large quantities of blood can be stored in its blood vessels<sup>[10]</sup>. Same thing is mentioned by Acharya Sushruta that Yakrit is termed as Raktashay i.e. blood reservoir. Its normal blood volume, including both that in the hepatic veins and that in the hepatic sinuses, is about 450 milliliters, or almost 10 percent of the body's total blood volume. So any pathogenic changes in liver cells lead to pathogenic changes in blood and vice versa<sup>[10]</sup>. According to ayurvedic perspective also Raktavaha srotodushti causes dushti (vitiation) in its moolsthan (Rootplace) and vice versa. Acharya Sushruta mentioned 3 moolsthana's of raktavaha srotasa and they are Yakrit (Liver), Pleeha (Spleen) and Raktavahidhamanya (portal blood vessels)<sup>[4]</sup>. Along with rakta dhatu (blood) yakrit is a place of Ranjaka pitta. It can be correlated with bile which is a fluid that is made and released by the liver.

### रक्तवहेद्रे, तयोर्मूल्यंकृत्प्लीहानौरक्तवाहिन्यश्चधमन्यः ॥ (सु. शा. ९/१६)

This case of a male patient (49 years) who visited to the Jeena Sikho Lifecare Limited Hospital, Kota, Rajasthan on 22/09/2023 was about liver disease. He had symptoms like indigestion, bloating, burping, vomiting, vertigo, headache, abdominal pain and chronic constipation. His LFT parameters investigated on 13/09/2023 showed increased values of SGOT, SGPT, Globulin, Total and direct bilirubin. Then all examination and history had been taken on 1<sup>st</sup> day of visit. He had no any medical or family history. Also he had not alcoholic. But his unwholesome lifestyle may lead to these symptoms. His lifestyle was like addiction of milk tea, spicy and oily food which is heavy to digest. Addiction of milk tea is itself a toxin. He used to un follow eating time. These all etiological factors lead to above symptoms and changes in LFT parameters. From all the findings this case is diagnosed as liver disease with inflammation (Yakrit vikar with yakrit shoth).

**Elevated LFT parameters:**

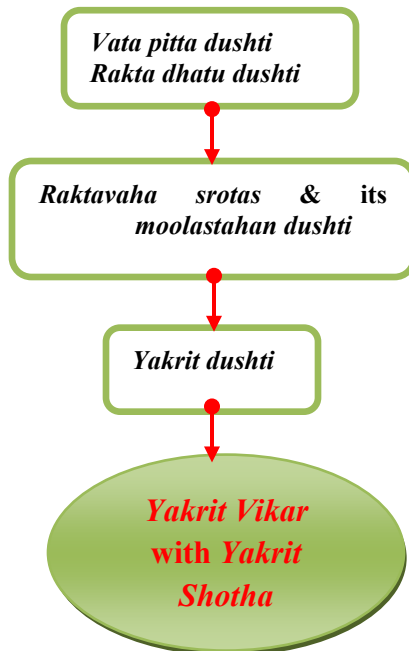
1. **SGOT:** Also named as ALT i.e. Serum alanine transaminase i. e. It is a mitochondrial enzyme present in liver, kidney and heart tissues. <sup>[11]</sup>
2. **SGPT:** Also known as AST i.e. Serum Asparate transaminase It is as Cytosolic enzyme primarily present in the liver. <sup>[11]</sup>  
 Transaminase estimations are useful in the early diagnosis of disease. Serum levels of SGOT and SGPT are increased on damage to the tissues producing them.
3. **Bilirubin:** A greenish yellow pigment of liver excreted in the bile and eliminated in the feces. This is a major end product of hemoglobin degradation. By damage to the hepatic cells (which occurs in hepatitis) the rate of bilirubin formation is normal, but the bilirubin formed cannot pass from the blood into the intestines. So bilirubin level found elevated in blood test. <sup>[10]</sup>
4. **Globulin:** Liver is a major producer of globulins, a group of proteins in the blood that are important for liver and kidney functions. These are acute phase reactant proteins. The blood levels of these plasma proteins are decreased in extensive liver damage. Globulins increase rapidly after tissue injury or inflammation. <sup>[11]</sup>

LFT parameters	Possible causes of elevation <sup>[10,11]</sup>
<b>SGOT (serum glutamic oxaloacetic transaminase)</b>	Tissue injury to liver, heart, skeletal muscle and kidney. In acute necrosis/ ischemia, myocardial infraction
<b>SGPT (Serum glutamic pyruvic transaminase)</b>	Fairly specific for liver cell injury
<b>Bilirubin</b>	In diseases of hepatocytes, obstruction to biliary excretion into the duodenum, in haemolysis, and defects of hepatic uptake and conjugation of bilirubin pigment such as in Gilbert's disease
<b>Globulin</b>	Chronic inflammatory disorders such as in cirrhosis and chronic hepatitis, renal disorders

As seen in case report patient had no any other medical history of heart disease/ kidney disease. He found symptoms of liver dysfunction like nausea, bloating, low appetite etc. in addition his hematological investigation also revealed elevation in LFT values. As mentioned in above table SGPT value increases specifically in liver cell injury. But he had no any viral infection or he was not alcoholic. So there is no possibility of Viral Hepatitis or alcoholic liver syndrome. He had not shown symptoms of jaundice. So the case was diagnosed as liver disease with inflammation of liver (Yakrit vikar with Yakrit shotha).

**Dosh–dushya included in Yakrit vikar with Yakrit shotha:**

After the detail study Dosh-dushya means pathogenic factors responsible in this case are as follows –



**Ayurvedic management:**

After all examination he opted for the Ayurvedic treatment for better cure and support. In material and method pattern of ayurvedic treatment which was suggested to the patient is given. But according to ayurveda in each disorder first step towards treatment is Nidan-parivarjan that is avoidance of etiological factors which helps to prevent newly pathogenesis of the disease [12]. So patient was told to skip his etiological factors like spicy and hot food, missing of meals, late night waking up etc. After this ayurvedic management was included DIP diet, practicing Yogasana's and Pranayam, following daily regimen along with ayurvedic medicines. DIP diet helps to reverse the disorders caused by unhealthy routine and thereby it improves overall body health. Yogasana and Pranayam were advised to increase circulation around liver and recovers liver tissues. At last oral ayurvedic medicine were suggested as given in table no. 6. Ingredient herbs, their botanical names and indications are given below:

**Cap. Liv DS**

**Ingredients:** Bhumyamalki (*Phyllanthus niruri*), Kasmard (*Cassia occidentalis*), Hinsra (*Capparis sepiaria*), Punarnava (*Boerhavia diffusa*), Guduchi (*Tinospora cordifolia*), Kakmachi (*Solanum nigrum*), Arjun (*Terminalia arjuna*), Zabuk (*Tamarix gallica*), Vidang (*Embelia ribes*), Chitrak (*Plumbago zeylanica*), Kutaki (*Picrorhiza kurrooa*), Haritaki (*Terminalia chebula*), Bhringraj (*Eclipta prostrate*)

**Indications:** Liver disease, GIT, GERD, loss of appetite

**Yakrit shothahar vati**

**Ingredients:** Punarnava (*Boerhavia diffusa*), Marich (*Piper nigrum*), Pippali (*Piper nigrum*), Vidang (*Embelia ribes*), Devdaru (*Cidrus deodara*), Kushtha (*Saussurea lappa*), Haridra (*Curcuma longa*), Chitrak (*Plumbago zeylanica*), Haritaki (*Terminalia chebula*), Bibhitaki (*Terminalia bellirica*), Aamalki (*Emblia officinalis*), Danti (*Baliospermum montanum*), Chavya (*Piper retrofractum*), Indrayava (seeds of *Holarrhena antidysenterica*), Pippali mula (root of *Piper longum*), Musta (*Cyperus rotundus*), Krushn jeerak (*Carum carvi*), Kayphal, Kutaki (*Picrorhiza kurrooa*), Trivrutta (*Operculina turpethum*), Shunthi (*Zingiber officinale*), Karkatshringi (*Pistacia integerrima*), Ajmoda (*Apium graveolens*), Mandoor bhasma

**Indications:** Liver dysfunction, spleen disease, anti-inflammatory, renal dysfunction, jaundice, liver failure, diuretic, oedema, anemia

**Tab. Amlapitta nashak:**

**Ingredients:** Yashtimadhu (*Glycerriza glabra*), Pudina (Mint leaves), Hingu (*ferula asfoetida*), Chitrak (*Plumbago zeylanica*), Jeerak (*Cuminum cyminum*), Vidang (*Embelia ribes*), Ajmoda (*Apium graveolens*), Marich (*Piper nigrum*), Pippali (*Piper longum*), Shunthi (*Zingiber officinale*), Aamalki (*Emblia officinalis*), Bibhitaki (*Terminalia bellirica*), Haritaki (*Terminalia chebula*), Shankh bhasma

**Bhavna dravyas -** Yashtimadhu (*Glycerriza glabra*), Vidang (*Embelia ribes*), Marich (*Piper nigrum*), Shunthi (*Zinziber officinale*), Lavang (*Syzygium aromaticum*)

**Indications:** Indigestion, acidity, abdominal discomfort, nausea, vomiting

**Syrup Liver tonic:**

**Ingredients:** Rakta Punarnava (*Boerhaavia diffusa*), Shweta Punarnava (*Boerhaavia erecta*), Bala (*Sida cordifolia*), Atibala (*Abutilon indicum*), Patha (*Cissampelos pareira*), Guduchi (*Tinospora cordifolia*), Kakoli (*Roscoea purpurea*), Chitrak (*Plumbago zeylanica*), Vasa (*Adathoda vasica*), Musta (*Cyperus rotundus*), Ajmoda (*Apium graveolens*), Shunthi (*Zingiber officinale*), Maricha (*Piper nigrum*), Lavang (*Syzygium aromaticum*), Methika (*Trigonella foenum-graecum*), Shweta Jeerak (*Cuminum cyminum*), Rohitak (*Tecoma undulate*), Twaka (*Cinnamomum zeylanicum*), Patra (*Cinnamomum tamala*), Laghu Ela (*Elettaria cardamomum*), Bruhat Ela (*Amomum subulatum*), Jatiphala (*Myristica fragrans*), Nagkehsar (*Mesua ferrea*), Kankol (*Piper cubeba*), Yashtimadhu (*Glycerrhiza glabra*), Moha (*Madhuka indica*)

**Indications:** Liver disease, GERD, GIT, loss of appetite, hepatomegaly, hepatitis

**Capsule Lipi**

**Ingredients:** Arjun (*Terminalia arjuna*), Guggulu (*Commiphora mukul*), Resin(*Shorea robusta*), Haridra (*Curcuma longa*), Bhumyamalki, Bibhitaki (*Terminalia bellirica*), Haritaki (*Terminalia chebula*), Aamalki (*Emblia officinalis*), Guduchi (*Tinospora cordifolia*), Shunthi (*Zingiber officinalis*), Maricha (*Piper nigrum*), Pippali (*Piper longum*), Yashtimadhu (*Glycerriza glabra*), Punarnava (*Boerhaavia diffusa*), Jatamansi(*Nordostachys jatamansi*), Rasona (*Allium sativum*), Akik pisthi, Mukta pishti, Abhrak bhasma, Shankha bhasma

**Indications:** Dyslipidemia, CAD, Lipoma, cyst, PCOD

All above formulations were advised to take with lukewarm water. Doses and time of medicine were mentioned in table no. 6. These combinations were preferred by keeping dosh-duhsyaghatak (Pathogenic factors) parameters in the mind. They perform following functions to reverse the liver disease. and L

- 1) **Deepan and Pachana** (appetizer and which boosts digestion): these herbs increase the appetite which lowers in liver disease. Because liver plays a key role in digestion and metabolism which get disturbed after liver tissue injury. For e.g. Jeeraka, Chitrak, Shunthi, Rasona, Maricha, Pippali, Hingu, Shankha bhasama etc.
- 2) **Raktashodhana** (Blood purifier): it pacifies the vitiation of Rakta dhatu. As rakta dhatu dushti diminishes its aashay (Store house) i.e. liver improves. Also it helps to pacify raktavaha srotodushti. For e.g. Guduchi, Manjishta, Sariva, Vidang, Jatamansi, Musta, Vasa, etc
- 3) **Vata dosha pacifying herbs:** regulation of vata dosha is needed as there is no any system or channel in the body which works without prakrit vata dosha. As raktavaha srotas is also a channel so it need prakrit vata dosha for its regulation. Acharya Sharangdhara mentioned that without interference of Vata dosha, Kapha and Pitta dosha along with Mala (Urine and stool) and Dhatu (Blood, fat, adipose tissue, bone etc.) are pangu that means handicapped incapable in doing self functions). He compared this with example of wind and rain in the nature. Where wind takes away to the rain, at that place it rains.<sup>[13]</sup>

“पित्तपंगुकफः पंगुपंगवोमलधातवः।

वायुनायत्रनियन्तेतत्रगच्छन्तिमेघवत्॥ “शा. पू.

These herbs and their formulations also cure constipation due to their Anuloman property.

For e.g. Cap Amlapittanashaka, Haritaki, Methika, Jeerak, Kutaki etc

#### 4) Rasayana karma:

drugs which act as liver tonic. They help to improve liver health, boosts immunity and thereby prevents converting of liver disease from acute to chronic condition. For eg. Syrup liver tonic from above medicines includes Yashtimadhu, Patha, Maticha, Bala, Jeerak, Guduchi, Ela etc

#### Need for further study:-

Vast study with same cases is necessary to collect verified data. It will be beneficial to all for successful liver disease treatment without causing adverse effects. Also clinical trials in chronic condition of liver diseases with ayurvedic intervention are needed to avoid liver transplant procedure for them who are not capable to afford that treatment and who are not able to undergo operative procedure.

#### Conclusion:-

This case presentation demonstrates that early detection of liver disease and prompt Ayurvedic management can restore liver function effectively, as evidenced by both clinical and biochemical improvements. Objective liver function tests revealed a remarkable recovery within 16 days: SGOT decreased from 227.3 U/L to 21 U/L, SGPT from 168.0 U/L to 19 U/L, Total Bilirubin from 5.38 mg% to 0.75 mg%, Direct Bilirubin from 2.47 mg% to 0.20 mg%, while Globulin levels remained stable (3.4 gm% to 3.20 gm%).

Alongside these biochemical changes, the patient **experienced nearly 85% symptomatic relief**—with significant reduction in indigestion, bloating, burping, vomiting, vertigo, headache, abdominal pain, and chronic constipation within the first follow-up. This underscores that Ayurvedic treatment not only normalizes pathological parameters but also ensures holistic well-being.

The study further emphasizes that for sustained hepatoprotection, medication should be supported by adherence to daily regimen and lifestyle modifications. Negligence in these aspects may allow acute conditions to progress into chronic liver disease with serious complications. Therapeutic formulations designed with Deepan, Pachan, Anulomak, Rakta Shodhan, and Rasayan Karma proved to be rapid, safe, and highly effective in reversing liver dysfunction and enhancing overall health.

**Investigation report:**

**Report 1:** Before treatment

**Report 2:** After treatment

**Report 1: Before treatment**

**Gastrocare Diagnostic Centre**  
71, Shastri Nagar, Near Alfreha College, Kots  
Ph: 8003062000

by Dr. [Redacted]      GASTROCARE HOSPITAL (I)      Date: 13/07/2023  
Age: 40 Yrs      Reg. No: 719

### HEMATOLOGY EXAMINATION

PARTICULARS	RESULT	NORMAL VALUE
Prothrombin Time	15.3 Sec.	22 Sec. of Control
Test	13.0 Sec.	(Control 11 - 16 Sec.)
Control		
INR	1.21	

### BIO-CHEMISTRY EXAMINATION

PARTICULARS	RESULT	NORMAL VALUE
Alkaline Phase	204.8 U/l	Male < 270.0 U/l, Female < 240 U/l
SGOT	227.3 U/l	Upto 37 U/l
SGPT	168.0 U/l	Upto 41 U/l
Total Protein	7.2 gm%	6.0 - 7.5 gm%
Albumin	3.8 gm%	3.5 - 5.0 gm%
Globulin	3.4 gm%	2.5 - 3.0 gm%
A/G Ratio	1.11:1	1.5 : 1 - 3 : 1
Bilirubin		0.2 - 1.0 mg%
Total	5.38 mg%	0.0 - 0.25 mg%
Direct	2.47 mg%	

[Signature]

**PATHOLOGIST / TECHN**

... of sensitivity and specificity of individual assay procedures. Isolated laboratory ... and other related investigations

**CS** CamScanner


Report 2: After treatment

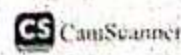
**Radha Krishna Critical Care & General Hospital**  
 1-C-12, Sheela Choudhary Road, Talwandi, Kota -324008 (Ra.)  
 Ph. : 0744-2433800, Mob.: 80786-10317

Name: \_\_\_\_\_ Date: 08/10/2023  
 Ref. by Dr: \_\_\_\_\_ Reg. No: 1571  
 Age: 47 Yrs

**BIO-CHEMISTRY EXAMINATION**

PARTICULARS	RESULT	NORMAL VALUE
Total Cholesterol	200.0 mg%	130 - 250 mg%
HDL Cholesterol	48.0 mg%	35-65 mg%
LDL Cholesterol	134.0 mg%	Upto 150 mg%
VLDL Cholesterol	18.0 mg%	Upto 80 mg%
Triglycerides	50.0 mg%	30 - 150 mg%
Alkaline Phase	90.0 U/L	Adult 53 - 128U/L , Child(1-12yr) 54-369U/L
SGOT	21.0 U/L	Upto 37 U/L
SGPT	19.0 U/L	Upto 41 U/L
Total Protein	7.00 mg%	6.0 - 8.3 mg%
Albumin	3.80 mg%	3.5 - 5.0 mg%
Globulin	3.20 mg%	2.5 - 3.4 mg%
A/G Ratio	1.18:1	1.5 : 1 - 3 : 1
S Bilirubin		
Total	0.75 mg%	0.2 - 1.2 mg%
Direct	0.20 mg%	0.0 - 0.25 mg%
Indirect	0.55 mg%	0.25 - 0.75 mg%

PATHOLOGIST / TECHNOLOGIST  




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