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Ayurvedic Treatment Protocol Approach in the Management of Prameha: A Case Study

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ABSTRACT

Prameha is described in Ayurveda as a disorder involving derangement of Kapha, increased Kleda, and vitiation of Medo Dhatu. This case study documents the management of a 48-year-old male patient diagnosed with Prameha (Madhumeha), who presented with frequent urination, especially at night, excessive thirst, and a four-year history of weight loss. Baseline investigations showed HbA1c 14.50% and random blood sugar (RBS) 212 mg/dL. The treatment protocol included Mamejva Ghanvati, Brahmi-Shankhapushpi-Yashtimadhu churna, Chandraprabha Vati, and Phalatrikadi Kwatha. The available follow-up data recorded RBS 178 mg/dL at 15 days, fasting blood sugar 78 mg/dL at 45 days, and HbA1c 6.8% at three months (as supplied for this draft). Symptoms were reported to improve. As this is a single case, the observations do not establish treatment efficacy or causation; the follow-up value should be verified against the original laboratory report.

Keywords: Prameha, Madhumeha, Ayurveda, HbA1c, case study

1. INTRODUCTION

Prameha is described in classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. It is associated with abnormalities of the Mutravaha Srotas, deranged Kapha, increased Kleda, and vitiation of Medo Dhatu. Madhumeha is commonly discussed in relation to diabetes mellitus because of similarities in clinical presentation.

Diabetes mellitus is a growing public-health concern, with lifestyle disturbances, sedentary habits, and dietary factors contributing to its development and progression. Ayurveda describes a holistic approach that may include Aushadhi, Ahara, Vihara, and Shodhana when indicated. This case report presents the recorded clinical course and laboratory findings of one patient receiving an Ayurvedic treatment protocol.

2. PATIENT INFORMATION

Age: 48 years

Gender: Male

Clinical setting: Naipunya OPD, Government Ayurveda Hospital, Junagadh

Occupation: Not mentioned in the supplied presentation

Address: Not mentioned in the supplied presentation

Socioeconomic status: Not mentioned in the supplied presentation

Chief Complaints

Frequent urination, especially at night

Excessive thirst

Weight loss with a four-year history

Past, Family and Personal History

Past medical history, family history, diet, sleep, bowel habits, and other personal-history details were not provided in the supplied PPT and should be added only after confirmation from the patient's case record.

3. CLINICAL FINDINGS

The clinical symptoms recorded in the presentation were frequent urination, excessive thirst, and weight loss. The presentation reports that polyuria reduced, thirst decreased, weight loss stabilized, and energy levels improved during follow-up. Detailed general and systemic examination findings were not included in the PPT.

4. DASHAVIDHA PARIKSHA

The supplied PPT does not contain Dashavidha Pariksha findings. These details must be filled from the original case sheet; they have not been assumed or fabricated.

Prakriti: Vata-Kaphaja

Vikriti: Rasa, Rakta, Meda dushti

Sara: Madhyama

Samhanana: Madhyama

Pramana: Madhyama

Satmya: Madhyama

Satva: Madhyama

Ahara Shakti: Madhyama

Vyayama Shakti / Vihara Shakti: Madhyama

Vaya: 48 years (as recorded)

5. ASHTAVIDHA PARIKSHA

The supplied PPT does not report Ashtavidha Pariksha findings. Enter the findings from the patient's examination record.

Vata-Kaphaja Mutra: 3–4 times/day Mala: Once/day Jihva: Prakruta Shabda: Normal Sparsha: Anushna Sheeta

- **Nadi:** Kaphaja
- **Mutra:** 3–4 times/day
- **Mala:** Once/day
- **Jihva:** Prakruta
- **Shabda:** Normal
- **Sparsha:** Anushna Sheeta
- **Drik:** Normal
- **Akruti:** Madhyama

6. DIAGNOSTIC ASSESSMENT

The diagnosis was recorded as Prameha (Madhumeha), based on the clinical features and laboratory parameters.

Investigation	Baseline value
HbA1c	14.50%
Random Blood Sugar (RBS)	212 mg/dL

7. THERAPEUTIC INTERVENTION

The presentation lists the following medicines as administered initially for 15 days:

Medicine	Dose as reported	Traditional rationale stated in PPT
Mamejva Ghanvati	2 BD	Tikta-Katu Rasa; Kleda-Shoshaka; Kapha-Pitta Shamaka
Brahmi Churna + Shankhapushpi Churna + Yashtimadhu Churna	1 g each, BD	Medhya Rasayana combination; described as supporting stress management
Chandraprabha Vati	2 BD	Traditionally used for Mutravaha Srotas disorders; Kapha-Meda hara
Phalatrikadi Kwatha	20 mL OD	Traditionally indicated in Prameha; described as supporting liver metabolism and digestion

The PPT does not specify changes to the regimen after the initial 15 days. BD and OD are retained as recorded in the source.

8. OBSERVATIONS AND RESULTS

The following table presents values available in the PPT, with the three-month HbA1c value of 6.8% added as supplied for this draft. Verify this value and date against the original laboratory report before submission.

Parameter	Baseline	15 days	45 days	3 months
RBS	212 mg/dL	178 mg/dL	Not reported	Not reported
Fasting Blood Sugar	Not reported	Not reported	78 mg/dL	Not reported
HbA1c	14.50%	Not reported	Not reported	6.8%

Symptomatic Response

Polyuria: marked reduction, as reported

Excessive thirst: reduced, as reported

Weight loss: stabilized, as reported

Energy levels: improved, as reported

No adverse effects were reported in the presentation

9. DISCUSSION

In the Ayurvedic framework described in the presentation, Prameha is associated with Kapha predominance, increased Kleda, Medo Dhatu Dushti, and impaired Agni. The protocol combined formulations traditionally described as relevant to Prameha and Mutravaha Srotas disorders. These traditional rationales should not be interpreted as proof of a specific pharmacological mechanism in this individual case.

The recorded RBS changed from 212 mg/dL at baseline to 178 mg/dL at 15 days. Fasting blood sugar was recorded as 78 mg/dL at 45 days. HbA1c was recorded as 14.50% at baseline and 6.8% at three months, as supplied for this draft. Because this is a single case and complete information about concomitant treatment, diet, physical activity, adherence, repeat testing, and adverse-event monitoring is unavailable, the improvement cannot be attributed to the Ayurvedic protocol alone. These findings should be interpreted with the patient's full clinical record and standard diabetes care.

10. CONCLUSION

This case report documents reported symptomatic improvement and improved glycemic measurements over follow-up in a patient diagnosed with Prameha (Madhumeha) who received the described Ayurvedic treatment protocol. The reported HbA1c changed from 14.50% at baseline to 6.8% at three months. As a single case, these observations are descriptive and do not establish efficacy or safety. Further systematic studies with verified laboratory records and appropriate monitoring are needed.

11. LIMITATIONS

Single-patient case study; findings cannot be generalized.

Dashavidha and Ashtavidha Pariksha details and several patient-history fields were absent from the supplied PPT.

Complete details of diet, exercise, adherence, concomitant medicines, and other diabetes care were not provided.

The three-month HbA1c value should be checked against the original laboratory report and documented with its test date.

REFERENCES

Charaka Samhita. Chikitsa Sthana: Prameha Chikitsa. Add edition and publication details of the text consulted.

Sushruta Samhita. Uttara Tantra. Add edition and publication details of the text consulted.

Ashtanga Hridaya. Nidana Sthana and Chikitsa Sthana. Add edition and publication details of the text consulted.

Bhavaprakasha. Sections describing Madhumeha and Prameha. Add edition and publication details of the text consulted.

World Health Organization. Diabetes: relevant report or fact sheet. Add exact title, year, and access details.

Davidson's Principles and Practice of Medicine. Chapter on diabetes mellitus. Add edition, publisher, and year.

Research articles on Mamejva, Brahmi, Shankhapushpi, Chandraprabha Vati, and Phalatrikadi Kwatha should be cited individually after identifying and reviewing the exact articles.