

# Ayurvedic Management of Avaranajanya Madhumeha with Multisystem Symptoms: A Case Report

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**Abstract:** *Background: Madhumeha, described in Ayurveda, resembles Type II Diabetes Mellitus and arises primarily due to Vata vitiation. Among its subtypes, Avaranajanya Madhumeha occurs when Vata is obstructed by aggravated Kapha, Pitta, Meda, and Mamsa dhatus, leading to fluctuating systemic symptoms and progressive metabolic imbalance.*

*Case Presentation: A 65-year-old male presented with polyuria, burning sensations, constipation, lower back pain, swelling of legs, and anxiety for six years, with a known history of Type II Diabetes and HbA1c of 9.8%. General and Ashtavidh Parikshan findings indicated Pittaj Nadi, Sthula body constitution, and Meda-Pitta involvement.*

*Management: The patient received Shamana therapy (Arogyawardhini Vati, Shankha Vati, Sutshekhar Rasa, Suntha + Shatavari Churna, Haritaki Churna) for three months, along with Katibasti using Mahanarayan Taila for seven days.*

*Outcome: After treatment, the patient showed marked improvement in clinical symptoms, and HbA1c decreased to 5.9%, without adverse effects.*

*Conclusion: Individualised Ayurvedic therapy targeting Vata obstruction and dhatu imbalances can effectively manage Avaranajanya Madhumeha..*

**Keywords:** Avaranajanya Madhumeha, Vata obstruction, Shamana therapy, Panchakarma, HbA1c

## I. INTRODUCTION

Diabetes mellitus is a chronic metabolic disorder characterised by hyperglycemia due to insulin resistance, impaired insulin secretion, or both.<sup>[1]</sup> Among its various forms, Type II Diabetes Mellitus (T2DM) is the most prevalent and is associated with serious complications such as cardiovascular disease, neuropathy, nephropathy, and retinopathy. The rising prevalence of T2DM worldwide, including India, underscores the need for effective management strategies that address both symptoms and underlying etiopathology.<sup>[2]</sup>

In Ayurveda, the condition resembling T2DM is recognised as Madhumeha, which arises primarily due to the vitiation of Vata dosha. Madhumeha is classified into two major types based on its pathogenesis: Dhatukshayajanya, caused by tissue depletion, and Avaranajanya, caused by the obstruction of Vata by other aggravated doshas and dhatus.<sup>[3][4]</sup> In Avaranajanya Madhumeha, obstruction by Kapha, Pitta, Meda, and Mamsa dhatus impedes the normal flow of Vata, leading to fluctuating symptoms and alternate phases of doshic aggravation and depletion.<sup>[5]</sup> This obstruction-based pathology often manifests as polyuria, polydipsia, polyphagia, and other systemic disturbances, paralleling the clinical features of T2DM.

While modern medicine primarily focuses on glycemic control, Ayurveda emphasises identifying samprapti ghatakas—the causative and pathological factors, enabling personalised therapeutic interventions. Understanding the nature of Vata obstruction and the role of aggravated dhatus is essential for tailoring treatments such as Shamana therapy and Panchakarma, aimed at restoring doshic balance and improving metabolic function.



This case study presents the management of a 65-year-old male patient diagnosed with Avaranajanya Madhumeha and long-standing Type II Diabetes, demonstrating how an integrative Ayurvedic approach can result in significant symptomatic improvement and glycemic control.

### CASE REPORT

A 65-year-old male presented to the outpatient department with complaints of increased frequency of urination, along with itching and burning sensation in the anus, chest pain, epigastric burning, nausea, lower back pain, constipation with hard stools, swelling in the legs, abdominal pain in the left hypochondriac region, anxiety, and palpitations, persisting over the past six years. The patient had a known history of Type II Diabetes Mellitus for 4–5 years, with a baseline HbA1c of 9.8%, indicating poor glycemic control.

General Examination revealed:

**Table 1: General Examination**

Parameter	Findings
Weight	70 kg
Built	Obese
Blood Pressure (BP)	140/80 mmHg
Pulse Rate	80/min
Respiratory Rate	22/min
Temperature	Afebrile
Koshtha (bowel)	Madhyama

Ashtavidh Parikshan findings were as follows:

**Table 2: Ashtavidh Parikshan**

Parameter	Findings
Nadi (Pulse)	Pittaj
Mala (Stool)	Prakrit
Mutra (Urine)	Prakrit
Jivha (Tongue)	Nirama
Shabda (Speech)	Prakrit
Sparsha (Touch/Skin)	Anushnasheeta
Drika (Eyes)	Prakrit
Akriti (Body Constitution)	Sthula

Based on the clinical presentation and Ayurvedic assessment, the patient was diagnosed with Avaranajanya Madhumeha, characterised by Vata obstruction by aggravated Kapha, Pitta, Meda, and dhatus, leading to fluctuating systemic symptoms and impaired metabolic function.

### Treatment Plan

The patient was managed with a combination of Shamana therapy and Panchakarma, aimed at restoring doshic balance, improving metabolism, and reducing hyperglycemia.

Oral Ayurvedic medications prescribed for 3 months included:

**Table 3: Treatment Plan**

Sr. No.	Drug/Preparation	Type	Dosage	Duration
1	Arogyawardhini Vati	Tablet	1 BD	3 months
2	Shankha Vati	Tablet	2 TDS	3 months
3	Sutshekhara Rasa	Tablet	1 BD	3 months
4	Suntha Churna + Shatavari Churna	Churna	5 gm OD	3 months
5	Haritaki Churna	Churna	As directed	3 months



**Panchakarma intervention:** Katibasti with Mahanarayan Taila was administered for 7 consecutive days, focusing on relieving Vata obstruction in the lumbar and abdominal regions and improving systemic metabolism.

## II. RESULT

After three months of Ayurvedic treatment, the patient showed marked improvement in clinical symptoms, including decreased urination frequency, relief from burning sensations, improved digestion, reduction in swelling of legs, and better overall well-being. Laboratory evaluation demonstrated a reduction in HbA1c from 9.8% to 5.9%, indicating significant improvement in glycemic control. No adverse effects were reported during the treatment period.

## III. DISCUSSION

The present case of a 65-year-old male illustrates the classical presentation of Avaranajanya Madhumeha, where Vata dosha becomes obstructed by other aggravated doshas and dhatus. The patient's history of Type II Diabetes for 4–5 years, along with complaints of increased urination, burning sensations, constipation, swelling in legs, and lower back pain, reflects the systemic manifestations of Vata obstruction by Kapha, Pitta, Meda, and Mamsa.

In this patient, the vitiation of Vata likely resulted from chronic exposure to nidanas described by Charaka, including sedentary lifestyle, improper diet (guru, snigdha, lavana).<sup>[6]</sup> This led to srotorodha (channel obstruction) and impaired Vata movement, as evidenced by his fluctuating symptoms of polyuria, epigastric burning, constipation, and musculoskeletal heaviness, all classical features of Avaranajanya Madhumeha.

The clinical examination supports the Ayurvedic diagnosis:

Nadi – Pittaj suggests involvement of Pitta due to obstruction

Akriti – Sthula indicates Meda dhatu vriddhi

Mala, Mutra, Jivha, Sparsha, Drika findings reflect imbalances in the Rasa and Meda dhatus

The waxing and waning nature of his symptoms aligns with Charaka's description of alternating vriddhi and kshaya of doshas in obstruction-based Madhumeha

The therapeutic interventions were selected to target the specific pathogenesis observed in this patient:

### **Shamana therapy:**

Arogyawardhini Vati and Shankha Vati were prescribed to pacify Kapha and Pitta, remove Meda and Kleda, and restore Agni<sup>[7][8]</sup>

Sutshekhar Rasa corrected Pitta imbalance and promoted proper dhatu formation<sup>[9]</sup>

Suntha and Shatavari Churna improved digestion, reduced burning sensations, and nourished Ojas<sup>[10][11]</sup>

Haritaki Churna promoted Strotoshodhana and reduced Meda accumulation, and vatanulomana, addressing obesity-related features observed in the patient<sup>[12]</sup>

Panchakarma – Katibasti with Mahanarayana Taila:

Local application of warm oil as katibasti directly addressed the vitiated Vata in the lumbar region, reducing stiffness, lower back pain, and systemic Vata obstruction<sup>[13]</sup>

The nourishing herbs in Mahanarayana Taila strengthened musculoskeletal structures and relieved pain.<sup>[14]</sup>

Following three months of treatment, the patient demonstrated significant symptomatic improvement, including relief from polyuria, burning sensations, constipation, and musculoskeletal discomfort. Laboratory evaluation showed a reduction in HbA1c from 9.8% to 5.9%, highlighting the effectiveness of an Ayurvedic approach tailored to the patient's dosha and dhatu imbalances.

This case emphasises that Avaranajanya Madhumeha requires an individualised treatment strategy, addressing both obstruction of Vata and ojas derangements. The combination of dosha-specific Shamana therapy and localised Panchakarma not only relieved clinical symptoms but also restored metabolic and systemic balance, demonstrating the relevance of classical Ayurvedic principles in contemporary clinical practice.



#### IV. CONCLUSION

This case demonstrates that Avaranajanya Madhumeha, resulting from Vata obstruction by aggravated doshas and dhatus, can be effectively managed with individualised Shamana therapy and Panchakarma, leading to symptomatic relief and improved metabolic balance. The patient's clinical improvement and reduction in HbA1c highlight the practical applicability of classical Ayurvedic principles in modern metabolic disorders.

#### REFERENCES

- [1]. Goyal R, Singhal M, Jialal I. Type 2 Diabetes. [Updated 2023 Jun 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513253/>
- [2]. Zheng Y, Ley SH, Hu FB. Global aetiology and epidemiology of type 2 diabetes mellitus and its complications. *Nat Rev Endocrinol.* 2018 Feb;14(2):88-98.
- [3]. Vaidya L, Ashtangaa Samgraha, Volume 2, Sarvangasundari Hindi Commentry, Baidyanath Ayurved Bhawan pvt ltd, Nidan Sthana adhyaya 10, verse no. 13, page no. 432
- [4]. Vaidya L, Ashtangaa Samgraha, Volume 2, Sarvangasundari Hindi Commentry, Baidyanath Ayurved Bhawan pvt ltd, Nagpur, first edition 1989, Nidan Sthana adhyaya 10, verse no. 13, page no. 432
- [5]. Tripathi B, Acharya Charaka Samhita, Volume 1, Acharya Charaka Chandrika Hindi Commentry, Chaukhamba Surbharti Prakashan, Varanasi, reprint 2019, Sutra Sthana adhyaya 17, verse no. 79-81 , page no 355
- [6]. Tripathi B, Acharya Charaka Samhita, Volume 1, Acharya Charaka Chandrika Hindi Commentry, Chaukhamba Surbharti Prakashan, Varanasi, reprint 2019, Sutra Sthana adhyaya 17, verse no. 78-9 , page no 355
- [7]. Kotadiya, Ruhi. (2019). A THEORITICAL REVIEW ON AROGYAVARDHINI VATI. 7. 2019-2025.
- [8]. Mane, Santosh & Gajarmal, Amit. (2019). UPDATED INFO ON SHANKHA VATI W.S.R. TO THE TURANGARATNAMALA (A TEXT ON TREATMENT OF HORSE).
- [9]. Sharma, Karunanidhi & Kumar, Sanjay & Paul, Vd & Swami, Kanchan & Rajput, Dhirajsingh. (2019). Critical Review Of Sootashekhara Rasa.
- [10]. Ozkur M, Benlier N, Takan I, et al. Ginger for Healthy Ageing: A Systematic Review on Current Evidence of Its Antioxidant, Anti-Inflammatory, and Anticancer Properties. *Oxid Med Cell Longev.* 2022;2022:4748447. Published 2022 May 9. doi:10.1155/2022/4748447
- [11]. Alok S, Jain SK, Verma A, Kumar M, Mahor A, Sabharwal M. Plant profile, phytochemistry and pharmacology of *Asparagus racemosus* (Shatavari): A review. *Asian Pac J Trop Dis.* 2013;3(3):242-251. doi:10.1016/S2222-1808(13)60049-3
- [12]. Shilky Patel, Trupti Jain, Charu Bansal, Nitin Marwaha, Critical review on Haritaki w.s.r. to Sthaulya (Obesity). *J Ayu Int Med Sci.* 2022;7(1):187-190. Available From <https://jaims.in/jaims/article/view/1656>
- [13]. Bhatta M, Patil SS, Yadav SS, Somanadhapai S, Thapa R. Effects of yoga and add on Ayurvedic Kati Basti therapy for patients with chronic low back pain: A randomized controlled trial. *J Ayurveda Integr Med.* 2024;15(4):101030. doi:10.1016/j.jaim.2024.101030
- [14]. Paralkar, Sumedh & Patil, R. (2022). FORMULATION AND EVALUATION OF MAHANARAYANA OIL FOR PAIN RELIEF AND MUSCLE TONE. 10.36673/AJRCPS.2021.v09.i01.A02.

