

Management Of Madhumeha (Type 2 Diabetes Mellitus) With Nisha Aamlaki Churna And Chankraman Therapy: A Single Case Study

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Abstract

Background: Madhumeha, comes under one of the main eight diseases of nidana sthana described by the acharya charaka as a subtype of vataja prameha. It can be clinically compared to type 2 diabetes mellitus (t2dm). Management in ayurveda includes ahara (diet), vihara (lifestyle), and aushadha (medication). Nisha aamlaki churna and chankraman therapy depicts anti-hyperglycemic, antioxidant, immunomodulatory and stress-relieving properties.

Case Presentation: A 47-year-old overweight male with newly diagnosed t2dm presented with elevated glyceimic parameters (fbs: 149 mg/dl & ppbs: 240mg/dl) and classical symptoms of madhumeha.

Intervention: The patient was given a 10-week treatment regimen starting from september 25, 2025, including oral administration of nisha aamlaki churna and daily chankraman (6 km walk) along with pathya -apathya.

Results: Post-intervention, the patient showed improvements. Fbs decreased to 100 mg/dl, ppbs reduced to 145mg/dl, reduction in subjective parameters of madhumeha also.

Conclusion: The combined use of nisha aamlaki churna and chankraman therapy may be beneficial in management of madhumeha. Although this is a single case study, further controlled clinical studies are required to confirm its efficacy and generalizability.

Keywords: Madhumeha, Nisha Aamlaki Churna, Chankraman, Type 2 Diabetes Mellitus.

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INTRODUCTION

Prameha is a *Tridoshaja* diseases in which *Madhumeha* is a most occurring subtype of *Vataja Prameha*, which involves the vitiation of all three *Doshas*, with *Vata* playing a critical role in diseases pathogenesis¹. Its clinical symptoms presentation closely shows as same as that of type 2 Diabetes Mellitus (T2DM), featured by chronic hyperglycemia due to insulin resistance and impaired insulin secretion. Diabetes mellitus is a disease that affects body's ability to produce or use the hormone insulin². Chronic metabolic disorder and fast-growing global problem with huge health and economic consequences. Characterized by prolonged elevated blood sugar levels which further expose a person to cardio-vascular disease, kidney failure, leg amputation, vision loss and nerve damage³. Leading ailment due to

sedentary lifestyle, lack of physical activity, faulty dietary habits, stress and obesity. Diabetes is classified as Type 1 and Type 2 diabetes. Type 1 diabetes - autoimmune destruction of beta cells and absolute insulin deficiency⁴.

New National estimates for diabetes and other NCD's: Our study estimates that in 2021, in India there are 101 million people with diabetes and 136 million people with prediabetes, 315 million people had high blood pressure, 254 million had generalized obesity, and 351 million had abdominal obesity⁵.

Ayurvedic *Samshamana Chikitsa* approach targets the disruption of *Dosha-Dushya* pathogenesis through dietary regulation, lifestyle modification, and herbal or herbo-mineral therapy. *Nisha Aamlaki Churna* is mixture of same quantity of *Haridra* (*Curcuma longa*)

Management of Madhumeha (Type 2 Diabetes Mellitus) with Nisha Aamlaki Churna and Chankraman Therapy: A Single Case Study

and *Aamlaki* (*Embllica officinalis*), balances *Doshas* and exhibits antioxidant and antidiabetic properties⁶.

Acharya Susurata explains that a walk that does not produce any type of pain or uneasiness in body known as *Chankramana*. It also upsurges *Ayu, Bala, Medha, Agni* of body and helps *Indriya* to work efficiently⁷.

CASE PRESENTATION

A 47-year-old overweight male presented with complaints of *Prabhuta Aavila Mutrarta, Angamarda-, Madhuryamasyata, Karapadadaha, Pipasadhikya-, Alasya, Sheeta Priyata* for more than 2 years, and other associated complaints of *Swedaadhikaya, Kesha Nakha-Vridhi, Vistragandhi Shithilangata, Gurugatrata and Kshudha Vriddhi* came at the OPD of *Kayachikitsa* in-BKNGAC & H, Narnaul, on September 25, 2025. On taking history of the patient, he is non-vegetarian and used to eat an extra greasy and fatty diet, as well as a tendency of eating junk food and day sleep habit from many years. Micturition occurs 8-12 times throughout the day and 3-4 times at night. Patient's bowel habits are not satisfactory, with slight constipation. He had been diagnosed with Type 2 diabetes mellitus 8 months ago. He worked in office with sitting job of 7-8 hours per day. In terms of addiction, he is a habitual smoker with 1-2 cigarettes per day along with consumption of 4-5 cup of tea in daily routine. On asking about his food pattern consumption of *Lavana Rasa* and *Katu Rasa, Guru, Sheeta Snighdha Aahara*, curd, milk, jaggery products, wheat flour, freshly harvested grains, pulses, ghee, butter was found as causative factors for *Prameha*.

He was not taking any kind of Medication, but he was consistently having his blood sugar levels checked. His mother has diabetes, according to his family history¹.

Respiratory, digestive, circulatory and locomotor systems all are examined with inspection and no anomalies found. His blood tests on September 25, 2025, showed fasting blood sugar level was 149 mg/dl (normal range: 70-120 mg/dl), and his postprandial² blood sugar level was 240 mg/dl (normal range: 70-140 mg/dl). Based on the patient's subjective parameters and³ objective parameters *Madhumeha* was identified as the disease (Diabetes mellitus type-2). He was advised by a modern doctor to take metformin 500 mg per day for the above-mentioned complaints and investigation findings, but he preferred to try Ayurvedic remedies and visited the hospital.

Past History

Patient is not having history of any chronic illness like HTN and Thyroid disorders. No surgery was done prior with some emergency surgical procedure.

On Examination

General examination

Height: 5.8"
Weight: 83 kgs (BMI 27.8 Kg/m²)
Pallor: No
Icterus: No
Cyanosis: No
Clubbing: No
Edema: No
Lymphadenopathy: No
Gait: NAD (No abnormality detected)

Vital signs:

Temp. 98.60 F
Pulse-78/min
Respiratory rate-20 cycles/min
Blood pressure-130/84 mm of Hg

Pariksha:

Prakriti -Pitta Kapaja
Manas Prakriti- Rajas Sattva
Sara Pariksha -Madhyam
Sanhanana Pariksha-Madhyam
Pramana Pariksha -Madhyam
Satmaya Pariksha-Madhyam
Satva Pariksha-Madhyam
Ahara Shakti Pariksha- Madhyam
Vaya Pariksha-Madhyam

MATERIALS AND METHODS

The patient was given classical Ayurvedic treatment including *Aushadha* and *Vihara*:
Aushadha:

Nisha Aamlaki Churna (equal parts *Haridra* and *Aamlaki* powders)

Administered with lukewarm water twice daily before meals in dose of 5gm.

Vihara:

Chankraman therapy: 6 km walking daily.

Subjective Assessment:

Fourteen classical symptoms graded on a 0-3 severity scale was monitored pre- and post-intervention. The treatment was continued for 10 weeks, and the patient was monitored for both subjective and objective parameters.

RESULTS

Anthropometric and Vitals:

- Weight decreased from 83 kg to 76 kg

Management of Madhumeha (Type 2 Diabetes Mellitus) with Nisha Aamlaki Churna and Chankraman Therapy: A Single Case Study

- Blood pressure improved from 130/82 mm of Hg to 120/78 mm of Hg

Biochemical Parameters:

Parameter	Pre-Treatment	Post-Treatment	Change
FBS	149 mg/dL	100 mg/dL	Normalized
PPBS	240 mg/dL	145 mg/dL	Normalized

Subjective parameters:

No.	Chief Complaints	Before treatment grading	After 10-week treatment grading
1	Prabhut Mutrata (Polyuria)	2	0
2	Avila Mutrata (turbid Urine)	2	0
3	Kshudha Adhikya (Polyphasia)	3	1
4	Ati Pipasa (Polydipsia)	3	1
5	Pindikodwestan (Leg Cramps)	2	1

Associated Complaints Week	Before treatment grading	After 10-week treatment grading
Kara-Pada Daha / Supti	2	0
Swedadhikya	2	0
Kesha-Nakha Ativriddhi	1	0
Malam Kayeshu / Netra-Jiihva-Shravana Updeha	1	0
Visra Shariragandha	1	0
Snigdha Gatrata / Pichhila Gatrata	1	1
Nidra Aadhikya	1	0
Shithil Aangata	1	0
Guru Gatrata	1	0
Shita Priytwam	0	0
Pipilika Abhisaranam	0	0

DISCUSSION

According to *Acharya Sushruta*, there are two types of *Madhumeha*, one is *Sahaja* (Type-1) and the second one is *Apathyanimittja* (Type-2). On comparing with the modern science, *Sahaja Madhumeha* can be related to juvenile diabetes that include the classical symptoms of *Krishna*, *Dhatukshayajanya*, and *Apatarpanjanya*, whereas Type-2 DM can be related to *Apathyanimittaja Madhumeha* which includes classical symptoms of *Sthula*, *Avaranjanya*, and *Santarpanjanya*. In treatment protocol of this patient's, *Apathyanimittaja Madhumeha* was considered as the main condition. Hence emphasis was given on that drugs that were having effects on the main symptoms of the disease's pathogenesis, such as *Meda Dhatu*, *Kleda*, *Kapha*, and having the properties of *Deepana*, *Pachana*, *Lekhana*, *Vatakaphahara* and *Medohara qualities* as told by *Acharya Charaka* in the *Santarpanjanya rogas*⁸.

The collective intervention *Nisha Aamlaki Churna* and *Chankraman* therapy aligns with Ayurvedic pathophysiology and modern metabolic understanding. *Haridra's Ushna Virya* and *Tikta-Katu Rasa* affects the *Kapha* and *Meda* accumulation, while *Aamlaki's Sheeta Virya* and *Madhura Vipaka* pacify *Vata* and *Pitta Doshas*. Their synergistic antioxidant and beta-cell modulating effects likely contributed to improved glycemic control. Gallic acid from *Amalaki* is proven to improve insulin sensitivity by upregulation of PPAR and Glut4. In vitro studies examining the effects of curcumin from *Haridra* indicate improved glucose uptake and employment by skeletal muscle cells and adipocytes, and prevention of gluconeogenesis. Turmeric and curcumin supplementation decrease oxidative stress encountered by the diabetic rats, by the reduced influx of glucose into the polyol pathway leading to an increased NADPH/NADP ratio and elevated activity of the potent antioxidant enzyme GPx. Pancreatic beta cell function is improved with curcumin treatment with consequent insulin secretion thus alleviating even insulin resistance. Regular *Chankraman* or walking enhanced glucose uptake via GLUT4 pathways, reduced visceral adiposity, and improved insulin sensitivity, this process makes consistency with Ayurvedic concepts of *Medohara* and *Srotoshodhana*. The 7 kg weight loss corroborates the reduction of *Meda Dhatu*, alleviating insulin resistance.

This combined intervention approaches addresses both biochemical and lifestyle factors, offering a comprehensive management strategy for

Management of Madhumeha (Type 2 Diabetes Mellitus) with Nisha Aamlaki Churna and Chankraman Therapy: A Single Case Study

Madhumeha/T2DM. However, because this report describes only a single case, the findings cannot be generalized. The observed improvement should be considered preliminary and hypothesis-generating rather than conclusive evidence of efficacy.

CONCLUSION

Madhumeha is silent killer in Indian as well as in the world that must be handled in right away to prevent further complications. Based on the information provided above, it can be concluded that *Madhumeha* may be treated in an Ayurvedic manner by using *Sanshamana Aushadha* and making the proper dietary and lifestyle changes. This single case report suggests that *Nisha Aamlaki Churna* with *Chankraman* therapy may be a useful supportive approach in the management of *Madhumeha*. It showed improvement in glycemic indices, reducing weight, and balancing *Doshas*. This combined regimen offers a safe, cost-effective, therapeutic option for the management of T2DM which can be further validated by the clinical trials.

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