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"PRAMEHA AND MADHUMEHA IN AYURVEDA: CORRELATION WITH DIABETES MELLITUS AND THE PLACE OF SHODHANA THERAPY – A NARRATIVE REVIEW"

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ABSTRACT:
Background: Prameha is an Ayurvedic syndrome that encompasses clinical conditions involved in obesity, prediabetes, diabetes mellitus and metabolic syndrome, whereas Madhumeha is a subtype that is often correlated with diabetes mellitus. **Objective:** To review the classical concept of Prameha and Madhumeha, its correlation with diabetes, and the evidence for Ayurvedic and Panchakarma-based interventions. **Methods:** Narrative review based on a PubMed search and classical texts. **Findings:** Conceptual reviews describe 20 subtypes of Prameha with Kapha predominance and relate subtypes to type 1 and type 2 diabetes, although a critical analysis argues that equating Madhumeha with diabetes mellitus is problematic. In 56 patients with Madhumeha, Ayurvedic diet and lifestyle modification was followed by significant improvement in plasma glucose and HbA1c, without a control group. In a randomized trial of diabetic retinopathy, an Ayurvedic protocol that included mild Virechana and Nasya improved fasting blood sugar and serum cholesterol but not HbA1c or postprandial sugar relative to conservative care. A case report described leech therapy within integrative management of a diabetic foot ulcer. Controlled trials of Panchakarma in diabetes itself were not identified in the sources retrieved. **Conclusion:** The conceptual literature is rich, but direct evidence on Panchakarma in diabetes is sparse. Well-designed trials with glycaemic endpoints are a research priority.
KEYWORDS: Prameha, Madhumeha, Diabetes mellitus, Shodhana, Metabolic syndrome, Ayurveda

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INTRODUCTION:

Diabetes mellitus is a major global health problem, and in India it affects a very large number of people; one Ayurvedic study notes that India has been termed the diabetes capital of the world.[1] The Ayurvedic syndrome of Prameha, described in the Charaka Samhita and the Sushruta Samhita, includes clinical conditions involved in obesity, prediabetes, diabetes and metabolic syndrome.[2-4]

Whether Prameha and its subtype Madhumeha can be equated with diabetes mellitus is debated. This review summarises the classical concepts, the issue of correlation with modern disease categories, and the available evidence on Ayurvedic treatment, giving attention to Shodhana (Panchakarma) therapy.

MATERIALS AND METHODS:

This narrative review was prepared using a structured but non-systematic literature search. PubMed was searched on 6 November 2026 using combinations of the terms Prameha, Madhumeha, diabetes mellitus, Virechana, Vamana, Basti, Shodhana and Panchakarma. Records were screened by title and abstract, and articles were retained when they described the procedure or condition, its classical rationale, its safety, or clinical outcomes. Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya) were consulted for conceptual and procedural descriptions. The included studies were heterogeneous (case reports, uncontrolled pilot studies, randomized trials, reviews and trial protocols), so no formal risk-of-bias assessment or meta-analysis was undertaken and the findings are synthesised narratively. The review does not claim exhaustive coverage of the literature.

OBSERVATION AND RESULTS:

1. Classical Concept and Correlation with Diabetes

According to a two-part review, Prameha is a Tridoshaja Vyadhi that is basically Kapha-predominant and has 20 subtypes resulting from the interaction of the three Doshas and ten Dushyas; several subtypes involve sweet urine while others involve differently coloured urine, which the authors link to inflammatory conditions in the metabolic syndrome.[4] The review correlates Sahaja Prameha and Jatah Pramehi with type 1 diabetes and Apathyanimittaja Prameha with type 2 diabetes, and it notes that Madhumeha is a subtype of Vataja Prameha.[4] The disease is closely tied to Sthaulya (obesity).[4]

A critical analysis from the Ayurvedic literature argues that Charaka's statement that all untreated Pramehas end in Madhumeha, and the effort to establish a common pathogenesis for all Mutratipravrittaja disorders, have caused confusion, and that attempts to prove that Madhumeha is synonymous with diabetes mellitus have not helped.[5] This caution is important when trial populations are defined: using diagnostic criteria for type 2 diabetes along with Ayurvedic phenotypic classification would improve clarity.

2. Management Principles

Ayurvedic management of Prameha emphasises dietary and lifestyle recommendations, herbs and herbomineral formulations, matched to the stage and type of disease and to constitution.[6] Apatarpana (balanced, calorie-restricted diet) is advised in type 2 diabetes and Santarpana in type 1 diabetes.[6] Classical texts also describe Shodhana, with Vamana or Virechana selected according to Dosha predominance and followed by Shamana measures, for patients who are strong enough to tolerate it.[2] This emphasis on patient strength is relevant in modern diabetes care, where complications and comorbidity are common.

3. Clinical Evidence

Diet and lifestyle: In a clinical study in 56 patients with Madhumeha at a university hospital, diet and lifestyle modification based on Ayurvedic principles (including barley, green gram and amalaki) was followed over three monthly follow-ups by significant improvement in clinical signs and symptoms, plasma glucose and HbA1c ($P < 0.001$); the authors considered these interventions valuable especially in newly diagnosed type 2 diabetes and in patients with suboptimal control on antidiabetic medication.[1] The study had no control group.

Complications: In a randomized controlled study of 100 patients with diabetic retinopathy, an Ayurvedic protocol with a preparatory phase that included mild Virechana and Nasya, followed by Nasya, Takra Dhara and an oral Rasayana for three months, was compared with conservative care.[7] The trial group showed better results for dot-blot haemorrhages, superficial haemorrhages, hard exudates, best-corrected visual acuity, fasting blood sugar and serum cholesterol, whereas postprandial blood sugar, HbA1c, haemoglobin and urine sugar were similar between groups; no adverse effects were reported.[7] In a case report of a diabetic foot ulcer, a three-month plan

combining leech application (Jalaukavacharana), wound cleansing, wound healing measures and Shamana therapy was reported to improve wound status as assessed by the DMIST tool.[8]

Metabolic effects of preparatory procedures: In healthy volunteers, escalating oral ghee for Snehapana was followed by significant falls in triglycerides and VLDL and no significant change in total cholesterol, HDL or LDL.[9] No studies of Panchakarma procedures with glycaemic control as the primary outcome in people with diabetes were found among the sources retrieved.

DISCUSSION:

Evidence on Prameha and Madhumeha is characterised by a strong conceptual literature and a weak clinical literature in relation to Panchakarma. The diet-and-lifestyle study reports encouraging changes in glycaemic markers, but it was uncontrolled.[1] The retinopathy trial is the only randomized study identified, and it shows that significant benefit was not seen for HbA1c, so glycaemic effects of the protocol should not be assumed.[7] Whether Shodhana modifies glycaemia in type 2 diabetes remains an open question. Future trials should define participants by internationally accepted diagnostic criteria, test Shodhana as an add-on to standard care against standard care alone, use HbA1c as the primary endpoint at follow-up of at least three to six months, and monitor safety carefully, in particular for hypoglycaemia, dehydration and electrolyte disturbance in patients on antidiabetic medication. Limitations of this review include its narrative design, single-database search and the absence of directly relevant randomized trials.

CONCLUSION:

Prameha and Madhumeha are rich classical concepts that overlap with, but are not identical to, diabetes mellitus. Studies of Ayurvedic diet and lifestyle and multimodal protocols show encouraging signals in some outcomes, but direct evidence on Panchakarma for glycaemic control is lacking. Carefully designed add-on trials in well-defined populations are needed.

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