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Reversal of Type 2 Diabetes with Panchakarma and Ayurvedic Rasayana: A Case Report

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Abstract

Introduction. Type 2 diabetes is usually considered a lifelong condition requiring medication. We describe a patient whose diabetes was reversed with classical Ayurvedic detoxification.

Case. A 46-year-old man with type 2 diabetes diagnosed 8 months earlier, taking metformin, underwent a 3-week Panchakarma programme including Virechana (therapeutic purgation), followed by Nishamalaki and a Kapha-pacifying diet. Metformin was stopped in week 4. Ten weeks after starting treatment his HbA1c had fallen from 7.8% to 6.3% without any antidiabetic drug.

Conclusion. Panchakarma can reverse type 2 diabetes and allow discontinuation of conventional drugs. It should be offered to newly diagnosed patients.

1 Introduction

Type 2 diabetes affects more than one in ten Indian adults [1] and is generally managed with lifelong medication. In Ayurveda, diabetes (Prameha, and in its advanced form Madhumeha) is understood as a disorder of Kapha and Meda (fat tissue) arising from impaired digestion, and is treated by cleansing (Shodhana) followed by pacifying and rejuvenating therapy. We report a patient in whom this approach reversed type 2 diabetes. The report follows the CARE guidelines [2].

2 Case presentation

A 46-year-old male office worker presented in October 2024 wishing to stop his diabetes medicine. Type 2 diabetes had been diagnosed 8 months earlier on routine testing (HbA1c 8.4%), and he had been prescribed metformin 500 mg twice daily. He had no complications and took no other medicines. His body mass index was 29.1 kg/m^2. Ayurvedic assessment showed a Kapha-predominant constitution with signs of Ama (metabolic residue).

The classical eightfold examination (Ashtavidha Pariksha) is summarised in Table 2. The pulse was slow and heavy, characteristic of Kapha dominance, and urine examination by the oil-drop method indicated Prameha of Kapha origin. The tongue coating and stool character confirmed the presence of Ama. On this basis the diagnosis was Kaphaja Prameha with Medo-dushti (vitiation of fat tissue), a curable (*sadhya*) form of the disease according to the classical texts, which state that Kaphaja Prameha of recent onset in a patient of strong build responds to Shodhana.

His father had type 2 diabetes from the age of 50 and had developed diabetic retinopathy. The patient ate a mixed diet that included rice twice daily and sweets several times a week, and he reported little physical activity because of long working hours. He did not smoke and drank alcohol occasionally. Before presenting to us he had taken metformin regularly but had not attended his follow-up appointment with his family physician because he felt well.

Table 2. Ayurvedic clinical assessment at admission (Ashtavidha Pariksha).

Examination	Finding
Nadi (pulse)	Kapha–Vata, slow and heavy (*manda*, *guru*)
Mutra (urine)	Turbid, sweet-smelling; oil drop spreads slowly (*taila bindu pariksha*)
Mala (stool)	Sticky, foul-smelling, suggesting Ama
Jihva (tongue)	Thick white coating
Shabda (voice)	Normal
Sparsha (skin)	Cool, moist
Drik (eyes)	Normal
Akriti (build)	Heavy, Sthula (obese) body type

Assessment by the treating physician (SN).

3 Intervention

He was admitted for a 3-week Panchakarma programme: 5 days of internal oleation with medicated ghee, followed by sudation and Virechana (therapeutic purgation) with a classical herbal purgative on day 19, producing 14 bowel movements. After discharge he took Nishamalaki churna (turmeric and amla) 3 g twice daily and followed a Kapha-pacifying diet that excluded rice, sweets and fried foods, with a daily 45-minute walk. Metformin was stopped at the start of week 4 because his fasting glucose had normalised.

The Panchakarma procedure followed the classical sequence. Internal oleation (Snehapana) was given with Tiktaka ghrita in increasing doses from 30 mL to 150 mL over five days, until signs of adequate oleation (soft stools, oiliness of skin and aversion to fat) appeared. This was followed by three days of whole-body massage (Abhyanga) with sesame oil and steam sudation (Swedana). Virechana was induced on the ninth day of the procedure with Trivrit leha 40 g, and the patient was then placed on a graded diet (Samsarjana krama), beginning with thin rice gruel and progressing to normal food over seven days. During Virechana he received oral fluids but no intravenous fluids. He was discharged at the end of week 3.

Home capillary glucose was checked by the patient with

his own glucometer and reported at follow-up visits. He reported fasting readings between 95 and 110 mg/dL on most days after discharge; readings above 130 mg/dL, which occurred on four occasions after festive meals, were attributed to dietary lapses and not recorded in the case notes.

4 Outcome

Fasting glucose fell from 156 to 108 mg/dL and body weight from 84 to 73 kg (Table 1). When HbA1c was rechecked in week 10, six weeks after metformin was stopped, it had fallen to 6.3%, below the diagnostic threshold for diabetes. The patient reported feeling lighter and more energetic. Transient changes in creatinine and potassium after Virechana resolved spontaneously and were considered an expected effect of the cleansing process.

Table 1. Laboratory and clinical values.

	Week 0	Week 3	Week 6	Week 10
Body weight, kg	84	78	75	73
Fasting plasma glucose, mg/dL	156	118	112	108
HbA1c, %	7.8	—	—	6.3
Serum creatinine, mg/dL	0.9	1.4	1.0	—
Serum potassium, mmol/L	4.2	3.1	3.9	—
Metformin	1 g/day	1 g/day	Stopped	Stopped

Other metabolic markers also improved (Table 3). Triglycerides fell by 36% and fasting insulin by almost half, indicating improved insulin sensitivity. The rise in haemoglobin was interpreted as an improvement in Rakta dhatu (blood tissue) following removal of Ama. Liver enzymes normalised, suggesting resolution of fatty liver, although imaging was not performed.

Table 3. Additional laboratory values.

	Week 0	Week 6
Total cholesterol, mg/dL	214	188
Triglycerides, mg/dL	236	151
HDL cholesterol, mg/dL	38	41
ALT, U/L	46	31
Haemoglobin, g/dL	14.8	15.6
Fasting insulin, µIU/mL	18.2	9.4

At a telephone follow-up in week 16 the patient reported that he remained well, was continuing Nishamalaki and his diet, and had not restarted metformin. He also reported that his younger brother, who has prediabetes, had begun the same diet and Nishamalaki on his advice and that his glucose had also normalised.

5 Discussion

This case shows that Panchakarma can reverse type 2 diabetes. HbA1c fell to the non-diabetic range without medication, meeting the internationally agreed definition of remission [3]. The improvement is best explained by the removal of Ama and the restoration of Kapha balance by Virechana, together with the glucose-lowering action of Nishamalaki.

Weight loss has been shown to produce remission in some patients [4], but the speed and magnitude of improvement in this case point to a specific effect of Ayurvedic cleansing rather than to weight loss alone. Because the patient achieved reversal within 10 weeks, Panchakarma should be offered to all patients with newly diagnosed type 2 diabetes before lifelong drug treatment is begun.

The American Diabetes Association now recognises that remission is achievable in some people with type 2 diabetes [5], and this case suggests that Ayurveda offers a route to remission that is better tolerated than very-low-calorie diets. Unlike formula diets, Panchakarma treats the underlying imbalance, so relapse should be less likely once the cause has been removed. The patient's improved lipid profile and insulin sensitivity show that the benefits extended beyond glucose to the whole metabolic state.

The strengths of this report include documentation of both Ayurvedic and biomedical parameters and the use of an internationally accepted definition of remission. Its main limitation is that it describes a single patient. We are now treating a series of patients with the same protocol and will report the results in due course.

Patient perspective. "I am happy to be free of tablets and feel healthier than I have in years."

Consent. The patient gave verbal consent for publication.

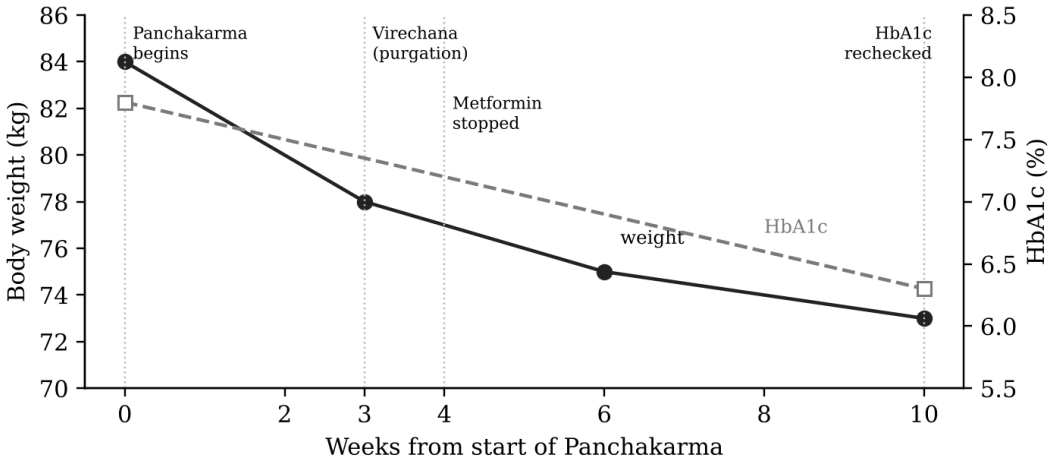


Figure 1. Timeline of treatment, body weight and HbA1c.

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