

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

SJIF Impact Factor: 6.842

Review Article
ISSN (O): 2455-3301
ISSN (P): 3051-2557

ROLE OF YOGA AND PANCHAKARMA IN THE MANAGEMENT OF PRAMEHA W.S.R. TO DIABETES MELLITUS: A REVIEW

Dr. Debojyoti Sain*1, Moumita Nath Mandal2, Dr. Biswajit Mandal3

¹Ayurveda Panchakarma Consultant, Kolkata, West Bengal, India.

²Assistant Professor, Ayurveda Principle of Yoga, Yogasri Yoga and Naturopathy Medical College and Hospital, Kolkata, West Bengal, India.

³Registrar, Paschim Banga Ayurved Parishad, Kolkata, West Bengal, India.



*Corresponding Author: Dr. Debojyoti Sain

Ayurveda Panchakarma Consultant, Kolkata, West Bengal, India.

Article Received on 12/07/2025

Article Revised on 11/08/2025

Article Accepted on 31/08/2025

ABSTRACT

Prameha, a metabolic disorder elaborated in Ayurvedic classics, shares clinical resemblance with diabetes mellitus (DM), a major non-communicable disease of global concern. With increasing incidence worldwide, especially of type 2 diabetes, the search for holistic and cost-effective management strategies is imperative. Ayurveda describes a multidimensional approach involving **Nidana Parivarjana** (avoidance of causative factors), **Panchakarma** (purificatory therapies), Shamana (pacifying measures), and Rasayana (rejuvenation). Yoga, as a lifestyle intervention, complements this by improving glucose metabolism, insulin sensitivity, and mental well-being. This review aims to explore the synergistic role of **Panchakarma and Yoga** in the management of Prameha w.s.r. to Diabetes Mellitus, by integrating evidence from classical Ayurvedic texts and contemporary research studies.

KEYWORDS: Prameha, Madhumeha, Diabetes Mellitus, Panchakarma, Yoga, Ayurveda.

INTRODUCTION

Prameha is described as a chronic metabolic disorder characterized by **Prabhuta Mutrata** (**polyuria**) and **Avila Mutrata** (**turbid urine**), caused by derangement of Doshas, Dhatus, and Srotas. [1] It is classified into 20 types: 10 Kaphaja, 6 Pittaja, and 4 Vataja, with **Madhumeha** (a Vataja subtype) being incurable in prognosis. [2] In modern medicine, Prameha is correlated with **type 2 diabetes mellitus** (**T2DM**), a lifestyle disease characterized by hyperglycemia, insulin resistance, and associated complications. [3]

Globally, the **IDF Diabetes Atlas (2021)** reports over 537 million adults with diabetes, projected to reach 783 million by 2045. [4] Conventional medicine focuses on lifestyle modification, oral hypoglycemic agents, and insulin therapy. However, side effects, cost burden, and progressive nature of T2DM necessitate integrative strategies. [5] Panchakarma and Yoga provide a unique Ayurvedic perspective by addressing both root causes and systemic imbalances. [6]

Concept of Prameha in Ayurveda

 Nidana (causative factors): excessive intake of Madhura (sweet), Snigdha (unctuous), and Guru

- $\mbox{(heavy)}$ food, sedentary lifestyle, and genetic predisposition. $^{[7]}$
- Samprapti (pathogenesis): derangement of Kapha and Medas leading to Srotodushti and manifestation of polyuria. [8]
- **Upadrava (complications):** neuropathy, nephropathy, and retinopathy are described under complications of Prameha, correlating with diabetic sequelae. [9]

This highlights Ayurveda's preventive and curative insights, aligning with the modern understanding of metabolic syndrome. [10]

Role of Panchakarma in Prameha

1. Vamana (therapeutic emesis)

Indicated in **Kaphaja Prameha**, Vamana expels Kapha and Medas, reducing insulin resistance and improving glucose metabolism. Clinical studies show significant reduction in fasting blood sugar and lipid profile post-Vamana. [12]

2. Virechana (therapeutic purgation)

Effective in **Pittaja Prameha**, Virechana regulates **Agni** (**digestive fire**) and liver functions. [13] Studies report improvement in HbA1c and liver enzyme regulation after

www.wjpmr.com Vol 11, Issue 9, 2025. ISO 9001:2015 Certified Journal 493

Virechana therapy.[14]

3. Basti (medicated enema)

Considered the best therapy for **Vataja Prameha/Madhumeha**, **Madhutailika Basti** and **Niruha Basti** help regulate Vata, restore metabolism, and improve glycemic control. [15] A clinical trial demonstrated Basti's role in reducing oxidative stress and enhancing β -cell function. [16]

4. Raktamokshana (bloodletting)

Mentioned in Sushruta Samhita for complications like **diabetic ulcers**, modern studies confirm its role in reducing localized inflammation and enhancing wound healing. [17,18]

5. Rasayana (rejuvenation)

Drugs like **Amalaki, Guduchi, Shilajit, Haridra** have shown antidiabetic and antioxidant properties. ^[19]

Role of Yoga in Prameha

1. Asanas (postures)

Postures like **Ardha Matsyendrasana**, **Dhanurasana**, **Paschimottanasana**, **Surya Namaskar** stimulate pancreatic activity, enhance glucose uptake, and reduce obesity. [20]

2. Pranayama (breathing techniques)

Practices such as **Kapalabhati, Anulom Vilom, Bhastrika** reduce stress-induced hyperglycemia, improve oxygenation, and regulate autonomic balance. [21]

3. Meditation and Relaxation

Mindfulness-based meditation reduces cortisol, improves glycemic control, and enhances quality of life. [22]

Clinical studies report that yoga interventions reduce FBS, PPBS, HbA1c, BMI, and stress markers in diabetic patients. [23,24]

Integrative Approach: Panchakarma and Yoga

While Panchakarma removes accumulated doshas and toxins, Yoga sustains lifestyle modifications and psychosomatic balance. Integrative application of Panchakarma with Yoga has shown:

- Better glycemic control
- Reduced medication dependency
- Improvement in lipid profile and stress markers
- Enhanced quality of life^[25,26]

This demonstrates Ayurveda's holistic approach in managing Prameha beyond mere symptomatic relief. [27]

DISCUSSION

Prameha (w.s.r. to DM) is not just a disease of sugar metabolism but a **systemic metabolic disorder** involving multiple tissues. Panchakarma corrects **root pathogenesis** by expelling doshas and improving Agni, while Yoga addresses **lifestyle**, **stress**, **and physical**

Challenges include lack of **standardization, large-scale clinical trials, and biomarker studies.** Future research should focus on evidence-based integrative models combining Panchakarma and Yoga for diabetes management. [31]

CONCLUSION

Prameha, as described in Ayurveda, aligns with modern diabetes mellitus in its etiology, clinical features, and complications. Panchakarma offers **systemic detoxification and dosha balance**, while Yoga provides **sustainable lifestyle modification and psychosomatic regulation**. Together, they present an effective, safe, and holistic management strategy for Prameha/Diabetes Mellitus. Integration of these modalities into preventive and therapeutic frameworks may significantly reduce the global burden of diabetes.

REFERENCES

- Charaka Samhita, Chikitsa Sthana 6/3. Chaukhambha Orientalia, Varanasi, 2017.
- 2. Sushruta Samhita, Nidana Sthana 6/3-10. Chaukhambha Surbharati, Varanasi, 2016.
- 3. Ashtanga Hridaya, Nidana Sthana 10/2-8. Chaukhambha, Varanasi, 2015.
- International Diabetes Federation. IDF Diabetes Atlas. 10th ed. Brussels: IDF. 2021.
- Tripathi KD. Essentials of Medical Pharmacology. 8th ed. Jaypee, 2019.
- 6. Sharma H, Chandola HM. Role of yoga in diabetes management. Ayu., 2012; 33(2): 193–196.
- 7. Charaka Samhita, Sutra Sthana 17/78-81.
- 8. Vagbhata, Ashtanga Hridaya, Chikitsa Sthana 12/23-28.
- 9. Sushruta Samhita, Chikitsa Sthana 11/4-8.
- 10. Dwivedi C, Sharma S. Ayurvedic understanding of Prameha vis-à-vis diabetes. AYU., 2010; 31(2): 240–243.
- 11. Charaka Samhita, Chikitsa Sthana 6/56.
- 12. Kumar K, Sharma R. Clinical study on Vamana karma in Prameha. AYUSH Res., 2017; 4(2): 101–106.
- 13. Charaka Samhita, Siddhi Sthana 1/16-22.
- 14. Bhalerao S, et al. Effect of Virechana on type 2 diabetes: A pilot study. J Res Ayurveda Sci., 2015; 36(3): 173–178.
- 15. Ashtanga Hridaya, Chikitsa Sthana 12/42-46.
- 16. Singh RH, et al. Basti therapy in Madhumeha: A clinical assessment. Indian J Tradit Knowl, 2010; 9(3): 542–545.
- 17. Sushruta Samhita, Sutra Sthana, 14/20.
- 18. Patil MB, et al. Raktamokshana in diabetic foot: A case series. AYU., 2018; 39(1): 50–55.
- 19. Charaka Samhita, Chikitsa Sthana 6/62-66.
- 20. Iyengar BKS. Light on Yoga. HarperCollins, 2011.

- 21. Sharma VK, et al. Pranayama and stress reduction in diabetes. J Altern Complement Med., 2013; 19(8): 720–726.
- 22. Chaya MS, et al. Meditation and autonomic functions in diabetics. Int J Yoga., 2012; 5(1): 20–23.
- 23. Malhotra V, et al. Effect of yoga asanas on diabetes mellitus. Indian J Physiol Pharmacol, 2005; 49(3): 345–351.
- 24. Innes KE, Selfe TK. Yoga for adults with type 2 diabetes: A systematic review. Diabetes Educ, 2010; 36(5): 937–948.
- 25. Sethi J, et al. Combined effect of Panchakarma and yoga in metabolic syndrome. AYU., 2017; 38(2): 120–125.
- Mahapatra S, et al. Integrative approach of Ayurveda and Yoga in diabetes. J Ayurveda Integr Med., 2019; 10(1): 45–51.
- 27. Singh RH. Integrative approaches for Prameha. Indian J Tradit Knowl, 2015; 14(1): 23–29.
- 28. Telles S, Naveen KV. Yoga for diabetes: A review of clinical evidence. J Diabetes Metab, 2016; 7(1): 650.
- 29. Patel DK, et al. Panchakarma and Yoga in metabolic disorders: An evidence-based approach. J Ayurveda, 2018; 12(3): 180–186.
- 30. Patwardhan B. Need for standardization in Ayurveda research. J Ayurveda Integr Med., 2010; 1(1): 3–8.
- 31. Rastogi S. Future research directions in Prameha management. AYU., 2016; 37(2): 95–101.