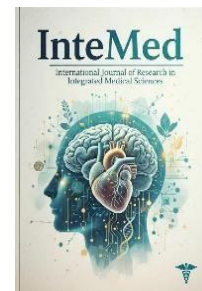




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A Case Study

Effect of Kaidarya Patra Swarasa in the Management of Madhumeha with special reference to Hyperglycemia in Type 2 Diabetes Mellitus: A Case Report

Dr. Atul Maroti Pariskar¹, Vd. P. D. Londhe²

1. MD Scholar, Dept. of Kayachikitsa, SCM AVM, Satara, Maharashtra, India.

Email : atulpariskar@gmail.com

2. Guide, HOD and Professor, Dept. of Kayachikitsa, SCM AVM, Satara, Maharashtra, India

Abstract: Madhumeha, one of the Vataja Prameha described in Ayurveda, closely resembles Type 2 Diabetes Mellitus due to its clinical features such as Prabhuta Mutrata, Pipasa, Kshudha Vruddhi, Dourbalya, and elevated blood glucose levels. This case report evaluates the effect of Kaidarya Patra Swarasa in a patient suffering from Madhumeha. A 56-year-old male diagnosed with Type 2 Diabetes Mellitus was treated with Kaidarya Patra Swarasa 20 mL twice daily before meals for 30 days. Clinical symptoms and blood glucose levels were assessed before and after treatment. Marked improvement was observed in both subjective symptoms and biochemical parameters without any adverse effects.

Keywords: Madhumeha, Type 2 Diabetes Mellitus, Kaidarya Patra, Swarasa, Ayurveda.

Introduction

- Madhumeha is described under the twenty types of Prameha in Ayurvedic classics and is considered a Mahagada because of its chronicity and complications. It is characterized by excessive and turbid urination, excessive thirst, increased appetite, fatigue, and gradual depletion of body tissues. Type 2 Diabetes Mellitus is a metabolic disorder characterized by persistent hyperglycemia due to insulin resistance and impaired insulin secretion. Kaidarya Patra (*Murraya koenigii*) possesses Tikta, Katu and Kashaya Rasa with Deepana, Pachana, Kapha-Medohara and Mutradoshahara properties, which may help in breaking the pathogenesis of Madhumeha. [1]

Case Presentation

• Patient Information

- Age: 56 years
- Sex: Male
- Occupation: Farmer
- Chief Complaints:
 - Increased frequency of urination for 8 months
 - Excessive thirst
 - Increased appetite
 - General weakness
 - Burning sensation in palms and soles

- History of Present Illness** The patient was diagnosed with Type 2 Diabetes Mellitus one year earlier. Despite dietary precautions, fasting and postprandial blood glucose remained elevated. He was enrolled for Ayurvedic management after informed consent.

Clinical Findings

Before Treatment

- Fasting Blood Sugar (FBS): **145 mg/dL**
- Postprandial Blood Sugar (PPBS): **222 mg/dL**

- Subjective Symptoms:
- Prabhuta Mutrata – Moderate
- Naktmutrta -Moderate
- Swedatipravrutti -moderate
- Pipasa – Moderate
- Kshudha Vruddhi – Moderate
- Hastapada Tala Daha – Mild
- Anutsaha – Moderate

Intervention

- **Trial Drug:** Kaidarya Patra Swarasa

Dose: 20 mL twice daily before meals

Duration: 30 days

Dietary Advice: Pathya Ahara for Madhumeha and avoidance of excessive sweets, bakery products and refined carbohydrates.

Results

• Parameter	• Before Treatment	• After Treatment
• Fasting Blood Sugar	• 145 mg/dL	• 132 mg/dL
• Postprandial Blood Sugar	• 222 mg/dL	• 200 mg/dL

Clinical Improvement

- Reduction in urinary frequency
- Decrease in excessive thirst
- Decrease in excessive sweating
- Improvement in appetite control
- Reduction in burning sensation of hands and feet
- Improved energy level and general well-being
- No adverse drug reactions were observed during the treatment period.

Discussion

- Kaidarya Patra is described as having Kapha-Medohara, Deepana and Pachana properties. Its Tikta-Katu-Kashaya Rasa helps reduce Kapha and Meda, improves Agni, removes Kleda and promotes proper metabolism. These actions contribute to improved glycemic control and

reduction in the clinical manifestations of Madhumeha. The observed reduction in fasting and postprandial blood glucose, along with symptomatic improvement, indicates the potential hypoglycemic effect of Kaidarya Patra Swarasa. [2,3,4]

Conclusion

- This single case demonstrated that Kaidarya Patra Swarasa (20 mL twice daily for 30 days) produced improvement in both subjective symptoms and blood glucose levels in a patient with Madhumeha (Type 2 Diabetes Mellitus) without any adverse effects. Larger randomized controlled clinical studies are required to establish its efficacy and safety.

Patient Consent: Written informed consent was obtained from the patient for publication of this case report.

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