AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

EFFECT OF *NITYA VIRECHANA* IN *MADHUMEHA* USING *TRIVRIT KWATHA*

Rakesh Kumar Majhi[1]*, Pankaj Kumar Katara[2], Urvashi[1]
*[1]PG Scholar, [2]Assistant Professor, Department of Panchakarma, CBPACS, New Delhi, India.

Article info
Article History:
Received: 01-08-2025
Accepted: 29-08-2025
Published: 30-09-2025

KEYWORDS:
Madhumeha, Diabetes, *Nityvirechana, Trivrit kwatha.*

ABSTRACT

Madhumeha, one of the twenty types of *Prameha* described in Ayurveda. It is a chronic metabolic disorder characterized by impaired carbohydrate, fat, and protein metabolism leading to hyperglycemia and multiple systemic complications. Classical Ayurvedic texts emphasize the role of *Shodhana Chikitsa* (purificatory therapies) in the management of Madhumeha to correct the deranged *Doshas* and to improve *Agni* and *Srotoshuddhi*. Among these, *Nitya Virechana* (daily purgation) is considered effective for eliminating vitiated *Pitta* and *Kapha* while regulating *Apana Vata*. This case report presents the management of a 44-year-old male patient diagnosed with *Madhumeha* who exhibited classical clinical features such as *Prabhuta Mutrata* (polyuria), *Naktamutrata* (nocturia), *Vibandha* (constipation), *Atinidra* (excessive sleep), *Swedadhikya* (excessive sweating), *Daurbalya* (weakness), *Kshudhadhikya* (polyphagia), and *Karapada Daha* (burning sensation in palms and soles). The patient was administered *Nitya Virechana* with *Trivrit Kwatha* (decoction of *Operculina turpethum*) daily for 21 days. Regular clinical monitoring and assessment of glycemic parameters were carried out during the intervention period. At the end of therapy, the patient demonstrated significant improvement in glycemic control along with marked relief from associated symptoms such as constipation, excessive sleep, weakness, and burning sensation. The therapy was well tolerated without adverse effects. This case highlights the potential role of *Nitya Virechana* with *Trivrit Kwatha* as an effective supportive Ayurvedic intervention in the management of *Madhumeha*. It emphasizes the importance of Ayurvedic *Shodhana* measures in addressing the metabolic derangements of diabetes and improving quality of life.

INTRODUCTION

In Ayurveda, *Madhumeha* is classified as a subtype of *Vatika Prameha* and has two types: *Avarnajanya* (caused by obstruction) and *Dhatukshaya janya* (caused by tissue depletion). *Sushruta* describes *Vyana Vayu* and *Apana Vayu* as key factors in the development of *Prameha. Vyana Vayu* governs the movement of particles throughout the body, while *Apana Vayu* facilitates excretion. When *Kleda* (excess fluid) increases, it accumulates in the bladder, leading to increased urine frequency and volume[1].

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v12i4.2166
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

According to *Charak* major causative factor *(Nidana)* of *Madhumeha are Madhura, Amla, Lavana Rasa* dominant diet mentioned as '*Gramya Udaka Aanupa Rasa Payansi Dadhini*[2] and lifestyle such as '*Aasya Sukham Swapna Sukham*'[3] are similar to the causes quoted as over eating, eating of large amount of carbohydrates mainly sugar rich substances, dairy products, practicing sedentary lifestyle, overweight in modern medical literature. All these factors described in different texts of Ayurveda imply that lifestyle plays important role in progression of *Madhumeha.*

The treatment of *Madhumeha* involves *Shodhana* (detoxification), with *Vamana* (emesis) and *Virechana* (purgation) described in the *Samhitas*. Since *Madhumeha* is characterized by an excess of *Doshas*, *Shodhana* is recommended, particularly for obese patients *(Sthula Pramehi*), while nourishing therapies (*Santarpana*) are suggested for lean patients (*Krisha Pramehi*)[4].

One such Ayurvedic intervention is *Nitya Virechana* (daily purgation), which aims to reduce toxin accumulation *(Ama)* and restore *Doshic* balance. In this case, *Trivrit Kwatha*, a decoction prepared from *Operculina turpethum* (*Trivrit*), is utilized as the primary agent for *Nitya Virechana* as it is advised in *Bahudosha Avastha* by *Acharya Charak*[5].

OBJECTIVES

- To assess the effect of *Nitya Virechana* using *Trivrit Kwatha* in reducing blood sugar levels in a patient with *Madhumeha*.
- To evaluate improvements in associated symptoms, including fatigue, frequent urination, and excessive thirst.

Clinical findings

2. Patient Profile

Age: 44 years

Gender: Male

Medical History: Diagnosed with Type 2 Diabetes Mellitus 6 month ago; but not taking any medicine.

Symptoms: *Prabhuta Mutrata, Naktmutrata, Vibandha, Atinidra, Swedadhikya, Daurbalya, Kshudhadhikya*, *Karapada Daha.*

Family history*:* Not significant

Personal history: Patient is doing sitting job and have sedentary lifestyle.

Table 1: General examination

S.No	Examination	Findings
1.	Pulse	80/min
2.	Blood pressure	130/80 mmHg
3.	Respiratory rate	18/min
4.	Temperature	98 Degree Fahrenheit
5.	CVS	Normal
6.	R/S	Normal
7.	CNS	Conscious, oriented
8.	P/A	Soft, nontender
9.	Bladder	Normal
10.	Bowel	Constipated

Table 2: *Ashtvidha parikshan*

Nadi	80/min
Mala	*Vivandha*
Mutra	Excess at night 2-3 times
Jivha	*Samata*
Shabda	Normal
Sparsha	*Rukhya*
Druk	Normal
Akruti	*Madhyama*

Diagnostic assessment- FBS, PPBS

Therapeutic Intervention

1. **Purification Process:** The patient was administered *Trivrit Kwatha* (60ml daily in the morning) on an empty stomach as part of *Nitya Virechana* for 21 days.
2. **Dosage:** 60ml
3. **Diet and Lifestyle:** The patient followed a *Kapha-Vata* balancing diet, avoiding sweets, heavy meals, and dairy. Gentle physical exercise was recommended.

Duration of Treatment

The patient underwent treatment for a period of 21 days, with assessments on 21st day and after 42nd days.

Outcome Measures

1. **Primary Outcome:** Fasting Blood Sugar (FBS) and Postprandial Blood Sugar (PPBS) levels.
2. **Secondary Outcomes:** Improvement in symptoms like *Prabhuta mutrata*, *Naktmutrata, Vibandha,*

Atinidra, Swedadhikya, Daurbalya, Kshudhadhikya, *Karapada Daha.*

RESULTS

Blood Sugar Levels: FBS reduced from 124.5mg/dL to 98.20mg/dL, and PPBS reduced from 181mg/dL to 167mg/dL by the end of 21st day, and finally on 42nd day its reduced to 88.66mg/dl and 120mg/dl respectively.

Test	0th Day	21st Day	42nd Day
FBS	124.5	98.20	88.66
PPBS	181	167	120

Symptom Relief: The patient reported significant improvement in symptoms, including a decrease in frequency of urination and thirst.

Side Effects: Mild abdominal discomfort was noted initially, which subsided as the patient's body adapted to the purgation process.

DISCUSSION

Nitya Virechana with *Trivrit Kwatha* demonstrated efficacy in reducing blood glucose levels and relieving symptoms associated with *Madhumeha*. The blood sugar levels hold greater significance. Prior to treatment, fasting blood sugar was recorded at 124.5mg/dl, and postprandial levels were 181mg/dl. Following *Trivita kwatha Nitya Virechana*, fasting levels reduced to 88.66mg/dl, while postprandial levels decreased to 120mg/dl.

The subjective parameters showed satisfactory improvements in *Prabhutmutrata* (excessive urination), *Naktmutrata* (night time urination), *Daurbalya* (weakness), *Mukhmadhurya* (sweetness in the mouth), *Atinidra* (excessive sleep), *Swedadhikya* (excessive sweating), and *Vibandha* (constipation), *pipasa*[6].

Trivrita is recognized as a *Sukha Virechana Dravya* (mild purgative). Owing to its *Tikshna* (sharp) and *Laghu* (light) qualities, it easily enters the minute channels, removes blockages, and helps to balance the aggravated *Doshas* in *Bahudosha Avastha* of *Prameha.* During this procedure patient get 1 to 3 times lose motion. Diabetes arises from the excessive consumption of *Guru Ahara* and daytime sleep, as explained in the *Samhitas*, which is evident in the patient[7].

In Ayurveda, the pathogenesis (*Samprapti*) of *Madhumeha* is linked to *Strotodushti* of the *Mutravaha Srotas*, primarily due to the vitiation of all *Doshas*, with a dominance of *Bahudrava Shleshma*, resulting in *Prabhuta Avila Mutrata*[8]. *Kleda* is a characteristic symptom of *Madhumeha*, where waste accumulates in the *Kosth*, leading to frequent nighttime urination due to imbalanced doshas in the bladder[9]. The disturbance in *Medovaha Srotas* is already present, manifesting as symptoms like weakness (*Daurbalya*), excessive thirst (*Pipasa*), increased appetite (*Kshudhadhikya*), and excessive sweating (*Swedadhikya*)[10]. Regular administration of *Trivrita Kwatha Nitya Virechana* helps eliminate doshas, reduce blood sugar levels, and alleviate these symptoms.

Probable Mode of Action of *Nitya Virechana*

Nitya Virechana is a specific concept and method of *Virechana* therapy. It is recommended for conditions involving *Bahudoshavastha* (excessive accumulation of *Doshas*), as seen in *Madhumeha*, which is considered a *Bahudosha* disorder. In this condition, vitiated *Doshas* accumulate in the *Koshtha*[11,12,13].

Nitya Virechana serves as an effective approach to reduce *Doshic* imbalances and disrupt the pathophysiology of the disease. This therapy involves cleansing the body by expelling watery content, *Pitta*, *Mala*, *Kapha*, and *Vata*. In *Madhumeha*, there is already an excess of liquid content (*Kleda*). Administering *Trivrita Kwatha* for *Nitya Virechana* helps eliminate *Doshas* deposited in the *Koshtha*[14].

Madhumeha often presents with *Vibandha* (constipation), causing waste (*Mala*) to accumulate in the *Koshtha.* Administration of *Nitya Virechana* for 21 days proves effective in cleansing the *Doshas* involved in *Madhumeha*. Since abnormal *Meda Dhatu* is a root cause of the condition, this therapy also addresses the vitiation of *Meda Dhatu* by removing excess *Kleda* from the body. According to *Vagbhata*, this process draws the vitiated *Doshas* out through the nearest routes. Patients undergoing this treatment experience significant relief from symptoms[15].

CONCLUSION

Ayurveda the science of life is having the great heritage of healing diseases. *Prameha* is mentioned in every Ayurvedic *Samhita*. There are over 20 different varieties of *Prameha*, and *Madhumeha* is classified under *Vatik Prameha*, which is associated with Type 2 Diabetes Mellitus. *Samprapti* of *Madhumeha* occurs due to *Strotodusthi* mainly *Mutravaha Strotas* caused by vitiation of all *Doshas* mainly *Bahudrava Shleshma*. So *Nitya Virechana karma* qualities in this case study aid in bringing the blood sugar level back to normal, and a notable outcome was seen in all over symptoms also.

The case study highlights the potential of *Nitya Virechana* with *Trivrit Kwatha* as an adjunctive therapy in managing *Madhumeha*. Although the results are promising, further research with larger sample sizes is recommended to establish the efficacy and safety profile of this intervention.

Informed Consent: The written informed consent has been obtained from patient for treatment and publication.

Patient perspective: Before treatment, I struggled with fatigue, excessive thirst, and frequent urination, which affected my daily life. After undergoing Ayurvedic therapy, my symptoms improved, and my energy levels increased. I feel more balanced and hopeful about managing my health now.

References:

1. Pandey K, Chaturvedi G. Agnivesha Charak Samhita. Sharira Sthana, Chapter 8, Verse 21. Varanasi; Chaukhambha Bharti Academy; 2009. p. 502.
2. Acharya YT, editor. Charaka Samhita with the commentary of Chakrapanidatta. Chikitsa Sthana 6/4. Varanasi; Chaukhamba Sanskrit Samsthana; [n.d.]. p. 204.
3. Acharya YT, editor. Charaka Samhita with the commentary of Chakrapanidatta. Chikitsa Sthana 6/4. Varanasi; Chaukhamba Sanskrit Samsthana; [n.d.]. p. 355.
4. Tripathi B. Agnivesha Charak Samhita. Vol. 2, Chikitsa Sthana, Chapter 6, Verse 15. Varanasi; Chaukhamba Prakashan; 2006. p. 286.
5. Trikamji Y, editor. Commentary of Sri Chakrapanidatta on Charaka Samhita of Agnivesha. 1st ed. Kalpa Sthana, Shyamatrivritta kalpa Adhyaya 6. Varanasi; Chaukhamba Surbharati Prakashan; 2020.
6. Tripathi R. Agnivesha Charak Samhita. Vol. 2, Chapter 6, Verse 14. Varanasi; Chaukhamba Prakashan; 2005. p. 285.
7. Wang CH, Chen L, Shen D, Wang Y, et al. Association of daytime napping in relation to risk of diabetes: Evidence from a prospective study in Zhejiang. Nutrition & Metabolism. [2016]; 18(1)
8. Acharya JT, editor. Charaka Samhita elaborated by Charaka and Dridhabala with Ayurved-Dipika commentary by Chakrapanidatta. 2nd ed. Varanasi; Chaukhambha Surbharati Prakashana; 2005. p. 212.
9. Tripathi R. Agnivesha Charak Samhita. Vol. 1. Sutra Sthana, Chapter 17, Verses 78–81. Varanasi; Chaukhamba Prakashan; 2005. p. 267.
10. Tripathi R. Agnivesha Charak Samhita. Vol. 2, Chapter 6, Verse 14. Varanasi; Chaukhamba Prakashan; 2005. p. 285.
11. Prakashrao PJ, Parwe S. A comparative clinical study on the effect of anupana bheda trivrutta churna nitya virechana in yakruta vikara (liver disorders) with abnormal liver function test. International Journal of Modern Agriculture. 2020; 9(3): 90-95.
12. Bhende S, Parwe S. Role of nitya virechana and shaman chikitsa in the management of Ekakushta with special respect to plaque psoriasis: A case study. Journal of Indian System of Medicine. 2020; 8(1): 57.
13. Parwe SD, Nisargandha MA. Clinical evaluation of Nitya Virechana in hepatocellular jaundice: A case study. International Journal of Research in Pharmaceutical Sciences. 2020; 11(4): 5902-5906.
14. Kumari J, Mehta CS, Shukla VD, Dave AR, Shingala TM. A comparative clinical study of Nyagrodhadi Ghanavati and Virechana Karma in the management of Madhumeha. AYU. 2010; 31(3): [insert page no].
15. Vagbhata. Astanga Hridaya. 9th ed. Varanasi; Chaukhambha Sanskrit Sansthan; 2008. Sutra Sthana, Doshopkramaniya Adhyaya, 13/29. p. 133.

Cite this article as:
Rakesh Kumar Majhi, Pankaj Kumar Katara, Urvashi. Effect of Nitya Virechana in Madhumeha Using Trivrit Kwatha. AYUSHDHARA, 2025;12(4):247-250.
https://doi.org/10.47070/ayushdhara.v12i4.2166
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Rakesh Kumar Majhi
PG Scholar,
Department of Panchakarma
CBPACS, New Delhi, India.
Email: rakeshmahji999@gmail.com