



Research Article

EFFICACY OF VIRECHANA KARMA WITH NISHAKATAKADI KASHAYAM AND GUDUCHI CHURNA VATI IN THE MANAGEMENT OF PRAMEHA (TYPE -2 DIABETES MELLITUS)

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ABSTRACT

The condition manifests due to derangement of *Kapha*, *Meda*, and *Vata*, leading to impaired *Agni* and abnormal glucose metabolism. Ayurvedic therapies such as *Virechana Karma*, *Nishakatakadi Kashayam*, and *Guduchi Churna Vati* hold promising potential in restoring metabolic equilibrium. **Aim:** To evaluate the efficacy of *Virechana Karma*, followed by *Nishakatakadi Kashayam* and *Guduchi Churna Vati*, in the management of *Prameha* with special reference to Type 2 Diabetes Mellitus. **Materials and Methods:** A single-group, open-label pilot study was conducted on 10 diagnosed T2DM patients. All subjects underwent classical *Virechana Karma*, followed by administration of *Nishakatakadi Kashayam* and *Guduchi Churna Vati* for 30 days. Glycemic parameters- FBS, PPBS, and HbA1c- were recorded before and after treatment. **Results:** A significant reduction was observed in all parameters. Mean FBS reduced from 219.38 mg/dL to 143.75mg/dL ($p<0.001$), PPBS from 300.67mg/dL to 222.64mg/dL ($p<0.05$), and HbA1c from 9.65% to 7.86% ($p<0.001$). Clinically, patients showed improvement in blood glucose levels, reduction in polyuria, and enhancement in digestive function, indicating improved metabolic status." **Conclusion:** The combined intervention of *Virechana Karma*, *Nishakatakadi Kashayam*, and *Guduchi Churna Vati* demonstrated significant improvement in glycemic control in T2DM patients. The therapy appears effective in correcting underlying *Dosha-Dusya* imbalances and improving long-term glucose regulation.

INTRODUCTION

Prameha is described in all major Ayurvedic texts as one of the eight *Mahagada*, reflecting its chronic, progressive, and difficult-to-manage nature^[1,3]. The disease arises from the vitiation of *Kapha*, *Pitta*, and *Vata*, along with *Meda*, *Mamsa*, *Rasa*, and *Kleda*.^[1,2] Among its 20 types, *Madhumeha* is considered the most serious form and closely resembles Type 2 Diabetes Mellitus (T2DM)^[1,3]. The pathogenesis begins with impairment of *Agni*, leading to the formation of *Ama*, the deposition of *Meda*, and the obstruction of the body channels (*Srotorodha*),

resulting in metabolic derangement, excessive urination, and *Dhatu Kshaya*.^[1,2] A sedentary lifestyle, excessive intake of *Madhura* and *Snigdha Ahara*, *Divaswapna*, and genetic predisposition aggravate *Kapha* and *Meda*, playing a central role in the development of *Prameha*.^[1,3] Ayurveda advocates both *Shodhana* and *Shamana* therapies to restore these imbalances.^[1] *Virechana Karma*, a principal *Shodhana* therapy, helps eliminate vitiated *Pitta*, improves *Agni*, and clears *Srotorodha*.^[1,3] Following *Virechana*, herbal formulations such as *Nishakatakadi Kashayam* and *Guduchi Churna Vati* help in metabolic correction through their *Kapha-Medohara*, *Agnideepana*, *Rasayana*, and *Srotoshodhaka* properties. *Nishakatakadi Kashayam* is a classical formulation indicated in *Prameha*, containing drugs like *Haridra*, *Amalaki*, *Nimba*, *Guduchi*, and *Vijaysar*, which contribute to improved metabolic function.^[6,7]

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Type 2 Diabetes Mellitus is a major global public health challenge.^[4,5] According to the International Diabetes Federation (IDF) Diabetes Atlas (11th edition, 2025), approximately 589 million adults worldwide were living with diabetes in 2024, and this number is projected to rise to 853 million by 2050. ^[5] T2DM accounts for more than 90% of these cases. ^[4] The global prevalence of diabetes is estimated to be around 11.1%, with significant regional variations. ^[5]

In India, the burden of diabetes is considerably high. According to the Indian Council of Medical Research-INDIAB study (2023), India has over 101 million individuals living with diabetes, making it one of the countries with the largest diabetic populations globally. The national prevalence of diabetes among adults is approximately 11.4%, with higher prevalence reported in certain states and urban regions.^[9] The rising incidence of Type 2 Diabetes Mellitus is attributed to factors such as urbanization, unhealthy dietary habits, physical inactivity, obesity, and genetic susceptibility. ^[10]

Type 2 Diabetes Mellitus (T2DM) is characterized by chronic hyperglycemia resulting from a combination of insulin resistance and inadequate pancreatic insulin secretion^[4]. If not managed properly, it can lead to severe complications such as neuropathy, nephropathy, retinopathy, cardiovascular diseases, and increased morbidity and mortality. ^[4] Modern treatments, including oral hypoglycemic agents and insulin therapy, help in achieving glycemic control but may be associated with side effects and the need for long-term adherence. ^[4]

This scenario has led to growing interest in complementary and holistic management approaches. Ayurvedic therapies, particularly *Panchakarma* procedures like *Virechana Karma* and antidiabetic herbal formulations, have shown potential benefits in improving metabolic functions, enhancing insulin sensitivity, and reducing oxidative stress.^[6-10] Therefore, scientific evaluation of such interventions is essential to establish their clinical efficacy in the management of T2DM.

AIM AND OBJECTIVES

To evaluate the efficacy of *Virechana Karma*, *Nishakatkadi Kashayam*, and *Guduchi Churna vati* in the management of *Prameha* (DM2).

Null Hypothesis (H0)

There is no significant effect of *Virechana*, *Nishakatakadi Kashayam*, and *Guduchi Churna Vati* in the management of *Prameha* (DM2).

Alternative hypothesis (H1)

There is a significant effect of *Virechana*, *Nishakatakadi Kashayam*, and *Guduchi Churna Vati* in the management of *Prameha* (DM2).

MATERIALS AND METHODS

A total of 10 patients were enrolled from the OPD and IPD of the Department of Panchakarma at Pt. Khushilal Sharma Government Ayurveda College and Institute, Bhopal. A structured research proforma with a predefined grading system was used for clinical assessment. Written informed consent was obtained from all participants before the initiation of treatment. The *Nishakatakadi Kashayam* and *Guduchi Churna Vati* used in the study were procured from The Pharmaceutical Corporation (IM) Ltd. (Oushadhi), Thrissur, Kerala."

Study Design: An Open-label single-arm clinical study

Sampling Technique: Convenient sampling

Sample Size: 10

Treatment Period

Duration of the treatment: 30 days

Assessment Days: After *Virechana* and on the 31st day from the starting day of intervention.

Follow-Up Period: 30 days (after completion of the study)

Screening of the Patients: A screening proforma was prepared with all aspects of history, signs, and symptoms of *Prameha* (Type 2 Diabetes Mellitus). This proforma included every required detail for examining the disease condition, ensuring that the complete history of the patient, along with the clinical features of *Prameha*, was properly documented.

Criteria for Selection of Patients

Inclusion Criteria

- Patients between the age group 16-70 years of either sex without any discrimination of cast and religion.
- Patients fit for *Virechana Karma*.
- Individuals with blood sugar fasting more than 126mg/dl and post- prandial plasma glucose level more than 450mg/dl.
- Probably all such cases would be newly diagnosed cases of diabetes.
- Those who have given written consent to participate in the study.

Exclusion Criteria

- Known case of Insulin-Dependent Diabetes Mellitus (IDDM).
- Individuals suffering from diseases like cancer, tuberculosis, severe cardiovascular diseases, and other systemic diseases.
- Individuals suffering from other endocrinopathies, like acromegaly and Cushing's syndrome.
- Individuals with genetic syndromes like Down's Syndrome, Klinefelter's syndrome, and Turner's syndrome.
- Pregnant and lactating mothers.

Any other condition that can be a risk factor for the outcome of the study will be excluded.

Assessment Criteria [1,3]

Patients were observed for 30 days. Assessment was done before the medical interventions. Then, Patients were assessed on the 1st

day and 14th day. The final assessment was done after completion of the therapy on the 30th day. The effect was assessed by clinical observation. A grading and scoring system will be adopted for assessing objective and subjective criteria.

Table 1

S.No.	Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
1	<i>Pipasa Adhikya</i> (Polydipsia)	Normal (1.5-2 litres of water intake /24 hours)	Increased, but can be controlled (2-2.5 liters of water intake /24 hours)	Increased with increased frequency of drinking water (2.5-3 litres of water intake /24 hours)	Very much increased (>3 litres of water intake /24 hours)
2	<i>Prabhuta Mutrata</i> (Polyuria)	Urination 3-5 times /day and no/rarely at night time	Urination 6-8 times/ day and 1-2 times at night time	Urination 9-11 times /day and 3-4 times at night Time	Urination >- 11 times /day and >4 times at night time
3	Weight loss	No weight loss	Weight loss less than 3kg	Weight loss between 3kg to 6kg	Weight loss of more than 6kg
4	<i>Nindra Adhikya</i> (Excessive sleep)	Normal and sound sleep for 6-8 hr./24 hours with a relaxed body and mind	Sleep- 8-9hr/24hr with slight heaviness in the body	Sleep >9- 10hr./24hr. with heaviness in the body	Sleep >10hr./24hr. with heaviness in the body
5	Turbid/white urine	Clear urine	Slightly cloudy or smoky	Turbidity clearly present	Extremely turbid

Criteria for overall assessment

Complete improvement	100% relief
Marked improvement	<100% to >50% relief
Moderate improvement	<75% to >50% relief
Mild improvement	<50% to >25% relief
No improvement	<25% relief

Treatment Regimen and Administration

Table 2

S.No.	Procedure	Drug and Dose	Duration
1.	<i>Deepana and Pachana</i>	<i>Panchkol churna</i> - 5 grams (80ml)	3 days
2.	<i>Snehapan</i>	<i>Triphala ghrit</i> as per <i>Koshtha</i> and <i>Agni</i>	3-7 days
3.	<i>Sarvanga abhyanga</i> and <i>Vaspa Swedana</i>	<i>Abhyang</i> with <i>Tila Taila</i> and <i>Vaspa Swedan</i> with <i>Dashmoola Kwath</i>	3 days
4.	<i>Virechan karma</i>	a) <i>Haritaki churna</i> - 50g b) <i>kutaki churna</i> - 50g c) <i>Amlatas phal majja</i> - 50g d) <i>Trivrit churna</i> - 50g e) <i>Draksha</i> - 50g <i>Erand tail</i> - 50ml	1 day
5.	<i>Samsarjan karma</i>	As per <i>Shuddhi</i> , achieved	3-7 days
6.		<i>Nishakatakadi kashayam</i> -15ml bd empty stomach with lukewarm water. <i>Guduchi churn vati</i> 2 bd after meal with water.	15 days

Intervention- Virechana Procedure ^[4]**Purva Karma**

Before the administration of *Virechana Karma*, all patients underwent classical *Pūrvakarma* procedures, namely *Snehana* (oleation) and *Swedana* (sudation), as per standard *Panchakarma* protocols.

Internal oleation (*Snehapana*) was performed using *Triphala Ghrita* in gradually increasing doses for 3–7 days, depending on the patient's *Koshtha* and digestive capacity. The dose was administered until the appearance of *Samyak Snehana Lakshanas*, such as unctuousness of the skin, softness of the body, ease of bowel evacuation, and improvement in appetite.

Following *Snehapana*, external oleation (*Sarvanga Abhyanga*) was performed using lukewarm *Tila Taila*, followed by *Swedana* for three consecutive days. These procedures help in the liquefaction (*Vishyandana*) and mobilization of vitiated *Doshas* from the peripheral tissues (*Shakha*) to the gastrointestinal tract (*Koshtha*), facilitating their elimination.

During the *Pūrvakarma* period, patients were advised to follow a light and easily digestible diet (*Laghu Ahara*).

Attainment of *Samyak Pūrvakarma Lakshanas* was assessed before proceeding to *Virechana*. These included *Laghava* (lightness of the body), improved appetite, reduced lethargy, proper bowel movements with soft and unctuous stools, reduction in urinary abnormalities such as increased frequency and stickiness, and improvement in skin texture with reduced itching or eruptions. These findings indicated proper mobilization of *Doshas* and readiness for *Virechana Karma*.

Pradhana Karma (Virechana Procedure) ^[4]

On the scheduled day, *Virechana Karma* was performed in the early morning after confirming *Nirama Avastha*. Initially, *Sarvanga Snehana* and *Swedana* were performed.

Trivritadi Kashayam was then administered on an empty stomach. The dose was decided based on *Koshtha*: higher doses for *Krura Koshtha* (100–250ml), moderate doses for *Madhyama Koshtha* (100–150ml), and lower doses for *Mridu Koshtha* (50–80ml). The total volume administered ranged between 250–300ml depending on patient tolerance.

After administration, patients were advised to take small sips of warm water. Continuous monitoring was carried out to observe the onset and progression of purgation. The number of *Virechana Vegas* and time of onset were recorded. In cases where purgation did not occur within 1.5–2 hours, an additional dose was given when required. In most cases, purgation

occurred spontaneously and continued until natural cessation.

Completion of *Virechana* was assessed based on *Antiki Lakshanas*, including passage of yellowish stools (*Pittānta*) followed by whitish or mucoid stools (*Kaphānta*), indicating adequate purification. Vital parameters such as pulse, blood pressure, and hydration status were monitored throughout the procedure. Oral rehydration with warm fluids was provided to prevent dehydration.

Paschat Karma (Post-operative Care)

After completion of *Virechana*, patients were advised adequate rest. A structured dietary regimen (*Samsarjana Krama*) was followed to restore digestive capacity (*Agni*). The diet was gradually advanced from *Peya* (thin rice gruel) to a normal diet over 3–7 days, depending on the degree of *Shuddhi*.

Patients were advised to avoid cold, heavy, oily, and spicy foods during this period. Continuous monitoring was done to detect any delayed complications. No additional active treatment for *Prameha* was administered during the immediate post-*Virechana* period, allowing assessment of the independent effect of the purification therapy.

Outcome Measures

The efficacy of the intervention was assessed using both objective and subjective parameters related to *Virechana Karma*.

Vaigiki Shuddhi

The number of purgation bouts (*Vegas*) was recorded for each patient. Based on classical classification, the outcomes were categorized as mild (≤ 10 *Vegas*), moderate (10–20 *Vegas*), and high (> 20 *Vegas*), and the proportion of patients in each category was documented.

Antiki Shuddhi

The nature of the final bowel movements was observed to determine *Dosha* predominance. Features such as yellowish stools (*Pittānta*) and mucoid or whitish stools (*Kaphānta*) were noted. *Kaphānta* was considered indicative of complete purification.

Laingiki Shuddhi

Patients were assessed for classic symptoms of proper purgation, including *Laghava* (lightness), improved appetite, clarity of senses, and overall well-being. Changes in *Prameha* symptoms such as polyuria, polydipsia, fatigue, and heaviness were also recorded before and after treatment.

Safety Outcomes

Patients were monitored for adverse events such as vomiting, dizziness, or severe abdominal

discomfort. No significant adverse events were observed during the study period.

Statistical Analysis

All data were compiled and analyzed using Microsoft Excel. Descriptive statistical methods were employed to summarize the data. As this was a pilot study without a control group, the analysis was primarily descriptive and exploratory in nature.

Continuous variables, including glycemic parameters and number of purgation bouts, were expressed as mean $\pm$ standard deviation (SD), while categorical variables, such as the proportion of patients achieving *Kaphānta Shuddhi*, were presented as percentages. The paired t-test was applied to evaluate the statistical significance of pre- and post-treatment values, with $p < 0.05$ considered statistically significant.

Ingredients of oral formulations and Virechana

Ayurvedic properties and action of the composition

Guduchyadi Churna Vati

It is used in *Prameha* (diabetes), *Jwara* (fever), and metabolic disorders. *Kapha-Pitta shamaka*, *Deepana-Pachana*, and *Rasayana* properties [6].

1. *Guduchi* (*Tinospora cordifolia*)- *Rasayana*, anti-diabetic, immunomodulator
2. *Haritaki* (*Terminalia chebula*)- Mild laxative, improves digestion
3. *Bibhitaki* (*Terminalia bellirica*)- *Kapha* reducing, detoxifying
4. *Amalaki* (*Emblica officinalis*)- Rich in Vitamin C, an antioxidant
5. *Daruharidra* (*Berberis aristata*)- Anti-inflammatory, useful in diabetes
6. *Nimba* (*Azadirachta indica*)- Blood purifier, anti-microbial
7. *Musta* (*Cyperus rotundus*)- Digestive, reduces *Ama*
8. *Kutki* (*Picrorhiza kurroa*) (in some formulations)- Liver stimulant, *Pitta*-balancing

Actions- *Kapha-Medohara*- Reduces excess fat and *Kapha*

Agnideepana & *Pachana*- Improves digestion and metabolism

Rasayana - Rejuvenative

Pramehaghna- Helps in controlling blood glucose level

Nishakatakadi Kashayam [11]

1. *Haridra* (*Curcuma longa*)
2. *Kathaka* (*Strychnos potatorum*)
3. *Amalaki* (*Emblica officinalis*)
4. *Lodhra* (*Symplocos racemosa*)
5. *Usheera* (*Vetiveria zizanioides*)

6. *Musta* (*Cyperus rotundus*) (often included)

7. *Guduchi* (*Tinospora cordifolia*) (clinical practice addition)

8. *Vijaysar* (*Pterocarpus marsupium*)

Action- *Nishakatakadi Kashayam*, described in *Sahasrayoga (Kashaya Prakarana)*, is a classical Ayurvedic formulation indicated in *Prameha*. It possesses *Tikta-Kashaya Rasa*, *Laghu-Ruksha Guna*, *Sheeta Veerya*, and *Katu Vipaka*, thereby exerting *Kapha-Pitta shamaka* action. It acts as *Pramehaghna*, *Medohara*, and *Agnideepaka*, correcting *Agnimandya*, reducing *Meda* and *Kleda*, and improving glucose metabolism, thus proving effective in the management of *Madhumeha* (Type 2 Diabetes Mellitus)."

Ingredients of Virechana Yoga

1. Trivrit Churna (Operculina turpethum)

Rasa: *Tikta, Kashaya*

Guna: *Laghu, Ruksha*

Veerya: *Ushna*

Karma: *Strong Rechana, Bhedana*

2. Haritaki Churna (Terminalia chebula)

Rasa: *Pancharasa (Lavana excepted)*

Guna: *Laghu, Ruksha*

Veerya: *Ushna*

Karma: *Anulomana, mild laxative, Rasayana*

3. Amlatas Phal Majja (Cassia fistula)

Rasa: *Madhura*

Guna: *Guru, Mridu*

Veerya: *Sheeta*

Karma: *Mridu Virechana, Pitta shamaka*

4. Kutaki (Picrorhiza kurroa)

Rasa: *Tikta*

Guna: *Laghu, Ruksha*

Veerya: *Sheeta*

Karma: *Bhedana, Rechana, hepatoprotective*

Action- Improves metabolism

5. Draksha (Vitis vinifera)

Rasa: *Madhura*

Guna: *Guru, Snigdha*

Veerya: *Sheeta*

Karma: *Mridu Rechana, Pittashamaka, Balya*

6. Eranda Taila (Ricinus communis)

Rasa: *Madhura, Tikta*

Guna: *Guru, Snigdha*

Veerya: *Ushna*

Vipaka: *Madhura*

Karma: *Vata-Kapha Shamaka*

The combination of *Trivrit*, *Haritaki*, *Amlatasphal majja*, *Kutaki*, and *Draksha* forms an effective *Mridu-Madhyama Virechana Yoga*. It facilitates safe and controlled purgation by balancing strong and mild laxatives, ensuring effective elimination of vitiated *Doshas* while minimizing adverse effects. This

formulation is particularly useful in metabolic and *Pitta*-dominant disorders^[4,6].

RESULTS

The effect of the intervention was assessed using objective glycemic parameters, including fasting blood sugar (FBS), post-prandial blood sugar (PPBS), and glycated hemoglobin (HbA1c).

Table 3: Effect of Treatment on Objective Parameters

Parameter	Pre-Test (Mean±SD)	Post-Test (Mean±SD)	Mean Difference	T Value	P Value	Result
FBS (mg/dL)	219.38±75.393	143.75±63.784	75.63	5.179	0.0006	E.S
PPBS (mg/dL)	300.675±80.283	222.64±109.92	78.035	2.735	0.0230	C.S
HBA1C (%)	9.65±2.731	7.86±2.504	1.790	4.782	0.0010	E.S

The mean fasting blood sugar (FBS) level decreased from 219.38mg/dL before treatment to 143.75mg/dL after treatment, with a t value of 5.179, which was statistically extremely significant (p = 0.0006).

The mean post-prandial blood sugar (PPBS) level decreased from 300.67 mg/dL to 222.64 mg/dL, with a t value of 2.735, which was statistically significant (p= 0.023).

The mean HbA1c level decreased from 9.65% to 7.86%, with a t value of 4.782, which was statistically extremely significant (p = 0.001).

DISCUSSION

In the present pilot study, the effect of the selected intervention was evaluated in 10 patients with Type 2 Diabetes Mellitus using a single-group pre-post study design. The results demonstrated statistically highly significant improvement in key glycemic parameters, including fasting blood sugar (FBS), post-prandial blood sugar (PPBS), and glycated hemoglobin (HbA1c) following the treatment period.

A highly significant reduction was observed in FBS, with the mean value decreasing from 219.38mg/dL to 143.75mg/dL (p=0.0006), indicating improved basal glycemic control. This effect may be attributed to enhanced insulin sensitivity, improved hepatic glucose regulation, and a reduction in insulin resistance. These findings are consistent with previous studies reporting significant reductions in fasting glucose levels following Ayurvedic interventions targeting *Kapha* and *Meda Dosh*^[4].

Similarly, PPBS levels showed a significant reduction from 300.67mg/dL to 222.64mg/dL (p=0.0230). Since post-prandial hyperglycemia is a key contributor to overall glycemic load and cardiovascular risk, this reduction suggests improved postprandial glucose utilization and enhanced digestive-metabolic activity (*Agnivardhana*). This observation aligns with Ayurvedic concepts such as

Amapachana, *Srotoshodhana*, and regulation of *Madhumeha* pathophysiology^[1,2].

The most clinically relevant improvement was observed in HbA1c, which decreased from 9.65% to 7.86% (p=0.0010). As an indicator of long-term glycemic control, this reduction of 1.79% is clinically significant and suggests sustained metabolic regulation beyond short-term glucose control.^[3] From an Ayurvedic perspective, this may reflect improved *Dhatu*-level metabolism, reduction of *Meda Dhatu Dushti*, and restoration of *Ojas*.^[1]

Nishakatakadi Kashayam acts through *Tikta-Kashaya rasa* and *Kapha-Pitta shamana*, leading to reduction of *Meda* and *Kleda*. Its *Deepana-Pachana* effect corrects *Agnimandya*, while *Srotoshodhana* improves metabolic pathways. Pharmacologically, it enhances insulin sensitivity, reduces hepatic glucose output, and provides antioxidant protection, thereby aiding glycemic control^[6].

Mode of Action of Virechana Karma

Virechana Karma plays a pivotal role in the management of *Prameha* by eliminating vitiated *Pitta* and associated *Doshas* from the body. It enhances *Agni*, reduces *Ama*, and facilitates *Srotoshodhana*, thereby correcting metabolic disturbances.^[1,2] The procedure helps in the mobilization and expulsion of morbid *Doshas*, particularly from the gastrointestinal tract, leading to improved digestion and metabolism. From a modern perspective, *Virechana* may aid in detoxification, regulation of gut metabolism, and improvement in insulin sensitivity, thereby contributing to better glycemic control.

The observed clinical improvement may also be attributed to *Virechana Karma*, which facilitates the elimination of vitiated *Doshas*, improves *Agni*, and clears obstructed *Srotas*, thereby enhancing the efficacy of subsequent *Shamana* therapy.

Guduchyadi Churna Vati contains various bioactive constituents, including alkaloids, glycosides,

flavonoids, tannins, and polyphenols. Key compounds like berberine, tinosporin, gallic acid, emblicanin, and picrosides contribute to its antidiabetic, antioxidant, and immunomodulatory effects, thereby improving insulin sensitivity and glucose metabolism. [5]

Despite the promising findings, certain limitations must be considered. The small sample size, single-group design, and absence of a control group restrict the generalizability of the results. Therefore, larger randomized controlled trials with longer follow-up durations are required to validate these outcomes and to assess long-term efficacy. [3]

The findings of the present study are consistent with previous research demonstrating the beneficial effects of Ayurvedic interventions in the management of Type 2 Diabetes Mellitus. Studies on *Virechana Karma* and antidiabetic herbal formulations have reported significant reductions in blood glucose levels and improvement in metabolic parameters. [4,5] Similar observations have been reported with the use of *Guduchi* and other *Pramehaghna* drugs, which are known to enhance insulin sensitivity and reduce oxidative stress. These similarities support the therapeutic potential of the present intervention.

CONCLUSION

The present clinical study demonstrates that the combined therapeutic approach of *Virechana Karma* followed by *Nishakatakadi Kashayam* and *Guduchi Churna Vati* is effective in the management of Type 2 Diabetes Mellitus. Significant reductions in FBS, PPBS, and HbA1c levels indicate meaningful improvement in glycemic control, with the observed decline in HbA1c suggesting sustained metabolic benefits. The intervention was well tolerated, with no complications or adverse effects reported during the study period.

From an Ayurvedic perspective, *Virechana Karma* played a pivotal role in enhancing *Agni*, eliminating *Ama*, and correcting metabolic obstruction, while the subsequent herbal therapy supported glucose regulation through its *Kapha-Medohara*, *Rasayana*, and *Srotoshodhaka* properties. Clinically,

patients also reported improvement in blood sugar levels and relief from symptoms of *Prameha*, reflecting the holistic action of the therapy in addressing both systemic and metabolic imbalances.

Although the findings are promising, the limitations of a small sample size and short follow-up period restrict their generalizability. Therefore, large-scale, well-designed randomized controlled trials with longer follow-up durations are warranted to validate these results and establish robust scientific evidence. This integrative approach holds considerable potential for the long-term management of *Prameha* (T2DM), supported by emerging evidence on the efficacy of Ayurvedic interventions and herbal drugs like *Guduchi*.

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