

“THERAPEUTIC IMPACT OF BHUNIMBA CHOORNA ON PRAMEHA: A CASE STUDY RELATED TO TYPE 2 DIABETES MELLITUS”

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ABSTRACT:

Prameha, a metabolic disorder characterized by turbidity and urinary abnormalities, is closely associated with Type 2 Diabetes Mellitus. Unhealthy dietary habits and improper lifestyle practices play a major role in its onset. With the rising global burden of diabetes, particularly in India, the Ayurvedic approach to its prevention and management is gaining considerable attention. *Bhunimba Choorna*, known for its *Kapha-Pitta* balancing and metabolic-enhancing properties, holds therapeutic potential in managing *Prameha*. **Aim & Objective:** To evaluate the therapeutic efficacy of *Bhunimba Choorna* in the management of *Prameha* with special reference to Type 2 Diabetes Mellitus. **To study the etiopathogenesis of *Prameha* in relation to Type 2 Diabetes Mellitus.** **Material & Method:** A 33-year-old male patient presenting with *prabhuta mutrata*, *daurbalya*, *kshudavridhi*, and *naktamutrata* attended the Kayachikitsa OPD of SMBT Ayurved Hospital, Dhamangaon, Nashik. The patient was administered 3 g of *Bhunimba Choorna* orally twice daily in *pragbhakta* (before meals) for 30 days. Clinical parameters and symptomatic assessments were recorded at baseline, 15 days, 30 days, and 45 days. **Result and Conclusion:** Significant improvement in symptoms was observed after 30 days of treatment. By the 15th and 45th-day follow-ups, the patient reported no complaints, indicating substantial symptomatic relief and metabolic improvement. This case study suggests that *Bhunimba Choorna* is effective in managing *Prameha* associated with Type 2 Diabetes Mellitus.

KEY WORDS:- *Prameha*, *Bhunimba Choorna*, Type 2 Diabetes Mellitus, *Prabhuta Mutrata*, *Daurbalya*.

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INTRODUCTION

Prameha has emerged as a major health concern in the present era and is often regarded as a “silent killer” due to its insidious onset and long-term complications. In Ayurveda, *Prameha* is described as a *Shleshma-pradhana Tridoshaja Vyadhi*, characterized by increased frequency and turbidity of urine, and is classified under *Santarpanajanya Vyadhi* (diseases caused by over-nutrition)^{1,2} The term *Prameha* literally denotes excessive and turbid urination.

The principal etiological factors include lack of physical activity, excessive sleep during both day and night, and a sedentary lifestyle.³ Although all three *Doshas* participate in the pathogenesis, *Bahudrava Shleshma* predominates.⁴ In addition, ten *Dushyas*—*Meda*, *Mamsa*, *Shukra*, *Kleda*, *Sonita*, *Vasa*, *Majja*, *Lasika*, *Rasa*, and *Ojas*—are involved in disease manifestation.³ According to *Acharya Charaka (Chikitsasthana)*, factors such as sedentary habits, excessive sleep, consumption of curd, meat soups of domesticated, aquatic, and marsh-dwelling animals, milk and milk products, freshly harvested grains, freshly prepared alcoholic beverages, jaggery preparations, and other *Kapha*-aggravating substances play a significant role in the development of *Prameha*.⁵

Prameha is classified into three major types—*Kaphaja*, *Pittaja*, and *Vataja*—comprising 10, 6, and 4 subtypes, respectively⁶ The clinical manifestations of *Prameha* closely resemble those of diabetes mellitus, a major global health burden and a leading cause of morbidity and mortality. Diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycaemia, which may result in progressive damage to the heart, blood vessels, eyes, kidneys, and nerves, with type 2 diabetes mellitus being the most prevalent form⁷

The global incidence of diabetes has increased steadily over recent decades, with approximately 422 million individuals affected worldwide—predominantly in low- and middle-income countries—and nearly 1.6 million deaths annually attributed directly to the disease⁸ According to the World Health Organization, diabetes mellitus is a heterogeneous metabolic disorder characterized by hyperglycaemia and disturbances in carbohydrate, fat, and protein metabolism⁹

Case Report

A 33-year-old male patient visited the Kayachikitsa OPD at SMBT Ayurved Hospital, Dhamangaon, Nashik (Patient Name: ABCD, OPD/IPD No.: 02) with complaints of prabhuta mutrata (frequent urination, especially nocturnal, 7–8 times), daurbalya (generalised weakness), kshudavridhi, and nakta mutrata for the past three months. Laboratory investigations revealed elevated blood glucose levels: fasting blood sugar was 162 mg/dl and postprandial was 233 mg/dl, while urine sugar was nil. The patient was not on any oral

hypoglycaemic medication. He was administered the prescribed treatment in a dose of 3 gm twice daily before meals for 45 days. Marked improvement in glycaemic control and clinical symptoms was observed at the end of the treatment period. During the follow-up on the 45th day, the patient reported complete relief, with none of the previous symptoms present.

Personal History :

1. Bowel movement –Samyaka
2. Appetite – Excessive Hunger,Irregular meal time
3. Sleep- .Sleep disturbed
4. No history of any type of addiction like smoking, alcohol, tobacco.

History of Past illness:

- 1-Medical history- No Past History of Hypertension,Asthma or any other major illness.
- 2-History of Blood Transfusion – No history of blood transfusion.
- 3-Drug History- He was not taking any other treatment.
- 4-Family History –No significant history.
- 5-Surgical History- No significant history.

Samanya Pariksha

Appearance-Fair

Pulse rate -86/min

B.P.-120/70 mm hg

R.R.- 17/min

Weight – 164cm

Height-78 kg

BMI-29

Temperature –Afebrile

Systemic Examination:

CNS: Conscious and well oriented to person, place, and time.

CVS: S1, S2 is audible, No murmur sound.

Respiratory System: B/L Symmetrical, Normal vesicular Breathing heard, No added Sounds heard.

P/A:-Umbilicus Centrally placed ,Soft ,non-tenderness,no-organomegaly.

Digestive System: Normal

Asthavidha Pariksha:

Sr.No	Asthavidha Pariksha	
1	Nadi (pulse)	86 / min, Regular
2	Mala (stool)	once/day and with Niram Mala symptoms
3	Mutra (urine)	8-10 times a day and 7-8 times at night ,Pale yellow in colour and odourless.
4	Jihwa (tounge)	IshatSam
5	Akruti	Madhyama
6	Shabda (speech)	Prakrit
7	Sparsha (skin)	Anushna Sheeta
8	Druka (eyes)	Prakrit(Normal)

	Prameha Samprapti Ghataka
Doshas	Tridosha(Vata, Pitta, and Kapha) ,Specific Kapha
Dushya	Specific –Meda,Oja meda,Shukra,Vasa,Majja,oja,Rakta,Ambu,Lasika,Rasa,Mamsa
Srotus	Mutravaha Srotas,Medovaha Srotas
Strotodusti	Atipravriti
Adhithana	Basti and Sarva Shareer
Swabhava	Chirakari(Chronic Disorder)
Roga Marma	Madhyam
Udhbhava Sthana	Amapakvasayottha

Samprapti of Prameha:

Sanjeevani Darshan

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Aim & Objective :

1. To evaluate the therapeutic efficacy of Bhunimba Choorna in the management of Prameha with special reference to Type 2 Diabetes Mellitus.
2. To study the etiopathogenesis of Prameha in relation to Type 2 Diabetes Mellitus.

Material and methods:

Drug – Bhunimbachoorna(10)

Dose - 3 g Bd before meal(Pragbhakta)

Duration – 30th days

Follow up - for 45th days

Study type: Simple Random Single Case Study.

Center of study:

OPD section of the Kayachikitsa department in SMBT Ayurved Hospital, Dhamangaon, Nashik. The patient is chosen on the basis of the following criteria:

Prameha signs and symptoms are present in this patient.

Drug Review :

- Bhunimbachoorna(Bhavpraksha) (10)
- Drug – Bhunimba
- Latin name – *Andrographis paniculata*
- Family – Acanthacea
- Rasapanchaka:
- Rasa – Tikta
- Guna – laghu ,ruksha
- Virya –ushna
- Vipak– katu
- Dosha karma – kaphapittahar Prayojyanga – panchanga
- Karma – krumighna rechana pittasarak deepen
- Chemical constituent – Kalmeghin ,Andrographolid
- Mode of action of Bhunimbachoorna :*Andrographis paniculata* is known for its potential in preventing diabetes mellitus and treating various conditions including inflammatory, cognitive, and mental issues.(11)

Bhunimbachoorna

Bhunimbachoorna is selected for the study Churna are given to patients for orally for 30th

day and after treatment follow up is 45th day

Drug	Dose	Time	Route of administration
Bhunimbachoorna	3 gram BD	Pragabhakta(before meal)	Oral

Assessment criteria:

Subjective Criteria –

1. Prabhuta Mutra
2. Avil Mutra
3. Ati-sweda
4. Daurbalya
5. Pipasa
6. Kshudavridhi
7. Naktamutrata

Objective Criteria –(12)

1. BSL – Fasting
2. BSL – Post Prandial
3. Urine sugar

Gradation of Subjective symptoms:(13)

1. Prabhuta Mutrata (Polyuria) –

Grade	Description	Score
0	Normal frequency i.e 1-4 times in a day and 0-2 times at night with normal volume	0
1	Frequency 5-7 times per day and 3-5 times at night with normal volume	1
2	Frequency 8-10 times per day and 3-5 times at night with increased volume	2
3	Frequency > 10 times per day and > 8 times at night with increased volume	3

2. Avila Mutrata :

Grade	Description	Score
0	Crystal clear fluid	0
1	Faintly cloudy or smoky	1
2	Turbidity clearly present	2
3	Darkly cloudy	3

3. Ati-sweda :

Grade	Description	Score
0	Sweating after heavy work and fast movement or in weather	0
1	Profuse sweating after moderate work and movement	1
2	Sweating after little work & movement	2
3	Sweating even in rest or in cold weather	3

4. Daurbalya:

Grade	Description	Score
0	Can do routine work	0
1	Can do routine work but feels tired	1
2	Can do routine work with lot of tiredness	2
3	Cannot do routine work	3

5. Pipasa :

Grade	Description	Score
0	Feeling of thirst 7-9 times/day Quantity 1-1.5 liter / day	0
1	Feeling of thirst 9-11 times/day Quantity 2-2.5 liter / day	1
2	Feeling of thirst 9-11 times/day Quantity 2.5-3.0 liter / day	2
3	Feeling of thirst 11-13 times/day More than 3.0 liter / day	3

6. Kshudavridhhi (Polyphagia):

Grade	Description	Score
0	As usual /routine (0-1 meals)	0
1	Three meals a day	1
2	Four meals a day	2
3	Four meals a day but still feels hungry	3

7. Naktamutrata (Nocturnal urination):

Grade	Description	Score
0	No nocturnal maturation	0
1	1-2 times passing of urine at night	1
2	3-4 times passing of urine at night	2
3	>4 times passing of urine	3

Observation and Result:

Assessment of Clinical result : Observational table – Subjective criteria

Observations	0 th day [BT]	7 th day	14 th day	21 th day	30 th day [AT]	45 th day Follow up
Prabhuta mutrata	3	2	1	1	1	1
Avila mutrata	2	2	1	1	0	0
Ati-sweda	2	2	1	1	0	0
Dourbalya	3	3	2	2	1	1
Pipasa	1	1	1	1	0	0
Kshudavridhhi	3	3	2	2	1	1
Naktamutrata	3	2	2	1	1	1

Observational table – Objective criteria

Observations	0 th day (BT)	30 th day (AT)
BSL Fasting	162.2	134.7
BSL Post prandial	235.5	157.3
Urine sugar	Nil	Nil

In this case study, observations were made using Prameha's subjective and objective parameters both before and after treatment. Here, we can observe that the patient's prameha's subjective and objective indicators are progressively declining.

DISCUSSION

The patient in the present case was a 33-year-old married male with *Kapha–Pitta Prakriti*, who followed a mixed dietary pattern. Detailed history revealed excessive consumption of *Madhura* and *Snigdha Ahara* as a major etiological factor. Additional contributory factors included irregular meal timings, disturbed sleep patterns, a sedentary lifestyle, and chronic mental stress (*Chintya*), all of which are known to aggravate *Kapha* and impair metabolic balance.

The disease condition was diagnosed as *Prameha*, which is described in Ayurveda as a *Tridoshaja Vyadhi* with predominant involvement of *Kapha Dosha*. According to classical Ayurvedic texts, the *Samprapti* of *Prameha* occurs due to *Srotodushti*, particularly of the *Mutravaha Srotas*, resulting from vitiation of all three *Doshas*, chiefly *Bahudrava Shleshma*. This pathological process manifests clinically as *Prabhuta Avila Mutrata* (excessive and turbid urination).⁴⁷

The therapeutic intervention employed in this case was formulated under *Kwatha Kalpana*, which belongs to the *Panchavidha Kashaya Kalpana* described in Ayurveda. This approach is categorized under *Anta Parimarjana Chikitsa* (internal purification therapy) and is considered beneficial in the management of *Prameha Vyadhi* by correcting metabolic derangements and clearing obstructed channels.

Probable Mode of Action of *Bhunimba Choorna*

Bhunimba Choorna (*Andrographis paniculata*) plays a significant role in the management of *Prameha* (Type 2 Diabetes Mellitus) through its distinct *Rasapanchaka* and pharmacological properties. The presence of *Tikta Rasa* along with *Laghu* and *Ruksha Guna* helps reduce *Kleda*, *Meda*, and *Kapha*-related metabolic disturbances, thereby improving insulin sensitivity. Its *Ushna Virya* and *Katu Vipaka* enhance digestive fire (*Agni*), promote *Kapha Vilayana*, and support the regulation of carbohydrate and lipid metabolism.

As a *Kapha–Pitta Shamaka* drug, *Bhunimba* restores metabolic equilibrium and strengthens digestive and tissue metabolism. Its classical actions, including *Krimighna*, *Rechana*,

Pittasaraka, and *Deepana*, aid in cleansing metabolic channels (*Srotoshodhana*) and improving digestive efficiency.

From a pharmacological perspective, the bioactive constituents *Kalmeghin* and *Andrographolide* exhibit proven hypoglycaemic, anti-inflammatory, antioxidant, and hepatoprotective effects. These actions contribute to improved glucose homeostasis, protection of pancreatic β -cells, and overall metabolic health. Collectively, *Bhunimba Choorna* supports effective blood sugar regulation and metabolic stabilization in patients with Type 2 Diabetes Mellitus.

CONCLUSION

Bhunimba Choorna, a formulation described in *Bhavaprakasha*, possesses significant medicinal properties and biologically active constituents. This review highlights its therapeutic and pharmacological applications. A case study on a patient with Type 2 Diabetes Mellitus demonstrated that, when used appropriately, Bhunimba Choorna can effectively help manage the condition without notable side effects. These findings offer valuable insights and support further research into the potential of Bhunimba Choorna for diabetic patients.

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The Indian plant *Andrographis paniculata* has been used for a variety of things, but is most famous for avoiding diabetes mellitus (DM).^[14] Diabetes and other conditions like inflammatory, cognitive, and mental diseases are frequently treated with *A. paniculata* extracts.^[15]

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