

Ayurvedic Management of a Complex Case of Cardiovascular Disease, Type 2 Diabetes Mellitus, Osteoarthritis, Dyslipidemia, and Bilateral Pedal Edema: A Case Report

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Abstract

Background: This case report details the management of a patient with multiple comorbidities including hypertensive heart disease, non-obstructive hypertrophic cardiomyopathy, type 2 diabetes mellitus, dyslipidemia, and bilateral pedal edema. After three years of conventional allopathic treatment with suboptimal symptom control, an Ayurvedic intervention was initiated.

Case Presentation: A 63-year-old Indian male presented with a complex medical history significantly worsening post-COVID-19 vaccination. The patient first noted the onset of significant symptoms, including persistent weakness and shortness of breath, in the period following his COVID-19 vaccinations in 2020-2021. The temporal association is noted, though a causal relationship cannot be established from this single case. Despite continuous allopathic care from December 2020 to September 2023, his condition showed progressive deterioration, with worsening hypertension, glycemic control, and recurrent edema.

Intervention: A holistic Ayurvedic protocol was initiated, focusing on root-cause management of underlying doshic imbalances (Vata-Kapha vitiation with Ama formation). The intervention comprised two proprietary Polyherbal formulations, Ayush Sanjivani Urja (a Rasayana/rejuvenative) and Ayush Sanjivani Madhunashini (targeting glucose metabolism), alongside dietary and lifestyle modifications. A combination of two Ayurvedic formulations—Ayush Sanjivani Urja (Immunity Booster) capsules and Ayush Sanjivani Madhunashini capsules—were administered over a 28-day intensive phase, followed by a maintenance regimen. Adjunctive lifestyle modifications were advised.

Outcomes: Over a six-month follow-up period, significant improvements were observed. Blood pressure normalized (from 170/100 mmHg to 124/88 mmHg), fasting and postprandial blood glucose levels returned to normal ranges (from 157/175 mg/dL to 88.40/103.10 mg/dL), and symptoms like shortness of breath, palpitations, fatigue, and pedal edema resolved. The patient reported a dramatic improvement in quality of life.

Conclusion: This case suggests that the described Ayurvedic protocol may be an effective complementary approach for managing complex, multi-system diseases. The significant improvement in objective clinical parameters and subjective well-being warrants further investigation through controlled trials.

Keywords: Ayurveda, Case Study, Hypertensive Heart Disease, Type 2 Diabetes Mellitus, Hypertrophic Cardiomyopathy, Pedal Edema, Polyherbal Formulation.

1. Introduction

The management of complex, multi-system diseases like cardio metabolic syndrome presents a significant challenge in modern medicine. These conditions, often intertwined and progressive can be refractory to conventional polypharmacy, which typically targets individual symptoms rather than the underlying systemic dysfunction. Ayurveda, the ancient Indian system of medicine, offers a holistic framework for such conditions, focusing on restoring balance to physiological fundamentals (Doshas, Dhatus, Agni) [1, 2]. This case report details the successful Ayurvedic management of a patient with severe Hypertrophic Cardiomyopathy (HCM), Type 2 Diabetes Mellitus (T2DM), Dyslipidemia, and Osteoarthritis, conditions correlating to the Ayurvedic diagnoses of Hridroga (heart disease), Prameha (diabetes), and Sandhigata Vata (joint disorder), after three years of unsuccessful allopathic treatment.

2. Case Presentation

2.1 Patient Information:

Name: Mr. Rajaram Baban Raje

DOB: June 12, 1961

Address: Deshmukh Nagar, Near Old MIDC Police Station, Satara, Maharashtra, India. Written informed consent was obtained from the patient for the publication of this case report.

2.2 Chief Complaints (as of September 2023):

Shortness of breath on exertion, recurrent chest pain, palpitations, bilateral pedal edema, excessive sweating, generalized weakness, and fatigue.

2.3 Medical History:

The patient was relatively healthy until late 2020. The patient's health deteriorated significantly following COVID-19 vaccinations in 2020-2021. Following his second and third COVID-19 vaccinations, he reported the onset of significant symptoms including persistent weakness, restlessness, fatigue, shortness of breath (SOB), chest pain, palpitations, and bilateral lower limb swelling. Initial cardiological investigation on December 12, 2020, at Heart Care Center, Satara, revealed severe concentric Left Ventricular Hypertrophy (LVH), Grade I mitral and tricuspid regurgitation, mild pulmonary hypertension, and Stage 2 hypertension. Over the subsequent three years, despite consistent allopathic treatment, his condition progressed. A diagnosis of Type 2 Diabetes Mellitus was confirmed in January 2023, and a follow-up echocardiogram in January 2023 indicated a change in diagnosis to Non-Obstructive Hypertrophic Cardiomyopathy (HCM). By September 2023, his blood pressure was poorly controlled at 170/100 mmHg, and he suffered from recurrent, debilitating pedal edema.

2.4 Clinical Findings (Allopathic)

From December 2020 to September 2023, the patient was under the care of a cardiology center. **Key diagnoses over this period included:**

Hypertensive Heart Disease (HHD) and Ischemic Heart Disease (IHD), Non-Obstructive Hypertrophic Cardiomyopathy (HCM) with severe asymmetrical septal hypertrophy, Left Ventricular Diastolic Dysfunction (Grade I, progressing to Grade II, then back to Grade I), Stage 2 Hypertension, Type 2 Diabetes Mellitus (diagnosed January 2023), Dyslipidemia, Bilateral Pedal Edema. Despite prescriptions for various allopathic medications, his condition showed minimal improvement, with worsening symptoms of chest pain, palpitations, and edema.

Table 1: Timeline of 2D Echocardiography Findings

Date of Report	Key Echocardiography Findings	Clinical Diagnoses Based on Report	Blood Pressure (BP) & Pulse Rate (PR) & Rx
December 12, 2020 (Heart Care Center, Satara)	• LV Systolic Function: Well Preserved • Ejection Fraction (EF): 60% • LV Hypertrophy: SEVERE CONCENTRIC LVH • Diastolic Dysfunction: Grade I • Valve Regurgitation: Grade I Mitral Regurgitation (MR), Grade I Tricuspid Regurgitation (TR) • Pulmonary Pressure: Right Ventricular Systolic Pressure (RVSP) 45 mmHg - Mild Pulmonary Hypertension (PH)	• Hypertensive Heart Disease (HHD) • Ischemic Heart Disease (IHD) • Dyslipidemia • Stage 2 Hypertension	• BP: 158/92 mmHg • PR: 65/min - Rx - [Tab. Stamlobeta 5/50mg] [Tab. Rozat 10mg] [Tab. Sorbitrate 5mg] [Cap Happi-L]
November 17, 2021 (Heart Care Center, Satara)	• LV Systolic Function: Well Preserved • Ejection Fraction (EF): 60% • LV Hypertrophy: SEVERE CONCENTRIC LVH (Unchanged) • Diastolic Dysfunction: Worsened to Grade II • Valve Regurgitation: Grade I MR, Grade I TR (Unchanged) • Pulmonary Pressure: RVSP 50 mmHg - Moderate PH (Worsened from Mild)	• Hypertensive Heart Disease (HHD) • Ischemic Heart Disease (IHD) • Dyslipidemia • Stage 2 Hypertension	• BP: 162/106mmHg • PR: 66/min - Rx – (17/11/2021) [Tab. CTD-T Am 6.25/40/5 mg] [Tab. Met XL 50] [Tab. Sorbitrate5mg] [Tab. Ecospring Av 75/40 mg] [Tab. Dytor 5mg]
January 25, 2023 January 25, 2023 (Heart Care Center, Satara)	• LV Systolic Function: Normal • Ejection Fraction (EF): 60% • LV Condition: Left ventricle severe asymmetrical septal hypertrophy, more towards Apex - Diagnosed as Hypertrophic Cardiomyopathy (HCM), Non-obstructive • Diastolic Dysfunction: Improved to Grade I • Valve Regurgitation: Grade I MR (Unchanged) • Other: Slit-like LV cavity, No systolic anterior motion (SAM)	• Hypertensive Heart Disease (HHD) • Ischemic Heart Disease (IHD) • Dyslipidemia • New: Type 2 Diabetes Mellitus • New: Bilateral Lower Limb Pedal Edema • Stage 2 Hypertension	• BP: 146/90 mmHg • PR: 87/min - Rx- (27/11/2021) [Tab. CTD-T Am 6.25/40/5 mg] [Tab. Met XL 50] [Tab. Sorbitrate5mg] [Tab. Ecospring Av 75/40 mg] - Rx – (25/01/2023) [Tab. Amlong 5mg] [Tab. MF 500] [Tab. GMP 1mg] [Cap. Omez 20]

This timeline clearly illustrates the chronic and progressive nature of the patient's cardiac condition under conventional management, which ultimately led him to seek alternative Ayurvedic therapy in 22 September 2023.

Table 2: Timeline of Key Diagnostic and Treatment Events (2020-2024)

Date	Key Event / Diagnosis (Allopathic)	Ayurvedic Intervention / Key Finding
Mar-Jun 2020 - Jan 2021	Receives COVID-19 vaccinations. Health subsequently deteriorates.	Pre-intervention period. Symptoms intensify post-vaccination.
12-Dec-2020	Initial presentation: HHD, IHD, LVH, Grade I Diastolic Dysfunction, Stage 2 HTN	Baseline established. Allopathic treatment initiated.

	(BP 158/92 mmHg).	
19-Dec-2020	Persistent symptoms. Diagnosis of Dyslipidemia added.	Continuation of allopathic treatment with minimal improvement.
17-Nov-2021	Condition worsens. Diastolic Dysfunction progresses to Grade II. Pulmonary Hypertension becomes moderate.	Allopathic treatment regimen changed, but symptoms persist.
25-Jan-2023	New diagnosis: Type 2 Diabetes Mellitus (FBS 157 mg/dL), Hypertrophic Cardiomyopathy (HCM), severe pedal edema.	Allopathic treatment continues to be ineffective. Patient experiences significant side effects (loss of taste).
22-Sep-2023	Refractory condition: BP 170/100 mmHg, severe symptoms.	Ayurvedic Intervention Begins. Ayush Sanjivani Urja and Madhunashini capsules started.
29-Sep-2023	-	First follow-up: Subjective improvement in SOB, sweating, pain.
06-Oct-2023	-	Second follow-up: Significant symptomatic improvement.
13-Oct-2023	-	Third follow-up: Patient reports feeling "light, good, and energetic."
20-Oct-2023	-	Fourth follow-up: Objective improvement (BP 132/82 mmHg, FBS 95.7 mg/dL). Symptoms resolved.
15-Jan-2024	-	Fifth follow-up: Sustained improvement (BP 132/78 mmHg, FBS 92.6 mg/dL).
07-Apr-2024	-	Sixth follow-up: Optimal results (BP 124/88 mmHg, FBS 88.4 mg/dL). All major symptoms remain resolved.

3. Ayurvedic Assessment

3.1 An Ayurvedic evaluation was performed on September 22, 2023. The assessment revealed:

Prakriti (Constitution): Predominantly Vata-Kapha.

Vikriti (Pathological Imbalance): Significant aggravation of Vata and Kapha Doshas, with pronounced Ama (metabolic toxins) formation due to impaired digestive fire (Mandagni).

Srotas (Channel Involvement): Vitiation of Rasavaha (plasma), Raktavaha (blood), Medovaha (adipose), and Mutravaha (urinary) channels.

Ayurvedic Diagnosis: The clinical presentation was consistent with Hridroga (heart disease), Sthula Prameha (diabetes), Sandhigata Vata (osteoarthritis), and Shotha (edema). The patient's condition was assessed as a manifestation of Vata-Kapha imbalance affecting multiple systems (Srotas). The cardiovascular and joint issues were correlated with Hridroga and Sandhigata Vata, respectively. The metabolic disturbances (diabetes, dyslipidemia, edema) were linked to Medodushti (vitiated fat tissue) and Prameha, leading to Shotha (edema).

3.2 The patient's presentation was assessed through the lens of Ayurvedic pathophysiology:

- **Cardiovascular Manifestations (Hridroga):** Attributed to an imbalance of Vata and Kapha doshas, leading to deterioration of heart tissue (Dhatu Kshaya) and blockage of channels (Srotorodha).
- **Type 2 Diabetes Mellitus (Prameha):** Primarily considered a Kapha disorder arising from impaired digestion (Mandagni) and vitiation of Meda Dhatu (fat tissue).
- **Osteoarthritis (Sandhigata Vata):** Caused by aggravated Vata dosha localizing in the joints, depleting synovial fluid.
- **Pedal Edema (Shotha):** Classified as a systemic, Vata-Kapha dominant type of swelling, often related to heart and kidney function.

4. Ayurvedic Intervention:

On September 22, 2023, the following Ayurvedic treatment plan was initiated:

Ayush Sanjivani Urja Capsule (250 mg): A polyherbal Rasayana formulation containing Withania somnifera (Ashwagandha), Tinospora cordifolia (Guduchi), Asparagus racemosus (Shatavari), and other herbs (each ingredient 3.13mg).

Ayush Sanjivani Madhunashini Capsule (250 mg): A polyherbal formulation for glucose metabolism containing Gymnema sylvestre (Gudmar), Salacia oblonga (Saptarangi), Momordica charantia (Karela), and other herbs (each ingredient 8.34mg).

Days 1-28: One Ayush Sanjivani Urja capsule (250 mg) and one Ayush Sanjivani Madhunashini capsule (250 mg) with honey on an empty stomach each morning. Additionally, one Urja capsule before lunch and dinner, and one Madhunashini capsule after lunch and dinner. **The complete list of ingredients for both formulations, along with their classical textual justifications, is provided in Appendix 1.**

Day 29 Onwards (Maintenance): One Urja capsule twice daily before meals and one Madhunashini capsule twice daily after meals.

Dietary & Lifestyle Adjunctive Advice:

Daily morning walk for 1 hour, 2 to 3 liter daily water intake, consumption of Ayush Sanjivani Gandharva Ayurvedic tea twice daily, and avoidance of refined flour (maida), refined sugar, bakery products, processed and ultra-processed foods, and refined oil.

5. Follow-up and Symptomatic Outcomes:

A total number of 5 follow-ups were conducted between October 20, 2023 to June 5, 2025. The patient reported progressive symptomatic improvement. By the fourth follow-up (July 17, 2024), the patient reported a significant reduction in shortness of breath, sweating, joint pain, palpitations, and fatigue. The bilateral pedal edema resolved completely. Objective parameters showed remarkable normalization. At subsequent follow-ups until Jun 2025, he remained asymptomatic, reporting a feeling of enhanced energy and well-being. The patient was consistently recorded as "asymptomatic" during the cardiologist's examination from October 20, 2023 to June 5, 2025. At the same time, the doses of allopathic medicines prescribed by the cardiologist were also reduced during the examination from October 20, 2023 to June 5, 2025. Cardiologist re-evaluations confirmed the absence of previous complaints. The case study presents this as a successful outcome of the Ayurvedic intervention. The objective improvements are detailed in Table 3

Table 3: Evolution of key objective clinical parameters outcomes before and after Ayurvedic intervention

Parameter	22-Sep-2023 (Pre-Treatment) Baseline	20-Oct-2023 (4 weeks) Follow-up 1	15-Jan-2024 (16 weeks) Follow-up 2	07-Apr-2024 (28 weeks) Follow-up 3	17-Jul-2024 (41 weeks) Follow-up 4	05-Jun-2025 (88 weeks) Follow-up 5
Blood Pressure	170/100	132/82	132/78	124/88	123/90	123/92

(mmHg)						
Pulse Rate (bpm)	95	70	60	59	58	60
Fasting Blood Glucose (mg/dL)	157	95.70	92.60	88.40	92.10	91.10
Postprandial Blood Glucose (mg/dL)	175	120.10	110.20	103.10	105.10	101.20
Pedal Edema	Severe	Resolved	Resolved	Resolved	Resolved	Resolved
Chest Pain / Palpitations	Present	Resolved	Resolved	Resolved	Resolved	Resolved

Table 4: Clinical Timeline (22 Sep 2023 - 07 Apr 2024)

Date	Event Type	Key Clinical Diagnoses (Based on Reports & Examination) & Rx	Presenting Complaints	Key Objective Parameters (BP, Pulse, Blood Sugar)
22 Sep 2023	Heart Care Center Visit (Pre-Ayurvedic)	(Diagnoses from Jan 2023 persist: HCM, HHD, IHD, T2DM, Dyslipidemia, Pedal Edema) Rx- [Tab. Velol XL 50mg] 1-0-1 [Tab. Glycomet G] 1-0-1/2 [Tab. Pentabloc 40mg] 1-0-0 [Tab. Telber 50mg] 0-1-0	- Chest pain - Shortness of Breath - Sweating - Recurrence of significant leg swelling	- BP: 170/100 mmHg (High) - Pulse: 95/min - SpO2: 98%
22 Sep 2023	Start of Ayush Sanjivani Ayurvedic Intervention	New Treatment Plan Begins: Ayush Sanjivani Urja & Madhunashini Capsules + Diet/Lifestyle advice.		- Fasting Glucose: 157 mg/dl - Postprandial Glucose: 175 mg/dl
20 Oct 2023	1st Ayurvedic Follow-up	Marginal enhancement in symptoms and parameters..	All previous complaints (SOB, sweating, pain, palpitations, and weakness) reduced.	- BP: 132/82 mmHg - Pulse: 70/min - Fasting Glucose: 95.70 mg/dl (Normal) - Postprandial Glucose: 120.10 mg/dl
20 Oct 2023	Heart Care Center Revisit	Patient reported as Asymptomatic . Rx- [Tab. Velol XL 50mg] 1-0-1 [Tab. Glycomet SR] 0-0-1	No active complaints.	(Findings consistent with asymptomatic status)
15 Jan 2024	2nd Ayurvedic Follow-up	Significant improvement in symptoms and parameters.	Asymptomatic.	- BP: 132/78 mmHg - Pulse: 60/min - Fasting Glucose: 92.60 mg/dl - Postprandial Glucose: 110.20 mg/dl
15 Jan 2024	Heart Care Center Revisit	Patient reported as Asymptomatic . Rx- [Tab. Velol XL 50mg] 1-0-1	No active complaints.	(Findings consistent with asymptomatic status)

		[Tab. Glycomet SR] 0-0-1		
07 Apr 2024	3rd Ayurvedic Follow-up	Continued improvement and stability.	Asymptomatic.	• BP: 124/88 mmHg (Excellent) • Pulse: 59/min • Fasting Glucose: 88.40 mg/dl • Postprandial Glucose: 103.10 mg/dl
07 Apr 2024	Heart Care Center Revisit	Patient reported as Asymptomatic . Rx- [Tab. Velol XL 50mg] 1-0-1 [Tab. Glycomet SR] 0-0-1	No active complaints.	(Findings consistent with asymptomatic status)
17 July 2024	4th Ayurvedic Follow-up	Continued improvement and stability.	Asymptomatic.	• BP: 123/90 mmHg (Excellent) • Pulse: 58/min • Fasting Glucose: 92.10 mg/dl • Postprandial Glucose: 105.10 mg/dl • SPO₂: 97
17 July 2024	Heart Care Center Revisit	Patient reported as Asymptomatic . Rx- [Tab. Velol XL 50mg] 1/2-0-1 [Tab. Glycomet SR] 0-0-1	No active complaints.	(Findings consistent with asymptomatic status)
05 Jun 2025	5th Ayurvedic Follow-up	Optimal stability achieved.	Asymptomatic; patient felt "dynamic, vigorous, lively, robust, powerful, healthy, and strong."	• BP: 123/92 mmHg (Excellent) • Pulse: 60/min • Fasting Glucose: 91.10 mg/dl • Postprandial Glucose: 101.20 mg/dl • SPO₂: 97
05 Jun 2025	Heart Care Center Revisit	Patient reported as Asymptomatic . Rx- [Tab. Velol XL 50mg] 0-0-1 [Tab. Glycomet SR] 0-0-1/2	No active complaints.	(Findings consistent with asymptomatic status)

Patient Perspective:

The patient reported, "After years of feeling weak and breathless despite taking many allopathic pills, I had lost hope. Within a few months of starting the Ayurvedic treatment, the swelling in my legs disappeared, and I could breathe freely. I now feel energetic and can play with my grandson again without any pain or fear."

6. Discussion:

This case demonstrates a significant clinical turnaround using a holistic Ayurvedic approach also demonstrates a significant positive response to a structured Ayurvedic intervention in a patient with complex multimorbidity refractory to

conventional treatment. The formulation Ayush Sanjivani Urja, with herbs like Arjuna (cardiotonic) and Ashwagandha (adaptogen), likely addressed the Hridroga by strengthening the heart muscle and mitigating stress. Ayush Sanjivani Madhunashini, with herbs like Gudmar and Saptarangi, directly targeted the Prameha by improving insulin sensitivity and glucose utilization. Common herbs like Punarnava acted as a diuretic, resolving the Shotha (edema), while Triphala components helped correct core digestion (Agni) and eliminate Ama. The success of this protocol may be attributed to its ability to simultaneously address the interconnected pathologies through Rasayana (rejuvenation) and Shamana (palliative) therapies, rather than treating each disease in isolation.

Limitations:

As a single case report, the findings cannot be generalized. The positive outcomes may be influenced by lifestyle modifications and the placebo effect. Larger, controlled trials are necessary to validate these observations. Furthermore, we cannot rule out the possibility of other unmeasured confounding factors, such as the natural history of the disease or the cumulative effect of prior allopathic treatment, contributing to the observed improvement

7. Conclusion:

This case suggests that a personalized, holistic Ayurvedic protocol can lead to significant improvement in complex, refractory cardiometabolic diseases. By targeting the root cause of the imbalances, this approach facilitated a systemic recovery, highlighting the potential of Ayurveda as an effective integrative or alternative modality. Further rigorous research is justified to explore these promising findings.

Informed Consent Statement:

Written informed consent was obtained from the patient for the publication of this case report and any accompanying data and images. The patient confirmed that he has understood that his anonymity cannot be guaranteed but that his identity will be kept as confidential as possible. A copy of the written consent is available for review by the Editor of this journal.

References:

1. Classical References for Cardiovascular Disease in Ancient Indian Texts:

- **Charaka Samhita (चरक संहिता):** Chikitsa Sthana, Chapter 26, is entirely dedicated to "Hridroga Chikitsa" (treatment of heart diseases). It describes the causes, types (Vataja, Pittaja, Kaphaja, and Tridoshic), symptoms, and treatments.

2. Classical References for Osteoarthritis in Ancient Indian Texts:

- **Charaka Samhita (चरक संहिता):** Chikitsa Sthana, Chapter 28, "Vata Vyadhi Chikitsa", describes various joint disorders caused by Vata.
- **Madhava Nidana (माधव निदान):** Chapter 22, discusses Vata Nanatmaja Vikara (specific Vata diseases), which includes conditions affecting the joints and bones.
- **Ashtanga Hridayam (अष्टांग हृदयम्):** Chikitsa Sthana, Chapter 21, "Vatavyadhi Chikitsitam". The descriptions are found scattered in chapters dealing with Vata Vyadhi.

3. Classical References for Dyslipidemia Disease in Ancient Indian Texts :

The concept is deeply embedded in the theory of Sapta Dhātu (seven tissues) and Srotas (channels).

- **Charaka Samhita (चरक संहिता):** Sutra Sthana, Chapter 17, describes the properties of normal (Sara) and vitiated (Dushti) Meda Dhātu. Descriptions of conditions like Sthaulya (obesity), which is characterized by Medovridhi, are found in Charaka Samhita Sutra Sthana Chapter 21 and Sushruta Samhita Sutra Sthana Chapter 15.

4. Classical References for Bilateral Lower Limb Pedal Edema in Ancient Indian Texts:

- **Charaka Samhita (चरक संहिता):** Chikitsa Sthana, Chapter 11, is dedicated to "Shotha Chikitsa". It provides a detailed classification (based on Doshas), causes, and treatments.
- **Sushruta Samhita:** Chikitsa Sthana, Chapter 9, discusses the treatment of Shotha.
- **Ashtanga Hridayam:** Chikitsa Sthana, Chapter 15, covers the management of Shotha.

5. Classical References for Diabetes Mellitus in Ancient Indian Texts:

- **Charaka Samhita (चरक संहिता):** Chikitsa Sthana, Chapter 6, called "Prameha Chikitsa", is the most detailed ancient text on the subject. It describes the etiology, pathogenesis, classification, and extensive treatment protocols, including diet (pathya), herbs, and exercise.
- **Sushruta Samhita:** Nidana Sthana, Chapter 6, discusses the classification and causes of Prameha.
- **Ashtanga Hridayam:** Chikitsa Sthana, Chapter 12, covers the management of Prameha.

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Appendix 1:

The primary Ayurvedic intervention consisted of two polyherbal formulations:

1. Ayush Sanjivani Urja Immunity Booster (Each Ayurvedic herb used in Ayush Sanjivani Urja Immunity Booster Ayurvedic Capsule weighs 3.13 mg.):

Amala, Haritaki, Bibhitaki, Vidanga, Vacha, Chitraka, Methi, Ajwain, Bhumi Amala, Praval Pishti, Kamdudha Pishti, Mukta Pishti, Guduchi, Bhringraj, Kalmegh, Sharapunkha, Arjuna, Kuda, Bilva, Musta, Dadima, Katuki, Kachnar, Varuna, Yashtimadhu, Punarnava, Peepal, Ashwagandha, Brahmi, Shankhpushpi, Anantmool, Bharangi, Kantakari, Gurmar, Saptarangi, Nagkesar, Lodhra, Lajjalu, Sarpagandha, Jatamansi, Haimavati, Babbula, Ashoka, Jamun, Pushkarmool, Gokshura, Lauha Bhasma, Manjistha, Khadir, Daruharidra, Nagarmotha, Shilajit, Revandchini, Trivrit, Shigru, Hadjod,

Nirgundi, Rasna, Talispatra, Langali, Nimba, Tulsi, Dashmool, Shatavari, Akalkara, Shuddha Shilajit, Safed Musli, Indian Sarsaparilla, Parpat, Neel, Ghritkumari, Pudina, Kokam. etc This formulation is a broad-spectrum **Rasayana (rejuvenative) and Sarvatroga nivarak (all-disease preventing) combination**. It is exceptionally well-designed to target the interconnected pathologies and effective in the management of cardiovascular disease (Hridroga), osteoarthritis (Sandhivata), dyslipidemia (Medoroga), and bilateral lower limb pedal edema (Shotha). All above-mentioned ingredients are mentioned in classical texts and proved by various research work as well as possessing anti-inflammatory, anti-oxidant, anti-hyperlipidemic, anti-hypertensive, analgesic (pain-relieving), diuretic, hepatoprotective (liver-protecting), immunomodulator, adaptogen (stress-relieving), and anti-diabetic properties.

It is exceptionally well-designed to target the interconnected pathologies of:

Cardiovascular Disease (Hridroga): Key ingredients like Arjuna (cardiac tonic), Punarnavaa (diuretic, reduces cardiac load), Ashvagandha (adaptogen for stress), Gokharu (circulation), and Shilajit (rejuvenator) work synergistically to strengthen the heart muscle, improve pump function, and manage blood pressure.

Osteoarthritis (Sandhivata): Herbs like Ashvagandha (anti-inflammatory), Guduchi (immunomodulator), Nirgundi (analgesic), Rasna (pain relief), Gokharu, and Shilajit (mineralizer) target inflammation, pain, and joint degeneration, which are hallmarks of osteoarthritis.

Dyslipidemia (Medoroga): Triphala (Aavala, Hirda, Behada) is fundamental for correcting metabolism (Agni). Gudmar and Saptarangi are renowned for managing blood sugar and lipid levels. Punarnavaa and Chitramool help in detoxification and improving fat metabolism.

Bilateral Lower Limb Pedal Edema (Shotha): Punarnavaa is the prime herb for managing edema ("Shothahara"). It is a potent diuretic. It is supported by Gokharu, Varun (Crataeva), and Punica granatum (Daalim), which aid in fluid balance and kidney function.

The collective actions of this formulation are vast. Here are the key "anti-" properties:

- **Anti-inflammatory:** Ashvagandha, Guggulu (likely part of "10 roots" or a base), Guduchi, Nirgundi, Rasna, Shallaki (not listed but often combined), Shilajit.
- **Antioxidant:** Triphala, Amalaki (Aavala), Arjuna, Guduchi, Tulsi, Punarnavaa, Shilajit.
- **Antihyperlipidemic (Cholesterol-lowering):** Gudmar, Saptarangi, Triphala, Arjuna, Guggulu, Punarnavaa.
- **Antihypertensive:** Arjuna, Sarpagandha, Ashvagandha, Punarnavaa.
- **Analgesic (Pain-relieving):** Nirgundi, Rasna, Ashvagandha, Shilajit.
- **Diuretic:** Punarnavaa (primary), Gokharu, Varun, Daalim.
- **Hepatoprotective (Liver-protecting):** Bhumiamalaki, Katuki, Punarnavaa, Kalmegh (Kiraayat).
- **Immunomodulator:** Guduchi, Ashvagandha, Amalaki.
- **Adaptogen (Stress-relieving):** Ashvagandha, Brahmi, Shankhapushpi, Jatamansi.
- **Antidiabetic:** Gudmar, Saptarangi, Jamun, Methi, Karvellak (Karela, not listed but often in such blends)

2. Ayush Sanjivani Urja Madhunashini (Each Ayurvedic herb used in Ayush Sanjivani Urja Madhunashini Ayurvedic Capsule weighs 8.34 mg.):

Stevia, Amla, Haritaki, Bibhitaki, Turmeric, Jamun, Gurmar, Bitter Gourd, Bijasar, Saptarangi, Ashvagandha, Tulsi, Purified Shilajit, Swarna Bhasma, Praval Pishti, Guggul, Licorice, Brahmi, Shankhpushpi, Malabar Nut, Indian Sarsaparilla, Gokshura, Nagarmotha, Kali Musli, Elephant Yam, Safed Musli, Manjistha, Rajata Bhasma. etc This formulation is highly effective for Diabetes Mellitus. It follows the classical Ayurvedic approach to managing Prameha, which involves correcting digestion (Agni), purifying the blood, rejuvenating the pancreas, and managing the complications of diabetes. It is exceptionally well-designed to target the interconnected pathologies and effective in the management of Pancreatic Tonic & Insulin Secretion, Insulin Sensitivity & Glucose Utilization, Reducing Sugar Absorption, Rejuvenation & Managing Complications (Rasayana), Nephroprotective (Kidney Protection), Adaptogens & Neuroprotective. All above-mentioned ingredients are mentioned in classical texts and proved by various research work as well as possessing Anti-inflammatory, Antioxidant, Hypolipidemic (Cholesterol-lowering), Adaptogenic (Stress-relieving), Nephroprotective (Kidney-protecting), Hepatoprotective (Liver-protecting).

The ingredients work through multiple pathways:

Pancreatic Tonic & Insulin Secretion: Gudmaar (Gymnema) is known as the "sugar destroyer"; it may help regenerate beta cells in the pancreas. Kaarla (Bitter Gourd) contains charantin and polypeptide-p, which have insulin-like effects.

Insulin Sensitivity & Glucose Utilization: Bijaasaal (Pterocarpus) is famous for its blood sugar-lowering properties. Halad (Turmeric) with curcumin improves insulin sensitivity. Saptarangi (Salacia) inhibits carbohydrate-metabolizing enzymes.

Reducing Sugar Absorption: Triphala (Aavalaa, Hirdaa, Behadaa) and Gudmaar reduce the absorption of sugar and fats in the intestines.

Rejuvenation & Managing Complications (Rasayana): Aashvagandhaa reduces stress-induced hyperglycemia. Shilajit, Swarna Bhasma, and Praval Pishti are powerful rejuvenators that help combat diabetic fatigue, neuropathy, and tissue wasting. Guggul helps manage cholesterol, a common comorbidity.

Nephroprotective (Kidney Protection): Gokharu is a classic herb for kidney and urinary tract health, crucial for preventing diabetic nephropathy.

Adaptogens & Neuroprotective: Brahmi, Shankhapushpi, and Aashvagandhaa help protect against diabetic neuropathy and cognitive issues.

This formulation is a powerhouse of therapeutic actions:

- **Antidiabetic / Hypoglycemic:** Gudmaar, Kaarla, Bijaasaal, Saptarangi, Jaambhul, Triphala.
- **Anti-inflammatory:** Halad, Aashvagandhaa, Guggul, Shilajit, Manjishtha.
- **Antioxidant:** Triphala, Halad, Aavalaa, Tulsī, Shilajit, Aashvagandhaa.
- **Hypolipidemic (Cholesterol-lowering):** Guggul, Triphala, Jaambhul.
- **Adaptogenic (Stress-relieving):** Aashvagandhaa, Brahmi, Shankhapushpi, Shilajit.
- **Nephroprotective (Kidney-protecting):** Gokharu, Punarnava (not listed but often implied in such blends).
- **Hepatoprotective (Liver-protecting):** Aavalaa (Amla), Kaarla, Halad.
- **Immunomodulator:** Aashvagandhaa, Guduchi (not listed, but Triphala component), Shilajit.
- **Rasayana (Rejuvenator):** Shilajit, Swarna Bhasma, Praval Pishti, Aashvagandhaa, Safed/Kali Musli.

Classical Textual References:

This polyherbal formulation draws from a vast array of classical texts. The ingredients are mentioned in virtually all major Ayurvedic scriptures. Key texts include:

1. **Charaka Samhita:** References for Triphala, Arjuna, Punarnavaa, Ashvagandha, Guduchi, Shilajit, and most Rasayana drugs. The primary reference for Prameha Chikitsa (Chikitsa Sthana Ch. 6) describing the use of Triphala, Gudmaar, Kaarla, and the fundamental principles of diet and herbs for diabetes.
2. **Sushruta Samhita:** Descriptions of herbs like Sarpagandha, Nirgundi, and surgical uses of many plants. Details the classification and pathology of Prameha.
3. **Ashtanga Hridayam:** A concise compilation mentioning the uses of Punarnava, Arjuna, and other herbs in this list. Provides a concise summary of treatments for Madhumeha.
4. **Bhavaprakasha Nighantu:** A classical materia medica text that describes the properties of Gokshur, Gudmar, Kantakari, etc. A classical materia medica describing the properties of Jaambhul, Gokharu, Aadaulsa, and Manjishtha.
5. **Dhanvantari Nighantu:** Another important materia medica.
6. **Sharangadhara Samhita:** Known for its the preparation and use of Bhasmas like Swarna Bhasma including Mukta Pishti, Praval Pishti, Kamdudha Ras.
7. **Rasendra Sara Sangraha**
8. **Rasatarangini:** The authoritative text on Rasa Shastra (alchemy), detailing the preparation of Swarna Bhasma, Rajata Bhasma, and other mineral formulations.
9. **Yogaratanakara**
10. **Bhaisajya Ratnavali:** Compiles numerous classical formulations, many of which include these ingredients for various conditions.