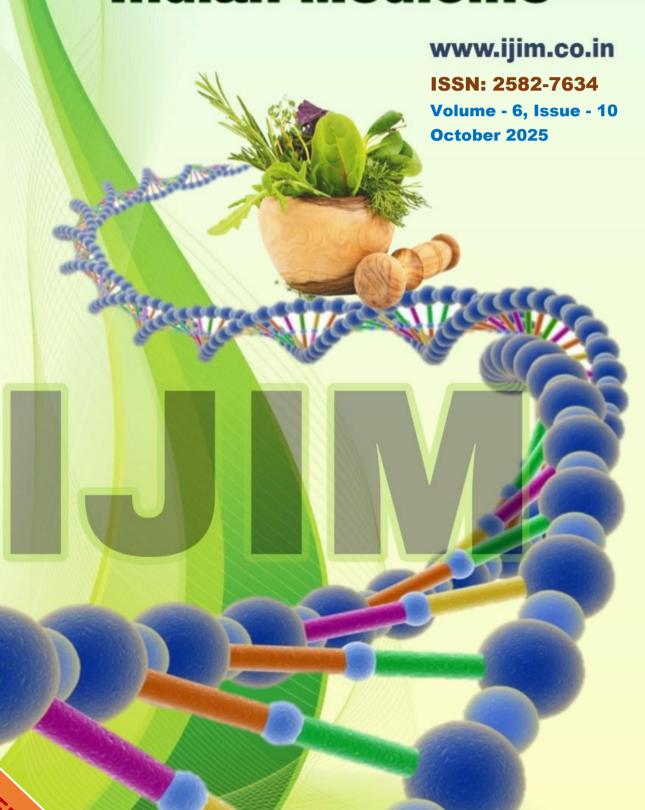


# International Journal of Indian Medicine



||||||| elSSN: 2582 - 7634 **Case Report** 

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International Journal Address (IJA):

# Reversal of Insulin Resistance and Metabolic Syndrome through an Integrative **Ayurvedic Lifestyle Protocol: A Case Report**

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#### **ABSTRACT:**

Insulin resistance, prediabetes, and metabolic syndrome are increasingly prevalent and often coexist with hypothyroidism and obesity. Ayurveda offers holistic, root-cause management through dietary, lifestyle, and detoxification approaches. A 43-year-old female with prediabetes, hypothyroidism, obesity (BMI 29.3), oedema, and fatigue underwent a six-month Diabetes Free Forever (DFF) Ayurvedic protocol integrating Ahara, Vihara, Panchakarma (Virechana, Basti, Jal Basti), Langhana, herbal formulations, yoga, and digital health monitoring. Post-intervention, her weight reduced from 75 kg to 59 kg, BMI improved to 23, and symptoms resolved. HbA1c decreased from 5.6% to 5.1%, fasting insulin from 71 to 3.88 µIU/mL, and postprandial insulin from 200 to 15.71 µIU/mL. OGTT and thyroid profile normalized, and metformin was discontinued. This case demonstrates successful reversal of insulin resistance and metabolic imbalance through an integrative Ayurvedic lifestyle approach, warranting further validation in controlled clinical studies.

**KEYWORDS:** Ayurveda, Insulin resistance, Prediabetes, Metabolic syndrome, Hypothyroidism, Obesity, Panchakarma, Langhana, Virechana, Basti, Gandharva Haritaki, Yoga, Lifestyle modification, Digital health, Mandagni, Fasting insulin, Glucose tolerance, Metabolic reversal, Integrative medicine.

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#### **INTRODUCTION:**

Insulin resistance and metabolic syndrome contribute significantly to the rise in type 2 mellitus diabetes and cardiovascular disorders worldwide. India alone could see over 125 million diabetics by 2045 (IDF). Conventional management emphasizes longterm pharmacotherapy, often neglecting root impaired causes such as digestion (Mandāgni), sedentary lifestyle, and stress. Ayurveda recognizes Mandāgni as central to disorders—"Mandāgni metabolic Rogānām Mūlam"—and prescribes Langhana (fasting and detoxification) as paramount interventions. Contemporary research supports the combination of diet, fasting, herbal medicines, Panchakarma, and yoga for metabolic syndrome reversal and improved insulin sensitivity. This report illustrates the results of a structured Ayurvedic protocol in reversing insulin resistance and metabolic syndrome.

## **Case Presentation**

### Patient Profile:

- Female, 43 years
- Weight: 75 kg; Height: 160 cm (BMI 29.3 kg/m²)
- Chief Complaints: Generalized oedema, joint pain, fatigue
- Past History: Prediabetes, hypothyroidism (Thyronorm 25 mcg), Metformin 500 mg SR
- Lifestyle: Sedentary

#### **Baseline Clinical & Laboratory Parameters:**

Parameter	<b>Baseline Value</b>
Fasting Plasma Glucose	105 mg/dL
Postprandial Glucose	136 mg/dL
HbA1c	5.6%
Fasting Insulin	71 μIU/mL
Postprandial Insulin	200 μIU/mL
T3	112 ng/dL
T4	8 μg/dL
TSH	5.77 μIU/mL

#### Intervention

The patient underwent the **DFF Protocol**, which included:

- Ahara (Diet): Low-glycemic, plantbased meals, herbal decoctions, intermittent fasting, seasonal fruits.
- Vihara (Lifestyle): Daily yoga, structured walking regimen.
- Langhana (Fasting) & Detox: Intermittent fasting, juice-based fasting, Panchakarma (Mild Virechana, Basti—Jal Basti).
- Herbal Formulations: Gandharva Haritaki, Guggul-based preparations for joint pain, shown in studies to improve metabolic outcomes.
- Digital Support: Teleconsultations, lifestyle tracking, ensuring intervention adherence.
- Mind-Body Practices: Meditation, counselling, stress management.

#### **Results After 6 Months**

Parameter		Baseline	6 Months
Weight		75 kg	59 kg
ВМІ		29.3	23.0
Fasting Glucose	Plasma	105 mg/dL	88 mg/dL
Postprandial G	lucose	136 mg/dL	110 mg/dL
HbA1c		5.6%	5.1%
Fasting Insulin		$71\mu IU/mL$	3.88 μIU/mL
Postprandial Ir	sulin	200 μIU/mL	15.71 μIU/mL

#### Recent OGTT (29 Aug 2025, 75 g glucose):

Fasting: 80.2 mg/dL

• 1 hr: 88.4 mg/dL

2 hr: 93.5 mg/dL3 hr: 72.8 mg/dL

#### **Recent Thyroid Profile:**

- T3: 1.08 ng/mL
- T4: 9.45 μg/dL

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• TSH: 3.59 μIU/mL

#### **Other Clinical Outcomes:**

• Oedema and joint pain: Resolved

- Energy levels: Normalized
- Medications: Metformin discontinued; Thyronorm continued

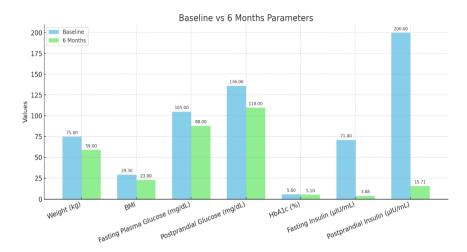


Figure: Baseline vs 6 Months for all parameters

#### **DISCUSSION:**

The observed reduction in fasting and postprandial serum insulin levels postintervention is a strong indicator of improved insulin sensitivity and reversal of insulin resistance. The marked decline in fasting insulin suggests enhanced hepatic insulin sensitivity, while the significant decrease in postprandial insulin indicates improved peripheral (muscle) insulin responsiveness. These changes, combined with normalization of glycemic parameters (FPG: 105→88 mg/dL, PPG: 136→110 mg/dL, HbA1c: 5.6→5.1%) and substantial BMI reduction (29.3→23.0), reflect a comprehensive restoration of metabolic health. Normalization of thyroid profile (TSH reduced from 5.77 to 3.59 μIU/mL) indicates an improved endocrine balance, possibly due to weight loss, stress reduction, and enhanced metabolic function. Recent OGTT results confirm excellent glucose tolerance, reinforcing the reversal of insulin resistance. Such improvements may also reduce longterm cardiometabolic risk by lowering hyperinsulinemia-driven inflammatory and

atherogenic pathways. These findings align with existing evidence that lifestyle-based interventions and integrative approaches can achieve significant improvements in insulin dynamics, even in individuals with severe baseline insulin resistance.

#### **CONCLUSION:**

Ayurvedic lifestyle interventions targeting Mandāgni correction and Langhana principles can safely reverse prediabetes, insulin resistance, and metabolic syndrome features. Modern clinical studies further affirm the efficacy of these integrative strategies. Larger controlled trials are essential for evidence-based adoption into standard care.

#### **Conflict of Interest**

None declared.

#### **Acknowledgment**

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