

AYURVEDIC MANAGEMENT OF PRAMEHA: A CASE STUDY

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<https://doi.org/10.46607/iamj3912012024>

(Published Online: January 2024)

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Article Received: 16/12/2023 - Peer Reviewed: 30/12/2023 - Accepted for Publication: 15/01/2024.



ABSTRACT

Diabetes, which is a metabolic disorder, is the most common disorder affecting more than 30 million people with type 2 diabetes is characterized by polydipsia, polyphagia, and polyuria that can be related to Prameha. The parameters for the diagnosis of diabetes are fasting blood sugar (FBS), post prandial blood sugar (PPBS), fasting urine sugar (FUS), post prandial urine sugar (PPUS) and glycated hemoglobin (HbA1c). The word prameha comprises of 2 words 'Pra' which means Abundant and 'Meha' which means 'passing of large quantity of urine'. In Ayurveda the cardinal features of Prameha which is caused by vitiation of all doshas mainly *Bahudrava Shleshma*¹ are *Prabhootha mutrata and Avila mutrata*¹. The complaints of diabetes are included under Medovaha sroto Vikara. Two broad classifications of Prameha are Sahaja and Apatya Nimittaja characterized by krusha pramehi and sthula pramehi² respectively. A 44-year male patient, with the complaint of weight loss, increased thirst for 11 months on regular body check-up came to know that his blood sugar & urine sugar levels were high i.e., FBS – 263mg/dl, PPBS – 396mg/dl, FUS – 0.5% and PPUS – 2%, HbA1c 13.6. Based on the symptoms and presentation it was diagnosed as Apatya Nimittaja, sthula pramehi and treatment was done for the same. This case was managed with sthula pramehi chikitsa siddhanta^{3,4} (treatment principles of diabetes) with the shodhana i, e virechana followed by administration of Shilajathu, yava and meha abhaya kashaya. The weight of the patient was maintained throughout the treatment, without allowing the condition to enter into vataja prameha which is asadh-

ya condition. A significant improvement was observed with decreased in symptoms and decrease in blood and urine sugar levels.

Keywords: Prameha, sthula pramehi, Shilajathu, yava and meha abhaya kashaya

INTRODUCTION

Diabetes mellitus is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both with clinical features of polyphagia, polydipsia, thirst, nocturia, weight loss, fatigue & diabetic ketoacidosis as a complication. As per WHO, DM is defined as a heterogeneous metabolic disorder characterized by common feature of chronic hyperglycemia with disturbance of carbohydrate, fat and protein metabolism. Some of the parameters to check the blood and urine sugar are FBS, PPBS, FUS, PPUS and HbA1c. The consequence of diabetes includes oral anti-diabetic drug and insulin delivery system. But in Ayurveda it can be correlated to Prameha and Prameha line of treatment can be adopted.

The purpose of this study is to prove the theoretically mentioned line of treatment for Prameha in practicality. Also, to establish the role of Ayurveda treatment in reducing the blood and urine sugar level in the present study treated at Sri Kalabyraveswara Swamy Ayurvedic Medical College Hospital and Research Centre, Bengaluru.

MATERIALS AND METHODS

A case of 44 years male, complaining of weight loss, increased thirst since 1 year on regular health check-up, came to his notice that his blood sugar was high i.e., with the FBS of 263mg/dl, PPBS of 396mg/dl, FUS of 0.5% and PPUS of 2%, initially patient did some diet like rice restrictions and exercise and once again did the blood test where the FBS was 215mg/dl, PPBS was 321mg/dl, FUS was in traces and PPUS was 1% and HbA1c was 12.2% reported to the tertiary Ayurveda Health Care Unit. Patient is not a known case of hypertension, dyslipidemia and thyroid disorders.

During admission patients FBS was 215mg/dl, PPBS was 321mg/dl, FUS was in traces, PPUS was 1% and HbA1c was 12.2%. From the clinical presentation and

laboratory investigation the condition was diagnosed as Apatya Nimitaja, sthula pramehi.

As per Ayurveda as with the involvement of Mutravaha nad medovaha srotas prameha manifests manifest with progressive pathogenesis of disease involving vitiated vatadi doshas, rasa, rakta, mamsa, medho, majja, ojas, vasa,ambu and lasika which get localized in mutravaha srotas manifesting Prameha and this can be managed by Prameha chikitsa.

After receiving oral consent, oral medication of half tablet shiva gutika was advised to the patient in the morning with jeera and shunti water, to take yava vatya was also advised as diet in the morning pan-chakarma therapy like Sarvanga Udwartana with kolakulattadhi churna followed by Sarvanga Bashpa sweda and Sarvanga Takra dhara with Musta, Jata-mayadhi and Amalaki churna for 5 consecutive days was advised. Virechana karma was planned for the patient for which deepana and pachana was done with Chitrakadi vati one tablet twice a day for 3 days and Snehapana with Maha tiktaka ghrita for 3 days (Table 2), vishrama kala for 3 days where Sarvanga abhyanga with Murchhita tila taila followed by Sarvanga Bashpa sweda was given and diet restriction was done and patient was asked to take rice rasam and Pongal, on the 3rd of vishrama kala amla rasa i.e., pomegranate juice of around 200-250ml was advised to patient. Virechana karma with Trivrut lehya of 50gm and anupana of Ushna jala was given and patient had 11 vegas. After virechana karma 3 days of samsarjana krama was given and after the above set of treatment blood and urine sugar levels was found to be reduced when compared to previous (Table 1). After shodana karma Shilajathu prayoga was done i.e. tablet shiva gutika half tablet with jeera and shunti water in the morning and madhu Mardana powder of 1tsp in the night before food and meha abhaya kashaya of 3tsp twice a day after food was

given. The weight of the patient was monitored throughout the treatment, without allowing the condition to enter to Asadhya condition¹⁰. After these set

of treatment further reduction in blood and urine sugar level was seen (Table 1).

Table 1 – Changes in Blood parameters on medication

	Normal range	Day 0	1 st month	2 nd month	4 th month	5 th month	8 TH month
FBS (In mg/dl)	70-100	215	186	132	-	120	110
PPBS (In mg/dl)	<180	321	232	170	-	165	136
FUS (in %)	Nil	Traces	0.5	Nil	-	Nil	NIL
PPUS (in %)	Nil	1	1	Nil	-	Nil	NIL
HBA1C (in %)	4.4-5.7	12.2	-	-	6.9	-	7.0

Table 2 – Snehapana with the dosage

Day	Dosage (in ml)
Day 1	50
Day 2	100
Day 3	120

RESULTS

A significant reduction in blood parameters and clinical presentation was observed over the period of 12 months of medication (Table 1).

DISCUSSION

Prameha manifests due to simultaneous vitiation of all the three doshas with the causative factors like avoiding of Vyayama, indulging habitually sleep and sedentary life, and regimens which produces more Kapha, Meda and Mutra. Due to Nidana Kapha gets aggravated disturbs Meda due to similar qualities and meda is ashraya for Kapha. Increased Kleda in the body transformed into Mutra. The prameha which are curable should be treated with Samshodana and Samshamana.

Also, Acharya Charaka Gives Similie stating, the bird attached towards the trees where it lays their nests similarly Prameha affects people who are following

Snigdha Ahara, aversion towards bath and exercise death immediately come in the form of Prameh.

Rukshanakriya is mentioned in Prameha Rukshana.

Rukshana Dravya are with Tikta (bitter),

Katu, Kashaya Rasa, consisting of Ruksha¹¹, Laghu, Tikshna, Ushna, Vishada Guna which are opposite to the Nidana of Prameha, thus helping in its Sampraptivighatana. According to Acharya Charaka Prameha gets immediately cured by Udvartana Chikitsa.

Udvartana reduces Kapha and liquefies the Meda which were increased in the pathogenesis of the

Here Rukshana therapy was done to patients i.e., Udvartana with kolakulattadhi churna followed by Sarvanga Takra dhara with Musta, Jatamamsi and Amalaki churna was done for 5 consecutive days.

Various research has proved that by the Takra dhara intervention there is significant reduction in blood glucose level¹² and also the cortisol hormone level. Takradhara has sama shitoshna and sthambhana

gunas. Aggravated Ushna and sara guna of pitha dosha is coming to normalcy by sita and sthambhana property. Pitha is a major factor helping in endocrine secretion by its ushna and sara property. Vata dosha helps to give movements for proper functioning of all endocrine secretions by its chala guna. So, when cortisol level increases, vata pitha dosha vitiation occurs. Takradhara can relieve this Vata pitha dosha Kopa by its sita sparsa effect, sthambhana effect, procedural effect of dhara etc. Also, Takradhara relaxes neural impulses which cause shortening of CRH, and it controls the ACTH production along with vasopressin and helps to reduce plasma cortisol level. In total, the cumulative effect of all these cause reductions of symptoms of DPN after Takradhara

According to previous research done on prameha case showed Yava as the specific diet in prameha i.e., among all the patyas mentioned in shastra Yava is pradhana “yava pradhanastubhavet pramehi”. The various preparations of Yava are Yavaudana (yava Anna), Vatya (yava manda), sakthu (flour of yava), Apooa (chapati, poori), Dhana (fried yava)⁵. Yava constitutes the principal food for patients who are suffering from prameha. In the case of kaphaja prameha yava is administered along with honey. Yava soaked in triphala kashaya overnight is administered with honey. It is having tarpana effect on patients suffering from prameha⁶. The properties of yava are kashaya and madhura rasa, Rukshana and laghu guna, sheeta Virya, katu Vipaka and kapha-pitta hara⁷. A study was done where the glycemic effects of barley showed that the soluble fibre beta-glucan in barley is effective in lowering blood cholesterol and also affects glycemic response.⁸

Another study was conducted where virechana and basti was administered to 90 patients who were diagnosed as madhumeha, and the results showed that virechana had better effect in lowering FBS and basti had more effect in lowering PPBS⁹.

The ingredients of madhu mardana powder Jamun (Syzygium Cumini), Chirayata (Swertia Chirata), Karela (Bitter Gourd / Momordia Charantia), Tulsi (Ocimum Sanctum), Haritaki (Terminalia Chebula), Amla (Embllica Officinalis), Moti (Purified Pearls),

Methi (Trigonella Foenum Graecum), Shilajit (Purified), Neem (Azadirachta Indica), Haridra (Haldi / Curcuma Longa), vasa (Adhatoda Vasica), Yastimadhu (Glycyrrhiza Glabra), Kapikachu (Mucuna Prurita), Pushkarmoola (Inula Racemosa), Shunti (Zingiber Officinale), Pippali (Piper Nigrum) etc.. Ingredients of Meha Abhaya kashaya¹³ are Asana (Pterocarpus marsupium), Tinisha (Anogeissus latifolia), Bhurja (Betula utilis), Shwetavaha (Calotropis procera), Prakeerya (Sapindus trifoliatus Linn), Khadira (Acacia catechu), Kadara (Acacia polyantha), Bhandi (Rubia cordifolia), Shimshapa (Dalbergia sissoo), Meshashrunji (Prosopis specigera), Shwetachandana (Santalum album), Raktachandana (Pterocarpus santalinus), Daruharidra (Berberis aristata), Tala (Borassus flabellifer), Palasha (Butea monosperma), Jonkaka (Aquilaria agallocha), Shakha (Grewia populifolia), Shala (Shorea robusta), Kramuka (Phyllanthus reticulatus), Dhava (Anogeissus latifolia), Kalinga (Holarrhena antidysenterica), Ashwakarna (Cassia fistula), Ajakarna (Acacia leucophloea) which is mainly acts by scraping out excessive *Kapha* and *Meda* from *Srotas* by *Tikta* and *Kashaya Rasa*. *Laghu* and *Ruksha Guna* helps in absorption of excess *Kapha*, *Meda*, and *Kleda* and improve the consistency of tissue elements. *Katu Vipaka* enhances the *Agni* (normalizes the metabolic processes) and removes the *Avarana* (obstruction) of *Vata*¹⁴.

Lord Shiva gave this formulation to his son Lord Ganesha for the treatment of prameha, according to Ashtanga sangraha in rasayana vidhana. Shivagutika, the main ingredient of which is Shilajathu, cures almost all diseases that affect the body. The specific observation confirms Shivagutika superiority over other formulations in enhancing vyadhikshamatva property. It can be used to treat Pranavaha Srotas (Respiratory System), Annavaha Srotas (Gastrointestinal Tract), Purisavaha Srotas (Excretory System), Rasavaha Srotas (Haematological), and Raktavaha Srotas (Haematological) diseases. Shilajathu contains the herbs Kashaya (astringent), Amlarasa (sour flavour), Katu vipaka (pungent in biotransformation), and Anushnaseetaveerya (not too cold potency).

Yogavaha is used because it improves the efficacy of other medications. The Shivagutika contains Brimhana (nourishment), Deepana (digestive stimulation), and Pachana (digestive).

Shilajatu consists of Rasyana Properties as mentioned by Acharya dalhana which acts at the level of Agni Srotas and Provide nourishment to all the dhatu. The present case shows that the selected *protocol* helps to control blood sugar levels in mild to moderate diabetic patients and may retard the complications of Prameha.

CONCLUSION

The above study can conclude that *guda* plays a vital part in the excretory process of the human body. It helps in the excretion of *mala* and *apan vayu* or excretory products of our body. Along with these functions, it has significant surgical importance in the human body. Its structural relevance should be kept in mind while performing any surgical or para-surgical procedures. Otherwise, it can be a life-threatening condition.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Bhoomika R & Priyanka B V: Ayurvedic management of prameha: a case study. International Ayurvedic Medical Journal {online} 2024 {cited January 2024} Available from: http://www.iamj.in/posts/images/upload/247_251.pdf