

COMPREHENSIVE UNDERSTANDING OF SAMPRAPTI OF DIABETIC PERIPHERAL NEUROPATHY IN AYURVEDA: A CONCEPTUAL REVIEW

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<https://doi.org/10.46607/iamj3313042025>

(Published Online: April 2025)

Open Access

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Article Received: 08/02/2025 - Peer Reviewed: 29/03/2025 - Accepted for Publication: 11/04/2025.



ABSTRACT

Background: Diabetic Peripheral Neuropathy (DPN) is a common microvascular complication of Diabetes Mellitus. Similarly, the Progression of *Prameha vyadhi* is primarily responsible for the manifestation of *Prameha Upadrava*. Symptoms of *Prameha purvarupa* and *Prameha upadrava* align with DPN manifestations. **Objective:** To draft a *Samprapti* for a comprehensive understanding of Diabetic Peripheral Neuropathy by integrating Ayurvedic fundamental concepts with modern pathological perspectives. **Materials and methods:** Reviewed Classical Ayurvedic texts and scientific publications, including review studies, observational studies, preclinical studies, experimental studies and clinical studies,

Observations: A detailed Ayurvedic and contemporary review of *Shareera Rachana* (~anatomy), *Shareera Kriya* (~physiology), *Dosha*, *Dushya* and the *Samprapti* of *Prameha* and *Madhumeha* alongside the pathological pathways of Diabetic Peripheral Neuropathy (DPN). This analysis facilitated the formulation of *Dosha*-wise and *Dhatu*-wise *Samprapti*, along with an integrated *Samprapti* model, bridging Ayurvedic and modern perspectives for better understanding of DPN. **Conclusion:** While DPN is not directly mentioned in Ayurvedic texts, the fundamental concepts of *Prameha Vyadhi* and its *Samprapti*, particularly the role of *Dasha Dushya* in manifesting *Prameha* and *Madhumeha*, cannot be neglected. Because these fundamentals further provide a solid foundation for understanding

Samprapti of Prameha Upadrava. The lack of a detailed *Samprapti* for *Prameha Upadrava* in classical Ayurvedic literature necessitates a comprehensive effort to bridge modern pathological insights with Ayurvedic principles. This article attempts to enhance understanding and support the development of targeted, practical treatment approaches to achieve improved prognosis. However, further research and exploration in this field are essential.

Keywords: Diabetes mellitus, Diabetic Peripheral Neuropathy, *Prameha*, *Prameha upadrava*, *Samprapti*.

INTRODUCTION

Diabetic Peripheral Neuropathy (DPN) is one of the most prevalent microvascular complications of Diabetes Mellitus. Numerous molecular pathways are linked to neuropathic progression, but it is unclear whether these pathways are altered throughout disease and pose challenges in choosing novel therapeutic approaches.^[1] Similarly, In *Ayurveda*, understanding DPN's *Samprapti* (~pathogenesis) is important for effective management. As the disease *Prameha* progresses due to continued intake of etiological factors, *Vata dosha* gets aggravated, leading to *Avarana* or *Dhatukshaya avastha* of *Madhumeha* and gradually may lead to *Prameha upadrava*. *Kara pada daha*, *Suptata*, *Anga shosha*, *Nidra nasha*, *Dourbalyata*, *Toda* and *Harsha* are the symptoms attributed to *Upadrava* of *Prameha*, while *Karapadadaha* (~burning in the hands and feet) and *Shithilata* (~loss of strength) are *Purvarupa* of *Prameha*, these are similar to the signs and symptoms of Diabetic Peripheral Neuropathy. For a contemporary understanding of DPN in *Ayurveda*, drafting a unique *Samprapti* considering the *Nidana*, *Dosha* and *Dushya* of *Prameha* and *Purvarupa* and *Upadrava* is necessary.

OBJECTIVES:

Primary Objective: Comprehensive understanding of *Samprapti* (pathogenesis) of Diabetic peripheral neuropathy by integrating *Ayurvedic* fundamental concepts with modern pathological perspectives.

Secondary objectives:

- Analysing and Understanding basic *Samprapti* of *Prameha* and *Prameha upadrava*.
- Comparative analysis of fundamental concepts like *Shareera rachana* (~anatomy), *Shareera kriya* (~physiology), *Nidana* (~causative factors), *Dosha* and *Dushya* involved in the *Samprapti* of DPN.

MATERIALS AND METHODS:

The classical *Ayurvedic* texts, including the commentaries on *Charaka Samhita*, *Sushruta Samhita*, *Ash-tanga Hrudaya* and *Ashtanga Sangraha*, were reviewed for this study. Scientific literature published until December 2024, relating to Ayurveda and contemporary medicine were searched through multiple databases, including ResearchGate, Google Scholar, PubMed, Semantic Scholar, the AYUSH research portal, Scopus and the Cochrane Library. Thesis works relevant to the study were additionally sourced from the *Shodhganga* and *Helinet* repositories. The literature search employed keywords such as "*Prameha*," "*Madhumeha*," "*Prameha upadrava*," "*Prameha pidaka*," "*Samprapti*," "*Sira*," "*Dhamani*," "*Srotas*," "*Upadrava*," "Diabetic complications," and "Diabetic peripheral neuropathy." Boolean search techniques were utilised with the operator AND, forming diverse combinations of terms like "Diabetes," "*Prameha*," "Diabetic Peripheral Neuropathy" with "*Nidana panchaka*," "*Samprapti*," "Pathogenesis," "Complications," and "Peripheral Vasculature." A wide range of studies, including review, observational, preclinical, experimental, and clinical studies, were considered for this review.

OBSERVATIONS:

The reviewed observations and results are organised under four main headings, representing the foundational concepts essential for drafting the *Samprapti* of Diabetic peripheral neuropathy (DPN).

➤ Review on *Shareera Rachana* and *Kriya* of Peripheral Nerves in *Ayurveda*:

In Diabetic Peripheral Neuropathy, the functions of peripheral nerves are compromised. The vasculature plays a fundamental role in supporting the function of peripheral nerves by supplying blood, oxygen and

other nutrients to the cells comprising nerve tissue. The vasculature is also crucial in supporting nerve regeneration following injury.^[2] The vascular system of the peripheral nerve, the vasa nervorum, can be categorised into extrinsic and intrinsic systems.^[3] The extrinsic system comprises a series of arteries and veins that run along a peripheral nerve's surface and mainly supply the epineurial and perineurial regions. The intrinsic system involves small arteries that supply blood and dissolved nutrients to the inner endoneurial nerve compartment.^[4] Endothelial cells, which form the inner lining of blood vessels, are known to synthesize several factors that are supportive of nerve regeneration.^[5,6] It seems that, both indirectly and directly, the hyperglycaemic state and oxygen delivery reduction through the vasa nervorum, along with endothelial cell dysfunction, can determine microangiopathy due to hypoxia and inflammatory damage, which in turn is responsible for the alteration of the activity of the nerves.^[7] There is no direct reference to peripheral nerves in *Ayurveda*; however, considering a few key concepts and understanding these concepts in combination can provide insight into the anatomical and physiological aspects of peripheral nerves in *Ayurveda*.

As Anatomical structures involved in DPN are nerves and vasa nervorum, *Sira* and *Dhamani* were considered for review. धमनाद्गमन्यः स्रवणात् स्रोतांसि सरणात्सिराः^[8]

Concept of Rasayani:^[9]

According to *Dalhanacharya*, *Rasayani* the *Dhamani* carries *Rasa*, *Vata*, *Pitta*, and *Kapha* to the *Adhoshareera*, specifically to the distal part of the lower limbs. The weakness of these *Rasayani* leads to the development of *Prameha upadrava*. DPN occurs in stocking and glove patterns, affecting the peripheries of the limbs. This clearly references DPN symptoms, primarily in the lower limbs.

➤ Review on Nidana (~causative factors):^[10-12]

Various hypotheses have been suggested to explain the development of Diabetic peripheral neuropathy, among which are Hyperglycaemia, microvascular angiopathies, Oxidative stress, polyol pathways, Glycation, and Advanced Glycation End Products. Diabetic Peripheral Neuropathy is not mentioned in *Ayurvedic*

classics. So, *Nidana of Prameha* can be considered *Nidana* of Diabetic Peripheral Neuropathy.

➤ Review on Purvarupa (~prodromal symptoms):^[13]

Purvarupa of diabetic peripheral neuropathy is explicitly not explained in texts. Few among the *Purvarupa of prameha* might extend over time and as it advances, the symptoms may tend to become more severe.

Purvarupa specific to DPN are –

- *Karapada suptata daha* ~ burning sensation and numbness at palm and sole.
- *Shithilangata* ~ weakness in limbs.

According to the *Charaka Samhita*, *Kaphaja* and *Pittaja prameha* with *Purvarupa* are considered *Asadhya*.

➤ Review on Prameha Upadrava (~Complications):

Prameha upadrava, according to *Charaka samhita*, are *Trushna*, *Atisara*, *Jwara*, *Daha*, *Dourbalya*, *Arochaka*, *Avipaka*, *Pootimamsa*, *Pidaka*, *Alaji* and *Vidradhi*.^[14]

Sushruta Samhita^[15] and *Ashtanga hrudaya*^[16] explain *Doshaja prameha upadrava lakshana*.

- *Kaphaja prameha upadrava* are *Makshika upasarpana*, *Alasya*, *Mamsa upachaya*, *Pratishyaya*, *Shaithilya*, *Arochaka*, *Avipaka*, *Kapha praseka*, *Nidra*, *Chardi*, *Kasa* and *Shwasa*.
- *Pittaja prameha upadrava* are *Avadarana of Vrushana*, *Basti bheda*, *Medra toda*, *Hrudi shoola*, *Amlika*, *Jwara*, *Atisara*, *Arochaka*, *Vamathu*, *Paridhoopana*, *Daha*, *Moorcha*, *Pipasa*, *Nidranasha*, *Pandu Roga*, *Pitata of vit*, *Mutra* and *Netra*.
- *Vataja prameha upadrava* are *Hrit graha*, *Laoulya*, *Ati nidra*, *Stambha*, *Kampa*, *Shoola* and *Baddha purishata*.

➤ Review of Dosha and Dushya involved:^[17]

Prameha is caused because of *Tridosha* and *Dasha-dushya*. Predominantly *Kapha* and *Meda dhatu dushti* play a role in causing *Prameha*. As and when *Prameha* progresses, sequentially after *Kapha*, even *Pitta* and lastly, *Vata* are affected, leading to *Madhumeha* and eventually causing *Prameha upadrava* (including *Prameha pidaka*). Hence, the same *Dosha* and *Dushya* of *Prameha* continue to be part of DPN *Samprapti*.

➤ Review on *Samanya Samprapti* of *Prameha*, *Madhumeha* and *Prameha Pidaka*:

Samprapti is of two types: *Samanya* and *Vishesha Samprapti*.^[18]

Figure 1. Shows *Samanya samprapti* of *prameha*.

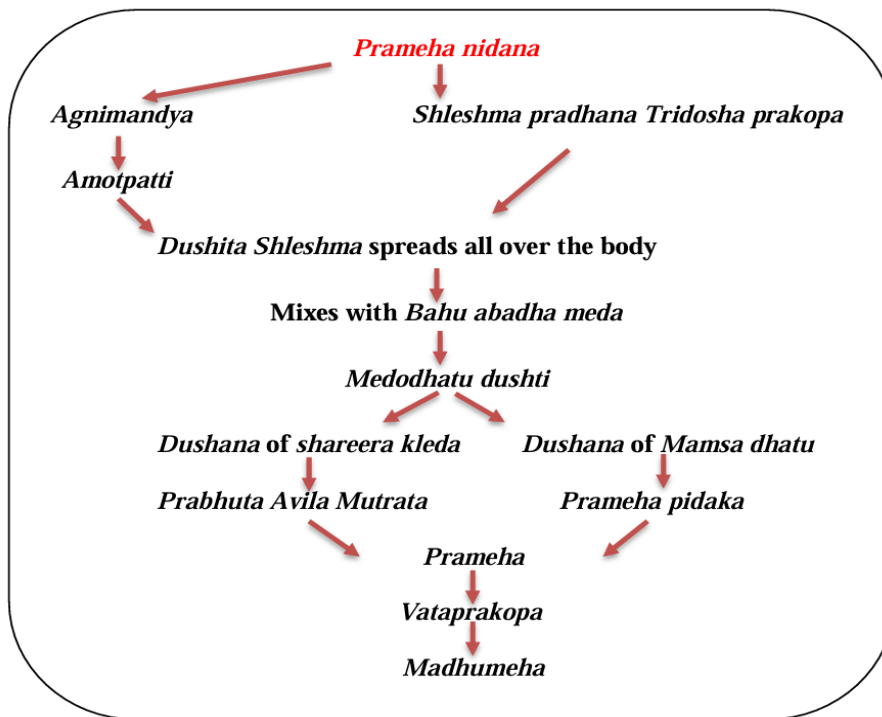


Figure 1. *Samanya samprapti* of *Prameha*.

Vishesha samprapti of Madhumeha.^[19]

Here, two types of *Samprapti* can be observed –

1. *Avarana*

Dooshitha Kapha, Pitta, Mamsa, and Meda cause *Avarana* to *Vata dosha*, leading to *Vata dusti*. *Prakupita Vata* affects *Ojas* and dries up the *Kleda dravyas* of the body, causing *Madhumeha*. Depending on the *Doshas* involved, there might be symptoms of *Pittavruta vata, Kapha Avruta vata, or Mamsa Avruta vata*.

2. *Dhatu kshaya*

Due to *Dhatu kshaya*, *Vata* gets aggravated. When *Vata* is aggravated, it drives away *Ojas* and other *Kleda dravyas* from the body through *Basti* and produces *Madhumeha*.

Samprapti of Prameha Pidaka.^[20]

When *Vasa* and *Meda Vyapta pramehi* consume the *Nidanaarthaka bhavas*, *Kapha* dosha gets vitiated, further vitiating *Pitta* and *Vata*. These Vitiated *Doshas*

settle in the *Meda dhatu* and *Vasa*, i.e., *Sneha of Mamsa*, and manifest the *Prameha pidakas* in the *Pramehi*.

DISCUSSION

➤ **Understanding the role of *Sira* and *Dhamani* in *Prameha updrava* ~DPN:**

As already seen in the review, In Diabetic Peripheral Neuropathy (DPN), compromised peripheral vascular supply (*vasa nervorum*) and damaged peripheral nerves are the key structural components involved in its manifestation. Structural damage to these entities impairs their functions, namely blood circulation and nerve conduction. From an *Ayurvedic* perspective, peripheral vascular supply and nerves can be understood through terms like *Sira* (veins), *Dhamani* (arteries) and *Srotas* (channels or pathways). According to *Charaka Samhita* and *Ashtanga hrudaya*, *Sira* and

Dhamani are synonyms for all the visible and invisible channels that move through tissue elements.^[21]

Table 1 Shows the comparative analysis of Sira and Dhamani.

Table 1: Comparative analysis of Sira and Dhamani.			
Anatomical Structure involved	Functions	Contextual Correlation	Physiological considerations
<i>Sira</i> – <i>Vatavaha</i> (aruna varna), <i>Pittavaha</i> (neela varna) and <i>Raktavaha Sira</i>	Carries <i>Vata</i> , <i>Pitta</i> , <i>Kapha</i> and <i>Rakta dosha</i> respectively. <i>Vatavaha sira</i> – “ <i>Vaa Gati Gandhanayoh</i> ”, the first word <i>Gati</i> , indicates to move or motor activities of the body. The second word <i>Gandhan</i> , indicates perception of smell through <i>Ghranendriya</i> (organ of smell). So, the term <i>Gandhanayoh</i> here represents all the sensory perceptions of the conducting nerves. Thus, the definition of <i>Vata</i> indicates the two main functions of nervous system i.e., motor and sensory.	<i>Vatavaha sira</i> can be considered as arteries and nerves. <i>Pittavaha Sira</i> are <i>Neela varna</i> and <i>Ushna</i> . It can be accepted as veins. <i>Raktavaha sira</i> are <i>Rohinya</i> , which are moderately <i>Ushna</i> and <i>Sheetha</i> can be correlated with capillaries of the body.	Peripheral vascular system exclusively supplying the peripheral nerves. They serve as specialized pathways for transmitting neural impulses either from the centre to the periphery or from the periphery to the centre.
<i>Dhamani</i> ~ <i>Rasayani</i> ^[9] – supplying <i>Adhoshareera</i> (~lower body). According to <i>Sushruta samhitha</i> , among 24, 10 <i>Adhogami</i> supply below <i>Nabhi</i> that is <i>Pakwashaya</i> , <i>Kati</i> , <i>Guda</i> , <i>Basti</i> , <i>Medra</i> and <i>Sakthi</i> ~ Lower limbs.	<i>Dhamani</i> – pulsating. Circulates <i>Rasa</i> . Manifests <i>Sparsha guna</i> (the sensory component)	Vasa Nervorum - the arteries and arterioles that supply oxygen and nutrients to peripheral nerves.	These vessels form a vital part of the vascular network within nerves, particularly within the Endoneurium (the innermost connective tissue layer surrounding individual nerve fibers), supporting the motor and sensory functions of the peripheral nerves.

In *Prameha samprapti*, *Acharya Charaka* mentioned the words ‘*Visruptim*’ and ‘*Visarpancha*’ that highlight the spreading nature of *Kaphaadi dosha* and *Dhatu* all over the body. The channels through which these are carried can be related to *Vatavaha sira* because *Vata* holds other *Dosha* and *Dushya*. Further, these *Dosha* are carried down to lower limbs through *Rasayani* (*Dhamani*), leading to DPN. Hence, in

Prameha Samprapati, *Sira* and *Dhamani* play a crucial role.^[22]

➤ **Samprapti of Diabetic Peripheral Neuropathy:** *Samprapti* is defined as “तस्माद्दोषेति कर्तव्यतोपलक्षितं व्याधि जन्म संप्राप्तिः न तु केवलं जन्मेति ।”^[23] *Samprapti* is not merely about the *Vyadhi* but also the factors responsible for the *Vyadhi utpatti*. Understanding the **Samprapti of DPN** in Ayurveda requires a comprehensive and integrative approach, as it involves the

interplay of various concepts. For clarity and depth, the discussion is structured under four headings:

1. **Interpretation of Basic Samprapti of Prameha.**
2. **Madhumeha Samprapti and Its Progression.**
3. **Dushya-wise Samprapti.**
4. **Dosha-wise Samprapti.**
5. Integrating the above information will help provide a comprehensive understanding of the pathology of DPN.

1. **Interpreting Basic Samprapti of Prameha:**

Pramehaja nidana sevana and its influence on *Dosha* and *Dushyas* cause *Prameha*.

Here, *Kaphaja*, *Pittaja*, and *Vataja prameha* can be considered as successive stages of *Prameha vyadhi*. *Prameha vyadhi* progresses from *Kapha* to *Pitta* and finally into *Vata pradhana avastha (madhumeha)*, which is *Asadhya* and can soon lead to *Upadrava*. Here, analysing *Dosha-wise Samprapti* as a potential pathway in the causation of diabetic complications is essential.

Figure 2- Showing the Dosha wise Samprapti of prameha

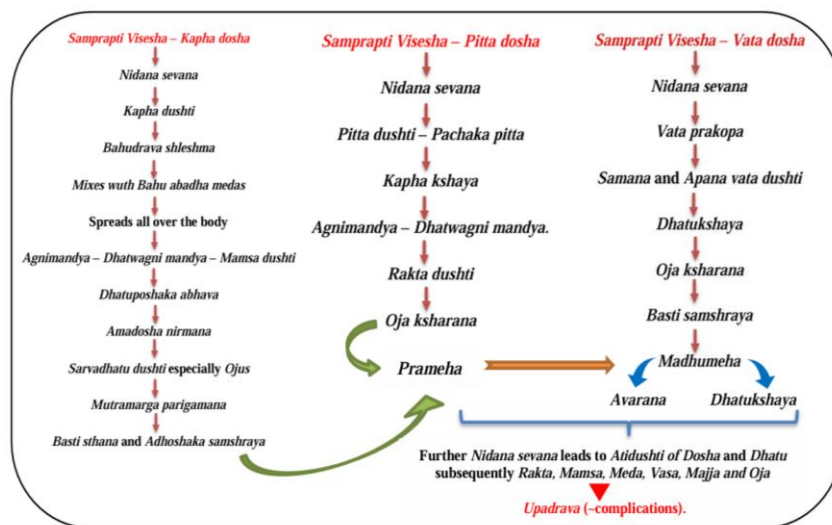


Figure 2- Showing the Dosha wise Samprapti of Prameha

If *Madhumeha* is left untreated, it gradually progresses to a *Dhatukshaya avastha*, paving the way for *Prameha upadrava*. According to *Sushruta Samhita*, *Prameha* with *Upadrava* is particularly mentioned as *Madhumeha*.

2. **Madhumeha Samprapti and its progression**

can be understood under *Avarana janya* and *Dhatukshayaja*.

1. **Avarana samprapti:**

Excessive vitiated *Kapha*, *Pitta* and other *Dushya* form *Avarana* to *Vata dosha* and cause *Vata dusti*.

Due to further progression in *samprapti*, symptoms become stronger & reach *Upadrava avastha* (Diabetic Neuropathy).

2. **Dhatu kshayaja samprapti:**

Due to *Dhatu kshaya*, *Vata* gets aggravated. Vitiated *Vata* drives away *ojas* and other *kleda dravyas* out of the body through *Basti* and produces *Madhumeha*.

Further intake of *Nidana* and not treating *Madhumeha* leads to a progression of neuropathy pathology.

Figure 3- Showing Samanya samprapti of Diabetic peripheral neuropathy in Ayurveda.

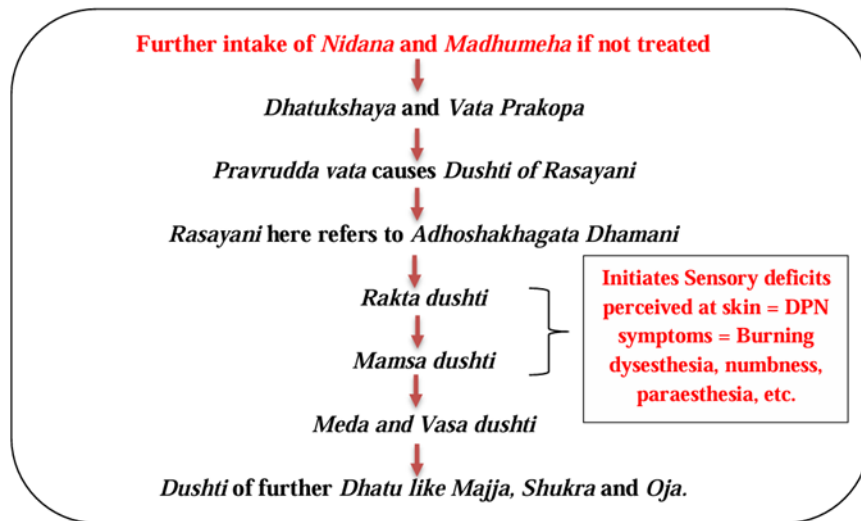


Figure 3- Showing Samanya samprapti of Diabetic peripheral neuropathy in Ayurveda.

From the beginning of Prameha samprapti, the roles of Dosha and Dushya hold pivotal significance. These elements are not only crucial in the initiation of the disease but also play a fundamental role in its progression towards Prameha upadrava (~Diabetic peripheral neuropathy). Understanding the involvement of predominantly affected Dhātu and Dosha through specific Samprapti is essential.

Figure 4: Shows Dhātu wise samprapti of Diabetic peripheral neuropathy.

Figure 5: Shows Dosha wise samprapti of Diabetic peripheral neuropathy.

3. Dhātu wise Samprapti of Diabetic peripheral neuropathy.

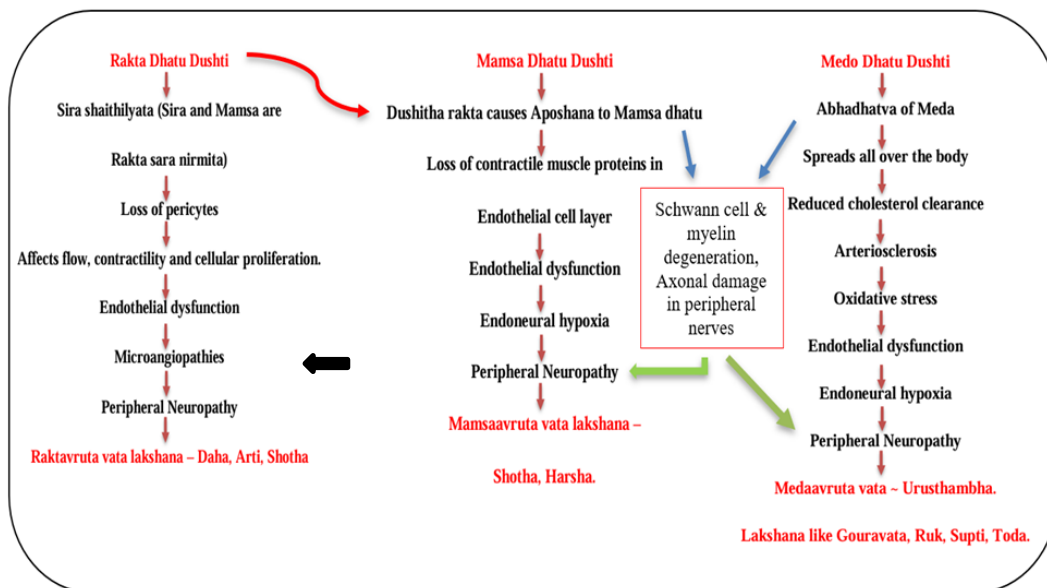


Figure 4 - Showing Dhātu wise Samprapti of Diabetic peripheral neuropathy.

4. Dosha wise Samprapti of Diabetic peripheral neuropathy.

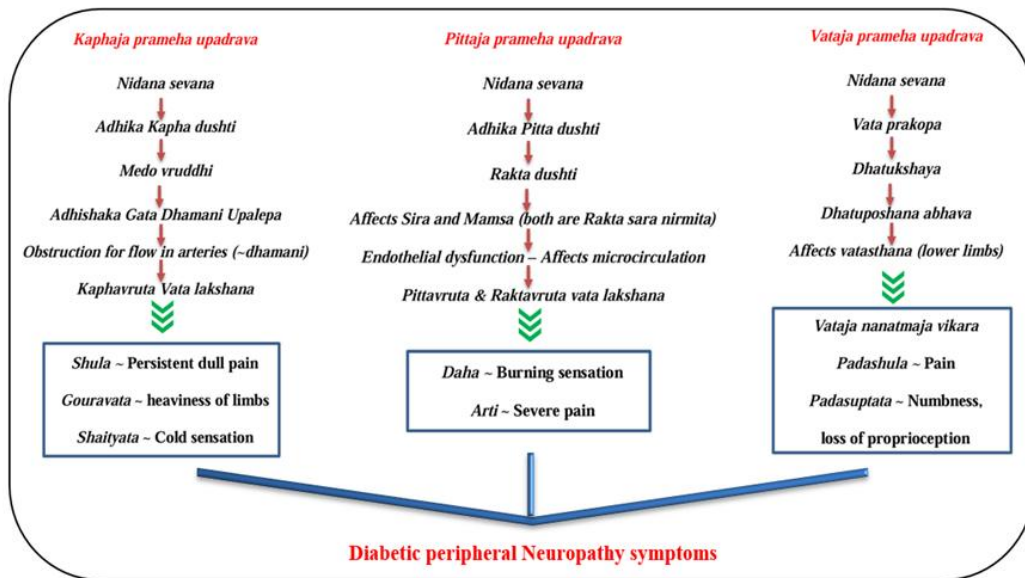


Figure 5: Showing Dosha wise Samprapti of Diabetic peripheral neuropathy

This can be better comprehended by analyzing Avruta Lakshana, such as Pittavruta Vata, Kaphavruta Vata, Shonitavruta Vata, Mamsavruta Vata and other types of Dhatu Avruta Vata and Vataja nanatamaja vikara lakshana. These manifestations closely resemble the sensory symptoms observed in DPN.

5. Integrating the principles of Ayurveda with DPN pathology – Comprehensive Understanding.

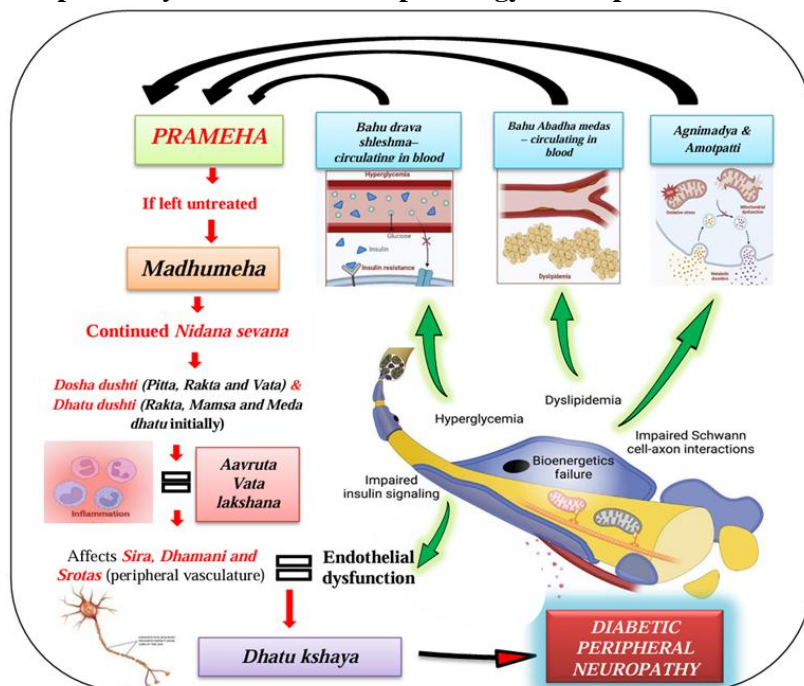


Figure 6: Shows Ayurvedic interpretation of DPN pathology. [24-25]

Figure 6 shows a comprehensive understanding of DPN pathology. The predominant causative factors and/or mechanisms relating to Diabetes mellitus have been related to fundamentals of Prameha like:

- **Hyperglycaemia can be correlated to *Bahu Drava sleshma*.**

Here, *Drava guna* of *Sleshma* can be considered as mucus. Observing the *Dasha dushya* involved in the *Prameha*, all except *Rakta* belong to the *Kapha* category. *Kapha* having *Picchila guna* (~mucus) affects blood viscosity (~*rakta*).^[26] Sun J et al. researched 318 Type 2 Diabetes mellitus patients to find the potential link between the Blood Viscosity: Roles of Hyperglycaemia and Elevated Plasma Fibrinogen. They found that elevated HbA_{1c} level affects blood viscosity, an important indicator of risk for complications in T2DM patients, contributing to blood flow impairment and other pathophysiological aspects of diabetes-related vascular complications such as the formation of blood clots.^[27] Here, it can be comprehended that the elevated glucose levels and plasma fibrinogen attributed to *Sandra* and *Picchila guna* of *Kapha*, thus affecting blood viscosity. Leading to blockage of *Adhogami Rasayani*, causing *Prameha upadrava* ~DPN.

- **Dyslipidemia can be related to *Bahu Abaddha medas*.**

High plasma triglyceride concentration, low HDL cholesterol concentration and increased concentration of small dense LDL-cholesterol particles are the characteristic features of Diabetic dyslipidemia.^[28] It is a significant contributor to the development of diabetic neuropathy via inducing oxidative stress in root ganglia sensory neurons.^[29-30] Fakhir et al. conducted a controlled trial on a total number of 51 patients with a history of type 2 diabetes mellitus, presenting with subjective symptoms of peripheral neuropathy, as well as 31 healthy subjects, serving as control. They found that metabolic lipid disturbances in terms of atherogenicity co-exist with neuropathy in type 2 diabetes mellitus despite the duration of the disease and is a valuable marker for preclinical atherosclerosis.^[31] Here, Dyslipidemia can be understood under the concept of *Abaddha Medas*. *Abaddha medas* refers to the bulk of the fatty acids they use for oxidation supplied from the phospholipids made in the liver. These circulate in the body via blood circulation.^[32] In *Prameha*, the *Kapha Picchila* and *Sneha Guna* get increased due to the *Nidana Sevana* (*Shleshmala Ahara Vihara, Gramya*

Dosha and Santarpanotta Vikaras), causing *Abaddhata of Medas* and its *Paribramana* in *Rasa* and *Rakta Dhatu*. This further leads to *Sangha* in *Adhogami vata vaha sira* and *Dhamani* leading to manifesting *Dosha* and *Dhatu dushti lakshanas* (as mentioned above in *Doshaja* and *Dhatu wise Samprapti*).

- **Bioenergetic failure ~ *Jatharagnimandya – Dhatwagnimandya and Amotpatti*.**

"Bioenergetic failure" is one of the important mechanisms leading to Diabetes and associated neuropathy. It refers to a situation where a cell or organism is unable to produce enough energy (in the form of ATP) to maintain its normal functions, usually due to a malfunction in the mitochondria, which are the primary energy-producing organelles within a cell; essentially, it's a state of "energy failure" at the cellular level where the body cannot meet its energy demands.^[33-34]

This state can be related to *Agnimandya* and *Amotpatti*. The *Apakwa aama rasa* leads to *Uttarottara dhatu dushti*, causing a lack of *Dhatu Poshaka bhava*. This results in *Dhatu kshaya avastha*, i.e., nerve degeneration, and leads to DPN due to impaired Schwann cell—axon interactions.

The mechanisms mentioned above concurrently contribute to *Prameha*, which, when left untreated, gradually progresses to *Madhumeha*. Even at this stage, if it is not controlled and *Nidana sevana* is continued, it generates *Vata* and *Pitta's prakopa* vitiating *Rakta, Mamsa, Medo* and *Vasa dhatu*. These vitiated *Dosha* and *Dhatu* are carried down by *Vata vaha Sira* and *Adhogami Dhamani*, i.e., *Rasayani* (~peripheral vasculature), causing endothelial dysfunction - vascular blockage and hypoxia. By this time, *Dhatu kshaya avastha* (~nerve degeneration and Impaired Schwann cell – axon interactions) would have set in due to lack of nourishment, giving rise to DPN symptoms, i.e., *Dosha* and *Dhatu avruta lakshana* and/or *Vataja nanatmaja lakshana* as mentioned above in the *Samprapti* charts.

CONCLUSION

Diabetic peripheral neuropathy (DPN) remains an area with significant potential for exploration and more

profound understanding, primarily through the lens of *Ayurveda*. While DPN is not directly mentioned in Ayurvedic texts, the fundamental concepts of *Prameha Vyadhi* and its *Samprapti*, particularly the role of *Dasha Dushya* in manifesting *Prameha* and *Madhumeha*, cannot be neglected. Because these fundamentals further provide a solid foundation for understanding *Samprapti* of *Prameha Upadrava*. The lack of detailed *Samprapti* for *Prameha Upadrava* in classical Ayurvedic literature necessitates a comprehensive effort to bridge modern pathological insights with Ayurvedic principles. DPN is progressive and presents a limited prognosis, posing significant challenges to therapeutic approaches. Hence, by correlating various pathological events of DPN with Ayurvedic concepts and drafting a unique *Samprapti* for DPN, this article attempts to enhance understanding and support the development of targeted, practical treatment approaches to achieve improved prognosis. However, further research and exploration in this field are essential to enhance understanding and address the limitations of both contemporary and Ayurvedic science in managing DPN.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: H S Harshitha & Mythrey R C: Comprehensive understanding of Samprapti of Diabetic Peripheral Neuropathy in Ayurveda: A conceptual review. *International Ayurvedic Medical Journal* {online} 2025 {cited April 2025}