



DOSHA, DUSHYA, MALA, AND PURVARUPA IN PRAMEHA: UNDERSTANDING EARLY SIGNS AND PATHWAYS

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ABSTRACT

Prameha, akin to diabetes mellitus in Ayurvedic medicine, is characterized by abnormal urinary discharge and systemic imbalances. This study explores the Ayurvedic concepts of Dosha, Dushya, and Mala to understand their roles in Prameha's pathogenesis and clinical manifestations. Through a review of classical texts and modern literature, the research highlights how vitiations in Doshas (Kapha, Pitta, Vata), affected Dhatus (Rasa, Rakta, Meda, Mamsa, Majja), and metabolic waste (Mala) contribute to the disease. It connects traditional Ayurvedic descriptions with contemporary understandings of diabetes, emphasizing the need to further integrate these insights into modern medical practices.

Keywords: Prameha, Diabetes Mellitus, Dosha, Dushya, Mala, Purvarupa

INTRODUCTION

Prameha, a syndrome resembling diabetes mellitus in Ayurvedic literature, presents a complex interplay of physiological imbalances characterized by abnormal

urinary discharge. Central to understanding *Prameha* are the Ayurvedic concepts of *Dosha*, *Dushya*, and *Mala*. Imbalances or vitiation of these *doshas* under-

lie the onset and progression of *Prameha*, influencing its diverse clinical presentations. *Dushya* refers to bodily tissues that *doshas* affect, such as *Rasa*, *Rakta* and *Meda* shedding light on systemic manifestations beyond symptomatic expression. Furthermore, the accumulation of toxic waste products (*Mala*) due to impaired metabolism plays a pivotal role in *Prameha*'s pathology, complicating its management and clinical outcomes. This study aims to explore and integrate the Ayurvedic concepts of *Dosha*, *Dushya*, and *Mala* in the context of *Prameha*, elucidating their roles in pathogenesis and clinical characteristics. By synthesizing traditional knowledge with contemporary understanding, this research seeks to uncover deeper insights into the multifaceted nature of *Prameha*.

AIMS AND OBJECTIVES:

This study investigates the roles of *Dosha*, *Dushya*, *Mala*, and *Purvarupa* in *Prameha*, focusing on understanding early signs and pathways in Ayurvedic literature.

MATERIALS AND METHODS:

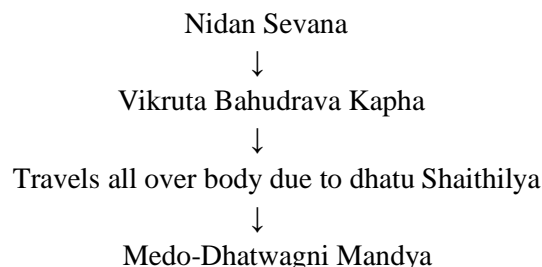
This study utilized a systematic review of Ayurvedic texts, classical Samhitas, modern medical literature and relevant online resources. It analysed references on "*Prameha*," "*Dosha*," "*Dushya*," and "*Mala*" aiming to integrate traditional and contemporary perspectives on early signs and pathways in Ayurveda.

LITERATURE REVIEW:

Prameha, as described in classical texts, is recognized as one of the *Asta mahagada*. It refers to a condition characterized by excessive outflow of urine (Shabda Kalpadruma).

"Kashayamadhuram Pandu Ruksha Mehati Naraha vatakopadasadhyam tam Pratiyanama-dhumehinam¹" (Ca. Ni. 4/44)

Samprapti:



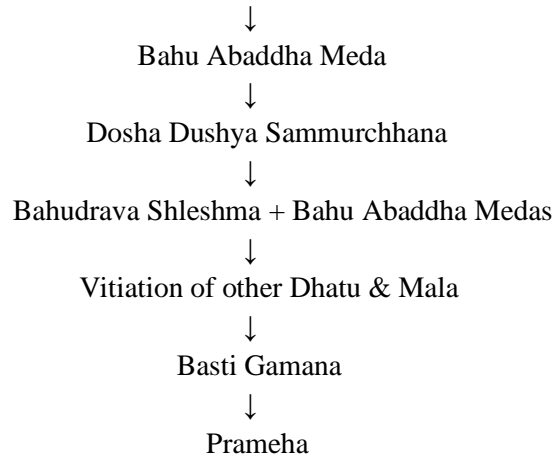
As per Acharya Charaka in the Nidan Sthana of Charak Samhita, "*Madhumeha*" manifests as urine that tastes like *Kashaya* (astringent) and *Madhura* (sweet), has a dry consistency, and resembles the color and sweetness of honey.

Nidan:²

Prameha can be attributed to *Asyasukham* (sedentary lifestyle) and *Swapnasukham* (excessive sleep). Dietary factors include excessive consumption of *dadhini* (curd preparations), *Gramya* (meat of domestic animals), *Audaka* (meat of aquatic animals), and *Anupa mamsa* (meat of wetland animals). *Payamsi* (milk and its preparations), *Navannapanam* (new grains and beverages), and *Guda vaikrutam* (preparations of sugar and jaggery) also play a role (Ch/Chi/6/4). Furthermore, substances that vitiate *Kapha dosha* contribute to the onset of *prameha*.

Purvarupa and Rupa:^{3,4,5,6,7}

Nearly every *Purvarupa* of *Prameha* described in classical texts corresponds closely to indicators of type 2 diabetes mellitus. As the disease progresses through *Dosha Samchaya*, *Prakopa*, *Dhatudushti*, and *Srotodushti*, distinct clinical presentations emerge. However, *Prameha* is identified only when symptoms like excessive urine output (*Prabhuta Mutrata*) and turbid urine (*Avila Mutrata*) manifest. Despite these symptoms appearing, underlying factors such as *Dhatudushti* may persist beyond the acute phase of the disease. Throughout this progression, the initial symptoms of *Prameha*, from *Kesheshu Jatilabhava* to *Tandra*, persist as general premonitory signs.



ROLE OF DOSHAS IN THE PATHOGENESIS OF PRAMEHA:

- i. **Kapha:** According to Charaka, *Kapha dosha*, tends towards *Bahudrava* and maintains *Sthiratva* in its balanced state (Ca.Su.18/51; Ca.Su.11/3). When vitiated, it manifests as *Sharirshaithilya*, with symptoms like *Atinidra*, *Tandra*, and *Alasya*. In *Madhumeha*, *Kapha* is the predominant dosha driving the disease, affecting *Meda*, *Mamsa*, *Kleda*, *Rasa*, *Vasa*, and *Lasika*. Charaka and Chakrapani highlight *Kapha*'s crucial role in the onset of *Madhumeha* and its impact on *dhatu* (Ca.Ni. 4/5).
- ii. **Pitta:** *Pitta dosha* plays a secondary role in prameha and is mainly involved in *Avaranajanya Madhumeha* due to a *Pitta-prakopaka ahar*. *Pitta* primarily resides in *Rakta*, *Sweda*, *Lasika* and *Rasa*. Its aggravation disrupts these *dhatu*, causing symptoms like *Sweda Vriddhi*, *Visrashariragandha*, *Paridaha*, *Pipasa*, *Sosha*, and indirectly affects *Agnivaishamy*. In *Avaranajanya Madhumeha*, symptoms mainly arise from *Pitta* aggravation, like *Trunshavridhi*⁴(Va.Su.11/7)
- iii. **Vata:** In *Madhumeha*, *Vata dosha* predominates, often aggravated by *dhatukshaya* or *srotas avarana* by *Kapha*, *Pitta*, and *Meda*. This aggravated *Vata* pulls vital substances like *Vasa*, *Majja*, and *Oja* towards the bladder, leading to their loss through urine and *dhatukshaya*. Symptoms include *Karshya*, *Daurbalya*, *Anga suptata*, and

Pari saransheela (brittleness). Charaka notes that *Vata* regulates *dhatu* metabolism by transporting nutrients like *Rasa* to nourishing *dhatu* (Ca.Su.12/8). Disruption in this process causes vitiated *dhatu* to accumulate, impairing *Vyanavayu* function and causing *Apana Vayu* to expel essential *dhatu* through urine, leading to their depletion.

ROLE OF DUSHYAS, AGNI AND MALA IN THE PATHOGENESIS OF PRAMEHA:

All acharyas addressed the role of *dhatu* in pathogenesis. Charaka specifically identified a group as *Dushya Vishesha* (Ca.Ni.4/7) and reiterated this in the *Cikitsasthana* section. Sushruta categorized *dhatu* alongside *dosha* types (Su.Ni.6/11), consistently including *Meda* in each type. Vagbhata included *Sweda* as a *dushya*, alongside the *dhatu* mentioned earlier (A.H.Ni.10/4).

1. **Rasa and Rakta Dhatu:** *Rasa Dhatu*, governed by *Kapha dosha*, exhibits an inherent affinity in the pathogenesis of *Madhumeha*, presenting with characteristic symptoms like *Hrillasa*, *Gaurava*, *Angamarda*, *Sada*, *Pandutva*, and *Klaibya* (Ca.Su.28/9-10). *Kapha Vriddhi* presents as *Alasya*, *Sheetata*, *Slathangata*, and *Nidradhikya* (A.H.Su.11/7), with symptoms resembling those of *Rasa Vriddhi* as noted by Vagbhata (A.H.Su.11/8). Meanwhile, *Rakta dhatu*, primarily governed by *Pitta*, is identified as a *dushya* in *Pittaja Prameha*'s pathogenesis, leading to complications like *Pidaka*, *Vidradhi*, and *Alaji* (Ca.Ni.4/48).

- Mamsa Dhatu:** *Mamsa dhatu*, a vital body tissue described in Charaka Samhita, is prominently affected in *Kaphaja Prameha* and *Avaranjanya Madhumeha*. Similar to *Kapha*, *Mamsa* dhatu provides strength and stability to the body. When vitiated, it loses its normal consistency (*Shaithilya*) and creates space (*Avakasha*) for morbid matter accumulation, leading to conditions like *Puti Mamsa Pidika* (Ca.Ni.4/8). This disruption mirrors impaired protein metabolism crucial in Diabetes Mellitus. Insulin deficiency hampers amino acid transport, elevating circulating amino acids such as alanine. Glucocorticoid dominance accelerates peripheral tissue protein breakdown, increasing amino acids in the blood. Hepatic breakdown of amino acids increases urea production. These free amino acids resemble *Abaddha Mamsa*, contributing to conditions like *Putimamsa* and *Pidaka*. Elevated blood sugar levels exacerbate these conditions, leading to putrefaction and the formation of multiple septic foci within *Mamsa dhatu*. Impaired protein synthesis hampers healing and prolongs chronic symptoms.
- Meda Dhatu:** *Meda dhatu* plays a pivotal role in the pathogenesis of *Madhumeha*, heavily influenced by its close association and vulnerability to vitiation by Kapha Dosha (Su.Ni.6/4). Both *Meda* and *Kapha* share similar functional attributes and are prone to derangement by analogous etiological factors (Ca.Su.21/5-9). In *Madhumeha*, vitiated *Meda dhatu* qualitatively manifests as *Abadha (Asamhat)*, disrupting its normal function of providing unctuousness and compactness (Ca.Ni.4/8), leading to *Shaithilya* in body tissues. Quantitatively, *Meda* vitiation results in excessive accumulation (*Bahu*) with *Aparivakva* nature akin to *Ama* (Su.Ni.6/4). Exacerbated by dietary factors like *Guru Snigdhadhi Ahara* and *Avyayamadi Vihara*, these conditions contribute to *Atimedovridhi* of *Meda Dhatu* due to impaired *Dhatvagni*, obstructing *Vayu* and aggravating *Vata Dosha*, thereby inducing *Atiagni* (Ca.Su.21/5-9).

The ramifications of *Meda Dushti* are profound and encompass various manifestations:

- *Ayusoxhrasa* (decreased life expectancy) due to inadequate nourishment of other *dhatu*s (Ca.Su.28/15).
- *Jivoparodha* (premature aging) and *Kricchavyavayata* (sexual dysfunction), attributed to *Shukra dhatu* depletion (Ca.Su.28/15).
- *Daurbalyam* (general weakness) resulting from disrupted metabolism and malnourishment (Ca.Su.28/15).
- *Daurgandhya* arising from excessive sweating, as sweat is a *Mala* of *Meda dhatu* (Ca.Su.28/15).
- *Swedabadha* (intolerable sweating) and *Kshudha-atimatra* (excessive appetite), due to the dominance of *Meda* and aggravated *Kapha dosha* (Ca.Su.28/15).

In *Madhumeha*, excess fat converts into Free Fatty Acids (FFA), utilized for muscular energy metabolism and contributing to blood glucose retention (Su.Ni.6/4). Increased appetite in *Medoroga* correlates with hyperinsulinism or heightened growth hormone secretion (Su.Ni.6/4). Diabetes Mellitus can be understood as a prolonged fasting state, where ketosis—a feature of advanced fasting—parallels the deleterious effects observed in diabetic stages, particularly in obese individuals (Su.Ni.6/4).

- Majja and Shukra:** In *Madhumeha*, *Majja Dhatu* experiences *Vata dosha* vitiation, resulting in *Kshaya* and symptoms such as *Alpashukrata*, *Parvabheda*, *Asthinistoda*, and *Asthishunyata* (Su.Su.15/13). Ketone body production suggests vitiation of both *Vasa* and *Majja*. *Murchha* can occur due to *Majja Dhatu* vitiation. Hyperglycemic coma is characterized by the accumulation of ketone bodies. In *Madhumeha* progression, *Shukra dhatu* is primarily affected by *Vata dosha*, leading to *Shukradhatu* depletion and *Shukrameha*. Symptoms include *daurbalya* and *Kricchavyavayata*, impacting *Deha bala*. *Shukra* also plays a role in *Sahaja Prameha* (congenital diabetes), influenced by *Beeja Dosha* and *Vyana* and *Apana Vayu* as causative factors according to Sushruta.

5. **Vasa and Lasika:** *Vasa*, an *Upadhatu* of *Mamsa dhatu*, possesses a '*Sleshmika*' nature and is considered one of the four primary *Sneha Dravyas*. In the context of *Madhumeha*, its vitiation is described in terms of both *Bahutva* and *Abaddhatva* (Chakrapani – Ca.Ni.4/7). However, specific manifestations of *Vasa dushti* related to *Madhumeha* are not detailed. *Lasika* also undergoes vitiation in *Prameha*. Its vitiation manifests as *Bahutva*. In *Hastimeha*, a specific form of *Prameha*, the vitiation of *Lasika* is described. Aggravated *Vata* disturbs *Lasika*, drawing it towards the *Basti* and causing its excretion through urine, leading to excessive urination, ultimately resulting in *Lasikameha* (Ca.Ni.4/37).
6. **Oja:** *Oja*: In *Vataja Prameha*, known as *Ojomeha* in the context of *Madhumeha*, *Oja* is primarily involved as a *dushya*. Aggravated *Vata*, either due to its inherent causes or due to *Avarana*, combines with *Oja* and draws it towards the *Basti*, excreting it through urine, leading to *Ojakshaya*. Symptoms of *Ojakshaya* include *Murccha*, *Mamsakshaya*, and *Moha Pralap* (Su.Su.15/29). Vagbhata additionally mentions symptoms like excessive fear (*Bibheti*), frequent weakness (*Abhikshnam Daurbalya*), disturbed senses (*Vyathita Indriya*), *Rukshata*, and *Kshinata* (A.H.Su.11/40).
7. **Kleda:** In Ayurveda, after *Meda Dhatu*, *Sharira Kleda* is another important aspect rarely considered a primary factor in diseases. *Kleda* refers to wetness or moisture, which makes the body loose (*Shaithilya*). Charaka compares *Kleda* to *Ambu*, emphasizing its fluid nature, managed by *Mutra* and *Sweda* to maintain balance. *Sweda* retains *Kleda* (*Kleda Vidhriti*), while *Mutra* eliminates it (*Kledavahana*) based on functions of *Kapha* and *Pitta dosha*. In *Madhumeha*, vitiated *Kleda* leads to *Vridhhi* rather than *Kshaya*, causing *Prabhuta Mutrata* (polyuria). Charaka notes *Avila Mutrata*, excessive urine despite necessary *Kleda* presence (Ca.Ni.4/8), due to *Dhatu Kledana*, excessive *Kleda* production. Pathological effects include *Shithilangata*, *Atisweda Pravritti*, *Visra Sharira Gandha*, *Sharira Mriduta*, and *Snigdhatata* (Ca.Ci.6/13-14). These symptoms may manifest together or separately depending on the individual's condition and constitution.
8. **Sweda:** Vagbhata identifies *Sweda* as a distinct *dushya* influenced mainly by *Meda* and *Kleda*. When *Kleda* and *Meda* are imbalanced, it causes *Swedovaha Srotodushti*, disrupting *Sweda*'s normal function and leading to symptoms like *Sweda Vridhhi*, *Daurgandhya*, *Picchilagrata*, and *Snigdhatrata*. Sushruta observes that in *Madhumeha*, *Sweda* becomes *Madhura* (Su.Ci.12/4). This may be due to glycosuria, increasing urine osmolarity and causing osmotic diuresis. This diuresis results in water, sodium, and potassium loss, leading to generalized weakness. Elevated catecholamines in diabetes also contribute to excessive sweating, worsening electrolyte imbalance by increasing sodium and chloride loss through the skin. The entire phenomenon involving *Kleda* and *Sweda* can be linked to disturbances in water and electrolyte balance in diabetic individuals.

Srotas Involvement:

Madhumeha affects various *Srotas* beyond *Mutravaha Srotasa*. The pathogenesis and symptomatology highlight the involvement of *Medovaha*, *Mamsavaha*, *Swedavaha* and *Udakavaha*.

In the pathogenesis, two types of *Srotodushti* are identified:

1. *Atipravritti* (excessive flow)
2. *Vimargagamana* (abnormal pathway)

Accordingly:

- a. Symptoms like *Kaye Malam* (heaviness of body) and *Snigdha Gatrata* (oily skin) indicate *Medovaha srotodushti*.
- b. Conditions like *Putimamsapidaka* (boils and carbuncles) reflect *Mamsavaha Srotodushti*.
- c. *Trshna* (excessive thirst) and *Mukhatalu Kanthashosha* (dryness of mouth and throat) relate to *Udakavaha Srotodushti*.
- d. *Atisrishta* (excessive urination) signifies *Mutravaha Srotodushti*.

Agni and Ama: Agni, vital for metabolic processes (*Paka, Parinamana*), plays a critical role in health, with its impairment—known as *Dhatvagnimandya*—contributing significantly to disorders like *Madhumeha*. In *Madhumeha*, *Dhatvagnimandya* leads to *Dhatu Vriddhi* when agni is low and *Dhatukshaya* when agni is high. Factors such as *Ajirna, Atibhojana, Asatmya*, and *Guru* and *Sheeta* ahara cause *Agnimandya*, resulting in accumulation of *Kapha, Meda, Mamsa*, and *Kleda*. In *Avaranajanya Madhumeha*, *Dhatvagnimandya* obstructs proper *dhatu* assimilation, leading to their vitiation and hindering Vata's movement, further aggravating the condition. This cycle stimulates *Kshudhadhikya* due to *Jatharagnimandya*. In *Madhumeha*, *Dushya dushti* mainly manifests as *Vriddhi* rather than *Kshaya*, emphasizing the role of *Dhatvagnimandya*. *Ama*, characterized by undigested, harmful substances, remains *Apakva, Asyaukta, Durgandhi*, and *Picchila*, contributing to symptoms such as *Gaurava* and *Gatrasada*. *Ama* obstructs *Mutravaha Srotas* in *Kapha*-related *Madhumeha*, hindering bodily channel flow as described in *Sushruta Samhita* (Su.Ni. 6/4).

PROBABLE EXPLANATION OF THE SIGNS AND SYMPTOMS:

Prameha, classified as *Tridoshakopanimitaja* in *Ayurveda*, manifests through a diverse array of clinical features that reflect disruptions in *Vata, Pitta*, and *Kapha doshas*.

Key clinical features such as *Karapada daha* (burning sensation in palms and soles), *Karapada suptata* (numbness in palms and soles), and *Asya madhurya* (sweet taste in the mouth) are indicative of imbalances in *Pitta* and *Kapha doshas*. *Karapada daha* is attributed to the *gati* of *Pitta dosha*, potentially involving peripheral neuritis. Conversely, *Karapada suptata* arises from the dislocation of *Kapha dosha* due to abnormal movements influenced by *Vyana Vayu*, leading to numbness. *Asya madhurya* underscores the aggravation of *Kapha dosha*, exacerbated by increased *apyamsha* (sweetness) in the body, which influences metabolic processes in *Prameha*. Furthermore, symptoms like *Kesheshu Jatilibhava* (thickening of hair), *Mukha Talu Kantha Shosha* (dryness of mouth, palate, and throat), and *Sarvakala Nidra* (excessive sleepiness) point towards systemic imbalances affecting *Rasa* and *Oja*.

Additionally, manifestations such as *Snigdha, Pichhila & Guru gatrata* highlight the predominance of *Kapha dosha* and disturbances in *apyamsha* metabolism. These insights into the pathophysiological mechanisms of *Prameha* provide a nuanced understanding of how *Ayurvedic* concepts of *Dosha, Dushya* and *Mala* align with observed clinical features.

The symptomatology chart illustrates the diverse clinical manifestations in *Madhumeha*, highlighting the involvement of *Dosha* and *Dushya*.

| Sl. No. | Dosha | Nature of Vitiation | Srotasa involved | Lakshanotpati |
|---------|----------------------|---------------------|------------------|---|
| 1. | <i>Kapha Vriddhi</i> | <i>Sarvasharira</i> | - | <ol style="list-style-type: none"> <i>Jatilibhavakesesu</i> <i>Madhuryamasasya</i> <i>Alasya</i> <i>Shithilangata</i> <i>Snigdhatratra</i> <i>Picchilatratra</i> <i>Nidra, Tandra</i> <i>Madhura and Suklamutrata</i> |
| 2. | <i>Pitta Vriddhi</i> | <i>Sarvasharira</i> | - | <ol style="list-style-type: none"> <i>Bahuashitva.</i> <i>Pipasa.</i> <i>Hastapadataladaha. Paridaha.</i> <i>Visrasarir gandha</i> |
| 3. | <i>Vata Vriddhi</i> | <i>Sarvasharira</i> | - | <ol style="list-style-type: none"> <i>Sada.</i> <i>Karasuptata.</i> <i>Padasuptata.</i> <i>Angasuptata.</i> |

| | | | | |
|-----|--------------------------------|----------------------------|-----------------------------|---|
| | | | | 5. <i>Karsya.</i> 6. <i>Dushya</i> |
| 4. | <i>Rasa Vriddhi and Dushti</i> | <i>Rasavaha, Udakavaha</i> | - | 1. <i>Gaurava.</i> 2. <i>Sada.</i> 3. <i>Tandra</i> 4. <i>Sthaulya and Krusangata.</i> 5. <i>Mukha Talu Kanthasosa.</i> |
| 5. | <i>Rakta Dushti</i> | - | - | 1. <i>Vidradhi</i> 2. <i>Rukshya (Sahaja Prameha)</i> |
| 6. | <i>Mamsa Dushti</i> | <i>Mamsavaha</i> | - | 1. <i>PutimamsaPidaka</i> 2. <i>Shaithilya</i> 3. <i>Talu-gala-jivha Dateshu Malotpatti</i> |
| 7. | <i>Meda Dushti</i> | <i>Vriddhi</i> | <i>Medovaha</i> | 1. <i>Sthaulya</i> 2. <i>Medodosha</i> 3. <i>Atikshudha</i> 4. <i>Atitrushna</i> 5. <i>Daurgandhya</i> 6. <i>Daurbalya</i> 7. <i>Svedavriddhi</i> |
| 8. | <i>Majja Dushti</i> | <i>Vriddhi</i> | <i>Majjavaha</i> | 1. <i>Netragaurava</i> 2. <i>Angagaurava</i> 3. <i>Murcha</i> |
| 9. | <i>Shukra Dushti</i> | <i>Kshaya</i> | <i>Shukravaha</i> | <i>Klaibya</i> |
| 10. | <i>Kleda Dushti</i> | <i>Vriddhi</i> | <i>Mutravaha, Svedavaha</i> | 1. <i>Mutradosa</i> 2. <i>Prabhutamutrata</i> 3. <i>Avilamutrata</i> 4. <i>Svedavriddhi</i> |
| 11. | <i>Sweda</i> | <i>Vriddhi, Dushti</i> | - | 1. <i>Svedavriddhi</i> 2. <i>Daurgandhya</i> 3. <i>Paridaha</i> 4. <i>Shlaksnagatrata</i> |
| 12. | <i>Oja Kshaya</i> | <i>Sarvasharira</i> | - | 1. <i>Daurbalya</i> 2. <i>Gurugatrata</i> 3. <i>Tandra, Nidra</i> |

DISCUSSION

In summary, this literature review on "*Dosha, Dushya, and Mala Perspectives on Purvarupa of Prameha*" has revealed intricate insights into the condition's clinical characteristics and pathways. Integrating the Ayurvedic principles of *doshas*, *dushyas*, and *malas* underscores their roles in disease manifestation and progression. This holistic approach deepens our understanding of *Prameha* and emphasises the need for further research to validate and integrate traditional insights into modern healthcare practices.

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