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A Conceptual Review of *Prameha* in Framework of *Brihat Trayi*Deepali Agrawal*¹, Aakhare Snehal²

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Abstract-

Diabetes Mellitus (DM) is a complex metabolic syndrome characterized by involvement of multiple body systems. It is caused due to absolute or relative insulin deficiency. The characteristic features of DM have close resemblance with different varieties of a disease named as Prameha in all Ayurveda texts. Charaka has mentioned Acharya Prameha / Madhumeha under Maharoga (major disease); as important body tissues (Dhatus) are vitiated. The disease, in which formation of urine and frequency of urination is more, is called as Prameha. All Doshas and Dooshyas get invariably vitiated in all types Prameha. Only those which are vitiated in excess are specifically and separately described in a particular type of Prameha. The line of treatment for Prameha is dependent on various factors such as the Prakriti of the patient, Dosha dominance in disease, Dooshya vitiation, obstruction in Srotas, Manasika Prakriti, Ahara and Vihara, hereditary factors, etc. The Ayurvedic concept of management of Prameha emphasizes on dietary and

lifestyle modifications for its prophylaxis and treatment.

Keywords:

Diabetes mellitus, *Prameha*, *Madhumeha*, *Ayurveda*, *Chraka*, *Sushruta*, *Vagbhata*

Overview of Diabetes Mellitus and Prameha

Diabetes Mellitus (DM) is a complex metabolic syndrome characterized by involvement of multiple body systems. It is caused due to absolute or relative insulin deficiency. As per the WHO, "Diabetes mellitus is heterogeneous metabolic disorder characterized by common features of chronic hyperglycaemia with disturbance of carbohydrate, fat and protein metabolism due to absolute or relative deficiency in insulin secretion and/or action or both". Reports have stated that 62 million people in India are suffering from DM². India is deemed as the world's capital diabetes. The diabetic population in the country is close to hitting the alarming mark of 69.9 million

by 2025 and 80 million by 2030³. It is a product of this new age era due to urbanization, sedentary lifestyle, imbalanced dietary habits, lack of exercise, improper daily routine etc.

The characteristic features of DM have close resemblance with different varieties of disease named as *Prameha* in all Ayurveda texts. Acharya Charaka has mentioned Prameha / Madhumeha under Maharoga (major disease); as important body tissues (Dhatus) are vitiated⁴. The disease, in which formation of urine and frequency of urination is more, is called as Prameha. It is described with major symptom "Prabhuta-Aavila-Mootrata" or excessive urination and turbid urine⁵.

Out of two varieties of Prameha. Sahaja Prameha (congenital) can be correlated with Type I Diabetes Mellitus whereas Apathyanimittja Prameha (acquired) can be correlated with Type II Diabetes Mellitus⁶. Madhumeha (DM) is a Vatika subtype of Prameha that is most close to DM. Type-2 diabetes occurs due to impaired insulin secretion, peripheral insulin resistance, and excessive hepatic glucose production. Insulin resistance impairs glucose utilization by insulin sensitive tissues and increase hepatic glucose output, both these effects contribute hyperglycaemia. to the Increased hepatic glucose output predominantly accounts for increased hyperglycaemia, whereas fasting peripheral decreased glucose uptake results rise in postprandial hyperglycaemia.

Causative factors and pathogenesis:

Sedentary habits and sleep which give pleasure are mainly responsible for *Prameha*. Curds ad various milk

preparations, various products of sugarcane such as jaggery, freshly harvested food articles, freshly prepared alcoholic drinks, soup of the meat of domesticated and aquatic animals are the main aetiological factors for *Prameha*⁷.

According to Charakacharya, as the birds are attracted towards the trees where their nests lie, similarly, *Prameha* affects people who are voracious eaters and who have aversion to bath and physical exercise⁸. Death immediately comes in the form of *Prameha* to those who are less enthusiastic, over corpulent, over unctuous and foodies.

Liquefied Kaphadosha is the primary causative factor. Above mentioned factors mainly aggravate Kaphadosha along with other doshas, aggravated Kaphadosha vitiates Medodhatu and Mamsadhatu, also produces excess *Kleda* due to dominution of Dhatvagni, which gets excreted through Mootra (urine) causing vitiation of Mootravaha srotas. Different doshas having entered in the urinary tract in vitiated conditions give rise to the respective categories of *Prameha*⁹.

Bahudravasleshma and Bahuabad dhameda are the basic pathological factors for Prameha (obstinate urinary disorders including diabetes). Bahudravashleshma can be some sort of target tissue defect, whereas Bahu-abaddhameda can be correlated with free fatty acids, which are released from intra abdominal central adipose tissues. Free fatty acids may cause insulin resistance.

Doshas like Kapha, Pitta, Vata and Dooshyas like Meda, Shukra, Ambu (body fluid), Vasa (body fat), Lasika (lymh), Majja, Rasa, Oja and Mamsa are responsible for the causation of Prameha which is of twenty types. All Doshas and Dooshyas get invariably vitiated in all types of *Prameha*. Only those which are vitiated in excess are specifically and separately described in a particular type of *Prameha*.

Kaphaja Prameha are of ten types and they are sadhya (curable) because of

the compatibility of the therapies meant for their cure, *Pittaja Prameha* is of six types and they are only *Yapya* (palliable) because of the incompatibility of the therapies meant for their treatment ¹⁰.

Table no. 1- Types of Dosha prominent Prameha

Sr. No.	Kaphaja Prameha	Pittaja Prameha	Vataja Prameha
1	Udaka Meha	Kshara Meha	Majja Meha
2	Ikshu-balika Rasa Meha	Kala Meha	OjoMeha or Madhumeha
3	Sandra Meha	Neela Meha	Vasa Meha
4	Sandra-Prasada Meha	Haridra Meha	Hasti Meha or Lasika Meha
5	Shukla Meha	Manjishtha Meha	
6	Shukra Meha	Rakta Meha	
7	Sheeta Meha		
8	Shanair Meha		
9	Lala Meha		
10	Sikata Meha		

Poorvarupa (premonitory signs and symptoms) of **Prameha**¹¹:

Sweating, giving off foul smell from the body, looseness of the body, liking for lying on the bed, sitting, sleeping and all other sedentary habits, exudation of excreta from eyes, tongue and ears, excessive growth of hair and nails, liking for cold things, dryness of the throat and the palate, stoutness of the body, sweet taste in the mouth, burning sensation in hands and feet, attracting ants towards urine – these are the signs and symptoms of approaching *Prameha*.

Rupa (Signs and Symptoms):

They have been described as per each type according to Doshic predominance¹². *Prabhoota* and *Aavila Moothratha* & excessive urination & turbidity in urine and symptoms of vitiated *Medodhatu*. The criteria of

diagnosis for each *Prameha* are urine characterized by the color, taste, touch and smell of the respective dosha¹³.

Upadrava (Complications)¹⁴:

Thirst, diarrhoea, fever, burning sensation, weakness, anorexia and indigestion

Carbuncles which putrefy the muscle tissues like *Alaji*, *Vidradhi*, etc.

Sadhyasadhyata (Prognosis)¹⁵:

Kaphaja Prameha are curable because of their compatibility of the therapies meant for their cure. Pittaja Prameha are only palliable (Yapya) because of their incompatibility of the therapies meant for their treatment. Vatika Prameha are incurable because of their incompatibility with therapies and dreadful nature of Vata leading to complications.

Hereditary Diabetes:

The patients of *Prameha*, who are diabetic since birth (congenital) and who are borne of diabetic parents (hereditary) are incurable because of the morbidity in their genes¹⁶.

Chikitsa (Treatment):

According to Ayurveda the line of treatment for *Prameha* is dependent on various factors: The Prakriti of the patient, Dosha dominance in disease, Dooshya vitiation, obstruction in Srotas, Manasika Prakriti, Ahara and Vihara, hereditary factors, etc. The Ayurvedic concept of management of *Prameha* emphasizes on dietary and lifestyle modifications for its prophylaxis and treatment.

Prameha is one of the Santarpanottha vyadhi (diseases caused due to over nutrition) mainly caused due to Aavaranajanya (due to occlusion) aggravation of Vayu¹⁷. Basic pathological factor for this Aavarana is Bahudravakapha (excess Kapha in liquid form) along with Bahuabaddhameda (excess and loosely bound fat).

One of the causative factors for this *Aavarana* is *Asamsodhana* (not getting bio-cleansing therapy at proper time). This type of *Madhumeha* ((DM) can be treated if *Samshodhana* is used in early stages of disease followed by palliative treatment¹⁸.

• Sthula Pramehi (Obese diabetics) – Those who are obese and strong. They are given Shodhana (cleansing, purification treatment).

Apatarpana Chikitsa: It is done as light diet plan (Langhana) and

purification (shodhana) for obese patients¹⁹.

• *Krusha Pramehi* (Lean diabetics) – Those who are emaciated and weak. They are given nourishing treatment – *Brimhana* therapy²⁰.

Santarpana Chikitsa: These formulations should be prepared such that they cause Santarpana without causing Vriddhi of Kapha and Medas. Vataja Prameha patients are advised to have Bhrimhana medication and diet which increases Dhathus in the body.

Samshamana Chikitsa - Mantha, Kashaya, Avaleha, Abhyang, Pradeha, Parishek, Vishranti (rest), Mamsaras Sevan, Shalishastik, Rasayan Yog

Common herbs used in management of *Prameha*²¹:

- Eugenia jambolana (*Jamun beej churna*)
- Gymnema sylvestre (Gudmar patra churna)
- Pterocarpus marsupium (Vijaysar churna)
- Ficus bengalensis (Nyagrodha twaka churna)
- Fenugreek seeds powder (*Methi* seeds *churna*)
- Momordica chirantia (*Karela* juice)
- Emblica officinalis (*Amla* juice)
- Curcuma longa (Haridra) Haldi powder along with Amla juice
- *Kiratatikta* (Chirayata): a decoction of this plant is to be taken daily every morning.

Table no. 2- Decoctions which can be used in the treatment of different kinds of *Prameha* as per *Charak Samhita*:

Kaphaja Prameha ²²	Pittaja Prameha ²³	Vataja Prameha ²⁴
Katphal, Musta, Lodhra,	Lodhra, Sevya, Arjuna,	Medicated oils prepared
Abhaya with honey	Chandana	with these decoctions
Tagar, Vidang, Haridra,	Nimba, Amalaki, Amruta,	Medicated Ghee prepared
Daruharidra	Patol	with these decoctions
Chandan, Agaru, Kushtha,	Shirish, Sarja, Arjun,	
Devadaru	Nagkeshar	
	Phalini, Kamal, Kampillak,	
	Kutaj, Utpala, Kantakari	

Table no. 3- Decoctions which can be used in the treatment of different kinds of *Prameha* as per *Sushruta Samhita*²⁵:

Kaphaja Prameha	Pittaja Prameha	Vataja Prameha
1)Udakameha- Parijata	1) Neelameha- Shalasaradi	1)Vasameha - Agnimantha
2)Ikshumeha- Vaijayanti	Gana/ Ashwattha	2)Hastimeha - Kushtha,
3)Surameha- Nimba	2) Haridrameha- Aragvadha	Kutaj, Patha, Katuka Rohini
4)Sikatameha- Chitraka	3) Amlameha- Nyagrodhadi	Kalka with ash of bones of
5)Shanermeha- Khadira	Gana	elephant, boar, camel
6)Lavanameha- Patha,	4) Kshar <mark>ameha- Tri</mark> phala	3)Majjameha - Chitrak and
Agaru, Haridra	5) Manjishthameha- A S	Amruta
7)Pishtameha- Haridra,	Manjishtha, Chandana	4)Madhumeha - Kadara,
Daruharidra	6) Shonitameha- Guduchi,	Khadir.
8)Sandrameha- Saptaparna	Tindukasthi, Kashmari,	
9)Shukrameha- Durva,	Kharjura with honey	
Shaival, Plava, Hatha,		
Karanja, Kasheru /Kakubha		
& Chandana		
10)Phenmeha- Triphala,		
Aragvadha, Mrudvika		

According to Acharya Sushruta, diabetic patient should go on walk (by foot) of one hundred *yojana* (800-900 miles approximate) without making use of an umbrella and foot wear, adhering to the way of life of an ascetic (disciplined and hard life) or dig a reservoir of water by himself or wander along with a herd of

cows substring on the dung, urine of the cows²⁶.

Yava (Hordeolum vulgare Linn.), a food grain, has been especially indicated as a primary nutritional component i. e. Pathya in management of Prameha²⁷. It is to be used in various food preparations such as Mantha, Saktu, Odana etc.

Thus, an extensive review of Brihat Trayi reveals that Prameha has been treated as a disease of importance since ancient times. It must also be noted that, as its treatment doesn't only include medications but dietary and lifestyle modifications too. It will commendable incorporate these to treatment modalities in current standard of care for DM for a holistic approach.

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