



Ayurvedic Management of Prameha - A Case Study

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ABSTRACT

Diabetes mellitus is the most devastating endemic lifestyle illness, with effects on society, health care, and the economy on a worldwide scale. IGT is estimated to affect 25.2 million individuals currently, and it's predicted that number will rise to 35.7 million by the year 2045. With 77 million diabetics, India comes in second place after China in the world's diabetes epidemic. Based on Doshik predominance, it may be classified into three groups, each of which has its own subtypes. They are Pittaja into six types, Vataja into four types, and Kaphaja into ten types. This Vyadhi also has an Avasthanusara Bheda. According to the Chikitsa aspect, it may also be categorized as krusha pramehi and Sthoola Pramehi. Diabetes mellitus and Prameha Vyadhi connect a clinical characteristic. Due to its mortality and morbidity, diabetes mellitus is a worldwide epidemic. The main contributing factor to diabetes mellitus is an improper lifestyle and dietary pattern. The patient in the current study is a 58-year-old female with a baseline FBS level of 273 mg/dl with primary symptoms of increased frequency of urination, generalized weakness, numbness in the hands and feet, and excessive appetite. On the basis of Pratyatma Lakshana, an Ayurvedic diagnosis of Prameha was made. Shamana Aushadhis were used to treat the patient, and for up to six months, a strict food regimen and daily exercise were also prescribed. The patient's dose of the allopathic medication metformin 500 mg twice daily with controlled FBS was discontinued. At the end of the course of therapy, the most improvement was observed. By identifying risk factors, eliminating them, and adhering to a strict Ayurvedic diet, an effort was made to regulate Prameha Vyadhi in this one case study.

Keywords: Prameha, Diabetes Mellitus, Shaman, Shamana Aushadhis, Exercise.

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INTRODUCTION

The term "Prameha" in Ayurveda describes all poly-uric disorders, and Madhumeha is one of them and is related to Type 2 Diabetes Mellitus. The acquired form of Prameha, also known as Apathyanimitaja Prameha, has several characteristics that are associated with type 2 diabetes. Both Apathya Vihara (lifestyle incompatibilities) and Apathya Ahara (dietetic incompatibilities/unwholesome diet) are significant risk factors for Madhumeha [1]. Ayurvedic texts refer to the primary symptom of the disease Prameha as "prabhootavila mutrata"[2], which is the same as the sign of diabetes mellitus stated in modern books. Prameha was considered to be one of the ashta-mahagada by Acharya Sushruta, who also described it as dushchikitsya (difficult to treat)[3]. The aetiology of Prameha involves all three Doshas, although Bahudrava Shleshma is more prevalent in this disease [4]. Meda, mamsa, Shukra, Kleda, Shkra, Shonit, Vasa, Majja, Lasika, Rasa, and Ojas are among the other ten Dusyas that are present together with this [5].

In Ayurveda, there are 20 different types of Prameha that are classified as Sadhya (curable), Yapya (pliable), and Asadhya (incurable) Prameha based on the dominant Dosha. Ten different types of kaphaja prameha are Sadhya in nature, whereas six different Pittaja Prameha types are Yapya. In contrast to Charaka, who saw Madhumeha as a kind of Vataja Prameha, Sushruta said in his Nidansthana that Prameha turns into Madhumeha if it is left untreated and is then classified as Asadhya. [6],[7]

The body's Medas, Mamsa, and Kleda, which are located in the Basti (bladder and urinary system), are vitiated by aggravated Kapha, which also results in various forms of Kapha dominated Meha. In a similar way, pitta that is increased by hot things vitiates those substances and produces different types of Pitta, including dominating Meha. Ojas, Majja, and Lasika are tissue components that the aggravating Vata draws into the urinary tract and vitiates in order to produce vata dominating Pramehas while the other two Doshas are in a comparatively decreased condition [8]. Based on how it should be treated, it is divided into two categories: Sthoola Pramehi and Krusha Pramehi. The former should be treated with Apatarpana Chikitsa, while the latter should be treated with Santarapana Chikitsa [9].

Prameha's clinical characteristics are associated with diabetes mellitus. As per the WHO, diabetes mellitus (DM) is defined as a heterogeneous metabolic disorder characterized by common feature of chronic hyperglycemia with disturbance of carbohydrate, fat and protein metabolism [10]. DM is a major source of morbidity and mortality around the world. The prevalence of DM is thought to be around 1% of the population. Due to increased obesity rates and decreased exercise levels, type 2 diabetes incidence is increasing at a pace of roughly 10% each year in industrialized nations [11].

CASE STUDY: PRAMEHA

Pradhana Vedana

Patient complains of increased frequency of urination, generalized weakness, numbness in the hands and feet, and excessive appetite, since 11 months.

Vedana Vruttanta

A 58 year old patient diagnosed to have diabetes mellitus since 15 years complains of with increased frequency of urination during (9-10 times) and night time (3-4 times) since 11 months consulted physician at Thangadh CHC in AYUSH department. Since 15 years patient was on tab Metformin 500mg twice a day and wants to take ayurvedic anti diabetic medication.

Purva vedana vruttanta

Patient had suffered from hypertension before 1 years and get relieved successfully with yoga and exercises.

Kula Vyadhi Vruttanta

Mother was said to be diabetic from 20 years.

Vyakthika vruttanta

Table No. 1 Table showing Ahara, Vihara and Masika Nidana

Ahara	Vihara	Mansika
Vegetarian	Sedentary lifestyle	Chinta(stress)
Amla, Madhur, Snigdha,	Diwaswapa(Day sleep)	Krodha(anger)
Daily Intake of Dadhi(curd) in lunch	Micturition – 9-10 times in a day and 3-4 times in a night	Udwega
Irregular meal time	Bowel – 2 time/day	

Samanya Pariksha

- Appearance – Fair
- Pulse rate -78/min
- B.P. -136/92 mm hg
- R.R. – 18/ min
- Weight- 158 cm
- Height- 77.2 kg
- Temperature – Afebrile
- R.S. – Bilateral Air entry clear
- C.V.S. – S1S2 heard, no abnormal Murmur heard
- C.N.S. – conscious and oriented

Rogi Pariksha

- Prakruti: PittaKapha
- Sara: Madhyama
- Satva: Madhyama
- Samhanana: Madhyama
- Kostha: Madhyama
- Agni: Vishama
- Pramana: Madhyama
- Aharashkti: Madhyama
- Jaranashakti: Madhyama
- Vyayamashakti: Madhyama
- Vaya:Madhyama
- Jihwa: Saama

Ashtavidha pariksha

- Nadi : Vata Kapha
- Mutra: 9-10 times (day), 3-4 times (night)
- Mala: 2 time/day

- Jihwa : Saama
- Shabda : Spashta
- Sparsha Samshittoshna
- Druka: Prakruta
- Akruiti : Madhyama

Table No.2 Table Showing Investigations done before and after the treatment

INVESTIGATION	BEFORE TREATMENT DATE- 04/01/20	AFTER TREATMENT DATE- 8/07/20
BIOCHEMISTRY		
FBS-	273.20 mg/dl	102mg/dl
PPBS-	398.70mg/dl	136mg/dl
HAEMATOLOGICAL		
Hba1C	10.90 H%	5.71%
LIVER FUNCTION TEST		
Total Bilirubin	0.871mg/dl	0.871mg/dl
Direct Bilirubin	0.240mg/dl	0.240mg/dl
Indirect Bilirubin	0.63mg/dl	0.63mg/dl
SGPT(ALT)	15.40 U/L	15.40 U/L
SGOT(AST)	16 U/L	16 U/L
LIPID PROFILE		
Total cholesterol (CHO-POD)	208.20mg/dl	176.40mg/dl
Triglyceride (GPOD)	144.70mg/dl	193.60mg/dl
HDL cholesterol (ENZYMATIC)	27.40mg/dl	31.20mg/dl
VLDL - cholesterol (Immuniinhibition/Mod.IFCC Method)	28.94mg/dl	38.7mg/dl
LDL cholesterol (calculated By Friedwald formula)	157.30mg/dl	89.60mg/dl
Cholesterol/HDL Ratio (calculated)	7.6mg/dl	5.65mg/dl
LDL/HDL Ratio (Calculated)	5.74mg/dl	2.87mg/dl
RENAL FUNCTIONTEST		
S. Creatine	0.6mg/dl	0.51mg/dl
Blood urea	13.10mg/dl	10.40mg/dl

CENTRE OF STUDY

Thangadh CHC under NPCDCS AYUSH program District-Surendranagar, Gujarat,

Simple random single case study

Subjective criteria

Table No.3 Showing Subjective criteria

Symptoms	Before Treatment	After Treatment
Frequent Urination	9-10 times in a day 3-4 times in a night	4-5 times/day 1 times/day
widespread weakness	Present	Reduced
numbness in the hands and feet	Present	Reduced
excessive appetite	Present	Reduced

Objective criteria

Table No.4 Showing Objective criteria

Investigations	Before Treatment	After Treatment
FBS	273.20 mg/dl	102mg/dl
PPBS	398.70mg/dl	136mg/dl
HbA1C	10.90 %	5.71%

Diagnosis: Prameha

Internal Medicine Given

- Mamejaka Ghanavati 500MG 2 BD, Guduchiharidra yoga 3 gm BD before food with lukewarm water was given for 180 days. The patient was instructed to follow a strict diet and walk 2 km each day in addition to the aforementioned medications.
- It was suggested that these patients regularly check their blood sugar levels.

Do's-

- High-fiber diet-vegetables, Fruits, and grains (barley, oat, millet, whole-wheat).
- Grain varieties include Yava (barley), Godhuma (wheat), Shali (saathi rice), and Bajara, Kodrava (grain variation),
- Pulses: Kulattha(horse gram), Adhaki (toor dal), Mudga (green gram), and Chanaka (bengal gramme) .
- Vegetables (bitter and astringent): Patola (pointed gourd), Karvellaka (bitter gourd), Vastukam (bathuva), Shobhanjana (drum stick), Rasona (garlic), Kadali (unripe banana), Tanduleyaka (choulayee), Methika (fenugreek).
- Fruits: Jambu (jamun), Kapittha (monkey fruit), Dadima (pomegranate), Amla (goose berry).
- Others natural products and spices: Madhu (pure natural honey), Madhudaka (honey + water), Sarshapa (mustard) oil, Dhani (popcorn of jawar), Laja/Murmura (puffed rice), Maricha (black pepper), Saindhava (rock salt), Hingu (asafoetida), Haridra (turmeric), Ardraka (ginger), Atasi (flax seed) oil.
- Do regular physical activities, daily walk and maintain ideal body weight.
- Yoga Asana- Suryanamaskar, Agnisar Prayanama, Kapalbhathi kriya, Bhramari Pranayama, Vakrasana etc.
- The patient was instructed to stay away from foods and practices that may lead to Prameha Vyadhi's aetiology.
- Avoid dairy items, Payas (rice cooked with milk), sugarcane items, and fresh grains, products made of jaggery, white salt, and simple or processed sugars (white sugar, sweets, candy, cakes and pastries).
- Avoid sedentary life, prolonged sleep, sedentary life, day sleep.
- Avoid consumption of stress, and anger.

RESULTS

The patient with Mamejaka Ghanavati and Guduchi Haridra Churna was advised to exercise and follow a strict diet. The patient was using Metformin 500 mg BD before to starting Ayurvedic Medicines, but as long as he remained taking Ayurvedic Medicines, he was able to stop taking the modern medication and maintain a stable blood sugar level.

As the patient's symptoms subsided and blood sugar levels were kept under control without the use of Metformin 500 mg, the patient was ready to forget allopathic medication in favour of Mamjeka Ghanavati, Guduchi haridra yoga and continue receiving Ayurvedic therapy. The patient was required to have routine follow-ups to check his blood sugar levels.

DISCUSSION

According to Susruta, there are two types of Prameha based on their visible manifestations: Sehaja Prameha and Apathya-Nimitaja Prameha. Apathya-Nimitaja is caused by an inappropriate food and lifestyle, and the individual is Sthula (obesity), whereas Sahaja Prameha is caused by Beeja-Dushti and the person is Krishna (lean) [12].

According to Acharya Charaka, the Nidana include a sedentary lifestyle, excessive sleep, Dadhini-Gramya-Aaudaka-Anoop Rasa (the consumption of curd, meat soup from domestic, aquatic, and marshy animals), milk products, Nava-Anna-Paanam (freshly harvested grains, fresh wine), Guddvaikratam (jaggery preparation), and anything else that promotes the production of Kapha[13].

In this case study, the etiological factors were consumption of Amla, Madhura, and snigdha Ahara as well as irregular mealtimes, daytime sleep, sedentary lifestyle, stress, and anger. The first step in preventing the disease is to assess the etiological causes. Following an evaluation of the etiological factors, the patient was advised to avoid from Nidana and follow a strict Ayurvedic diet. Diet mainly included avoiding of Amla, Madhura, Snigdha Ahara and including high-fiber diet-vegetables, Fruits, and grains. Ayurveda advises consuming more fiber-rich green vegetables and grains (Patola, Tanduleyakam, Vastukam, Yava, etc.). Yava (barley) is highly recommended in various forms for diabetic diets since it has a significant amount of fibre (4 g per 100 g). [14] Barley proved to be the best diet for patients with Prameha [15]

Fruits, vegetables, and spices are high in micronutrients, have a variety of physiological and metabolic effects on various bodily systems, and help keep elderly diabetics active and fit. They offer nutritious elements such dietary fibre, vitamins, minerals, phytonutrients like flavonoids, saponins, polyphenols, and carotenoids (compounds similar to vitamin A), is thiocyanates (sulfur-containing compounds), and others that are necessary for a balanced diet. Fruit and vegetable fibers boost insulin sensitivity and glucose utilization, delay the digestion and absorption of sugar, lower the risk of diabetes, and relieve constipation.

Mamejaka ghanavati

The internal medicine utilized in this investigation is appropriate for Prameha therapeutically. It contains the Mamajjaka extract, Mamajjaka Churna, Katuki (Picrorrhiza kurroa), Pippali (Piper longum), and Ativisha (Aconitum heterophyllum) [16]. Mamajjaka was described in Lakshmanadi Varga of Shodhala

Nighantu[17].It has medicinal use in the treatment of Madhumeha (diabetes) and Medoroga (obesity). It is known as Kaphapittashamak (subsided all three humours), has Tikta rasa (bitter taste), Laghu Guna, Ushna Veerya (hot in potency), Katu Vipak, and is useful for Prameha (urinary disorders), Madhumeha (diabetes), and other ailments [18].

Guduchi haridra yoga

Pramehaghna, Pramehahara, Mehaghna, and Mehahara are some of the several names that different Ayurvedic scriptures and Nighantu (lexicons/Ayurvedic Materia medica) have given to its anti-diabetic applications[19,20,21,22].The traditional system of medicine has mentioned and utilized Guduchi in a range of dosage forms, and a wide range of its derived products (active, natural principles, and crude extracts) have documented anti-diabetic effectiveness experimentally or clinically in several research papers^[23].In Indian cooking, the spice Haridra (curcuma longa) is highly well-liked. It works well as an anti-inflammatory and anti-helminthes on a local level, and it is highly helpful for respiratory tract disorders. Its Kapha Shamak characteristics exist.

CONCLUSION

This study demonstrates how Prameha may be successfully managed using Pramehahara Audhadha, stringent dietary control, and daily exercise. With an FBS level of 273.20mg/dl and a PP2BS level of 398.70 mg/dl, the patient had type 2 diabetes that had not been well controlled by allopathic treatment. After one month of treatment, the sugar level was found to be under control after the prescribed Pramehara Aushadha, a stringent diet, and daily 2-kilometer walks. FBS level: 102 mg/dl; PP2BS level: 136 mg/dl. Thus, this single case research shows that Mamejaka Ghanavati and Guduchi Haridra Yoga, a strict diet, and regular exercise could be useful in the treatment diabetes.

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