

A CRITICAL REVIEW ON *PRAMEHA CHIKITSA ADHYAYA* WITH SPECIAL REFERENCE TO CHARAKA SAMHITA.

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ABSTRACT

Diabetes is one of the metabolic diseases. It leads to various complications. Hence multiple therapeutic approaches are needed in the context of diabetes. The approach of society towards Ayurveda as a rational life science and as a healing modality. But simultaneously the demand for scientific evidences on the basis of modern scientific tools. Charaka Samhita is best classical text for Kayachikitsa (Ayurveda medicine). In Charaka Samhita, *Nidan Panchak* (etio-pathogenesis) and *Chikitsa* (management) of various diseases is elaborated in *Chikitsasthana*. *Madhumeha*, one of the 20 types of *Prameha* is explained by Charaka in *Chikitsasthana*. The study of diabetes in terms of Ayurveda to understand its etiopathogenesis and actual line of treatment from Ayurvedic point of view we must go through the fundamentals in Ayurveda Samhitas. Objects of the review were to study the fundamental management of *Prameha* in Charak Samhita and to study the role of non-medicinal management mentioned in Charak samhita.

Keywords: *Prameha*, *Prameha Chikitsa*, *Charaksamhita*, Diabetes Mellitus.

1. INTRODUCTION

Ayurveda is an ancient life science in the world. It describes the basic concept of healthy living life and its management in terms of its own principles.¹ In today's era man does minimum physical efforts. This paid for him in several stressful psychological conditions. Most of the disease conditions are not having fruitful solution in modern medical science. Several diseases suffering society with unknown etiological factors. Diabetes mellitus is common metabolic disorder. Diabetes mellitus resembles with and is covered under *Madhumeha*, type of *Vataja Prameha*. *Prameha* is one of the major diseases described by Charaka. *Prameha* is disease caused by vitiation of all *Doshas* mainly *Bahudrava Shleshma* and shows manifestation

as '*Prabhut-avil mutrata*'.² *Avaranjanya madhumeha* closely resembles with Type-2 DM (Non-Insulin Dependent Diabetes Mellitus i.e., NIDDM). India has 69.1 million people with DM and is estimated to have the second highest number of cases of DM in the world after China in 2015.³

The prevalence of DM in India ranges from 5–17%, with higher levels found in the southern part of the country and in urban areas. DM continues to increase as a result of rapid cultural and social changes, which includes ageing populations, increasing urbanization, dietary changes, reduced physical activity and unhealthy behavior.⁴ Diabetes Mellitus (DM) is a chronic disease marked by elevated blood glucose level. It affects 5-6% of the global adult

population. Urbanization, obesity, sedentary lifestyles and stress are most common causes for high prevalence of Type 2 DM. Data shows that the prevalence of diabetes in age group 20-79 years in 2011 was 8.3% and projected to rise 9.9% in 2030 as per IDF.⁵ The prevalence of diabetes for all age group worldwide was estimated to 2.8% in 2000 and 4.4% in 2030. Total number of patients with DM are expected to increase from 171 million in 2000 to 366 million in 2030. According to International Diabetes Federation 61.3 million people aged 20-79 years in India had diabetes. That figure is projected to rise to 101.2 million by 2030 and near about 77.2 million people were prediabetic in 2011.⁶ India is known as 'diabetes capital of the world' because of the largest number of DM patients.⁷ The data suggest this leads to hampered quality of life which affects the society as whole hence there is a constant need for better treatments for diabetes mellitus. Diabetes is one of the metabolic diseases. It leads to various complications. Hence multiple therapeutic approaches are needed in the context of diabetes.

The approach of society towards Ayurveda as a rational life science and as a healing modality. But simultaneously the demand for scientific evidences on the basis of modern scientific tools. The study of diabetes in terms of Ayurveda to understand its etiopathogenesis and actual line of treatment from Ayurvedic point of view we must go through the fundamentals in Ayurveda *Samhitas*. With the help of ancient Indian medical science, we can overcome the world threatening challenge of Diabetes. In Charak samhita fundamentals of treatment is thoroughly explained. In this review study we are focusing on management of *Prameha* (DM) in Charak samhita. Objects of the review were to study the fundamental management of *Prameha* in Charak Samhita and to study the role of non-medicinal management mentioned in Charak samhita.

2. METHOD

Charak Samhita with its *Hindi* and *Sanskrit* commentaries, related journal articles and

available online data was reviewed for present review.

3. CONCEPTUAL REVIEW

Acharya Charaka has elaborated description of etiology, pathogenesis, symptomatology, complications and treatment modalities of *Prameha*. In 17th chapter of *Sutrasthana* etiopathogenesis of *Avaranajanya Madhumeha* and *Prameha-pidaka* are described, in 4th chapter of *Nidansthana* etiology, pathogenesis, symptoms and complications of *Prameha* are narrated and in 6th chapter of *Chikitsasthana* treatment according to different types of *Prameha* is stated. Acharya Charaka has also classified *Prameha* as '*Santarpanajanya Roga*'.⁸ Thorough etiopathogenesis of disease, description of '*Sarvavikaravighata- bhava-abhava*' *Siddhanta* and description of '*Kulaja*' variety of *Prameha*.⁹ In *Chikitsa sthana* word *Ojomeha* is used in place of *madhumeha*.¹⁰ In *indriya sthana*, Charaka has mentioned *Arishta lakshanas* of *Prameha*.¹¹

The word '*Prameha*' is a combination of '*pra*' and '*meha*'. *Pra* is known as *upasarga* or prefix which is attached with main *dhatu* i.e., verb *Meha*. The word *meha* is derived from the *dhatu* (root verb) '*mih - secane*' by adding '*lue*' *pratyaya* to it which means "*Mehati sinchati mutraretansi*" i.e., is to excrete. In *Sanskrit* literature '*Mih*' means to water, to wet, to ejaculate semen and *upasarga* '*pra*' suggests excessive frequency. When this root '*Mih*' and prefix '*pra*' forms word '*Prameha*'. It means increased quantity and increased frequency of micturition. In *Shabdakalpadrum meha* or *Prameha* is defined as '*Mih ksharane*' which indicates *dhatu kshaya* in *Prameha*. Acharya Charaka has mentioned the exact pathophysiology of *Prameha* disease. Therefore, one can easy to treat *Prameha* with fundamental treatment explained by Charaka.

3.1. Causes (*hetu*) of *Prameha*

Seating job, excessive sleep (*atinidra*), use of curd in large quantity (*ati dadhi sevan*) meat soup (*mansarasa* of *jangala* and *anupa* animals), milk and milk products (*dugdha* and

its *vikruti*), new cereals (*nava dhanya*) products of jiggery (*guda vikruti*) and all other *kaph*-promoting regimens serve as causative factors of Prameha.¹²

3.2. Classification of Prameha

In classical texts, *Acharyas* have classified *Prameha* on the basis of dominance of specific *dosha*. Further, *Acharyas* have classified *Prameha* into 20 types, according to specific character acquired by *Mutra* due to specific combination between aggravated qualities of *doshas*.

Doshik classification:¹³ *Kaphaj Prameha*, *Pittaj Prameha*, *Vataj Prameha*

According to Origin: *Sahaja Prameha*, *Apathyanimitaja Prameha*

Types of Apathyanimitaja prameha: *Santarpanjanya Prameha*, *Apatarpanjanya Prameha* and *Prakritiprabhava*, *Swakrita*

Based on the Pathogenesis: *Avaranjanya*, *Dhatukshayjanya Prameha*

According to Body Constitution:¹⁴ *Sthool Pramehi*, *Krusha Pramehi*

Prognostic classification:¹⁵ *Sadhya*, *Yapya*, *Asadhya*

Subtypes of Doshik prameha:¹⁶ 10 *Kaphaja* (*Sadhya*), 6 *Pittaja* (*Yapya*), 4 *Vataja* (*Asadhya*)

3.3. Samprapti of prameha

3.3.1. Samanya Samprapti

Due to *hetus* (causative factors) there is vitiation of all *doshas* and mainly of *Bahudrava Shleshma* i.e., *Kapha* with its increased fluidity. It further leads to increase in *Kleda*. Vitiation of all *doshas* and *kleda* lead to *dhatwagni mandyata*. It causes vitiation of *dushyas* like *rasa*, *rakta*, *mansa*, *meda*, *majja*, *shukra* (except *asthi dhatu*) *ambu*, *vasa*, *lasika*, *oja*. Accumulation of *bahudrava shleshma* in *dhushyas* leads to *dhatu shaithilya* especially in *meda* and *mansa dhatu*. All these vitiated *dhoshas*, *kleda* and *dhatu*s get accumulated at *Mutravaha Strotasa* (*vankshana*, *basti*) giving

rise to *Prameha vyadhi*. *Chakrapani* comments that here '*abaddha*' (loosely bound) should be considered for *Meda*, *Mamsai*, *Vasa* and *Majja* while '*bahutva*' (excess in quantity) should be considered for rest of the *dushyas*.

Samprapti Ghataka

- ◆ **Dosha:** *Tridosha* (*Vata*, *Pitta*, *Kapha*). *Kapha* is main. (*bahudrava shleshma*)
- ◆ **Dushyas:** *Rasa*, *Rakta*, *Mamsa*, *Meda*, *Majja*, *Shukra*, *Oja*, *Vasa*, *Lasika*, *Ambu*. *Meda*, *Mamsa*, *Kleda* are main.
- ◆ **Srotasas:** *Mutravaha*, *Medovaha*, *Udakavaha*, *Mamsavaha*
- ◆ **Srotodushti type:** *Atipravritti*, *Vimargagamana*, *Sanga*
- ◆ **Udbhava sthana:** *Amashaya*
- ◆ **Vyakti sthana:** *Mutra marga*
- ◆ **Marga:** *Madhyama marga*
- ◆ **Agni:** *Jatharagni* and *dhatwagni mandya*
- ◆ **Swabhava:** *Chirkari*

3.4. Strotas involvement

As the name *Prameha* indicates that it is a disease related with '*Mutra*', involvement of '*Mutravaha Srotasa*' is important to consider. As discussed previously, *Rupas* (signs and symptoms) are related with findings in *Mutra* and *Purvarupas* indicate the physical signs. These *purvarupas* indicate the *dushti* of *Udakavaha*, *Medovaha* and *Mamsavaha srotasas* mainly.

- ◆ **Mutravaha srotasa dushti lakshanas:** *Prabhuta mutrata*, *Avila mutrata*
- ◆ **Udakavaha srotasa dushti lakshanas:** *Pipasa*, *Jivha-talu-kantha-shosha*
- ◆ **Medovaha srotasa dushti lakshanas:** (most of *purvarupas*) *Dehe chikkannata*, *Dantadinam maladyatvam*, *Snigdha-pichchilaguru-gatrata*, *Swedadhyatvam* etc.
- ◆ **Mamsavaha srotasa dushti lakshanas:** *PutiMamsa pidaka*, *Kaye malam*

3.5. Sadhyasadhyatva

In *Agryasamgraha* chapter, *Charaka* stated that *Prameha* is having highest tendency to recur. This indicates that disease is '*Yapya*'

in nature and *Yapana* must be carried out over a long duration of treatment. Charaka has described the prognosis of disease as¹⁸ - *Kaphaja* 10 varieties of *Prameha* are *Sadhya* (curable) due to *Samakriyatvat*, *Pittaja* 6 varieties of *Prameha* are *Yapya* (palliable) *Vishamakriyatvat* and *Vataja* 4 varieties of *Prameha* are *Asadhya* (incurable) due to *Mahatyayatvat*.

3.5.1. Samakriyatvat:

Kaphaja 10 varieties are *sadhya* because line of treatments for *dosha* (*kapha*) and *dushya* (*meda*, *kleda*, *rasa*) are compatible with each other. This is stated in *Nidanasthna* by Charaka that *Kapha* and *Meda* are having similar characteristics and are vitiated in same place (*sthana* of *Kapha* is '*amashaya*' and that of *Meda* is '*vapavahana*'). Though *Tridoshas* are causative agents, *Kapha* is the main culprit. Hence, similar line of treatment is effective for both *doshas* and *dushyas*. Same opinion is expressed by Sushruta also. According to Arunadatta, in *Kaphaja Prameha*, body elements are only in vitiated form and is yet no evidence of *dhatu kshaya* is present. Hence *Kaphaja prameha* are *sadhya*.

3.5.2. Vishamakriyatvat:

Line of treatment for aggravated *Pitta dosha* is *snigdha*, *sheeta*, *madhura* and that for vitiated *dushyas* is *katu*, *tikta*, *ruksha*, *ushna*. These are incompatible, hence limitations regarding drug selection are more. Moreover, place of *Pitta* is '*amashaya*' and place of *Meda* is '*vapavahana*', which are the closest structures to each other in body. Hence vitiation of *Pitta* or *Meda* will vitiate the remaining one due to their close anatomical positions. This contributes to bad prognosis of disease. According to Arunadatta, in *Pittaja Meha*, *kshaya* of *saumya dhatus* like *Rasa*, *Shukra*, *Oja* takes place and vitiation of *Rakta dhatu* occurs inevitably. Hence *Pittaja prameha* are *yapya*.

3.5.3. Mahatyayatvat:

In *Vataja Prameha*, *kshaya* of *Vasa*, *Majja*, *Lasika*, *Oja* along with *gambheera* and *sara dhatus* (vital tissue elements) takes place.

This badly affects the prognosis and rapidly and disease becomes incurable. Second important cause is '*viruddhopakrama*' (i.e., incompatibility of the therapies). Aggravated *Vata* can be cured with the help of *snigdha*, *ushna*, *guru* etc. properties which are contradictory with *Mamsa*, *Meda* etc. *dushyas*' treatment. According to Arunadatta, *Vataja* variety is incurable because diminution of all body elements takes place. Hence *Vataja prameha* are *asadhya*.

In addition to these, Charaka has stated some more conditions which play role in prognosis of disease. These are-

- ◆ *Kaphaja* and *Pittaja Pramehas* which are manifested along with *Purvarupas* turn into *Yapya* (palliable) and *Pratyakhyeya* (incurable) categories respectively.
- ◆ *Pramehas* which have gradually turned into *Vataja* variety are incurable though their manifestation is without *Purvarupas*.
- ◆ Exceptionally, *Pittaja Mehas* manifested along with *Purvarupas* may be *Yapya*.
- ◆ In *Pittaja Mehas*, if *Medo dhatu* is not vitiated then they may be curable.

3.6. Management of Prameha

Prameha is having highest tendency to recur. This indicates long lasting nature of disease. Treatment of *Prameha* requires to consider many factors i.e. *amshamsha ghatakas* at each stage of disease. Treatment of disease should be carried out in such a way that it must not give rise to another disease. There are two types of *Pramehi* (diabetic patients) based on body constitution viz. *Sthula* and *Krishna*. Line of treatment varies accordingly.¹⁹

3.6.1. Krisha and durbal Pramehi

People who are having thin body constitution and who are weak, must be nourished. Status of *agni* must be taken into consideration. Things that will improve patient's condition but which will not contribute to the pathogenesis of disease by their *brimhana* nature must be managed.

3.6.2. Sthula and balwana Pramehi

In those patients who are strong and who are having *doshas* in excess quantity, *Shodhana chikitsa* must be carried out. *Samshodhana chikitsa* varies according to the types of *Prameha*²⁰ as -

- ◆ **Kaphaja Prameha:** According to the type of *dosha* elevated, *Vamana* is the best choice for *Kaphaja meha*.
- ◆ **Pittaja Prameha:** *Virechana chikitsa* along with *Santarpana* is indicated in *Pittaja meha*.
- ◆ **Vataja Prameha:** Charaka has not indicated *Samshodhana* treatment.

3.7. Shamana Chikitsa in prameha:

Those patients having *avar bal* and minimum *dosh prakopa* are treated with *Shamana Chikitsa*. Many patients are *sukumara* in nature, many get diseased during their last decades of lives. In such patients, *Shamana chikitsa* is advisable. *Prameha* is a disease of *yapya* nature. *Yapana* of disease can be done well with the help of *Shamana chikitsa*. After *Shodhana chikitsa*, there is indication of *Shamana chikitsa*.

Charaka has mentioned *mantha*, *kashaya*, *yava*, *churha*, *leha* etc. preparations for the *shaman chikitsa*. Old rice with *mudga* soup, bitter vegetables added with oil of *danti-ingudi*. In cereals use of *swastika* and wild rice is advised. The diet of the patient of *Prameha* should consist of mainly barley, honey, *triphalala*. Decoction of *daruharidra*, *devdaru*, *triphalala*, *musta* or powder of *haridra* mixed with honey along with juice of *amalaki* fruits. This decoction is very useful in *shaman chikitsa*. Charaka mentioned 10 decoctions in *kaphaj* and *pittaj prameha*. *Vataj prameha* is nondurable type, Charaka mentioned some medicated *ghrut* and *tail* for it. Various physical exercises, *udvartan-snan* with *usira*, *twak*, *ela*, *agaru*, *chandana* is advised by Charaka. The treatment of *Prameha* should start with abstinence from etiological factors.

The congenital cases of *Prameha* or inheriting the disease from his diabetic father is

incurable because of the genetic defect. Whatever diseases are familial they are said as incurable.

3.8. Limitations and further recommendations

Present study is literary review carried out based on only one classical text i.e., Charaka Samhita. Multiple classical texts should be reviewed for detailed understanding. This review can be foundation for further detailed comparative review and clinical trials.

4. CONCLUSION

Charaka mentioned etiology, *dosha*, *dushya* and prognosis of *Pramehas* in details. Charaka mentioned basically two types patients of *Prameha*. In *shaman chikitsa* preparation of barley, churned drinks, decoctions, formulations of oil, *ghrut*, dietetic regimen, *asavas*, physical exercise, baths, *udvartan* all are mentioned in the treatment of *Prameha*. Charaka has not only advised medicinal management for *Prameha*, but also rigorous and various physical exercises having important role while treating *Prameha*. In recent era we have to consider all fundamentals in Charaka samhita to treat diabetes. From etiological factors to management of *Prameha* each and every thing can be correlated with diabetes. Hence, we can treat diabetes with fundamentals of *Prameha* described in Charaka samhita.

REFERENCES

1. Prof. P. V. Sharma Editor (6th ed.). Shushruta Samhita of Sushruta (Vol 1), Sutrasthana: Chapter 1, Verse 14. Varanasi: Chaukhambha Orientalia, 1997; p. 4.
2. Dr. Bramhanand Tripathi Editor (Reprint ed.). Charaka Samhita of Charaka (Vol 1), Nidanasthana: Chapter 4, Verse 6. Varanasi: Chaukhamba Surbharati Prakashan, 2006; p. 613.
3. IDF Diabetic Atlas. 9th ed. (2019) International Diabetes Federation. Available from <https://www.idf.org/e-library/epidemiology-research/diabetes-atlas.html>. Last accessed on 30 Sept 2020.



4. Tripathy, J.P., Thakur, J.S., Jeet, G. *et al.* Prevalence and risk factors of diabetes in a large community-based study in North India: results from a STEPS survey in Punjab, India. *Diabetol Metab Syndr* 9, 8 (2017). <https://doi.org/10.1186/s13098-017-0207-3>
5. Dr. Anu Gaikwad, Dr. Shubhangi Kanitkar, Dr. Meenakshi Kalyan, Dr. Krupal Tamakwala, Dr. Rajani Agarwal, Dr. Bhargav Bhimavarapu. Prevalance of Type 2 Diabetes Mellitus in Candidates Contesting for Municipal Corporation Elections In Urban Industrialized Town. *Indian Journal of Basic and Applied Medical Research* 2014; 3(2): 412-18.
6. Whiting DR, Guariguata L, Weil C, Shaw J. IDF diabetes atlas: global estimates of the prevalence of diabetes for 2011 and 2030. *Diabetes Res Clin Pract.* 2011 Dec;94(3):311-21. doi: 10.1016/j.diabres.2011.10.029. Epub 2011 Nov 12. PMID: 22079683.
7. Mohan V, Sandeep S, Deepa R, Shah B, Varghese C. Epidemiology of type 2 diabetes. *Indian J Med Res* 2012; 136: 705-718.
8. Ibidem 2 (Vol 1), Sutrasthana: Chapter 23, Verse 5. p. 421.
9. Prof. P. V. Sharma Editor (Reprint ed.). *Charaka Samhita of Charaka (Vol 2), Chikitsasthana: Chapter 6, Verse 57.* Varanasi: Chaukhambha Orientalia, 1997; p. 124.
10. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 11. p. 117.
11. Ibidem 2 (Vol 1), Indriyasthana: Chapter 5, Verse 16. p. 1010.
12. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 4. p. 117.
13. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 8. p. 117.
14. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 15. p. 118.
15. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 7. p. 117.
16. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 9-11. p. 117.
17. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 57. p. 124.
18. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 7. p. 117.
19. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 15. p. 118.
20. Ibidem 9 (Vol 2), Chikitsasthana: Chapter 6, Verse 18. p. 119.

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