



# Ayurvedic Management Of Prameha – A Single Case Study

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**Abstract:** Diabetes mellitus (DM) is a chronic metabolic disorder characterized by elevated blood glucose levels resulting from defects in insulin secretion, insulin action, or both. It is broadly classified into Type 1 Diabetes Mellitus (T1DM), an autoimmune destruction of pancreatic  $\beta$ -cells leading to absolute insulin deficiency, and Type 2 Diabetes Mellitus (T2DM), which involves insulin resistance and relative insulin deficiency. Globally, Diabetes is a leading cause of morbidity and mortality due to its long-term complications, including cardiovascular disease, nephropathy, neuropathy, and retinopathy. The prevalence of T2DM has been rising steadily due to sedentary lifestyles, unhealthy dietary habits, obesity, and aging populations. In Ayurveda, diabetes can be correlated to *Prameha*. *Prameha* is a *kapha pradhana tridoshajanya vyadhi*, which is characterised by excessive and turbid urination. It can be divided into three types based on *doshik* predominance which is also subdivided into further types they are *Kaphaja* (10 types), *Pittaja* (6 types), *Vataja* (4 types), which is also *Avasthanusara bheda* of this *vyadhi*. The management of *Prameha* is mentioned in Ayurveda as preventive and curative aspects. Ayurveda has recommended an appropriate use of *Oushadha Yogas* along with proper *Pathya* (wholesome) *Ahara*, and *Viharas*. On the same principles, a patient was treated at OPD basis, this case report analyses the same. A male patient, aged 50 years, diagnosed case of *Prameha* 15 years back presented with increased frequency of micturition, excessive thirst and generalised weakness. The treatment planned was use of *Shamana Oushadhas* along with proper *Pathya* (wholesome) *Ahara*, and *Vihara* for 60 days. At the end of the treatment, marked reduction seen on the signs and symptoms like increased urination, generalised weakness and excessive thirst and on blood sugar levels.

**Keywords** - Prameha, Diabetes Mellites, Shamana Oushadha

## Introduction

Diabetes Mellitus (DM) is a long-standing metabolic disease characterized by either inadequate insulin secretion or ineffective utilization of insulin by the body. The International Diabetes Federation reported that in 2017 there were approximately 451 million people living with diabetes globally, and this number is expected to rise to about 700 million by 2045.<sup>1</sup> India is experiencing an alarming rise in the burden of diabetes and has often been referred to as the 'diabetes capital of the world' because of its high prevalence, particularly of Type 2 diabetes, which is more widespread than Type 1.<sup>2</sup> Multiple factors drive the diabetes epidemic in India, including genetic susceptibility, rapid urbanization, lifestyle transitions, and an ageing population. Among these, poor dietary habits, sedentary behavior, and rising obesity are recognized as the key risk factors for Type 2 diabetes(T2DM). Diabetes impacts multiple organ systems in the body and can give rise to various complications. Chronic hyperglycemia in T2DM is associated with macro vascular and microvascular complications. Over the past few decades, although considerable progress has been achieved in the management of T2DM, the outcomes remain unsatisfactory due to challenges such as drug resistance, adverse effects, and potential toxicity. The primary goals of treatment are to relieve symptoms of hyperglycemia, reduce the risk of long-term microvascular and macrovascular complications, and enhance the overall well-being of patients. In Ayurveda, T2DM comes under the broad spectrum of *Prameha*, which is classified among eight serious ailments.<sup>3</sup> *Prameha* is described in Ayurveda as a condition characterized by increased frequency

of urination along with altered turbidity of the urine.<sup>4</sup> Overindulgence in pleasures such as a sedentary lifestyle, excessive sleep, and consumption of foods like curds, soups made from domesticated and aquatic animals, animals from marshy lands, milk and its products, freshly harvested foods, jaggery preparations, and all factors that aggravate *Kapha* are considered responsible for causing *Prameha*. These habits and dietary patterns contribute to the development of the condition by increasing *Kapha dosha*, leading to metabolic disturbances and urinary abnormalities characteristic of *Prameha*.<sup>5</sup> Aggravated *kapha* vitiates *medas*, *mamsa* and *kleda* of the body located in *basti pradesha* and causes different types of *kapha* dominant *meha*, similarly, *pitta* aggravated by hot things vitiate those elements and causes different types of *pitta* dominant *meha*. When other aggravated *doshas* are in a relatively diminished state, the aggravated *vata* draws tissues elements into the urinary tract and vitiate them to cause *vata* dominant *mehas*. Based on the treatment, it is classified into *sthoola pramehi* and *krusha pramehi*.<sup>6</sup> Former should be managed with *Apatarpana chikitsa* and latter to be treated with *Santarpana chikitsa*.

### Aims and objectives

To evaluate the efficacy of Ayurvedic medicines in the management of Diabetes Mellitus.

### Case Report

A 50-year-old male patient came to OPD of Dept of Kayachikitsa, Government Ayurveda college, Thiruvananthapuram on 25 Feb 2025 with complaints of generalised weakness, increased frequency of urination and excessive thirst since 2 years. Apart from this, he didn't suffer from other medical problems like HTN, DLP, asthma, thyroid disorder etc. He was diagnosed as Type 2 Diabetes mellitus 15 years back. Since then, he was on Tab Istamet 50mg/500mg, Tab Amaryl M 2mg and wants to take Ayurvedic anti-diabetic medications.

**Past History:** No major illness

**Family History:** Father and siblings are diabetic

#### General Examination:

Pulse: 68 bpm

Heart Rate: 68 bpm

Respiratory rate: 20/min

BP: 122/80mmHg

Weight: 67kg

BMI: 21.1kg/m<sup>2</sup>

*Prakriti:* *Pitta-vata*

*Agni:* *Mandagni*

#### *Samprapti Ghatak:*

*Dosha:* *Kapha*

*Dushya:* *Medas, Mutra*

*Srotas:* *Medovaha srotas, mutravaha srotas, annavaha srotas*

*Udbhavasthana:* *pakswashaya*

*Adhisthana:* *mutravaha srotas*

*Upadrava:* *Nil*

*Vyadimarga:* *Abhyantara*

#### Diagnosis:

*Prameha - Chirakari Avastha* (chronic Type 2 Diabetes mellitus)

**Intervention:****Table 1 Medicines Given**

Sl.No	Medicine	Dosage	Duration
1	<i>Chiruvilwady Kashayam</i>	90ml bd B/F	60 Days
2	<i>Vaiswannara choornam</i>	6g bd with hotwater B/F	60 Days
3	<i>Nisakathakadi kashayam</i>	<i>Muhurpanam</i>	60 Days

**Observations:****Table No 2 – Subjective criteria**

Criteria	Before Treatment (0 <sup>th</sup> Day)	After treatment (60 <sup>th</sup> day)
Increased frequency of micturition	Present	Absent
Excessive thirst	Present	Absent
Fatigue	Present	Absent

**Table No 3 – Objective criteria**

Criteria	Before Treatment (0 <sup>th</sup> Day) 26.02.2025	30 <sup>th</sup> Day (26.03.2025)	After treatment (60 <sup>th</sup> day) 26.04.2025
<b>FBS</b>	156mg%	135mg%	148mg%
<b>PPBS</b>	253mg%	248mg%	194mg%
<b>HbA1C</b>	9.55%	9.06%	8.94%

**Result:**

Two months after treatment, patient felt complete relief from previous problems and also drop down was seen in blood sugar levels.

**Discussion:**

*Ayurveda*, the science of life, has the great heritage of healing diseases. According to *Ayurveda*, *Samprapti* of *Madhumeha* occurs due to *Srotodusthi* mainly *Mutravaha Strotas* caused by vitiation of all *doshas* mainly *Bahudrava Shleshma* and it manifests as *Prabhuta Avila Mutrata*.<sup>7</sup> Generally, patients of *Prameha* have excess accumulation of *Kleda*, *Meda* and *Mutra* and diminution of digestive activity. Hence, in order to enhance the *Tejo dhathu* and to reduce *Kleda* and *Meda*; *Ameda*, *Amutrala* and *Vahni Dipana Oushadha* and *Anulomana oushadha* should be given.<sup>8</sup> Therefore keeping the above points in view, *Chiruvilwady kashayam*, *Vaiswannara choornam* and *Nisakathakadi kashayam* were given.

***Chiruvilwady Kashaya***, mentioned in *Arsas Prakarana* of *Sahasrayoga*, is a commonly used medicine in clinical practice. *Chiruvilwa*, *Punarnava*, *Vahni*, *Abhaya*, *Kana* and *nagara* are the ingredients of *Chiruvilwadi kashayam*. This *kashayam* helps to correct the individual's *agni*. So, it acts on the *pachaka agni*, *Samana vayu* and the drugs like *chiruvilwa*, *Abhaya* are *anulomana* in nature which helps in correcting the *apana vayu* as well, since *apana vayu* is involved in the manifestation of the disease.<sup>9</sup>

***Vaiswannara Choornam***, mentioned in *AS.H Gulma chikitsadhyayam*. This yoga consists of 5 herbal drugs (*Hareethaki*, *Nagaram*, *Pippali*, *Deepyakam*, *Yavani*) and rock salt with *Hareethaki* as the main ingredient. These drugs possess *laghu*, *rooksha guna* and *Madhura vipaka*. The overall action of drugs can be viewed as *vata kaphaharam*, *Deepana pachana* & *Anulomanam*.<sup>10</sup>

*Nisakathakadi Kashayam*, mentioned in *Prameha Prakarana* in *Sahasrayoga*. It contains *Haridra*, *Kataka*, *Pranati mula*, *Amalaki*, *lodhra*, *Bhadarika*, *Meharimula*, and *Usira*. Drugs have *tikta Kashaya rasa* in dominance and have *Laghu*, *Ruksha* and *Tikshna guna*. Drugs have *Ushna Veerya*. They have *vata kapha shamaka*, *pitta shamaka*, *Mutrata*, *Rasayana* properties.<sup>11</sup>

Diabetes mellitus poses a worldwide health challenge, marked by chronic hyperglycemia and linked to elevated rates of illness, death, and diminished quality of life. Its pathogenesis involves multiple intricate mechanisms that contribute to various complications, necessitating a comprehensive therapeutic strategy. Recently, medicinal plants have gained renewed attention as promising agents for diabetes treatment due to their diverse array of bioactive compounds.<sup>12</sup> Given the rising prevalence of diabetes in India and globally, a concurrent increase in diabetes-related complications is expected, underscoring the need to enhance treatment protocols to address these multifaceted cases more effectively. Although this observation is derived from a single case, further systematic research is warranted to validate the effectiveness of *Ayurvedic* interventions in diabetes management. In this instance, the patient demonstrated a marked alleviation of symptoms and a significant reduction in blood glucose levels following two months of *Ayurvedic* therapy

## Conclusion:

This study demonstrates how *Prameha* may be successfully managed using *shamana oushadis*, right dietary and lifestyle choices. *Chiruvilwady kashayam*, *Vaiswannara choornam* and *Nisakathakadi kashayam* have shown significant improvement in the symptoms of *prameha* and blood sugar levels. This indicates the potential of classical *Ayurvedic* treatments in managing chronic metabolic disorders like *Prameha*. Although single-case observations cannot be generalized, this report encourages further clinical evaluation through larger sample studies to validate the safety, efficacy, and integrative potential of *Ayurvedic* interventions in diabetes mellitus.

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