

# Application of Ayurvedic Principles in the Management of Prameh: A single Case study

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**Abstract:** *Prameh is Shleshma Pradhana Tridoshaja Vyadhi which is characterised by frequent and turbid urination. Prameh can be divided into three types based on dosh predominance which is also subdivided into further types they are Kaphaja Prameh into 10 types, Pittaja Prameh into 6 types, Vataja Prameh into 4 types. Based on the Chikitsa aspect, Prameh can be also classified as sthoola pramehi and krusha pramehi. Clinical feature of Prameh vyadhi correlates with Diabetes mellitus. Diabetes mellitus (DM) type 2 is one of the global problems of the present day. Diabetes Mellitus is Global burden due to its mortality and morbidity. Inappropriate lifestyle and diet pattern is the root cause of diabetes mellitus. Recent case study deals with a 50 years old female patient presented with increased frequency of micturition and excessive hunger with dryness in the mouth, Excessive thirst, weakness of the body, and burning sensation at the sole, from 8 months with FBS level of 250 mg/dl. Ayurvedic diagnosis of Prameh was made based on pratyatma lakshana and the treatment planned was use of Shamana Aushadhis along with proper Pathya Ahara and Vihara for three months, with medicine strict diet control and regular exercise was advised up to 30 days. Patient was withdrawn from Tab Metformin 500 once a day with controlled FBS. Maximum improvement was noticed at the end of treatment. In this single case study, an attempt was made to control Prameh vyadhi by identifying and avoiding risk factors and following strict diet according to Ayurveda.*

**Keywords:** *Prameh, Diabetes Mellitus, Nidana, Exercise*

## I. INTRODUCTION

India is one of the top 5 countries with the highest prevalence of DM. The IDF Diabetes Atlas (2021) reports that 10.5% of the adult population (20-79 years) has diabetes, with almost half unaware that they are living with the condition. By 2045, IDF projections show that 1 in 8 adults, approximately 783 million, will be living with diabetes, an increase of 46%.<sup>1</sup>

According to *Ayurveda*, *Prameh* is considered as one among the *Mahagada*.<sup>2</sup> *Prameh*, which is explained as increased frequency and altered turbidity of urine<sup>3</sup>. *Prameh* can be correlated with diabetes mellitus based on signs and symptoms. Over-indulgence in the pleasure of a sedentary lifestyle, a diet like curds, soup of the meat of domesticated and aquatic animals and animals residing marshy land, milk and its preparations, excess sleep freshly harvested food articles, preparations of jaggery and all *Kapha* aggravating factors are responsible for the causation of *Prameh*.<sup>4</sup> *Prameh* can be divided into three types based on *dosh* predominance which is also subdivided into further types they are *Kaphaja Prameh* into 10 types, *Pittaja Prameh* into 6 types, *Vataja Prameh* into 4 types<sup>5</sup>. *Ayurvedic* science can play an important role in the management. Ayurvedic treatment for diabetes includes using herbal medicines, lifestyle modifications including exercise, and dietary changes.

**Patient Details:** Age- 50 Years, Sex- Female, Occupation-Housewife, Marital Status-Married, Religion- Hindu



**Pradhana Vedana (Chief Complaints):**

Patient complains of increased frequency of micturition and excessive hunger with dryness in the mouth, Excessive thirst, weakness of the body, and burning sensation at the sole, from 8 months.

**Vedana Vruttanta** (History of Present Illness): Patient was asymptomatic 8 months before. Then patient started to suffer from increased frequency of micturition during night at least 5-6 times. After 3-4 months she started feeling excessive hunger with dryness in the mouth, Excessive thirst, weakness of the body, and burning sensation at the sole for which she went to private hospital and found to have RBS more than 250mg/dl. She was on tab metformin 500mg OD. So patient came to our hospital for proper management.

**II. MATERIAL AND METHOD**

**Samanya Parikshan**

BP- 130/80 mmHg	Temperature- Afebrile
Pulse Rate- 76/min	CVS- S1S2 normal
Height- 150cm	RS- AEBE
Weight-54 kg	CNS- conscious, oriented

**Ashtavidha Parikshan**

Nadi- Pitta Kaphaj	Shabda- Spashta
Mutra- 6-7 times (day), 5-6 times(night)	Sparsh- Anushna
Mala-Kathin Mala	Druk-Prakrut
Jivha-Sama	Akruti- Madhyam

**Intervention- treatment given**

Sr. No.	Medicine	Dose	Duration
1	Dhatrinisha Vati	2 BD with lukewarm water	60 days
2	Chandraprabha Vati	1 BD with Kashaya	60 days
3	Nishakatakadi Kashay	15 ml + 45 ml Luke warm water, 2 times, empty stomach	60 days
4	Amrutothara Kashay	15 ml + 45 ml Luke warm water, 2 times, empty stomach	60 days

**Pathyapathya**

Sr. no	Pathya Ahar	Pathya Vihar
1	Moongdal khichdi with one spoon ghee and 2 pinch of Shunthi sprinkled on it	Yogasana-Pranayama, Anuloma Vilom, Bhramari, Surya namaskar
2	Soaked black resins	No day sleep Early night sleep
3	Vegetable –Methika, Rasona, Patola, bottle guard, Karvellaka, Kushmand with very less spices	2-3 km walk every morning



### Observation

#### Subjective criteria:

Criteria	1 <sup>st</sup>	30th	60th	90th
Frequent urination	6-7 times (day), 5-6 times(night)	5-6 times (day), 4-5 times(night)	4-5 times (day), 3-4 times(night)	4-5 times (day), 1-2 times(night)
Excessive Hungry	Present	present	reduced	Reduced
Excessive thirstiness	Present	reduced	reduced	Reduced
tiredness	Present	reduced	reduced	reduced

#### Objective criteria:

Investigation	Before treatment	After treatment
BSL Fasting	160 mg/dl	110 mg/dl
BSL Post prandial	250 mg/dl	150 mg/dl
HbA1c	7.8%	6.1%

### III. RESULTS

Exercise and strict diet was advised to the patient with oral ayurvedic formulation. Two months after treatments patient felt complete relief from previous problems and also attained a normal range of blood glucose levels.

### IV. DISCUSSION

Prameh has involvement of three Doshas but dominance of Bahudrava Shleshma is there. With this 10 Dusyas are also present which are Meda, Mamsa, Shukra, Kleda, Shonita, Vasa, Majja, Lasika, Rasa, Ojas<sup>6</sup>. Aharaja Nidana Includes excess use of new peas, black gram and other pulses prepared in Ghrita, Guda and Ikshu preparation, milk fresh wine and curd preparation, meat soup of different Anupa animals etc. All Aharaja Nidana are Kapha and Medo vardhaka. Vihara excessive sleep, lack of exercise, worry, grief and anxiety are said to be the causative factors of Prameha.<sup>7</sup>

In this patient, Prameh developed stage by stage and at the end she developed the complications of the disease. Like first she developed Lakshanas of one of the Kaphaja Prameh. i.e. Shanermeha (passes urine little by little without any force with difficulty and very slowly).<sup>8</sup> The treatment was planned considering 3 main factors Medicine, Diet, and Lifestyle modification.

*Dhatrinisha vati*, contains *Nisha* (*Curcuma longa*), *Amalaki* (*Phyllanthus emblica*), *Nimba Patra* (*Azadirachta indica*), *Jambu Beeja* (*Syzygium cumini*), *Madhunashini* (*Gymnema sylvestre*). All the drugs possess *Mehahara Karma* and it is indicated in *Prameha*<sup>9</sup> and also it is for attenuation of hyperglycemia like insulin-mimetic properties, enhancement of peripheral tissue glucose uptake, improvement of insulin sensitivity, regulation (reduction) of Hepatic glucose production, regulation of glucose production by kidneys etc.<sup>10</sup>

*Nisha Katakadi Kashaya* contains *Kataka* (*Strychnos potatorum*), *Khadira* (*Acacia catechu*), *Dhatri* (*Emblica officinalis*), *Vairi* (*Salacia chinensis*), *Darvi* (*Berberis aristata*), *Samanga* (*Mimosa pudica*), *Vidula* (*Salex caprea*), *Rajani* (*Curcuma longa*), *Patha* (*Cissampelos pariera*), *Chutabija* (*Mangifera indica*), *Haritaki* (*Terminalia chebula*) and *Mustaka* (*Cyperus rotundus*). The majority of the drugs having *Kashaya Tikta Rasa*, hence it helps to reduce *Kapha* and *Medas* thus helping to alleviate the disease.<sup>11</sup>

*Amruthotharam Kashayam* (AK) was taken as the drug of choice as it is *Amahara* and *Vatanulomana* due to the presence of *Shunti* (*Zingiber officinale*) and *Haritaki* (*Terminalia chebula*), hence bringing *Margavishodhana* (clearing the pathways) since patient initially presented with indigestion and hard stools, so for the *Pachana* of *Ama*, *Amruthothara Kashaya* was advised.<sup>12</sup>



present investigation suggest *Chandraprabha vati* exhibits the anti-hyperglycemic effect and attenuates the glycation associated elevation in the lipid profile.<sup>13</sup>

If all these measures are undertaken in an early stage of borderline blood sugar diabetes mellitus type 2 patients the course of illness can be efficiently managed with the least clinical symptoms.

## V. CONCLUSION

This study shows successful management of Prameha with Pramehahara Audhadha, strict diet control and regular exercise. Patient was presented with poor control of type 2 diabetes mellitus with allopathic medicine with FBS level was 160 mg/dl and PP2BS was 250 mg/dl. After prescribing Pramehara Aushadha, strict diet and regular walking of 1-2 km. after two month of treatment sugar level found to be under control.

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