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A Critical Review of Prameha and its Correlation with Diabetes Mellitus

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Abstract: *Prameha is a group of urinary and metabolic disorders described in Ayurvedic classical literature. It is characterized by excessive urination and alteration in the colour, consistency, odour and other properties of urine. Madhumeha, one of the Vataja varieties of Prameha, is commonly correlated with diabetes mellitus, particularly type 2 diabetes mellitus.*
Diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycaemia caused by impaired insulin secretion, insulin resistance or a combination of both. Long-standing hyperglycaemia may result in cardiovascular, renal, ocular, neurological and peripheral vascular complications. Ayurveda explains the pathogenesis of Prameha through the involvement of Kapha, Pitta and Vata, along with Meda, Mamsa, Rasa, Kleda, Majja, Vasa, Shukra and Ojas.
The present review discusses the classical concept of Prameha, its Nidana, Samprapti, classification, clinical features and possible correlation with diabetes mellitus. The Ayurvedic principles of management include Nidana Parivarjana, Pathya-Apathya, exercise, appropriate Shodhana, Shamana therapy and individualized treatment. Madhumeha and diabetes mellitus should be correlated carefully because Prameha is a broader Ayurvedic clinical entity and is not identical to every form of diabetes..

Keywords: Prameha, Madhumeha, diabetes mellitus, Ayurveda, Kapha, Meda, Kleda, hyperglycaemia.

I. INTRODUCTION

Prameha is an important disease described in Ayurveda under disorders involving abnormal urination and metabolic disturbance. The word Prameha is derived from the Sanskrit root mih, meaning excessive discharge or increased flow. Its main clinical feature is described as Prabhuta Avila Mutrata, which indicates excessive and turbid urination.
Diabetes mellitus is a chronic disease in which the body cannot produce sufficient insulin or cannot effectively utilize the insulin produced.
Persistent hyperglycaemia may gradually damage the heart, blood vessels, kidneys, eyes and nerves. Type 2 diabetes mellitus is commonly associated with obesity, physical inactivity, unhealthy dietary habits and genetic predisposition.
Madhumeha is frequently compared with diabetes mellitus because both may present with excessive urination, increased thirst, fatigue, weight changes and progressive metabolic disturbance. However, the Ayurvedic description of Prameha includes twenty types and covers a wider spectrum of clinical conditions. Therefore, Madhumeha should be considered a clinical and conceptual correlate of diabetes mellitus rather than an exact synonym.
AIM - To review the Ayurvedic concept of Prameha and analyse its clinical and pathological correlation with diabetes mellitus.

OBJECTIVES -
• To describe the Ayurvedic definition and classification of Prameha.
• To review the Nidana and Samprapti of Prameha.

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- To explain the concept of Madhumeha.
- To compare selected Ayurvedic features with diabetes mellitus.
- To discuss Ayurvedic principles of management.
- To identify areas requiring further clinical research.

II. REVIEW OF LITERATURE

- AYURVEDIC REVIEW
- MODERN REVIEW

AYURVEDIC REVIEW -

1) Definition of Prameha –

प्रभूताविलमूत्रत्वं प्रमेहे सर्वसाधारणम्। (च.नि. ४/५)

Prameha is characterized by excessive urine formation and abnormal urine quality. It may involve changes in the colour, smell, consistency, quantity and other properties of urine.

Excessive and turbid urination is common to all types of Prameha.

This feature may be compared clinically with polyuria and altered urinary characteristics, although it is not sufficient by itself to diagnose diabetes mellitus.

2) Classification of Prameha –

दश श्लेष्मकृता यस्मात् प्रमेहाः षट् च पित्तजाः।
यथा च वायुश्चतुरः प्रमेहान् कुरुते बली॥ (च.नि. ४/५४)

Ayurveda describes twenty types of Prameha according to the predominance of Dosha:

- Ten Kaphaja Prameha.
- Six Pittaja Prameha.
- Four Vataja Prameha.

The classification shows that Prameha is not a single disease. It represents a group of disorders with different Dosha, Dushya and clinical characteristics.

Dosha and Dushya –

कफः सपित्तः पवनश्च दोषा मेदोऽस्रशुक्राम्बुवसालसीकाः।
मज्जा रसौजः पिशितं च दूष्याः प्रमेहिणां विंशतिरेव मेहाः॥ (च.चि. ६/८)

Prameha involves all three Doshas, although Kapha is particularly important in the initial stage. The chief Dushyas include Meda, Mamsa, Rasa, Rakta, Kleda, Vasa, Majja, Shukra and Ojas.

Kapha, Pitta and Vata are the Doshas involved in Prameha. Meda, Rakta, Shukra, Ambu, Vasa, Lasika, Majja, Rasa, Ojas and Mamsa are the principal Dushyas.

Prameha is a systemic disorder involving multiple tissues and body fluids. This can be compared conceptually with the multisystem effects of chronic diabetes mellitus.

3) Nidana of Prameha –

आस्यासुखं स्वप्नसुखं दधीनि ग्राम्यौदकानूपरसाः पयांसि।
नवान्नपानं गुडवैकृतं च प्रमेहहेतुः कफकृच्च सर्वम्॥ (च.चि. ६/४)

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The main causative factors increase Kapha, Meda and Kleda. These include excessive consumption of heavy, oily and sweet food, excessive sleep, sedentary habits and lack of exercise.

- Excessive intake of Madhura, Guru and Snigdha food.
- Overeating and frequent consumption of calorie-dense food.
- Excessive intake of milk products and sweet preparations.
- Lack of exercise.
- Prolonged sitting.
- Day sleep.
- Obesity.
- Hereditary susceptibility.
- Disturbed sleep and lifestyle.
- Chronic psychological stress.

These factors may result in Agnimandya, Medo-dushti, Kleda vriddhi and Srotorodha. In contemporary medicine, similar factors are associated with obesity, insulin resistance and type 2 diabetes mellitus.

4) Purvarupa –

शीतप्रियत्वं गलतालुशोषो माधुर्यमास्ये करपाददाहः।
भविष्यतो मेहगदस्य रूपं मूत्रेऽभिधावन्ति पिपीलिकाश्च॥ (च.चि. ६/१४)

The Purvarupa of Prameha include:Excessive sweating, Abnormal body odour, Looseness or flabbiness of the body, Excessive sleep, Dryness of the throat and palate, Sweet taste in the mouth, Burning sensation of the hands and feet, Numbness, Excessive thirst, Drowsiness, Abnormal urine, Attraction of ants towards urine.

5) Samprapti of Prameha –

मेदश्च मांसं च शरीरजं च क्लेदं कफो बस्तिगतं प्रदूष्य।
करोति मेहान् समुदीर्णमुष्णैस्तानेव पित्तं परिदूष्य चापि॥
क्षीणेषु दोषेष्ववकृष्य बस्तौ धातून् प्रमेहाननिलः करोति।
दोषो हि बस्तिं समुपेत्य मूत्रं सन्दूष्य मेहाञ्जनयेद्यथास्वम्॥ (च.चि. ६/५–६)

The Ayurvedic pathogenesis of Prameha may be explained as follows:

1. Excessive intake of Kapha-increasing food and performance of sedentary activities.
2. Aggravation of Kapha and impairment of Agni.
3. Vitiation and accumulation of Meda.
4. Increase in Kleda and abnormal nourishment of Mamsa and other Dhatus.
5. Obstruction of the channels.
6. Involvement of Mutravaha Srotas and Basti.
7. Excessive and abnormal urination.
8. In chronic disease, aggravation of Vata and depletion of Dhatus.
9. Development of Madhumeha with weakness and Ojas depletion.

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6) Madhumeha –

कषायमधुरं पाण्डु रूक्षं मेहति यो नरः।
वातकोपादसाध्यं तं प्रतीयान्मधुमेहिनम्॥ (च.नि. ४/४४)

Madhumeha is generally described under Vataja Prameha. In this condition, the urine is described as sweet, pale and ununctuous. It is commonly correlated with diabetes mellitus, particularly type 2 diabetes mellitus.
A person who passes urine that is astringent, sweet, pale and ununctuous is described as suffering from Madhumeha caused by aggravated Vata.
The term Madhumeha should not be equated automatically with all types of diabetes. Type 1 diabetes, gestational diabetes and secondary diabetes require separate contemporary diagnosis and management.

Sthula and Krisha Pramehi –

स्थूलः प्रमेही बलवानिहैकः कृशस्तथैकः परिदुर्बलश्च।
सम्बृंहणं तत्र कृशस्य कार्यं संशोधनं दोषबलाधिकस्य॥ (च.चि. ६/१५)

Ayurveda describes two important clinical patterns: Sthula Pramehi: obese and comparatively strong patient.
Krisha Pramehi: thin, weak and debilitated patient.
One type of Prameha patient is obese and strong, while another is thin
and weak. Nourishing treatment is suitable for the weak patient, whereas purification may be considered in a strong patient with significant Dosha involvement.
This classification demonstrates the importance of individualized treatment in Ayurveda.

Contemporary View of Diabetes Mellitus

Diabetes mellitus is conventionally classified into type 1 diabetes, type 2 diabetes, gestational diabetes and other specific types. Type 2 diabetes is primarily associated with insulin resistance and progressive beta-cell dysfunction.
The pathological mechanisms include:

- Reduced glucose uptake by skeletal muscle.
- Increased hepatic glucose production.
- Impaired pancreatic beta-cell function.
- Abnormal lipid metabolism.
- Adipose tissue dysfunction.
- Oxidative stress and endothelial dysfunction.

Current diagnostic criteria include HbA1c of 6.5% or higher, fasting plasma glucose of 126 mg/dL or higher, a 2-hour oral glucose tolerance test value of 200 mg/dL or higher, or random plasma glucose of 200 mg/dL or higher
in a person with classic symptoms or hyperglycaemic crisis. Confirmatory
testing is generally recommended when the diagnosis is not clinically obvious.

Correlation Between Prameha and Diabetes Mellitus

Ayurvedic feature	Possible contemporary correlation
Prabhuta Mutrata	Polyuria
Trishna	Polydipsia
Daurbalya	Fatigue and weakness
Meda Vriddhi	Obesity and adiposity
Kara-Pada Daha	Burning or neuropathic symptoms

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Karshya	Weight loss and tissue depletion
Kleda Dushti	Fluid and metabolic imbalance
Ojas Kshaya	Chronic debility
Srotorodha	Conceptual comparison with impaired tissue responsiveness

The above correlations are clinical and conceptual. Dosha, Meda, Kleda,
Srotas and Ojas should not be considered identical to insulin, adipose tissue, body fluid or blood vessels.

7) AYURVEDIC MANAGEMENT -

A) Nidana Parivarjana -

The first step is avoidance of causative factors. Patients should reduce overeating, excessive sweet and oily food, prolonged sitting and day sleep. Lifestyle modification should be individualized according to age, Prakriti, body weight, occupation, Agni, disease stage and medication.

Pathya Ahara –

यवप्रधानस्तु भवेत् प्रमेही यवस्य भक्ष्यान् विविधांश्च भक्षयेत्। (च.चि. ६)

The diet should contain appropriate amounts of vegetables, pulses, fibre-rich foods and suitably selected cereals. Traditional texts particularly emphasize light food preparations and Yava.

Food containing Yava as a principal component and different preparations of Yava are described in the management of Prameha.Barley may provide dietary fibre and satiety, but its quantity should be included within the patient's total carbohydrate plan.

Vihara

Regular physical activity is an important component of Prameha management. Walking, yoga and other suitable exercises may improve physical fitness and support metabolic health. Exercise should be modified in patients with cardiovascular disease, neuropathy, retinopathy, foot ulcers or severe weakness.

B) Shodhana

Shodhana may be considered in a strong and obese patient with significant Kapha or Pitta involvement. It should be performed only by a qualified Ayurvedic physician after assessment of Bala, Agni, Dosha and associated disease.

C) Shamana Therapy -

संशोधनं नार्हति यः प्रमेही तस्य क्रिया संशमनी प्रयोज्या।
मन्थाः कषाया यवचूर्णलेहाः प्रमेहशान्त्यै लघवश्च भक्ष्याः॥ (च.चि. ६/१८)

Shamana medicines may be selected according to Dosha predominance, Dushya involvement, Agni, Disease stage, Patient strength, Renal and hepatic function, Concurrent medication, Risk of hypoglycaemia.

When a Prameha patient is unsuitable for purification, pacifying therapy should be used. Light food preparations, decoctions and barley-based preparations are described for alleviating Prameha.

Selected Classical Herbs

दार्वी सुराह्वां त्रिफलां समुस्तां कषायमुत्काथ्य पिबेत् प्रमेही।
क्षौद्रेण युक्तामथवा हरिद्रां पिबेद्रसेनामलकीफलानाम्॥ (च.चि. ६/२६)

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Ayurvedic literature describes several herbs and formulations in the context of Prameha management, including:

- Haridra — Curcuma longa.
- Amalaki — Emblica officinalis.
- Guduchi — Tinospora cordifolia.
- Musta — Cyperus rotundus.
- Daruharidra — Berberis aristata.
- Triphala — combination of Haritaki, Bibhitaki and Amalaki.
- Khadira — Acacia catechu.
- Lodhra — Symplocos racemosa.
- Chitraka — Plumbago zeylanica.
- Vidanga — Embelia ribes.

A decoction prepared from Darvi, Surahva, Triphala and Musta, or Haridra used with Amalaki juice, is described in the classical management of Prameha.

III. DISCUSSION

Prameha is a broad Ayurvedic disease group involving abnormal urination, Dosha imbalance, Agnimandya, Medo-dushti, Kleda accumulation and involvement of multiple Dhatus. Madhumeha, particularly in patients with obesity, sedentary lifestyle and excessive dietary intake, shows important clinical similarities with type 2 diabetes mellitus.

Ayurveda emphasizes prevention and management through correction of diet, lifestyle and metabolic imbalance. The distinction between Sthula and Krisha Pramehi demonstrates that treatment must be individualized.

A strong obese patient may require reducing measures, exercise and selected Shodhana, whereas a weak and emaciated patient may require nourishing and strengthening therapy.

Modern diabetes management provides objective diagnosis through blood glucose and HbA1c and focuses on preventing complications. Therefore, an integrative approach should combine Ayurvedic assessment and lifestyle principles with biochemical monitoring and appropriate contemporary treatment.

RESEARCH GAPS

Future studies should focus on:

- Standardized diagnostic criteria for Prameha and Madhumeha.
- Correlation of Ayurvedic features with HbA1c and insulin-resistance markers.
- Well-designed clinical trials.
- Long-term safety assessment of Ayurvedic formulations.
- Herb–drug interaction studies.
- Prevention of diabetic complications.
- Standardized treatment protocols.
- Individualized treatment based on Dosha and disease stage.

IV. CONCLUSION

Prameha is an important Ayurvedic concept involving urinary abnormality and systemic metabolic disturbance. Madhumeha, classified among the Vataja varieties of Prameha, has a significant clinical resemblance to diabetes mellitus, particularly type 2 diabetes mellitus.

The Ayurvedic pathogenesis involves Kapha, Pitta and Vata, along with Meda, Kleda, Mamsa, Rasa and Ojas. Its management includes Nidana Parivarjana, Pathya-Apathya, exercise, individualized Shodhana and Shamana therapy. The classical verses emphasize that treatment depends on Dosha, Dushya, Bala, body constitution and disease stage.

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For safe clinical practice, Ayurvedic treatment should be combined with confirmed biochemical diagnosis, regular glucose monitoring, prescribed antidiabetic therapy and screening for complications.

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