

CHARAKOKTA STHULA PRAMEHI-CASE STUDY

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Article Received on 09/01/2023

Article Revised on 29/01/2023

Article Accepted on 19/02/2023

ABSTRACT

Prameha is becoming a fearsome disease condition in a current scenario. It is known as silent killer in today's society. Prameha is Shleshma Pradhana Tridoshaja Vyadhi which is characterized by frequent and turbid urination. Clinical feature of Prameha Vyadhi correlates with Diabetes mellitus. Diabetes Mellitus is Global burden due to its mortality and morbidity. Inappropriate lifestyle and diet pattern is the root cause of diabetes mellitus. Present case study deals with a 67 years old male patient with increased frequency of urination and excessive hunger, from 6 months with FBS level of 160 mg/dl. Ayurvedic diagnosis of Prameha was made based on Pratyatma Lakshana and managed with Pramehahara Oushadha named Mamejaka Ghanavati, with 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 Patient was withdrawn from Tab Metformin 500 once a day with controlled FBS.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 Prameha Vyadhi by identifying and avoiding risk factors and following strict diet according to Ayurveda.

KEYWORDS: Prameha, Dhatu Dushti, Diabetes mellitus.**INTRODUCTION**

Prameha which is said to be a Santarapanajanya Vyadhi. Prameha literary means increase quantity of urine with turbidity in it. Complete aversion towards physical exercise, excessive sleeping during day and night and sedentary lifestyle are causative factors for Prameha. All three Doshas are involved in the pathogenesis of Prameha but Bahudrava Shleshma is predominant in this disease. With this 10 Dushyas are also present which are Meda, Mamsa, Shukra, Kleda, Shkara, Shonit, Vasa, Majja, Lasika, Rasa, Ojas. Acharya Charaka in Chikitsa Sthana have mentioned that sedentary lifestyle, excess sleep, curds, soup of the meat of domesticated and aquatic animals and animals inhabiting marshy land, milk and its preparations, freshly harvested food articles, freshly prepared drinks, preparations of jaggery and all Kapha aggravating factors are responsible for the causation of Prameha. Most common type observed among all the patients of DM is type 2. Cases and the prevalence of diabetes have been steadily increasing over the past few decades. About 422 million people worldwide have diabetes, majority of them living in low-and middle-income countries and 1.6 million deaths are directly attributed to diabetes each year. According to WHO Diabetes Mellitus is a

heterogenous metabolic disorder characterized by a common feature of hyperglycaemia with disturbance of carbohydrate, fat and protein metabolism.

MATERIAL AND METHODS

For clinical study, Informed consent was taken from the patient in his own language. Test drug was given in dose 8-10 mg/kg/dose thrice in a day. Test drug was prepared in syrup form in concentration of 400 mg/5ml.

History of Present Illness

Patient complains of increase frequency of urination with excessive hunger, since 6 months. A 67 year old patient diagnosed to have diabetes mellitus since 8 years complains of with increased frequency in urination during day (7-8 times) and night time (4-5 time) since 6 months consulted physician at Khemdas Ayurved Hospital. Since 8 years patient was on tab Sugarmet MC 500mg 1-0-0 and wants to take Ayurvedic anti-diabetic medications.

Past History: Patient had suffered from BPH before 10 years and get relieved successfully with exercises.**Personal history**

Food habits: Dal Bhat, Bhaji, fish curry etc.

Disturbed sleep.

Family history: Mother has Prameha.

Nidan Panchaka

Hetu :-Seating job, excessive sleep (Atinidra), use of curd in large quantity (Ati Dadhi sevan) meat soup (Mamsa Rasa of Jangala and Anupa animals), milk and milk products (Dugdha Vikruti), new cereals (Nava Dhanya) products of jiggery (Guda Vikruti) and all other Kapha-promoting regimens serve as causative factors of Prameha.

Purvarupa:-Alasya, Asya Madhura,Gala Talu Shosha, Gurugatrata, Kesha Nakhadi Vriddhi, Muhka Shosha.^[1]

Rupa - Ati Mutra Pravrutti, Daurbalya, Bahu Bhuk Breathlessness, Ati Sweda.

Samanya Samprapti

Due to Hetus (causative factors) there is vitiation of all Doshas and mainly of Bahudrava.

Kapha increased with its fluidity. Vitiation of all Doshas and Kleda lead to Dhatwaagni Mandyata. It causes vitiation of Dushyas like Rasa, Rakta, Mamsa, Meda, Majja, Shukra (Except Asthi Dhatu) Ambu, Vasa, Lasika, Oja. Accumulation of Bahudrava Shleshma in Dushyas leads to Dhatu Shaithilya especially in Meda and Mamsa Dhatu. All these vitiated Doshas, Kleda and Dhatus get accumulated at Mutravaha Strotasa (Vankshna, Basti) giving rise to Prameha Vyadhi. Chakrapani comments that here 'Abaddha' (Loosely bound) should be considered for Meda, Mamsa, Vasa and Majja while 'Bahutva' (Excess in quantity) should be considered for rest of the Dushyas.^[2-3]

Samprapti Ghatak

- Doshas: Tridosha (Vata, Pitta, Kapha). Kapha is the main. (Bahudrava Shleshma)
- Dushyas: Rasa, Rakta, Mamsa, Meda, Maj-ja, Shukra, Oja, Vasa, Lasika, Ambu. Meda, Mamsa, Kleda are the main.
- Srotasas: Mutravaha, Medovaha, Udakavaha, Mamsavaha.
- Srotodushti type: Atipravritti, Vimargaga-mana, Sanga.
- Udbhava Sthana: Amashaya.
- Vyakti Sthana: Mutra Marga.
- Marga: Madhyama Marga.
- Agni: Jatharagni and Dhatwagni Mandya
- Swabhava: Chirkari.

Pathya

Aharaj: Yava, Godhuma Adaki, Kulatha, Mugdha Masoora, Kapota Mamsa, Amlaki Jambu Dadima Shigru Kushmanda, Takra.

Viharaj: Vyayama Udavartanam Snana, Yoga Chankramana.

Apathya

Viharaja: Swapnasukham, Aasya Sukham, Divaswapa, Avyayama, Ashnam.

Aharaj: Vidahi, Ati Snigdha Anna Sevana, Masha, Madya, Dugdha, Ghrita, Sharkara.^[4]

Treatments

The following oral medicines were administrated for 20 days

- A combination of Vasant Kusumakar Rasa (100 mg), Trivanga bhasma (125 mg), and Giloy satva (500 mg) with honey twice a day before meal.
- Madhunashani Vati (1 tab) four times a day with lukewarm water before meal.
- Madhukalpa Vati (2 tab) and Chandraprabha Vati (2 tab) twice a day with lukewarm water administrated after meal.

After 20 days the following treatment schedule was followed

- Madhunashani Vati (2 tab) three times a day with lukewarm water before meal.
- Madhukalpa Vati (2 tab) and Chandraprabha Vati (2 tab) twice a day with lukewarm water administrated after meal.

Along with the above medications patient was advised to take Amla juice (20ml) with Haridra Churna (1g) in the morning, daily outdoor walk for 1 hour and avoidance of Divaswapna i.e. sleeping during day.

On the first follow up (after 7 days of the treatment) patient reported reduction in previous mentioned symptoms. Mild to moderate improvement was noted in body ache, sleep, thirst, hunger and the frequency of urination was reduced. On the second follow up (14thday) patient had much improvement in above symptoms. On third follow up (21st day) patient felt lightness and energetic in routine activity, mental stress and burning in feet was also reduced. On the fourth follow up (28th day) after changing the medications any of the above mentioned symptoms did not reappear, he felt energetic and frequency of urine was 0-1 times during night and 4-6 times during day.

DISCUSSION

Those patients having Avara Bala and minimum Dosha 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 Yappa nature.^[5]

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, Triphala. Decoction of

Daruharidra, Devdaru, Triphala, 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 Pittaja Prameha. Vataja Prameha is non durable type, Charaka mentioned some medicated Ghrita and tail for it. Various physical exercises, Udvartana Snana with Ushira, Twak, Ela, Agarar, Chandana is advised by Charaka. The treatment of Prameha should start with abstinence from etiological factors.

The congenital case 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.^[6-7]

CONCLUSION

This study shows successful management of Prameha with Pramehahara Oushadha, 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 200 mg/dl. After prescribing Pramehara Aushadha, strict diet and regular walking of 2 km. after one month of treatment sugar level found to be under control. FBS level 116 mg/dl PPBS 156 mg/dl. So this single case study concludes that Mamejaka Ghanavati, strict diet and regular exercise can be effective in the management.

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