

## A CLINICAL STUDY OF SARVAPRAMEHARA YOGA IN THE MANAGEMENT OF KAPHAJA PRAMEHA

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## ABSTRACTS

**Introduction:** Ayurveda - the traditional medical practice is playing an inevitable role in maintenance of health and disease prevention despite the era of modern medicine. Indian healthcare consists of medical pluralism and ayurveda still remains dominant compared to modern medicine, particularly for treatment of a variety of chronic and metabolic disease conditions. Metabolic disorder Diabetes mellitus can be compared with textual Prameha. Prameha is anushangi vyadhi, Commentator Chakrapani explained the meaning of anushangi as punarbhavi,<sup>[1]</sup> (common recurrence) which signifies it a lifestyle disorder. **Material & Methods:** A non-randomized, single-armed, open-labeled clinical trial was conducted in ten patients having classical symptoms of kaphaja praemha. **Results:** On analysis of the pharmacological properties of all the contents of Sarvapramehara yoga has shown wonderful effect on the symptoms of kaphaja prameha. Tikta, kashaya madhura rasa and shita veerya, pacified the sara and ushna guna of pitta. Tikta rasa would have normalised the excess kleda, meda, vasa, mājja, sweda, mutra and purisha. **Conclusion:** Sarvapramehara yoga had shown noteworthy effects against kaphaja prameha.

**KEYWORDS:** Metabolic, Anushangi, Praemha, Diabetes mellitus.

## INTRODUCTION

The word prameha consists two words i.e. pra (upsarga-prefix) and meha. Meha is derived from the root 'mih sechane' meaning to perfuse (watering), Excessive quantity and frequency is indicated by the prefix (pra). That is why the main characteristic features of prameha said to be prabhuta mutrata and avil mutrata.<sup>[2]</sup> According to dosha prameha is of 3 types; vatika, paitika, kaphja,<sup>[3]</sup> and here in this article we discussed about kaphja prameha.

**Samprapti according to Doshika Predominance**

Kaphaja Prameha: Acharya Charaka says that etiological factor first causes the provocation of kapha because of the close resembles to the related hetu.<sup>[4]</sup> This provoked kapha spreads all over the body quickly because of the sharirashaitilya (weak assemblage in between tissues). While spreading it get mixed with meda dhatu, which is excess in quantity and abadha and having concordant properties with kapha.<sup>[5]</sup> That's why get vitiated first. This annexation of vitiated meda and Kapha comes in contact with sharira-kleda and mamsa, which are already in excess quantity resulting putimamsapidaka On the other hand the vitiated kleda

gets converted into mutra. The kapha along with meda and kleda covers the openings of mutravaha Srotasa resulting into prameha.<sup>[6]</sup> The samprapti further leads to bheda stage after vyakta stage if the proper treatment is not given in proper time. In this stage upadrava may manifest leading to incurability of disease. The prameha disease attains sthairyra (Stability) and asadhya (incurability) status because of its prakriti and vikriti. Chakrapani explained the term prakriti and vikriti that if all the natural properties of kapha become abnormal, the prameha gets chronic and if kapha gets provoked further condition of incurability results. Involvements of raktadi dhatu which are not similar in qualities to kapha are considered as vikriti.<sup>[7]</sup> Sushruta narrated dushyas in each doshika type of prameha. He narrated vitiation of kapha along with vata, pita and meda in kaphaja prameha.<sup>[8]</sup> Thus in the present work kphaja prameha was taken as the subject of intervention. Keeping all these facts in the background, the present clinical study was designed to evaluate the effect of classical Sarvapramehahara yoga described by the acharya in their respective texts for the management of prameha which are – Sarvapramehahara yoga.<sup>[9]</sup>

### Sarvapramehahara Yoga

Contents are as follow

Name of drug	Latin name	Part used	Amount (matra)
1. <i>Aamalaki</i>	<i>Embelica officinalis</i>	Fruit	1part
2. <i>Haritaki</i>	<i>Terminalia chebula</i>	Fruit	1part
3. <i>Bhibhitak</i>	<i>Terminalia bellirica</i>	Fruit	1part
4. <i>Aragvadh</i>	<i>Cassia fistula</i>	Root	1part
5. <i>Patha</i>	<i>Cissampelos pareira</i>	Root	1part
6. <i>Saptaparna</i>	<i>Alstonia scholaris</i>	<i>Twaka</i>	1part
7. <i>Vatsaka(kutaja)</i>	<i>Holarrhena antidysentrica</i>	<i>Twaka</i>	1part
8. <i>Musta</i>	<i>Cyperus rotundus</i>	Fruit	1part
9. <i>Madanphala</i>	<i>Randia spinosa</i>	Fruit	1part
10. <i>Nimba</i>	<i>Azadirachta indica</i>	<i>Twaka</i>	1part

#### AIMS AND OBJECTIVE

1. To study the efficacy of *Sarvapramehahara yoga* in *kaphja prameha*.

#### MATERIAL AND METHODS

The 10 patients having classical symptoms of attending the OPD of *Maulik Siddhanta*, National Institute of Ayurveda, Jaipur were selected irrespective of sex, caste, religion etc., taking due considerations of inclusion and exclusion criteria. The study was started after approval from the Institutional Ethics Committee F10 (5)/EC/2014/7225 dated 7/11/2014. Informed written consent was taken from each patient before starting the treatment.

#### Method of Administration

10 patients were administered *Sarvapramehahara yoga* in dose of 40 ml *kwatha* twice a day on empty stomach for 60 days.

#### Method of Preparation of Drug<sup>[10]</sup>

Above drugs has been taken in equal proportions and made in the *yavkoota churna* form and each packets of 350 gm was made. Out of that 10 gm *yavakoot churna* is be given twice a day. The medicine was prepared by

adding 16 parts of water (i.e. 160ml) and reduced to 1/4<sup>th</sup> after boiling i.e. 40 ml *kwatha* is obtained.

#### Duration of the trial

The clinical trial was continued for 60 days with follow up of 15 days.

#### Inclusion criteria

- Patients between the age group of 20 – 60 years.
- Presence of cardinal symptoms of *kaphaja prameha* described in *Ayurveda* texts.
- Confirmed cases of DM type II on the basis of laboratory investigations and observed sign and symptoms.
- Patients having F.B.S. level ranges between 110 – 150 mg/dl and P.P.B.S. between 141 – 200 mg/dl.

#### Exclusion criteria

- Patient having age below 20 and above 60 years.
- Patient suffering from complication of DM.
- Patient having Type-I DM (IDDM).
- Patient having Type-II DM with any other serious systemic disease.
- Patient having a FBS more than 150 mg/dl and PPBS more than 200 mg/dl.

#### Criteria For Assessment

##### A. Subjective criteria

##### 1. Clinical parameters for Assessment of *kaphaja prameha*:<sup>[12]</sup>

1. <i>Prabhoot mutrata</i> (Polyuria)	Score
▪ 3-6 times/day, rarely at night	0
▪ 7-9 times/day, 0-2 times/night	1
▪ 10-12 times/day, 2-4 times/night	2
▪ >12 times/day, >4 times/night	3

##### 2. *Aavil mutrata* (Turbidity in urine)

▪ Clear urine (can be visible through glass)	0
▪ Get turbid on keeping	1
▪ Turbidity seen on collection	2
▪ Very turbid	3

##### 3. *Pipasaadhikya* (Polydipsia)

▪ 3-6 glass of water daily	0
▪ 7-9 glass of water daily	1

- 10-12 glass of water daily 2
- Unable to have sound sleep due to excessive thirst 3

#### 4. *Kshudhadhikya* (Polyphagia)

- 2 chapati/per mea 0
- 3-4 chapati/per meal 1
- 4-5 chapati/per meal 2
- > 5chapati/per meal 3

#### 5. *Karpaddaha* (Burning sensation in hands & feet)

- Absent 0
- Occasional 1
- Continuous with tolerance 2
- Continuous without tolerance 3

#### 6. *Shithilangata*

- Absence of *Chalatva* 0
- Little visible movement (in *sphika, stana, udara* areas) after rapid movement 1
- Little visible movement (in *sphika, stana, udara* areas) after moderate/mild movement 2
- Movement (in the areas) even after changing posture 3

#### B. Objective criteria

It was assessed mainly on the basis of biochemical investigations before and after completion of treatment in terms of percentage relief and statistical evaluations.

#### b) Urine Examination

- Routine examination - Colour, Smell, Specific gravity
- Microscopic examination - Epithelial Cells, Albumin, Sugar, Cast

#### a) Blood Examinations

- CBC
- Lipid profile
- FBS (Fasting Blood Sugar) in mg/dl
- PPBS (Post Prandial Blood Sugar) in mg/dl

#### Criteria for Assessment of Overall Effect of Therapy

Data obtained from the parameters of assessment, before & after the therapy was utilized to evaluate the overall effect of therapy:

##### 1. Subjective parameters

- Complete improvement 76% to 100% relief
- Moderate improvement 51 to 75% relief
- Mild improvement 26 to 50 % relief
- No improvement < 25% relief

##### 2. Objective parameters

- Complete improvement 9% and above relief
- Moderate improvement 6.1 to 9% relief
- Mild improvement 3.1 to 6 % relief
- No improvement < 3% relief

#### Investigations by using paired 't' test.

Variable	Mean			% of Change	SD	SE	T	P	R
	BT	AT	Diff						
FBS	129.2	108.9	20.30	15.71	13.65	4.318	4.701	0.001	VS
PPBS	172.5	138.3	34.2	19.82	10.66	3.372	10.14	0.0001	HS
HB	13.41	13.88	-0.470	-3.50	0.518	0.164	2.866	0.018	S
TLC	7460	6910	550	7.372	928.8	293.7	1.872	0.093	NS
ESR	7.800	8.200	-0.400	-5.12	1.506	0.476	0.840	0.422	NS
SERUM CHOLESTROL	183.6	174	9.6	5.228	23.61	7.469	1.285	0.230	NS

SERUM TRIGLYCERIDE	166.5	141.9	24.60	14.77	48.53	15.34	1.603	0.143	NS
HDL	47.4	46.8	0.60	1.265	2.066	0.653	0.918	0.382	NS
LDL	102.6	102.5	0.060	0.058	19.61	6.204	0.009	0.992	NS
VLDL	32.2	27.52	4.68	14.53	9.961	3.150	1.486	0.171	NS

(**FBS**- Fasting blood sugar, **PPBS**- Post prandial blood sugar, **Hb**- Haemoglobin; **TLC**-Total Leucocytes Count; **ESR**- Erythrocyte Sedimentation Rate, **HDL**- High density lipoprotein, **LDL**- Low density lipoprotein, **VLDL**- Very low density lipoprotein)

### Effect of therapy on subjective parameters

Showing effect of therapy in subjective parameters of *kaphaja prameha* by using wilcoxon signed ranks test.

Variable	Gr.	Mean		Mean Diff.	Relief%	SD	SE	P	S
		BT	AT						
<i>Prabhoota mutrata</i>	A	2.50	1.50	1	40	0.66	0.21	0.0078<0.001	HS
<i>Aavila mutrata</i>	A	2.10	1	1.10	52.38	0.66	0.21	0.0078<0.01	VS
<i>Pipasaadhikya</i>	A	1.80	0.80	1	55.55	0.816	0.258	0.0078<0.01	VS
<i>Kshudhadhikya</i>	A	1.80	1.10	0.70	38.88	0.483	0.152	0.0152<0.05	S
<i>Karpadtala daha</i>	A	2.10	0.90	1.20	57.14	0.421	0.133	0.002<0.01	VS
<i>Shithilangata</i>	A	2.10	0.90	1.20	57.14	0.632	0.200	0.0039<0.01	VS

(NS: Non Significant, S: Significant, VS: Very Significant, HS: Highly Significant)

### DISCUSSION

*Sarvapranehara yoga* showed 40 % relief on *prabhoota mutrata*, 52.38% of relief in *aavil mutrata*. 55.55% of relief in *pipasaadhikya*, 38.88% of relief in *kshudhadhikya*, 57.14% of relief in *karpadtala daha*. 57.14% of relief in *shithilangata*. *Sarvapranehara yoga* showed relief on *prabhoota mutrata*, due to *tikta, katu* and *kashaya rasa* also *dipana-pachana kriya* increased, which helped in regulation of *sara kitta vibhajana*. *Kashaya rasa* and *shita virya* acted as *stambhana* on *atipravritti* of the *mutra*. *Aavilata* is due to the, tendency of excess *mala* formation in patients is mainly due to problem in increase in *dravatva* of *dosha-dooshya* of *prameha, sara kitta vibhajana (samana vata)* and also *kitta vimunchana (by grahani)*. Due to the above mentioned *guna* of *triphala*, along with *musta*, which by *ama pachana* effect, improved the function of *grahani* and *samana vata*. *Trishna* is mainly due to vitiation of *pitta-maruta*. This *yoga* showed maximum percentage relief, as the drugs have exactly opposite *guna* i.e. by *tikta kashaya rasa* and *shita virya* it pacified the *pitta*. *Agni vardhana* in *prameha* and *stholya* is of same type i.e. "*medasaavritta margatvat vayu koshthe visheshataha, charana sandhukshayati.*"<sup>[12]</sup> it means there is *aavarana* of *meda* over that *vayu*, so *aavraka dosha* should be treated first and *tikta kashya rasa* and *laghu ruksha guna* of *trishnahara yoga* has pacified the *meda dhatu*, which has given path for free flowing of the *vata dosha* and thus by breaking the path of *samprapti*. *Shithilangata* is mainly due to vitiation of *kapha dosha* and *medo dhatu*. *Sarvapranehahar yoga* gave showed maximum percentage relief as the drugs have exactly opposite *guna* i.e. by *tikta kashaya rasa* and *shita virya* it pacified the *pitta*. Then Group A and B, may be due to the *katu, kashaya rasa* and *katu vipaka* along with *laghu, ruksha guna*, it acted upon the *amajanya kleda*.

### CONCLUSION

Improvement in the group A (*sarvapranehara yoga*), implied that the group having *kaphaja pramehi* patients showed better results the reason may be behind that, the *kaphaja prameha vyadhi* is *santarpanjanya* also the *yoga* is indicated in classical text for *santarpanjanya vyadhi* so it's obvious that the drug *sarvapranehara yoga* shows better results. The drug *sarvapranehara yoga (kwitha)* contains 10 drugs – *triphala, argvadhya, patha, saptaparna, vatsaka (kutaja), musta, madanphala* and *nimbi*. On analysis of the pharmacological properties of all the contents of *yoga* illustrates that the maximum of the drugs are of *tikta, kashaya* and *madhura rasa* including remaining *rasa* in small proportion except *lavana rasa*. Maximum *guna* of the drugs are *laghu* and *ruksha*. Maximum of the drugs are of *shita veerya* and 50% of drugs having *madhura vipaka* and 50% of drugs are having *katu vipaka* in property. This drug has shown wonderful effect on the symptoms of *kaphaja prameha*. *Tikta, kashaya madhura rasa* and *shita veerya*, pacified the *sara* and *ushna guna* of *pitta*. *Kashya rasa* acted as *stambhana* along with *dipana* effect of *tikta rasa*. *Tikta rasa* would have normalised the excess *kleda, meda, vasa, majja, sweda, mutra* and *purisha*. Thus the drug would have shown noteworthy effects against *kaphaja prameha*.

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