

PITTAJA PRAMEHA: AN AYURVEDIC INSIGHTS AND ITS PARALLELS WITH CONTEMPORARY SCIENCE

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ABSTRACT

Prameha being a *Kaphapradhana Tridoshaja vyadhi* afflicting mainly *Medo dhatu* results in *Prabhuta* (Increased quantity) and *Avila* (Turbidity) *Mutrata*.^[1] *Prameha* is classified into 20 types^[2] based on the *Guna Kalpana* of the *dosha*, and its examination is carried out using *Mutrapareeksha*. Though *Medo Dhatu* is primarily affected in *Prameha*, the role of *Mamsa* and *Shareeraja Kleda* is invariable in all the 20 types of *Prameha*. Along with *Tridosha*, different *Dushya* are involved along such as *Meda*, *Mamsa* and *Shareeraja Kleda*. In *Pittaja Prameha*, it is the *Pitta Dosha* along with *Kapha Vata Dosha*, afflicts even *Rakta* along with *Meda*, *Mamsa* and *Shareeraja Kleda*.^[3] Proper identification of different types of *Prameha* is done by understanding *Varna*, *Gandha*, *Rasa*, *Sparshadi Vishesa* of *Mutra*. Metabolism refers to the ongoing

biochemical processes that maintain the functioning of living organisms. It is the balance of catabolism and anabolism. Through this process body uses to get or make energy from the food. Food is made up of proteins, carbohydrates, and fats. Chemicals in the digestive system break the food parts down into sugars and acids, body's fuel. Any condition which hampers at any stage in this process can be put into the group of metabolic disorders. Though most of the features of *Prameha* can be seen in Diabetes Mellitus, *Pittaja Prameha* cannot be directly

corelated to Diabetes Mellitus. *Pittaja prameha Lakshana* are seen in various conditions of metabolic disorders. Hence necessitating a comprehensive study on its concept leads to the need for study of *Pittaja Prameha* and its parallels with contemporary science.

KEYWORDS: *Prameha, Pittaja Prameha, Mootra Pareeksha*, metabolic disorders.

INTRODUCTION

Prameha is one among metabolic disorders affecting mainly *Medavaha* and *Mutravaha srotas*.^[4] Different classifications are mentioned in different context keeping *Nidana, Samprapti, Sadyasadyata* and *Chikitsa* of *Prameha* in mind. Those are, *Sahaja Prameha* which is caused due to *Beeja Dushti* in either *Shukra* or *Arthava* or both and *Apathya Nimittaja Prameha* caused due to intake of *Ahita Ahara* and *Vihara*.^[5] Keeping *Chikitsa* in mind *Pramehi* is classified into *Stula Pramehi* who is *Balavan* and *Krusha Pramehi*^[6] who is *Plpabala*, based on which treatment is planned. ‘*Sa Poorvaroopa Prameha*’ And ‘*A Poorvaroopa Prameha*’,^[7] *Pradushta Meda Prameha* and *Adushta Meda Prameha*^[8] are other types of *Prameha* based on which *Sadyasadyata* can be explained. According to Ayurvedic texts, *Prameha* is a *Tridoshaja Vyadhi*. However, based on the predominance of a particular *Dosha*, *Prameha* is classified into 20 subtypes.^[9] In *Pittaja Prameha* due to *Pitta Prakopakara Nidana*, *Pitta Dosha* along with *Dooshita Kapha* and *Vata Dosha* affects *Rakta* along with *Meda Mamsa* and *Shareeraja Kelda* and causes six different types of *Pittaja Prameha*. The six types of *Pittaja Prameha* can be diagnosed using *Mutra Pareeksha* of the patient. This diagnostic method focuses on specific characteristics of the urine, including *Gandha, Varna, Sparsha, Rasadi guna of mutra*.

METHODOLOGY

Conceptual study on *Pittaja Prameha* is based on literary of *brihatrayi*. *Lakshana* of *Pittaja Prameha* is studied thoroughly and possible correlation is made with contemporary science. Objective of the study is to understand and compare six different types *Pittaja Prameha* with contemporary science based on available information. By integrating traditional Ayurvedic concepts with modern scientific insights, this study seeks to enhance the understanding of *Pittaja Prameha* and its implications in contemporary health contexts.

LITRARY RIVIEW

Pittaja Prameha- Six types of *Pittaja Prameha* are explained in all *Samhita* with similar explanation. Six types mentioned in *Charaka Samhita, Ashtanga Hridaya* and *Ashtanga*

Sangrha are *Kshara Meha*, *Kala Meha*, *Neela Meha*, *Manjishta Meha*, *Rakta Meha*, And *Haridra Meha*.^[10] In Sushruta Samhita *Amla Meha* is mentioned instead of *Kala Meha*.^[11]

Dosha Vishesha Hetu For Pittaja Prameha^[12]

<i>Ushna Guna</i>	Intake of hot potency food
<i>Amla Rasa</i>	Intake of sour food
<i>Lavana Rasa</i>	Excessive salty food
<i>Katu Rasa</i>	Excessive spicy food
Inatake Of Excess <i>Kshara</i>	Intake of alkaline food
<i>Ajeerna Bhojana</i>	Taking food without having previous meal digested
<i>Ati Teekshna</i>	Intake of pungent food
<i>Ati Atapa Sevana</i>	Excessive exposure to sun
<i>Agni Santapa</i>	Exposure to intense heat of fire
<i>Shrama</i>	Excessive exertion
<i>Krodha</i>	Anger

Samprapti of pittaja Prameh^[13]

In *Pittaja Prameha*, due to prolonged consumption of *Pittaja Ahara* and indulgence in *Viharaja Nidana*, there arises *Pitta Pradhana Tridosha Prakopa*. The aggravated *Pitta*, along with other *Dosha*, vitiates the *Dushya* such as *Rakta* (Pradhana) and *Meda* (abaddha) *Mamsa*, *Majjaadi Dhatu*, *Udaka*, and *Ojas*. The primary *Srotas* involved are *Mutravaha Srotas* and *Medavaha Srotas*, where *Aparipaktata* of these *Dhatu* occurs due to *Dhatvagni mandya*. These vitiated *Dosha*, *Dushya* collectively move towards the *Basti*, leading to the manifestation of *Pittaja Prameha*. *Pitta* being *Ashukari* in nature, undergoes *Kshiprakopa*.

Lakshana of types Pittaja Prameha^[14]

TYPES	LAKSHANAS
1. <i>Kshara Meha</i>	Urine has <i>Gandha</i> , <i>Varna</i> , <i>Rasa</i> , <i>Sparsha</i> similar to that of <i>Kshara</i> .
2. <i>Kala Meha</i>	Continuous black coloured urine which is <i>Ushna</i>
3. <i>Neela Meha</i>	Urine is turbid with sour taste and had colour similar to that of feather of the blue jay.
4. <i>Rakta Meha</i>	Urine is turbid, red coloured, saline taste and smell like that of raw meat.
5. <i>Haridra Meha</i>	Turbid urine having pungent taste and colour like that of the juice of <i>Haridra</i> .
6. <i>Manjishta Meha</i>	Turbid urine passed frequently, which smells like raw flesh and looks like the decoction of <i>Manjistha</i> .
7. <i>Amla Meha</i>	Urine <i>Rasa</i> and <i>Gandha</i> similar to <i>Amla</i> .

Upadrava

Upadrava refers to secondary complication arising in the course of the disease.^[15] It appears in *Uttarakala* i.e after the primary disease manifests. It can be *Anu* or *Sthula* in nature. It is *Apradana* and subsides when the *Roga* is treated. *Vyadhi* with *Upadrava* is considered to be

Kricchasadhya.^[16]

In *Prameha*, Acharya Vagbhata and Charaka have mentioned *Upadrava* after explaining *Poorvaroopa*.

Samanya Upadrava and Vishesha Upadrava^[17]

<i>Samanya Upadrava</i>	<i>Upadrava Of Pittaja Prameha</i>
<i>Trishna</i>	<i>Vrshanayo avadarnaam</i>
<i>Atisara</i>	<i>Bastibheda</i>
<i>Jwara</i>	<i>Medhratoda</i>
<i>Daha</i>	<i>Hridshula</i>
<i>Dourbalya</i>	<i>Amlika</i>
<i>Arochaka</i>	<i>Jvara</i>
<i>Avipaka</i>	<i>Murccha</i>
<i>Pootimamsa Pidaka</i>	<i>Atisara</i>
	<i>Arochaka</i>
	<i>Vamathu</i>
	<i>Paridhupanam</i>
	<i>Nidranasha</i>
	<i>Panduroga</i>
	<i>Peetavinmutranetratvam</i>

Sadhyasadhyata Of Pittaja Prameha^[18]

All of them are considered *Yapya* because they are influenced by *Sansrishta Dosha*, due to their location in *Medasthana*, and also because of the effect of *Viruddha Upakarma*.

DISCUSSION

1. *Kshara Meha* can be correlated to **alkalinuria**.

Alkalinuria is a condition where the urine pH is abnormally high, indicating an imbalance in the body's acid-base regulation.

This condition may occur due to bacterial infection such as *Preoteus* urinary tract infections, respiratory cause such as respiratory alkalosis and metabolic cause in condition like Metabolic alkalosis, Failure of acidification due to renal tubular acidosis, chronic renal failure, indigestion because of Sodium bicarbonate.

This condition can be diagnosed with proper medical history, physical examination, urine pH tests, serum electrolytes.

2. *Kala meha* can be seen in **alkaptonuria (black urine disease)**, **rhabdomyolysis**, in certain diet and medication.

Alkaptonuria(black urine disease)-It is a rare inherited disorder. It occurs when body cannot produce enough of an enzyme called Homogentisic dioxygenase(HGD). This enzyme is used to breakdown a toxic substance called Homogentisic acid. The buildup of homogentisic acid causes bones and cartilage to become discoloured and brittle.

This typically leads to osteoarthritis, especially in synovial and large joints. People with alkaptonuria also have urine that turns black when exposed to air.

This condition can be diagnosed with urine and blood test where there will be presence of enzyme called Homogentisic dioxygenase(HGD).

Rhabdomyolysis: it is a condition that causes muscles to break down (disintegrate), which leads to muscle death. When this happens, toxic components of the muscle fibers enter the circulation system and kidneys. This can cause kidney damage. one of the symptoms is dark coloured / tea coloured urine.

This condition can be diagnosed with help of presence of elevated levels of Myoglobin in urine which may indicate muscle damage or rhabdomyolysis.

Certain diets such as red beets, blackberries, Rhubarb, fava beans, food with artificial colours and certain medications like levodopa, methyldopa, nitrofurantoin, metronidazole can cause black coloured urine.

This condition will be known with through history taking including medical history and personal history.

3. *Neela Meha* can occur in condition like **Indicanuria/Blue diaper syndrome, in pseudomonas infection**, certain food and diet.

Indicanuria/Blue diaper syndrome -It is a rare, autosomal or X-linked recessive trait metabolic disorder characterized in infants by bluish urine-stained diapers. It is also known as Drummond's syndrome, and Hypercalcemia, Familial, with Nephrocalcinosis and Indicanuria.

Indican (potassium indoxyl sulphate) is a normal constituent of urine in amounts up to 30 mg per day. It is formed from indole derived from the action of intestinal bacteria on tryptophan. It is usually invisible, but urines containing a large excess of indican may darken on exposure

to air and very occasionally oxidation to indigo in alkaline urine may produce a bluish tinge to the phosphate deposit. In such cases, typical blue rectangular or needle like crystals may be seen in the deposit.

In certain bacterial infection like pseudomonas infection urine colour may turn in blue colour macroscopically or microscopically. Other than this certain food like blueberries can cause blue coloured urine.

4. *Rakta Meha* can be correlated to **haematuria**.

Haematuria is defined as three or more RBCs per high power field (HPF). Haematuria may be grossly visible (macroscopic haematuria) or detectable only on urine examination (called microscopic haematuria).

In the urinary tract

Kidney

- Congenital anomalies-Polycystic disease, angioma.
- Calculus.
- Mobile kidney.
- Infections - Pyelonephritis, tuberculosis, glomerulonephritis
- Neoplasms - Renal carcinoma, Wilm's tumour.
- Drugs-Sulphonamides, anticoagulants.
- Trauma - Ruptured kidney.

Ureter

- Trauma.
- Calculi.
- Infection.
- Tumours - Papilloma, carcinoma.

Prostate

- Benign hypertrophy.
- Carcinoma.
- Bladder.
- Diverticulum.
- Trauma - following prostatectomy or other operations or instrumental.
- Calculus or foreign body.
- Tuberculosis.

- Tumours - Simple, papilloma, carcinoma.
- Ulcers.
- Chemical cystitis - e.g. after cyclophosphamide.
- Parasitic - Schistosomiasis, bancroftian filariasis.
- Urethra
- Malformations.
- Injuries.
- Calculus or foreign body.
- Infections.
- Tumours.
- Systemic causes
- Bleeding diathesis.
- Collagen disorders - SLE, PAN.
- Subacute infective endocarditis.
- Cryoglobulinaemias.
- Amyloidosis.
- Acute fevers - Malignant malaria.
- Tuberos sclerosis (associated angiomyolipomata).
- Severe exertion (e.g. jogging)

This particular condition can be diagnosed using medical history, general physical examination, urine routine and microscopic examination.

Though different causes of hematuria is mentioned, all the condition cannot be corelated to *Rakta Prameha*. Red coloured urine along with presence of other *Samanya Lakshanas* Of *Pramhea* can be considered as *Rakta Meha*. Existence of *Poorvarupa* and cardinal features of *Prabhuta* and *Avila Mutrata* aids in differentiation of *Pittaja Prameha* to *Adoga Raktapittadi* conditions.

Other bleeding disorders like haemophilia, leukamia, thrombocytopenia can also have blood mixed urine.

5. ***Haridra Meha*** can seen in Excess of urobilinogen , cystinuria, tyrosinura

Excess of urobilinogen may be due to excessive formation of bilirubin by cells of the reticulo-endothelial system on account of

- (1) Excessive red cell destruction, as in acute malaria.
- (2) Excessive hemolysis, as in pernicious anemia or poisoning by drugs, etc.
- (3) Excessive absorption of the products of blood disintegration, as in internal hemorrhage anywhere, or in lobar pneumonia.

Cystinuria is an inherited disease that causes stones made of the amino acid cystine to form in the kidneys, bladder, and ureters.

Tyrosinemia- tyrosinemia is a genetic disorder characterized by problems breaking down the amino acid tyrosine, which is a building block of most proteins.

Excessive urobilinogen can be detected through urine urobilinogen tests and Ehrlich's Test.

6. *Manjishtha Meha* can be related to Hemoglobinuria

Hemoglobinuria is a condition in which the oxygen transport protein hemoglobin is found in abnormally high concentrations in the urine.

The condition is caused by excessive intravascular hemolysis, in which large numbers of red blood cells (RBCs) are destroyed, thereby releasing free hemoglobin into the plasma.

Excess hemoglobin is filtered by the kidneys, which excrete it into the urine, giving urine a purple color.

- Acute glomerulonephritis
- Burns
- Renal cancer
- Malaria
- Paroxysmal nocturnal hemoglobinuria
- Microangiopathies, e.g. hemolytic-uremic syndrome (HUS), thrombotic thrombocytopenic purpura (TTP) leading to microangiopathic hemolytic anemia
- Transfusion reactions
- IgM autoimmune hemolytic anemia
- Glucose-6-phosphate dehydrogenase deficiency
- Pyelonephritis
- Sickle cell anemia
- Tuberculosis of the urinary tract
- March hemoglobinuria secondary to repetitive impacts on the body, usually the feet

- Athletics nephritis secondary to strenuous exercise
- Acute lead poisoning

This can be diagnosed using Urine Dipstick Test, Urine Microscopy, Hemoglobinuria Test, Blood Tests.

CONCLUSION

Prameha being *Kaphapradhanja Tridosha Vyadhi* involves *Mamsa, Meda* and *Kleda* as *Dushya*. Excessive *Kleda* which is formed in the body due to various *Nidana* in the *Basti* is eliminated from the body through urine resulting in *Bahumutrata*. In the case of *Pittaja Prameha*, the intake of *Pittaja Ahara* and *Vihara* leads to *Pitta Vriddhi* and *Rakta Dushti* results in characteristic changes in the *Varna, Rasa, Gandha, and Sparsha* of urine, which help in differentiating different types *Pittaja Prameha*. Identifying *Nidana* and early diagnosing will guide in further treating the condition. Thus it can be concluded that *Pittaja Prameha* cannot be directly correlated to Diabetes Mellitus only rather it could be compared to Different metabolic diseases as explained.

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