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SYNERGISTIC MANAGEMENT OF *PRAMEHA*: A CASE STUDY ON THE INTEGRATED EFFICACY OF *AGNIHOTRA* AND *YUKTIVYAPASHRAYA* (*VIRECHANA AND SHAMANOUSHADHI*)

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ABSTRACT

Background: *Prameha* (Type 2 Diabetes Mellitus) is a chronic metabolic disorder characterized by *Prabhoota-avila mootrata* (excessive and turbid urination) and is deeply rooted in the imbalance of *Bahu-Drava Kapha* and *Abaddha Medas*. While conventional management is often lifelong, this case study explores the rapid efficacy of an integrated Ayurvedic protocol. **Case Description:** A 65-year-old male (known hypertensive for 5 years) presented with increased frequency of micturition (8–9 times/day), excessive sweating in palms and soles (*Swedadhikya*), and significant fatigue (*Klama*) for one year. Clinical assessment revealed a BMI of 31.34 kg/m^2, *Jataragnimandya* (impaired digestion), and *Avara Satwa* (low mental strength) with high stress levels (*Chinta*). **Methods:** An intensive 10-day integrated protocol was implemented.

- ***Daivavyapashraya*:** Agnihotra performed twice daily at sunrise and sunset to address *Manasika Nidana* and harmonize *Vata*.
- ***Yuktivyapashraya* (*Virechana*):** *Deepana-Pachana* with *Chitrakadi Vati*, *Sarvanga Udwartana*, and *Snehapana* with *Triphala Ghrita*, followed by *Virechana* using *Trivrit Lehya*. **Results:** The patient demonstrated significant clinical and biochemical improvement within 10 days. **Objective:** Fasting Blood Sugar (FBS) dropped from 232.0 mg/dL to 156.0 mg/dL, and Post-Prandial Blood Sugar (PPBS) reduced from 299.0 mg/dL to 194.8 mg/dL.

Subjective: Nocturnal micturition frequency reduced from 5–6 times to 1–2 times. Symptoms of *Klama* (fatigue), *Atinidrata* (drowsiness), and *Gourava* (heaviness) were markedly reduced or relieved. **Conclusion:** The integration of *Agnihotra* with *Shodhana* therapies provides a synergistic effect that successfully reverses early-stage metabolic impairment (*Srotorodha*) and restores cellular metabolism (*Dhatvagni*). This multidimensional approach addresses both physical and psychosomatic components of *Prameha* for rapid results.

KEYWORDS: Agnihotra, *Daivavyapashraya*, *Prameha*, *Shodhana*, Type 2 Diabetes Mellitus, *Virechana*, *Yuktivyapashraya*.

INTRODUCTION

Prameha is categorized as a *Santarapanajanya vyadhi*, which means it is a disease primarily caused by over-nutrition.[1]

Literally, the term refers to a clinical condition characterized by an increased volume of urine that is notably turbid or opaque.[2]

The causative factor of this condition is largely attributed to a lack of physical activity, excessive sleep during both day and night, and a generally sedentary lifestyle.[3]

While all three *doshas* (*Vata*, *Pitta*, and *Kapha*) play a role in its development, the predominant factor is *Bahudrava shleshma*. The pathogenesis involves ten *dushyas*: *Meda*, *Mamsa*, *Shukra*, *Kleda*, *Shonita*, *Vasa*, *Majja*, *Lasika*, *Rasa* and *Ojas*.[4]

In the *Chikitsa Sthana*, *Acharya Charaka* explains that *Prameha* is primarily caused by a sedentary lifestyle and sleeping too much, alongside a diet heavy in curd, freshly harvested grains, new drinks, and jaggery products. Specifically, he identifies the consumption of milk, its various preparations, and the soups of meats from domesticated, aquatic, or marshy-land animals as significant triggers, along with any other factors that increase *Kapha*.[5]

The disease is divided into 20 sub-types based on the dominant *dosha*: 10 are *Kaphaja*, 6 are *Pittaja*, and 4 are *Vataja*.[6]

The pathogenesis occurs when aggravated *Kapha* vitiates the *medas, mamsa* and *kleda* within the urinary system, leading to various *Kapha*-dominant forms of the meha. In a similar

manner, *Pitta* that has been aggravated affects the dushyas to produce *Pitta*-dominant meha. Finally, when the other two *doshas* are relatively weak, an aggravated *Vata* draws *dushyas* (*ojas, majja and lasika*) into the urinary system, vitiating them and resulting in the more severe *Vata*-dominant types of *Prameha*.As these vitiated *doshas* enter the urinary system, they manifest as specific types of *Meha* (urinary disorders) characterized by the qualities of the dominant *dosha*.[7]

The symptoms of *Prameha* closely mirror those of Diabetes Mellitus, a chronic metabolic disorder marked by high blood sugar that damages the heart, eyes, kidneys, and nerves. Type 2 diabetes is the most frequent variety.[8]

Diabetes prevalence is rising rapidly, currently affecting approximately 422 million people mostly in low-to-middle-income nations and causing 1.6 million deaths annually.[9]

The World Health Organization defines Diabetes Mellitus as a diverse metabolic disorder unified by hyperglycemia and significant disruptions in how the body processes carbohydrates, fats, and proteins.[10]

CASE STUDY

Patient c/o of increased frequency of micturition (3-4 times in a day and 4-5 times in night) associated with increased sweating in plams and soles and fatigue since 1 year.

HISTORY OF PRESENT ILLNESS

The patient was apparently healthy one year ago. Gradually developed symptoms of increased frequency of micturition, particularly during the night time (*Prabhoota mootrata*), associated with excessive sweating in the palms and soles (*Swedadhikya*). Associated complaints were significant fatigue (*Klama*) that hindering of day-to-day activities, along with an increased tendency to sleep (*Atinidrata*) and persistent drowsiness. For these complaints, the health seeker visited a nearby allopathic hospital and took medicament; however, pt did not find satisfactory relief, so visited SDM College of Ayurveda and Hospital, Hassan, for further management.

HISTORY OF PAST ILLNESS

A. Medical history

K/C/O hypertension since 5 yrs (on medication t. Telmisartan 40 mg 1-0-0)

Recently diagnosed DM on medication T. Glimestar – M1

B. Surgical history: Nothing Specific

C. Kula vruttanta: Both parents are known cases of Type 2 Diabetes Mellitus.

PERSONAL HISTORY

Diet –Vegetarian

Appetite – reduced

Bowel – hard stools, unsatisfactory bowel habits

Micturition – 8-9 times / 24 hours

Sleep – Disturbed (mainly due to void urine)

Habits – Tea- 5 times /day

VITAL EXAMINATION

Pulse Rate - 78 bpm

Respiratory rate - 18cpm

Heart Rate - 72 bpm

Blood pressure - 130/90mmhg

NIDANA PANCHAKA

• ***Nidana***

Aharaja *-Akaala Bhojana, Abhisyandi ahara sevana (*dadhi, idli, dosa,vada, mamsa, excessive tea consumption)

Viharaja *- Diwaswapna*

Manasika *- Chinta*

Kulaja : Strong hereditary factor as both parents are diabetic ,indicating *beeja dushti*

• ***Poorva rupa*** *– Swedadhikya*

• ***Roopa*** *-Prabhoota mootrata ,Vibandha ,klama, tandra*

• ***Upashaya*** *– Vyayama , yava*

• ***Anupashaya*** *– Asyasukham*

SAMPRAPTI

Nidana Sevana

(Sahaja/Kulaja factors + Guru, Madhura, Snigdha Ahara + Swapna Sukha)

⇩

Jataragnimandya

⇩

Ama Utpatti & Kleda Vriddhi

⇩

Kapha Prakopa (Guru, Snigdha, Drava, Sthira Guna)

⇩

Avarana of Vata by Kapha & Medas

(Abaddha Medas and *Kapha* obstruct the normal circulating gati of *Vata)*

⇩

Srotorodha in Medovaha & Mutravaha Srotas

⇩

Kha-vaigunya in Basti (Urinary Bladder)

(Localization of the pathology in the urinary system due to gravity of Kleda)

⇩

Vimarga-gamana of Kleda & Dushyas

⇩

Prabhoota Mootrata, Klama,Swedadhikya & Atinidrata

⇩

***PRAMEHA*[11]**

Samprapti Ghataka

Dosha: *Vyana Vata (Avrita), Bahu-Drava Kapha (Avaraka).*

Dushya: *Rasa, Medas (Abaddha), Kleda, Mamsa.*

Upadhatu: *Tvak (involved in Swedadhikya).*

Agni: *Jataragnimandya and Medo-Dhatvagnimandya.*

Ama: *Jataragnijanya and Dhatwagnijanya Ama.*

Srotas: *Annavaha, Rasavaha, Medovaha, Mutravaha.*

Srotodushti: *Sanga and Atipravrutti.*

Udbhavasthana: *Amapakwashaya.*

Sancharasthana: *Sarva Shareera (systemic circulation of Kleda).*

Vyaktasthana: *Mutravaha Srotas.*

Adhisthana: *Basti and Vrkka.*

Swabhava: *Chirakari.*

Roga Marga: *Abhyantara.*

Sadhya-Asadhyata: *Yapya.*

ASHTA STHANA PARIKSHA

1. *Nadi – 72* bpm

2. Mutra – prahoota mutrata

3. Mala – baddha mala

4. Jihwa – Ishat lipta

5. Druk – Prakruta

6. Shabda – Prakruta

7. Sparsha – Anushna

8. Aakruthi – Sthula

DASHAVIDHA PARIKSHA

1. Prakruti –-Kapha-Vata

2. Vikruti – Vyana vata, Kapha

3 .Sara – Madhyama

4. Samhanana- Madhyama

5. Satwa – Avara

6. Satmya – Shadrasa Satmya

7. Pramana – Ht – 142cms, Wt- 63 kg, BMI – 31.34kg/m2

8. Ahara shakti – Abhyavaharana shakti- Madhyama Jaranashakti – avara

9. Vyaayama shakti – Avara

10. Vaya- Vriddha

METHODOLOGY

Treatment	**Drug**	**Dosage and duration**
1.Amapachana and Deepana	*Chitrakadi vati*	Day 1, 2, 3 2-0-2 before food for 3 days
2.Sarvanga Udwartana f/b Parisheka	*Triphla churna*	Day 1, 2, 3 Morning Once
3.Snehapana	*Triphala Ghrita*	Day 4, 5, 6 (For next 3 days)
4.Vishrama kala	*Kapha avruddhikara Ahara and abhyanga with narayana taila, parisheka sweda with dhanyamla*	Day 7, 8, 9 (Next 3 days)
5.Virechana	*Trivrith lehya – 50 gms*	10^{th} day
6.Shamanoushadhi	*Tab. Nishamalaki*	1-0-1 x Throughout 10 days
7.Agnihotra	*Patanjali Madhumehahari Powder*	For 10 days twice daily (sunrise&sunset) Followed by 30 mins of yoga and pranayama
8.Discharge	*Samshamani vati*	1-0-1 – 1 month

ASSESMNET CRITERIA

SUBJECTIVE CRITERIA

1. *KLAMA, ATINIDRATA* (FATIGUE, DROWSINESS, EXCESSIVE SLEEP)
2. *PURISHABAHADATA* (CONSTIPATED STOOL)
3. *PRABHOOTA MUTRATA* (INCREASED MICTURITION)
4. *SWEDADHIKYA* (INCREASED PERSPIRATION)
5. *KARAPADASUPTATA* (NUMBNESS IN PALM AND SOLES)

Bristol Stool Chart

	Type 1	Separate hard lumps, like nuts (hard to pass)	Very constipated
	Type 2	Lumpy and sausage like	Slightly constipated
	Type 3	A sasuage shape with cracks in the surface	Normal
	Type 4	Like a sausage or snake, smooth and soft	Normal
	Type 5	Soft blobs with clear-cut edges	Lacking fibre
	Type 6	Fluffy pieces with ragged edges, a mushy stool	Inflammation
	Type 7	Liquid consistency with no solid pieces	Inflammation

OBJECTIVE CRITERIA

1. Blood Glucose Levels (FBS AND PPBS): Objective parameters blood sugar levels following the 10-day intervention.

RESULTS

The 10-day integrated approach using *Daivavyapashraya* (Agnihotra) and *Yuktivyapashraya* (Shodhana and Shamana) demonstrated significant clinical improvement in both subjective and objective parameters.

SUBJECTIVE CHANGES

SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
PRABHOOTA MUTRATA	3-4 TIMES (DAY) 5-6 TIMES (NIGHT)	3-4TIMES (DAY) 1-2 TIMES (NIGHT)
KLAMA	PRESENT	REDUCED
ATINIDRATA	PRESENT	REDUCED
KARAPADA	PRSENT	REDUCED

SUPATATA		
PUREESHABADHATA (Acc to Bristol stool chart)	Type 1 (separate hard lumps like nuts)	Type 3 (sausage shaped with cracks on the surface)
GOURAVA	PRESENT	ABSENT

OBJECTIVE CHANGES

The Patient showed a marked reduction in glycemic levels within a very short duration.

PARAMETER	BEFORE TREATMENT (BT)	AFTER TREATMENT (AT)
FBS	232.0 mg/dl	156.0 mg/dl
PPBS	299.0 mg/dl	194.8 mg/dl

Subjective Relief

- ***Prabhoota Mutrata*:** Reduced from 3–4 times (Day) and 5–6 times (Night) to 3–4 times (Day) and only 1–2 times (Night).
- ***Klama & Atinidrata*:** Both transitioned from "Present" to "Reduced," indicating improved functional capacity.
- ***Pureeshabadhata & Gourava:*** Both symptoms were completely relieved ("Absent") following the treatment course.

DISCUSSION

The success of this case lies in the synergistic effect of multi-dimensional therapies targeting the *Samprapti* (pathogenesis) of *Prameha* (Type 2 Diabetes).

1. **Rapid Bio-purification:** Achieving a 76 mg/dL drop in FBS and a 104.2 mg/dL drop in PPBS within just 10 days is a significant indicator of the efficacy of *virechana* and *agnihotra* in clearing *Srotorodha*.
2. **Comprehensive Metabolic Correction:** The treatment addressed the *Bahu-Drava Kapha* and *Abaddha Medas* which are the primary *Dushyas* in this condition.
3. **Holistic Stability:** By integrating *Agnihotra* with *Virechana*, the treatment addressed both the *Manasika* and *Sharirika* components of the disease.

1. Atmospheric Potentiation & Prana regulation

- ***Prana-Apana* Balance:** In the health seeker's *Samprapti*, there is an *Avarana* of *Vata*. Agnihotra, performed at the transition of *Sandhya* (sunrise/sunset), is said to harmonize the flow of *Prana*. By purifying the inhaled air, it facilitates the movement of *Vyana Vata*, helping to resolve the *Sanga* in the *Mutravaha Srotas*.[12]

- **Medicinal Vaporization:** The offerings undergo combustion at specific temperatures, releasing medicinal hydrocarbons. Inhaling these vapors acts as a "gaseous medicine," which enters the bloodstream via the pulmonary circulation, bypassing the weakened *Jataragnimandya* to act directly on the *Dhatus*.[13]

2. Psychosomatic Impact (*Manasika Nidana*)

- **Addressing Stress-Induced Hyperglycemia:** The health seeker's history included *Chinta*. Modern research suggests that the rhythmic chanting and the specific frequency of the Agnihotra fire reduce cortisol levels. In this case, it likely addressed the *Manasika* component of *Prameha*, improving the health seeker's *Avara Satwa*.
- **Circadian Rhythm Alignment:** By performing Agnihotra twice a day (7:00–8:30 AM and 5:30–7:00 PM), the health seeker's internal biological clock was synchronized with nature. This is vital for metabolic disorders like Type 2 Diabetes, where *Diwaswapna* is a major *Viharaja Nidana*.

3. Synergistic Effect with both *Agnihotra and Virechana*

- **Enhancing Bio-availability:** While *Triphala Ghrita* and *Virechana* with *Trivrit lehya* physically removed the *Bahu-Drava Kapha* and *Kleda* , Agnihotra provided the "energetic" push to clear the *Kha-vaigunya* in the *Basti*.
- **Rapid Result Validation:** The significant drop in *PPBS* from 299.0 mg/dL to 194.8 mg/dL in only 10 days suggests that the treatment did not just manage sugar but actually corrected the *Agni* at a cellular level (*Dhatwagnijanya Ama*).

4. Analysis of Subjective Relief

The most stubborn symptoms of *Prameha—Klama* and *Atinidrata* responded rapidly.

- ***Klama*:** Reduced from "Present" to "Reduced". This indicates that the *Agnihotra* helped in *Ojas* restoration, which is typically depleted in *Prameha* health seekers.
- ***Prabhoota Mutrata:*** The reduction in nocturnal micturition (from 5–6 times to 1–2 times) proves the stabilization of the *Mutravaha Srotas*.

Probable Mode of Action

1. *Agnihotra (Daivavyapashraya)*

- **Environmental & Respiratory Impact:** The medicinal fumes from Agnihotra (performed at sunrise and sunset) contain potentized carbon and medicinal properties of

the offerings. Inhaling these helps in reducing *Chinta* ,which is a known *Nidana* for metabolic disruption.[14]

- **Micro-nutrients:** The process creates a purified atmosphere that may influence the neuro-endocrine system, helping to regulate insulin sensitivity indirectly by lowering cortisol (stress-induced hyperglycemia).

2. *Virechana & Triphala Ghrita (Snehapana)*

- ***Pachana and Deepana dravya* :** *Chitrakadi vati* stimulates *Agni* and digests *Ama*,
- ***Udvartana*:** Acts as *Lekhana* heat generated by friction liquefies stagnant medas and kapha, it opens the orifices of the sweat glands and peripheral capillaries, favilitating the movement of mobid *Doshas* from the skin toward the deeper *Dhatus*, preparing them for internal mobilization.
- ***Snehapana with Triphala Ghrita*:** Triphala is *Pramehahara* and *Lekhana* in nature. Using it for *Snehapana* helps in mobilizing the *Abaddha Medas* and *Kleda* from the *Dhatus* to the *Koshta*.
- ***Virechana*:** Performed on the 9th day with Trivrit leha, *Virechana* is the best treatment for *Pittaja* and *Kaphaja Prameha*. It eliminates the accumulated *Ama* and *Kleda* through the *Adho-bhaga*, directly reducing the burden on the *Mutravaha Srotas*.

CONCLUSION

This case report demonstrates that an Integrated Ayurvedic Protocol combining *Daivavyapashraya* (Agnihotra, with yoga and pranayama), and *Yuktivyapashraya* (Virechana and shamanoushadhi) is highly effective in the management of *Prameha* (Type 2 Diabetes). The rapid improvement in blood glucose levels and the resolution of symptoms like *Klama* and *Prabhoota Mutrata* suggest that this 10-day intensive regimen successfully reverses the early stages of metabolic impairment (*Srotorodha*) and restores *agni* (metabolism).

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