

**PREVALANCE OF PRAMEHA SAMANYA LAKSHANA IN
HYPERGLYCEMIC SUBJECTS W.S.R TO DIABETES MELLITUS
TYPE 2: A DESCRIPTIVE STUDY**

***¹Dr. Venkatesh G. Kulkarni, ²Dr. Ranjitha and ³Dr. A. S. Patil**

¹PG Scholar, Department of Roganidana, GAMC Benagluru.

²Associate Professor, Department of Roganidana, GAMC Benagluru.

³Professor & HOD, Department of Roganidana, GAMC Benagluru.

Article Received on
10 December 2023,

Revised on 31 Dec. 2023,
Accepted on 21 Jan. 2024

DOI: 10.20959/wjpr20243-31085



***Corresponding Author**

**Dr. Venkatesh G.
Kulkarni**

PG Scholar, Department of
Roganidana, GAMC
Benagluru.

ABSTRACT

Diabetes is a very common disease that an ayurvedic doctor encounters at his clinic. In 2019, approximately 463 million individuals were affected by type 2 diabetes corresponding to 9.3% of the world's population. Due to the similarity in causes and symptoms of diabetes and prameha, the former and latter are understood as equal. Also, at maximum instances prameha is diagnosed by observing blood sugar levels. But, there is no clear evidence that all the persons having raised blood sugar levels are having prameha roga. Thus, this study aims to observe the prevalence of prameha samanya lakshana in persons having hyperglycemia due to diabetes mellitus type two. In other words, it is intended to check whether all the patients diagnosed with diabetes mellitus type two are having prameha roga according to ayurveda. Also, this study tries to shed some fresh light on the thought that, are there other conditions according to ayurveda which might

have raised blood sugar values. The study was done by assessing the diabetic patients for the presence of prameha samanya lakshana. If the prameha samanya lakshana were absent, then the diagnosis according to the principles of ayurveda was done. Based on the observations and results the conclusions were drawn. The study showed that the majority of diabetic patients did not have prameha samanya lakshana(64.2%) and others had prameha samanya lakshana(35.7%). Among all the diabetic patients, 71.25% of patients were having prameha samprapti, 25% of patients were having chinta janya vaata vriddhi samprapti and 3.75% of

patients were having leena jwara samprapti. Thus, it can be concluded that all the diabetes patients might not be having prameha samprapti and in turn prameha roga in them.

KEYWORDS: Prameha, Diabetes, Prameha Lakshana, Samprapti, Hyperglycemia.

INTRODUCTION

In today's world, diabetes is the 6th leading cause of morbidity across the world. The estimates in 2019 showed that 77 million individuals had diabetes in India, which is expected to rise to over 130 million by 2045. Approximately 57% of these individuals remain undiagnosed. Diabetes Mellitus is counted among the five major diseases responsible for morbidity and mortality leadings to six deaths.

Prameha is a mahavyadhi according all the three acharyas.^[1] Prameha is a vyadhi which involves bahu drava shleshma, bahu abbaddha meda, maamsa, laseeeka, shukram, shonitam, vasaa, majja, kleda, rasa and oja.^[2] The nidana vishesha like all kaphakara ahara vihara, bahu drava shleshma and dushya vishesha^[3]; when these are conglomerated there is sudden prokopa of shleshma which further vitiated meda maamsa, kleda and take sthaana samshraya in basti and cause prameha vyadhi.

This prameha should be diagnosed with lakshanas like – prabhoot mootrata and avila mutrata and presence of purvaroopas like adhika swedana^[4] etc.

The diagnosis of every vyadhi should and must be done with nidana, poorvarupa, roopa, upashaya, and samprpat^[5] i. In this study, the diagnosed DM subjects will be interrogated and examined for diagnosis of the underlying pathology on the scales of ayurvedic nidana panchaka.

MATERIALS AND METHODS

SOURCE OF DATA

SAMPLE SOURCE: For the present study patients of either sex irrespective of social, economic or religious status were selected at random from the O.P.D and I.P.D of Sri Jayachamarajendra Institute of Indian Medicine, Bengaluru. They are the primary source of data.

METHOD OF COLLECTION OF DATA: Minimum of 80 patients suffering from Type 2 Diabetes Mellitus were selected for the study randomly, irrespective of their religion,

educational background, and economical status. A special pro forma was prepared which included detailed history taking, physical signs and symptoms, assessment criteria as mentioned in our classics.

DIAGNOSTIC CRITERIA

The diagnosis of Hyperglycemia in type 2 Diabetes Mellitus was done through FBS, PPBS and HbA1C.

INCLUSION CRITERIA

1. Patients between the age group of 30-70 years
2. Patients of either gender will be selected
3. Patients with type two diabetes mellitus

EXCLUSION CRITERIA

1. Patients with type one diabetes
2. Patients with gestational diabetes
3. Patients having raised blood sugar values due to intake of steroids
4. Hyperglycemia due to acute MI

ASSESSMENT CRITERIA

The assessment of prameha samanya lakshana will be made based on signs and symptoms as told in classics.

1. Prabhoota/ adhika mutra- A) Increased frequency
B) Increased quantity
2. Avila mutra- present or absent (by physical examination)
Shukla varna mutra
3. Adhika pipasa
4. Daha in – hasta- Pada- Ang
5. Suptataa in- hasta- Pada
6. Shosha of - mukha-Taalu-Kantha
7. Visra gandha of- shareera-Shwasa-talu-gala-jihwa-danta
8. Adhika swedana

RESULTS

1. Incidence of Prabhuta mutrata.

In the present study of 80 patients, 63 patients were having prabhoota mutrata and 17 patients were not having prabhoot mutrata.

2. Incidence of Avila mutrata

In the present study of 80 patients, 2 patients had avila mutrata and 78 patients did not have.

3. Incidence of Adhika pipasa

In the present study of 80 patients, 57 patients had adhika pipasa and 23 patients did not have adhika pipasa.

4. Incidence of Hasta paada daha

In the present study of 80 patients, 27 patients had hasta pada daha and 53 patients did not have hasta pada daha.

5. Incidence of Hasta paada suptata

In the present study of 80 patients, 18 patients had hasta paada suptata and 62 patients did not have hasta paada suptata.

6. Incidence of Mukha shosha

In the present study of 80 patients, 25 patients had mukha shosha and 55 did not have mukha shosha.

7. Incidence of Visragandha

In the present study of 80 patients, 15 patients had visragandha and 65 patients did not have.

8. Incidence of Atisweda

In the present study of 80 patients, 22 patients had atisweda and 58 patients did not have atisweda.

9. Incidence of Samprapti

In the present study of 80 patients, 57 patients were having prameha samprapti, 3 patients were having jwara samprapti and 20 patients were having chinta janya vata vriddhi.

Sl. no	Lakshana	Present	Present %	Absent	Absent %
1.	Prabhoot mutrata	63	78.75%	17	21.25%
2.	Avila mutrata	2	2.5%	78	97.5%
3.	Adhika pipaasa	57	71.25%	23	28.75%
4.	Hasta paada daha	27	33.75%	53	66.25%
5.	Hasta paada suptata	18	22.5%	62	77.5%
6.	Mukha shosha	25	31.25%	55	68.75%
7.	visragandha	15	18.75%	65	81.25%
8.	atisweda	22	27.75%	58	72.5%

Total percentage of people having prameha samanya lakshana is- 35.78%.

Total percentage of people not having prameha samanya lakshana is- 64.21%.

DISCUSSION

Majority of the Diabetic patients did not have prameha samanya lakshanas. This might be due to understated reasons.

- A. It is not compulsory for all the diabetic patients to have all the lakshanas.
- B. Many lakshanas occur when the disease is considerably progressed.
- C. Specific lakshanas like dourgandhya etc occur when there is specifically mamsa and medo dhaatu vitiation due to specific nidanas.
- D. The patient might not be having prameha samprapti, hence the prameha lakshanas are not visible.

Any vyadhi has to be diagnosed based on nidana panchaka and more specifically by samprapti, as it encompasses the other four briefly. Diagnosing a disease by just the lakshana will be ambiguous. Thus, though majority of diabetic patients did not have prameha samanya lakshana, but majority of diabetic patients (71.25%) were having prameha samprapti in them.

Among the diabetic patients who were not having prameha samprapti, majority of them were having vaata vridhhi samprapti(25%) and few were having leena jwara samprapti(3.75%).

Leena jwara- as the doshas are in leena avastha, they are not producing jwara, but as they are still lodged in the vikrita rasa dhatu, they express themselves by raised blood sugar values.

Chinta janya vaata vridhhi- As chinta is a nidana for rasa vaha sroto dushti, it is producing vikriti in rasa dhatu. Hence, the diabetic patients were having only vataja lakshanas and no prameha lakshana, but still hyperglycemia was present.

Thus we can understand that any dushti in rasa dhatu will hamper the normal serum characters.

CONCLUSION

By the present study, following conclusions can be drawn.

1. Diabetes mellitus Type 2 is not always prameha vyadhi.
2. Vata vriddhi and leena jwara can also present with hyperglycemia.
3. Prameha patients present with variable degree of lakshanas depending upon the strength of causative factor.
4. Hyperglycemia is an indication for impaired rasa dhatu.
5. Disease prameha need not present with all its pratyatma lakshanas.
6. Presence of few poorvarupas and adhika mutrata can help in early diagnosis of prameha.

ACKNOWLEDGEMENT

I bow before the Almighty, whose blessings are showered on me due to which this present work could be completed. I take this opportunity with pleasure to thank all the people who have helped me throughout the course towards producing this dissertation.

It is indeed a pleasure to have carried out this dissertation work at SJIIM Bengaluru.

I am very much thankful to Dr. SUREKHA S MEDIKERI, Principal, GAMC- Bengaluru, for giving me an opportunity to complete this work successfully.

I take this opportunity to acknowledge with sincere gratitude, the unique guidance, enthusiasm, and knowledge bestowed to me by my guide Dr. Ranjitha, Associate Professor, Department of Roga Nidana and Vikruthi Vijnana without whom this dissertation would never have been possible.

I take this opportunity to extend my thanks to our other faculties of Department of Roga Nidana and Vikruthi Vijnana, Dr. ANDANAGOUDA S PATIL, Dr. Kiran Kumar, Dr. PADMAVATHI, Dr. SHIVAPRASAD S.E, Dr. RASHMI, Dr. SUDEESH for their continuous and active support.

I cordially express my sincere gratitude to my batchmates Dr. RAMESHA H S, Dr. ANU S PRASAD, Dr. AJANYA RAJ K M and Dr. APEKSHYA K C, without whom I would not be able to complete my work.

I would like to thank my wife Dr. SHREEVIDYA A K for her constant support and guidance. My deep sense of gratitude to my parents, Smt. SAVITA G KULKARNI and Sri. (late) GURURAJ KULKARNI, and My beloved Sister Mrs. SUPRIYA K JOSHI, and her husband

Sri KRISHNAMURTHY JOSHI and who are the architects of my career. I am highly indebted to my parents who have played a vital role in molding my thoughts towards higher studies with a constant showering of affectionate blessings which are the driving force behind my work.

I would like to thank Laboratory staff, Library staff and Hospital staff College staff for their co-operation during the study.

I sincerely thank all the volunteers who actively participated in this study.

Last but not the least, I extend my gratitude to all, who directly and indirectly helped me in this endeavor.

LIST OF REFERENCES

1. Acharya Sushruta, Vaidya Yadavji Trikamji Acharya (ed). Sushruta Samhitha with Nibanda Sangraha commentary of Shri Dalhanacharya, reprint edition of, 2014; sootra-sthana, chapter 33, shloka 4-5 pg 144.
2. Raja Radha Kant Deva, Shabda Kalpa Druma 3rd edition, Varanasi:Chowkambha Sanskrit Series office, 1967; 3: 285.
3. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya(ed). Charaka Samhitha, revised by Acharya Charaka, redacted by Acharya Dridhabhala with Ayurvedadipika commentry by Sri Chakrapanidatta, reprint edition of, 2014; sutrasthana chapter 25, shloka 40 pg 132.
4. Acharya Agnivesha, Vaidya Yadavji Trikamji Acharya(ed). Charaka Samhitha, revised by Acharya Charaka, redacted by Acharya Dridhabhala with Ayurvedadipika commentry by Sri Chakrapanidatta, reprint edition of, 2014; chikitsa-sthana chapter 6, shloka 57 pg 449.
5. Acharya Sushruta, Vaidya Yadavji Trikamji Acharya (ed). Sushruta Samhitha with Nibanda Sangraha commentary of Shri Dalhanacharya, reprint edition of, 2014; nidana-sthana, chapter 6, shloka 22-23 pg 293.