

AN AYURVEDIC REVIEW OF ETIOPATHOGENESIS AND MANAGEMENT OF *PRAMEHA* (DIABETES MELLITUS)

Dr. Asmita Rani^{*1}, Prof. Dr. Ravi Sharma²

¹MD Scholar, PG Department of Kaya-Chikitsa, Madan Mohan Malviye Government Ayurveda College and Hospital, Udaipur (Raj.).

²Professor and Head of Department of Kaya-Chikitsa, Madan Mohan Malviye Government Ayurveda College and Hospital, Udaipur (Raj.).

Article Received on 03 Sept. 2026,
Article Revised on 24 Sept. 2026,
Article Published on 01 Oct. 2026,

<https://doi.org/10.5281/zenodo.23032911>

*Corresponding Author

Dr. Asmita Rani

MD Scholar, PG Department of Kaya-Chikitsa, Madan Mohan Malviye Government Ayurveda College and Hospital, Udaipur (Raj.).



How to cite this Article: Dr. Asmita Rani^{*1}, Prof. Dr. Ravi Sharma² (2026). An Ayurvedic Review Of Etiopathogenesis And Management Of *Prameha* (Diabetes Mellitus). World Journal of Pharmaceutical Research, 15(19), 262–270
This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Prameha is a major metabolic disorder described in Ayurveda, characterized by excessive quantity and abnormal quality of urine along with progressive disturbance of *Dosha*, *Dhatu*, *Agni*, and *Srotas*. Classical Ayurvedic texts explain *Prameha* as a *Tridoshaja* disorder with predominant *Kapha* involvement and significant association with *Meda Dhatu* and *Mutravaha Srotas*. Twenty varieties of *Prameha* have been described based on *Dosha* predominance, among which *Madhumeha* represents an advanced stage associated with *Vata* predominance and tissue depletion. The disease is considered a systemic metabolic derangement rather than a condition limited to urinary abnormality. Excessive intake of *Kapha*-promoting foods, sedentary lifestyle, obesity, excessive sleep, and hereditary factors are described as important causes. Ayurveda explains its pathogenesis through *Agnimandya*, *Ama* formation,

Dosha imbalance, and progressive involvement of body tissues.

KEYWORDS: Ayurveda, *Prameha*, *Madhumeha*, *Dosha*, *Ama*, *Agnimandya*, *Panchakarma*.

INTRODUCTION

Prameha has been described extensively in classical Ayurvedic literature as a disorder involving abnormal urine formation and systemic metabolic dysfunction. Acharya Charaka,

Sushruta, and Vagbhata have explained its *Nidana*, classification, clinical manifestations, prognosis, and management. Ayurveda considers *Prameha* as a disease of impaired metabolism involving *Dosha*, *Dhatu*, *Agni*, and *Srotas* rather than merely a disorder of urinary function.^[5,6,7]

The contemporary rise of obesity, diabetes mellitus, and metabolic syndrome has increased interest in Ayurvedic approaches toward prevention and management. *Madhumeha*, a subtype of *Prameha*, is traditionally correlated with diabetes mellitus because of the characteristic sweetness of urine and chronic metabolic disturbance. However, the Ayurvedic description includes broader concepts of tissue metabolism, *Ojas*, and systemic imbalance.^[8,9]

AIMS AND OBJECTIVES

1. To review the classical concept of *Prameha*.
2. To study *Nidana*, *Samprapti*, and clinical manifestations of *Prameha*.
3. To evaluate Ayurvedic principles of management including *Ahara*, *Vihara*, *Panchakarma*, and medicinal therapy.
4. To understand the relevance of Ayurvedic preventive measures in present-day metabolic disorders.

MATERIALS AND METHODS

This review was prepared through critical study of classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, Madhava *Nidana*, Bhavaprakasha, and relevant Nighantus. Classical references related to *Nidana*, *Purvarupa*, *Rupa*, *Samprapti*, *Chikitsa*, *Pathya-Apathya*, and preventive measures were analyzed. Contemporary scientific literature related to metabolic disorders and diabetes mellitus was also reviewed.

The term *Prameha* indicates excessive urinary discharge. The disease name is derived from the concept of increased quantity and frequency of urine. *Madhumeha*, one of the forms of *Prameha*, is described by urine having properties resembling honey, which has resulted in comparison with diabetes mellitus in modern interpretation.^[5,10]

Ayurvedic Conceptual Review

Nidana (Etiological Factors)

According to Ayurveda, *Prameha* develops due to prolonged exposure to causative factors that aggravate *Kapha Dosha* and disturb normal metabolism. Excessive consumption of *Madhura* (sweet), *Snigdha* (unctuous), *Guru* (heavy), and *Abhishyandi* foods leads to accumulation of *Kapha*, *Kleda*, and *Meda*. Intake of new grains, sugarcane products, excessive dairy products, and sedentary habits are described among important causative factors.^[11,12]

Lifestyle factors such as lack of exercise, excessive daytime sleep, prolonged sitting, and reduced physical activity contribute to *Santarpana* (excessive nourishment) and *Meda* accumulation. These factors impair *Agni* and promote development of metabolic abnormalities.^[13,7]

Hereditary predisposition is also explained through *Sahaja Prameha*, while acquired disease due to improper diet and lifestyle is described as *Apathyanimittaja Prameha*. This indicates the role of both genetic susceptibility and environmental influences.^[14]

Classification of *Prameha*

Ayurveda classifies *Prameha* into twenty varieties: ten *Kaphaja*, six *Pittaja*, and four *Vataja* types. *Kapha* dominant varieties are generally associated with excessive accumulation of body tissues and fluids, *Pittaja* types show heat and inflammatory features, whereas *Vataja Prameha* represents chronicity with deeper tissue involvement and poorer prognosis.^[1,15,16]

Prameha is also categorized as *Sahaja* and *Apathyanimittaja*. Therapeutically, patients are described as *Sthula Pramehi* and *Krishna Pramehi*, requiring different approaches according to body constitution and disease stage.^[17]

Samprapti (Pathogenesis)

The pathogenesis begins with continuous intake of causative factors leading to *Kapha* aggravation, *Mandagni*, and impaired tissue metabolism. Due to defective *Agni*, improper transformation of nutrients occurs, resulting in accumulation of abnormal metabolic products and disturbance of *Dhatu* formation.^[18]

The disease process progressively affects *Rasa*, *Meda*, *Mamsa*, and other tissues. Obstruction of channels causes disturbance of *Vata* movement, leading to increased urinary manifestations. In advanced stages, *Madhumeha* develops with predominance of *Vata* and depletion of body tissues.^[8,7]

Samprapti Ghataka

Dosha: *Kapha* predominant *Tridosha* involvement

Dushya: *Rasa, Meda, Mamsa, Ojas, Majja, Lasika*

Agni: *Dhatvagni* impairment

Srotas: *Mutravaha* and *Medovaha Srotas*

Srotodushti: *Sanga* and *Atipravritti*

Purvarupa and Clinical Features

The prodromal symptoms of *Prameha* include excessive sweating, unpleasant body odor, lethargy, heaviness, excessive sleep, dryness of mouth, burning sensation in hands and feet, and sweetness in taste perception. Classical texts also mention attraction of ants toward urine as an observation associated with sweet urine.^[19,6]

Clinical manifestations include excessive urination, abnormal urine characteristics, excessive thirst, increased appetite, weakness, obesity or emaciation, delayed wound healing, and recurrent infections. These features vary depending on *Dosha* involvement and disease progression.^[10,7]

Management of Prameha

The management of *Prameha* in Ayurveda is based on correction of *Dosha* imbalance, improvement of *Agni*, removal of excessive *Meda* and *Kleda*, restoration of tissue metabolism, and prevention of disease progression. Treatment selection depends upon the patient's constitution, strength, stage of disease, and predominance of *Dosha*.^[20,9]

Ahara (Dietary Management)

Dietary regulation is considered a primary component in the management of *Prameha*. Foods possessing *Laghu* (light), *Ruksha* (dry), *Tikta* (bitter), and *Kashaya* (astringent) properties are recommended to counter excessive *Kapha* and *Meda* (fat). Old grains, barley (*Yava*), green gram (*Mudga*), bitter vegetables, and easily digestible foods are advised.^[21,22]

Excessive intake of sweet, unctuous, heavy, and processed foods should be avoided because they increase *Kapha*, *Meda* (fat), and *Kleda*. Restriction of overeating and maintaining appropriate dietary quantity are emphasized for preventing metabolic imbalance.^[9,23]

Pathya (wholesome) diet includes barley preparations, old rice, pulses, vegetables with bitter taste, and controlled nutritional intake. *Apathya* includes excessive sweets, newly harvested grains, dairy excess, sedentary lifestyle, and day sleep.^[24,5]

Vihara (Lifestyle Management)

Ayurveda strongly emphasizes lifestyle correction in *Prameha*. Regular exercise, physical activity, proper sleep schedule, and avoidance of excessive sedentary habits are important therapeutic measures. Exercise reduces excessive *Kapha* and *Meda* (fat) and improves *Agni* and metabolic efficiency.^[25,26]

Daily walking, yoga practices, and disciplined routine help maintain body weight and prevent progression of metabolic disorders. Avoidance of excessive daytime sleep is recommended because it increases *Kapha* and promotes accumulation of bodily tissues.^[27]

Panchakarma Therapy

Panchakarma procedures are selected according to *Dosha* predominance and patient strength. In *Kapha*-dominant *Prameha*, *Shodhana* therapies such as *Vamana* may be indicated, while *Virechana* is useful in conditions involving *Pitta* predominance. *Basti* therapy is considered important in *Vata*-associated and chronic conditions.^[20,22]

The purpose of *Panchakarma* is not only elimination of aggravated *Dosha* but also restoration of functional balance of body channels. Proper selection and administration of purification therapies according to *Bala* (strength), *Kala* (season), and *Prakriti* is essential.^[28]

Herbal and Pharmacological Management

Ayurvedic pharmacological management of *Prameha* includes herbs and formulations possessing *Kapha-Meda* reducing, *Agni* improving, and metabolic balancing properties. Frequently described drugs include *Guduchi* (*Tinospora cordifolia*), *Haridra* (*Curcuma longa*), *Amalaki* (*Emblia officinalis*), *Meshashringi* (*Gymnema sylvestre*), *Daruharidra* (*Berberis aristata*), and *Triphala*.^[29]

Guduchi is described as having *Rasayana* properties and supporting metabolic balance, while *Haridra* is traditionally used due to its *Kapha-Pitta* balancing and anti-inflammatory properties. *Amalaki* is valued for its rejuvenating action and support of *Dhatu* health.^[30,31]

Modern pharmacological studies have also investigated several Ayurvedic plants used traditionally in metabolic disorders. Experimental and clinical research suggests potential roles of selected herbal compounds in glucose regulation, oxidative stress modulation, and metabolic health; however, further standardized clinical studies are required.^[32]

Yoga and Mental Health

Ayurveda recognizes the influence of psychological factors on disease development and progression. Stress, disturbed sleep, and mental imbalance may influence metabolic function. *Yoga*, *Pranayama*, and meditation are useful supportive measures for improving lifestyle discipline and reducing stress-related disturbances.^[33]

Specific yoga practices such as *Mandukasana*, *Vajrasana*, *Bhujangasana*, and *Ardha Matsyendrasana* are commonly recommended in contemporary Ayurvedic practice for metabolic health. These practices should be adapted according to individual capacity.

DISCUSSION

Prameha represents a comprehensive Ayurvedic model of metabolic dysfunction involving *Dosha* imbalance, impaired *Agni*, abnormal tissue metabolism, and disturbance of body channels. The classical description highlights the importance of diet, physical activity, psychological health, and hereditary factors in disease development.^[4]

The concept of *Kapha* aggravation, *Meda* accumulation, and impaired *Agni* may be interpreted in relation to modern concepts of obesity, insulin resistance, and metabolic syndrome. However, Ayurvedic pathology represents a broader physiological framework involving qualitative changes in body tissues and systemic balance rather than only biochemical abnormalities.^[34]

The classification of *Sthula Pramehi* and *Krishna Pramehi* demonstrates the individualized approach of Ayurveda. Management is therefore based on assessment of patient's constitution, disease stage, and strength rather than application of a single treatment protocol.^[17]

Ayurvedic preventive measures such as balanced diet, regular exercise, proper sleep, and seasonal lifestyle adaptation remain relevant in the prevention of contemporary metabolic disorders. Integration of traditional knowledge with evidence-based modern medicine may support comprehensive healthcare approaches.

CONCLUSION

Prameha is a multifactorial metabolic disorder described in Ayurveda with involvement of *Dosha*, *Dhatu*, *Agni*, and *Srotas*. The disease develops due to improper dietary habits, sedentary lifestyle, excessive nourishment, hereditary susceptibility, and metabolic imbalance. Classical Ayurvedic literature provides detailed descriptions regarding its *Nidana*, *Samprapti*, clinical presentation, prognosis, and management.^[5,6]

Ayurvedic management emphasizes correction of causative factors through *Ahara*, *Vihara*, *Shodhana* therapies, medicinal plants, and preventive lifestyle practices. These principles offer a holistic approach toward metabolic health and may complement modern strategies for prevention and management of diabetes-related disorders.

REFERENCES

Classical Ayurvedic Sources

1. Agnivesha. Charaka Samhita, Nidana Sthana, Chapter 4, Verse 3–8 (causative factors and pathogenesis of Prameha).
2. Agnivesha. Charaka Samhita, Nidana Sthana, Chapter 4 (general description of Prameha).
3. Sushruta. Sushruta Samhita, Nidana Sthana, Chapter 6 (general description of Prameha).
4. Vagbhata. Ashtanga Hridaya, Nidana Sthana, Chapter 10 (general description of Prameha).
5. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 6, Verse 26–30 (Madhumeha and advanced Prameha).
6. Sushruta. Sushruta Samhita, Chikitsa Sthana, Chapter 11 (management of Prameha).
7. Madhavakara. Madhava Nidana, Chapter 33 (Prameha and Madhumeha Nidana).
8. Agnivesha. Charaka Samhita, Nidana Sthana, Chapter 4, Verse 3–5 (dietary causative factors of Prameha).
9. Sushruta. Sushruta Samhita, Nidana Sthana, Chapter 6, Verse 4–6 (dietary causative factors of Prameha).
10. Agnivesha. Charaka Samhita, Nidana Sthana, Chapter 4, Verse 6–8 (lifestyle causative factors of Prameha).
11. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 6, Verse 57–58 (Sahaja and Apathyanimittaja Prameha).
12. Sushruta. Sushruta Samhita, Nidana Sthana, Chapter 6, Verse 6–9 (twenty varieties of Prameha).

13. Vagbhata. Ashtanga Hridaya, Nidana Sthana, Chapter 10, Verse 4–6 (twenty varieties of Prameha).
14. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 6 (Sthula Pramehi and Krisha Pramehi).
15. Agnivesha. Charaka Samhita, Nidana Sthana, Chapter 4, Verse 8–9 (Samprapti of Prameha).
16. Agnivesha. Charaka Samhita, Nidana Sthana, Chapter 4, Verse 47–49 (Purvarupa of Prameha).
17. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 6, Verse 15–18 (general principles of Prameha Chikitsa).
18. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 6, Verse 22–24 (Pathya Ahara in Prameha).
19. Vagbhata. Ashtanga Hridaya, Chikitsa Sthana, Chapter 12 (Ahara and Chikitsa of Prameha).
20. Bhavamishra. Bhavaprakasha, Madhyama Khanda, Prameha Prakarana (dietary restrictions in Prameha).
21. Agnivesha. Charaka Samhita, Sutra Sthana, Chapter 25 (Pathya-Apathya in Prameha).
22. Agnivesha. Charaka Samhita, Sutra Sthana, Chapter 7, Verse 31–32 (benefits of exercise).
23. Vagbhata. Ashtanga Hridaya, Sutra Sthana, Chapter 2 (Dinacharya and Vyayama).
24. Agnivesha. Charaka Samhita, Sutra Sthana, Chapter 21 (effects of excessive daytime sleep).
25. Sushruta. Sushruta Samhita, Chikitsa Sthana, Chapter 33 (principles of Panchakarma administration).
26. Bhavamishra. Bhavaprakasha Nighantu, Guduchyadi Varga; Dhanvantari Nighantu (Prameha-Meda reducing herbs).
27. Bhavamishra. Bhavaprakasha Nighantu, Haritakyadi Varga (properties of Amalaki and Haridra).
28. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 1 (Rasayana properties of Guduchi and Amalaki).
29. Rastogi S, Singh N, Gutch M, Bhattacharya A. Pramehapurvarooopa as diabetes risk predictor: exploring classical Ayurvedic concepts. J Ayurveda Integr Med, 2023; 14(1): 100671.

30. Agnivesha. Charaka Samhita, Sharira Sthana, Chapter 1 (influence of psychological factors on disease).
31. Sharma H, Chandola HM. Prameha in Ayurveda: correlation with obesity, metabolic syndrome and diabetes mellitus. *J Altern Complement Med*, 2011; 17(6): 491–496.
Additional Modern Scientific Sources
32. Singh S, Agrawal NK, Singh G, et al. Clinical prediction of type 2 diabetes mellitus via Prakriti variations. *Diseases*, 2022; 10(1): 15.
33. Roder PV, Wu B, Liu Y, Han W. Pancreatic regulation of glucose homeostasis. *Exp Mol Med*, 2016; 48: e219.
34. American Diabetes Association. Standards of Care in Diabetes. *Diabetes Care*. 2024.
35. International Diabetes Federation. IDF Diabetes Atlas. 10th ed. Brussels: International Diabetes Federation, 2021.
36. Baynes JW. Role of oxidative stress in development of diabetic complications. *Diabetes*, 1991; 40(4): 405–412.
37. Wild S, Roglic G, Green A, Sicree R, King H. Global prevalence of diabetes. *Diabetes Care*, 2004; 27(5): 1047–1053.