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A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF PRAMEHA

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ABSTRACT

Prameha is a metabolic disorder described in Ayurveda, characterized by excessive and turbid urination resulting from derangement of Dosha, Dushya, and Agni. The clinical manifestations of Prameha resemble Type 2 Diabetes Mellitus, a major global health concern. Ayurveda advocates a holistic approach involving dietary regulation, lifestyle modification, and medicinal intervention. The present case report evaluates the efficacy of Ayurvedic treatment in a patient diagnosed with Prameha. Following eight weeks of treatment, significant improvement was observed in clinical symptoms as well as biochemical parameters. The case highlights the potential role of Ayurvedic management in improving glycemic control and enhancing the patient's quality of life.

KEYWORDS: Prameha, Madhumeha, Type 2 Diabetes Mellitus, Ayurveda, Case Report, Amalakyadi Churna.

INTRODUCTION

Prameha is one of the major diseases described in Ayurvedic classics. It is considered a Santarpanottha Vyadhi resulting from excessive intake of Guru, Snigdha, Madhura Ahara, sedentary habits, and lack of physical activity. These factors lead to vitiation of Kapha Dosha and accumulation of Meda, Mamsa, and Kleda, ultimately producing characteristic features of Prameha.[1]

According to Ayurveda, twenty types of Prameha have been described based on Dosha predominance. If not managed properly, the disease progresses to Madhumeha, which is considered difficult to treat.[2] The increasing prevalence of Type 2 Diabetes Mellitus due to modernization, unhealthy diet, obesity, and physical inactivity has made it a major public health challenge.[3]

Ayurvedic treatment aims at correcting Agni, reducing Kapha and Meda, eliminating excessive Kleda, and restoring metabolic balance. The present case report demonstrates the effect of Ayurvedic intervention in a patient suffering from Prameha.[4]

Ayurveda is recognized as one of the world's most ancient medical systems, fundamentally dedicated to restoring, promoting, and sustaining optimal health.[5] Today, however, modern India is experiencing a surge in poor dietary habits and highly sedentary routines. This shift has triggered a rise in severe lifestyle diseases, most notably diabetes mellitus, which has become a profound threat to human health.[6]

Ayurvedic and Modern Parallels

In traditional Ayurvedic literature, the condition known as *Madhumeha* closely parallels the modern understanding of Type 2 Diabetes.[7]

- **Dosha Imbalance:** While it involves all three doshas (*Tridoshaj*), it is primarily driven by an excess of *Kapha*.[8]
- **Root Causes:** According to ancient scholars like Charaka, the root causes (*Nidana*) of *Madhumeha* include an overconsumption of sweet, sour, and salty foods, heavy dairy and meats, alongside a highly inactive lifestyle.[9]

Strikingly, these ancient observations perfectly mirror modern medical science, which attributes the onset of diabetes to high-carbohydrate diets, excess sugar intake, obesity, and physical inactivity. Both medical paradigms clearly establish that poor lifestyle choices are the primary catalyst for the progression of this disease.[10,11]

The Clinical Impact of Diabetes

From a modern clinical perspective, diabetes mellitus is a syndrome defined by elevated blood sugar levels (hyperglycemia) resulting from an absolute or relative insulin shortage.[12]

- **Metabolic Disruption:** A lack of insulin disrupts the body's ability to properly metabolize fats, proteins, and carbohydrates.

- **Acute Risks:** This disruption can trigger severe imbalances in hydration and electrolytes, sometimes leading to fatal metabolic crises.
- **Long-Term Complications:** Over time, chronic metabolic dysfunction causes structural damage to various organs—particularly the vascular system—resulting in severe, life-altering complications.[13]

Current Prevalence in India

The current burden of this disease is alarming. Recent data reveals that diabetes now impacts approximately **10% to 16% of urban Indians** and **5% to 8% of those in rural areas**. Given these staggering statistics, diabetes is positioned to remain a leading cause of morbidity and mortality for the foreseeable future.[14]

CASE PRESENTATION

Patient Information

Age: 52 years

Gender: Male

Occupation: Shopkeeper

Marital Status: Married

Religion: Hindu

Socioeconomic Status: Middle class

Chief Complaints with Duration

Increased frequency of micturition (10–12 times/day) since 6 months.

Excessive thirst since 5 months.

Generalized weakness since 4 months.

Increased appetite since 3 months.

Excessive sweating and lethargy since 3 months.

History of Present Illness

The patient was apparently healthy six months prior to consultation. Gradually, he developed increased frequency of urination associated with excessive thirst and fatigue. He also noticed increased hunger and excessive sweating. Despite adequate food intake, he complained of reduced work efficiency and tiredness.

Routine laboratory investigations revealed elevated fasting and postprandial blood glucose levels. The patient sought Ayurvedic treatment for better control of symptoms and prevention of complications.

Past History

Diagnosed with Type 2 Diabetes Mellitus 3 years ago.

Taking oral hypoglycemic drugs irregularly.

No history of hypertension.

No history of thyroid disorder.

No major surgical history.

Family History

Father was diabetic.

Mother was non-diabetic.

Personal History

Diet - Mixed diet with excessive consumption of sweets, bakery products, and polished rice.

Appetite - Increased.

Bowel - Regular.

Micturition - Increased frequency.

Sleep - Sound.

Addiction - No Addiction

Physical Activity – Minimal

General Examination

Pulse: 80/min

Blood Pressure: 130/84 mmHg

Respiratory Rate: 18/min

Temperature: Afebrile

Weight: 84 kg

Height: 169 cm

BMI: 29.4 kg/m^2

Ashtavidha Pariksha

Nadi: Kapha-Pittaja

Mutra: Prabhuta

Mala: Sama

Jihva: Alpa Saama

Shabda: Prakrita

Sparsha: Snigdha

Drik: Prakrita

Aakruti: Sthoola

Dashavidha Pariksha

Prakriti: Kapha-Pitta

Vikriti: Kapha Pradhana Tridosha

Sara: Madhyama

Samhanana: Madhyama

Pramana: Madhyama

Satmya: Madhyama

Satva: Madhyama

Ahara Shakti: Pravara

Vyayama Shakti: Avara

Vaya: Madhyama

Investigations

Before Treatment

Parameter.	Value
Fasting Blood Sugar.	176 mg/dl
Postprandial Blood Sugar.	284 mg/dl
HbA1c.	8.5%
Urine Sugar.	Positive
BMI.	29.4 kg/m²

Diagnosis

Based on classical symptoms such as: Prabhuta Mutrata,Pipasa Adhikya, Kshudha Adhikya, Daurbalya, Sweda Pravritti And laboratory findings, the case was diagnosed as Prameha (Type 2 Diabetes Mellitus).

Treatment Plan

Internal Medication

1. Amalakyadi churna 12 mg x BD (Amalaki, Haritaki) with Anupana -Madhu
2. Chandraprabha Vati 250 mg TDS After meal
3. Asanadi Gana Kashaya contains Asana (Pterocarpus marsupium), Tinisha (Ougeinia dalbergioides), Bhurja (Betula utilis), Meshashringi (Gymnema sylvestre), Daruharidra (Berberis aristata) etc. It is indicated in Prameha, Medo Roga since it has Kaphahar, Mehaghna, and Medohara properties.
4.Darwi + Triphala + Musta+ Haridra Kwath 15 ml xBD

Dietary Advice (Pathya)

Yava (Barley), Green leafy vegetables, Mudga Yusha, Bitter vegetables, Adequate water intake.

Foods to Avoid (Apathya)

Sugar and sweets, Refined flour products, Cold drinks, Excessive oily food, Daytime sleep.

Lifestyle Advice

Brisk walking for 45 minutes daily.

Yogasana: Mandukasana,ArdhaMatsyendrasana,Pavanamuktasana

Pranayama: Anuloma-Viloma, Bhramari

RESULTS

Subjective Assessment

Symptoms.	Before.	After
Polyuria.	Severe.	Mild
Excessive Thirst.	Severe.	Mild
Weakness.	Moderate.	Minimal
Excessive Hunger.	Moderate.	Mild.

Objective Assessment

Parameter.	Before.	After 8 Weeks
FBS.	176 mg/dl.	118 mg/dl
PPBS	284 mg/dl.	162 mg/dl
HbA1c.	8.5%	7.1%
Urine Sugar.	Positive.	Trace

DISCUSSION

Prameha is a disorder involving Kapha predominance with impairment of Meda Dhatu metabolism. Sedentary lifestyle, excessive intake of Madhura and Snigdha Ahara, and lack of exercise play a significant role in disease manifestation. In the present case, most of these etiological factors were evident.

Amalakyadi Churna possesses Kapha-Pittahara, Deepana, Pachana, Medohara, and Pramehaghna properties. Amalaki acts as a potent Rasayana and antioxidant, helping to improve tissue metabolism and reduce oxidative stress. The formulation assists in correcting Agnimandya and reducing excessive Kleda, which are key factors in the pathogenesis of Prameha.

Asanadi Gana Kashaya is indicated in Prameha, Medo Roga since it has Kaphahar, Mehaghna, and Medohara properties.

All the drugs possess Mehahara Karma and it is indicated in Prameha and also it is for attenuation of hyperglycemia like insulin-mimetic properties, enhancement of peripheral tissue glucose uptake, improvement of insulin sensitivity, regulation (reduction) of Hepatic glucose production, regulation of glucose production by kidneys etc. The majority of the drugs having Kashaya Tikta Rasa, hence it helps to reduce Kapha and Medas thus helping to alleviate the disease. Yava Prayoga is highlighted by all the Acharyas in the context of Prameha Chikitsa. Kashaya Rasa, Ruksha Guna, and Lekhana Karma reduce excess Kleda and excess Medho Dhathu respectively.

Forward bending Aasanas, massage the pancreas and stimulate the secretion of insulin. Twisting poses, such as Vakrasana and Ardhamatsyendrasana (seated spinal twist) squeeze the intestines and massage them to prevent the stagnation of colonic contents.

CONCLUSION

The present case report demonstrates that Ayurvedic management comprising Amalakyadi Churna, Chandraprabha Vati, Asanadi Kshaya ,dietary regulation, and lifestyle modification produced significant improvement in both subjective and objective parameters of Prameha. The intervention was well tolerated and no adverse effects were observed during the treatment period. The findings indicate that Ayurveda may offer a beneficial complementary approach for the management of Type 2 Diabetes Mellitus. However, larger controlled clinical studies are required to establish definitive evidence regarding its efficacy.

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