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AYURVEDIC MANAGEMENT OF KAPHAJA PRAMEHA THROUGH RUTU SHODHANA WITH REFERENCE TO ANUSANGITVA – A CASE STUDY

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ABSTRACT

Prameha is a chronic metabolic disorder described in Ayurvedic classics in which derangement of Dosha, Dushya, Agni and Kleda plays an important role in its pathogenesis. Among the various types, Kaphaja Prameha is predominantly associated with Bahudrava Kapha, Meda, Mamsa and Kleda Dushti and is particularly related to sedentary lifestyle and excessive intake of Guru, Snigdha and Madhura Ahara. Although Kaphaja Prameha is considered Sadhya, its tendency for recurrence or Anusangitva makes long-term management challenging. Ayurveda emphasizes repeated and appropriately timed Shodhana according to Dosha predominance and seasonal variation. The present case study was undertaken to assess the role of Rutu Shodhana in the management of Kaphaja Prameha with special reference to Anusangitva. A 45-year-old male patient presented with Prabhuta Mutrata for six months, increased sweating for two months, decreased appetite for two months and generalized weakness for one month. Patient was newly diagnosed case of prameh and was not on any OHA. On investigation, fasting blood sugar was 150 mg/dl, post-prandial blood sugar was 180 mg/dl and HbA1c was 8.1%. Based on Nidana, Lakshana, Dosha-Dushya involvement and Samprapti, the case was diagnosed as Kaphaja Prameha. Sequential seasonal Shodhana was planned according to the predominance of Dosha. Vamana Karma was performed in March 2024, followed by internal medication. Basti Karma was administered in July 2024. Virechana Karma was performed in November 2024. The patient

subsequently received supportive Ayurvedic formulations and was followed up clinically. Following the sequential Shodhana approach, fasting blood sugar decreased from 150 mg/dl to 99 mg/dl, post-prandial blood sugar from 180 mg/dl to 136 mg/dl and HbA1c from 8.1% to 6.4%. The sequential seasonal elimination of aggravated Dosha may help in reducing Kleda, correcting Agni, improving metabolic function and potentially reducing the tendency towards recurrence. This case highlights the possible clinical relevance of Rutu Shodhana as a preventive and therapeutic strategy in Anusangi Kaphaja Prameha.

KEYWORDS: Kaphaja Prameha, Rutu Shodhana, Anusangitva, Vamana, Basti, Virechana, Panchakarma, HbA1c.

INTRODUCTION

Prameha is one of the important disorders described in Ayurveda and is characterized predominantly by abnormalities in Mutra along with systemic involvement of Dosha and Dushya. The pathogenesis of Prameha is not restricted to the urinary system but involves the disturbance of Kapha, Pitta and Vata along with Meda, Mamsa, Rasa, Lasika, Ambu. In Kaphaja Prameha, Bahudrava Shleshma is considered particularly important, with associated Meda Dushti, Kleda Vriddhi, Dhatvagni Mandya and Dhatu Shaithilya. Are considered important pathological factors.[1,2]

The present case had important Kapha-provoking dietary and lifestyle factors including regular consumption of curd, non-vegetarian food, large quantities of rice at night, sweet and bakery products, sedentary lifestyle, daytime sleep and irregular meal timings. These factors are capable of promoting Kapha, Meda and Kleda.[1,3] and thereby contributing to the manifestation of Prameha. The patient's clinical examination revealed Kapha-Vata predominance, Sama Jihva and Bahumutrata, supporting the Ayurvedic diagnosis of Kaphaja Prameha. The relevant clinical findings and Nidana recorded in the case presentation are consistent with Kapha-pradhana metabolic pathology.

An important characteristic of Prameha is its Anusangitva, i.e. tendency towards persistence or recurrence. Previous Ayurvedic literature has discussed Anusangitva of Prameha in relation to continued Nidana, Dosha-Dushya Samgraha and Dhatu Shaithilya.[3,4] Therefore, merely controlling blood glucose or clinical symptoms may not be sufficient to address the underlying tendency of the disease. Removal of accumulated Dosha and correction of the metabolic milieu becomes important.

Ayurveda advocates Shodhana as an important component of management in patients with adequate Bala.[1] and predominant Dosha. Classical principles specifically recommend Vamana and Virechana in appropriate Prameha patients and emphasize the use of Shodhana and Langhana in Kaphaja Prameha. The present case therefore explores a sequential Rutu Shodhana approach, in which Shodhana was planned at different periods according to the clinical requirement and Dosha predominance, with the objective of reducing the substrate responsible for recurrence.

MATERIALS AND METHODS

Case presentation

A 45-year-old male patient attended the outpatient department with complaints of frequent micturition for six months, decreased appetite for two months, generalized weakness for one month and increased sweating for two months. The frequency of micturition was approximately 7–8 times during the day and 1–2 times at night. Patient was newly diagnosed case of prameh and was not on any OHA.

INVESTIGATIONS

Investigations performed on 15/01/2024 revealed:

Investigation| Finding

Fasting Blood Sugar| 150 mg/dl

Post-Prandial Blood Sugar| 180 mg/dl

HbA1c| 8.1%

An HbA1c value ≥6.5% and fasting plasma glucose ≥126 mg/dl are among the accepted laboratory criteria for diabetes mellitus in nonpregnant individuals.[9]

The patient had no significant past medical history, no significant family history and no known drug allergy.

Ayurvedic clinical examination

Ashavidha parishan

- Nadi – kapha – vataj
- Mal – Asamayak
- Mutra – bahumutrata
- Jivha – Sam ,alpashwet
- Shabda – spasht

- Saprsha – Anushna
- Druka – Prakrut
- Akruti - Madhyam

NIDANA

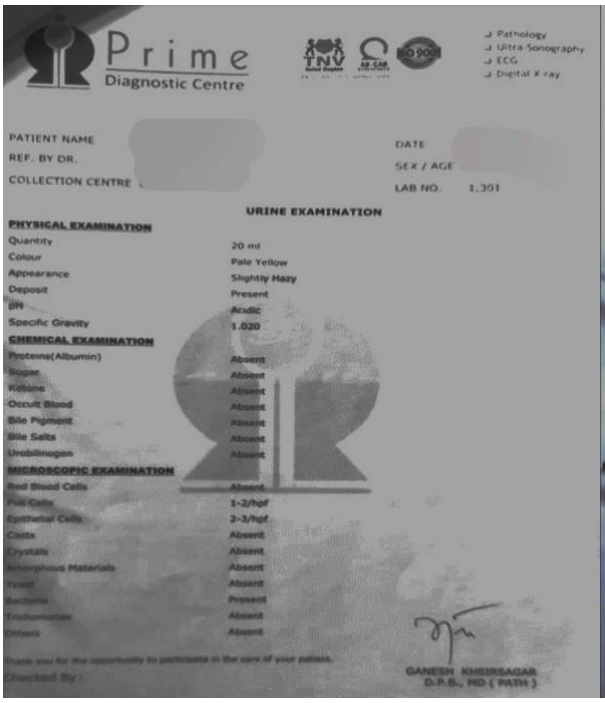
AAHAR	VIHAR	MANSIK
Daily Dhadhi, non –veg 2/7	Sedentary lifestyle	Chinta [stress]
Large quantity of rice at night time.	Diwasapa 3/7	krodha
Irregular meal timings		
Intake of sweet and bakery products 4/7		

These factors collectively indicate predominance of Kapha-promoting and Meda/Kleda-increasing Nidana.

PURAVARUPA – Daurbalya

Swedadhikya

- **RUPA -** – Prabhut mutrta **तत्राविलप्रभूतमूत्रलक्षणाः सर्व एव प्रमेहा भवंति l Su.Ni 6/6**



SAMPRAPTI

The observed Samprapti can be summarized as follows:

Guru, Snigdha and Madhura Ahara + sedentary lifestyle

↓

Kapha Prakopa with Bahudrava Shleshma

↓

Meda and Mamsa Dushti with Dhatu Shaithilya

↓

Kleda Vriddhi

↓

Basti as predominant site of manifestation

↓

Bahumutrata

↓

Kaphaja Prameha

The recorded Samprapti Ghataka included Drava Shleshma-pradhana Tridosha, Meda, Mamsa, Ambu, Rasa and Lasika as Dushya, Sang and Atipravritti as Srotodushti, Basti and Sarvasharira as Adhisthana, and Dhatwagnimandya as the Agni disturbance. Kaphaja Prameha was considered Sadhya in this case.

TREATMENT PRINCIPLE

The basic therapeutic approach was based upon Kledanasha, Dhatwagnidipana, Dhatushaithilyahara and Rasayana principles. Classical guidance states:

«“[illegible]
।
[illegible] ॥ [illegible]
[illegible]
[illegible]”»

— Charaka Samhita, Chikitsa Sthana 6/15–16

The patient was Madhyama in Akruti and had sufficient Bala with evident Kapha predominance; therefore, Shodhana was selected as the principal intervention. The presentation records the treatment rationale as Kledanashaka, Dhatwagnidipana, Dhatushaithilyahara and Rasayana.

RUTU SHODHANA PROTOCOL

First Shodhana – Vamana Karma

DATE	TREATMENT
15/3/24	VAMAN KARMA 5 days snehpan in vardhman matra [panchtitkt ghruta] Shudhi laxan – • Vaigiki – 8 veg • Maniki – 1080ml • Antiki – Pintant • Laingiki – Indriyaprasad,kramat doshanirharana ,Murdha Kantha sudhi. Followd by sansarjan karma of 5 days .
21/3/24	• Arogyavardhini vati 250 mg 2 vyan – udane • Chandraprabha vati 250 mg 2 vyan – udane • Faltrikadi vati 250 mg 2 vyan – udane • Ayaskruti 4tsp vyane – udane
11/4/24	F – 112 PP – 150 HBA1C – 7.5

Second Shodhana – Basti Karma

DATE	TREATMENT
23/7/24	BASTI KARMA – • Sarvang snehen Sweden • MATRA – Dashmool Tail [60ml] • NIRUH – PANCHPRASRUTIK KADHA [960ML] alternate day for 8 days .
2/7/24	• F – 89 • PP – 111

Third Shodhana – Virechana Karma

DATE	TREATMENT
5/11/24	VIRECHAN KARMA - 5 days snehpan in vardhman matra [panchtitkt ghruta] YOG – kalyanak gud कुष्ठार्शः कामलामेहगुल्मोदरभगन्दरान् ch.kal 7/44 Shudhi laxan – • Vaigiki – 18 veg • Maniki – - • Antiki – kafant • Laingiki – Indriyaprasad, Vatanulomana. F/B sansarjan kram of 5 days
11/11/24	• Kautajadi shilajit 2 vyan- udane • Nishakatakadi kahay 2 vyan – udane • Dhanwantar ghrut 2tsp vyan – udane
25/1/25	F – 99 PP – 136 HBA1C – 6.4

RESULTS

PARAMETER	BASELINE	AFTER AMAN	AFTER BASTI	AFTER VIRECHAN
FBS(mg/dl)	150	112	89	99
PPBS(mg/dl)	180	150	111	136
HbA1c	8.1	7.5		6.4

From baseline to final follow-up, FBS reduced by approximately 34%, PPBS by approximately 24% and HbA1c by approximately 21%. These calculations describe the observed change in this single case and should not be interpreted as evidence of efficacy without controlled clinical studies.

DISCUSSION

The present case represents a clinically significant presentation of Kaphaja Prameha with characteristic Kapha-provoking Nidana, Bahumutrata, Swedadhikya, Daurbalya, Dhatwagnimandya and Kleda Vriddhi. The patient's diet and lifestyle were predominantly Guru, Snigdha and Madhura and included sedentary behaviour and daytime sleep. These factors favour Kapha and Meda accumulation.[2.4] and provide a suitable background for development of Kaphaja Prameha.

The principal therapeutic intervention in this case was not limited to oral medication but included sequential Shodhana. The classical treatment principle documented in the presentation emphasizes Samshodhana in patients with adequate strength and predominant Dosha.[1]

Probable mode of action of Vamana and virechan

Vamana was selected as the first Shodhana because the pathology was Kapha-dominant. In Kaphaja Prameha, Bahudrava Shleshma is considered a major pathogenic component. Vamana facilitates elimination of aggravated Kapha from its principal sites and may therefore reduce the Kapha-Kleda-Meda.[1,3] burden. In the present case, Vamana was performed in March after appropriate Snehapana and followed by Samsarjana Krama.

Virechana was performed in November as a subsequent seasonal Shodhana. The treatment aimed at further Dosha elimination and maintenance of metabolic balance. The use of Virechana after earlier Vamana and Basti reflects an individualized, sequential approach rather than repeated administration of a single Panchakarma procedure.

Type‑2 diabetes occurs due to impaired insulin secretion, peripheral insulin resistance, and excessive hepatic glucose production. Insulin resistance impairs glucose utilization by insulin sensitive tissues and increase hepatic glucose output, both these effects contribute to the hyperglycemia. Increased hepatic glucose output predominantly accounts for increased fasting hyperglycemia, whereas decreased peripheral glucose uptake results rise in postprandial hyperglycemia. Bahudravasleshma and Bahuabaddhameda are the basic pathological factors for Prameha (obstinate urinary disorders including diabetes). Bahudravasleshma can be some sort of target tissue defect, whereas Bahu‑abaddhameda can be correlated with free fatty acids, which are released from intra abdominal central adipose tissues.[6] Free fatty acids may cause insulin resistance. As far as Vamana is concerned it alleviates primarily Kapha and to some extent pitta also. Here Vamana seems to reduce the peripheral insulin resistance in muscles by alleviating Bahudravasleshma and so helping to increase the glucose uptake.[6] As Vamana also reduces the Meda, it must be promoting the function of insulin by reducing the circulating free fatty acids in the body. As role of Virechana is on the site of Pitta it can be assumed that by acting primarily on liver and pancreas it may help to reduce hepatic glucose production and overcome the impaired insulin secretion.[7] The liver plays a central role in maintaining glucose homeostasis, and excessive

hepatic glucose production contributes importantly to fasting hyperglycaemia in type-2 diabetes.[8]

Rationale for Basti

Basti was administered subsequently in July. Although Prameha is predominantly Kapha-associated in the present case, Tridosha involvement and Basti as the principal Adhisthana were identified in the Samprapti Ghataka. Basti may therefore be considered as a systemic Dosha-modulating intervention, particularly after the initial Kapha Shodhana. The improvement in FBS and PPBS observed after this phase suggests a favourable temporal association, although causality cannot be established from a single case.

Rutu Shodhana and Anusangitva

The central concept of this case is Anusangitva. Prameha may show symptomatic or biochemical improvement while the underlying Dosha-Dushya pathology, particularly Meda, Kleda and Dhatu Shaithilya, may persist. Previous Ayurvedic discussion has associated the recurring nature of Prameha with Dosha-Dushya Samgraha and Dhatu Shaithilya.[1.3]

Therefore, in a disease having a tendency towards recurrence, a therapeutic strategy directed only at immediate symptom reduction may not adequately address the underlying pathology. Rutu Shodhana offers a conceptual approach in which accumulated Dosha can be eliminated at appropriate intervals according to seasonal Dosha predominance and the patient's Bala, Agni and clinical status.

In the present case, Vamana was performed first during the Vasant period when Kapha accumulation is clinically relevant, followed by Basti and later Virechana. The sequential approach may have helped in repeatedly reducing Dosha burden rather than allowing accumulation to persist after the initial clinical improvement.

This concept is particularly relevant to Kaphaja Prameha because the etiological factors—excessive Guru-Snigdha-Madhura Ahara, sedentary lifestyle and daytime sleep—can continue to produce Kapha, Meda and Kleda even after temporary improvement. Thus, Rutu Shodhana can be viewed as a preventive component of long-term management aimed at reducing the substrate responsible for Anusangitva, provided it is individualized and performed by an appropriately trained physician.

The case showed progressive improvement from HbA1c 8.1% at baseline to 7.5% after Vamana and ultimately 6.4% at final follow-up. FBS decreased from 150 mg/dl to 99 mg/dl, while PPBS decreased from 180 mg/dl to 136 mg/dl.[5]

The final HbA1c of 6.4% is below the commonly used HbA1c goal of <7% for many nonpregnant adults, although glycaemic targets should be individualized.[10]

The improvement may be understood Ayurvedically through the combined action of Dosha Shodhana, Kledanashana, Dhatwagnidipana and correction of the Kapha-Meda-Kleda axis. However, as this is a single case without a control group, the observed improvement cannot be attributed exclusively to Rutu Shodhana. Long-term prospective studies are required to determine whether periodic Shodhana actually reduces recurrence of Prameha.

CONCLUSION

Kaphaja Prameha may remit temporarily after treatment, but persistent Dushya vitiation predisposes to recurrence (Anusangitva). Continued etiological factors, Prakriti, Kala, age and lifestyle contribute to Dosha reaccumulation. Therefore, treatment should continue until involved Dushyas are normalized and strengthened, even after symptomatic and glycemic improvement.

The concept of Anusangitva highlights that Prameha requires attention not only to present symptoms and glycaemic parameters but also to the underlying Dosha-Dushya interaction, Kleda, Meda and Dhatu Shaithilya. Therefore, appropriately timed and individualized Rutu Shodhana may have a role in reducing the tendency of Dosha accumulation and recurrence. However, the findings of this single case should be considered preliminary and require validation through larger, controlled clinical studies with long-term follow-up.

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