

The Panchabhautik concept of Prameha - A Case Report

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Abstract :

Prameha is one of the leading cause of decreasing quality of life. As Ayurveda is a perception – evidence based science, we can see multiple point of views to a single aspect of shloka mentioned in the text. Here we have tried to explain how we can use *Panchabhautik chikitsa* in treatment of *Prameha* after explaining the micro process of how *Prameha vyadhi* takes place in a person as sugar alone cannot be any longer be blamed for causing the disease. Sedentary lifestyle is equally more responsible to cause *Prameha* in young age. *Panchamahabhut* are the basic 5 elements which can be used to understand in depth composition of each *dosha, dhatu*, processes that happen in the body.

Using these principles, we shared a case that we treated, in order to explain our thought process of this disease. Appropriate utilization of basic principles to treat various disease helps in getting better outcomes even when the disease may or may not be mentioned in the ancient texts.

Keywords : *Prameha, Panchabhautik Chikitsa, Ayurveda*, Type 2 Diabetes Mellitus, Glycosylated Haemoglobin.

Introduction:

As per National Health Portal of India, among the top 10 countries in the world, India stands second with 69.2 million people with diabetes and another 36.5 million with prediabetes which is a high-risk condition for diabetes and cardio-vascular disease. This increasing incidence is mainly attributed to lifestyle changes; eating unhealthy food and being physically inactive.⁽¹⁾ Some similar reasons can be found in our ancient texts too.

In today's era, the definitions of the *hetu* or the causative factors might have changed but in the end all are those which increase *kapha dosha*, directly or indirectly.⁽²⁾ As per *Acharya's*, there is a common connection between human life and the universe. Both have been formed with the *Panchamahabhuta – Pruthvi, Jal, Agni, Vayu & Akash* as per *lok – purush saamya siddhant*.⁽³⁾ Hence, while treating a patient it is easier to deal with this point of view. The *Kapha dosha* is mainly dominant in *Prameha vyadhi* which is having combination of *Pruthvi* and *Jala Mahabhut*. The *bahudravashleshma* and *prabhut-avil mutra pravrutti*⁽⁴⁾ both being primarily due to *kleda* are derived from the base of *Kapha*. To treat this, as per *Saamany Vishesh Siddhant*, we need drugs that have opposite quality of *panchamahabhutatmak dravyas*, so we have used the below mentioned combination. The *hetu*⁽⁵⁾ of *Prameha* are mentioned as *Kaphakrucchra sarvam* as in they all increase *Kapha*. Keeping this in mind, we must even consider the sedentary lifestyle that people are living; continuous sitting job, irregular sleep timings, lack of diet control, zero to minimal exercise, consuming non veg and milk and milk

products excess quantity and also sky mounting stress levels, all of which fulfil the criteria *hetu*.

Prameha – A Panchabhautik review.

Prameha – a disease that has all causative factors as under *Kaphakrucchra sarvam* – factors which on consumption lead to increase of *Kapha* in the body. This *Kapha dosha* in the body doesn't increase in a day but is a result of gradual accumulation in the body over period of years.

If the person's *Agni* is *prakrut*, the *Kapha* will be digested and removed out of the body easily but in case the *Agni* is weak, the digestion process will not be able to digest the amount of *Kapha* leading to its accumulation in the body. The lifestyle factors (diet & exercise) are predominantly of *snigdhadhi guna*. Similarly the *Kledak Kapha* in the 1st *avasthapak* is also of *snigdhadhi guna*, therefore when acted upon the consumed *ahar* end product will be *fenyukta* (frothy) and predominantly of *snigdhadhi* (unctuous) quality. The output of this *avastha* will be *bahu – drava – shleshma dosha vishesh type*. Increase in *snigdhadhi guna* will not only increase in one place but in overall body leading to the increase of *sasnigdha guna* of *Pitta*. This will lead to *Pitta prakop* of *sasnigdha* and *drava* quality and this eventually decrease the *paachan* (digestion) function of *Pachak Pitta*. *Kapha* and *Pitta* both have *snigdha* and *sasnigdha guna* respectively. This together leads to *jathar-agnimandya* in 2nd *avasthapak*. So the output of this *avastha* will be *apachit ahar rasa*. The overall 1st – 2nd step output will be *bahu – drava – shleshma dosha vishesh + apachit ahar rasa*. This entire thing will go undergo 3rd *avasthapak* and will be acted upon by *Aapan Vayu*. Here the *chala guna* of *Vaat dosha* will cause *saar kitta vibhajan*. The

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saar bhaag will give rise to aahar rasa which will be of bahu – drava – shleshma dosha vishesh quality. And the kitta bhaag will be excreted out of the body. This was gross digestion process (Figure 1A).

Moving on to sookshma pachan, the ahar rasa and kitta bhaag of above quality will be observed here. Out of which the kitta bhaag will be further divided into 2 parts 1. Drava bhaag that'll be absorbed with ahar rasa and 2. The sthool bhag that will be out by malavaha strotas.

What remains now is ahar rasa and drava kleda bhag, it'll undergo sookshma pachan and form all the 7 dhatus. Here all 3 dhatuposhan nyay's play a role in formation each dhatu. These dhatus are also kledayukt since the above mentioned kleda goes in formation of each dhatu. Eg. In formation of rakta dhatu(y) from rasa dhatu (x), kleda amount of rakta dhatu will be (x+y) will increase and as seen in sthool pachan too, the kleda will be increased. This kleda from rasa rakta sanhanan enters vrukk (kidney); vrukk is responsible for mootrasyakleda vahanam⁽⁶⁾ (excretion of kleda happens from urine) as per Ashtang Hruday, since the quantity of kleda will increase, the quantity of urination will also increase; prabhut mootrata will be seen.

There are 10 dushya mentioned in the texts by Acharya Charak ; 3 dosh, 10 dushya – meda dhatu, astra (rakta dhatu), shukra dhatu, ambu, vasa, lasika, majja dhatu, rasa dhatu, oja, peshit (mamsa dhatu)⁽⁷⁾. The permutation combination of these 13 components will give rise to 20 types of Prameha and change the nature of urine flowing out. That'll have mutra in avil swaroop – change of colour, viscosity, consistency, specific gravity will be seen as these factors are influenced by the kleda bhaag.

Now considering madhumeha, the ahar rasa, that is responsible for rasa to shukra dhatu formation; there's bahu – drava – shleshma dosha vishesh + jatharaAgnimandya leads to disequilibrium in individual dhatwAgni also which in turn decreases the pachan capacity of each dhatu, so the formed dhatu isn't as strong as it should be in normal person. The nutritional components or the poshak amsha supply is depleted and it leads to dhatu kshay. This dhatu kshay further leads to Vaat prakop. This Vaat prakop leads to more dhatukshay. This causes dhatu shaithilya. When all dhatu reach dhatu shaithilya avastha it leads to ojakshay. This ojakshay is to be called madhumeha. The avil mootrapravrutti will be as per the dushya influenced. This is all the samanya samprapti of Prameha (Figure 1B).

Figure 1A : Samprapti of Prameha

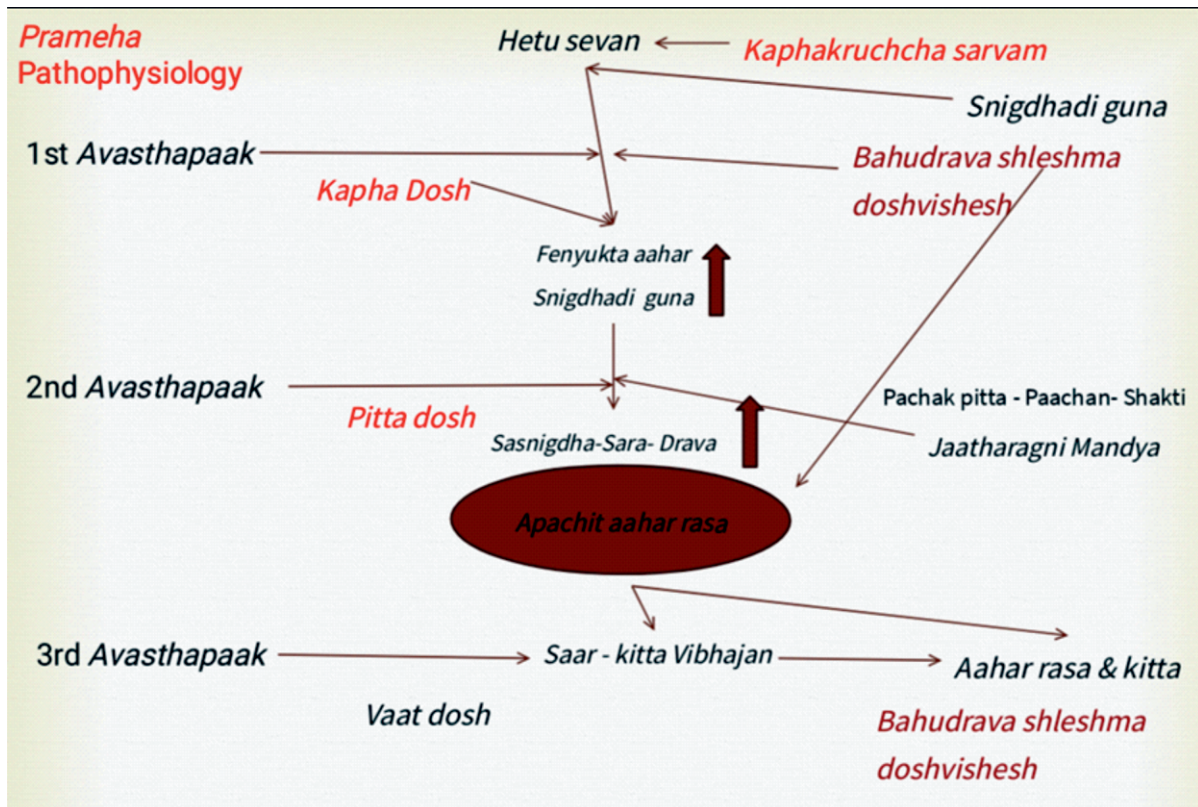
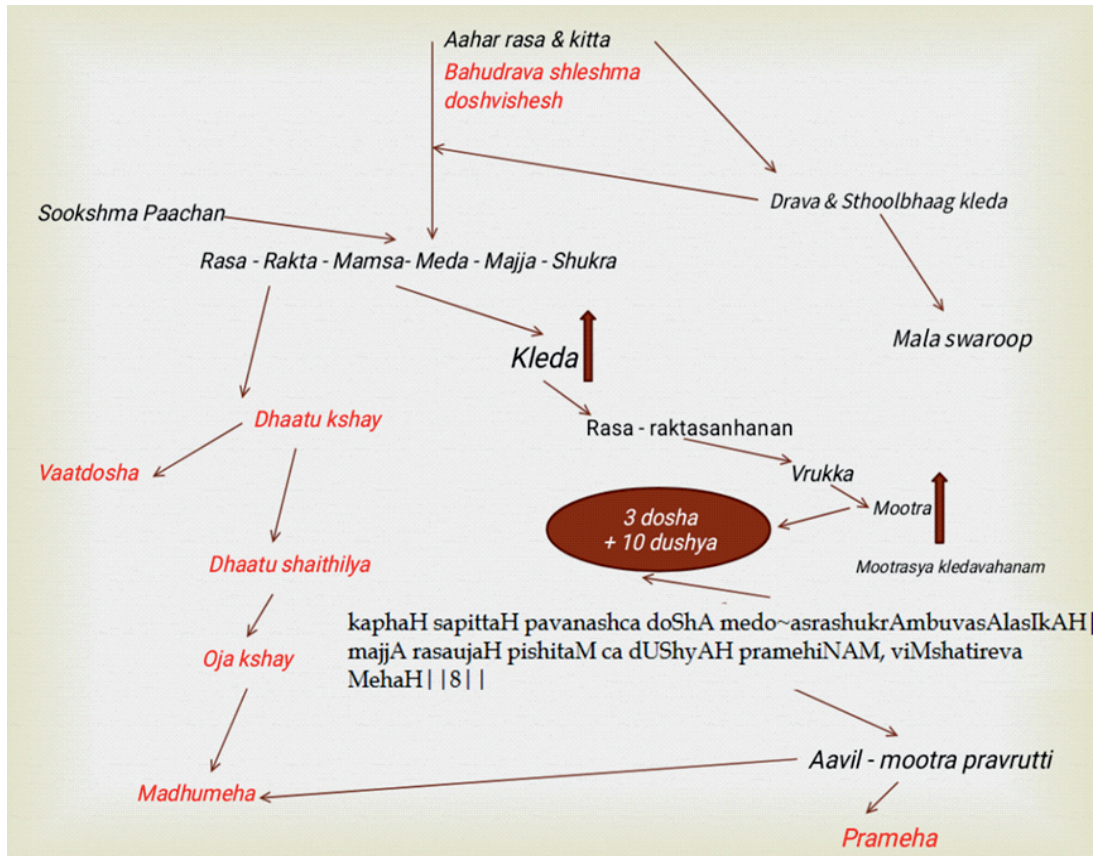


Figure 1B : Samprapti of Prameha



Case Report:

Patient Information:

Aim & Objective: To check the efficacy of Ayurvedic drug combination as an adjuvant therapy

Case : 47 year old, Male subject, an IT worker, having diabetes since last 3.5 years with complaints of polyuria,

burning sensation in palms, loss of appetite, father having history of Diabetes Mellitus was on Tab. Gemer 1 : 1 – 0 – 1 since 3 years.

Diagnostic Assessment :

A) Subjective Criteria:

Sr No	Symptom	0	1	2	3
1	Prabhut mootrata	<6 times / day	6 – 8 / day	8 – 10 / day	> 10 / day
2	Hast tala daha	Absent	Occasional	Persistent but bearable	Persistent and non bearable
3	Aroochi	None	Mild	Moderate	Severe

Table 1 : Subjective Criteria of assessment

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B) Objective criteria : HbA1C

The below mentioned combination was used for the treatment purpose

Therapeutic Intervention

	Drug	Dosage	Anupan	Aushadhkaal
1. ⁽⁸⁾ Jwaraghna Yog	Lakshminarayan Rasa 30 mg + Suvarna Gairik 45 mg + Tankankhar 30 mg + Mahamrutyunjay Rasa 20 mg	125 mg – 125mg	Koshnajal (Lukewarm water)	Prabhakta (1 hour before food)
2	Patoladi/ Raktapachak Guggul ⁽⁹⁾	250mg – 250mg	Koshnajal	Paschatbhakt (After food)
3	Sariva Manjishtha Ghanavati ⁽¹⁰⁾⁽¹¹⁾	250mg – 250mg	Koshnajal	Paschatbhakt

Table 2 : Treatment protocol administered as adjuvant therapy

Apunarbhav chikitsa : Nishakatakadi ghanavati 500mg⁽¹²⁾⁽¹³⁾
Prabhakta with Koshnajal was given for 3 months.

Outcomes :
A) Subjective Criteria:

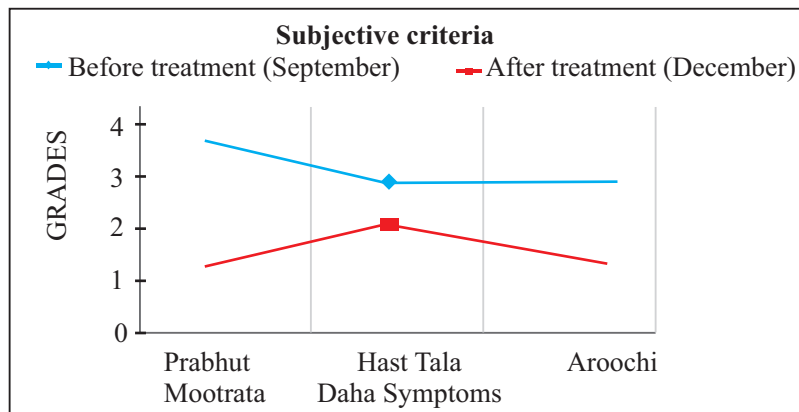


Table 3 : Subjective Criteria of before and after treatment

B) Objective Criteria :

Test	B.T. (September)	A.T. (December)
HbA1c	10.30 %	6.20 %
eAG	268	168

Table 4: Objective Criteria of before and after treatment

These highly significant results were obtained in period of 100 days from onset of conventional treatment. Post treatment the subject had no sign of polyuria, appetite was improved and burning sensation of hands also was significantly reduced. (Table 3)

The lowering down of now gold standard for sugar levels, the HbA1c levels and significant reduction in symptoms of the patients was observed (Table 4).

Discussion :

A) Drug

	Drug	Mode of Action <i>Panchabhautikatwa</i>
	<i>Lakshminarayan Rasa</i>	<i>Tej – Vayu – Akash Pradhan dravya</i> Oppose the basic nature of causative factor of <i>Prameha</i> .
1.	+ <i>Suvarna Gairik</i>	<i>Vayu Pradhan</i> <i>Ruksha</i> in nature – <i>Kleda shoshan</i>
<i>Jwaraghna</i> <i>Yog</i>	+ <i>Tankankhar</i>	<i>Tej – Vayu Pradhan</i> <i>Agni vardhak, Rukshan, Kaphaghna – Kleda shoshan</i>
	+ <i>Mahamrutyunjay Rasa</i>	<i>Vayu – Akash Pradhan</i> <i>Jwaraghna, Reduces Dhatu shaitihilya</i>
2	<i>Patoladi/ Raktapachak</i> <i>Guggul</i>	<i>Tej Pradhan</i> <i>Rakta pachan , Kleda pachan</i>
3	<i>Sariva Manjishtha</i> <i>Ghanavati</i>	<i>Tej – Vayu Pradhan</i> <i>Rakta shodhak, prasadak</i>

Table 5: Probable mode of action of each drug used in the treatment

The *Jwaraghna Yog* combination used in this treatment are of opposing *guna* of the *hetu*. This helps in breaking the *samprapti* of *Prameha* and stops the minute accumulation of *kleda* at root level. The *Patoladi / Raktapachak Guggul* is a tablet made from *Raktapacha yog* mentioned in the *jwar chikitsa panchvidh visham kashay* and *guggul* which helps on clearing the *kleda* out of *rakta dhatu*, further purifying the *Rakta dhatu* and hence making further *dhatuposhan* (Table 5). We here expect 2 functions to take place. 1. The accumulated *kleda* should be eradicated completely. 2. There should be no recurrence of the disease. Hence the patient was kept on *apunarbhav chikitsa* (preventive treatment) with *Nishakatakadi Ghanavati* another *pramehaghna* combination for 3 months and was advised to repeat HbA1c after a drug free period of 3 months. Here we have tried to reverse the diabetes to basal level.

A) Mode of action :

We've seen the *samprapti* (Figure 1A & 1B), and the qualities of above used medicines. In general we need to consider 1st we need to work on *jatharagni*, increase the *pachan shakti* of *pachak Pitta*; expecting *deepan pachan / yakrututtejan chikitsa*. We also need to work on the place where *kleda utpatti* takes place. So, here too, we need *deepen – pachan chikitsa* as where *Agni* increases the *kleda utpatti* will be

normal and the accumulated *kleda* of *dhatugat avastha* to remove it, we'll have to give *mootrala* medicines or those which cause *shoshan/ rooksha* medicines so this will cause *kleda nirharan/ kleda shoshan* within the body. Finally the 10 *dushya* that we have, we'll have to get them back to normalcy and make them regain their strength so *Rasayan / apunarbhav chikitsa* is expected here.

Yet bigger trials are necessary to prove the efficacy of the combination.

Diabetes being a major lifestyle disorder as correctly mentioned by the conventional texts is yet valid in contemporary era. With use of *samanya vishesh siddhant*, it is easier to use drugs or combinations that are of opposing nature in order to bring the *dosha* in the body back to normalcy / equilibrium. There is a need to explore alternative treatments for the same disease with evidences and design a standard protocol as it helps in increasing the reliability of the formulations mentioned ages ago which holds a definite cure in today's era.

Conclusion:

Adjuvant therapy of Ayurveda can be used making multiple combinations of drugs. It helps in reversal of diabetes hence preventing the subject from eventually landing into life threatening complications of Diabetes Mellitus.

Informed Consent: Informed consent was obtained prior to the trial.

Conflict of Interest: Nil

Source of Support: Nil

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