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‘AYURVEDIC MANAGEMENT OF APATHYA NIMITTAJA PITTAJA PRAMEHA – A CASE STUDY.’

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Abstract:

A 30 years old, married female patient of Vata Pittaja Prakruti having normal obstetrical history of G3P3L3A0 with normal menstrual history approached OPD with chief complaints of burning micturition, yellowish urine, turbid urine, increased frequency of urination at night. After detailed history taking, Rogi Pareeksha & Roga Pareeksha it is diagnosed clinically as "Apathya Nimittaja Pittaja Prameha" and treated with classical Ayurvedic Pramehagna drugs told by Acharyas along with strict diet & good life style. Medicines used were Chandraprabha vati, Nishamalaki churna, Haritaki churna, Bibhitaki churna, Avipattikar churna. Every month laboratory investigations like FBS, PPBS were done and at every three months HbA1c was done to find the changes in objective criterias and examination was done to know the changes in subjective criterias. After 6 months of treatment the disease was cured completely and the patient was advised to continue with the same healthy life style and pathya apathya throughout life to prevent the reoccurrence of the disease.

Key-words – Apathya nimittaja Pittaja Prameha, FBS. PPBS. HbA1c, Chandraprabha vati, Haritaki, Bibhitaki, Amalaki. Avipattikar churna

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INTRODUCTION:

Prameha (Diabetes mellitus) which has been a global problem is well described in the ancient Indian classics¹. Prameha is Kapha pradhan tridoshaja vyadhi characterized by frequent, turbid & excessive urination. Depending upon Mutra Vikara (changes in urine) and predominancy of Doshas, Prameha is classified into²

- 1) Kaphaja prameha -10 types
- 2) Pittaja Prameha - 6 types
- 3) Vataja prameha-4 types

Depending upon Deha Prakruti (Body Constitution) its classified into

- 1) Sthula Pramehi
- 2) Krusha Pramehi

Depending upon Hetu

- 1) Sahaja Prameha
- 2) Kulaja Prameha
- 3) Apathyaja Prameha²

Clinical features of Prameha corelates with Diabetes mellitus (DM). Diabetes Mellitus is a complex metabolic syndrom characterized by involvement of multiple body systems. It is caused due to absolute or relative insulin deficiency. The characteristic features of DM have close resemblance with different varieties of a disease named as Prameha in all Ayurveda texts. Acharya Charaka has mentioned Prameha under Maharoga (Major disease) as important dhatus (body tissues) are vitiated. The disease in which formation of urine and frequency of urination is more is called as Prameha. All doshas (vitiating factors) and dushyas (tissues) get invariably vitiated in all types of Prameha. The line of treatment for Prameha is dependent on various factors such as Prakriti of the patient, dosha dominance in disease, dooshya vitiation, obstruction in Srotus (channels),

Manasika prakruti (mental status), ahara (food habits), vihara (life style) and hereditary factors etc. The Ayurvedic concept of management of Prameha emphasizes on dietary and lifestyle modifications for its prophylaxis and treatment³. The Incidence of diabetes are rising, it is estimated that in the year 2000, 171 million people had diabetes & this is expected to double by 2030. Diabetes is a major burden upon health care facilities in all countries⁴. DM is a metabolic disease involving inappropriately elevated blood glucose levels⁶. The diagnostic criteria for DM as recommended by WHO in 2000 are tests urine for glucose, fasting blood sugar, random plasma glucose, HbA1c, Oral glucose tolerance test⁴. The first line of therapy involves advice about dietary and life style modifications along with the Pramehahara dravyas (anti diabetic drugs) described in ancient Indian classics in different forms & formulations. Depending upon Nidana(cause), lakshana (Signs and symptoms), involvement of doshas, rogi bala (strength of patient), roga bala (strength of disease), prakruti etc one has to choose/plan the chikitsa (treatment)

MATERIALS & METHODS.

A 30 years old, Married female patient of vata pittaja prakruti having normal obstetrical history of G3P3L3A0 with normal menstrual history approached OPD with Chief complaints of burning micturition, yellowish urine, increased frequency of urination at night, excessive urination and associated complaint of loss of strength since 1 month, detailed history taking revealed that the patient is following poor life style & dietary choices

Table no. 1		
ROGI PAREEKSHA ⁵		
ASTAVIDHA PAREEKSHA	DASHAVIDHA PAREEKSHA	DWADASHA PAREEKSHA
1) Nadi - Tikshna	1) Prakruti - Vatapittaja	1) Ayu - Madhyama
2) Mootra-Haridra varna	2) Vikruti - Pitta dosha	2) Vyadhi - Prameha Lakshana
3) Mala - Prakruta	3) Sara - Madhyama	3) Rutu - Vasanta
4) Jivha - Lipta	4) Samhanana - Madhyama	4) Agni - Tikshna
5) Shabda - Prakruta	5) Pramana - Prakruta	5) Vaya - Madhyama
6) Sparsha - Prakruta	6) Satmya - Madhyama	6) Deha - Madhyama
7) Druk - Prakruta	7) Satva - Madhyama	7) Bala - Madhyama
8) Akruti - Madhyama	8) Ahara shakti - Madhyama	8) Satva - Madhyama
	9) Vyayama shakti - Avara	9) Satmya - Madhyama
	10) Vaya - Madhya	10) Prakruti - Vatapittaja
		11) Beshaja - Sthanika
		12) Desha - Anupa desha

Table No. 2	
OBJECTIVE CRITERIA (At first visit)	
Fasting blood sugar (FBS)	190 mg/dl
Pastprandial serum Glucose level (PPBS)	280 mg/dl
HbA1c	7.5%

PERSONAL HISTORY

Diet - Non Vegetarian (excess spicy) Madhura-Snigdha-dugdha-hara ati sevana. (Excess intake of sweet, unctuous food, milk and milk products)

Appetite - Excess.

Sleep - Divaswapna (day sleeping), Atinidra (Excess sleeping), sound sleep

Bowel - Regular (once a day).

Micturation - Frequency - > 12 times/day.

Excess Quantity of urine.

Yellowish discolouration.

Burning micturation.

ASSESSMENT CRITERIA.

Subjective criteria - (quantity of urine) (in litres)

1) showing gradings of Prabhuta Mootrata (excess quantity of urine)

0 - 1-5 to 2.0

1 - 2.0 to 2.5

2 - 2.5 to 3.0

3 - 3.0 liters onwards

2) Showing gradings of Haridra varna Mootrata (Yellowish discolouration of Urine)

0 - No yellowishness

1 - mild yellow

2 - Moderate yellow.

3 - Termeric dark yellow colour

3) Showing gradings of mootradaha (Burning micturation)

0 - no mootradaha

1 - mild

2 - moderate

3 - severe

4) Showing gradings of dourbalya (Lack of strength to work).

0 - can do routine work without difficulty.

1 - can do moderate work with difficulty.

2 - can do mild work with difficulty.

3 - cannot do routine work.

5) Showing gradings of Frequency of urine.

0 - 3-6 times/day, 0-1/night.

1 - 6-9 times/day, 0-2 times/night.

2 - 9-12 times/day, 2-4 times/ night.

3 - >12 times/day, > 4 times / night.

TREATMENT

1) Chandraprabha vati (CPV) 500 mg⁸

Dosage 1-1-1 before food with warm water

2) Pramehagna churna formulation

Haritaki Churna (Terminalia chebula)⁷ - 1p.

+

Bibhitak Churna (Terminalia bellirica)⁷ - 1p

+

Amalaki Churna (Emblica officinalis)⁷ - 2p

+

Haridra Churna (Curcuma longa)⁷ - 2p

Dosage - 1 Karsha (12 gms) 3 times before breakfast, lunch & dinner with warm water

3) Avipattikar Churna⁸

Dosage - 1 karsha 3 times after breakfast, lunch & dinner for a month.

Follow up during Treatment

→ Starting from the day of the treatment the follow up has been done every month after 30 days

→ Total duration of treatment was 6 months.

→ After a month Avipattikar Churna has stoped. Based on assessment of subjective Citeria

→ CPV & Pramehagna Churna has been continued for next 2 months with the same dosage

→ On 4th month based on assessment of subjective & objective criteria dosage has been made from TDS to BD dose & the same has been continued upto 6 months.

Table No. 3

Pathya apathya advised^{2,9}

Pathya ahara	Pathya vihar	Apathya ahara	Apathya vihar
1)Healthy food 2)Purana shali (old rice) 3)Purana Godhuma (old Wheat) 4)Yusha (Soup) 5)Kulatta (Horse Gram) 6)Mudga (Green gram) 7)Guda (Jaggery) 8)Madhu (Honey) 9)Sarshap (mustard oil) 10)Methika (Fenugreek)	1)Exercise 2)Walking 3)Yoga 4)Healthy lifestyle 5)Sadvritta (Code of conduct) 6)Non suppression of natural urges 7)Physical activities	1)Hot,sour,sweet,saline,alkaline,spice,unctuous food 2)Newly harvested food grains 3)Milk and milk products 4)Aquatic, domestic & marshy animals meat 5)Various prepration of curd	1)Day sleep 2)Excessive sleeping 3)Sedentary lifestyle 4)Sitting continuously 5)lazziness

11)Karvellak (Bitterguard)		6)Various prepration of suger 7)Execessive <i>drava ahara</i> (liquid diet)	
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OBSERVATION AND RESULTS

The subjective criteria were assessed before treatment & each month after treatment

Table No. 4							
Results of subjective criteria							
Subjective criteria	Before treatment	After treatment					
		After 1 st month	After 2 nd month	After 3 rd month	After 4 th month	After 5 th month	After 6 th month
1)Prabhut mootrata	2	1	0	0	0	0	0
2)Haridra varna mootra	3	2	1	0	0	0	0
3)Mootra daha	3	1	0	0	0	0	0
4Muhurmuhur mootrata	3	2	1	1	1	1	1
5)Dourbalya	3	2	2	1	0	0	0

Table No. 5							
Results of objective criteria							
Objective criteria	Before treatment	After 1 st month	After 2 nd month	After 3 rd month	After 4 th month	After 5 th month	After 6 th month
1)Fasting blood suger (FBS in mg/dl)	190 mg/dl	174 mg/dl	158 mg/dl	124 mg/dl	110 mg/dl	106 mg/dl	112 mg/dl

2) Postprandial serum glucose level (PPBS in mg/dl)	280 mg/dl	256 mg/dl	230 mg/dl	204 mg/dl	160 mg/dl	138 mg/dl	154 mg/dl
3) HbA1c	7.5%	-	-	7%	-	6.1%	-

DISCUSSION :

- 1) Based on hetus such as excessive spicy, unctuous, oily, sweet foods, day sleeping, lack of exercise, sedentary life style caused Prameha. It was due to Apathya (Not following dietary regimen). Based on hetu and mootra lakshanas it is diagnosed as "Apathya nimittaja Pittaja Prameha"
- 2) In Pittaja Prameha, prakopa avastha of pitta dosha (Agravation of Pitta dosha), dushita mamsa, medo dhatu and kleda is seen. So for Pitta shamana drugs should be chosen having madhura, tikta, kashaya rasa, madhura vipaka and sheeta virya.
- 3) For Meda and mamsa dushya shamana the drugs should be chosen which are Ushna virya, laghu, ruksha Guna, katu rasa.
- 4) Chandraprabha Vati is best antidiabetic medicine described in classics. It is tridosha shamaka which is indicated especially in all 20 types of Prameha.
- 5) Haritaki churna is Pancharasa dravya (alavana) kashaya rasa Pradhan, madhura vipaka is best tridoshagna and by its Ushna virya property it is best dushya shamaka which best acts on vitiated mamsa and medo dhatu. Bhavaprakash mentioned it as pramehagna dravya along with Amalaki.
- 6) Bibhitak churna having kashaya rasa, madhura vipaka is best Tridosahara and being Ushna virya it is best dushya shamaka
- 7) Amalaki Churna having Pancharasa, laghu, ruksha, sheeta Guna, sheeta virya, madhura vipaka is best Tridosahara dravya. Best advised in classics for Prameha, pittavikara, trushna, daha etc
- 8) Haridra churna having katu rasa, ushna virya, katu vipaka is best dushya shamaka,

pitta rechaka and pramehagna as described by Charak in Prameha chikitsa

- 9) Avipattikar churna was given only for a month to improve digestive metabolism and to avoid complications produced by pitta
- 10) CPV and Pramehagna churna formulation was used throughout 6 months with tapering doses. Along with medications proper diet and good life style made this case a success story

CONCLUSION :

- 1) In Ayurveda Pittaja Prameha is described as Yapya vyadhi (difficult to manage) because of dosha-dushya paraspara viparita chikitsa but proper diagnosis at initial stage and treatment given at proper time along with the proper diet advice & changes in life style can give significant results.
- 2) Acharya charaka mentioned it as Yapya vyadhi because of its vishama chikitsa but Pramehagna drugs along with good life style & proper diet has removed the disease from its root cause and the patient is advised to follow healthy diet & life style throughout the life to prevent reoccurrence.
- 3) In Ayurveda ahara (Food habits), vihara (Life style), dinacharya (daily routine), rutucharya (Seasonal routine), sadvritta (Code of conduct) are described in detail which have good role in prevention and cure of lifestyle disorders like Prameha.

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