



## A REVIEW ARTICLE ON ETIO-PATHOGENESIS OF PRAMEHA

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### ABSTRACT

*Prameha* is a chronic, multifactorial disease described extensively in *Ayurvedic* classics, classified under *Madhumehadi vyadhi*. It is primarily a *Kapha-dominant Tridoshaja* disease, involving *Medas* (fat), *Mamsa* (muscle), *Rasa* (plasma), and other *dhatu*s, along with the *Mutravaha srotas* (urinary system). The etiopathogenesis (*Nidana-Samprapti*) of *Prameha* reveals a strong correlation with lifestyle-related metabolic disorders, particularly Diabetes Mellitus in modern terms.

The *nidana* (etiological factors) include excessive intake of *Snigdha* (unctuous), *Guru* (heavy), *Madhura* (sweet), and *Shita* (cold) foods, sedentary lifestyle, and genetic predisposition. These factors lead to *Kapha vridhhi*, *Agni mandya*, and *Medodhatvagnimandya*, resulting in abnormal metabolism of *Medas* and other *dhatu*s. The *samprapti* (pathogenesis) involves *Srotodushti* of *Mutravaha*, *Medovaha*, and *Rasavaha srotas*, with *kleda vridhhi*, *dhatukshaya*, and *ojas kshaya* in chronic stages.

Progression of disease manifests as 20 types of *Prameha*, culminating into *Madhumeha* (*Vataja type*) with degenerative and immune-related complications. The understanding of *Prameha*'s etiopathology underlines the importance of early diagnosis, lifestyle modification, and dosha-specific interventions in *Ayurvedic* management.

**KEYWORDS:** *Prameha*, *Nidana*, *Samprapti*, *Kleda*, *Medodusti*, *Srotodushti*, *Agnimandya*, *Madhumeha*, Etiopathogenesis, *Ayurveda*.

**INTRODUCTION: -**

*Prameha*, a chronic metabolic disorder mentioned in *Ayurveda*, is primarily associated with *Kapha dosha* and involves disturbances in multiple bodily systems, especially *Mutravaha srotas*. Acharaya Charaka, Sushruta, and Vagbhata have described *Prameha* (Diabetes) as one of the *Ashtamahagada vikara* (eight major diseases)<sup>1</sup>. *Prameha* is a *Tridoshajanya Vikara* due to the simultaneous vitiation of all the three doshas,<sup>2</sup> although *kapha* predominates in its causation and progression. *Prameha roga* clinically presented in the form of urinary disorders but closely related to gastrointestinal, lymphatic, endocrinal, circulatory systems. It is a group of diseases those are clinically characterized by frequent micturition which may be excessive or scanty (*prabhuta mutrata*) and cloudy (turbid) micturition (*avil mutrata*) are collectively called *Prameha*. The disorder reflects disturbances in *Medas*, *Mamsa*, *Rasa* and *Mutravaha srotas* understanding its etiology and pathogenesis is crucial for *Ayurvedic* diagnosis and treatment.

**ETIO-PATHOGENESIS:**

*Asyashukha* (eating as persons will), *swapnasukha* (addiction to the pleasure of lounging and sleeping for long time), excessive use of *dadhi* (curds), *mansa rasa* (meat juice of domestic, aquatic and wet land animals), *dudh* (milk), *navin anna*, *navin jalapan* (new grain, drinks, rain water) and *guda padartha* (product of jaggery) and all things that increase *kapha* are the causative factors of *Prameha*. (3)

**ETIOLOGY OF PRAMEHA:**

Sahaja Hereditary- genetically determined, Juvenile onset

*Apathyanimitta* Acquired (diet and lifestyle disorder)

*Asyasukham* Over eating (diet rich in protein, fat& carbohydrate)

*Swapnasukham* Sedentary life style

*Avyamam Alasya* Lack of exercise.

**POORVARUPA:**

*Pragrupa* are said to be those symptoms which are seen before the manifestation of the main disease (which they denote). *Madhava Nidan* defines *Poorvarupa* as '*Avyakta Lakshanas*' i.e., feebly manifested symptoms or the hidden symptoms of the forthcoming disease. *Madhava Nidan* also says that only those symptoms which indicate a *Bhavi*

*Vyadhi* or a forthcoming disease are called *Poorvarupas*. (4) *Acharya Vagbhata* says that *Poorvarupas* (Prodromal symptoms) are the symptoms of the forthcoming disease. They do not specify the particular *Doshas* taking part in the *Samprapti* (pathogenesis) of the disease. These symptoms are fewer and not clearly manifested (feebly manifested).

**They are of 2 types:** ☐

*Samanya Poorvarupa* (Generalized premonitory symptoms) ▪

*Vishesha Poorvarupa* (Dosha specific premonitory symptoms)

### **Importance of *Poorvarupa***

1. For prognosis
2. For diagnosis
3. For differential diagnosis
4. For treatment

***Prameha Poorvarupa* (Prodromal Symptoms) Table 1.**

<i>Poorvarupa</i>	<i>Charak</i>		<i>Susrut</i>	<i>Ashtang Hriday</i>	<i>Ashtang Sangrah</i>
<i>Sweda</i>	+		-	+	+
<i>Angagandha</i>	+		+	+	+
<i>Anga Shaithilya</i>	+		-	+	-
<i>Anga Sada</i>	-		+	-	-
<i>Shayya, Asana, Svapna Sukherati</i>	+		-	+	-
<i>Hridayopadeha</i>	+		-	+	-
<i>Netropadeha</i>	+		-	+	-
<i>Jihwopadeha</i>	+		+	+	-
<i>Shravanopadeha</i>	+		-	+	-
<i>Malotpathi</i>	-		+	-	-
<i>Kesha Ati Vridhhi</i>	+		-	+	-
<i>Nakha Ati Vridhhi</i>	+		+	+	-

<i>Kesha Jathilee Bhava</i>	+		+	-	+
<i>Sheeta Priyatvam</i>	+		-	+	-
<i>Gala, Talu Shosha</i>	+		-	+	-
<i>Asya Madhurya</i>	+		+	+	+
<i>Kara Pada Daha</i>	+		+	+	-
<i>Mutra Pipeelika Abhisarana</i>	+		-	+	-
<i>Madhura, Shukla Mutrata</i>	-		+	-	+
<i>Snigdha Gatrata</i>	-		+	-	+
<i>Picchila Gatrata</i>	-		+	-	-
<i>Shatpada Abhisarana on Shareera</i>	+		-	-	-
<i>Shatpada Abhisarana on Mutra</i>	+		-	-	+
<i>Pipeelika Shareer Abhisarana</i>	+		-	-	+
<i>Kara Pada Suptata</i>	+		-	-	-
<i>Anga Suptata</i>	+		-	-	-
<i>Alasya</i>	+		-	-	-
<i>Mukha Shosha</i>	+		-	-	-

### TYPES OF PRAMEHA:

There are two main types of *Prameha* are described – *Sahaja* and *Apathynimitta*. *Sahaja* are originated due to the precipitating factors from the inherited or congenital factors. *Apathyanimitta* are results from *doshaja* vitiation. Based on clinical importance two types are *Sthoola Prameha* and *krisha Prameha* has been mentioned in the text.

A *Hetu Bheda* (Etiological types) (5) *Sahaja Apathyanimitta*

B *Deha Prakruti Bheda* (Constitutional types) (6) *Sthul balvan – krisha durbal*

C *Doshika Bheda* (clinico pathological types) (7) *Kaphaja- PittajaKaphaja*

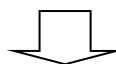
There are 20 types of *Doshaja Prameha* are explained and if they are not treated properly, they may convert in to *Madhumeha*, which is an incurable disease which may produce serious complications. *Madhumeha* is one of the types of *Prameha*, which have a great clinical similarity with diabetes hence it can be correlated with diabetes mellitus. *Prameha* is the pathological state of the *kapha pradhan dosh dushti*. Due to vitiation of *kapha dosha* the *kleda of meda, mansa, basti* gets vitiated and get accumulated in *basti* and eliminated in the form of liquid through urine so it characterized by excessive (polyuria) and turbid urination. The nature of micturition depends upon the body reaction with the *dosha-dushya* in a varying proportion. (8) (9) (10)

**Table 2: SAMPRAPTI GHATAK OF PRAMEHA:**

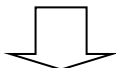
<b>DOSHA</b>	<i>Kapha, Pitta, Vata</i>
<b>DUSHYA</b>	<i>Meda-Mans-udaka-rakta-vasa-shukra-majja-lasika-rasa- oja</i>
<b>SROTAS (CHANNELS)</b>	<i>Mutravaha srotas, Medavaha srotas, Rasavaha srotas</i>
<b>SROTODUSHTI</b>	<i>Atipravrutti</i>
<b>AGNI</b>	<i>Medodhatvagni</i>

**SAMPRAPTI (Pathogenesis):**

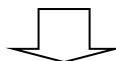
1. *Nidan sevana*



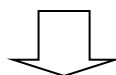
2. *Kapha Dosha Aggravates*



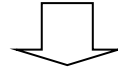
3. *Combines with Meda Dhatu*



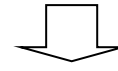
4. *Aggravated Kapha and Meda accumulated in Meda vaha Srotas and spread to Mutravaha Srotas.*



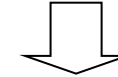
5. *Srotorodha (blockage of channels)*



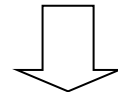
6. Excessive *kleda nirmiti*



7. *Bastigata kled sanchiti* (turbid urine)



8. *Prabhut avil mutrata*



9. ***Prameha***

### **DIAGNOSIS OF PRAMEHA:**

*Prameha* diagnosis depends on different factors like: -

#### **1. *Nidana*:**

Excessive consumption of *guru, snigdha, Madhura* foods, curd and other milk products, *Gramya, anup, audak mans rasa*, new grains, new water, sweets made from jaggery

Sedentary lifestyle.

Excessive sleep.

Hereditary factors.

#### **2. *Poorvarupa* (Prodromal symptoms):**

*Kara pada daha*

*Meda vriddhi*

*Kshudha vriddhi*

*Pipasa adhikya*

*Mala mutra vriddhi*

*Dourgandhya*

*Daurbalya*

#### **3. *Rupa* (clinical features):**

*Prabhuta mutrata*

*Avil mutrata*

*Hasta pada daha* (burning sensation over sole and palm)

*Murcha* (diabetic coma)

*Madhuryata mutra*

#### **4. Based on *Doshas*:**

A. *Kaphaja Prameha* – 10 types

*Mutra* appears – thick, oily, slimy, white.

B. *Pittaja Prameha* – 6 types

*Mutra* appears – yellowish, bluish, or reddish

C. *Vataja Prameha* – 4 types

*Mutra* appears – clear, astringent, dry

#### **5. *Ayurvedic Examination Methods*:**

A. *Darshana* (Inspection) –

observe the color, consistency, quantity of urine.

Presence of ants around urine sample.

B. *Sparshana* (Palpation)

Dryness of skin, loss of muscle tone, emaciation.

C. *Prashna* (History Taking)

Family history of diabetes.

Dietary habits, life style, mental stress.

#### **6. *Blood Examination*:**

BSL F/PP

Glucose tolerance test

Sr Insulin F/PP

HbA1c.

## 7. Urine examination:

Urine- Routine and microscopy

Urine sugar F & PP

Alteration in the physical chemical microscopic properties of urine.

## DISCUSSION:

Ayurveda recommends *Dincharya* (daily routine) as a fundamental practice to maintain the health of a healthy individual. However, in the modern era, life has become fast-paced, competitive, mechanical, stressful, and sedentary, making it difficult for individuals to follow the principles of *Dincharya*. This deviation from a balanced lifestyle has led to a significant rise in lifestyle-related metabolic disorders such as **Prameha**.

Unfortunately, many individuals with Prameha remain unaware of their disease in its early stages. As the condition progresses, it can lead to serious complications and, in some cases, may become incurable. Diagnosing Prameha during the *prodromal phase* is challenging, as the patient may be asymptomatic or may present with only minimal symptoms.

However, through a detailed assessment of dietary and lifestyle history, along with *Rogi* and *Roga Pariksha* (examination of the patient and the disease), and relevant pathological investigations, Prameha can be detected at an early stage. Diagnosis is primarily based on the **history of illness, presence of Poorvarupa** (prodromal symptoms), and **Rupa** (clinical features), while **confirmation** can be achieved through **blood and urine investigations**.

Differential diagnosis among the various types of Prameha can be further refined by analyzing the **physical, chemical, and microscopic** characteristics of urine, as described in classical Ayurvedic texts.

## CONCLUSION:

Prameha is a lifestyle disorder that can be clinically correlated with Diabetes Mellitus in modern medicine. Among its classifications, Sahaja Prameha is analogous to Type 1 Diabetes Mellitus (T1DM), which is congenital or hereditary in nature, while Apathyanimitaja Prameha corresponds to Type 2 Diabetes Mellitus (T2DM), which develops due to improper diet, sedentary lifestyle, and other acquired factors. Diagnosis involves detailed **history taking, clinical examination, and urine analysis** (physical,



chemical, and microscopic parameters). The subtype **Madhumeha**, linked to diabetes, is confirmed through **Fasting and Postprandial Blood Sugar Levels (FBSL, PPBSL)**, **HbA1c**, and **urine tests** for glucose or ketones. To distinguish between Type 1 and Type 2 DM, **serum insulin levels** (fasting and postprandial) and **C-peptide tests** are useful—Type 1 shows low insulin and C-peptide, while Type 2 shows normal or elevated levels. An **integrative diagnostic approach**, combining Ayurvedic principles with modern tools, improves early detection and individualized treatment of Prameha.

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