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REVIEW ARTICLE

A Conceptual Review of Type 1 Diabetes Mellitus in Children with Special Reference to Prameha

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ABSTRACT

Type 1 Diabetes Mellitus (T1DM) is a chronic metabolic disorder that commonly develops during childhood and adolescence and is characterized by progressive loss of pancreatic β -cell function with marked or complete deficiency of endogenous insulin. Children with T1DM generally require lifelong insulin replacement and regular monitoring of blood glucose to maintain metabolic control and prevent acute and chronic complications. In Ayurveda, Prameha represents a broad group of disorders characterized predominantly by abnormalities of urine quantity and quality, with Madhumeha described among its important clinical manifestations. Classical Ayurvedic literature also describes concepts such as Sahaja Prameha and Jāta Pramehi, which have been discussed by contemporary scholars in relation to diabetes presenting during childhood. The present conceptual review attempts to examine T1DM in children through the Ayurvedic framework of Prameha, with particular attention to Nidana, Dosha, Dushya, Agni, Srotas, and Samprapti. The clinical manifestations of childhood T1DM, including polyuria, polydipsia, polyphagia, weight loss and weakness, demonstrate certain phenomenological similarities with descriptions associated with Prameha. However, the autoimmune β -cell destruction characteristic of T1DM cannot be equated directly with the classical pathophysiological description of Prameha. Therefore, the Ayurvedic correlation should be regarded as a conceptual and comparative exercise rather than a one-to-one diagnostic equivalence. Understanding these similarities and differences may provide a foundation for further interdisciplinary research into childhood diabetes.

Keywords: Type 1 Diabetes Mellitus, Children, Prameha, Madhumeha, Sahaja Prameha, Ayurveda, β -cell dysfunction, Samprapti, Diabetes Mellitus

INTRODUCTION

Diabetes mellitus is a heterogeneous group of metabolic disorders characterized by persistent elevation of blood glucose resulting from inadequate insulin secretion, impaired insulin action, or both. Among children and adolescents, Type 1 Diabetes Mellitus is an important form of diabetes and is primarily associated with autoimmune destruction of pancreatic β -cells, resulting in severe insulin deficiency. The condition may occur at any age, although childhood and adolescence are common periods of presentation. Current international pediatric guidelines recognize T1DM as a progressive disease with stages ranging from the presence of multiple islet autoantibodies without dysglycemia to clinically manifest diabetes.

The World Health Organization describes Type 1 diabetes as a condition in which the body stops producing sufficient insulin and therefore requires daily insulin administration.

The onset of T1DM in children may be relatively rapid. Classical symptoms include increased frequency of urination, excessive thirst, increased hunger, unexplained weight loss and fatigue. In some children, the first clinical presentation may be diabetic ketoacidosis, making early recognition particularly important.

Ayurveda provides an extensive description of Prameha, a group of disorders predominantly associated with abnormal urinary manifestations. Prameha is described in the major Ayurvedic texts, including Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya. The classical literature describes twenty varieties of Prameha based on the predominance of Kapha, Pitta and Vata, with Madhumeha included within the spectrum of Vataja Prameha.

The relationship between Prameha and contemporary diabetes mellitus has been discussed extensively in Ayurvedic literature. Some scholars have proposed that childhood-onset diabetes may be conceptually considered in relation to Sahaja Prameha or Jāta Pramehi, although such correlations remain interpretative rather than directly established biomedical equivalences.

The present review therefore focuses on a conceptual comparison between childhood T1DM and the Ayurvedic understanding of Prameha, while recognizing the limitations of direct disease-to-disease mapping.

AIM

To conceptually review Type 1 Diabetes Mellitus in children with special reference to the Ayurvedic concept of Prameha and to explore possible similarities and differences in their clinical presentation and pathophysiological understanding.

OBJECTIVES

- To review the contemporary concept of Type 1 Diabetes Mellitus in children.
- To understand the clinical manifestations and basic pathophysiology of childhood T1DM.
- To review the classical Ayurvedic concept of Prameha.
- To examine the concepts of Sahaja Prameha, Jāta Pramehi and Madhumeha in relation to childhood diabetes.
- To compare the concepts of Nidana, Dosha, Dushya, Agni, Srotas and Samprapti in T1DM and Prameha.
- To identify areas requiring further clinical and experimental research.

METHODOLOGY

The present work is a conceptual review based on classical Ayurvedic literature and contemporary biomedical literature. Classical references concerning Prameha were reviewed from Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya. Contemporary information regarding Type 1 Diabetes Mellitus in children was reviewed from international clinical guidelines and relevant scientific literature. Particular attention was given to the etiology, clinical presentation, disease progression and pathophysiological characteristics of childhood T1DM and their conceptual comparison with Ayurvedic descriptions of Prameha.

The review is interpretative in nature and does not propose that T1DM and Prameha are identical disease entities.

CONCEPT OF TYPE 1 DIABETES MELLITUS IN CHILDREN

Type 1 Diabetes Mellitus is primarily an immune-mediated disorder in which pancreatic β -cells are progressively destroyed, resulting in insufficient endogenous insulin production. The reduction in insulin availability prevents appropriate utilization of glucose by insulin-dependent tissues and produces persistent hyperglycemia.

Current pediatric diabetes literature recognizes a continuum of T1DM. According to the 2024 ISPAD consensus guideline, Stage 1 is characterized by multiple islet autoantibodies with normoglycemia, Stage 2 by multiple autoantibodies with dysglycemia, and Stage 3 by hyperglycemia meeting diagnostic criteria for diabetes.

This staging system demonstrates that clinically apparent diabetes represents a later stage of a disease process that may begin before the appearance of classical symptoms.

Etiological Factors

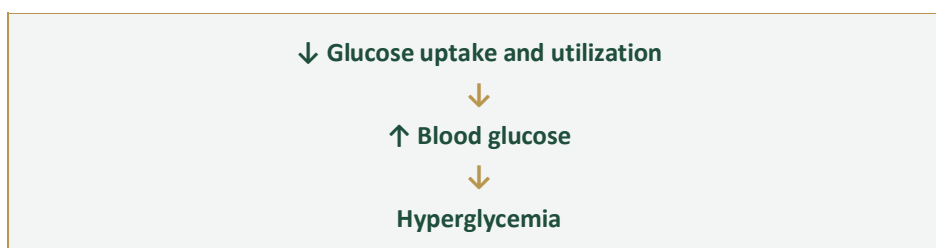
The development of T1DM is considered multifactorial. Important components include:

- Genetic susceptibility
- Autoimmune mechanisms
- Environmental influences
- Viral and other possible environmental triggers
- Immune-mediated pancreatic β -cell injury

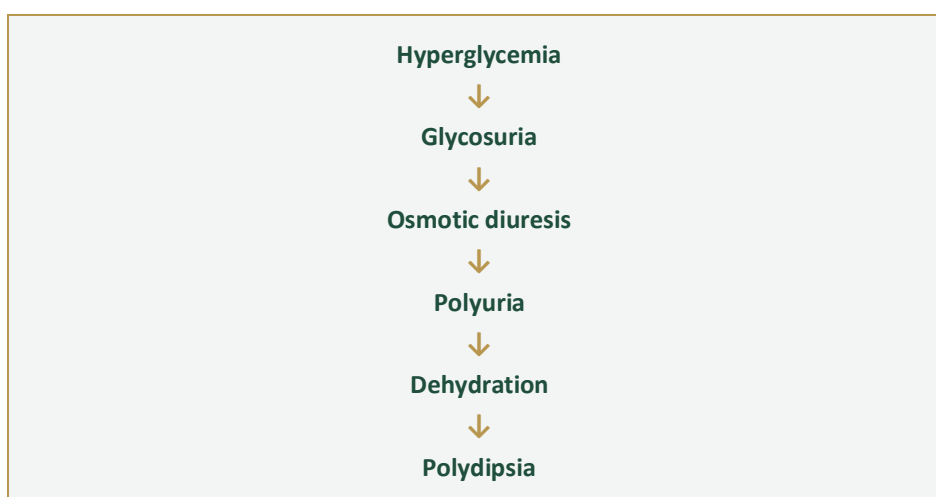
The precise initiating event responsible for autoimmune activation remains incompletely understood. WHO also notes that the cause and prevention of Type 1 diabetes are not yet fully established.

Pathophysiology

The fundamental abnormality in T1DM is progressive destruction or dysfunction of pancreatic β -cells, resulting in insulin deficiency. Reduced insulin availability causes:



When glucose levels exceed the renal threshold, glucose appears in urine and draws water osmotically into the urinary system:



Because glucose cannot be adequately utilized for cellular energy, the body increasingly utilizes fat and protein stores. This contributes to weight loss, weakness and increased susceptibility to ketosis. Severe insulin deficiency may ultimately lead to diabetic ketoacidosis.

CLINICAL FEATURES OF CHILDHOOD TYPE 1 DIABETES MELLITUS

The classical presentation of T1DM in children may include:

- Polyuria
- Polydipsia
- Polyphagia
- Nocturia or secondary enuresis
- Unexplained weight loss
- Fatigue and weakness
- Reduced physical activity

- Dehydration
- Blurred vision
- Recurrent infections in some patients

In severe cases, children may present with diabetic ketoacidosis, characterized by hyperglycemia, ketosis and metabolic acidosis.

The presence of symptoms such as polyuria, polydipsia and unexplained weight loss is also emphasized in contemporary staging and clinical descriptions of symptomatic T1DM.

DIAGNOSIS AND MONITORING

Diagnosis of diabetes is based primarily on biochemical evidence of hyperglycemia. Contemporary pediatric guidelines utilize plasma glucose and HbA1c criteria together with clinical assessment. In children suspected of having T1DM, pancreatic islet autoantibody assessment can help establish the autoimmune nature of the disease and differentiate it from other forms of diabetes.

Modern management also incorporates:

- Self-monitoring of blood glucose
- Continuous glucose monitoring (CGM)
- HbA1c assessment
- Insulin therapy
- Nutritional management
- Physical activity
- Education of the child and family
- Monitoring for acute and chronic complications

ISPAD emphasizes individualized glucose monitoring and glycemic targets in children and adolescents with diabetes.

AYURVEDIC CONCEPT OF PRAMEHA

The term Prameha is derived from the Sanskrit root associated with excessive or abnormal passage of urine. Ayurveda describes Prameha as a group of disorders in which abnormalities in urinary quantity and characteristics are prominent.

Prameha is classified into twenty varieties according to the predominance of the three Doshas:

- 10 Kaphaja Prameha
- 6 Pittaja Prameha
- 4 Vataja Prameha

Classical descriptions emphasize the involvement of Kapha, Pitta and Vata, together with various Dushyas, particularly Meda, Mamsa, Kleda and other tissue and metabolic components.

Among the Vataja Prameha, Madhumeha occupies an important position. The term Madhumeha literally indicates urine having characteristics comparable to honey, although its classical description encompasses a broader pathological process rather than merely the modern biochemical definition of diabetes.

SAHAJA PRAMEHA AND CHILDHOOD DIABETES

The Ayurvedic literature recognizes the importance of inherent or congenital factors in disease development. The concept of Sahaja disease suggests a condition associated with factors present from birth or intrinsic constitutional susceptibility.

Contemporary Ayurvedic scholarship has discussed Sahaja Prameha and Jāta Pramehi in relation to childhood-onset diabetes. One review specifically proposed that Sahaja Prameha and Jāta Pramehi may conceptually correspond to Type 1 diabetes, while Apathyanimittaja Prameha has been compared with Type 2 diabetes.

However, this interpretation should be approached cautiously. Classical Ayurvedic terminology predates modern concepts such as autoimmunity, pancreatic β -cell destruction and insulin deficiency. Therefore, these terms cannot be considered direct diagnostic equivalents of modern T1DM.

CONCEPTUAL CORRELATION BETWEEN T1DM AND PRAMEHA

A conceptual comparison can be developed on the basis of clinical manifestations and disease mechanisms.

Modern Concept	Ayurvedic Conceptual Perspective
Type 1 Diabetes Mellitus	May be conceptually considered within the broader framework of Prameha
Childhood onset	Sahaja/Jāta Pramehi as discussed in Ayurvedic literature
Hyperglycemia	Disturbance of Madhumeha/Prameha physiology
Glycosuria	Abnormal urinary manifestation
Polyuria	Prabhuta Mutrata / increased urinary output
Excessive thirst	Trishna
Weight loss	Karshya / depletion
Weakness	Daurbalya
Altered metabolism	Agni and Dhatvagni disturbance
Tissue depletion	Dhatu Kshaya
Metabolic waste/fluid disturbance	Kleda involvement
Chronic disease progression	Dosha-Dushya Sammurchana and progressive Srotodushti

This comparison represents conceptual similarity rather than equivalence.

NIDANA: COMPARATIVE PERSPECTIVE

In contemporary medicine, T1DM is associated predominantly with genetic susceptibility and autoimmune β -cell destruction, with environmental factors potentially contributing to disease initiation or progression.

In Ayurveda, Prameha has been associated with dietary, behavioral and constitutional factors. Excessive intake of Madhura, Snigdha, Guru and similar Kapha-promoting foods, along with sedentary habits and other causative factors, is described particularly in relation to Prameha.

However, this traditional etiological pattern corresponds more readily to metabolic forms of diabetes and should not be indiscriminately applied to T1DM. A child with autoimmune T1DM may develop the disease independently of the classical lifestyle-associated Prameha Nidana.

Thus, the distinction between etiological factors of T1DM and classical Nidana of Prameha is important when attempting an Ayurvedic correlation.

DOSHA INVOLVEMENT

The classical pathogenesis of Prameha involves all three Doshas, although their relative contribution varies among the different subtypes.

Kapha

Kapha is associated with Madhura, Snigdha, Guru and Picchila qualities and has a close conceptual relationship with excessive Kleda and tissue-related abnormalities.

Pitta

Pitta may be involved in metabolic transformation and inflammatory or heat-related pathological processes.

Vata

Vata becomes particularly important in advanced or depleted stages of disease. Madhumeha is classified among Vataja Prameha in classical descriptions.

In childhood T1DM, direct identification of the autoimmune β -cell destruction with a particular Dosha would be speculative. Nevertheless, the Ayurvedic framework may be useful for describing functional and systemic consequences of the disease after appropriate clinical assessment.

DUSHYA INVOLVEMENT

Classical descriptions of Prameha include involvement of multiple Dushyas, including:

- Meda
- Mamsa
- Kleda
- Vasa
- Majja
- Ojas
- Rasa
- Rakta

The extensive Dushya involvement described in Prameha illustrates that Ayurveda views the disease as a systemic metabolic disorder rather than an isolated urinary abnormality.

In T1DM, prolonged insulin deficiency and hyperglycemia can affect multiple organs and metabolic pathways. Thus, the systemic nature of complications in diabetes provides a broad conceptual point of comparison with the multidimensional Dushya involvement described in Prameha.

ROLE OF AGNI

Agni is a fundamental concept in Ayurvedic physiology and pathology. Disturbance of Jatharagni and Dhatvagni is considered important in the development and progression of several metabolic disorders.

From a conceptual perspective, altered glucose utilization and energy metabolism in T1DM can be discussed in relation to disturbances of metabolic transformation. However, Agni should not be equated directly with insulin.

Insulin is a specific biological hormone with well-defined physiological actions, whereas Agni represents a broader Ayurvedic physiological and metabolic principle. Therefore, an Ayurvedic interpretation should retain the conceptual distinction between the two.

SROTAS INVOLVEMENT

The urinary manifestations of Prameha suggest an important role of Mutravaha Srotas. Classical Ayurvedic descriptions also indicate broader involvement of channels associated with fluid and tissue metabolism.

In T1DM, excessive urinary glucose and consequent osmotic diuresis produce increased urinary volume. This provides a clinically observable point of similarity with the prominent urinary manifestations of Prameha.

Nevertheless, the modern pathogenesis of glycosuria is explained through renal glucose handling and plasma glucose concentration, whereas the Ayurvedic explanation is based upon Dosha-Dushya and Srotas concepts.

SAMPRAPTI OF TYPE 1 DIABETES MELLITUS: MODERN PERSPECTIVE

A simplified modern disease pathway may be represented as:

Genetic susceptibility + environmental influences



Immune activation



The 2024 ISPAD staging model further indicates that autoimmune T1DM can exist before overt clinical hyperglycemia, with Stage 1 and Stage 2 preceding clinically apparent Stage 3 disease.

AYURVEDIC SAMPRAPTI OF PRAMEHA

The classical pathogenesis of Prameha is described through the interaction of Dosha, Dushya, Agni and Srotas. The exact sequence varies according to the subtype and stage of disease. A simplified conceptual sequence may be represented as:



In Vataja Prameha/Madhumeha, progressive depletion and movement of pathological factors are described in the classical framework.

COMPARATIVE VIEW OF SAMPRAPTI

Component	Type 1 Diabetes Mellitus	Prameha
Initiating factors	Genetic and environmental susceptibility with autoimmunity	Dietary, behavioral, constitutional and other Nidana
Principal pathological process	β -cell destruction	Dosha-Dushya interaction
Major metabolic defect	Absolute/marked insulin deficiency	Disturbed metabolic and fluid regulation
Important manifestation	Hyperglycemia and glycosuria	Prabhuta/abnormal urine
Urinary change	Glucosuria with osmotic diuresis	Prameha with altered urine quantity/quality
Fluid disturbance	Dehydration	Kleda-related disturbance
Tissue effect	Catabolism and depletion	Dushya involvement and Dhatu disturbance
Chronic course	Progressive metabolic disease	Progressive disease with possible complications
Ayurvedic interpretation	Conceptual correlation	Classical disease framework

SIMILARITIES IN CLINICAL PRESENTATION

Several clinical manifestations of childhood T1DM demonstrate superficial or phenomenological similarities with Prameha.

Polyuria

Polyuria is a characteristic manifestation of uncontrolled T1DM due to osmotic diuresis secondary to glycosuria. Increased urinary output is also central to the clinical description of Prameha.

Polydipsia

Excessive thirst develops in T1DM as a consequence of fluid loss. Trishna is also described in the broader clinical spectrum of metabolic disorders.

Weight Loss

Children with untreated T1DM may lose weight despite increased appetite because of inadequate cellular glucose utilization and increased catabolism. Depletion and Karshya provide a conceptual point of comparison in Ayurvedic pathology.

Weakness

Reduced energy availability and dehydration may cause fatigue and weakness in T1DM. Similar manifestations can occur in advanced metabolic disorders described in Ayurveda.

Thus, similarities are primarily evident at the phenomenological level, whereas the underlying explanatory models differ.

IMPORTANT DIFFERENCES BETWEEN T1DM AND CLASSICAL PRAMEHA

Despite similarities, several important differences must be acknowledged.

First, T1DM is strongly associated with autoimmune destruction of pancreatic β -cells and severe insulin deficiency. This mechanism has no direct one-to-one equivalent in classical Ayurvedic terminology.

Second, classical Prameha includes a broad spectrum of disorders rather than a single disease entity. The twenty types of Prameha are based on Dosha predominance and associated pathological factors.

Third, many classical Prameha Nidana emphasize excessive or inappropriate diet and sedentary behavior, whereas childhood T1DM can develop in children without these recognized lifestyle factors.

Fourth, modern diagnosis relies on measurable biochemical parameters such as plasma glucose, HbA1c and, where appropriate, islet autoantibodies. Ayurvedic diagnosis is based on a broader clinical assessment involving Dosha, Dushya, Agni, Srotas, Prakriti and other factors.

Therefore, the two systems should be integrated carefully without forcing an exact correspondence.

IMPORTANCE OF EARLY RECOGNITION IN CHILDREN

Early recognition of T1DM is particularly important because children may progress rapidly from apparently nonspecific symptoms to severe metabolic decompensation. Polyuria, polydipsia, unexplained weight loss, nocturnal enuresis, excessive fatigue and recurrent dehydration should therefore receive appropriate clinical attention.

The contemporary staging model provides an additional opportunity for identifying children with islet autoimmunity before the development of overt symptomatic diabetes. Children with multiple confirmed islet autoantibodies require appropriate metabolic surveillance.

From an Ayurvedic research perspective, these early stages could be an area for future investigation into whether constitutional characteristics, Prakriti, family history and other Ayurvedic parameters demonstrate any reproducible association with autoimmune diabetes.

ROLE OF AYURVEDA IN THE CONCEPTUAL UNDERSTANDING OF T1DM

The Ayurvedic approach may contribute to a broader understanding of the child as a whole rather than focusing exclusively on blood glucose. Potential areas for Ayurvedic assessment and supportive research include:

- Prakriti assessment
- Dietary habits
- Daily routine
- Sleep pattern
- Physical activity
- Digestive status
- Psychological well-being
- General strength and nutritional status
- Family history
- Individual symptom profile

However, because T1DM involves substantial insulin deficiency, insulin replacement remains essential. Ayurvedic approaches should not be presented as substitutes for medically necessary insulin therapy.

The potential contribution of Ayurveda should therefore be explored primarily through appropriately designed studies evaluating supportive, preventive, nutritional, lifestyle and quality-of-life interventions alongside standard diabetes care.

RESEARCH PERSPECTIVE

The conceptual relationship between childhood T1DM and Prameha requires systematic investigation rather than theoretical correlation alone. Future studies may explore:

- The relationship between Prakriti and childhood T1DM.
- Ayurvedic phenotypic characteristics among children with autoimmune diabetes.
- The role of Agni assessment in pediatric metabolic disorders.
- The relationship between Ayurvedic Srotas assessment and modern metabolic parameters.
- Dietary patterns in children with T1DM from an Ayurvedic perspective.
- Quality-of-life outcomes associated with integrative supportive care.
- The relationship between Ayurvedic constitutional factors and islet autoantibody status.
- Development of standardized Ayurvedic assessment criteria for pediatric diabetes.

- Safe adjunctive interventions that can be studied alongside insulin therapy.
- Long-term prospective studies evaluating integrative approaches without compromising evidence-based diabetes management.

DISCUSSION

The present conceptual review indicates that childhood T1DM and Prameha share certain clinically recognizable manifestations, particularly increased urination, excessive thirst, weight loss and weakness. These similarities may explain why Prameha, particularly Madhumeha, has frequently been used as an Ayurvedic framework for discussing diabetes mellitus.

Nevertheless, the comparison requires considerable methodological caution. Modern T1DM is fundamentally characterized by immune-mediated β -cell destruction and insulin deficiency, whereas Prameha represents a broader Ayurvedic disease classification involving Dosha, Dushya, Kleda, Agni and Srotas. Contemporary literature has proposed conceptual associations between Sahaja/Jāta Pramehi and childhood-onset diabetes, but these remain interpretative correlations rather than validated biomedical equivalences.

The most appropriate approach may therefore be to use Prameha as an Ayurvedic conceptual framework for understanding selected clinical and metabolic features, while retaining the modern diagnosis of T1DM for clinical identification and management.

Such an approach avoids two extremes: completely separating the traditional and contemporary descriptions, or incorrectly declaring them identical.

CONCLUSION

Type 1 Diabetes Mellitus in children is a complex metabolic and autoimmune disorder characterized by progressive loss of pancreatic β -cell function and insulin deficiency. Its classical manifestations include polyuria, polydipsia, increased hunger, weight loss and weakness, with diabetic ketoacidosis occurring in severe cases.

Ayurveda describes Prameha as a broad group of urinary and metabolic disorders, with Madhumeha and the concepts of Sahaja Prameha/Jāta Pramehi providing potentially relevant conceptual points for discussing childhood diabetes. However, these Ayurvedic concepts cannot be considered exact equivalents of modern Type 1 Diabetes Mellitus because the classical descriptions and modern biomedical mechanisms arise from fundamentally different theoretical frameworks.

The relationship is therefore best understood as a conceptual correlation rather than a direct disease equivalence. Further interdisciplinary research integrating Ayurvedic clinical assessment with modern biochemical, immunological and metabolic parameters may help clarify the possible relevance of Ayurvedic concepts in childhood T1DM.

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