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Case Study on the Efficacy of Pramehahara Kwatha for Prameha w.s.r to Type 2 Diabetes Mellitus

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ABSTRACT:

Introduction: Unhealthy eating patterns and lifestyle choices are the root cause of *prameha*, a condition characterised by turbidity and urine-related problems. It may be connected to diabetes mellitus type II. Diabetes can be treated using *Ayurveda*, which is becoming more and more popular across the globe. A metabolic disorder called diabetes is becoming a bigger public health issue in both developed and developing countries. It is anticipated that the prevalence of diabetes in India will rise by 6% a year. **Aim & Objective :** 1.To study the efficacy of *Pramehahara Kwatha* in the management of *prameha w.s.r.* to diabetes mellitus – type 2. *To Study Etiopathogenesis of Prameha w.s.r.* to diabetes mellitus – type **Material & Method:** A 49-year-old female patient complained of *Prabhuta mutrata, Avilam mutrata, Ati-sweda, Dourbalya*, and *Pipasa* to the outpatient department (OPD) of the *Kayachikitsa* department at SMBT Ayurved Hospital in Dhamangaon, Nashik, for a period of two months. The patient was instructed to take 40 millilitres of *Pramehahara Kwatha* orally every day in *pragbhakta*, or before meals. **Result and Conclusion:** Based on the evaluation parameters, improvements were observed after 45 days. Following therapy, no complaints were reported after 20 days or on the 65th day. This indicates that *Pramehahara Kwatha* is effective in managing *Prameha* with type 2 diabetes.

Keywords: *Prameha, Vilam Mutrata, Diabetes mellitus, Dourbalya*

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INTRODUCTION:

Ayurveda, the science of life, has the great heritage of healing disease and protecting the life. *Prameha*, a well-known illness since the Vedas(1), is characterised by turbidity and frequent, excessive urine. It is classified into two types: *sahaja* (congenital) and *apathyanimittaja* (caused by overindulgence in food and bad behaviors). (2) The condition is caused by unhealthy food and lifestyle, such as improper eating habits and sedentary behaviors. *Prameha's* symptoms can be linked to Type II Diabetes Mellitus, a chronic illness causing high blood sugar levels. *Ayurveda* has gained worldwide popularity, with numerous studies being conducted to assess safe and affordable medications for difficult conditions like diabetes and cancer.(3) Diabetes is a metabolic disease characterised by high blood sugar levels and disruptions in carbohydrate, fat, and protein metabolism due to insulin deficiency, a growing public health concern in both industrialised and developing nations. (4) Diabetes prevalence in India is increasing rapidly, with the WHO forecasting a 6% annual increase to 9.40 million by 2030, from 32 million in 2000 to 80 million by 2030. (5)

Case Report

A 49-year-old female patient came to the OPD section of the *Kayachikitsa* department in SMBT *Ayurved* Hospital, Dhamangaon, Nashik. Patient name: ABCD OPD/IPD No.: 122...with complaints of *Prabhuta mutrata* (frequent nocturnal urination) 7-8 times, *Avilam mutrata*, *Pipasa* (excessive thirst) and excessive hunger, *Dourbalya* (generalised weakness), and *Ati-sweda* (excessive sweating) since 2 months. A blood investigation showed an increased level of

blood sugar and urine. Blood sugar fasting -128 mg/dl and postprandial 204 mg/dl and urine sugar show nil. She was not taking any oral hypoglycemic agent. So we treated this patient with a freshly prepared decoction of *Pramehahara Kwatha*, 40 ml BD, before meal. This treatment was advised for 45 days. This patient showed good glucemic control and clinical improvement after 45 days of treatment. After 20 days of follow-up, i.e., on 65th day, none of the above complaints were reported.

Personal History:

1. Bowel movement –*Samyaka*
2. Appetite – Excessive Hunger, Irregular meal time
3. Sleep- .Sleep disturbed
4. No history of any type of addiction like smoking, alcohol, tobacco.

History of past illness:

- 1-Medical history- No Past History of Hypertension, Asthma or any other major illness.
- 2-History of Blood Transfusion – No history of blood transfusion.
- 3-Drug History- He was not taking any other treatment .
- 4-Family History –No significant history.
- 5-Surgical History- No significant history.

Samanya Pariksha

Appearance-Fair
Pulse rate -80/min
B.P.-130/80 mm hg
R.R.- 19/min
Weight – 152 cm
Height-76 kg
BMI-32
Temperature –Afebrile

Systemic Examination:

CNS: Conscious and well oriented to person, place, and time.
CVS: S1, S2 is audible, No murmur sound.

Respiratory System: B/L
Symmetrical, Normal vesicular
Breathing heard, No added Sounds
heard.

P/A:-Umbilicus Centrally placed
, Soft, non-tenderness, no-
organomegaly.
Digestive System: Normal

Asthavidha Pariksha:

Sr.No	Asthavidha Pariksha	
1	Nadi (pulse)	80 / min, Regular
2	Mala (stool)	once/day and with Niram Mala symptoms
3	Mutra (urine)	9-10 times a day and 7-8 times at night , Pale yellow in colour and odourless.
4	Jihwa (tounge)	Malavrit (Coated)
5	Akruti	Madhyama
6	Shabda (speech)	Prakrit
7	Sparsha (skin)	Anushna Sheeta
8	Druka (eyes)	Prakrit(Normal)

	Prameha Samprapti Ghataka
Doshas	Tridosha(Vata, Pitta, and Kapha) ,Specific Kapha
Dushya	Specific –Meda, Oja meda, Shukra, Vasa, Majja, ojas, Rakta, Ambu, Lasika, Rasa, Mamsa
Srotus	Mutravaha Strotas, Medovaha Stotas
Strotodusti	Atipravriti
Adhithana	Basti and Sarva Shareer
Swabhava	Chirakari(Chronic Disorder)
Roga Marma	Madhyam
Udhbhava Sthana	Amapakvasayottha

Objective:

- To study the efficacy of *Pramehahara Kwatha* in the management of *prameha* w.s.r. to diabetes mellitus – type 2.
- To Study *Etiopathogenesis of Prameha* w.s.r. to diabetes mellitus – type 2.

Material and methods:

- Drug - Freshly prepared *Pramehahara Kwatha*
- Dose - 40 ml twice a day before meal(*Pragbhakta*)
- Duration – 45th days
- Follow up - for 65th days

Study type: Simple Random Single Case Study.

Centre of study: OPD section of the *Kayachikitsa* department in SMBT Ayurved Hospital, Dhamangaon, Nashik. The patient is chosen on the basis of the following criteria: *Prameha* signs and symptoms are present in this patient.

Drug Review :

Pramehahara Kwatha: Drug	Latin name	Family	Rasa	Gun	Vi	Vip	Dosh	Prayo	Karma
<i>Daruharidra</i> (7)	Berberis aristata	Berberidaceae	Tikta Katu Kashaya	Laghu Ruksaha	Sheet	Katu	Pitta Kaphaghna	Root stem	Visarpa, Twakadosha
<i>Deodara</i> (8)	Cedrus deodara	pinaceae	Tikta	Laghu Snigdha	Ushna	Katu	Vata kaphaghna	Bark	Krumi, Dushta Vrana
<i>Aamalki</i> (9)	Emblica Officinalis	Euphorbaceae	Panchrasa lava narjita	Laghu Ruksaha	Sheet	Madhura	Tridoshaghna	phala	Rasayana, Hrudya, Jwarahar
<i>Haritaki</i> (10)	Terminalia Chebula	Combr etaceae	Panchrasa Lava narjita	Laghu Ruksaha	Ushna	Madhura	Tridoshaghna	Phal	Rasayan, Anul oamana
<i>Bibhiti</i> (11)	Terminalia Belerica	Combr etaceae	Kashaya	Guru Ruksaha	Ushna	Madhura	Kapha pittaghna	Phal	Pittaroga, Kasa
<i>Musta</i> (12)	Cyperus Rotunds	Cyperaceae	Tikta Katu Kashaya	Laghu Ruksahaya	Sheet	Katu	Tridosha Shama ka	Kanda	Grahi Deepana, Pachana.

Pramehahara Kwatha :

Pramehahara Kwatha is given to patients for orally Pragabhakta (before meal) in quantity of 40 ml orally for 45th day and after treatment follow up is 65th day.

Assessment criteria:

Subjective Criteria –

1. Prabhuta Mutra
2. Avil Mutra

3. *Ati-sweda*

4. *Daurbalya*

5. *Pipasa*

Objective Criteria –(13)

1. BSL – Fasting blood glucose level range of 120 - 200 mg/dl
2. BSL – Post prandial blood glucose level range of 170 - 250 mg/dl
3. Urine sugar

Gradation of Subjective symptoms:(14)

1. Prabhuta Mutrata (Polyuria) –

Grade Description

- 0 Normal frequency i.e 1-4 times in a day and 0-2 times at night with normal volume
- 1 Frequency 5-7 times per day and 3-5 times at night with normal volume
- 2 Frequency 8-10 times per day and 3-5 times at night with increased volume
- 3 Frequency > 10 times per day and > 8 times at night with increased volume

2. Avila Mutrata :

Grade Description

- 0 Crystal clear fluid
- 1 Faintly cloudy or smoky
- 2 Turbidity clearly present
- 3 Darkly cloudy

3. Ati-sweda :

Grade Description

- 0 Sweating after heavy work and fast movement or in weather
- 1 Profuse sweating after moderate work and movement
- 2 Sweating after little work & movement
- 3 Sweating even in rest or in cold weather

4. Daurbalya:

Grade Description

- 0 Can do routine work
- 1 Can do routine work but feels tired
- 2 Can do routine work with lot of tiredness
- 3 Cannot do routine work

5. Pipasa :

Grade Description

- 0 Feeling of thirst 7-9 times/day Quantity 1-1.5 liter / day
- 1 Feeling of thirst 9-11 times/day Quantity 2-2.5 liter / day
- 2 Feeling of thirst 9-11 times/day Quantity 2.5-3.0 liter / day

3 Feeling of thirst 11-13 times/day More than 3.0 liter / day

Observation and Result:

Assessment of Clinical result: (Subjective criteria):

Observations	0 th day [BT]	15 th day	30 th day	45 th day [AT]	65 th day Follow up
Prabhuta mutrata	3	2	1	1	1
Avila mutrata	3	2	1	1	0
Ati-sweda	2	2	1	0	0
Dourbalya	3	3	2	2	1
Pipasa	3	2	2	1	1

Observational table – Objective criteria

Observations	0 th day (BT)	45 th day (AT)
BSL Fasting	128	106
BSL Post prandial	204	198.9
Urine sugar	Nil	Nil

In this case study, observations were made using *Prameha's* subjective and objective parameters both before and after treatment. Here, we can observe that the patient's *prameha's* subjective and objective indicators are progressively declining.

Discussion:

The patient in this case is 49 years old, married, and has *kaph-pitta prakriti*. She followed a mixed diet. It was discovered that the consumption of *Madhura, Snigdha Ahar*, was the causative reason. Irregular eating times, restless nights, a reserved way of living, and a sedate attitude towards *Chintya*. It is classified as *panchvidh Kashaya kalpana* in *Ayurvedic kwatha kalpana*, which is also known as

Anta parimarjana Chikista and is beneficial in treating *Prameha Vyadhi*. *Prameha* is a *Tridoshaj Vyadhi*, a *Kaphapradhana*. *Ayurvedic* medicine states that *Samprapti* of *Prameha* results from *Strotodusti*, or channel vitiation, mostly from *Mutravaha Strotas*, which is brought on by vitiation of all *Doshas*, principally *Bahudrava Shleshma*, and manifests as *Prabhut Avil Mutrata*. (17) *Pramehahara Kwatha*, a traditional compound medication, was chosen for a study because it combines the properties of *Musta*, which has *Lekhana, Shoshak*, and *Pachak* properties, and *Triphala*, which has *Kaphapittashamaka, Mehagna, Deepana, Pachana*, and *Rasayana* properties. *Daruharidra* and *Devdaru* are having *Mehaghna* qualities. (18)

Probable mode of drug action of *Pramehahara Kwatha*:

Each portion of content is taken in equal quantities.

Among the well-known prickly deciduous shrubs in the Sub-Himalayan regions are *Daruharidra*, which includes *Katu-Tikta Rasa*, *Katu-Vipaka*, and *Ushna-Veerya*. It is primarily recommended for the treatment of skin conditions, dysentery, anaemia, jaundice, and diabetes mellitus, among other conditions.(19) *Devdaru*, *triphala*, and *musta* reduce the gastrointestinal fire's augmentation, allowing the *rasadi* seven *dhatu*s to form properly. *Triphala* and *musta* also break down *amdosha*. Since *Prameha* is a *kaphapradhan tridoshaj vyadi*, *Haritik* has *premeghna* qualities like *lavanrahit panchras*, *ushna virya*, *laghu*, and *ruksha* in *guna*. The Indian *Ayurvedic Pharmacopoeia* states that mature fruits can be used to treat polyuria. It contains immune-modulating and hypolipidemic qualities. (20) *Triphala* has a mild purgative action that ends the *vata pradhana samprapti* by causing *annulomana* of *vayu*. It is known that *haridra* act on *medo* and associated *dhatu*s. It has hepatoprotective, anti-inflammatory, anti-diabetic, and hypolipidemic properties. (21) Thus, by functioning on *kapha-pitta*, *musta* - it is *tikta*, *katu*, *kashya* in *rasa*, *katu* in *vipaka*, and *sheeta* in *virya* that may rectify the vitiation of *pitta*. (22) Treat *Prameha* illness with alleviation. Its nature also makes it diuretic. The tuber extracts in both alcoholic and aqueous form have lipolytic properties that help lower obesity by releasing higher amounts of biogenic amines from brain terminals that inhibit the appetite centre. According to some,

isocyperol is crucial for the metabolism of fats.

In this way, these drugs relieve the body excess of *kapha*, *meda* and protect the body from further injury due to disease.

- The antioxidant capacity and decreased inflammatory response of *E. officinalis* Gaertn, *T. bellirica* (Gaertn), and *C. longa* L may be responsible for their anti-hyperglycemic action.
- Pharmacological research has demonstrated that *C. rotundus* possesses alpha-amylase and alpha-glucosidase inhibitory effects, making it a potent herb for treating hyperglycemia.
- Preclinical research conducted earlier has verified that *T. chebula* Retz treatment results in increased adiponectin secretion and amplification of GLUT gene mRNA expression.
- In addition, *C. deodara* (Roxb.) has the ability to affect the pancreatic islet of Langerhans cellular regeneration and restore its normal size.
- Complications will rise in tandem with the global increase in diabetes patients. Treatment plans must be improved. In one example, *ayurvedic* medication significantly reduced blood sugar levels after 45 days. Further research is required.

Mode of action on basis of herbal ingredients of *Pramehahara Kwatha* formulation(6)

The mechanism by which herbal ingredients of *Pramehahara Kwatha* bring about their anti- diabetic activities.

Conclusion: *Pramehahara Kwatha*, a drug mentioned in *Charak Chikista* 6

Adhayaya, contains six drugs with medical properties and biologically active constituents. This review explores its therapeutical and pharmacological application. A case study of a type 2 diabetes patient found that *Pramehahara Kwatha*, when used properly, can effectively manage the disease without side effects. This case study provides valuable insights for further research on *Pramehahara Kwatha's* potential for diabetic patients.

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