

Understanding of Role of *Kapha* in *Prameha* and its *Chikitsa*

Author: Ramitha Mundkur¹

Co Authors: Veerakumara²

^{1,2}Department of Kayachikitsa, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udipi, KA, India

ABSTRACT

Prameha is considered as one among *ashta mahagada* and is described in all the classics of *ayurveda*, in the modern parlance it can be considered as Diabetes mellitus. India is emerging as the diabetes capital of the world, due the sedentary life style, lack of exercise, improper diet habits and stress are few among many reasons for diabetes, which in our literature can be understood as *santarpanjanya nidana's* that result in *prameha*.

Key Words: *Santarpana, Prameha, Diabetes*

Received 17th July 21 Accepted 20th August 21 Published 10th September 2021

INTRODUCTION

Prameha is one of the major diseases which are among the *ashta Mahagadas* explained in our literature¹. *Prameha* is a *santarpanjanyavyadhi*². We can find description regarding *pramehanidhana* and *chikitsa* in *Bruhatrayis* as well as *laghutrayis*.

Prameha word is a combination of '*PRA*'*upasarga* and '*MEHA*'*dhatu*. '*Meha*' is derived from root "*mehi-sechana*" meaning watering. '*Pra*' is excessive in both frequency and quantity³.

Vagbhata quotes *Atipravrutti* for which Arunadutta commented as *Mootraatipravrutti*. So the disease *prameha* is characterised by *Mootraatipravrutti* that is excessive urination⁴.

MATERIALS AND METHODS

Bheda: Classification of *prameha* according to various authors are as per *hetu, dosha, deha* and *sadyasadyata*. [Table 1]

Table 1 Classification of *Prameha* according to various authors

Sl no	classification	types
1.	Hetu Bheda ⁵	<ul style="list-style-type: none">• <i>Sahaja or kulaja</i>• <i>Apatya nimittija</i>
2.	Doshika Bheda ⁶	<ul style="list-style-type: none">• <i>Kaphaja – 10</i>• <i>Pittaja – 6</i>• <i>Vataja - 4</i>
3.	Deha – Prakruti Bheda ⁷	<ul style="list-style-type: none">• <i>Sthula or Balavan pramehi</i>• <i>Krusha or Dourbalya Pramehi</i>

REVIEW ARTICLE

4.	<i>Saadya – Asadhyata⁸ Bheda</i>	<ul style="list-style-type: none">• <i>Sadhya - Kaphaja</i>• <i>Yapya - Pittaja</i>• <i>Asadhya - Vataja</i>
5.		<ul style="list-style-type: none">• <i>Ittype⁹</i>• <i>Poorvarupa Rahita</i>• <i>Poorvarupa Sahita</i>• <i>Ittype¹⁰</i>• <i>Dhatukshayaja</i>• <i>Margavarnaja</i>

NIDANA: *Nidana* of *Prameha* can be classified into 3 categories

i. *Samanya Nidana*

ii. *Vishesha Nidana*

iii. *Nidanarthakara vyadhi*

Firstly, in *SamanyaNidana*, there are various *Ahara* and *Vihara* enlisted by various *acharyas* in our literature, where main *hetu* for *prameha* is *Kaphakara Ahara & Vihara*. Secondly it is *Sahaja* and *Apatyanimittaja*, wherein *Sahaja* is considered to be as defect in *beeja* of *matru* and *pitru*, which is also termed as *Jaatapramehi* and *Krushapramehi*, its main cause is considered to be *Vatadosha*. Coming to *Apathyanimittaja*, here the cause is *kaphavriddhikara ahara & vihara* due to which there will be *vrudhi* in *Medodhatu¹¹*.

Vishesha Nidana is due to indulging in *Vatadi Vriddhikara ahara & vihara* resulting in causation of respective types of *Prameha*.

While explaining *Nidanarthakara Vyadhi*, here *Sthoulya* is considered as a *nidanarthakararoga* for *prameha*, where *kapha* and *meda* does the *margavarodha* of *vatadosha* due to which *vata* is confined to *koshta* and does get aggravated easily resulting in stimulation of *agni* and consequently absorption of food. So the food gets digested quickly and the individual becomes a voracious eater and becomes *sthoala¹²*. To justify *sthoulya*

as a *Nidanarthakararogacharakacharya* tells in *Pramehanidnasthana* that excessive eating, aversion towards bath, avoiding physical exercise are considered as predisposing for *prameha¹³* and he continues with the next shloka that the risk group who are prone to develop *prameha* are *Mandautsahi*, *Atistoola*, *Atisnigdha* and *Mahashana¹⁴*.

SAMPRAPTHI: *Samprapthi* can be understood under two headings that is *samanya* and *vishesha*. Now coming to *samanyasamprapti* of *prameha*, where *samanyanidana* that is *kaphavruddhikara* in nature does the vitiation of *kaphadosha*. This vitiated *kaphadosha* spreads all over the body and in turn vitiates *meda* that is *abaddamedas* due to their similarity in the *gunas*. Then this vitiated *kapha* and *medas* transforms into *mootra* and reaches *basti* which is the *moola* of *mootravahasrotas*, thus causing *prameha¹⁵*.

Next *samanya samprapti*, where due to vitiation of *kaphadosha* there will be indigestion-*Apakti*. Because of indigestion of food, there will be *ama* formation. When this *ama* undergoes *shuktatva* and turns *apakva* food into *annavisha* and this *annavisha* gets associated with *kapha*, leading to *prameha¹⁶*.

While explaining *visheshasamprapti*, in our literature we can see that *kapha, pitta* and

REVIEW ARTICLE

vatanidana individually cause *prameha*. Primary importance is given to *kaphadosha* vitiation due to intake of *kaphakaraahara&vihara* for causation of disease *prameha*.

POORVAROOPA: Looking at *poorvaroopa*'s like *angagandha*, *shithilangatha*, *swapna sukha*, *madhura aasya* and *mutreabhidhavantipipilikaksha*¹⁷, we can infer that maximum number of *lakshanas* belong to *kaphadosha*. Hence highlighting the role of *kapha* in *prameha*. While discussing *prameha* disease, Sushruta tells the importance of *poorvarupa* in analyzing the current stage of *prameha*. He comments that if a patient is having complete or partial *lakshanas* of *poorvarupa*, then he should be labeled as *pramehi*¹⁸. Its importance lies in diagnosis of patient as well as treating the patient as early as possible so the patient will not get *upadrava*. Some other *lakshana*'s given for diagnosing the patient of *Prameha* is - on walking patient wishes to stand, on standing to sit, on sitting to lie down and on lying down to sleep¹⁹.

ROOPA: *Roopa* of *prameha* can be understood as *samanya* and *vishishtalakshanas*. Where the *samanyalakshana* is, *Prabhootamootrata* and *avilamootrata*. *Prabhootamootrata* is *mootraatipravrutti*, when we see normal function of *mootra*, it is *kledavahana*. Vitiating *kapha* along with *medas* gets collected in *basti* resulting in *prabhootamootrata* - increased frequency of urination. *Avilamootrata*, Gyadasa comments as *avilamsalam*. *Vikrutavasta* of *kapha* which is considered to be as *mala*, along with *oja* and other

soumyadhatus gets evacuated out of *basti*, it can be considered as turbidity of urine²⁰.

Coming to *vishistalakshanas*, individual *doshas* due to *dosha-dushyasammurchana* result in 20 types of *prameha* and show their specific *lakshanas*.

UPADRAVA: There are many complications which can be seen in *prameha* like *aalasya*, *mamsopachaya*, *arochaka*, etc. But main complication is considered to be as *madhumeha* and *pramehapidaka*²¹.

Madhumeha - As per Astanga, *Madhumeha* is a disease characterized by sweetness of body along with passage of turbid and sweet urine. In literature we can find that due to *guru*, *snigda*, *lavana*, *atimatraahara*, *nidra*, *asyasukha*, by avoiding *vyayama*, excess *chinta* and improper *shodana*, *vata* gets aggravated and *kapha*, *meda*, *oja*, *mamsa* get vitiated and this blocks the gati of *vata* that is *avrutagati*. This takes place in *basti*, thus causing *Madhumeha*.

Prameha pidaka - Charaka opines that *kapha* gets vitiated and vitiates *meda*. They blend together and viliate *mamsa* leading to *pootimamsa*, which manifests *pidakas* and they are 7 in number according to charaka and 10 as per sushruta and considers it to be of *tridoshas*.

CHIKITSA²³: *Nidanaparivarjana* is the primary *chikitsa* emphasized on the principle that the etiological factors responsible should be avoided not only before manifestation of the disease but also during the treatment. After the manifestation of the disease, when the disease shows its *poorvaroopa*, sushruta opines that it should be

REVIEW ARTICLE

treated in that stage itself by giving *Apatarpana chikitsa*, *Vanaspathi kashaya* and *Basta mootra*. Once the disease is fully manifested, it is divided into *Kaphaja Pittaja* and *Vataja*. Amongst which *kaphaja* is easy for treatment due to the *samanaguna* of *kapha* and *meda*.

As told by Charaka, if the patient is *sthoala pramehi* and *balavan* then *samshodana* should be given. If patient is *krusha* and *durbala* then *bruhmanachikitsa* is given. While explaining *Shodana chikitsa in Kapha pramehi - ullekhana and langhana* is being told, for *Pitta -virechana* and *santarpana*. For the same *Shodanachikitsa*, In *Sushruta Samhita* - Dalhana comments that *vamana* is for *kaphameha* and *amashayasthakaphapitta*, *virechana* for *pittameha* and *pakvashayasthapittadosha*.

Kleda, *meda*, *kapha vrudhikara hetu* is considered as the main cause for *prameha*, so for pacifying vitiated *Kaphadosha*, *Apatarpana chikitsa* is considered, which is also opined by *Sushruta* where he considers usage of *Apatarpana chikitsa in Sthoola pramehi* by *Langhana* such as *vyayama*, *shodana* and intake of *tikta*, *kashaya pradhana dravyas*. For *Apatarpana chikitsa*, *Charaka* opines usage of *rukshana dravyas in sthoola pramehi*. *Shodana* is considered as *Apatarpana chikitsa* after which *Santarpana chikitsa* is told so as to avoid complications like *gulma*, *kshaya*, etc which arise due to excess *Apatarpana*.

In patients who are not to be treated with *shodana*, they should be given *samshamana*. There are many *Shamana yogas* which are explained by

acharyas, but this particular preparation with drugs like *Darvi*, *Suravaha*, *Triphala* and *Haridara*, is considered to be as useful in treating all types of *meha*, to be taken in the form of *kashaya*, *paana* or processed with *bhojana*. Its importance lies in treating the vitiated *kapha* and *medha dosha* associated with *vataja prameha*, wherein for vitiated *meda* and *kapha*, the yoga is to be used in the form of *kashaya* and for *vata* in the form of *sneha* that is *taila* and *ghrita*.

There are few *Shamana Oushadis* useful in treating *prameha* opined by different acharyas in various forms.

SWARASA- *Nishamalaki*, *Amruta*, *Dhatri*.

KWATHA- *Asanadikwatha*, *Katakakhadiradi kashaya*, *Darvyadi kwatha*, *Triphaladi kwatha*.

AASAVA/ARISHTA- *Lodhrasava*,

Madhvasava. *CHURNA*- *Triphala*, *Nyagrodadi*.

VATI- *Chandraprabhavati*, *Shivagutika*, *Gokshuradivati*.

RASA- *Vasanthakusumakara Rasa*, *Vangeshwara Rasa*, *Chandrakala rasa*.

BHASMA- *Abrakabhasma*.

NAIMITTIKA RASAYANA- *Shilajatu*, *Tuvarakarasayana*

In *Bahirparimarjanachikitsa*, here *vyayama*, *pragadha*, *udvartana*, *snana*, *jalavaseka*, *lepa* of *usheera*, *tvak*, *ela*, *agaru*, *chandana* are beneficial.

PATHYA-APATHYA^{24, 25}: While treating the disease, we should give importance to *pathya-apathya* to achieve desired results. It's established that *pathya* itself is capable of curing a part of the disease. It also acts as a catalyst in accelerating the action of drugs. Here different acharyas have
September 10th 2021 Volume 15, Issue 2 Page 82

REVIEW ARTICLE

opined about various *pathya* in the form of *ahara* and *vihara* which can-alleviate *kapha dosha*, *medho dhatu*, inhibits vitiation of *vata*, gives strength to body. Few *Pathya* which are enlisted in our literature are – barley soaked in decoction of *triphala* and mixed with honey, soft bamboo, *kulattha*, old wheat gram, *shali* rice, *yusha* of *mudga* and pigeon pea. According to Sushrutha, food enriched with alcohol, milk, oil, ghee, sweets, curd, newly harvested rice, meat of aquatic animals should be avoided.

CONCLUSION

Prameha is considered as *Santarpanajanyavikara* and is one among the *Mahagada* explained in our literature. Here an effort was made to understand the importance of *kapha* in *nidanapanchaka* of *prameha* and in its *chikitsa*. From the above compilation, from various literatures it can be concluded that though *prameha* is a *Tridoshajavyadhi*, *kapha* plays important role in *nidana*, *samprapti*, *poorvarupa*, *rupa*, of *prameha* and even in the *chikitsa* of *prameha* at different stages of the disease.

REVIEW ARTICLE

REFERENCES

1. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.368 Pp.738. [charaka indriya- 9/8-9].
2. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.122 Pp.738. [charaka sutra- 23/3-5].
3. Choudhury, Bishnu, Study of lagerstroemia speciosa L pers as a hypoglycemic agent, 31/12/2014 ;Shodhganga <http://hdl.handle.net/10603/114507>
4. Vagbhata, Astanga Hridayam, with the commentaries 'sarvangasundara' of Arunadatta and 'Ayurvedarasayana' of Hemadri, collated Pt hari sadashiv; Varanasi: chaukhamaba Sanskrit sansth. 2012.p219. [ashtanga H nidana- 9/40]
5. Vaidya Jadavji Trikamji Acharya edited Sushrita Samhita with Nibandhasangraha Tika of Dalhana Acharya, Chakhambha Sanskrit samasthan: Varanasi, reprint 2010,p.456. [susrutha chikitsa - 11/3]
6. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.213-15 Pp.738. [charaka nidana - 4/10].
7. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.446 Pp.738. [charaka chikitsa - 6/15].
8. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.445 Pp.738. [charaka chikitsa - 6/7].
9. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.449 Pp.738. [charaka chikitsa - 6/56].
10. Vagbhata, Astanga Hridayam, with the commentaries 'sarvangasundara' of Arunadatta and 'Ayurvedarasayana' of Hemadri, collated Pt hari sadashiv; Varanasi: chaukhamaba Sanskrit sansth. 2012.p227. [ashtanga H nidana- 10/18]
11. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.445 Pp.738. [charaka chikitsa - 6/4].
12. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.126 Pp.738. [charaka sutra- 21/5-8].
13. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.224 Pp.738. [charaka nidana - 4/50].
14. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.224 Pp.738. [charaka nidana - 4/51].
15. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.445 Pp.738. [charaka chikitsa - 6/5].
16. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.517 Pp.738. [charaka chikitsa- 15/42-48].
17. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.446 Pp.738. [charaka chikitsa - 6/13-14].
18. Vaidya Jadavji Trikamji Acharya edited Sushrita Samhita with Nibandhasangraha Tika of Dalhana Acharya, Chakhambha Sanskrit samasthan: Varanasi, reprint 2010,p.291. [susrutha nidana - 6/22-23]
19. Vaidya Jadavji Trikamji Acharya edited Sushrita Samhita with Nibandhasangraha Tika of Dalhana Acharya, Chakhambha Sanskrit

REVIEW ARTICLE

samasthan: Varanasi, reprint 2010,p.291. [susrutha nidana - 6/25]

20.Madhavanidanam Sanskrit and madhukosha commentary with English translation, himasagara chandra murthy editor. Varanasi: chaukhamba Sanskrit series office. 2006. p245 [madhava nidana - 33/1]

21.Vaidya Jadavji Trikamji Acharya edited Sushrita Samhita with Nibandhasangraha Tika of Dalhana Acharya, Chakhambha Sanskrit samasthan: Varanasi, reprint 2010,p.290. [susrutha nidana - 6/13]

22.Agnivesha.Charaka Samhita.Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.446 Pp.738.[charaka chikitsa - 6/15-17].

23.Vaidya Jadavji Trikamji Acharya edited Sushrita Samhita with Nibandhasangraha Tika of Dalhana Acharya, Chakhambha Sanskrit samasthan: Varanasi, reprint 2010,p.456. [susrutha chikitsa - 11/4].

24.Agnivesha.Charaka Samhita.Yadavji Trikamji Acharya editor. Varanasi: Chaukamba prakasham; 2016. p.448 Pp.738.[charaka chikitsa - 6/46-48].

25.Vaidya Jadavji Trikamji Acharya edited Sushrita Samhita with Nibandhasangraha Tika of Dalhana Acharya, Chakhambha Sanskrit samasthan: Varanasi, reprint 2010,p.456. [susrutha chikitsa - 11/5].