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# Ayurvedic Perspectives in the Management of *Prameha Pidika*: A Narrative Review

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## ABSTRACT

*Prameha Pidika*, a complication of *Prameha* described in Ayurveda, is characterized by the development of multiple types of skin lesions, boils and chronic non-healing ulcers. It closely resembles diabetic wound complications associated with Diabetes mellitus. The pathogenesis involves *Kapha* predominance, *Meda* accumulation, *Agni* impairment and *Ojas* depletion, ultimately leading to impaired immunity and tissue damage. Ayurveda offers a holistic management strategy including *Shodhana* (purification), *Shamana* (palliative therapy), *Rasayana* (rejuvenation) and *Vrana Chikitsa* (wound care). This narrative review aims to synthesize classical Ayurvedic knowledge with modern insights to highlight the therapeutic potential of Ayurveda in managing *Prameha Pidika*.

**Key Words** *Prameha Pidika, Diabetes, foot ulcer, Shodhana, Ropana*

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## INTRODUCTION

Chronic wounds are a significant healthcare burden, especially in patients suffering from metabolic disorders. Among these, diabetic ulcers are particularly challenging due to delayed healing, infection and recurrence[1]. Ayurveda describes a similar condition under *Prameha* is one of the major metabolic disorders described in *Ayurveda*, characterized by abnormalities in urine along with systemic derangements involving multiple tissues. It is primarily a *Kapha*-dominant disorder associated with *Meda* (adipose tissue) accumulation, *Agni Mandya* (impaired metabolism) and *Srotorodha* (obstruction of body channels). In the present era, the clinical features of *Prameha* closely resemble those of Diabetes Mellitus, a rapidly increasing global health concern.

Among the various complications of Prameha, *Prameha Pidika* is considered one of the most severe manifestations. *Prameha Pidika*, which arises as a complication of *Prameha*. It is characterized by the development of various types of skin lesions such as boils, abscesses and chronic non-healing ulcers[2]. It represents an advanced stage of the disease in which systemic

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metabolic disturbances manifest as localized pathological changes in the skin and underlying tissues.

The development of *Prameha Pidika* indicates deeper involvement of *Dhatus* such as *Meda*, Rakta and *Mamsa*, along with significant depletion of *Ojas*, which results in reduced immunity and poor wound healing capacity. Chronic non-healing wounds, especially diabetic ulcers, are a major challenge in modern healthcare[3]. They are associated with prolonged morbidity, increased risk of infection and in severe cases, amputation. Despite advances in medical science, effective management remains difficult and often costly. In this context, Ayurveda offers a holistic approach by addressing both systemic and local aspects of the disease. The principles of *Samprapti Vighatana*, along with *Vrana Chikitsa*, provide a comprehensive framework for managing *Prameha Pidika*. Therefore, there is a need to explore and validate Ayurvedic interventions for better clinical outcomes.

This narrative review aims to synthesize classical Ayurvedic knowledge with modern insights to highlight the therapeutic potential of Ayurveda in managing *Prameha Pidika*. A review of literature on *Prameha Pidika* is essential because it provides a systematic understanding of the disease from classical Ayurvedic texts and modern research, helping to build a strong academic and clinical foundation. Firstly, it helps in understanding the classical concepts described by Acharyas like *Sushruta* and *Charaka*, including *Nidana* (etiology), (Samprapti) pathogenesis, classification and management principles. This ensures that the study or treatment approach remains rooted in authentic Ayurvedic knowledge. Secondly, it enables correlation with modern medical science, particularly with conditions like Diabetes mellitus and its complications such as diabetic ulcers. This comparison helps in better clinical understanding and supports integrative approaches. Also, a literature review helps to identify research gaps. By analyzing previous studies, one can determine what has already been explored and what areas require further investigation, such as clinical validation of Ayurvedic therapies or new treatment protocols.

**Classification of *Prameha Pidika***

*Prameha Pidika* is described in classical Ayurvedic texts as a complication arising in patients suffering from long-standing *Prameha*. It has been described by various Ayurvedic Acharyas with slight variations in classification, mainly based on morphology, *Dosha* involvement and clinical features.

*"शराविका कच्छपिका जालिनी विनता तथा। पुत्रिणी मसूरिका च सर्षपिका तथालजी॥ विद्रधिवत् च विज्ञेया प्रमेहे पिडका दश॥"*

Acharya Sushruta[5] has given the most elaborate description, classifying *Prameha Pidika* into ten types[4] namely *Sharavika, Kacchapika, Jalini, Vinata, Putrini, Masurika, Sarshapika, Alaji* and *Vidradhi*-like *Pidika*, based on their shape, structure and severity. These lesions range from mild superficial eruptions to deep-seated

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abscesses. This shloka highlights the clinical diversity and severity of *Prameha Pidika*, emphasizing the need for early diagnosis and stage-wise management to prevent complications. Acharya Charaka[6] has not provided a detailed morphological classification but mentions *Pidika* as a complication of *Prameha*, emphasizing *Dosha* predominance (*Kapha, Pitta, Vata*) and systemic involvement. Acharya Vagbhata[7] follows the description similar to *Sushruta* and acknowledges the development of *Pidika* in *Prameha* patients, highlighting their clinical features and pathological basis.

**Pathogenesis (*Samprapti*) of *Prameha Pidika***

The pathogenesis (*Samprapti*) of *Prameha Pidika* is a multi-factorial process involving dietary and lifestyle factors, *Dosha* imbalance, impaired metabolism, tissue damage and immunity loss. Understanding this sequence is essential for early diagnosis, prevention and effective management. Ayurveda emphasizes addressing the root cause to prevent the progression of *Prameha* into severe complications such as *Prameha Pidika*.

*"आस्यासुखं स्वप्नसुखं दधीनि ग्राम्यौदकानूपरसाः पयांसि । नवान्नपानं गुडवैकृतं च प्रमेहहेतुः कफकृच्च सर्वम् ॥४॥"*

This shloka explains the *Nidana* (causative factors) of *Prameha*[8]. It states that excessive indulgence in *Kapha*-promoting diet and sedentary lifestyle, excessive sleep, intake of curd, meat of domestic and aquatic animals, milk and its products, newly harvested grains, fresh alcoholic drinks and jaggery-based foods — all these increase *Kapha* and act as causative factors for *Prameha*. The verse highlights the etiological foundation for *Prameha*, which, through progressive metabolic and immunological deterioration, culminates in *Prameha Pidika*. Thus, early control of *Kapha*-promoting factors is essential to prevent severe complications like chronic ulcers. Excessive consumption of Madhura (sweet), *Snigdha* (unctuous), and *Guru* (heavy) foods, along with sedentary habits and excessive sleep, leads to *Kapha* aggravation and *Meda* accumulation. *Kapha* Dosha plays a primary role in the initiation of Prameha, while *Pitta* and *Vata* contribute to disease progression. Due to *Kapha* dominance, the digestive and metabolic fire (*Agni*) becomes weak (*Mandagni*), resulting in improper digestion and metabolism. This leads to the formation of *Ama*, which acts as a toxic substance in the body. *Ama* is considered the root cause of many diseases. The accumulation of *Ama* and *Meda* leads to obstruction of microchannels (*Srotas*), particularly *Mutravaha* and *Rasavaha Srotas*. This obstruction further aggravates *Doshas* and impairs normal physiological functions[9]. Due to the combined effect of *Kapha* and Meda vitiation along with Srotorodha, Prameha develops. This stage represents systemic metabolic derangement. As the disease progresses, deeper tissues such as *Meda*, *Rakta*, and *Mamsa* become vitiated. The interaction of vitiated *Doshas* with *Dhatus* leads to structural and functional abnormalities. Chronic *Prameha* leads to depletion of *Ojas*, which is responsible for immunity and vitality. Loss of *Ojas* results in reduced resistance to

infection and delayed healing. Due to vitiation of *Rakta* and *Mamsa Dhatus*, along with the presence of *Ama*, the skin and underlying tissues become susceptible to pathological changes[10]. This leads to inflammation, suppuration and tissue degeneration. Ultimately, the combined effects of *Dosha* imbalance, *Dhatu dushti* and *Ojas* depletion leads to the manifestation of *Prameha Pidika*[11].

## MATERIALS AND METHODS

The present study has been designed as a narrative literature review to systematically compile and analyze information related to *Prameha Pidika* from both classical Ayurvedic texts and contemporary scientific literature. Primary data were collected from authoritative Ayurvedic compendia such as the *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*, along with their standard commentaries to ensure accurate interpretation of concepts including *Nidana* (etiology), *Samprapti* (pathogenesis), *Lakshana* (clinical features) and *Chikitsa* (management). In addition, relevant modern literature was gathered from indexed databases such as PubMed, Scopus and Google Scholar, as well as from peer-reviewed journals and standard medical textbooks related to Diabetes Mellitus and wound management. Keywords such as "*Prameha Pidika,*" "*Pramehajanya Vrana*," "diabetic foot ulcer Ayurveda," and "Ayurvedic wound healing" were used to identify pertinent studies. The inclusion criteria comprised classical references discussing *Prameha Pidika* and published research articles focusing on diabetic wounds and Ayurvedic interventions, while non-relevant, non-peer-reviewed, or methodologically weak studies were excluded.

Das[12] presented the successful management of *Prameha Pidika*, through a holistic Ayurvedic approach. The patient, presenting with a chronic non-healing wound, pain, discharge and associated metabolic imbalance, was treated using a combination of systemic and local therapies based on the principle of *Samprapti Vighatana*. Systemic management included *Nidana Parivarjana*, along with internal medications possessing *Deepana–Pachana*, anti-diabetic and immunomodulatory properties. *Shodhana* and *Shamana* therapies were employed to correct *Dosha* imbalance and improve metabolic function. Progressive improvement was observed in wound healing parameters, including reduction in size, discharge and pain, along with the development of healthy granulation tissue. The wound eventually healed without complications, demonstrating the effectiveness of Ayurvedic intervention[13].

Kumar et al.[14] evaluated the therapeutic effect of *Ingudi* seed oil (from Balanites aegyptiaca) in the management of *Prameha Pidika*. The patient presented with a painful, pus-discharging, chronic lesion with delayed healing, indicating advanced tissue involvement and impaired immunity. The treatment primarily involved local application of *Ingudi Taila* as part of *Vrana*

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*Chikitsa*. The oil, known for its *Shodhana* (cleansing) and *Ropana* (healing) properties, was used for regular wound dressing. Its antimicrobial, anti-inflammatory and wound-healing actions helped in controlling infection, reducing discharge and promoting healthy granulation tissue formation. Supportive internal Ayurvedic medications were also administered to manage the underlying *Prameha*, improve metabolism and enhance immunity. The study demonstrated that Ingudi seed oil is an effective, economical and safe therapeutic option in the management of *Prameha Pidika* (diabetic carbuncle), especially when used as part of a comprehensive Ayurvedic treatment approach addressing both systemic and local pathology.

Diabetic foot ulcer (DFU) is a severe and disabling complication of Diabetes mellitus, particularly when it extends to deeper tissues and bone, often increasing the risk of amputation. In a case study, a 70-year-old male presented with a chronic non-healing ulcer measuring 3.5 × 3.2 $cm^2$ on the dorsum of the left foot, persisting for four years. Owing to its location over a highly mobile area, the wound had remained unresponsive to conventional treatments[15].

The prevalence of diabetes and its complications has posed a significant burden on society since ancient times and continues to do so in the present, with the likelihood of increasing in the future if effective preventive measures are not implemented. A rising number of amputations and mortality cases are associated with chronic non-healing wounds, highlighting the urgent need for more effective treatment strategies for diabetic patients. Ajmeer et al.[16] aimed to evaluate and compare the efficacy of *Katupila Kalka* (leaf paste of Securinega leucopyrus) prepared with *Tila Taila* (oil of Sesamum indicum) against Betadine ointment in the management of *Madhumehajanya Vrana*. A total of 23 patients were selected and randomly divided into two groups. Group A received local application of *Katupila Kalka* with *Tila Taila*, while Group B was treated with Betadine ointment once daily for 30 days. The results showed that in Group A, wounds healed within 28 days with minimal scarring and no complications, whereas in Group B, complete healing within the same period was observed in only two patients. No adverse drug reactions were reported in either group during the treatment or follow-up period. The study concluded that *Katupila Kalka* demonstrates significant wound-healing (*Vrana Ropana*) properties, promoting effective healing with better scar quality compared to conventional treatment.

DFU is one of the most serious complications of Diabetes mellitus, often leading to lower-limb amputation if not managed effectively. The global prevalence of DFU is estimated to be around 6.3% and it is typically characterized as a chronic non-healing ulcer[17]. In Ayurveda, such conditions are described as *Dusta Vrana* and when associated with diabetes, they are termed *Pramehajanya Dusta Vrana*. *Acharya Sushruta* recommends managing these ulcers according to

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the principles of *Dusta Vrana Chikitsa*. Among the sixty treatment modalities (*Shashti Upakrama*), *Nimbadi Kalka*—a herbal paste primarily containing neem—is highlighted for its *Vrana Shodhana* (cleansing) and *Vrana Ropana* (healing) properties.

In a study by Tripathy et al.[18] 15 patients with DFU were included in an open-label, single-arm prospective trial to evaluate the wound-healing efficacy of *Nimbadi Kalka*. The paste was applied daily to the wound site for 45 days. Assessment parameters included wound surface area, granulation tissue formation and exudate levels. The results demonstrated a significant reduction in wound size and discharge, along with a notable increase in granulation tissue by the 15th day, indicating active healing. Overall, the study concluded that *Nimbadi Kalka* effectively promotes wound healing in DFU by enhancing tissue regeneration and reducing ulcer severity.

Ayurveda categorizes chronic diabetic wounds under *Dushta Vrana* and advocates a two-stage management approach consisting of *Shodhana* (cleansing) followed by *Ropana* (healing). Classical herbs such as *Haridra*, known for its *Raktashodhaka* (blood-purifying) and *Shothahara* (anti-inflammatory) properties, and *Yashtimadhu*, recognized for its *Vranaropaka* (wound-healing) and *Dahashamaka* (burn-relieving) actions, have been extensively described in traditional texts and supported by modern research. Vaidya et al.[19] illustrated that ayurvedic wound care utilizing *Vranashodhaka* and *Vranaropaka tailas* offers a safe, effective and economical therapeutic option for managing chronic diabetic wounds. The approach, rooted in classical ayurvedic principles, demonstrates considerable potential in promoting wound healing and improving patient outcomes.

***Chikitsa* (Management) of *Prameha Pidika***

The management of *Prameha Pidika* is fundamentally based on the principle of *Samprapti Vighatana* (breaking the pathogenesis). The treatment of *Prameha Pidika* is based on reversing the underlying pathogenesis through a stepwise and holistic approach. By addressing each stage of Samprapti, Ayurveda offers a comprehensive management strategy that not only heals the lesion but also prevents recurrence and systemic deterioration. As the disease evolves through *Kapha–Meda vriddhi, Agni mandya, Ama formation, Srotorodha, Dhatu dushti* and *Ojas kshaya*, culminating in chronic, non-healing lesions. Therefore, treatment must address both systemic pathology (*Prameha*) and local wound pathology (*Pidika*), which parallels complications seen in Diabetes Mellitus.

The Samprapti–Chikitsa correlation (Table 1) systematically links each stage of disease progression with its corresponding line of treatment, providing a structured approach to management. It demonstrates how specific pathological events—such as *Kapha–Meda vriddhi, Agni mandya, Ama* formation and *Srotorodha*—are countered by targeted therapies like *Langhana, Deepana–Pachana, Shodhana* and *Srotoshodhana*. This tabular representation

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simplifies clinical decision-making, ensures stage-wise intervention and highlights the principle of *Samprapti Vighatana*, thereby enabling holistic and effective management of *Prameha Pidika*, comparable to stage-based care in Diabetes mellitus.

**Table 1** Samprapti–Chikitsa Correlation

| Stage of *Samprapti* | Pathological Event | Line of Treatment (*Chikitsa Siddhanta*) |
|---|---|---|
| ***Nidana Sevana*** | *Kapha* aggravation | *Nidana Parivarjana* (avoid causative factors) |
| ***Kapha–Meda Vriddhi*** | Obesity, metabolic load | *Langhana, Rukshana, Lekhana* |
| ***Agni Mandya*** | Poor digestion/metabolism | *Deepana–Pachana* |
| ***Ama Formation*** | Toxic metabolites | *Ama Pachana, Shodhana* |
| ***Srotorodha*** | Channel obstruction | *Srotoshodhana, Basti* |
| ***Prameha*** | Systemic disorder | *Prameha Chikitsa* |
| ***Dhatu Dushti*** | Tissue damage | *Rakta Prasadana, Rasayana* |
| ***Ojas Kshaya*** | Immunity loss | *Balya, Rasayana* therapy |
| ***Pidika* Formation** | Ulcer/boil | *Vrana Chikitsa* |

## DISCUSSION

*Prameha Pidika* represents a severe and clinically significant complication of *Prameha*, reflecting advanced derangement of *Doshas*, *Dhatus*, and *Ojas*. The condition manifests as various types of cutaneous lesions ranging from superficial eruptions to deep-seated abscesses and chronic non-healing ulcers. Classical *ayurvedic* texts provide a comprehensive understanding of its etiology, classification, pathogenesis, and management, emphasizing the role of *Kapha–Meda* predominance, *Agni Mandya*, *Srotorodha* and *Dosha–Dushya Sammurchana* in its development.

The study highlights that improper dietary habits and sedentary lifestyle play a crucial role in the initiation and progression of *Prameha*, which ultimately leads to complications such as *Prameha Pidika*. The classical classification described by *Acharyas*, particularly *Sushruta*, demonstrates the wide clinical spectrum of these lesions and aids in better diagnosis and prognosis. From a therapeutic perspective, *Ayurveda* advocates a holistic and stage-wise approach based on the principle of *Samprapti Vighatana*. The integration of *Nidana Parivarjana*, *Shodhana*, *Shamana*, *Rasayana* and *Vrana Chikitsa* provides a multidimensional strategy that addresses both systemic pathology and local wound conditions. *Shodhana* therapies help eliminate vitiated *Doshas*, while *Shamana* and *Rasayana* therapies restore metabolic balance and enhance immunity. Local wound management through *Vrana Shodhana* and *Ropana* promotes effective healing, reduces infection, and improves tissue regeneration.

The correlation of *Prameha Pidika* with complications of Diabetes mellitus, particularly diabetic ulcers, underscores the relevance of *Ayurvedic* principles in contemporary clinical practice. The holistic nature of *Ayurvedic* management not only facilitates wound healing but also prevents recurrence by correcting the underlying metabolic imbalance.

## CONCLUSIONS

In conclusion, *Prameha Pidika* requires a comprehensive treatment approach that integrates systemic and local therapies. *Ayurvedic*

management, with its emphasis on individualized care, lifestyle modification and natural therapeutics, offers a safe, effective and cost-efficient solution for managing chronic wounds. Further clinical studies and scientific validation are needed to strengthen the evidence base and promote wider acceptance of *Ayurvedic* interventions in the management of such complex conditions.

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**Consent and Ethical Approval**

It is not applicable.

**Disclaimer (Artificial Intelligence)**

Authors hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT etc.) and text-to-image generators have been used during writing or editing of this manuscript.

**Competing Interests**

Authors have declared that no competing interests exist

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