



Case Study

CRITICAL REVIEW OF SUCCESS STORY OF HETU VIPARITA CHIKITSA IN PRAMEHA- A CASE STUDY

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ABSTRACT

Incidence of diabetes is significantly increasing day by day in last two decades. Around 422 million people were said to be diabetic in 2014 according to a data published by WHO. The prime cause for globally increasing rate of diabetes is the changed lifestyle of the people like sedentary lifestyle, fast foods, junk foods, lack of exercise, mental factors like stress etc. All the patients with increased glycemic index may not be established diabetes. It may be simple *Ajeerna*, *Grahani dosha* or *Amapradoshaja vikara* also. Diabetes is compared with the near similar condition in Ayurveda called as *Prameha*. Incidence of diabetes is increasing day by day globally. Ayurveda being the oldest medicinal system of the mankind, states this unique condition since the time immemorial. It is said to be one of the *Santarpanjanya vyadhi*. Even though the explanation of *Prameha* is found in scattered manner in *Brihatrayee* and *Laghutrayee*, here we have considered *Charaka samhita* as a base to the present article. The aim of article is not to prove *Prameha* as diabetes or vice versa, instead explain a different approach towards treatment of *Prameha* based on *Hetu* (cause), *Linga* (symptoms) and *Aushadha* (medicine) triad. It is not important to name a disease, but to treat based on the *Dosha* vitiated and *Samprapti* involved.

INTRODUCTION

Diabetes Mellitus (DM) is a clinical syndrome characterized by hyperglycemia due to absolute or relative deficiency of insulin. <sup>(1)</sup> Etiopathogenesis wise, Type 2 DM is a disorder characterized by insulin resistance and impaired insulin secretion. Hyperglycemia develops due to (i) Peripheral resistance to action of insulin. (ii) Increased hepatic glucose output. (iii) Impaired pancreatic  $\beta$  cell secretion of insulin. <sup>(2)</sup>

This disease is considered under the category of *Prameha* in Ayurveda. It's a collective term of 20 types of disorders coming under one umbrella called as *prameha*. The main characteristic of the disease is (*Prabhootavila mootrata*) abnormal amount of urination.<sup>(3)</sup>

Most of the contemporary methods of treatments for diabetes are with many side effects and complications, which is a major challenge in its management, where Ayurveda can play a very important role.

Ayurveda aims at physical, mental, social and spiritual wellbeing of the person, not mere absence of disease, hence treating in Ayurveda does not only means normal laboratory values, but also many other factors of health, where the body, mind and soul are in harmony with themselves and environment.

MATERIALS AND METHODS

AIMS AND OBJECTIVES: To evaluate the effect of Ayurvedic treatment in a case of Diabetes mellitus

Case Details

Chief Complaints

A 35 year old female patient approached to the Kayachikitsa, OPD of Rajarajeshwari Ayurvedic medical college hospital, Humnabad, with the complaints of; weakness, tiredness, heaviness of the body, excess sleep, thirst and increased urine output especially in the night time, since 2 months.

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**History of Present Illness**

Patient was completely well without any above said symptoms 4 years ago, then gradually from low back pain, radiating to both lower limbs, shooting type of pain was developed. There were series of trauma to the neck and back region due to frequent falls on ground. It was diagnosed as intervertebral disc bulge and operated for that. After the operation she was well for 2 years. Gradually the present symptoms were come into notice since last 1 month.

**Hetu**

Ahara was Madhura, Amla pradhana mainly Santarpana in nature, sedentary lifestyle, Avyayama (no physical exercise), Diwaswapna (day time sleep), Virudha dhanya (sprouts), Dadhi (curd) were found as Hetu.

**Medicinal history:** Specific medicinal history of huge doses of NSAIDs, and antibiotics during previous illness.

**Examinations**

**General examination**

General condition	Weak
Height	138cm
Weight	62.5kg
BP	120/80mm/Hg
Pulse	80/min
Respiratory rate	18/min
Temperature	98.5°F
Tongue	Mild coated
Pallor/ icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Edema	Absent
Lymphoedenopathy	Absent

**Systemic Examination**

CNS	Conscious, oriented
CVS	Normal, B/L symmetrical cardiac sounds heard, no added sounds
RS	Normal vascular breathing, no added sounds

**Details of the treatment started**

Date	Medicines Given	Dosage	Anupana
20-06-2021	Combination of ; 1. Triphala churna + Musta churna + Trikatu churna in a ratio of (4:4:1) 2. Tab. Gomutra Haritaki Guduchi Siddha jala for drinking entire day	1 table spoon thrice daily in Apana kala 1 tablet twice daily before food	Ushna jala Ushna jala

GUT	Frequent urination, more in night
GIT	On palpation- no organomegaly
Loco motor system	Low back pain.

**Understanding Samprapti**

Prameha is directly compared with the diabetes mellitus, but it's not true every time. Prameha is a broad concept, under the heading of which diabetes can be taken as an Avasta vishesha. Every patient coming to us with reports saying increased levels of blood sugar may not be a Rogi of Prameha.

Here in this case as the patient is following the Hetus such as Guru, Madhura, Avyayama etc., Rasa pradoshaja continuously, which has caused Ajeerna, Agnimandya, Ama utpatti, which in turn vitiated Kapha in the entire body. As Kapha, Mamsa and Medo dhatu are identical in certain aspects such as, these all are Parthiva dravyas. They perform Lepa/uplepa karma and are giving strength to body. In the present condition these elements of the body are affected, resulting in the presenting complaints.<sup>(4)</sup>

**Subjective Criteria**

- Weakness (Daurbalaya)
- Nocturnal urination (Naktamutrata)
- Excess micturition (Prabhutmutrata)
- Thirst (Pipasadhikya)
- Heaviness of body (Gourava)
- Laziness (Alasya)

**Objective Criteria**

Blood sugar estimation

- Fasting blood sugar > 126mg/dl and
- post prandial blood sugar > 200mg/dl

**Treatment Given**

Treatment in Ayurveda is based on Hetu i.e., causative factors. Looking at the causes of the present condition, which were seem to be Santarpanajanya mainly, the line of treatment planned was Apatarpana in the beginning. All the possible Hetus were advised to stop and initially started with the Langhana line of treatment.

28-06-2021	On Next week Tab. <i>Chitrakadi vati</i> Combination of ( <i>Punarnava+ Chirabilwa + trikatu + Triphala + Madhunashini +Musta + Haridra</i> ) Tab. <i>Arogyavardhini</i>	1 tab (250gm) twice daily ½ Tea spoon twice daily 1 tablet 3 times	<i>Ushna jala</i> <i>Ushna jala</i> <i>Ushna jala</i>
13-07-2021	After 15 days 1. Tab. <i>Chandraprabha vati</i> 2. <i>Dhanwantaram ghrita</i>	1 tablet twice after food 1 tsp daily morning before food	<i>Ushna jala</i> <i>Ushna jala</i>

**Pathya (do's in food)**- Steamed vegetables, curry leaves, bitter gourd, cereals, leafy vegetables  
do's in lifestyle- walk for 15-20 daily morning, have at least 2 hour time gap between dinner and sleep,

**Apathya (don'ts in food)**- Biscuits, bread, spicy foods, any starchy foods, sweets)

Regimens- Avoid day time sleep, avoid excess water intake in morning, sitting in a place for long duration,

### OBSERVATION AND RESULTS

Criteria	20-06-2021	28-06-2021	13-07-2021	14-08-2021
<i>Daurbalaya,</i>	+++	++	Absent	Absent
<i>Naktamutrata</i>	3-4 times	2-3 times	1 time or none	1 time or none
<i>Prabhutmutrata</i>	++	++	+	+
<i>Pipasadhikya</i>	++	+	Absent	Absent
<i>Gourava</i>	+++	+	Absent	Absent
<i>Alasya</i>	+++	+	Absent	Absent

Date	Blood sugar levels (fasting) in mg/dl	Blood sugar levels (Post prandial) in mg/dl
20-06-2021	250	380
28-06-2021	120	216
13-07-2021	95	201
14-08-2021	88	134

These observations shows that the above mentioned Ayurvedic treatment shown significant result in management of the present condition of the patient. The patient was diagnosed as *Amapradhana-Ajeernajanya- Kaphaja pramehi*, as *Hetus* were found to be more of *Kaphaja* in nature. Initially we started with *Langhana, Rukshana* and *Deepana* line of treatment. Strict diet was observed like *Laghu*, easily digestible and *Ushna ahara*.

### DISCUSSION

Aggravated *Kapha* vitiates *Mamsa, Meda* and *kleda* of the body located in the *Basti* region cause many types of *Prameha*. Similarly does the *Pitta* and *Vata dosha*. These *Doshas* draw the tissue elements (viz. *Ojas, Majja* and *Lasika*) into the *Basti* (bladder) cause *Bahu mootrata* (increased urine output) which is a prime characteristic feature of *Prameha*. Different *Doshas* when enter urinary track with vitiated *Dathus*, cause 20 types of *Prameha*.

But in every patient visiting our OPD with raised blood sugar levels may not have such *Samprapti* in their body, hence they will not complain about

either increased urine output or other symptoms of *Prameha* or Diabetes such as polydipsia, polyphagia, nocturea etc. The only presenting complaint will be a little of weakness, heaviness and along with increased glycemic index. That is also detected accidentally during other investigations. Hence there might be a different *Samprapti* which has caused the hyperglycemia.

In *Grahani adhyaya* of *Chararaka* we get the explanation of a different *Samprapti* causing *Prameha*. Due to the *Hetus* such as *Ajeerna bhojana, Adhyashana, Vishamashana, Diwaswapna* etc the *Agni dushti* takes place, such vitiated *Agni* will be unable to digest even the light food, thus forms an intermediate substance called *Aama*. In due course of time, it becomes fermented and finally turns poisonous. This *Aamavisha* manifests several clinical features such as body ache, malaise, indigestion, vomiting etc. The same *Aamavisha* when becomes associated with the *Kapha dosha*, it leads to conditions like *Yakshma, Peenasa* and *Meha*. Here the *Prameha* explained is due to the *Amadosha*.<sup>(5)</sup>

*Sushruta samhita* states that, '*Rasanimitameva sthoulyam karshyam cha*'<sup>(6)</sup> *Sthoulya* (obesity) and *Karshya* (debility) both are dependent on the quality of *Rasa dhatu* formed in the body. He further explains, the person who indulges in *Avyayama*, *Diwaswapna*, *Kaphakara ahara- Vihara*, *Madhura rasa*, *Adhyashana* etc. most of the food which he ate becomes *Ama*, among seven *Dhatus*, only *Medo dhatu* will be produced more in the body, which intern becomes the cause for *Prameha* like diseases.<sup>(7)</sup>

### Probable Mode of Action of Medicines

In the above case also the similar *Samprapti* was seen, hence the motto of the treatment was towards *Srotoshodhana*, *Amapachana* and *Deepana*. Hence the selection of drugs such as *Chitraka*, *Gomutra*, *Haritaki*, *Guduchi* and *Punarnava* were done. *Gomutra* being *Tikshna*, *Ushna* and *Kaphahara* in nature proves beneficial as the *Dushya* is *Kleda* and *Kapha*. It should be given only when there is no or minimal involvement of *Pitta dosha*.

After 2 months of treatment, there was significant relief in symptoms in patient and drop down of blood sugar levels were found. To improve the quality of life, we advised *Shilajatu Rasayana* and *Pathya* and *Apathya*, for 3 month with regular follow up with reports. Patient is free of all medications till now, with normal blood sugar levels.

Ultimately what matters at the end of the treatment is the health of the patient. It is not always important to name a disease particularly. If the physician fails to identify the disease by its name, it is completely fine. But what matters is the diagnosis of *Dosha dushti*, *Avastha*, *Kala*, *Desha* and understanding of *Sadhyasadhyata* of the disease. If the treatment is given considering these factors the physician will never fail in his treatment.<sup>(8)</sup>

### CONCLUSION

All the patients with increased glycemic index may not be established diabetes. It may be simple *Ajeerna*, *Grahani dosha* or *Amapradoshaja vikara* also, where the *Apakwa ahara* rasa is the culprit. Hence treatment should be started after complete understanding of nature of disease, its *Hetu*, *Samprapti*, *Avastha*, *Sthana* and *Sadhyasadhyata*. In the present

case by considering all the possible *Sampraptis*, the line of treatment chosen was *Langhana*, *Deepana*, *Pachana*, *Srotoshodhana*, *Anulomana* and finally *Rasayana*.

Most of the times, doctors engage themselves in only maintaining the blood glucose levels and forget to use *Rasayana dravyas*. *Rasayana chikitsa* is equally important in *Prameha* as there is *Dhatu sara hani* in the form of *Mutra*. The patient may land up in *Vataja Prameha/Madhumeha* which become *Asadhya*. Repeated *Shodhana* such as *Vamana* and *Virechana* also play very important role in *Prabhoota avastha* of *Prameha*. Sometimes *Vyatyasa chikitsa* also need to be done based on the *Avastha*.

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