



Research Article

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EXPLORING THE INTERPLAY OF PRAKRUTI IN PRAMEHA IN THE CONTEXT OF TYPE 2 DIABETES MELLITUS: A RETROSPECTIVE ANALYSIS

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ABSTRACT

Introduction: Prakruti is said to be the basic component of a human being. It has been explained in the classics that Prakruti provides susceptibility for certain diseases based on dosha. It is the time of the hour to explore and prove the concept clinically. Prakruti refers to the sum of all physical, physiological and psychological triads. One such disease is Prameha, which is one among santarpajanya vyadhi. Avaranjanya Prameha is caused by the vitiation of Vata by the aggravated dushya. Apathyanimitaja Prameha, sthula Prameha and zvaranjanya Prameha, described in Ayurvedic literature, have similarities with type 2 DM. The syndrome of Diabetes mellitus is mainly covered under the heading of Prameha. However, Diabetes is a chronic disease that occurs either or when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it makes. This is more prevalent in Kaphaja Prakruti. So, one can take precautions to prevent this, considering Kapha Prakruti as a risk factor. In this study, Kaphaja Prakruti was more prone to type 2 Diabetes Mellitus. Objectives: To assess the relationship between Prakruti and Prameha with particular reference to Type 2 Diabetes Mellitus. Materials and Methods: 100 diagnosed cases of Type 2 DM were evaluated, and a retrospective survey was conducted to assess the Prakruti. Particular importance was given to the predominant rasa consumed. Results: More patients with Kapha Prakruti were found than those with Pitta Prakruti and Vata Prakruti. Conclusion: This survey study was conducted to analyse which Prakruti is prone to developing Prameha and to understand the relationship between Prakruti and Prameha.

Keywords: Prameha, Prakruti, Type 2 Diabetes Mellitus.

INTRODUCTION

Prakruti is said to be the essential component of a living being. Ayurveda explains that three doshas are the reason for Prakruti. There are shareerika (physiological) as well as mansika (psychological) Prakruti. Tridoshas named Vata, Pitta and Kapha decide shareerika (physiological) Prakruti. Raja and Tama are manasika (psychological) doshas¹. One, two, or all three doshas can participate in the formation of Prakruti.

Individuals with corresponding Prakruti have distinct physical attributes and are more prone to particular diseases. In comparison to other doshas, Vata aggravates more quickly in a person with Vata pradhana when they consume things that cause Vata aggravation. This theory also holds true for other Prakruti².

The development of any disease has a specific causative factor as well as a specific series of events for its formation. One such disease is Prameha, which is one among the santarpajanya vyadhi. The causative factors for Prameha involve apathya nimitaja, i.e. aharaja and viharaja^{3,4}, sahaja/beeja doshaja⁵ and Kulaja Prameha. There are 20 types of Prameha due to the interaction of the three doshas and 10 dushyas. Acharya Charaka explains about vikaravighatabhavaabhava in the manifestation of Prameha⁶. Prameha is correlated with Diabetes Mellitus; apathyanimitaja Prameha, sthula Prameha and avaranjanya Prameha described in

Ayurvedic literature have similarities with type 2 Diabetes Mellitus.

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood glucose. Hyperglycaemia, also called raised blood glucose or raised blood sugar, is a common effect of uncontrolled Diabetes and, over time, leads to serious damage to many of the body's systems, especially the nerves, organs and blood vessels⁷.

According to WHO, in 2014, 8.5% of adults aged 18 years and older had Diabetes. In 2019, Diabetes was the direct cause of 1.5 million deaths, and 48% of all deaths due to Diabetes occurred before the age of 70 years. Another 460000 kidney disease deaths were caused by Diabetes, and raised blood glucose causes around 20% of cardiovascular deaths. Between 2000 and 2019, there was a 3% increase in age-standardised mortality rates from Diabetes. In lower-middle-income countries, the prevalence rose from 108 million in 1980 to 422 million in 2014, and the mortality rate due to Diabetes increased by 13%⁸. Acutely, high glucose results in marked symptoms of polyphagia, polydipsia and polyuria⁹.

In this study, an attempt was made to analyse the Prakruti of the individuals with previously diagnosed type 2 DM, and

consumption of rasa was given importance in the analysis of Prakruti.

MATERIALS AND METHOD

Developing Survey Tool: Keeping the survey's focus in mind, a list of questionnaires on prakruti was framed. The survey was conducted in OPD and IPD of Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre, Bangalore. The survey was conducted among 100 patients from 16/09/2023 to 27/09/2023.

Conduction of the Survey

Approval of the study: All the survey participants were duly informed about the survey's purpose and method of execution. Only those who consent to participate were included in the study.

The setting of the study: The survey was conducted in OPD and IPD of Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre, Bangalore, Karnataka, India.

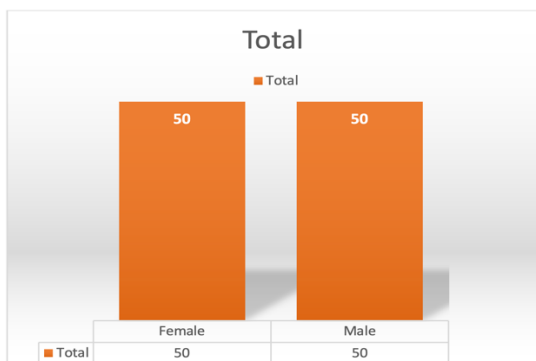
Method of data collection and respondents' characteristics: The survey data was collected in printed form with a brief description, followed by the respondents' demography and actual survey items. The survey sheet was prepared in English and Kannada and explained to patients who could not understand the language. The individuals were asked to read the questionnaires and tick the options in the columns. After completion of the survey, the filled forms were collected and subjected to data entry and analysis.

The data collection was done from 16/9/2023 to 27/9/2023. Individuals were chosen randomly, irrespective of age, gender, or clinical condition, from the pool of patients who had come to SKAMCH&RC hospital for consultation. Care was taken to avoid duplicity in data collection (enquiring the same patient twice), omission of responses (incomplete responses) and hurried response.

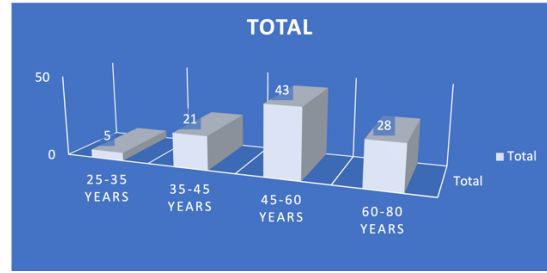
Statistical analysis: Data was stored and analysed with the help of Microsoft Excel. A response observation in % was done for the survey.

RESULTS

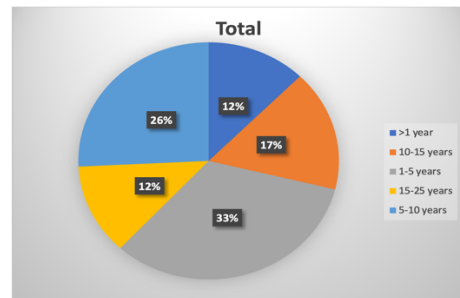
Among all patients who visited the OPD and IPD sections of the hospital during the survey days, 100 patients were randomly approached for survey-related data collection. The study participants comprised of 50 male and 50 female.



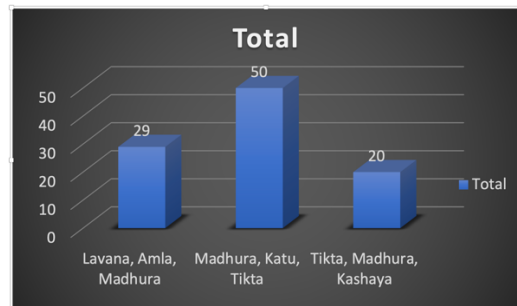
The average age was calculated in percentages were 43% (45-60 years), 28% (60-80 years), 21% (35-45 years), and 5% (25-35 years).



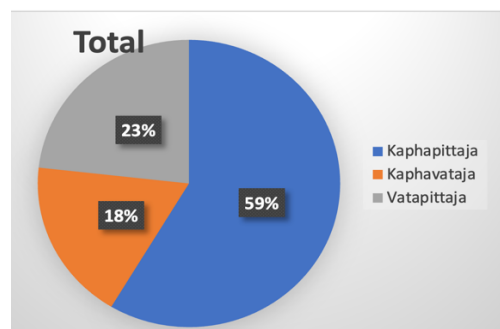
The chronicity of the disease was 33% (1-5 years), 26% (5-10 years), 17% (10-15 years), 12% (15-25 years), and 12% (> 1 year).



Predominant rasa consumed by the individuals was madhura, katu, tikta 50%, lavana, amla, madhura 29%, tikta, madhura, kashaya 20 %.



The observations of prakruti in the survey were Kaphapittaja 59%, Vatapittaja 23%, and Kaphavataja 18%.



DISCUSSION

Prameha nidana is of two types, sahaja and apatyanimitaja nidana. Further apatyanimitaja prameha is caused due to aharaja, viharaja and manasika nidana. All the aharaja and viharaja nidanas are Kapha and Medo vardhaka. Acharya Charaka explains in Prameha nidana sthana about vikaravighatabhava-abhava wherein vikaravighatabhava means the presence of factors which resist the genesis of disease and vikaravighatabhavaabhava implies the

absence of resistance to disease⁹. In Prameha, among Kapha, Pitta and Vata, Kapha is the arambhaka dosha. If a Kapha Prakruti person is involved in Kaphakara ahara vihara, he is likelier to do Kaphaja Prameha. In the case of Pittaja Prakruti, if a person consumes Kaphakara ahara vihara but due to ushna guna of Pitta, there is less chance of getting Prameha, and in Vataja Prakruti due to opposite gunas, there is significantly less chance of getting Prameha.

Prameha is one among the santarpajanya Kaphja vyadhi. It is a pathological condition of the urine; the significant symptoms are prabhuta-avila-mootrata. In Prameha, the vikara vigha abhava leads to agnimandya, which leads to the formation of the disease⁹. As seen in the survey study, individuals with Kaphaja Prakruti and involved in Kaphakara nidana, i.e., consuming more madhura, katu, and tikta rasa, were prone to Prameha.

When a person with Kapha Prakruti consumes nidhana for Kapha aggravation, Kapha aggravates faster in him compared to any other dosha. The risk for Kaphaja Prameha is due to the sedentary lifestyle, family history, obesity, and stressed lifestyle. So, one should analyse the Prakruti to prevent the disease's occurrence.

In order to prevent the occurrence of the Prameha in the person, nidana parivarjana is the primary chikitsa, which emphasises the principle that the etiological factors responsible should be avoided before the manifestation of the disease. Rutu prakara shodhana¹⁰, vyayama, pragadha udwartana, snana jalavaseka, application of lepa of Sevya, Ela, Tvak, Agar, Chandana¹¹ and consuming ahara like yava, mudga, amalaka, chanka etc can help in prevention of the disease. Acharya Sushruta has explained about navayasa yoga in the prevention of Prameha¹². The main limitation associated with this is a lack of sensitisation among the people about prevention when they do not have clear warning signs related to future diseases.

CONCLUSION

Prameha is a santarpajanya vyadhi. Thus, those susceptible to its effects should be mindful of it. An authentic constitution and the body's responses assist a doctor in determining which dosha is vitiated, to what extent, and what course of treatment is best. Thus, Prakruti is crucial for diagnosing conditions and preserving health by providing the proper care.

As seen in the survey study, Kapha Prakruti people were prone to type 2 DM, and the predominant rasa consumed by the individuals in the survey were madhura, katu, and tikta. So, as explained by Acharya Charaka in nidana sthana that is if Kapha Prakruti is prone to Kaphakara nidana, then he is more prone to get Prameha, so a similar is seen in the result of the survey study.

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