**Ayurved Darpan
Journal of Indian Medicine**

An International Quarterly Publishing Peer Reviewed Journal

Research Article

Study of Prevalence of Charakokt Prameh Upadravas

Mangesh J. Thamake[1]*, Parag V. Kulkarni[2]

Associate Professor[1], Assistant Professor[2]

[1]Department of Samhita and Siddhant, Department of Rognidan avum Vikriti Vigyan[2]

[1,2]Dr. Deepak Patil Ayurvedic Medical College & Research Centre, Borpadale, Kolhapur, Maharashtra, India-416213

ABSTRACT:

In Ayurvediya Samhita's there is detail description of Prameha regarding Nidana, Poorvaroopa, Roopa, Upadrava, and Chikitsa. AcharyCharaka described Prameh thoroughly in NidanaSthana and Chikitsa Sthana. Charakacharya have invariably given detailed description of the disease Prameha regarding, Nidana, Poorvaroopa, Roopa, Upadrava, Chikitsa and Apunarbhava Chikitsa. Achary Charak have explained about PramehUpadravas in detail in 'Nidansthan'. There is also mention of Prameha in Sootrasthana and Indriyashana. According to modern symptomology Diabetes Mellites can be correlated with Prameha. Today's method of defining of Prameha is based on blood sugar level. This article aims to review prevalence of charakokt prameh upadrava with survey study.

KEY WORDS: *Prameh,* diabetes mallitus*, Upadravas*, *nidansthan*

INTRODUCTION:

Today the Diabetes mellitus is the burning problem of the world. Although scientists are coming closer to finding a cure for diabetes, currently there is no permanent cure. Diabetes related complications are coronary artery disease, peripheral vascular disease, neuropathy, retinopathy, nephropathy, etc. People with diabetes are 25 times more likely to develop blindness, 17 times more likely to develop kidney disease, 30-40 times more likely to undergo amputation, two to four times more likely to develop myocardial infarction and twice as likely to suffer a stroke than non-diabetics. The most life-threatening consequences of diabetes are heart disease and stroke [1]. Diabetes mellitus is a common chronic metabolic disorder prevalent all over the world. There is no permanent cure, but it can be managed through diet, medication and exercise. Having blood sugar that is out of control can result in irreparable damage to the body, particularly with the kidneys. In India due to availability of food, hybridization of seeds, use of chemicals like preservatives, energy drinks and changing life style, prevalence of diabetes mellitus is very high. According to International diabetes Federation- India has the world's largest i.e. 50.8 million diabetes population. Diabetes is one of the common cause of premature illness and death. [2]

In developing countries like India, less than half of people with diabetes are diagnosed on right time. Without timely diagnosis and adequate treatment, complications and morbidity from diabetes rise exponentially.

Type 2 diabetes mellitus is responsible for 85-95% of all diabetes. The world Health Organization (WHO) predicted net losses in national income from diabetes and cardiovascular disease of international Dollar 336.6 billion in India, between 2005 and 2015. WHO projects that, globally deaths caused by diabetes and cardiovascular disease will increase by 17% over next decade, with the greatest increase in low and middle income countries.

People with diabetes can reduce their risk for complications if they are educated about their disease, learn and practice the skills necessary to better control their blood glucose, blood pressure, cholesterol levels, and receive regular checkups from their health care team. Ayurveda in reference to Prameha, a clinical entity having resemblance to

diabetes, presents a vivid description about disease Purvaroop, as per Ayurvedic understanding, are the subtle clinical features which arrive before the full manifestation of a disease. These may be considered as the telltale signs of the upcoming disease in the normal course of pathogenesis progression. So Prameha etiology is linked with diabetes mellitus, and prameh rog-vinischiy can be done with help of blood sugar level.[3]

In Ayurvedika Samhita's there is detail description of Prameha regarding Nidana, Poorvarupa, Roopa, Upadrava, and Chikitsa. AcharyCharak described Prameh thoroughly in NidanaSthana and Chikitsa Sthana. Charakacharya have invariably given detailed description of the disease Prameha, its causes, types, pathology and the line of management and treatment both preventive and curative.[4] Acharya Sushrata has given elaborate explanations regarding NidanPanchaka in Su. Ni.He has Especially described PramehanivrittiLakshanas.[5] Acharya Vagbhtta has described that Madhumeha occurs as a result of Vataavarana or Dhatukshaya.[6]

Aim:

To study prevalence of PramehaUpadrava in patients of Prameha.

Objective:

1. To identify patients of Prameha (Diabetes Mellitus Type 2)
2. To assess frequency of individual Prameha Upadrava.
3. To assess frequency of combination of Prameha Upadrava.

MATERIAL AND METHODS:

Materials:

I. Inclusion criteria:

1) Patients having Polyuria.
2) Patients having blood sugar level as mentioned below
   a: Fasting Plasma glucose Level ≥ 140mg/dL or
   b: Random Plasma glucose Level ≥ 200mg/dL [7]
3) Patients having Type2 diabetes mellitus.
4) Patients of Diabetes Mellitus suffering with Trushna; Atisara; Jvara; Daha; Daurbalya; Arochaka; Avipaka; Pootimanspidka; Alaji; Vidradhi.

II. Exclusion criteria:

1. Patients having Diabetes Mellitus Type 1
2. Patients having Diabetes associated with other major diseases.
3. Patients having Daha limited for hasta and Paada
4. Vyadhisankara of other disease in Prameha causing Upadrava due to separate samprapti.

   Age: - 25 - 75 years   Gender: - Either

Method:

1) This is a survey study
2) Attempt is done to study prevalence of Prameha Upadravas in patients of Diabetes Mellitus.
3) Prameha Upadravas, their duration, severeity is studied in detail

Sample Size:-90 Patients.

Criteria for the Diagnosis of Diabetes Mellitus:

1) Symptoms of diabetes (polyuria, polydipsia, weight loss) plus random blood glucose concentration >11.1 mmol/L (200 mg/dL) or
2) Fasting plasma glucose >7.0 mmol/L (126 mg/dL) or
3) Two-hour plasma glucose >11.1 mmol/L (200 mg/dL) during an oral glucose tolerance test.

Discussion on Clinical Study:

The survey study was conducted in 90 patients.

Age wise distribution: (Table No. 1)

Age (yrs)	No. of Subjects	% of Group
25-35	22	24.44
35-45	27	30
45-55	22	24.44
55-65	13	14.44
65-75	6	6.66

A careful observation of Table No.1 reveals that Maximum 30% patients were of 36-45 age group and minimum i.e. 6.6% were of age group 66-75. Maximum patient were of age group of 36-45, it indicative of increasing prevalence at early age.

The observation recorded have been noted above

Religion wise distribution: (Table No. 2)

Religion	No. of Subjects	% of Group
Hindu	79	87.77
Buddhist	3	3.33
Muslim	5	5.55
Christian	3	3.33

Maximum no. of patients 87.77 % belonging to Hindu religion followed by 5.55 % patients belonging to Muslim religion. 3.33 % patients were of Buddha and Christian religion each.

Distribution According to Socio-economic status: (Table No. 3)

Socio-economic status	No. of Subjects	% of Group
High	12	13.33
Middle	70	77.77
Low	8	8.88

Table reveals that 77.7 % patients was found from middle socio-economic status, followed by 13.33 % patients having high and 8.88 % Having Low socio-economic status.

Occupation wise distribution: (Table No. 4)

Occupation	No. of Subjects	% of Group
Job	34	37.77
Gruhini	26	28.88
Shopkeeper	11	12.22
Farmer	10	11.11
Retired	9	10

Prakruti wise distribution: (Table No. 5)

Prakruti	No. of Subjects	% of group
Vata-Pitta	14	15.55
Pitta-Kapha	43	47.77
Vata-Kapha	33	36.66

Table reveals that 47.77 % patients belonging to Pitta Kaphaja Prakruti followed by 36.66 % belonging to Vata-kaphaja and 15.55 % Vata-pittaja Prakruti.

Agni wise distribution: (Table No. 6)

Agni	No. of Subjects	% of group
Mandagni	60	66.66
Tikshna	7	7.77
Vishama	16	17.77
Samagni	7	7.77

Above table reveals that 66.66 % patients were having Manda Agni followed by Vishama Agni i.e. 17.77 %, Tikshna Agni and Sama Agni each in 7.77 % patients.

Koshtha wise distribution: (Table No.7)

Koshtha	No. of Subjects	% of group
Krura	34	37.77
Madhyama	50	55.55
Mrudu	6	6.66

Nidra wise distribution: (Table No. 8)

Nidra	No. of Subjects	% of group
Gadha	22	24.44
Khandita	68	75.55

Above table shows that maximum 75.55 % patients are having Khandita Nidra & 24.44 % patients are having Gadha Nidra.

These findings were concordant to the statistical data, which shows that the onset of type II diabetes mellitus in the forties is most common. It is difficult for people from this age group to take regular exercise, to take healthy diet, and to avoid alcohol consumption. Early onset may due to drastic change in life style, hybridization of seeds, intake of fast food, industrialization and urbanization.

The Present study titled "Study of prevalence of Charakokta Prameha Upadrava." is presented in two main sections, viz. Conceptual and Observational Study.

 In conceptual study, the disease Prameha is has been explained from both the Ayurvediya point of view as well as Modern point of view. An attempt has been made to bring all the available references of the disease with regard to its various aspects like, Vyutpatti, Vyakhya, Bheda, Nidana, Poorvaroopa, Rupa, Samprapti, Chikitsa, Pathyapathya, Upadrava, of the disease Prameha in detail.   To obtain detail knowledge about Upadrava, its Vyutpatti, Nirukti, Bheda along with Upadrava of Prameha, are discussed under various headings. Similarly, the conceptual study regarding Modern Science's view on Diabetes Mellitus including classification, Pathology, acute and chronic complications was studied in detail. This material serves as a path for visualizing the possible observations needed to be seen.

90 patients are observed to study prevalence of Prameha Upadrava. With the help of a Case Record Form, detailed history of patients including Prameha Upadrava was taken. Various aspects of Prameha were studied elaborately, emphasizing on Prameha Upadrava. Their severeity in Prameha was noted.

Prevalence of PramehaUpadrava is re-established.

Prameha Upadrava Trushna is seen in all Patients. Daurbalya is seen in majority of patients.

OBSERVATIONS AND RESULTS:

The careful observations were noted from the Case Record Form designed to observe Prameha Upadrava. Total 90 Patients were observed for the study.

The observations recorded have been noted below:-

Prevalence of Upadrava is seen as mentioned below –

Prevalence of Trushna:

Present	Absent
100%	0%

Above table shows that prevalence of Trushna was 100%.

Prevalence of Atisara:

Present	Absent
22.22%	77.77%

Above table shows that prevalence of Atisar was 77%.

Prevalence of Jwara:

Present	Absent
20%	80%

Above table shows that prevalence of Jwar was 20%

Prevalence of Daha:

Present	Absent
57.77%	42.22%

Above table shows that prevalence of Dah was 57.77%

Prevalence of Daurbalya:

Present	Absent
90%	10%

Above table shows that prevalence of Daurbalya was 90%

Prevalence of Aruchi:

Present	Absent
52.22 %	47.77%

Above table shows that prevalence of Aruchi was 52.22%

Prevalence of Avipaka:

Present	Absent
28%	72%

Above table shows that prevalence of Avipaka was 28% .

Prevalence of Pootiman sapidaka:

Present	Absent
11 %	89%

Above table shows that prevalence of Pootiman sapidaka was 11%

Prevalence of Alaji:

Present	Absent
15.55%	84.44%

Above table shows that prevalence of Alaji was15.55%

Prevalence of Vidradhi:

Present	Absent
11.11%	8.88%

Above table shows that prevalence of above table shows that prevalence of Vidradhi was 11.11%

DISCUSSION:

In Ayurvedic literature Prameha is described in detail. Elaborated description regarding Nidana, Poorvarupa, Roopa, Samrapti, Chikitsa, Upadrava Sadhyasadhyata & pathyapathya is available in Ayurvedic literature. Dosha-Dushya Sammurchhana of Prameha is also described in detail. Much importance is given to Madhumeha as all Prameha after long duration get converted into Madhumeha & is incurable to treat.[8] According to modern symptomology Diabetes Mellitus can be correlated with Prameha. Diabetes mellitus (DM) comprises a group of common metabolic disorders that share the phenotype of hyperglycemia.[9] Diabetes is a disease on which thousands of research studies are carried out.

In modern science some symptoms like thirst, fatigue, nausea & irritability are considered as routine symptoms and may be neglected by physician. But in Ayurvedic literature such Symptoms like Trushna, Daurbalya, Daha, Chardee etc are considered as Upadravas.

CONCLUSION:

- Prevalence of Upadrava is seen as mentioned below

Upadrava	Prevalence
Trushna	100%
Atisara	22%
Jvara	20%
Daha	57.77%
Daurbalya	90%
Aruchi	52.22%
Avipaka	28%
Pootimansapidaka	11%
Alaji	15.55%
Vidradhi	11.11%

REFERENCES:

1] http://pubmed.ncbi.nlm.nih.gov/124082 Epidemiology of diabetes in India current perspective and future projections.

2] https://trinitasrmc.org/silent_killer.htm

3] Pundit S.G.–A study on Prameharogvinischay (Clinical diagnosis of D.M.); 1990; B.H.U. Vaarana.

4] Agnivesh, Charak smahita, Chaukhamba Bharti academy, Varanasi, reprint 2003, part 1 edited by Acharya Vidyadhar Shukla and Prof. Ravi Datt Tripathi. page no. 504.

5] Agnivesh, Charaksmahita, Chaukhamba Bharti academy, Varanasi, reprint 2003, part 2 edited by Acharya Vidyadhar Shukla and Prof. Ravi Datt Tripathi. page no. 401

6] Agnivesh, Charak smahita, Chaukhamba Bharti academy, Varanasi, reprint 2003, part 1 edited by Acharya Vidyadhar Shukla and Prof. Ravi Datt Tripathi. page no. 188

7] Harrison's Internal Medicine Harrison Dennis L. Kasper Anthony S. Fauci page no 543

8] Sushrut, Sushrut smahita, Chaukhamba Bharti academy, Varanasi, reprint 2003, part 2 edited by Kawiraj Ambikadata Shastri. page no. 201

9] David sons Principal and Practice of medicines, Churchill Livingstone 20 the dision. Page no. 899.

Cite this article as: