



# A COMPARATIVE CLINICAL STUDY TO EVALUTE THE EFFICIENCY OF LODHRAVA AND TRIPHALADI KWATH IN THE MANAGEMENT OF PRAMEHA (DIABETES MELLETTUS)

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## ABSTRACT

Prameha is defined as the diseases with excessive urination and turbidity. 20 types of Prameha described by Acharya Charak. For due to vata, 6 due to pitta, and 10 due to kaph. Though it is yapy diseases, but the prolonged ayurvedic treatment will help the person to prevent its complication and lead to a healthy life. This review work is an attempted to compiled and present prameha management in systematic manner. With scientific observation from various compendia and web searches. In present study, different formulation as well as single drug were compiled from 10 different compendia, for the treatment of prameha. Analysis of compiled data shows that about 150 formulation (Rasa-43, kwatha-41, vati-15, ghrit-12, churn-11, Avaleh- 10, Tail- 6) has been described and 40 single drugs are being used, among them maximum drugs are of plant origine (28) followed by minerals (10) and animal origine (1) some of these drugs are reported for various pharmacological activities like antidiabetic (13) antilipidemic (4), antioxydent (10) immune-modulatory activity (7) etc. prameh can be correlated with DM. of modern science. Different properties and mod of actions of this drugs compiled, may give a lead to find out new approach for the treatment prameha and helpful to present its complication.

**KEYWORDS:** Prameha, pathyapaththyadosha equilibrium, DM, Blood sugar.

## INTRODUCTION

Prameha is a disease well known since vedic periods. The development of scientific knowledge has brought about a great change in the understanding of pathology and management of this disease. Charaka Samhita and Sushruta Samhita served as the ancient medical compendia for the early detection and treatment of this disease. The biochemical tests which help the modern physician to diagnose the disease are of quite recent origin. Till they become available, the physician had to rely on simple observation of the patients excretions and in the very distant past his sense of taste led to the recognition of the disease characterized by the passing of large amounts of very sweet or honey like urine. The ancient Indian literature of the pre- Christian era has distinctly recorded the most important symptoms of this disease as thirst, excretion of sweet urine and loss of weight. The word Prameha literally means "to flow" which is derived from the Sanskrit root "Mih-Sechane". The Sanskrit term Meha literally means to micturate. The verbal Mehanam signifies urination. It (Prameha) is qualified by prefix "Pra" meaning excess both in quantity and frequency. According to Sushruta and Vagbhata, Prameha is characterized by copious flow of cloudy or turbid urine, although the turbidity of urine varies from type to type depending upon involvement of doshas and dhushyas in varying proportions. Charak has traced the origin of Prameha from an ancient of the disruption of "Yagya" conducted by Daksaprajapati. He states that Prameha first occurred by overeating of "Havish" (contains much of carbohydrates and fats) a special type of food offered in this "Yagya".

The description available in Atharvavedha is considered as the first ever on this topic, and is mentioned in Kaushikasutra, Sayana, and Kesavabhata, the well known commentators of the Sacred Vedas interpret ASRAVA as "Mutratisar". The above reference from Atharvavedha is described by Krambilkar (1961) as the term Asrava is variously interpreted. The term is formed from the root a+ Sr meaning to flow. Whitney (1962) interpreted this as flux and Giffith (1962) as morbid flow. Some have included conditions like atisara (diarrhea).

## DEFINITION

Prameha is a metabolic diasease which is charerterised by Proabhutnutrata, Naktanootrata, Atipipasa, and Hastapadataldah (Ployurea, Polydipsia, Ployphagia) due to imbalance diet is a known causative factor for pameha but civilization life style factors, lack of physical.

In content of treating the Prameha ane shoud have aim towards the kaphamedohara drugs which pacifies the lakshanas. Our objective is to find a simple better and cost effective treatment as per Ayurvedic guidelines available in Aamhitas in Prameha. The drugs mentioned in Rodrasava and Triphalaadhikwath seems to be kaphahara, Tridoshashamaka, lekhaneya and acts on medovahastrotrasdushtijanyavyadhi prameha and reduced lakshana. So for this reason this yoga is selected for clinical trial. Hence this clinical study is intended to understand and to compare the efficacy of Rodrasava and Triphaladhikwath in prameha.

## PANCH NIDAN OF PRAMEHA

Nidan (causative factor) Divaswatna, antidadhisevan, asya sukham, awapna, sukham, kaph vardhak ahar vihar, ratrijagran, krodh, bhay, alas, bya, gramyamamsaseven, payamsisevan, gudavikar Atisevan, sheeta Dravya sevan, Mutravardhak dravya, picchil Ahar, Guru ahar etc. are the causative factors of prameha.

### संप्राप्ति of प्रिमेहः

मेदद्भ्रमासं च शरीरजं च कलेद कफो बस्तिगतं प्रदूष्य। करोति मेहान समुदीर्णमुपर्णेस्तानेव पित्तं परिदृष्य चापि ॥  
क्षीणेषु दोषेष्व वकृष्ण बस्ती घातून प्रमेहाननिलः करोति । दोषो हि वस्तिं समुपेत्य मूत्रं सन्दूष्य महाञ्जनयेद्य धास्वम् ॥

कफ vitiates meads (Fat tissue) Mamas and बलेद (Liquid elements) of the body located in basti (urinary tract) and causes different type of meha.

Similarly, Pitta aggravated by hot things, vitiates those elements and cause different types of पित्तजप्रमेह, when other Dosha are in a relatively diminished state, the aggravated वात draws tissue elements, Viz, Ojas, Majjas and Lasika into the urinary tract and vitiates then to come the 3 category of प्रमेह.

**लक्षण (Symptoms) :** अतिस्वेद, अतिमूत्रत, अतिगंच, अतिपिपासा, शिथिलांगत, अतिनिद्रा, जिह्वा, नेत्रस्ताव, मुलः तालुशोष, मधुररस, अंगपाददाह, मूत्रपिपिलिका, दौर्बल्यता etc. are the symptoms of Premeh.

**पूर्व रूपः** मूखमासुर्य, पाद शून्यता, हस्त शून्यता, आलस्य, अतिनिद्रा, तन्द्रा, मुखतालुकण्ठशोष, अंगदाहसूनापन, अतिपिपासाअतिमूत्रता, are the purvaroop of Premeh.

## AIMS AND OBJECTIVES

- To evaluate effect of lodhrasav along with triphaladi kwath in prameh.
- To clinically evaluate the efficacy of triphaladi kwath in prameh.
- To compare the efficacy of lodhrasav and triphaladi kwath.
- To document and observe the effect between lodhrasav and Triphaladi kwath in the management of prameh to observe the changes in Bio parameters.

## PREVIOUS WORK DONE

- Kulkarni p.c-phaltrikadik wath in prameh ayurvedic medical college and hospital, pune-1986
- Shastri M.D-effect of shilajatu on santarpanjanya madhume ayurvedic medicalcollege and hospital, nasik-1987.
- Gandhi Sachini Tostudy the effect of Daruharidra ghanvati in pramch, ayurvedic medical college and hospital, nasik-2002.
- Fulwaresheshrao-A comparative study of shiladhatrivati in prameh ayurvedic medicalcollege-nanded-2007.
- Sameer pranjape-study of charakotadarvi Triphaladi vati in madhume, ayurvedic medical college and hospital pune-1012.

Particular	Group-A	Group-B
Drugs	Lodhrasava	Triphaladi Kwath
Dose	1 Pala(48ml Bd Abhakta)	1 Pala(48 MI Bd Abhakta)
Duration	Twice A Day For 30 Days	Twice A Day For 30 Days
Anupan	Sukhoshnajala	Sukhoshnajala
Follow Up	10 <sup>th</sup> ,20 <sup>th</sup> ,30 <sup>th</sup> Day	10 <sup>th</sup> ,20 <sup>th</sup> ,30 <sup>th</sup> Day
Total Duration Of Study	60 Days	60 Days

**INTERVENTION**(7-8)**TREATMENT OF PRAMEH**

- (1) Wholesome Diet
- (2) Exercise
- (3) Pacification Of Dosh
- (1) Shodhan chikitsa :- (i) Vaman  
(ii) Virechan  
(iii) langhan  
(iv) Aptarpan
- (2) Saman chikitsa :-

TYPES	MEDICINE	DOSE	TIME
<b>KAPHAJ PRAMEH</b>	Juice Of Bilva Leafs	10 – 20 MI	Between 2 meal / 2 times
	Juice Of Nimb Leafs	10 – 20 MI	Between 2 meal / 2 times
	Chandraprabha vati	250 – 500 Mg	Between 2 meal / 2 times
	Lodhrasav	10 – 20 MI	Between 2 meal / 2 times
	Asnadi kwath	10 – 20 MI	Between 2 meal / 2 times
	Phaltrikadi kwath	10 – 20 MI	Between 2 meal / 2 times
	Juice Of Karela	10 – 20 ml	Between 2 meal / 2 times
	Triphaladi kwath	10 -20 MI	Between 2 meal / 2 times
	Dantyasav	15 – 20 MI	Between 2 meal / 2 times
	<b>PITTAJ PRAMEH</b>	Jamalav	10 – 20 MI
Vasant Kusmakar Ras		60 – 120MI	Between 2 meal / 2 times
Shatvaryadi Kwath		20 – 40 MI	Between 2 meal / 2 times
Trikantyadi Ghrut		5MI	Between 2 meal / 2 times
<b>VATAJ PRAMEH</b>	Trivanga Bhasma	120 – 500 Mg	Between 2 meal / 2 times
	Vasantkarmakar Ras	60 – 120 Mg	Between 2 meal / 2 times
	Trikantyadya Tail	5 – 10 MI	Between 2 meal / 2 times

## OBSERVATION AND RESULTS

A Total 40 Patients consisting of 25 patient newly detected and 15 patients chronic cases of Type -2 Diabetes Mellitus were registered in group A had group B. respectively in group A 20 patients and group B 20 patients completed the study In the clinical study maximum number (40/) of patient belonged to the age of 46-55 years and 52/ were males majority of them belonged to Hindu religion(88/), Married (98.6/).House wife (42.6/), Educated (847) and were from middle class (42.6/)of the society positive family History for Type -2 Diabetes was found in 42/ of patient. The symptoms reported included- Prabhutmrata (88/), Alasya (67/), Avilmutrata(55/), Pipasaadhikya(82/), kshudaadhikya(46) Atisweda(51/), Pindikodveshtana (76/) and Shram (73/).Mean FBS and PLBS value were 179 mg/dl and 244 mg/dl in group A respectively. In group B mean FBS and PLBS value were 180 mg/dl and 241 mg/dl respectively. Before the commencement of the treatment.IN group A Means serum cholesterol and serum Triglycerides value were 199 mg/dl and 163 mg/dl. respectively In group B serum cholesterol and serum Triglycerides were having mean value of 197 mg/dl and 216 mg/dl respectively. In group A mean value of serum HDL. (serum High Density Lipoprotien)was 45 mg/dl and in group B mean value of serum insulin (fasting) and serum insulin (post. Parandial)in six patient of group B were 1.75 AIU/ml and 4.5 AIU/ml respectively. mean serum HbA1C value in six patient of group A was 9.45/ and in 3+ urine sugar was present in 12.8/patient. In group B 4+ urine sugar was found in 2.8/of the patient followed by 3+ in16.7/,2+ in 2.8/ and 1+ urine in 19.4/ of patient. Study design: An observational clinical assessment study.

## AGE DISTRIBUTION OF PATIENT STUDIED (7-9)

<u>Age in years</u>	<u>No. of patients</u>	<u>%</u>
<u>31-40</u>	<u>26</u>	<u>53.0</u>
<u>41-50</u>	<u>53</u>	<u>53.0</u>
<u>51-60</u>	<u>21</u>	<u>21.0</u>
<u>TOTAL</u>	<u>100</u>	<u>100.0</u>

## DICUSSION

Type -2 DM and Apathya nimmittaj prameh have a similarity in term of etiology,etiopathology, as well as presentation of the diseases. The cardinal symptoms mentioned in the Ayurvedic text such as prabhutmrata ( polyuria),avil Mutrata (Turbide urine or the urine with high specific gravity) are also invariable found in almost all the diagnosed case of Type 2 diabetes mellitus secondly Ayurveda text mentioned prameh as one of the first Diseases as a manifestation of obesity which is the most **prominent predisposing factors in the incident of Type -2 DM life style and diet style factors such as sedentary**) habits high sugar contents food articals such as simple carbohydrate, milk products and sweet, which makes an individual's pron for the incidence of Type-2 DM are also mentioned in Ayurveda Text as predisposing Factors for prameh. In this study the treatment regine both in the form of life style modification as well as pharmacological enterventionusing the ayurvedic herbs mentioned for their medohara, pramehar,rasayan actions were selected in addition toa folklore (salacia chinesis Discussion can be categorized under following headings:

- 1) Discussion on disease Prameha
- 2) Observation related Demographic data, Personal history. Signs and Symptoms)
- 3) Result related (Sign and Symptoms, Biochemical parameters)
- 4) Probable Mode of action of drugs related discussion

DISCUSSION ON DISEASE PRAMEHA: There are two main process of pathology Lie. Samprapti described in the classics ie. Aavanranjanya (Santarpanjanya) and Dhatukshayjanya (Apatarpanjanya). Both of these cause Vata-Prakopa. This vitiated Vata carries Oja to the Basti. Along with this, vitiation of Various body elements like Meda, Mamsa, Kleda, Vasa and Lasika occur which causes various signs and symptoms. Aavaranjanya or Santarpanjanya Prameha is krichcha sadhya and later is said to be asadhya.

## CONCLUSION

Due to Nidan like Rasa intake, Viharaj Nidan, Aharaj Nidan, Mansika Nidan, Sthaulya and vyayam can be directed as the man parameter to be dealt with in regards to Prameha diases. Al so pre premeha risk score refer score card can be refered by various department of institute to predetermine the premeha in the patient. Without finding some conclusion on any study, it would not become successful in its aims. And a scientific discussion on clinical study definitely gives rise to some fruitful conclusions. Conclusion drawn from present work are as follows.

- 1) Prameha is considered as the most crucial global health problem which hampers the peace and pleasure of life.
- 2) Disease review reveals that major etiological factors, described in the classics are kapha meda mutra vardhaka. Vata and kapha are chief culprits in prameha. The observations found in the study are concordant to this description. Tendency towards sedentary life style and faulty dietary habits, leads to vitiation of kapha and meda leading to prameha.

- 3) Usually the diagnosis of Prameha is done after a prolonged appearance of signs and symptoms. This may be the reason for the presence of chief and associated signs and symptoms in maximum number of patients.
- 4) As this disease is Anushangi, Apathya nimittaja and effects the Medodhatu (& apya dhatus), Kalpha Vata and Ojus. Treatment modalities should be based upon kapha medovilayana karma, Vata shaman kriya and in addition Rasayana karma.
- 5) In Prameha mainly there is atipravrutti of Ap and Prithvi Mahabhuta so drug whatever we are administering is mainly Agni, Akasha, and vayu Mahabhoota pradhana, which opposes the samprapti and increases the dhatwagni. In addition the drug also performs the rasayana karma, this may be the reason in getting the significant result.
- 6) No side effects were observed during treatment.
- 7) During follow up study, some patients showed reappearance of the symptoms which postulates that prameha is a disease which requires continue treatment. The treatment should be administered for the longer duration to assess the long term efficacy of the formulation.
- 8) Though Prameha is described asadhyā in Ayurvedic Classics and irreversible if once sets in, the complication of diabetes mellitus and side effects of the modern oral hypoglycemic agents can be controlled or prevented with the best use of Ayurvedic formulation. In the future, additional studies may be performed to take the present issue further in a proper perspective manner and present a genuine contribution to Mankind.

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