

Clinical Assay on Manifestation of Prameha Pidaka and Its Management

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Abstract: Diabetes is a condition that is well-known for its many complications. Humans and the medical system endure a tremendous weight as a result of its morbid ramifications. Ayurveda provides a diverse array of therapeutic options for long-term management and avoidance of complications. Resulting from defects in insulin hyperglycemic disease caused by insulin deficiency, resistance, or a blend of the following. Microvascular deficiencies such as diabetic complications, retinopathy, age - related macular degeneration, and inflammation in doxorubicin mucosa are all typical outcomes. The most common include growths, pneumothorax, necrotizing fasciitis, and atherosclerotic. Sushruta recorded ten prameha pidakas, or diabetes clinical manifestations, in his book. Prameha (Diabetes Mellitus) is a Kapha pradhana Tridoshaja Vyadhi, while Meda is a Dushya Pradhana (Prime). It is a Chirakaaleena Vyadhi, Anushangi in nature, and one of Sushruthacharya's eight Mahaagadhas. Upadrava may be defined as an occurrence of a morbid event that develops as a result of the elements that cause the primary illness to develop. Prameha pidaka are prameha-related problems. Prameha pidaka is similar to Diabetic carbuncle in terms of pathophysiology and clinical characteristics. The treatment of Prameha pidaka or diabetic carbuncles enables the patient to regain control of their diabetes.

Keywords: Diabeticorum, Diabetes, Madhumeha, Medas, Patients.

1. INTRODUCTION

Diabetes Mellitus (DM) has developed as a pandemic, with an estimated 463 million people living with the disease by 2019. The rising incidence of diabetes in India is putting a strain on the health-care system, not only because of the morbid consequences, but also because of the early start of diabetes in the Indian population. According to recent studies, Disease causes ten to sixteen percentage of Modi's urbanization. 5-8 percent of its rural population, earning the country the tag line of "Diabetes Capital of the World." Only 18% of all people with Diabetes were diagnosed and receiving treatment, with only approximately one-third having controlled glucose levels. Ayurveda, as a comprehensive medical practice, may make a significant contribution to the long-term management and prevention of diabetes and its comorbidities. Madhumeha is a Vatika Prameha that occurs as a result of Dhatukhaya or Avarana. All forms of Prameha that are not adequately treated would culminate in Madhumeha. Prameha and Madhumeha are used interchangeably in Upadrava. Numerous references to Prameha Pidakas date all the way back to the Vedic era. Prameha is a term that refers to an abnormally high rate of urine flow. Pidaka defined as 'Yat Peedayanti Tat Pidak'. What results in Peeda, Vyatha, or Vedana. 'Visheshaha Pidak Spota. Pidaka is another name for the suppurative lesion. Sushruta refers to all Prameha that are Pidaka peedita (affected by carbuncles) and have other complications as Madhumeha [1]-[4].

1.1. Nidana's (Etiology):

Untreated Prameha: Late diagnosis, self-medication, medicine from quacks/nonprofessionals, lack of diet and exercise.

- Prameha ati yoga: A lack of Shodhana chikitsa or hereditary predisposition may cause severe symptoms
- Excessively vitiated Medo dhatu: Metabolic syndrome alone causes complications. The pidakas are characterized by excessive vitiation of Vasa, Meda, and three doshas.
- Dhatukshaya: The primary cause of the complication is Vata, which is Dhatu kshayajanya and combines with the vitiated Kapha and Pitha. Figure 1 shows the Nidana Sevana effect on the system.

1.2. Samprapthi:



Figure 1: Illustrated The Nidana Sevana Effect On The System.

As Trayopasthambas (Three external Sub-pillars of Body) of life, Acharya Charakhas recommended Aahara (balanced nutrition), Nidra (sound sleep), and Bramhacharya (abstinence or controlled sex). The entire existence of a person is dependent on these sub pillars. The human body was equated with a structure by the AcharyaCharakhas. If any of these pillars becomes weak or flawed, the entire structure of life would crumble. The importance of the pillar (basis) in constructing a sturdy and robust structure cannot be overstated. These pillars are very necessary for life to work smoothly. Ayu (life) rest on the Tryopsthambha (Three pillars) i.e. Ahara (food), Nidra (Sleep), Brahmacharya (Celibate). Ahara is one of the main Sthambha. Ahara (food) is basic need for human beings. In classics Ahara (food) is responsible for healthy life as well as one of the Hetu (factor) for development of disease. According to Charak samhita “Anna Vruttikarana Shreshta” i.e., food is responsible for development of body. In Bruhatrayee, explained about Nitya Sevaniya Ahara (wholesome diet) and Nitya Asevaniya Ahara (Unwholesome diet).

Aahara is the greatest of all the things that keep life going. Our body, according to Acharya Charak, is Aahara's last and finest creation. He claims that food is essential for the survival of all living things. Food provides complexity, clarity, a good voice, longevity, intelligence, pleasure, contentment, sustenance, strength, and intellect. Food increases vigour, power, and sturdiness in our bodies, according to Acharya Sushruta. Food improves the body's passion, intelligence, Agni, life span, lustre, and Oja.

All forms of ailments may be healed without the need of medication if a healthy routine is followed. Whereas, in the absence of a healthy regimen, hundreds of medicines will not be able to treat a condition. Acharya Lolimbaraja also emphasizes this point, stating that the Pathya Aahara (healthy diet) and the Apathya Aahara (unhealthy diet) are key factors in both health and sickness. Similarly, Acharya Kashyapa said unequivocally that no medication is comparable to food. With correct Aahara, it is reasonable to implement a person disease-free. He also emphasizes that eating affects one's health. The quality and amount of Aahara determines one's health (happy) or unhappiness (unhappiness). As a result, Ayurveda promotes the consumption of the correct sort of Aahara, which is healthful

and nutritious. The relevance and description of correct and unsuitable amount, as well as their consequences on the human body, was also presented by Acharyas. Consumption of Hita, Avirudha, Satmya, and Nitya Sevaniya Aahara on a daily basis keeps a person in a disease-free state, therefore one should organize his diet according to his constitution.

Amalaki is the plant kingdom's most intense source of vitamin C. Phyllembin, gallic acid, tannins, pectin, and ascorbic acid are the active components in Amalaki. Amalaki contains vitamin C, and also one of the primary substances that may aid in the recovery or replenishment of energy lost by the body. Antioxidants, hepatoprotective, and anti-inflammatory properties are found in Amalaki fruit. Amalaki is an excellent iron absorption agent. Amalaki is a powerful Rasayana that may help protect you from sickness and slow down the aging process. Amalaki was praised by Acharya Charak and Vagbhata as the medicine of choice for Vayasthapana karma. It's also known as Ayushya, Deepaniya, and Pachniya, according to Acharya Charakhas. The Rasayana qualities of Amalaki were reported by Bhavprakashand Dhanwantri. Amalaki relieves the Tridoshas and, in particular, normalizes the Pitta dosha. Amalaki, along with Haldi, is described by Vagbhata as the greatest medication for Prameha (diabetes) (turmeric). It is high in Vitamin C and includes a variety of minerals and vitamins, including calcium, phosphorus, iron, beta-carotene, and Vitamin B Complex. Amalaki is also an Antiaging agent as well as a potent antioxidant.

Now days there are some misconnects about which type of food should be eaten. Food is being preserved by different preservatives techniques like for meat deep freezing method, for leafy vegetable drying in sunlight. As leafy vegetables like *Methika* (fenugreek), coriander as these is the part of daily food but it is not available throughout the year so it its being dried and used all over the year, this will change the properties of the original drugs and will produce harmful effect on the body like Obesity, Atherosclerotic changes, Diabetes. Likewise in western countries deep frizzed meat is being used as it is very hard to digest it will produce GI tract disturbance like indigestion, constipation.

Shushka shaka is *Virechaka* (laxative), *Guru* (heavy), *Ruksha* (dry) in quality, *Vishtambka* (causing constipation), hard to digest and does *bhedana* (break down) of bones and drains out sarata of body. Dried vegetables contents high calorie and in sodium and sugar. In daily intake of these food items can cause weight gain and increase risk of obesity, cardio-vascular disorder and Diabetes.

- *Bisa* (fibers of lotus/ stalk of *Nelumbo nucifera*) – *Shita* (cold) in nature and very hard to digest. *Vishtambka* ((causing constipation), *Ruksha* (dry), *Vayukaraka* (vitiates *Vata*).
- *Masha* (*Phaseolus mungo* Linn/Black gram)
- In *Samhita* it has considered as *Avara* (least considered) and in *Shami dhanya* it is *Apathya* (unwholesome food). *Madhura rasa Guru* (heavy) in nature, *Kaphapittakarka* (Increase *Kapha* and *Pitta*) Consuming high amounts of black gram it increases the amount of ureic acid as a result it can stimulate the calcification stones in kidney.
- *Yavak* (*Hordeum vulgare*/ Barley)
- *Kashaya* (astringent) and *Madhura* (sweet) in taste, *Guru* (heavy) *guna*, *Shita veerya* (hot potency), *Katu Vipaka* (pungent after digestion), *Tridoshaprakopa* (Increases the all three *Doshas*).
- *Phanita* (Inspissated juice of sugarcane) Sugarcane juice boiled down to 1/4th of original quantity)
- *Guru* (Heavy for digestion), *Madhura* (sweet in taste), *Abhisyandi* (Channel blockers), *Avrushya* (Anaphrodisiac),
- *Tridoshalaraka* (Increases the all three *Doshas*)
- *Virudha* (Sprouts)
- It is *Vidhahi* (causes burning), *Guru* (heavy in nature), *Vishtambhi* (causing constipation), *Drushtidushna* (harmful for eyes)

The etiologically vitiated kapha surpasses its amount and generates special strength for the manifestation of the disease process, i.e., prameha. The particular characteristics of medas include sweetness, unctuousness, heaviness, etc. Both components share the same characteristics. Kapha does not vitiate medas in its natural condition, even though they share the same characteristics. The only one that does so is the vitiated kapha. The prakupitha kapha and medas are intermingled with the muscle tissue and ended up causing prameha pidakas [5]–[8]. Table 1 Illustrating the Classification of Prameha Pidaka & Its Symptoms

Table 1: Illustrating the Classification of Prameha Pidaka & Its Symptoms

| Name of Pidaka | Lakshana |
|----------------|--|
| Sharavika | Raised at its margin and depressed in centre |
| Sarshapika | Pimples/pustules |
| Kacchapika | Burning sensation and resembles that of tortoise back |
| Jalini | Teevra Daha |
| Vinata | A large Pidaka developing over back or over abdomen |
| Putrini | A thin and extensive abscess |
| Masurika | Masura akriithi (lentil shaped) |
| Alaji | Dreadful abscess. Studded with blisters of exuding vesicles. |
| Vidarika | Hard and round abscess |
| Vidradhika | Vidradhi Lakshana Yukta |

1.3.Lakshana and its Classification:

- Sharavika is a pidaka that is elevated at the margins and dipped in the middle to resemble an Indian Saucer in form. It is comparable A type 2 diabetes mellitus has progressed to the level of a varicose blister. It has sloping edges, making it appear like a saucer. This lesion is fairly similar to Sharavika.
- Sarshapika are bumps or pus - filled that have the shape and size of white sesame seeds. Technically referred that affects hair follicles is characterized according to the severity of infestation. The term "Bockhart's impetigo" refers to a kind of superficial ringworm. A little fragile bunker maggot appears at the hair follicle's basal layer form. This superficial folliculitis has the appearance of Shweta Sharshapa.
- Kacchapika A tortoise-shaped abscess with a burning sensation is referred to be an abscess. Kacchapika. Acanthosis nigricans is a nonspecific response pattern characterized by symmetric hyperpigmented, velvety, soft, verrucous lesions affecting major body folds and mucocutaneous areas. Diabetes mellitus is very often associated with acanthosis nigricans. If infections are prevalent, it seems to be the back of a tortoise.
- Jalini is an abscess studded with thin flesh vegetations and accompanied by an excruciating burning sensation. If suppuration happens in elastic, it causes diabetic based on data gathered with disease, a clustering of furuncles, and more widely and successfully, deeper, penetrating carcinoma skin. This is comparable to Jaalini.
- Vinata is a huge blue-colored abscess (carbuncle) that appears on the back or abdominal wall, exudes asslimy fluid, and causes deep-seated discomfort. Necrobiosis lipoidica diabetorum is characterized by a dull red elevated patch of Most often from the thighs, skin that hardens into a lustrous scarring with either a violet borders. Cells may be seen under the skin due to telangiectasia. Itchy, unpleasant skin will develop in the afflicted area, which will finally burst open. Vinata is still here.
- A putrini infection is a thin, spreading abscess Bullosis diabetorum, also described as chronically ill macules and chronic diseases bullous sickness, is a rare, one-of-a-kind, ou alors, blisters condition with unknown cause that develops in the setting of kidney disease mellitus. Whereas bullous chronically ill lesions usually mend while leaving scars, they might reoccur and cause perforation. There've been cases of abscess arising from a diabetic squamous cell target tissue as well as amputations owing to infection. This is comparable to Putrini.
- Masurika are little pimples the size of lentil seeds. Eruptive xanthomas occur on the skin as hard, yellow, waxy pea-like lumps. The pimples, which are irritating and ringed by red halos, are typically seen.
- Alaji is a terrible swelling that is red and snowy in color and covered with blisters or oozing vesicles. Bacterial infections frequently damage the skin and spread rapidly in diabetics. Bacteria, particularly

Staphylococcus, are more prevalent and more dangerous in adults with uncontrolled diabetes: This is comparable to Alaji [9]–[12].

- Vidarika is a hemispheric infection the width of a (full-grown) chopped that is hard as well as hemispheric. Gingival recession diabetorum is an uncommon skin disorder that produces atherosclerosis of the skin across the neck area and abdomen in diabetics. The Vidarika does seem to be a skin infection.

Vidradhika is the name for a Vidradhi type abscess. An abscess is an accumulation of pus in a cavity bordered by granulation tissue and protected by pyogenic membrane. Table 2 Illustrating the Sadhyasadhya of Prameha Pidaka

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Prognosis

Table 2: Illustrating the Sadhyasadhya of Prameha Pidaka

| Prameha Pidaka | Dosha involvement | Sadhyasadhya |
|--------------------------------|-------------------|---------------|
| Shravika, Kachhapik and Jalini | Kapha and Meda | Krichrasadhya |
| Sarshapi, Alaji, | Pitta Pradhana, | Sukhasadhya |
| Vinata and Vidradhi | Alpa Meda | |

If manifested in the Marmas (vital point), Communicate in a foreign (axilla), Anticipated (anus), Hayat (hands), Sthana (breasts), Responses (joints), and Peristiwa (joints) are all names for different parts of the body, Prameha Pidakas are fatal. Additionally, Acharya Sushruta includes Prusta (back) and its conflicts, and also Durbalagni individuals are to be Parivardhayet (should not be treated).

Upadrava's:

Obviously, it is not restricted to the respective Pramehas that the descriptions of Kaphaja, Pittaja and Vataja Upadras are expressed exclusively in the final stage, i.e., the Dusti of Dhatus, in specific. The symptoms seem to be the outcome as a result of the predominance in severe Prameha for the respective Dosha.

Chikitsa:

The Prameha Pidakas are managed in detail in Ayurvedic classics. Charaka dealt with Shalyadhikara (surgical treatment), whereas Sushruta described the illness in terms of Poorva Roopavasta and Roopavastha. Table 3 illustrated the Roopanthara Chikitsa of Prameha Pidaka. Table 3 Illustrated the Roopanthara Chikitsa of Prameha Pidaka

Table: 3 Illustrated the Roopanthara Chikitsa of Prameha Pidaka

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|--------------------|--------------------------------------|
| Poorva Roopavasta | Roopavasta |
| Apatarpana | Teekshana Virechana |
| Vanaspati Kashaya | Dhanvantara Ghrita |
| . Basta Mutra | Utsadana – Aragvadadi Kwatha |
| Dhanvantara Ghrita | Parisheka – Saalasaradi Gana Dravyas |
| | Paana – Pipplayadi Gana Dravyas |
| | Saalasaradi Leha |
| | Navasa Loha |

During the premonitory period, langhana (apatarpana), kashaya pana, and ajamootra widely applied model are utilized. Shodhana should be handled in the event of a demonstrated ailment (vamana and virechana). Doshas will grow more acute if not addressed however at time, strengthening or known to kill rakta and mamsa and producing inflammatory swellings. Siravyadha and many other raktamokshana procedures may be utilized in such cases. The swell may enlarge, causing intense agony and vidaha; however at point, Sanskrit kriya as well as vrana upakramas should be utilized. If treatment is not initiated at this time, the liquid may begin to melt the central nervous system, resulting in a big hole where it will accumulate and become irreparable. Patients with Prameha should be treated right away. Non-suppurated boils should really be addressed as aggravation (saptopakrama, ekadasha upakrama), but suppurated boils should have been treated as vrana (shashti upakrama).

For pana and bhojana, vrana shodhana and ropana kriyas should be used, as well as prakshalana alongside aragwadha kashaya, salasaradi gana kashaya, and pippalyadi gana kashaya. The function of kshara basti as asthapana basti may even be stated here, because there is phase iii adhikya, abhishyanda, and avarana. It is indeed raktaprasadaka, which assists in the arrest from complex and multi. Lekhana functional quality (manjishtahadi kshara basti) might support in the alleviation of avarana [13]–[16].

2. DISCUSSION

As a complication of the prameha, Prameha pidakas develops. Prameha patients need to look for their health. You have to take aharas without substantial challenges that maintains prameha. Every day must be done with Vyayama (physical exercises). In prameha pidakas, proper aharas and Vyayama play a major role. Aside from acute metabolic problems, the modern medical system does not have effective management for diabetes risks. We can better care for patients if the stage of Prameha and Prameha upadrava is properly evaluated. Madhumeha Upadrava is a classical reference that covers a broad range of ailments. Formulations/therapies having common indications for such illnesses, as well as Prameha, will be suitable.

Using subject matter experts dravyas such gomutra as prakshalana, guggulu tiktaka based on group, and ropana dravyas like jatyadi taila, jatyadi based on group, yashtimadhu based on group, and brand new kalka of shigru patra, as well as consumable diabetic medicines and insulin, resolve the problem and avoid complications. Understanding pathya ahara vihara will aid prediabetics in maintaining their blood sugar levels and avoiding complications. Shodhana treatments aid diagnosed patients in detoxifying, thus preventing and managing problems such as atherosclerosis and other issues. Local foot care, ulcer care, and blood circulation improvement all help to prevent gangrene development and therefore decrease the risk of infection [17], [18]

3. CONCLUSION

Carbuncle is a word that means "charcoal." It's a kind of gangrene that affects the skin and subcutaneous tissue. Staphylococcus aureus is the causative organism. The nape of the neck and back are common sites of occurrence. This region has thick skin. Carbuncle is prevalent in diabetics and those over the age of forty. Infection is caused by the formation of small vesicles that have a Sieve-like pattern and manifest as red indurated skin with pus discharge. Many of these vesicles fuse together to form a central necrotic ulcer with peripheral fresh vesicles that look like a rosette, and the skin turns black due to cutaneous vessel blockage. Disease spreads to adjacent skin rapidly. Prameha, if not properly treated, may culminate in Prameha pidakas in patients. Patients with a history of Prameha are more prone to developing Prameha pidakas. Both medicinal and surgical intervention are needed in the treatment of Prameha pidakas.

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