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Evaluation of etiological factors (*Hetu*) of *Prameha* w.s.r. to *Bruhatrayee*

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ABSTRACT

Objective: To evaluate etiological factors (*Hetus*) of *Prameha* with special reference to *Bruhatrayee*.
Methods: 75 Patients of *Prameha* and randomly selected control group of 75 people were comprehensively investigated with a self-designed questionnaire. All the data obtained were transformed and analysed statistically by chi-square test. **Result:** There is statistical difference between the *Prameha* patient group and the control group. Among the case group *Pishtanna*, *Krushara*, *Vilepi*, *Ikshu-Vikar*, *Nava Madhya*, *Mandak Dadhi*, *Dravanna*, *Madhur Atisevan*, *Snigdha Aahar*, *Amla Atisevan*, *Lavan Atisevan*, *Samashan*, *Vyayama Varjanam*, *Swapna-Shayya-Aasana*, *Diwaswap* have been found significant *Hetus* (*Aaharaja*) in occurrence of *Prameha* than those of control group ($p < 0.05$). *Dhanya Sevan*, *Sarpi Sevan*, *Mamsa Sevan*, *Shaak Sevan*, *Payas*, *Ksheer*, *Guru Aahar* and *Sheet Sevan*, *Mruja Varjanam*, *Tyakta Chintana*, and *Samshodhana Akurvatom* have been not found significant *Hetus* (*Viharaja*) in occurrence of *Prameha*. **Conclusion:** This study indicated that, *Hetus* (etiological factors) of *Prameha* which are actually responsible for manifestation of *Prameha Vyadhi* has been categorized in this study. Hence *Hetu Siddhant* has been revalidated.

Key words: *Prameha*, *Hetu Siddhant*, Case Control Study, Etiological factors

INTRODUCTION

Prameha Roga is one of the important diseases described in *Ayurveda*. Prevalence of diabetes is increasing day by day throughout the world where India has been projected by the W.H.O. as the country with the fastest growing population of the diabetics. *Prameha* is a disease occurring mainly due to *Agnimandhya*. Faulty digestive fire unable to digest food properly. *Agnimandhya* causes *Ama* production, so that *Adya Rasa Dhatu* is not formed properly and its

Prinana Karya is altered which hampers the *Prakrut Dhatu Nirmiti* causes production of excessive *Mala* which is nothing but the *Kleda*. This *Agnimandhya* and *Kleda Nirmiti* are the main cause for *Prameha*.^[1]

Acharya Charak has explained that the simple baseline treatment is the avoidance of etiological factors (*Nidana Parivarjana*).^[2] Rightly, it is said that prevention is better than cure. Hence the knowledge about the etiological factors is useful to provide proper guidance for treatment as well as in the prevention of disease. This fact itself triggered the need of the study to know about the etiological factors of *Prameha*.

Therefore, this study emphasises on awareness in the society about the ill health aspects of sedentary and modern lifestyle which are predisposing factors of major ailments like *Prameha*.

How the ancient texts quote the causative factors in terms of *Aahara* and *Vihara* could be validated by this case control study. Clinician can suggest the dietary and behavioural regimen to avoid the disease.

Eventually, the *Hetu Siddhant* would be revalidated.

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AIM

To study the etiological factors (*Hetu*) of *Prameha* through *Bruhatrayee*.

OBJECTIVES

To study relevance of *Hetus* to cause *Prameha* from *Bruhatrayee*.

REVIEW OF LITERATURE

Prameha Vyadhi is said to be one of the “*Astha Mahagadas*”.^[3] It is included in the ‘*Maharogas*’, which consists of the most fatal condition that are incurable.

All ancient treaties have mentioned the common etiological factors of *Prameha* but *acharya Charaka* has described the specific etiological factors of *Prameha* according to *Doshas* in detail.^[4,5] This is the unique contribution of *Acharya*. He described *Samanaya* and *Vishishatha Nidana* for all types of *Prameha* but, in *Sushruta Samhita*, *Astanga Sangraha*, *Astang Hridaya*, *Madhav Nidana*, *Harita Samhita* and *Yogaratanakar* only *Samanya Nidana* have been enlisted.

There are three main causes has been described for producing any disease in ancient texts i.e., *Artha*, *Karma* and *Kala*.^[6]

Viharaja Nidana can be co-relating under *Karma*. It means improper physical, vocal and mental activities.^[7]

Likewise, *Viharaja Hetu's* of *Prameha* is classified as *Sharirika* and *Mansika Bhava* which can be further divided under two categories of *Samanaya* and *Vishishtha Nidana* by different *Acharayas*.^[8,9]

MATERIALS AND METHODS

A complete review of literature related to the study covers Classical references given in the texts have been collected from ayurvedic *Samhita's Bruhatrayee*, *Laghutrayee*, Modern text books of Medicine and previous research paper and Journals.

Sample Size: 150 patients

Inclusion Criteria:

1. Age group - 25 years to 65 years.
2. Gender - Either.

3. Case: 75 Patients who are recently diagnosed (duration of at least 6 months) with *Prameha (Diabetes Mellitus-II)* on the basis of raised blood sugar level and taking treatment for it (irrespective of the pathy) will be considered as Case group.

4. Control: 75 individuals who were not suffering and was not suffering from *Prameha*.

Exclusion Criteria:

1. Patients having *Prameha* with any severe and acute systemic disorder.
2. Gestational Diabetes.

Study evaluation:

Inclusion of the patients in this study was mainly on the basis of their increased blood sugar level and they were already diagnosed as a patient of *Diabetes Mellitus-2*.

On the other hand, Sign and Symptoms of *Prameha* mentioned in *Bruhatrayee* were also evaluated to find out its presence in the diagnosed patients. It is not necessary that all Symptoms may or may not be present in the patient.

A specialized questionnaire containing 36 *Hetus* of *Prameha* was designed to assess the *Hetus* of *Prameha* mentioned in *Nidana* and *Chikitsa Sthana* of *Bruhatrayee* in both the groups.

Statistical test and Study design

Chi square and Observational retrospective comparative study (Case Control Study)

OBSERVATION

Table 1: Distribution of *Hetus* between Case and Control

| <i>Hetus</i> | Chi-Square value | df | P-value | Result |
|---------------------|------------------|----|---------|-----------------|
| <i>Dhanya Sevan</i> | 6.053 | 1 | 0.372 | Not significant |
| <i>Sarpi Sevan</i> | 0.246 | 1 | 0.620 | Not significant |
| <i>Mamsa Sevan</i> | 3.479 | 1 | 0.053 | Not significant |
| <i>Shaak Sevan</i> | 0.000 | 1 | 1.000 | Not significant |

| | | | | |
|-----------------------|---------|---|-------|-----------------|
| Til Sevan | 13.228 | 1 | 0.000 | Significant |
| Pishtanna | 17.417 | 1 | 0.000 | Significant |
| Payas | 1.064 | 1 | 0.302 | Not significant |
| Krushra | 24.008 | 1 | 0.000 | Significant |
| Vilepi | 7.878 | 1 | 0.005 | Significant |
| Ikshu-vikaar | 6.250 | 1 | 0.012 | Significant |
| Ksheer | 0.981 | 1 | 0.322 | Not significant |
| Nava Madya | 16.667 | 1 | 0.000 | Significant |
| Mandak Dadhi | 22.363 | 1 | 0.024 | Significant |
| Dravanna | 31.342 | 1 | 0.000 | Significant |
| Madhur Atisevan | 21.007 | 1 | 0.016 | Significant |
| Mruja Varjanam | 1.007 | 1 | 0.316 | Not significant |
| Vyayama Varjanam | 40.592 | 1 | 0.000 | Significant |
| Swapn-Shayya-Aasana | 7.343 | 1 | 0.007 | Significant |
| Guru Aahar | 3.061 | 1 | 0.080 | Not significant |
| Snigdha Aahar | 4.110 | 1 | 0.043 | Significant |
| Amla Atisevan | 31.373 | 1 | 0.000 | Significant |
| Lavan Atisevan | 17.910 | 1 | 0.000 | Significant |
| Tyakta Chinta | 0 | 1 | 1.000 | Not significant |
| Samshodhana Akurvatom | 0.150 | 1 | 0.699 | Not significant |
| Samashan | 18.610 | 1 | 0.000 | Significant |
| Diwaswap | 123.857 | 1 | 0.000 | Significant |
| Sheet Atisevan | 1.992 | 1 | 0.158 | Not significant |

RESULT

Age - Incidence of *Prameha* has been found more in age groups 40-60 years.

Gender - *Prameha* has been more observed in female than male.

Occupation - *Prameha* has been more observed in housewives.

Lakshana - *Mukh-Talu-Kanth Shosh, Pipasa* and *Tandra* have been observed most than any other *Lakshana*.

Significant factors

Til sevan, Pishtanna, Krushara, Vilepi, Ikshu-Vikar, Nava Madhya, Mandak Dadhi, Dravanna, Madhur Atisevan, Snigdha Aahar, Amla Atisevan, Lavan Atisevan, Samashan have been found significant *Hetus (Aaharaja)* in occurrence of *Prameha*.

Vyayama Varjanam, Swapna-Shayya-Aasana, Diwaswap have been found significant *Hetus (Viharaja)* in occurrence of *Prameha*.

Factors found not significant

Dhanya Sevan, Sarpi Sevan, Mamsa Sevan, Shaak Sevan, Payas, Ksheer, Guru Aahar and *Sheet Sevan* have been not found significant *Hetus (Aaharaja)* in occurrence of *Prameha*.

Mruja Varjanam, Tyakta Chintana, and Samshodhana Akurvatom have been not found significant *Hetus (Viharaja)* in occurrence of *Prameha*.

DISCUSSION

A detail discussion on the consumption of etiological factors and their association with *Prameha* from *Ayurvedic* literature was done; detail discussion has also been done on the observation and result made in this study. With the help of Chi square test collected data was analyzed.

Prameha is a disease occurring mainly due to *Agnimandhya*. Faulty digestive fire unable to digest food properly. *Agnimandhya* causes *Ama* production, so that *Adya Rasa Dhatu* is not formed properly and its *Prinana Karya* is altered which hampers the *Prakrut Dhatu Nirmiti* causes production of excessive *Mala*

which is nothing but the *Kleda*. This *Agnimandhya* and *Kleda Nirmiti* are the main cause for *Prameha*.

In context of *Manasika Nidana - Chintana, Krodh, Bhaya* causes vitiation of *Vata Dosha* which again leads to improper digestion of food by producing *Ama Dosha* and *Dhatu - Agnimandhya* in the body.

Total 36 variables are considered for this study to evaluate *Hetu's* of *Prameha* and out of which the causes which are more effectively causing *Prameha* have been enlisted.

This study reveals or support those habits like *Dravanna, Nava Madhya, Mandak Dadhi, Madhur Rasa Atisevana, Vyayama Varjanam, Swapn-Shayya-Aasana, Snigdha Aahar, Diwasvapan* etc. are found more significant as a causative agent for manifestation of *Prameha*. The study imparts that 96.0% individuals were found consuming *Dravanna Sevan* in the case group in comparison with 57.3% individuals of the control group.

An explanation for this association is that this food causes (*Drav-yukta Aahar*) disturbance in digestion of food properly due to *Agnimandya* which produces *Ama Rasa* instead of *Prakrut Aahara Rasa* and this ultimately leads to *Kleda* formation. In current study *Dravanna* includes intake of Butter milk, Tea, milk, Amti etc. with food. Likewise, *Madhur, Amla* (food like pickle, tamarind, pani puri, Kadhi, lemon, raw mango or chutney etc.), *Lavan Rasa Atisevan, Snigdha* (include vadapav, Bread pattis, Bhajia, papad, kachori, samosa, puri-bhaji etc.), *Nava Madhya, Vyayama Varjanam, Diwasvapan* were present in 100%, 89.3%, 100%, 100%, 20%, 13.3%, 98.7% of patients with *Prameha* respectively. These are the *Hetu's* which were found statistically significant in manifestation of *Prameha*.

This Study highlights the need or importance of *Nidan Parivarjan* of *Hetu* by the patients with *Prameha* as a first line of treatment for prevention and cure of *Prameha*.

Summary

As per inclusion criteria, newly diagnosed patients of *Prameha* (duration of at least 6 months) were taken, it means that patients were suffering from *Kaphaja*

Prameha in its initial stage; not by *Pittaja* or *Vataja (Madhumeha)* as these are the later stages of *Prameha* or when *Prameha* is not treated properly. So, *Dhatu-Kshaya Janya Lakshana's* as in *Vataja Prameha* were not found in the taken population or sample size.

When data has been observed according to age, gender and occupation then it was found that the female patients who were above age of 45 and they were maximum housewives; all were practiced *Kapha Prakopak Aahar* and *Vihara* with minimal physical activity leads to a cause for *Prameha*. Also, according to *Ayurveda, Vata* gets aggravated simultaneously in *Vridha-Avastha*. This leads to vitiation of *Agni* results in *Vikruti* of *Chaya-Upchaya Prakriya* of *Aahar*.

Prameha occurs due to defect in "Beej" i.e., *Sahaja Prameha* as described in *Ayurveda*. But in the current study, it has been observed that all *Pramehi* patients are of *Santarpanjanya* i.e., *Apathya-Nimitaja. Prameha* occurs in current taken population due to sedentary lifestyle or excessive eating of *Kapha Prakopak Aahar*.

Addiction to Tobacco, Alcohol was also found significant in this study. As these contribute major role to cause *Prameha*. In modern science also, alcohol causes impairment of liver functions; as it is a mediator of glucose utilisation and storage. Same in *Ayurveda*, addiction derange the normal function of *Pachak Pitta, Kledak Kapha* and *Samana Vayu*; as these play's main role in digestion process. But in *Prameha* all these *Dosha* gets vitiated leads to *Agnimandhya* and impairment of *Prakrut Dhatu Nirmiti* which leads to formation of more and more *Kleda* in the body and ultimately causes *Prameha*. This data might differ when the population changes.

Prameha can be collectively called as *Tridosha-Dushti, Agnimandhya, Dhatvagnimandhya, Dhatukshaya* and *Kledotpatti*.

CONCLUSION

All those *Hetus* which are responsible for causing *Prameha* has been categorized in this study. Hence revalidation of *Hetu Siddhant* has been done.

Ethical approval

This study has been approved by ethical committee of the Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

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