Prameha, Kleda, Diabetes mellitus, Beejadushhti

**ABSTRACT**

Diabetes Mellitus is the silent killer projected to be the 7th leading cause of death in 2030 as per WHO. India currently has 62.4 million people having Diabetes as per the studies conducted by Indian of Medical Research. In long term, patients of Diabetes suffer from lot of complications. So they are also susceptible to many other diseases. Modern medical science is trying its best to overcome this problem but it has got its own limitations. As per the modern medicine, not the complete cure but a prolonged remission, is what one can expect as the out-come of the treatment. This background highlights the necessity of Ayurvedic treatment of diabetes, in the present era.

**INTRODUCTION**

Diabetes Mellitus (DM) refers to a group of common metabolic disorders that share the phenotype of hyperglycaemia. Several distinct types of DM are caused by a complex interaction of genetics and environmental factors. Depending on the aetiology of the DM, factors contributing to hyperglycaemia include reduced insulin secretion, decreased glucose utilisation, and increased glucose production. The metabolic irregularity associated with DM causes secondary patho-physiological changes in multiple organ systems that impose a tremendous burden on the individual with diabetes and on the health care system.

DM comes under the umbrella of Prameha which is one among Ashta Mahagada. Prameha as per Ayurveda is marked by ‘Prabhut avil mutrata’ (polyuria and urine contains abnormal constituents). The word ‘Prameha’ means ‘Prakrshena Mehati’ that is frequent urination and increased quantity of urine. Ayurveda has describe basically two types of Prameha namely Sahaj(congenital) and Apathyanimitta(acquired). The present classification of type 1 & type 2 diabetes quite resembles with it. Sahaj type, in which genetic factors are involved, cannot be cured totally but can be improved and maintained with proper treatment. Whereas the other type can be cured. Prabhut avil mutrata, the cardinal feature of Diabetes is the outcome of kleda vikruti in the body.

**Concept of Kleda in DM**

Kleda is an essential bhava in human body as kledaka karma. Charakacharya identified this as one among the 6 Ahar Parinamkara Bhava. According to ‘Prakledane Santra’ kleda consists of Sandra guna. It is the medium of conduction during and after digestion and metabolism. Any alteration in its quality renders it as dushya or mala. According to Ayurveda, Eye is Tej Mahabhuta pradhan which means it is highly vascular in nature. The Pitta-Rakta composition of eye is essential for its normal functions. The Kapha prakopa and kleda leads to vascular changes in the eye which are later manifested as diabetic retinopathy. The events related with retinal vessels are initially caused by kapha and kleda. Later event with haemorrhage in eye is Pitta-Rakta related phenomenon. The final stage of retinal detachment and vision loss is mainly caused by Vata.

**COMPLICATIONS OF DM**

Diabetic Retinopathy

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Diabetic Neuropathy

In DM related neuropathy, dhatus & upadhatus are involved at a specific level. In Prameha purvarupa Acharyas have mentioned “Karapada daha” which is the direct reflectin of neuropathy Padaharsha & Padadaha, described in Vatavya.
dhi are similar to peripheral neuropathy. Supti due to vata is also relevant while dealing with DM related peripheral neuropathy.

**Diabetic Nephropathy**

Basti is one amongst the Tri-marma, when a mahagada like Prameha affects an important marma, the severity of resulting disease increases. Kledavahana is the main function of mutra. In prameha, there is bahumutrata, but in diabetic neuropathy the kledavahana is also impaireed. As a result the kleda & other waste products start accumulating in the body leading to toxicity. Urea & creatinine are the markers of kledavruddhi in the body. Ultimately, diabetic neuropathy will result in dhatupaka in the form of Diabetic pyelonephritis.

**PRINCIPLES OF TREATMENT OF DM**

Treatment of DM according to Ayurveda is not merely the control of BSL treatment should be done after assessment of dominating dosha in the samprapti. Sanshodhana and sanshamana treatment will depend upon the type of patient of DM. Agnideepan, Aampachana, Kleda shoshan and Srotas shodhan are commonly involved in the treatment. And last but not the least, Ojovruddhikar medicines should also be used taking into consideration the ‘kashayatva of Oja’ in Madhumeha. Rasayana therapy should be implemented accordingly. The summation of all these therapies will result in Beejshuddhi which will prevent the hereditary transport of DM to next progeny.

**REFERENCES**