**ROLE OF *AHARA* AND *AUSHADHA* MENTIONED IN “*PRAMEHA* *CHIKITSA* *ADHYAYA*” OF CHARAK SAMHITA IN MANAGEMENT OF *AGNI* WITH SPECIAL REFERENCE TO *KAPHAJA* *PRAMEHA***

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**ABSTRACT:**

 In Ayurveda health is dependent mainly on Equilibrium of *Dosha*, *Agni*, *Dhatu* and Proper function of *Mala*. *Agni* is sole cause for existence of life and its extinction leads to death, its proper maintenance helps to live long life. There are four different states of *Jatharagni. Vishama* (irregular), *Teekshn*a (intenese), *Manda* (weak or less powered) and *Sama* (well maintained and regular) states. Among the four different states of *Agni, Samagni* is considerd as normal one, all others are considered as abnormal. Life style disorders like *Prameha* (Diabetes Mellitus), *Sthaulya* (Obesity), *Hridroga* (cardiovascular diseases) are mainly caused by sedentary lifestyle which is main cause of *Agni* *mandhya*. There is detailed description about *Prameha* and its classification in our classics. *Kaphaja* *Prameha* has 10 types, *Pittaja* are 6, and *Vataja* are 4. Diabetes Mellitus caused either by B cells dysfunction or by insulin resistance in both cause there is impairment of *Agni*. The *Aushadha* and *Ahara* described in *Prameha* *chikitsa* are mainely act upon vitiated *Kleda* which is predisposed by *Agnimandhya*. *Ahara* like *Madhu*, *Yava*, *Mudga* *Yusha* etc and *Aushadh* like *Haritaki*, *Musta*, *Lodhra* etc are kindle *Agni* and cause depletion of *Kleda* which is main *Dushya* of *Prameha* thus helps in mitigates disease.

**Keywords**: *Agni*, *Prameha, Kaphaja Prameha,* Lifestyle disorder, Diabetes Mellitus

**INTRODUCTION**

 *Ayurveda* is the science of life that has the main aim of protecting the health of a healthy person and treating the diseased person.[[1]](#endnote-1) Person remain healthy when there is proper function of *Dosha, Dhatu, Mala* and *Agni.[[2]](#endnote-2)* In present era due to lifestyle modification, change in dietary habits, led to the upsurge of many lifestyle disorders one of them is *Prameha.* In *Ayurveda*, *Prameha* is categorized into 3 types i.e., *Vatika, Paitika* and *Kaphaja Meha*. Among these 3 types of *Prameha Kaphaja Meha is* seen in various people as it is the earliest of *Mutra Vikriti*, so *Acharyas* has described this *Kaphaja Prameha* in *Sadhya* (curable) category.[[3]](#endnote-3) From the beginning, if the patient is treated properly then this will not lead to further progress as all *Prameha* over time convert to *Vatika Meha* which is *Asadhya*.[[4]](#endnote-4)

The Diabetes mellitus has been generally classified in to 2 types Type 1 and Type 2. According to WHO 422 million people have diabetes among them more than 95% people with diabeties have type 2 diabetes.[[5]](#endnote-5) It is a fast growing health hazard and Silent Killer. India has more Diabetes than any other country in the world. The top countries for number of persons with Diabetes are India, China, and United States of America. India is often referred to as the Diabetes Capital of the world.[[6]](#endnote-6)

Diabetes mellitus (DM) in prima facie a clinical syndrome with error in metabolism of carbohydrate, and lipids. It is a clinical condition, exhibits either reduced level of insulin from β cells of islets of Langerhans as in insulin dependent diabetes mellitus or type 2 DM (T2DM) or due to complete absence of active β cells in pancreatic islets as in type 1 DM. A third condition leads to inability of insulin to capture glucose molecule in the peripheral tissues and this is called as peripheral insulin resistance (PIR). Insulin opposition i.e. peripheral insulin resistance brings about raised free fatty acids inside the plasma, causing diminished glucose transport into the muscle cells.[[7]](#endnote-7) PIR and pancreatic β-cell dysfunction occurs side by side for type 2 diabetes to create.

To achieve *Swastha* *Avastha* *Agni* is to be in equilibrium state. In *Ayurveda* *Agni* is considered as most vital element. *Agni* present all over body it is present in each and every component its classification varies from author to author. One of the classification is *Jatharagni*, *Bhutagni* and *Dhatvagni*. *Jataragni* is responsible mainly for digestion of ingested food. *Bhutagni* is the moieties of *Jataragni* which acts upon the *Bhutaamsha* of the ingested food and thus convert the heterogonous food material into a homogenous form of the body and this is ready for absorption and nourishment of the body *Dhatu[[8]](#endnote-8)*. *Dhatvagni* is the miniature form of *Jatharagni* present in all the seven *Dhathus[[9]](#endnote-9).* *Jataragni* is the master among all *Agni.*

The status of Agni like *Vishama*, *Manda* and *Tikshna* are having specific influence of *Dosha*.[[10]](#endnote-10) *Agni* *vikriti* is a route cause for all *Vyadhis*.[[11]](#endnote-11) Here in this study the disease *Prameha* was taken. The disease *Prameha* has specific *Agni* derangement. The disease *Prameha* is mainly due to *Medo* *Dhatvagni* *Vikara*. *Dhatwagni* has specific influence from *Jatharagni* so any derangement in *Jataragni* leads to impairment in *Bhutagni* and *Dhatvagni.*

AIMS AND OBJECTIVES

1. To study Role of *Agni* in Diseasei.e *Kaphaja* *Prameha.*
2. To study Role of *Aushadh* And *Ahara* in management of *Kaphaja Prameha.*

**MATERIALS AND METHOD:**

 For the present review detailed literary study performed. The detailed content and references are analysed from available text. Principle text referred is Charak Samhita. Relevant references are taken from other modern books. Some other Ayurvedic books also referred.

**ROLE OF AGNI IN PRAMEHA**

*Dhtvagni* of a *Dhatu* functions at two levels, one for the formation of *Dhatu* and other for energy utilization or performing its function, When energy utilizing is impaired it result in accumulation of *Sneha* (*Kleda*) resulting in *Dhatu* *Vriddhi*. That *Dhatu* will not be able to uptake *Dhatu* specific *Sneha* from circulation and that *Kleda* *Vriddhi* occurs in circulation that ultimately leads to *Prameha*. There is *Dhatvagnimandhya* at two stage in *Prameha:*

1. At uptake end of *Dhatu* causes decrease in insulin production.
2. At utilization end of *Dhatu* causes insulin resistance.

**NIDAN OF KAPHAJ PRAMEHA**

1. *AHARAJA* *NIDAN[[12]](#endnote-12)*
* Excess and frequent intake of fresh corns as *Hayanaka* (A type of millet grain),
* Avena sativa Linn. (A variety of oats),
* *Chinaka*
* *Uddalaka* (Kodo millet),
* *Naishadha* (A type of millet grain),
* *Itkata* (Saccharum species),
* *Mukundaka* (A type of rice),
* *Mahavrihi* (Black gram),
* *Harenu* (Green peas),
* *Masha* (Black gram),
* Excessive intake of *Gramya mamsa* (Meat of Domestic Animal), *Anupa mamsa* (Fleshy Animal), *Audaka mamsa* (Aquatic Animal),
* Excessive intake of: - *Shaka* (Vegetable), *Tila* (Seasame), *Palala* (Oil cake of Tila),
* *Pistann*a (pastry),
* *Krisara* (Gruel prepared of tile, rice and black gram)
* *Vilepi* (type of gruel prepared with four times of water)
* *Ikshu vikar* (Preparation of sugarcane)
* *Payasa* (a type of milk preparation),
* *Dahi* (curd)
* *Nava Madya* (fresh wine prepared from new rice)
1. *VIHARAJ* *NIDANA[[13]](#endnote-13)*
* *Vyayama* *Varjana* (Avoidance of physical exercise)
* *Mruja* *Varjana* (Avoidance of *Udvartan)*
* *Swapna Shayan Prasanga*
* *Asana Prasanga*
* Sedentary habits or any regimen which produces more *Kapha*, and *Meda*.

*SAMPRAPTI OF KAPHAJ PRAMEHA[[14]](#endnote-14)*

 *Hetu* *Sevana*

 

 *Agnimandhya*

 

 *Kapha* *Pradhan* *Tridosha* *Dusti* (Specifically *Kledaka Kapha, Pachaka Pitta, Samana Vayu*)

 

Spread all over the body due to lack of firmness (*Sharira Shaithilya*)

Combined with *Meda* and vitiate as it is abundant in quantity (*Bahutva*), not well formed (*Abdhatva*)

*Kleda* and *Mamsa* also get vitiate due to *Samanguna* *Bhuyistha*

*Kleda* *vriddhi* (Unnecessary excessive body fluid oozed out from all *Dhatu*)

 

 *Dosha and Dushya* deposited *in Basti* andCause

vitiation *of Mutravaha Srotas*

 

 *Prameha*

**ETIOPATHOGENESIS OF TYPE 2 DM WITH AYURVEDIC CORRELATION[[15]](#endnote-15)**

Constitutional factor (*Santarpanjanya* *Nidana*)

* Obesity
* Low Physical Activity

Genetic factors

Insulin resistance

Impaired glucose utilisation

(*Dhatvagni* *mandhya* at uptake end of *Dhatu)*

Decreased Insulin secretion

Increased hepatic glucose synthesis *(Sneha/Kleda Vriddhi)*

Hyperglycaemia *(Sneha/Kleda Vriddhi)*

Type 2 DM (*Kaphaja* *Prameha)*

TYPES OF KAPHAJA PRAMEHA ITS AUSHADH

1.*Udaka* *Meha*

 *Lakshana: Accha*(Transperant)*,Bahu* (Excessive)*,Sita*(Cold) *(Shweta),Nirgandha*(Devoid of Smell)*,Udakopam* (Similar to Water) *Mutra*

Moderncorrelation*:*  Osmotic diuresis (having characteristic similar to that of water)

* Pre-diabetic stage - hyperglycemia causes decrease reabsorption of water and excessive loss of water through urine.

*Aushadha: Kwatha* of *Haritaki, Katphala, Musta, Lodhra*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*.*No | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Haritaki* | *Kashaya Pradhana Panchrasa except Lavana* | *Laghu,Ruksha* | *Ushna* | *Madhura* | *Tridosha* | *Deepana, Pachana,Lekhan,Anulomana,Pramehahara etc.* |
| *2* | *Katphla* | *Tikta, Katu, Kashaya* | *Laghu,Tikshna* | *Ushna* | *Katu* | *Kaphavata* | *Pramehaghna,**Amahara,Deepana* |
| *3* | *Musta* | *Tikta, Katu, Kashaya* | *Laghu,Ruksha* | *Sheeta* | *Katu* | *Kaphapitta* | *Deepana, Pachana,Trsnahara,Grahi* |
| *4* | *Lodhra* | *Tikta, Kasaya* | *Laghu,Ruksha* | *Sheeta* | *Katu* | *Kaphapitta* | *Sitagrahi,**Trsnahara* |

2.*Ikshubalikarasa* *Meha*

*Lakshana*: *Atyartha Madhura*(Excessive Sweet)*, Sheeta* (Cold)*, Ishat Picchila* (Slight slimy)*, Avila* (Dirty)*, Kandekshurasasankasha Mutra* (Like sugarcane juice)

Modern correlation: Alimentary glycosuria

* Pre-diabetic stage when liver is unable to metabolize excessive glucose due to hepatic insulin resistance and thus presence of glucose in urine.

*Aushadha: Kwatha of Patha, Vidanga, Arjuna, Dhanvana.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*.*No | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Patha* | *Tikta* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Vishaghna* |
| *2* | *Vidanga* | *Katu, Kashaya* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Medohara, Mehahara,Deepan,Amahara* |
| *3* | *Dhanvana* | *Madhur,**Kashaya* | *Laghu,Ruksha* | *Sheeta* | *Katu* | *Kaphapitta* | *Grahi* |
| *4* | *Arjuna* | *Kashaya* | *Laghu,Ruksha* | *Sheeta* | *Katu* | *Kaphapitta* | *Medohara,Mehahara* |

3. *Sandra Meha*

*Lakshana: Paryushit Mutra Sandribhavati* (Precipitation in the urine and is deposited in the pot when kept for overnight)

*Aushadha: Kwatha* of *Haridradway, Tagar and Vidanga*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*.*No | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Haridra& Daruharidra* | *Tikta, Katu**TIkta* | *Laghu,Ruksha* | *Ushna* | *Katu* | *Kaphapitta* | *Pramehhara,Visaghna* |
| *2* | *Tagara* | *Tikta, Katu, Kashaya* | *Laghu,Snigdha* | *Ushna* | *Katu* | *Kaphavata* | *Vishahara* |
| *3* | *Vidanga* | *Katu, Kashaya* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Medohara,Mehahara,Deepana, Amahara* |

4. *Sandraprasad Meha:*

*Lakshana: Samhanyate Mutra Kinchita Kinchita Prasidati* (Urine is partly viscous and partly clear.)

Modern correlation *(Sandra* & *Sandraprasada* *Meha)*: 3 layers of urine a top layer of chylomicrons, a middle layer rich in protein, and a bottom layer containing fibrin clots and cellular debris

* Intermediary stage between pre-diabetic and diabetic mellitus start with the involvement of kidneys.

*Aushadha: Kwatha* of *Kadamba, Shala, Dipyaka* and *Arjuna.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*.*No | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Kadamba* | *Madhura, Tikta, Kashaya* | *Ruksha* | *Sheeta* | *Katu* | *Kaphapitta* | *Deepana,Pachana,Grahi* |
| *2* | *Shala* | *Kashaya* | *Ruksha* | *Sheeta* | *Katu* | *Kaphapitta* | *Grahi* |
| *3* | *Dipyaka* | *Katu* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Deepana, Pachana* |
| *4* | *Arjuna* | *Kashaya* | *Laghu,Ruksha* | *Sheeta* | *Katu* | *Kaphapitta* | *Medohara* |

5. *Shukla Meha:*

*Lakshana: Shukla Pistanibha Mutra* (urine having white colour like that of pasted flour)

Modern correlation: Progressive stage of diabetes mellitus type-2 with the further derangement in the functioning of nephrons (proteinuria)

*Aushadh: Kwatha* of *Daruharidra, Vidanga, Khadira,*and *Dhava.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Sr.No* | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Daruharidra* | *Tikta, Katu**TIkta* | *Laghu,Ruksha* | *Ushna* | *Katu* | *Kaphapitta* | *Pramehhara,Visaghna* |
| *2* | *Vidanga* | *Katu, Kashaya* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Medohara, Mehahara, Deepana* |
| *3* | *Khadira* | *Tikta, Kashaya* | *Laghu,Ruksha* | *Sheeta* | *Katu* | *Kaphapitta* | *Medohara, Pachana* |
| *4* | *Dhava* | *Madhura,Kashaya* | *Sthira* | *Sheeta* | *Madhura* | *Kaphapitta* | *Mehahara* |

6.*Shukra* *Meha:*

*Lakshana*: *Shukrabh Shukramishra Muhurmehati* (patient passes semen like urine or urine mixed with semen)

Modern correlation: Spermaturia

* Autonomic diabetic neuropathy leading to retrograde ejaculation of sperm.

*Aushadha: Kwatha* of *Surahva(Devdaru), Kustha, Agaru, Chandan.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*.*No | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Surahva* | *Tikta, Katu, Kashaya* | *Laghu,Ruksha* | *Ushna* | *Katu* | *Kaphavata* | *Mehahara,Tandrahara, Kandughna* |
| *2* | *Kustha* | *Madhura,Tikta,Katu* | *Laghu* | *Ushna* | *Katu* | *Kaphavata* | *Shukrala* |
| *3* | *Agaru* | *Tikta, Katu* | *Laghu,Ruksha* | *Ushna* | *Katu* | *Kaphavata* | *Sitapanayana, Twachya* |
| *4* | *Chandana* | *Tikta, Madhura* | *Laghu,Ruksha* | *Shita* | *Katu* | *Kaphapitta* | *Trsnahara, Dahahara* |

7. *Shita* *Meha:*

*Lakshana: Atyartha Madhura*(Excessive Sweet)*, Sheeta* (Cold) *Mutra*

Modern correlation: Renal glycoseuria

* Stage of kidney failure due to diabetic nephropathy presence of excessive ammonical substance in urine.

*Aushadha: Kwatha* of *Daruhaidra, Agnimantha,Triphala and Patha.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*.*No | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Daruharidra* | *Tikta, Katu**TIkta* | *Laghu,Ruksha* | *Ushna* | *Katu* | *Kaphapitta* | *Pramehhara,**Visaghna* |
| *2* | *Agnimantha* | *Tikta,Katu,Kashaya,Madhura* | *Laghu,Ruksha* | *Ushna* | *Katu* | *Kaphapitta* | *Agnivardhaka, Shothghna* |
| *3* | *Triphala* | *-* | *-* | *-* | *-* | *Tridosha* | *Kleda, Meda, Meha, Kaphajita* |
| *4* | *Patha* | *Tikta* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Vishaghna* |

8. *Shanai Meha:*

*Lakshana: Manda mand vega and Kruccha Mutrapravritti* (The urine is passed with difficulty and slowly)

Modern correlation:

* Stage of diabetes involving advanced nephropathy. Infective and reduced urinary flow.

*Aushadha: Kwatha* of *Patha, Murva* and *Gokshura.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*.*No | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Patha* | *Tikta* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Vishaghna* |
| *2* | *Murva* | *Madhura, Tikta* | *Guru* | *Ushna* | *Madhura* | *Tridosha* | *Mehahara,Trishnahara* |
| *3* | *Gokshura* | *Madhura* | *Guru,**Snigdha* | *Shita* | *Madhura* | *Tridosha* | *Deepana, Bastishodhaka* |

9. *Aalalmeha* or *Lalameha:*

*Lakshana: Tantubaddha* (Urine seem as if full of thread), *Picchila* (Slimmy) *Mutrapravritti*

Modern correlation: Albumin-urea

* Progressive stage of diabetes mellitus type-2 which may show the presence of albumin.

*Aushadh*: *Kwatha* of *Ushira,Haritaki, Guduchi* and *Dipyaka*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*.*No | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Ushira* | *Tikta, Madhura* | *Laghu,Ruksha* | *Shita* | *Katu* | *Vatapitta* | *Pachana,Stambhana* |
| *2* | *Guduchi* | *Tikta,Kashaya* | *Guru,**Snigdha* | *Ushna* | *Madhura* | *Tridosha* | *Deepana, Sangrahi,Mehahara* |
| *3* | *Haritaki* | *Kashaya Pradhana Panchrasa except Lavana* | *Laghu,Ruksha* | *Ushna* | *Madhura* | *Tridosha* | *Deepana, Pachana,Lekhan, Anuloman etc.* |
| *4* | *Dipyaka* | *Katu,Tikta* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Deepana, Pachana* |

 10. *Sikta* *Meha*

*Lakshana: Valukayukta Mutrapravritti* (Urine passed with some particles)

Modern correlation: Urates/particles in urine

 *Aushadha: Kwatha* of *Chavya, Chitraka, Saptaparna* and *Haritaki.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr*No* | *Dravya* | *Rasa* | *Guna* | *Veerya* | *Vipaka* | *Doshaghnata* | *Karma* |
| *1* | *Chavya* | *Katu* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Deepana, Pachana* |
| *2* | *Chitraka* | *Katu* | *Laghu,Ruksha* | *Ushna*  | *Katu* | *Kaphavata* | *Deepan, Pachan, Grahi* |
| *3* | *Saptaparna* | *Tikta,Kashaya* | *Laghu,Snigdha* | *Ushna* | *Katu* | *Kaphavata* | *Deepana* |
| *4* | *Haritaki* | *Kashaya Pradhan Panchrasa except Lavana* | *Laghu,Ruksha* | *Ushna* | *Madhura* | *Tridosha* | *Deepana, Pachana, Lekhana, Anulomana etc.* |

**GENERAL MODE OF ACTION OF AUSHADH**

In *Prameha* , *Dhtvaagnimandhya* leads to vitiation and *Vriddhi* of *Dushya* like *Kleda etc.*In both condition the drug which acts upon *Agni* and *Dushya* like *Kleda* is beneficial. The drug mentioned for *Kapahaja Prameha* are having *Katu, TIkta, Kashaya Rasa. Katu Rasa* acts upon *Kleda* byits *Agni* *Mahabhoota* and dose *Kleda Shoshan.Tikta Rasa* acts upon *Kleda* by *doing Kleda Pachana Kashaya* *Rasa* acts upon *Kleda* by its *Vayu* *Mahabhoota* and dose *Kledaachushana. Laghu* and *Ruksha Guna* of this drugs helps to kindle *Agni* andhelpstonullifypathology like impaired insulin production and its resistance.

 Drug mention here in various types of *Kaphaja Prameha* also have symptomatic action like *Gokshura* in *Shanai Meha* which by its *Karma (Mutrala)* relives symptoms like *Kricchamutrata,*or drugs like *Patha* used in *Shita* *Meha* in which symptoms like *Atyarth Madhura Mutrapravritti appears acts* by its *Rasapanchaka* and exert its *Karma* like *Amavishapachan,* normalise *Dushyadusti* and helps to achieve normal *Rasa* of *Mutra* which is *Katu*, *Tikta*.

***AHARA* AND ITS PROBABLE ACTION IN *KAPAHAJA* *PRAMEHA[[16]](#endnote-16)***

*Mudgadi* *Yusha: Mudga* having *Madhura, Kashaya Rasa, Laghu, Ruksha Guna,Sheeta Veerya* ,*Katu* *Vipaka and* having *Kaphahara* properties due to its *Vipaka* and *Guna*

*Tikta Shaka* with *Purana Shali, Tikta Shaka* having mainly *Tikta Rasa* exert actions like *Kleda*, *Meda Shlesma Upsoshana ,Deepana* etc thus acting on *Dushya* like *Kleda* and on *Agni* simultaneously. *Puranshali* having *Kashaya* Rasa and *Laghu* *Guna* helps to *Agni* to perform its normal function.

*Shashtika Shali* Possessedwith *Taila* of *Ingudi, Danti, Atasi, Sarshapa:* Drugs from which *Taila* is obtained are having *Katu,Tikta Rasa, Laghu,Ruksha Guna, Katu Vipaka* havingaction *on Vatkapha Dosha.*

*Trindhanya: Shyamka* etc are consider as *Trindhanya.* It has *Kashaya, Madhur Rasa, Laghu Guna, Sheeta Veerya* andproperties like *Vatala, Kaphapitta Shamak,* and *Sangrahi.* It helps in *Agni Vriddhi* by *Lagu* *Guna* and does *Kleda* *Shoshan* by *Kashaya* *Rasa* thus used in *Kaphaja* *Prameha*.

*Yavapradhana Ahara: Yava* having *Madhura, Kashaya Rasa, Laghu, Ruksha Guna,Sheeta Veerya* and having *Kaphahara* properties thus helps in *Kaphaja Prameha* mainly due to its *Laghu,Ruksha Guna.*

**DISSUSION**

*Prana-Samana-Apana Vayus* protect and kindles *Agni Prana* helps in uptake. *Apana* expels metabolic waste from *dhatu*. *Samana* metabolises and separation of nourishment and waste products. When *Dhatvagni mandhya* occurs it results in accumulation of *Sneha* resulting in *Dhatu* *vriddhi.* And that *Dhatu* not able to perform prorper function.

Excess and frequent intake of *Santarpanottha Aahara* and *Vihara* vitiate mainly *Kapha Pradhana Tridosha* leads to *Dhatvagni mandhya* which is resulting in *Kleda vriddhi* and vitiation of other *Dushyas* andleadsto *Prameha* . Among 3 types of *Prameha* the *Kaphaja Prameha* is said to be *Sadhya* due to *Samkriyata* i.e., the treatment of *Dosha* and *Dushya* are the same. The *Pittaja Prameha* & *Vataja Prameha* are *Yapya* and *Asadhya* respectively due to *Vishaamkriyata* which means the treatment of *Dosha* and *Dushya* are different. Different types of symptoms are involved by single *Dosha* by disturbing different types of *Dushya*. If *Kaphaja Prameha* is not treated properly over time it will convert into *Vatika Prameha* which is *Asadhya* or *Yapya* depending upon the involvement of other *Dosha.* The pathology first start due to derangement of *Agni* so treatment described are mainly focused on management of *Agni*  by drugs and food which has mainly *Katu, Tikta, Kashaya Rasa, Laghu-Ruksha Guna, Katu Vipaka* and *Ushna Veerya* thus act on *Kleda*  by doing *Kleda hara* action and ultimately helps to alleviate *Kapha* in initial stage of *Prameha.*

**CONCLUSION**

*Kaphaj Meha* is *Sadhya Prameha* due to *Samkriyata*. The root cause of *Prameha* are *Agnimandhya* and *Kapha* *Pradhan* *Dosha* *Dushti.* The *Ahara* and *Aushadha* describedby *Charaka* actsmainly upon *Agni* and *Kapha Dosha* by virtue of its *Rasapanchaka.* The treatment principles one can adopt in *Kaphaja Prameha* are *Deepana,Pachana, Rukshana, Lekhana*, and this all can achieve by drugs which are listed aboveand mention in *Prameha* *Chikitsa* *Adhyaya* of Charak Samhita. If proper medication, diet and lifestyle are maintained the *Kaphaj Prameha* will cure at its root.

1. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part one, Sutrasthana Adhyaya, 30/26 pg. 587 [↑](#endnote-ref-1)
2. Sushruta Samhita, with the ayurvedatatvasandipika hindi commentary of Ambikadutta shashtri, Chaukhambha Sanskrit Sansthan, Varanasi, reprint 2017, Sutrasthana, 15/48 pg.84 [↑](#endnote-ref-2)
3. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part two, Chikitsasthan Adhyaya, 6/7 pg. 228 [↑](#endnote-ref-3)
4. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part two, Chikitsasthan Adhyaya, 6/7 pg. 228 [↑](#endnote-ref-4)
5. <https://www.who.int/news-room/fact-sheets/detail/diabetes> (Assessed on 24 Nov 2022) [↑](#endnote-ref-5)
6. https://timesofindia.indiatimes.com/india/why-india-is-diabetes-capital-of-the-world/articleshow/95509990.cms (Assessed on 24 Nov 2022) [↑](#endnote-ref-6)
7. Al-Goblan, A. S., Al-Alfi, M. A., & Khan, M. Z. (2014). Mechanism linking diabetes mellitus and obesity. Diabetes, metabolic syndrome and obesity: targets and therapy, 7, 587–591. https://doi.org/10.2147/DMSO.S67400 [↑](#endnote-ref-7)
8. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part two, Chikitsasthan Adhyaya, 15/13 pg. 454 [↑](#endnote-ref-8)
9. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part two, Chikitsasthan Adhyaya, 6/14 pg. 455 [↑](#endnote-ref-9)
10. Vagbhata-Ashtanga Hridayam, edited by Brahmanand Tripathi, Chaukhamba Sanskrit pratisthan, Delhi, reprint 2017, Sutrasthana Adhyaya 1/8 pg. 9 [↑](#endnote-ref-10)
11. Vagbhata-Ashtanga Hridayam, edited by Brahmanand Tripathi, Chaukhamba Sanskrit pratisthan, Delhi, reprint 2017, Nidansthana Adhyaya 12/1 pg. 512 [↑](#endnote-ref-11)
12. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part one, Nidansthan Adhyaya, 4/5 pg. 632 [↑](#endnote-ref-12)
13. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part one, Nidansthan Adhyaya, 4/5 pg. 632 [↑](#endnote-ref-13)
14. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part one, Nidansthan Adhyaya, 4/6 pg. 633 [↑](#endnote-ref-14)
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16. Agnivesha, Charaka Samhita, revised by Charaka and Dhridabala with the Vidyotini hindi commentary by Kashinatha Pandey, Gorakhnath chaturvedi, Chaukhambha Bharati Academy, Varanasi, reprint, 2016, part two, Chikitsasthan Adhyaya, 6/20-21 pg. 236 [↑](#endnote-ref-16)