

# A Review on Ayurvedic Nidanatmak Concept of Madhumeha Vyadhi

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**Abstract:** A retrospective analysis of resource material reveals that various references relevant to the topic are available under broad heading Prameha in the classics. The classical Ayurvedic literature is sufficient with plenty of description of the disease and discussion regarding to pathophysiology, symptomatology and the treatment modalities. Physiological and pathological aspects of Dosha and Dushya regarding Madhumeha are available in detail. Various pathological processes regarding Dosha and etiological factors available in the classics. Various research studies were carried out to find out the exact pathogenesis of Madhumeha and its treatment. In the conceptual contrive that in Avaranjanya Madhumeha etiological factors mainly vitiates the Kapha and Pitta these vitiates Kapha Pitta in turns affect the Jathragni and Dhatwagni and disrupts metabolism and produces excess of deranged quality Rasa, Meda, Kleda, Vasa, Lasika, Mamsa etc. all this vitiates Dhusyas obstructs the path of Vata thus Vata because of Avarana get aggravate and changes its path and carries vital Dhatus towards Basti and excretes them out Causing depletion.

**Keywords:** Madhumeha, Vyadhi, Jathragni, Nidana, Aharatmaka, Viharatmaka, Manasa

**Aim and Object:-**To study the Nidana Panchak of Madhumeha Vyadhi

## 1. Introduction

Premeha, Meha or Madhumeha has been devoted separate chapters in Nidana as well as Chikitsa Sthana in all the Brihatrayas, which indicates clearly the inheritance of a well-known, well understood and well systemized information by the Samhitakaras. Though, not much information is available about Meha in the prevedic period, some hints about the disease can be inferred in the Vedic period.

**Vedic Period (2000BC to 1000BC):-**There appears to be a word Asrava, which indicates disturbance in the flow. Some interpreters view this condition as that related to excess flow of urine<sup>3</sup>. In Atharva Veda Samhita, Roga & Asrava are read together. This may have been to denote two distinct types of diseases. Nija & Agantu recognized in the later texts. But Sayana could not discriminate this & Vatikrit (meaning innate diseases). The speculations doesn't and here, Actually the word Asrava and its Connotations point more towards an accidental hemorrhage and the treatments for this like Mrt Chikitsa (mud treatment) Jala Chikitsa (Water treatment) and Oshadhi Chikitsa (Medicinal treatment) have been mentioned to stop the Rudirasrava (flow of blood)

Drugs mentioned for this like Arusrana Darbha & so on look more useful in stopping the blood than urine flow. Hence it becomes difficult to state with precision the knowledge of a condition characterized by excess urinary outflow & related disorders, in the Vedas according to the available evidence.

But when we look into the term Asrava etymologically, Asrava means √Sr – to flow this may mean a condition where there is excess flow, & should include a situation of the urinary system also, where there is excess flow, apart

from meaning a excess blood flow either due to a accidental hemorrhage or a bloodydiarrhea.

Ojas: Interestingly word Ojas which assumed much significance during Samhita period has been found in Vedas indicating some kind of a force or energy which means that this term has more or less conveyed the same concept in whichever context it was used in the later Ayurvedic texts

Post Vedic Period for convenience this period can be sub divided into

**a) Samhita Period (1000BC to 100BC):** The important Samhitas of Charaka & Sushruta's explanations of the disease are described in depth and their respective Emphasis on that part of the disease, which is either to be managed by medicine or handled surgically is pretty obvious, as Charaka was a medicine man & Sushruta a surgeon. Apart from medical management one can see Sushruta devoting a separate chapter on management of Prameha Pidaka, which requires surgical intervention too, unlike Charaka who in fact advises surgery in such cases & refers them to predecessors of Dhanavanthari School of thought.

**Sangarga Period: (500AD to 800AD):** Vaghbata is considered to be the most important contributor during this period, as the whole Science of Ayurveda was reclassified systematically into eight Angas by him. He for the first time recognized Tanu Madhuryata as an important symptom in Madhumeha.

**Transitional Period (800AD to 1100AD):** This period saw an intensive contribution by many commentators to the Samhitas and Sangrahas. They have elaborated on the basic principles of the disease as propounded by them as by the Samhitakaras & Sangrahaakaras, like commentaries of Chakrapanidutta on Charaka, Dalhana on Sushruta, Indu on Vaghbata. Also people like, Madhavakara, Arunadutta,

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Vijayarakshita, Basavaraju, Srikantadutta, sharangdhara, Bhavamishra & So on have contributed their lot in their respective works. Though no new observations were made.

Modern Medical World: Madhumeha can be literally translated as diabetes mellitus as both of them mean honey urine. Siphon named it as diabetes mellitus meaning honey urine.1) Abrus Papyrus: An Egypton medical compilation (1000BC) has referred to a condition called polyuria.2) Aratars of Coppadocea (150AD): a contemporary of Galen, has mentioned polyuria and thirst.3) Thomas Willis (1670AD): first mentioned sweet taste of diabetic urine.4) Mathew Dobson (1776 AD): demonstrated sugar in urine.5) Johan Conard (1682): First thought that pancreas was the cause of polyuria. He experimented on dogs to prove this.6) Claude Bernad (1813 – 1878): first said about diabetes. He punctured 4th Ventricle of dog’s brain and produced glycosuria.7) Paul Langherhans (1869): Identified Islets of langherhans and so was this named after him.8) Kunhana & Lea (1893): discovered antidiabetic hormones.9) Mucowasky (1895) of Russia, Lepine Heldone of france, Hale white Renne, Francer of great Britain, Zulger of Germany and Mr. Callan (1909) experimented on dogs, could produce diabetes mellitus in dogs by removing the pancreas.10) Knownlton: Published further articles on the same.11) F. G. Banting: First prepared insulin & demonstrated on glycosuria.

**NIRUKTI AND PARIBHASHA:**

**A) Nirukti:** Madhu + Meha = Madhumeha, Madhumeha is a compound word made up of Madhu and Meha. Madhu: That which brings contentment to the mind, because of which it is popular among people as Madhu, characterized by sweet taste. Meha: Meha is derived from the root ‘Miha’, which has been used to convey the following meanings, Sinchana to moisten1, Ksharana: to flow1, Prasrava: to flow excessively. Prameha: is derived from pra + Miha – 1, a condition characterized by excessive outflow and a condition where there is excess urine flow.

**B) Paribhasha:** Madhumeha is a MutraDosha, characterized by Bahumootrata, which resembles Madhu in Rasa or Varna.

**C. Paryaya:** 1) Prameha: Means Prakarshena Mehati-excessive urine out flow.2) Meha: is referred to as Prameha by amara.3) Mootradosha: a urinary disorder 4) Bahumootrata: a disease where there is excessive urination.5) Madhumeha: A condition characterized by excess urination, resembling honey either in colour or taste. This word has been used synonymously with prameha.6) Kshoudrameha: Kshoudra is a synonym of Madhu.6) Ojomeha: Ojas is considered as Tajas or essence of all Dhatus, which is a casualty in Madhumeha hence Ojomeka has been used by Charaka to describe this disease.

**NIDANA:-SAMANYA NIDANA:** The Samanya Nidana of Prameha is the Hetus which cause Kapha Vriddhi (Kapha Krichra Sarvam) 1. It becomes contextual here to take note

of the fact that Kapha is the main Dosha involved in Prameha and hence all those Hetus which cause Kapha Vriddhi become automatically the Hetus for Prameha.

Kapha is made up of Prithvi and Aap Mahabhootas and is in fact a personification of Tamasika Guna, which can be translated grossly as inertia. Hence any environmental influence on the body and mind in the form of Ahara Vihara, Rutu contributing to the Tamasika factor results in a morbid predominance of Prithvi and Aap Mahabhoota in all the forms of Kapha. Hence in the Samanya Nidana all these factors should be studied in detail.

**Ahara:** Any Ahara which is Madhura and Lavana Rasa Pradhana, Guru, Manda, Sheeta, Snigdha, Slakshna, Sandra, Sthira, Picchila Guna Pradhana, Madhura Vipaka and Sheeta Veerya, including unboiled, unroasted unfried food articles and Anooa Mamsa, if taken in excess quantity increases Kapha which attains ‘Aparipakwa Avastha’ and mainly effects the Medas and Kleda leading to cause Madhumeha (Sthoola) due to Avarana.

**Vihara:** The following Viharas have been implicated as Kapha Medo Kara

- 1) Divaswapna: Causes inertia in the body and the accumulation of Prithvi and Aap Mahabhoota, leading to aggravation of Kapha.
- 2) Avyayama: A man is generally supposed to balance between the nutrient intake and energy spending to maintain an equilibrium when this balance is not maintained, it results in accumulation of Medas and Kapha. Hence adequate amount of Vyayama is necessary to avoid Prameha.
- 3) Asya Atisukha: excessive Asya Sukha and Swapna Atisukha causes Snigdhatata leading to Kapha Vriddhi.
- 4) Alasya: An attribute of a human being, which is mostly controlled by Manas. Alasya is nothing but that state of lethargy of mind where a man becomes unable to carry out or undertake any enthusiastic task not because he is incapacitated due to ill health but only because he is unwilling to do it. This results in inactivity causing excessive nourishment.
- 5) Chintyatyaga: an attribute of the mind that is antagonistic to Kapha and Medas. When a person becomes free from Chinta, he starts accumulating excess Kapha and Medas.
- 6) Samshodhana Varjana: Samshodhana therapy is essential in any individual for cleansing the body of Doshas. Being a form of Langhana, Samshodhana causes medas and kapha kshaya. If this is not resorted to, causes accumulation of Kapha and Medas.
- 7) Mruja Varjana: Mruja is Shuddi and its Varjana leads to Kapha Dusti.

Hence in general constant and adequate stress and strain are required physically as well as mentally for a person not to develop diseases of Kapha and Medas like Madhumeha, on par with a balanced nutrient intake, the above descriptions are some examples to highlight this point.

The detailed study of cause according to Ayurvedic classics and modern medicine unveils the following facts.

Sr. No	Nidana of Madhumeha	Etiology of diabetes mellitus
1	Beeja, Beejabhaga & Beejabhaga Avayava Upatapa leading to Madhumeharambaka Dosha Dusti in Sahaja Madhumeha	Genetic susceptibility in the 6th Chromosome leading to IDDM
2	Kulaja Vikara-Pitr Pitamahadi Karma	Familial inheritance more in IDDM

3	Kaphamedokara Ahara Vihara Sevana Avyayama&chintatyaga	Over eating and under activity
4	Vikara Vigatha Abhava and Sahaja Asatmya	Auto immunity
5	Ksheera, Dadhi as Kaphakara Ahara	Bovine albumin
6	Sthoulya Upadrava	Obesity leading to NIDDM
7	Shoka Udwega in vataja prameha	Stress leading to IDDM
8	Anashana	Malnutrition in infancy predisposes to IDDM

**SAMPRAPTI OF MADHUMEHA:-**The Samprapti of Madhumeha can be studied under two headings Samanya Samprapti & Vishesh Samprapti.

**SAMANYA SAMPRAPTI:-DOSHAS:** Sleshma Pradhana Tridosha. Sleshma is the Pradhana Dosh responsible for Madhumeha in spite of the fact that Madhumeha is a Tridoshaja Vyadhi. Hence it is also called Madhumeha-arambhaka Dosh. It is known that Sleshma is a rasa mala. The Shareerastha Sleshma is continuously nourished by this rasa mala Sleshma during Parinama of the Ahara rasa into rasa Dhatu by the action of Rasadhatvagni. When a person indulges in Sleshma Kara Ahara Vihara as in Madhumeha, the Agnimandya of Jatharagni leads to Asamyak Ahara Parinama of Ahara especially with relation to Sleshma resulting in Aparipakvata of Sleshma or in other words Amaroopi Sleshma Utpatti.

This Amaroopi Sleshma attains Aghanata as there is loss of Samhanana in the Kaphaswaroopa. This leads to Bahudravata of Sleshma set to cause further Dhatu Dushti. Therefore evidently, Sleshma is the primary Dosh of the disease, the other Doshas like Vata & pitta only trigger off this Samprapti and associate as Anubandha.

**DUSHYAS:** Bahu Abaddha Medas, Mamsa, Shareera Kleda, Shukra, Shonita, Vasa Majja, Lasika, Rasa & Ojas are the ten Dushyas invariably involved in Madhumeha. The Dosh Dushya Sammurchana begins with the Medas because Medas is the Ashraya for Sleshma, which is the Ashrayi & moreover, the Gunas of Sleshma are similar to that of Medas.

It becomes highly relevant to note here that the Ahara Rasa in Madhumeha is Vishama with Kapha Pradhanyata and Bahudravata leaving an abnormally increased Kledamsha for the Mahabhootagnis to act. The Bhootagni Mandya especially that of Apyagni leads to Asamyak Parinama of Kledamsha, resulting in increased presence of kledamsha, for the Dhatvagni to act. The increased Kledamsha of the Bahudravasleshma now causes the Medodhatvagni Mandya leading to Aparipakvata of Medadhatu or Ama Roopi Medas. Medas hence loses its Samhanana resulting "Bahuta" & "Abaddhata".

Subsequently the increased Kledata due to Sleshmabahudravata affecting the Medas goes on influencing the Dhatus in the Pratyasanna Srotas like Mamsa, Majja Shukra & so on, including the Rakta, which is Pittashraya. The Bahudravata of Sleshma overpowers the Pitta Gunas to increase the Kledata of Rakta. Thus when all the Dhatus are in the Samaroopa, their Sarabhoota, the Ojas also attains Amaroopa. The Rasa of Ojas being Madhura results in Tanu Madhurya and Mutra Madhurya. Hence the Bahu Abaddha Dhatus including Ojas is drawn to the Basti & eliminated in Madhumeha.

**AGNI:** There are 13 Agnis in the body One Jatharagni five Panchamaha-Bhootagnis and Seven Dhatvagnis. Of these, the Jatharagni is important because the Jatharagni Amasha is situated in all the other Agnis. Hence Jatharagni regulates the functioning of the rest of the Agnis and accordingly, Jatharagni Mandya leads to Bhootagni & Dhatvagni Mandya & vice versa.

In Apathyanimittaja Madhumeha, Jatharagni Mandya occurs due to Kaphamedokara Nidana Sevana. This leads to Apyagni & Medodhatvagni Mandya in particular and all the other Agnis in general. Agnimandyata leads to Dusti in Pakakriya causing Asamyak Parinama resulting in increased Kledamsha. On the other hand, in Beejadoshaja Madhumeha the preexisting Dhatvagni Mandya causes Mandyata of Jatharagni leading to Madhumeha.

**AMA:** (Jatharagnimandya Janya, Apyagnimandya Janya & Medodhatvagni Mandya Janya). The Dushta Amashayastha rasa produced as a result of the action of Alpabala Agni on the Ahara is called Ama. This Ama causes diseases of the Amashaya while staying there and of the whole body when absorbed from the Amashaya into the Rasayanis. Here it mixes with the Doshas, Dhatus and Malas and are hence referred to as Sama Doshas, Sama Dhatus and Sama Malas respectively. The absorbed Ama lodges in places of Khaviagunya to cause Srotorodha, leading to different diseases.

Accordingly in Madhumeha the Amaroopi Kapha causes Samata of Medodhatu first, leading to increased Kledata. Subsequently this results in Samata of the other Drava Dhatus as well, including the Ojas. Hence, Aparipakva Dhatus are presenting in the form of Ama in Madhumeha.

**SROTAS:** The word Srotas means those channels which do the Vahana of Parinamapadyamana Dhatus from the source of their availability i. e. Srotomoola to the area of its total Parinama. Srotodusti is an essential feature of any disease that may occur at the level of its Moola or at other levels depending on the existence of Khaviagunya.

In Madhumeha, the Medavaha Srotas is mainly involved. The Moolas of Medavaha Srotas are Vapavahana & Vrukkau. There are sufficient descriptions implicating the Vapavahana in the causation of Madhumeha. Vapavahana is an Udarastha Avayava located close to Amashaya. Its shape resembles a Taila Varti, with a broader base and thinning at the apex. The Doshas cause Vapavahana Dusti resulting in Madhumeha.

This description of the role of Vapavahana in the causation of Madhumeha finds a similarity with the role of pancreas in the causation of diabetes mellitus. Pancreas is a structure with a broad head and neck, thinning out to terminate as a

tail. It is situated below the stomach and contains alpha cells and beta cells, which secrete glucagon & insulin respectively. Insulin mainly does the conversion of glucose into glycogen to be stored in the liver and glucagon converts glycogen into glucose & relaxes it to the blood stream. The dysfunction of Islet beta cells hence results in raised serum glucose level. Moreover both the hormones have an important role to play in lipid metabolism.

**KHAVAIGUNYA AND SROTOVAIGUNYA:** In Madhumeha, the Khavigunya in the form of Madhumeharambaka Dosha Dushti occurs in the Vapavahana as a result of two mechanisms. Firstly in Sahaja Madhumehis, Vapavahana Dusti is due to Beeja Dosha and in Apatyanimittaja Madhumeha, the Dushti is a result of Kaphamedokara Ahara Vihara Sevana leading to Medodhatvagni Mandhya.

**SrotoDushti:** The Khavaigunya created as explained earlier results in the Sthana Samshraya of the Doshas leading to Srotodusti & accordingly the SrotodustiLakshanas are manifested. The Srotodusti in Madhumeha occurs in two mechanisms similar to the occurrence of Khavaigunya. In Sahaja Madhumehis, the Vapavahana Dusti is due to Beejadasha and Medovaha Sroto Dushti occurs as a consequence of this, initiated by the Vata at the level of Vapavahana. Whereas in Apatyanimittaja Madhumeha the Kaphamedokara Nidana Sevana begins the process of Medovaha Srotodusti. The Nidanas put an unbearable load on the Vapavahana making it difficult to maintain the Samyata of Medovaha Srotas. Hence VapavahanaDushti occurs gradually after sustained Nidana Sevana for a long period of time. This also explains why the Sahaja Madhumeha is Asadhya and is more Mahatyaya than Apatyanimittaja Madhumeha. In Sahaja Madhumeha, the patient is Krusha and Vata gets Dushti severely due to Dhatukshaya-Avastha, manifesting the disease in a more Mahatyaya form.

Whereas in Apatyanimattaja Madhumeha the patient is Sthoola & hence Bala Kshaya is not so rapid. The Dhatu Kshaya occurs only after a certain period of time involving Vata in a more severe form than it was in the beginning due to Margavarana.

Therefore in Madhumeha the Srotodusti Lakshanas occur as Sanga of Kapha leading to Vimargagamana and Atipravritti of Kleda through the mutra.

- **Udbhava Sthana:** The Arambhaka Dosha of Madhumeha is Kapha, whose Sthana is Amashaya and hence Madhumeha is Amashayottita Vyadhi.
- **Sanchara Sthana:** As almost all the Dhatus are involved in Madhumeha the Sancharana of Doshas can be seen in Sarvashareera though the Pratyatma Lakshanas are manifested through the Mutravaha Srotas.
- **Adhishtana:** Medovaha Srotas including Vapavahana.
- **Vyakta Sthana:** Mutravaha Srotas through which the diseases manifests.

**In Summary:** The following conditions of Madhumeha can be identified,

- Madhumeha due to Dhatu Kshaya Janya Vata Dusti, as in Sahaja Madhumehis, who are predisposed to the

disease from birth due to The Madhumeharambhaka Dosha Dusti in the Beeja Dosha, where the process of disease is triggered off by Vata Dushti as a consequence of Dhatu Kshaya to which the Sahaja Madhumehis are already predisposed as evident in the Sarvadaihika Laxanas.

- Madhumeha due to Dhathu Kshaya Janya Vata Dushti: This is due to Dhatu Kshaya occurring as a terminal consequence of long standing Pramehas of other causes.
- Madhumeha due to Margavarana Janya Vata Dusti: as in Apathya Nimittaja Madhumehis where the Margavarana occurs mainly due to Kapha, Medas with or without secondary association of pitta as a result of respective Nidana Sevana.
- Madhumeha due to Margavarana Janya Vata Dusti: as in Sthoola Rogis in whom there is already a presence of Dusta Medas and Kapha. Here the Kapha Kara Ahara Vihara as Nidanas first cause Sthoulyata and then Sthoulyata becomes the predisposing factor for Madhumeha triggered off by Vata Dushti as a result of Margavarana.

**PURVA RUPA OF MADHUMEHA:-**Purva Rupa of Madhumeha is not explained directly in classics. But the Purva Rupa mentioned in the context of Prameha is to be considered as the Purva Rupa of Madhumeha (Ch. Ni 4/47; Ch. Chi, 6/13, 14; Su. Ni 6/5; As. Hr. Ni.10/38-39). The Purva Rupa is shown in Table-1. Hence it is necessary to study the vitiated Doshas and the Dushyas in terms of their Guna and Karma as shown in Table – 2. Madhumeha is an outcome of the vitiation of all the Tridosha. From the Table it may be understood that all the Doshas are vitiated in the Purva Rupa Avastha of Madhumeha. But in later course some of these Purva Rupa cease to manifest. Sushruta says that once you see some Purva Rupa with excess of micturition you should diagnose it as Prameha and need not wait for all the common or specific Lakshana of any of the types of Pramehas. He further proceeds saying that Apatarpana treatment should be started at the stage of Purva Rupa itself in Prameha (Su. Ni.6/25-26).

Poorva Roopa	Charaka	Sushruta	Astanga Hridaya	Astanga Sangraha
Sveda	+	-	+	+
Angagandha	+	+	+	+
Anga Shaithilya	+	-	+	-
Anga Sada	-	+	-	-
Shayya Sukherati	+	-	+	-
Svapna Sukherati	+	-	+	-
Asana Sukherati	+	-	+	-
Hridayopadeha	+	-	+	-
Netropadeha	+	-	+	-
Jihwopadeha	+	+	+	-
Shravanopadeha	+	-	+	-
Taluni Malotpathi	-	+	-	-
Danteshu Malotpathi	-	+	-	-
Ghana Gatra	+	-	+	-
Kesha Ati Vriddhi	+	-	+	-
Nakha Ati Vriddhi	+	+	+	-
Kesha Jathilee Bhava	+	+	-	+
Sheeta Priyatvam	+	-	+	-
Gala, Talu Shosha	+	-	+	-
Asya Madhurya	+	+	+	+
Kara Pada Daha	+	+	+	-

Mutra Pipeelika Abhisarana	+	-	+	-
Madhura Mutrata	-	+	-	+
Shukla Mutrata	-	+	-	+
Snigdha Gatra	-	+	-	+
Picchila Gatrata	-	+	-	-
Gana Gatrata	-	+	-	+
Pipasa	+	+	-	-
Shvasa Dourgandya	-	+	-	-
Tandra	+	+	-	-
Kara Pada Suptata	+	-	-	-
Anga Suptata	+	-	-	-
Alasya	+	-	-	-
Mukha Shosha	+	-	-	-
Kayachidropadeham	+	-	-	+
Sarvakale Nidra	+	-	-	-
Shatpada Abhisarana on Shareera	+	-	-	-
Shatpada Abhisarana on Mutra	+	-	-	+
Pipeelika Shareera Abhisarana	+	-	-	+

Kayachidropadeham	-	-	-	-
Sarvakale Nidra	Kapha	Tamoguna	-	-
Shatpada Abhisarana on Shareera	Kapha	Rasataha	-	-
Shatpada Abhisarana on Mutra	Kapha	Rasataha	-	-
Pipeelika Shareera Abhisarana	Kapha	Rasataha	-	-

**PURVA RUPA OF MADHUMEHA**

**Classification of Purva Rupa according to Dosha and Dushyas**

Poorva Roopa	Dosha	Gunatha	Karmataha	Dushyas
Sveda	Pitta	Ushna	-	Medomala Vriddhi
Angagandha	Pitta	Visra	-	-
Anga Shaitthilya	Kapha	Mrudu	-	-
Anga Sada	Vata	-	-	-
Shayya, Asana Sukherati	Kapha	-	Karmataha	-
Svapna Sukherati	Kapha	-	Karmataha	-
Hridayopadeha	Kapha	Picchila	-	Rasa
Netropadeha	Kapha	Picchila	-	-
Jihwopadeha	Kapha	Picchila	-	-
Shravanopadeha	Kapha	Picchila	-	-
Taluni Malotpathi	Kapha	Picchila	-	-
Danteshu Malotpathi	Kapha	Picchila	-	-
Ghana Gatra	Kapha	Guru	-	-
Kesha, Nakha Ati Vriddhi	-	-	-	Asthi Mala Vriddhi
Gala Shosha	Pitta	Ushna	-	Udaka Kshaya
Kesha Jathilee Bhava	Kapha	Picchila	-	Asthi Mala Vriddhi
Sheeta Priyatvam	Pitta	Ushna	-	-
Talu Shosha	Vata	Rooksha	-	Udaka Kshaya
Asya Madhurya	Kapha	Drava	-	Rasa
Kara Pada Daha	Pitta	Ushna	-	-
Mutra Pipeelika Abhisarana	Kapha	Rasataha	-	-
Madhura Mutrata	Kapha	Rasataha	-	-
Shukla Mutrata	Kapha	-	Karmataha	-
Snigdha Gatrata	Kapha	Guru	-	-
Picchila Gatrata	Kapha	Guru	-	-
Gana Gatrata	Kapha	Guru	-	-
Pipasa	Pitta	Ushna	-	Udaka Kshaya
Shvasa Dourgandya	Pitta	Visra	-	-
Tandra	Kapha	-	Karmataha	-
Kara Pada Suptata	Vata	Sheeta	-	-
Anga Suptata	Vata	Sheeta	-	-
Alasya	Kapha	-	Karmataha	-

**Rupa of Madhumeha:**-the Lakshana of Madhumeha are mainly grouped under two categories, which is 1) Mutra Sambandhi Lakshanas 2) Sarvadaihika Lakshanas.

Madhumeha Rupa:-1) Mutra Sambandhi Lakshanas 2) Sarvadaihika Lakshanas

- Mutra Sambandhi Lakshanas:-I) Samanya:-**Prabhuta Mutrata, Avila Mutrata II) Vishisht:-Madhusama, Madhura, Kashaya, PipaasuBrusha, Pandu
- Sarvadaihika Lakshanas:-I) Apathyanimittaja:-**Sthula, Snigdha, Bahvashee, Svapna Sheela. II) Sahaja:-Krusha, Ruksha, Alpashee, Ruksha and Paribramana Sheela.

Prabhuta Mutrata is nothing but increase in quantity and frequency of Urine. This is manifested due to increase of Shareera Kleda. The frequency is increased due to the vitiation of Apana Vayu. Avila Mutrata is nothing but the turbidity of Urine, which is manifested due to Drava and Guru Guna Vriddhi of Kapha and Medas. This can be noticed by the increase in the specific gravity of the urine.

Madhusama Mutra implies the colour, smell and taste of Mutra, similar to that of Madhu. Presence Madhura Rasa in Mutra; both are because of Ojovisramsas in to Mutra. Rooksha Guna is due to severe vitiation of Vayu. Pandu Varna of Mutra is because of Kleda Dushti, which influences Kapha to attain more liquid state. Apathya Nimittaja Lakshanas are due to Karmataha Vriddhi of Kapha. Sahaja Lakshanas are due to Vata Vriddhi.

**Sapeksha Nidana:** Madhumeha is a Mootra. Atipravruttaja Vikara with Prabhoota and Avila Mutrata as Pratyatma Lakshanas, characterized by Madhusama Mehana. Although there are many diseases presenting with Atipravrutti of Mutra, the diagnosis of Madhumeha is usually a straightforward proposition, because of its characteristic Purvarupas. In the presence of Madhura and Piccha Lakshanas of Prameha, one should consider two possibilities for differentiation whether the condition is Anilatmaka due to Dosha Ksheenata or Kaphasambhava as a result of Santarpana.

Madhumeha as a consequence of Vata Vriddhi as a result of Dhaturkshaya where Vata is the Anubandhya Dosha and Madhumeha as a result of Margavarana Janya Vata Vriddhi where Vata is anAnubandha Dosha and is directly dependent upon Kapha, which has undergone Vriddhi because of Santarpana. The factors for differentiation are as follows.

Sr. No.	Vyadhi Bhodaka Nidana	Madhumeha (Anilatmaka)	Madhumeha (Kaphasambhava)
1	RogiNidana	Krusha, Durbala a) Vatakara Ahara Vihara along with vata vrudhi as a result of Deerghakaleena Madhumeha B) Beeja Uapatapa	Sthoola, Balavan Kaphakara Ahara Vihara
2	Rogi avastha	Bala to Madhyama Vaya	Madhyama to Vruddha
3	Rupa	Vata Pradhana	Kapha Pradhana
4	Samprapti	Madhumeharambhaka Dosh Dusti leading to vapavahana dusti especially in sahaja Madhumehi	Kaphamedo-Dushti leading to Madhumeha Arambhaka Dosh Dusti in Vapavahana
5	Vyadhiswaroopa	Ashukari	Chirakari
6	Sadhyasadyata	Asadhya	Sadhya in the beginning
7	Upadrava	Vata pradhana upadras	Kapha Pradhana Upadras
8	Chikitsa	Santarpana	Apatarpana

**Sadhya – Asadhya Vivechana:** As discussed earlier, madhumeha passes through three stages of severity based on involvement of Dhatus. Accordingly the Sadhya Asadhya has been described.

Sadhya Asadhya of Madhumeha	Prognosis of diabetes mellitus
Kaphaja Prameha is sadhya (Apathyanimittaja)	Obesity is a good physical sign for favorable prognosis
Any Prameha with Upadrava is Asadhya	Diabetics die of complications
One who avoids Nidana of Prameha during the disease can be treated well	One who is careful about diet and exercise has a good prognosis
Chatushpadopapatti is a good sign for Sadhyata	Intelligent and co-operative patient, prompt treatment, early diagnosis are indicative of good prognostic sign
Any disease if Nava is Sadhya and if Purana is Asadhya and so can be applied even in case of Madhumeha	Diabetics with shorter duration have lower death rates than those with longer duration.
Sahaja Madhumeha is Asadhya	Thin diabetics with IDDM have unfavorable prognosis

**UPADRAVA VIVECHANA:-**The Upadras of Madhumeha can be studied under the following headings. I. Samanya Upadras II. Vishista Upadras.

**I. SAMANYA UPADRAS:-**A) **Vataja Prameha Upadras:-**1) Hridgraha, 2) Loulya 3) Anidra, 4) Sthambha, 5) Kampa, 6) Shoola, 7) Baddha Purushata, 8) Udavarta, 9) Shosha, 10) Kasa 11) Shwasa. B) **Pittaja Prameha Upadras:-**1) Vrushana / Mushka Avadarana, 2) Bastibheda, 3) Medratoda, 4) Hritshoola, 5) Amlika, 6) Jwara, 7) Atisara, 8) Arochaka, 9) Vamana, 10) Paridhupana, 11) Daha, 12) Moorcha, 13) Pipasa / Trushna, 14) Nidranasha, 15) Panduroga, 16) Peeta Vit, 17) Peeta Mootra, 18) Peeta Netra. C) **Kaphaja Prameha Upadrava:-**1) Makshikopasarpana, 2) Alasya, 3) Mamsopachaya, 4) Pratishyaya / Peenasa, 5) Shaithilya, 6) Arochaka, 7) Avipaka, 8) Kapha Praseka, 9) Chardi, 10) Nidra, 11) Kasa, 12) Shwasa

**II. VISHISTA MADHUMEHA UPADRAS:-**Kampa, Bhrama, Tamah, Loulya, Bhrama, Tamah, Moorcha, Shoola, Chardi, Shwasa, Pipasa, Udavarta, Jwara, Pootimamsa Pidakas Vidradhi Alaji, Hritshoola, Hridgraha, Vasa, Lasika, Majja Mehas, Suptata, Arochaka, Avipaka, Amlika, Atisara, Shoola, Udavarta, Baddha Pureeshata, Pidakas Kandu, Jwara, Chardi, Pratishyaya, Kasa, Shwasa, Shola, Pitavit Mootra, Bastibheda, Medra Toda, Vrishana Avadarana, Daha and Stambha

**ARISTA LAKSHANAS:-**In Madhumeha the following forms of Lakshanas signal, imminent death. Swapna Vishayaka: If a Pramehi in his Swapna sees himself drinking different varieties of Snehas in the company of Chandalas (people boycotted socially) he dies of prameha. If he dreams of drinking water, it is arista. Dhoota Vishayaka: If the physician comes across a Dhoota carrying water or near a pond, then it is arista for a Madhumehi.

**DISCUSSION:-**Madhumeha is the subtype of Vataja Premaha. Vata is the originator and executor of the biomotor functions. Vyana mainly pervades swiftly through the body, effective transport and circulation is dependent upon him. Apana Vayu related to the functions of Pakvasaya and Basti to hold and excrete the waste at proper time. In Madhumeha both are get vitiated leading to the abnormal pathway and excessive elimination respectively. Shlesma basis for the structural integrity of the body provides steadiness and sturdiness and strength in the body. Keeping together various structures.

All these function of Shlesma get hampered in the Madhumeha. When Kapha get vitiated it undoubtedly vitiates concordant body elements like Rasa Mamsa, Meda, Vasa, Lasika, Oja etc. they Inturns diminish the structured body integrity by providing excess of metabolic waster because of faulty bifold digestion. Pitta a somatic humour mainly related with the digestion and metabolism here due to etiological factors Pitta also get vitiated it inturns affect the normal functions of Jathragni and Dhatwagni leading to the excessive formation of deranged quality Rasa, Mamsa, Meda, Kleda etc. Thus in Madhumeha because of the above pathophysiological processes they i. e. Dusya obstructs the normal pathway of Vata causing Avaran to it that in turns aggravate the Vyana leads to the transport of vital Dhatu Oja towards Basti where already aggravated Apana excretes out it from the body resulting depletion of Dhatus and generate disease Madhumeha. This pathogenesis mainly described by Charaka.

Thus aggravation of Vata excess of Dushya and metabolic waste due to abnormal bifold digestion causes Madhumeha. Avaran is the essential part of any Vataja Samprapti. Another pathogenesis of Madhumeha described in Ayurveda mainly related with the vitiation of Vata due to its own etiological factors and genetically predisposition this entity is incurable mentioned by Acaryas because here severe diminution of Dhatus occurs. Thus Madhumeha having two etiological factors one Santarpankar and second Apatarpankar.

Excess of deranged Shlesma, Meda, Kleda, Vasa, Lasika etc. aggravated vata produces various pathophysiological changes in the body producing symptoms like

Prabhatamutrata, Avilamutra, Pipasa, Daurbalya, Alasaya etc. leads to the structural as well as functional abnormalities in the body. In the pathogenesis more or less everybody element is get involved concluding the disease of vast systemic considerations. The pathophysiological entity Sthaulya again played an enhancing role in the Madhumeha pathogenesis.

By above discussion we can conclude that the type I diabetes can be correlate with Dhatuksayaja Vataja Madhumeha (Sahaja) and the type II diabetes can be correlated with Avaranjanya Madhumeha.

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