

Conceptual Study on Management of Surgical Complications of *Prameha* w.s.r to Diabetes and Its Management by Acharya Sushruta

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Abstract

Prameha is characterized by copious flow of cloudy or turbid urine and as a sequel *pidakas* will be formed which are again with all the *tridosha* vitiation.¹

The disease *prameha* may be correlated to diabetes depending upon the similar characteristics of these two entities.

Diabetes mellitus is recognized as a syndrome characterized by chronic hyperglycemia due to relative deficiency of insulin or resistance or both. The common surgical complications are – macro vascular changes, micro vascular changes, diabetic neuropathy, and infection in glucose-laden tissue. Most common are carbuncles, diabetic foot, necrotizing fasciitis, and atherosclerosis. Acharya Sushruta has described 10 *prameha pidakas* which are considered to be the complications of diabetes.

Understanding the pathology and breaking the pathology by time would help to prevent the establishment of such complications and thus reducing the morbidity and mortality. Application of concepts of *Ayurveda* such as –

Following *pathya ahara vihara* periodically, usage of *shodhana therapies*. *Raktamokshana* in order to improve the blood circulation as well as removal of impurities through blood. *Lekhana bastis* can be adopted in the prevention and management of vascular related complications, which would decrease the risk of gangrene formation as well as cardiac complications.

In case of established cases of diabetic ulcers – use of topical application of *Shodhana Dravyas* like *Gomutra Arka*, *Guggulu Tiktaka Ghrita*, and *Ropana Dravyas*. The *Shodhana* therapies would help the diagnosed cases to eliminate the toxins and thus prevent and manage the complications like atherosclerosis and other complications. Local foot care, ulcer care, improvement of blood circulation would prevent gangrene formation and thus reduce the chances of amputation.

Keywords: *Prameha, Pidaka, Raktamokshana, Atherosclerosis, Shodhana.*

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Introduction

Diabetes mellitus is recognized as a syndrome characterized by chronic hyperglycemia due to relative deficiency of insulin or resistance or both. The common surgical complications are – macro vascular changes, micro vascular changes, diabetic neuropathy, and infection in glucose-laden tissue, most common being carbuncles, diabetic foot, necrotizing fasciitis and atherosclerosis.

Pathology of Prameha and Prameha Pidaka

Nidana factors like *diwaswapna*, *avyayama*, *alasya*, *sevana of sheeta*, *snigdha* and *madhura dravya* leads to

prakopa of *doshas*. These *prakupita doshas* along with *meda* takes *adhogati* and takes *ashraya* in *basti mukha* and *mootravaha srotas* leading to *prameha*.¹

Acharya Sushruta explains about 10 *prameha pidakas* in *Nidana Sthana* 6th chapter as follows:

The ten different types of *pidakas* are found to crop up in patients who are suffering from *prameha* and have *aadhikyata* of *vasa* and *meda* and imbalance of the *tridoshas* – they are *sharavika*, *sarshapika*, *kacchapika*, *jalini*, *putrini*, *masurika*, *alaji*, *vidarika*, *vidradhika*.²

These *pidaka* may be correlated to the complications of diabetes such as carbuncles, abscess, ulcers, etc.

Table 1.Details of Prameha Pidaka

Name of Pidaka	Lakshana	Identical Features
<i>Sharavika</i>	Raised at its margin and depressed in center	Resembles an Indian saucer
<i>Sarshapika</i>	Pimples/pustules	Shape and size of white mustard
<i>Kacchapika</i>	Burning sensation	Resembles the back of tortoise
<i>Jalini</i>	<i>Teevra Daha</i> (severe burning)	Looks like <i>Mamsa Jala</i>
<i>Vinata</i>	A large <i>Pidaka</i> developing over back or over abdomen	Deep-seated pain with bluish hue,
<i>Putrini</i>	A thin and extensive abscess	
<i>Masurika</i>		Looks like <i>Masura</i> (lentil seed)
<i>Alaji</i>	Dreadful abscess. Studded with blisters of exuding vesicles.	Red and white color
<i>Vidarika</i>	Hard and round abscess	Looks like <i>Vidari Kanda</i>
<i>Vidradhika</i>	<i>Vidradhi Lakshana Yukta</i>	

We can also consider the concept of *abhishyanda* and *avarana* to the *srotas* in a patient of diabetes and as there is *ojo kshaya* the immunity of the person also becomes low.

All types of *prameha*, if not treated properly and attended at the outset, may ultimately develop into *madhumeha* and becomes *asadhya* to treat.³

Need for the Study

Understanding the pathology and breaking it by time would help prevent the establishment of such complications and thus reducing the morbidity and mortality.

Prevention of Complications and Management by Following Concepts of Ayurveda

Nidana Parivarjana is considered to be the first line of treatment in any of the *rogas*, thus avoiding the *nidana*, i.e., *diwaswapna*, *avyayama*, *aalasya*, *sheeta snigdha*, *madhura dravya sevana*.¹

Pathya: *Shashtika shali*, *yava*, *godhuma*, *mudga*, *tikta* and *kashaya rasa yukta dravyas*.

Apathya: *Sauveeraka*, *shukta*, *sura*, *asava*, *ikshuvikara*, *pishtanna*, *gramya*, *anupa mamsa*.⁴

Samprapti Vighatana

Addressing the disease itself – many of the *dravyas* and *yogas* are described classically to control the disease. Acharya Sushruta gives importance to the usage of *shilajitu* (properties – *tiktakatu rasa*, *kashaya anurasa*, *katu vipaka*, *ushna veerya*, *shoshana*, *chedana*) *tuvaraka*, *loharishta*, *shodhana kriya* have to be adopted to manage and control the disease pathology.

Management of Complications

The common surgical complications are – macro vascular changes, micro vascular changes, diabetic neuropathy, and infection in glucose laden tissue, most common being carbuncles, diabetic foot, necrotizing fasciitis and atherosclerosis.

Acharya Sushruta described about the *prameha pidaka chikitsa* even before explaining the *chikitsa* of *madhumeha* in the 12th chapter of *Chikitsa Sthana* – which shows the importance given to the prevention and management of surgical complications of *prameha*, i.e., diabetes.

Principles of Management in Different Stages

During premonitory stage – *Langhana (apatarpana)*, *kashaya pana* and *ajamootra pana*.

In case of manifested disease: *Shodhana (vamana and virechana)*. If not treated at this stage *doshas* will increase in their intensity and tend to effect or vitiate *rakta* and *mamsa* and produce inflammatory swellings. In such cases, *siravyadha* and other *raktamokshana* procedures should be adopted at this stage. The swelling might increase in size and will present with excessive pain and *vidaha*; at this stage, *shastra kriya* and *vrana upakramas* have to be adopted. If treatment is not adopted at this stage also, the pus liquefies the inner tissues and creates a big cavity and is accumulated there and becomes incurable, therefore, *prameha* patients should be treated from the beginning

Unsuppurated boils should be treated like inflammation (*saptopakrama, ekadasha upakrama*) and the suppurated ones as *vrana (shashti upakrama)*.

Vrana shodhana and *ropana kriyas* should be adopted, *prakshalana* with *aragwadha kashaya, salasradi gana kashaya*, and *pippalyadi gana kashaya* for *pana* and *bhojana*. *Choorana* of *patha, chitraka, brihati, sariva, saptaparna, aragwadha, kutaja* with honey, *navayasa loha, and loharishta* orally.⁵

Role of *kshara basti* as *asthapana basti* also can be explained here as there is *meda adhikya, abhishyanda* and *avarana*. *Lekhana bastis (manjishtahadi kshara basti)* may help to relieve *avarana*, it is also *raktaprasadaka* thus will help in arresting the macroscopic and microscopic complications.

Conclusion

Following *pathya ahara* and *vihara*, usage of *shodhana* therapies periodically, *raktamokshana* in order to improve the blood circulation as well as removal of impurities through blood, *lekhana bastis* can be adopted in the prevention and management of vascular-related

complications, which would decrease the risk of gangrene formation as well as cardiac complications.

In case of established cases of diabetic ulcers – use of topical application of *shodhana dravyas* like *gomutra arka, guggulu tiktaka ghrita*, and *ropana dravyas* like *jatyadi taila, jatyadi ghrita, yashtimadhu ghrita*, quick-heal cream, fresh *kalka* of *shigru patra*, etc., along with the oral medications for good control of diabetes and drugs which can improve the circulation such as *cardorium plus syrup, guggulu preparations, hrudya dravyas* along with the anti-diabetic drugs would help to address the complaints and prevent complications.

Knowledge of *pathya ahara vihara* would help the pre-diabetics in maintenance of their blood sugar levels, as well as prevent complications. The *shodhana* therapies would help the diagnosed cases to eliminate the toxins and thus prevents and manage the complications like atherosclerosis and other complications. Local foot care, ulcer care, improvement of blood circulation, would prevent gangrene formation and thus reduces the chances of amputation.

Thus it can be stated that concepts of Acharya sushruta's would play a pivotal role in understanding the disease pathology, its complications and their prevention and management as well.

Conflicts of interest: Nil

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