

CRITICAL REVIEW OF PRAMEHA POOVRAROOPA IN MEDODOSHA

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ABSTRACT

Ayurveda is an eternal science which deals with both preventive and curative aspect of the disease. Health is the level of functional and metabolic efficiency. It is an equilibrium state of a living organism. All the entities in the human body cease either to maintain the continuity of their manifestations or to undergo disequilibrium state due to affliction of respective *srotas* (structural or functional channels) and *dhathu* (major structural components of the body). Among the seven *dhathu*, *medodhathu* (fat tissue) is said to be responsible for *snehana karma* (oleation). In the present day life style, because of advanced technology and busy schedule life has become more sedentary and excessive intake of fatty foods add extra calories. This may lead to vitiation of *medovaha srothas* (channels carrying fat tissue) and results in *medodosha* (disease occurring due to accumulation of fat) which is abnormal alleviation of *medas*.^[1] The vitiated *medodhathu* on their part

vitiate other *dhathu* which gives rise to *santharpanotta vikara* (disease due to over nourishment) especially *prameha* (diabetes mellitus) which can be diagnosed through *poorvaroopa* (premonitory symptom) as explained in *medodusti laxana*.^[2] The term *medodosha* is attributed to dyslipidemia as this is the leading cause for diabetes and their complications. Hence assessment of *prameha poorvaroopa* in patients of dyslipidemia is

important so as to prevent the disease in earlier stage as well as to control further *medodustijanya vikara*.

KEYWORDS: *Medodhathu, medodosha, pramehapoorvaroopa, dyslipidemia, santharpanottavikara.*

INTRODUCTION

Health is one of the important tool to achieve *purushartha chathustaya* (aims of existence). *Dhathusamy* (equilibrium state of tissues) is the sign of the health. However, in the urge of leading a pleasurable life, people often tend to succumb to calorie rich food associated with using all the means of convenience that leads to increased physical inactivity and its resultant outcome is dyslipidemia.

Dyslipidemia is a disorder of lipoprotein metabolism, including lipoprotein over production or deficiency.^[3] Dyslipidemia may be manifested by elevation of total cholesterol, LDL cholesterol and triglycerides concentration in the blood. In the present era, life has become more sedentary and variety of junk foods add extra calories. Consumption of foods having high calories is also increasing along with the daily diet and lack of exercise results in the disturbance of lipid metabolism and ultimately leads to clinical entity known as dyslipidemia. The etiology mentioned for dyslipidemia is same as *nidana* (cause) mentioned in *santarpanottavikarara*) and *prameha*.^[4] *Medodosha* (dyslipidemia) is invariably involved in pathogenesis of *prameha*.^[5] *Pramehapoorvaroopa* (prodromal symptoms) is the diagnostic tool specially mentioned in *medopradoshaja vikara*. (diseases of altered lipid metabolism). Hence, an attempt is made to understand the role of *medodosha* in developing *pramehapoorvaroopa* and analysis of *pramehapoorvaroopa* is done with special reference to dyslipidemia.

MATERIALS AND METHODS

To study and compile available references of *medodosha, pramehapooravroopa, dyslipidemia* from all ayurvedic text, modern text and electronic data base and were critically analysed.

Medo dosha

Nidana

The disease can be broadly classified into *santharpanotta* and *apatharpanotta vikara* (undernutrition).^[6] *Medodosha* and *prameha* are *santharpanotta vikara*. These are caused either due to excessive consumption of high calorie food and /or *beejadusti* (genetic cause) leading to abnormal accumulation of *medas*. Persistent *khavyagunya* (defect in channels) in *medovaha srothas* and its *mula* (root) causes this disturbance. Most of the authors have explained *medodosha* and *prameha nidana* similar to the *nidana* of *santharpanotta vikara* which includes,

- *Kaphakara nidana* (factors that vitiate *kapha dosha*)
- *Medovaha srothodusti nidana* (factors that vitiate channels carrying fat tissue)
- *Prameha nidana* (causative factors of diabetes mellitus).

Medovrudhi

Medodosha is a unique term available in *bruhatrayi*. *Acharya Charaka* explains it under *pradoshaja vikara* where as *Sushruthacharya* enlists the diseases of *medodosha*. Further in *Sharangadhara samhitha* *medodosha* is mentioned as one entity and it is produced due to *medovrudhi* (increase). The *vrudha medas* generally accumulates in *udara pradasha* (abdomen) as seen in *sthoulya* (obesity). Instead if it remains in circulation, forms *abadha meda* (*dyslipidemia*) as seen in *prameha samprapti*. Here the term *medodosha* implies *dusta medas/vrudha medas*. Due to *avarana* (obstruction) by *kaphadosha* and *medas* in *srothas* there will be decreased nutrition to other *dhathu* (tissue) which leads to increase in *agni* (digestive fire) further increase in *medas* and causes different *medodustianyavikara*. They are *granthi* (tumour), *vidradhi*(abscess), *galaganda*(goitre), *arbuda* (cancer), *madhumeha* (diabetes mellitus), *sthoulya*, *atisveda* (hyperhidrosis)etc.^[7] According to *Charaka samhitha*, *medodosha* is responsible for *sthoulya* and *prameha poorvaroopa*. This indicates that *medovaha srothas* is predominantly effected in *poorvaroopa* stage of *prameha* which later leads to vitiation of nearby *srothas* (channels) on further progression of disease.

Table 1: Medodosha in samhitha.

	C.S	S. S	A.H	A. S	M.N	Sh. S
<i>Medodosha</i>	-	+	+	-	-	+
<i>Medovrudhi</i>						
<i>Medoroga</i>	-	+	-	+	+	-
<i>Athipusti</i>	-	-	-	+	-	-
<i>Upachaya</i>	+	+	+	+	-	-

Medodushti in stoulya

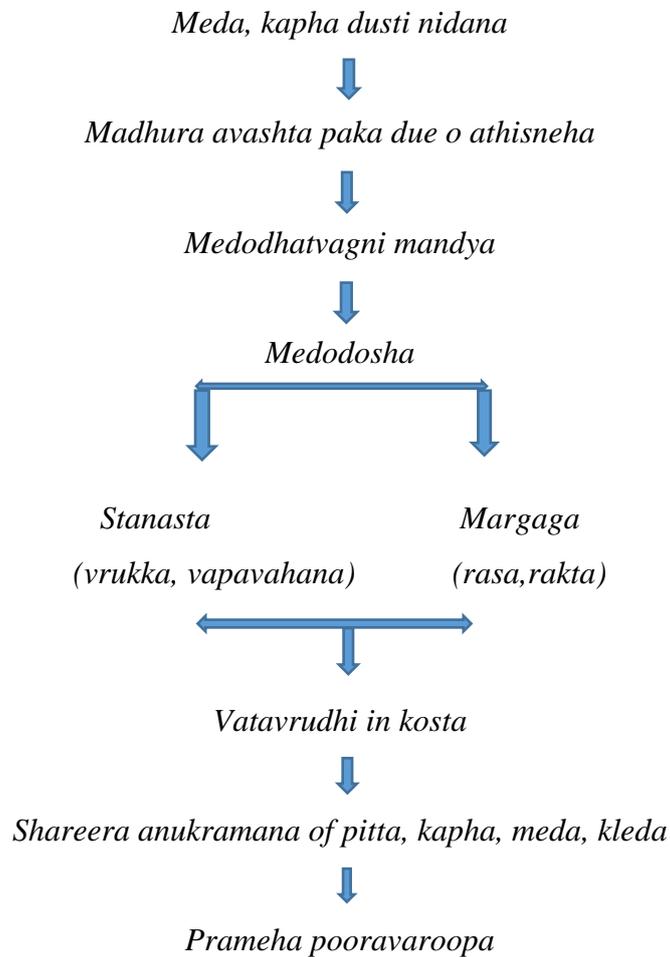
The word *medodushti* refers to *sthanasta medodushti* (adipose tissue/fatty infiltration) and *margaga medodushti* (dyslipidemia).^[8] *Medovaha sroto dushti* includes its *moola vrukka* (suprarenal gland) and *vapavahana* (pancreas) and all other *srotas* or *dhatu* where *medo dhatu* exerts its influence. Exposure to *santarpanottha nidana* is the major cause of *medo dushti* and results in the excessive accumulation of *medas* resulting in *sthoulya*. In *sthoulya*, *ama rasa* (imperfect chyme) is produced due to *kapha vardhaka ahara* (food which increases *kapha*), *adhyshana* (frequent/over eating), *avyayama* (lack of physical activity) and *divaswapna* (day sleep). The *madhuratarata ama rasa* (hyperglycemia) moves throughout the body. Excessive *snehamsha* (unctuousness) of this *anna rasa* (chyme) will be converted into *medas* which causes *medo vruddhi* and gets accumulated in different parts of the body such as *udara* (abdomen), *stana* (breast), *gala* (neck), *spik* (buttock) resulting in *sthoulya*. When there is excessive accumulation of *ama rupi medas* (abnormal lipid) it will result in *avarana* of *vata* (obstruction). As a result, *vata* gets aggravated, stimulating the *jataragni* which is responsible for the digestion and absorption of food. So, there is rapid digestion as a result of which *sthoola* person eats more and more which results in accumulation of *medas* ending in *atisthoulya*.^[9] *Stanasta medas* does *dusti* of *margaga medas* and path of *vata* being obstructed by *medas* hence *vata* gets aggravated easily. Vitiated *medas* further undergo *dusti* and combines with *kapha*, *shareera kleda* (moisture) and *mutra* (urine) resulting in *stanasamshraya* (localization) in different *srothas* which can be observed through premonitory signs for *prameha*.

Medodusti in krusha

Already existing *beejadusti* in an individual leads to *upathapa* (affliction) of *stanasta medas* (*vapavahana*, *vrukka*) and *medo dhatvagni mandya* which in turn causes *margaga medodusti*. Further indulgence of *santharpanotta nidana* leads to the manifestations of *prameha poorvaroopa*. Based on presence or absence of *vikaravighatha bhava* (immunity) and *khavygunyatha* different *poorvaroopa* can be seen. *Prameharoga* may manifest in different ways based on *vikara vighatha abhava*. i.e. based on *nidana*, *dosha*, *doosha* and their degree of vitiation. When the equilibrium of these factors are disturbed or when they do not support each other or when they are weak due to other factors then, either the disease does not manifest itself (*vikara ajanana*) or there is delay in manifestation (*chirena cha janana*) or the disease is very mild (*anu vikara janana*) or all its symptoms are not properly manifested (*asarva linga vikara jana*) From this we can conclude that manifestations of diseases are

based on the *vikara vighatha bhava* and *abhava*, same as in case of the diseases *medodosh* and *prameha* where the severity of the signs and symptoms depends upon the involvement of *nidana*, *dosha*, *dushyadi vishesha*.

Chart 1: Samprapti of medodosh



Stanamsraya/Poorvaroopta

Poorvaroopta are indicators of impending diseases. They occur prior to complete manifestation of disease and may suggest the forthcoming illness. During the course of the *samprapti* (pathogenesis) of an illness, the morbid dosha circulating all over the place in the body tend to localize in an area and produces some of the unique symptoms and is mentioned by the name *poorvaroopta*. The signs and symptoms which appear before the complete manifestation of the disease is *pooravroopa* and this is seen in the 4th *kriyakala* (stage of disease manifestation) where there will be localization of *dosha* and *dushya* clinically this is important for early diagnosis and prognosis.

It is of two types

1. Samanya
2. Vishesha

Samanyapoorvaroopa (general) gives the knowledge of the forthcoming disease but not regarding the exact knowledge about dosha involved whereas the *vishesha poorvaroopa* (specific) gives the knowledge regarding the *dosha* as well as disease. Premonitory symptoms are important to diagnose the disease as early as possible. They are the indicators of forthcoming disease and appears prior to the manifestation of disease. It is the stage where *doshadushya sammurchana* (association of abnormal *dosha* & *dhushya*) begins. These symptoms are mild in nature and few in number and so can only help to identify or recognize the future disease but cannot definitely indicate the predominance of *dosha* or *dhushya* which give rise to such a disease. In other words, it is impossible to know specifically the kind (subdivision, variety) of the disease as attributable to the *dosha*, such as *vataja*, *pittaja*, *kaphaja*, *dwndvaja* (of two dosha origin) and *sannipataja* (of three dosha origin) etc. While explaining about the differential diagnosis of *prameha*, *poorvaroopa* has been given utmost importance. Red coloured urine mixed with blood is a prodromal symptom common to both *raktapitta* (bleeding disorder) and *pittaja prameha*. If the patient has sweet taste in mouth eliminated large quantity of turbid urine, the oncoming disease is *pittaja prameha* whereas the absence of these additional symptom would indicate the oncoming disease as *raktapitta*.

Prameha poorvaroopa**Athisveda**

Meda being combined with *sleshma* (mucus) and possessing the qualities like *vishyandana* (overflow), *guruta* (heavy) accumulates excessively under the skin and leads to excessive sweating. *Sweda* is the *mala* (waste product) of *meda* and excessive accumulation of *meda* causes *athisveda*.

Visrashereera gandha

Dourgandhya (foul smell) is due to medodosha. *Medodosha* refers to *dusta medas* which has *ama gandhitwa* (smelling musty). *Athisveda* results in accumulation of *dusta medas* which is evacuated through skin leads to *visra shareera gandha* (bad smell of body).

Jihva/netra/shravana/hrudayaupadeha/ malam kaye/Kaya chidreshu upadeha

Upadeha refers to covering/ coating/ secondary growth on the body. This occurs in *kayachidra* (body orifices). *Sveda* being *mala* of *medas* gets accumulated in the tongue, eyes, ears, teeth, pallet and results in alteration of their functions.

Angashaithilya

Shithilatha indicates weakness/flaccidity. *Angashaithilya* is a consequence of *ayatha upachitha* (abnormal) *meda* and *mamsa* (muscle) being produced and gets localized in *spik, udara, sthana*.

Angasaada

Saada refers to sinking down/leanness/exhaustion. Because of abnormal increase in *rasa* (plasma), *mamsa* and *medas*, the *dharana* (firmness) function gets impaired results in weakness.

Shayya rathi /asana rathi/svapna rathi (Athinidra)

Shayya refers to lying down, *asana* refers to sitting and *swapna* refers to *nidra*. There will be excessive desire to sit down and sleep in *poorvaroopa* stage. Increase in *kaphadosha* and *medas* causes increase in *guru* (heavy), *manda* (inactive) qualities of body and leads to all these symptoms. Seven types of *nidra* (sleep), are present among them *shleshmasamudbhava nidra* is one which is due to *kapha vruddhi*, *medodoshayuktha* person suffers from excessive sleep due to abnormal accumulation of *kapha*.

Tandra

Tandra refers to drowsiness/lassitude. There is absence of perception of the objective world, appearance of heaviness of the body, yawning, fatigue and later person falls asleep. This is due to increased *guru*, *manda*, *thamoguna* (quality of ignorance) of *kapha dosha* and *vata* when combines with *medodosh* produces *tandra*.

Alasya

Alasya refers to laziness/lassitude. *Kapha* and *meda* having similar qualities (*manda*, *guru*) causes formation of *ama annarasa* and results in *alasya*. Hence *alasya* is characterized by *karma abhava* (lack of physical, mental activity).

Swasa

Swasa roga is the disease of *pranavaha srotas* (respiratory tract) as the *kapha* is increased in uraha Pradesh (chest), it obstructs the breathing even with little work, and he will get *kshudra swasa* (physiological). This will be mostly observed in *sthula purusha* (obesity).

Mukha thalu shosha /pipasa

Because of hyper functioning of jataragni and excess production of *sweda* (sweat) person suffers from *atitrishna* (excessive thirst). Excessive *sveda* results in depletion of *ap dhathu* (fluid and thus causes dryness in oral cavity and pallet and person will have excessive thirst.

Asyamadhuryatha

Asyamadhuryatha refers to sweet taste in mouth. Defect in *madhura avasthapaka* (1st stage of digestion) causes formation of *annarasa* which attains *madhuribhava* (saliva) and further mixes with *medas* and leads to *asyamadhuryatha*.

Sheethapriyatva

Sheethapriyatva refers to desire for cold substances. There will be *shoshana* (dryness) of *apya dhathu* (liquid portion) in the form of sweat and hence results in desire for *sheethguna* which is a quality of *apya dhathu*.

Keshajatilbhava

Jatilbhava refers to *anyonya milana* (sticky nature of hair). This occurs due to increase in *sveda* and *pichchila* (slimy) nature of *kapha*. Further it is told that this occurs due to *rogaprabhava* (peculiar nature of disease).

Kesha/Nakhavrudhi

Kesha (hair) and *nakha* (nail) are *mala* of *asthi*. *Kesha* and *nakhavrudhi* refers to abnormal growth of hair and nails. This is due to excessive accumulation of *mala* (*sveda* and *medas*) and the peculiar nature of disease.

Kara/pada/anga supti

Supti refers to *eeshathsparsha ajnanatha* (numbness) which is due to *vata dosha*. This occurs as a result of *dhathu kshaya* (depletion of body tissues) leading to *vatavrudhi*. This may even happen because of *margavarana* (obstruction).

Kara/pada daha/paridaha

Daha refers to burning sensation. In *vataja prameha* there will be *dhathukshaya* causing *vata vrudhi* which carries normal *pitta* to other sites leading to burning sensation in hands, feet, all over body. This is the typical nature of the disease.

Snigdha/guru/pichchila gatrata

This is a *sarvadaihika laxana* (generalized symptom). *Gatra* refers to body. *Abadha meda* (lipoproteins) possessing *snigdha, pichchila guna* when eliminates through *sveda* causes sliminess/oily nature of the skin.

Gurugatrata (heaviness) is resultant of *meda vrudhi/kapha vrudhi* which will be accumulated in *udara, spik* and *stana*.

Madhura mutrata

Madhura mutrata (is a consequence of *dosha dushya sammurchana*. *Vata* carries *Kapha, abhadha meda, kleda, ojas* to *mutra* and further results in *madhuramutrata*. *Ojovisramsas* (depletion of *ojas*) is main reason for *madhuryatha* of *mutra*. This is commonly seen in *vataja prameha*.

Shukla mutrata

Shukla mutrata (whitish discolouration of urine) refers to whitish discolouration of urine. As *kapha, dhathu* gets eliminated in urine *mutra* attains *shuklatha*. This a *poorvaroopa* of *vataja prameha*.

Shareera/mutra pipeelikabhisarana

As there will be *madhurata* in *mutra* and *sarvashareera, pipeelika* (ants/insects) gets attracted to that person. This is seen in *vataja prameha*. This can be even seen as *upadrava* (complications), *aristalaxana* (death signs).

Mutradosha

The term *mutradosha* indicates renal disorders. This includes *mutraghatha* and *mutrakruchra*. (renal disorders) This can be a *poorvaroopa, laxana* or *upadrava* of *prameha*. When there is excessive *medadosha* when vitiates *mutravaha srothas* (urinary system) with absence of *vikarvighatha bhava* causes *mutradosha*.

DISCUSSION

Dyslipidemia is a condition with abnormally elevated levels of any one or all lipoproteins in the blood. Dyslipidemia is established risk factor for diabetes. There is no direct reference for dyslipidemia in *Ayurveda*, but the symptoms of dyslipidemia mimic to *medodosh* (dyslipidemia). *Medodosh* is invariably involved in *prameha samprapti* as *abadha medas* (hyperlipidaemia). This in turn leads to a clinical condition as *madhuratar* *sneha* can be correlated to insulin resistance. This can be diagnosed through various signs and symptoms known as *prameha poorvaroopa*.

CONCLUSION

The term *medodosh* refers to *medovrudhi* in terms of *badha* and *abhadha* form. *Badha medas* accumulates in *udara*, *spik*, *stana* and results in *stoulya* whereas *abadha medas* which is there in circulation leads to *prameha samprapti* which is primarily identified by *poorvaroopa*. As *prameha poorvaroopa* and *medodosh* are originated from same *srothas*, there is close relation between these two diseases. *Stanasta dhathu* vitiates *margagadhathu* and thus results in *poorvaroopa*. *Medo dosha* usually occurs due to *santharpanotta* *nidana*. Along with *santharpanotta nidana* *beeja dosha* also plays a major role in development of *medodosh* and *prameha*. This will lead to two different presentation i.e. *sthoula pramehi* (diabetes of obese) and *krusha pramehi* (diabetes of lean). *Sthoulya* is purely *apathyanimitaja* where *pooravroopa* occurs gradually. If *sthoulya* is due to *beeja dusti* then *prameha pooravroopa* may manifest in early age and *poorvaroopa* occurs rapidly/progressively. Existing *beeja dusti* in *krusha rogi* causes *prameha* in earlier age with minimal prodromal symptoms or directly manifests as *vyakta avasta*. Hence it is important to assess *prameha poorvaroopa* initially through *medodosh* so as to prevent the disease in earlier stage and to avoid the complications.

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