

Prameha (Diabetes Syndrome)

Prameha (which means profuse urination), prakrushta meha, and prakarshena meha are names indicating a dysfunction in mūtra vaha srotas (the urinary system) and ambu vaha srotas (the water carrying channels). In this chapter, we will discuss prameha as diabetes syndrome and its associated disorders.

In prameha, there is a disturbance in ambu vaha srotas, mūtra vaha srotas, rasa vaha srotas, rakta vaha srotas and medo vaha srotas. The kloma (pancreas), tālu (palate) and choroid plexuses are all connected to ambu vaha srotas and are all affected by prameha. Medo vaha srotas (the channel of fatty tissue) and rasa-rakta vaha srotas (lymph and blood carrying channels) are affected by prameha due to their affinity for the water element. In fact, any system or tissue in the body that is associated with water will be affected.

It is very important to understand that Ayurveda sees prameha not as one disease, but as a multifaceted syndrome with various, complex metabolic disorders. Prameha describes a syndrome of varied symptoms and complications related to or causing diabetes. It includes the prodromal symptoms and disease conditions of diabetes mellitus types one and two and diabetes insipidus.

However, it is important that we understand the doshas and systems involved, not just the modern medical definition of this disease.

The Ayurvedic picture is based on the concept that all dhātus (tissues) have a normal level of kleda (moisture or liquid). One function of kleda is to maintain the body's water-electrolyte balance. It also nourishes and lubricates all tissues. It is associated with kledaka kapha in the stomach and, in the prasara (spreading) stage of prameha, kledaka kapha overflows from the gastrointestinal (GI) tract and enters the rasa dhātu (blood plasma). This kledaka kapha disturbs the kleda present in all dhātus.

The function of urine is to remove excess liquids, so when kleda is increased, urination is also increased, called polyuria. Hence, prameha, or prakrushta meha, indicates this profuse urination.

Polyuria may be present in other conditions, such as hysteria, renal disorders, hyperparathyroidism (which may lead to hypercalcemia and then polyuria), or potassium depletion, which is a kidney disorder. Due to these etiological factors, one or more of the doshas increases, leading to progression of the diabetic disease process.

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