

Daivavyapashraya Chikitsa as an Adjuvant Therapy in the Management of Prameha: A Clinical Study Based on Brihatrayi and Virasimhavalokana

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Abstract

Background: Prameha is a Kapha-pradhana Vyadhi described in Ayurveda with Prabhuta and Avila Mutrata as cardinal features. It involves Kapha, Meda, Mamsa, Kleda, Mutra and Ojas as important pathological factors. In modern understanding, Prameha can be correlated with type 2 diabetes mellitus, a chronic metabolic disorder associated with hyperglycaemia, insulin resistance, obesity, sedentary lifestyle and psychological stress. Ayurveda describes three major therapeutic approaches: Daivavyapashraya, Yuktivyapashraya and Sattvavajaya Chikitsa. Among them, Daivavyapashraya Chikitsa is indicated in Karmaja, Adrishta-hetuja and psycho-spiritual aspects of disease [1-5].

Objective: To evaluate the clinical efficacy of Daivavyapashraya Chikitsa as an adjuvant to Madhumehari Churna in the management of Prameha.

Materials and Methods: An open-label, comparative, non-randomized clinical study was conducted on 60 patients of Prameha. Patients were divided into two groups of 30 each. Group A received Madhumehari Churna 6 g twice daily before meals with lukewarm water for 90 days. Group B received Madhumehari Churna in the same dose along with Daivavyapashraya Chikitsa, including Chandrayana Vrata, Gayatri Mantra Japa 1008 times daily, Panchakosha Sadhana, Pranayama, Mudra and Yajna. Assessment was done on subjective symptoms and objective parameters such as fasting blood sugar, post-prandial blood sugar and HbA1c [6-12].

Results: Both groups showed improvement, but Group B showed better results than Group A. Group A showed 43.92% subjective improvement, whereas Group B showed 59.34% improvement. Objective parameters such as FBS, PPBS and HbA1c also showed better reduction in Group B. Marked improvement was observed in 13.33% patients of Group B, while no patient in Group A showed marked improvement.

Conclusion: Daivavyapashraya Chikitsa, when combined with Madhumehari Churna, provides better clinical improvement in Prameha than Madhumehari Churna alone. The probable mode of action may be

through Ahara-niyama, Upavasa, Mantra Japa, Yajna, stress reduction, mental discipline, lifestyle correction and improvement in Sattva Bala. The study supports the integrated role of Daivavyapashraya, Yuktivyapashraya and Sattvavajaya Chikitsa in the management of lifestyle disorders such as Prameha.

Keywords: Prameha; Daivavyapashraya Chikitsa; Madhumehari Churna; Chandrayana Vrata; Gayatri Mantra; Yajna; Diabetes Mellitus; Ayurveda.

Introduction

Ayurveda is a holistic system of medicine that defines Ayu as the combination of Sharira, Indriya, Sattva and Atma. The maintenance of Dhatu Samya is considered the main aim of Ayurveda. Acharya Charaka describes three major therapeutic modalities: Daivavyapashraya Chikitsa, Yuktivyapashraya Chikitsa and Sattvavajaya Chikitsa [1]. Daivavyapashraya Chikitsa includes Mantra, Aushadha-dharana, Mani, Mangala, Bali, Upahara, Homa, Niyama, Prayaschitta, Upavasa, Swastyayana, Pranipata and Gamanadi measures [1,3,6].

Ayurveda accepts that all diseases do not arise only due to visible physical causes. Some diseases are caused by Mithya Ahara-Vihara, while others may arise due to Purvakrita Karma or Adrishta factors. Ashtanga Hridaya explains diseases as Drishtapacharaja, Purvaparahaja and their mixed form [3]. In Karmaja or Adrishta-hetuja Vyadhi, Daivavyapashraya Chikitsa is considered important because it acts through spiritual, psychological and behavioral correction [5-8].

Virasimhavalokana is a significant classical text that integrates Jyotisha Shastra, Karma-vipaka, Dharma Shastra and Ayurveda. In Prameha Rogadhikara, it explains Prameha in relation to Karma-vipaka and advises Chandrayana Vrata, Gayatri Mantra Japa and Ajyahuti Homa as Daivavyapashraya measures [5]. These methods are not merely religious procedures; rather, they may influence mental discipline, self-control, emotional stability, Ahara Samyama and lifestyle modification.

Prameha is described as a Kapha-pradhana disease involving Meda, Mamsa, Kleda, Mutra, Shukra, Shonita, Vasa, Majja, Lasika, Rasa and Ojas [1,2,9]. Its cardinal signs are Prabhuta Mutrata and Avila Mutrata. Other symptoms include Pipasa, Kshudha, Sweda, Angagandha, Nidra, Hasta-pada Daha, Kara-pada Suptata and Alasya. In modern medical science, Prameha can be correlated with diabetes mellitus, especially type 2 diabetes mellitus, which is associated with insulin resistance, hyperglycaemia and metabolic dysfunction [26-30].

Chronic stress, anxiety, depression and emotional eating are important factors in poor glycaemic control. Modern studies also show that yoga, meditation, mindfulness, stress management and fasting may improve metabolic and psychological outcomes in type 2 diabetes mellitus [31-38]. Therefore, the present study was planned to evaluate the effect of Daivavyapashraya Chikitsa as an adjuvant therapy with Madhumehari Churna in Prameha.

Aim and Objectives

Aim

To assess the efficacy of Daivavyapashraya Chikitsa as an adjuvant therapy in the management of Prameha.

Objectives

1. To study the concept of Daivavyapashraya Chikitsa in Brihatrayi and Virasimhavalokana.
2. To study the Ayurvedic and modern concepts of Prameha.

3. To evaluate the effect of Madhumehari Churna in Prameha.
4. To evaluate the combined effect of Madhumehari Churna and Daivavyapashraya Chikitsa in Prameha.
5. To compare the results of both groups on subjective and objective parameters.

Materials and Methods

Study Design

The present clinical study was an open-label, comparative, non-randomized clinical trial. The total duration of treatment was 90 days.

Source of Patients

A total of 60 patients of Prameha were selected from OPD/IPD of NIA Hospital, Jaipur. After clinical examination and assessment of eligibility criteria, the patients were divided into two groups, with 30 patients in each group.

Diagnostic Criteria

Diagnosis was made on the basis of classical symptoms of Prameha and biochemical parameters. The subjective symptoms included Avila Mutrata, Pipasadhikya, Kshudhadhikya, Swedadhikya, Angagandha, Nidraadhikya, Hasta-pada Tala Daha, Kara-pada Suptata and Alasya [1,2,9].

Objective criteria included:

1. Fasting plasma glucose ≥ 126 mg/dL
2. Post-prandial plasma glucose ≥ 200 mg/dL
3. HbA1c $\geq 6.5\%$

These criteria are consistent with the accepted modern diagnostic approach for diabetes mellitus [26-28].

Inclusion Criteria

Patients of either sex aged between 20 and 60 years were included. Patients having classical symptoms of Prameha, fasting plasma glucose between 126–220 mg/dL, post-prandial plasma glucose between 200–300 mg/dL and HbA1c between 6.5% and 9% were selected. Patients without major complications of Prameha were included.

Exclusion Criteria

Patients with type 1 diabetes mellitus, severe systemic illness, other metabolic or endocrine disorders, chronic complications of diabetes mellitus, pregnancy and lactation were excluded.

Intervention

Group A

Patients in Group A received Madhumehari Churna 6 g twice daily before meals with lukewarm water for 90 days.

Group B

Patients in Group B received Madhumehari Churna in the same dose along with Daivavyapashraya Chikitsa for 90 days. The Daivavyapashraya protocol included:

1. Chandrayana Vrata
2. Gayatri Mantra Japa 1008 times daily
3. Panchakosha Sadhana
4. Pranayama: Nadi Shodhana, Pranakarshana and Suryabhedana
5. Mudra: Shaktichalini, Shithilikarana and Khechari Mudra
6. Yajna with prescribed Mantra and Ajyahuti

The intervention was based on the description of Daivavyapashraya measures in classical Ayurvedic texts and Virasimhavalokana [1,5,6,23,24].

Trial Drug: Madhumehari Churna

Madhumehari Churna was selected as the trial drug. Its ingredients included Jambu Beeja, Amrasthi Majja, Karavellaka, Meshashringi, Methika, Bilva Patra, Nimba Beeja, Swarnapatri, Shatapushpa, Bala Beeja, Baboola Phala and Shunthi. These drugs possess Katu, Tikta and Kashaya Rasa; Laghu and Ruksha properties; Deepana, Pachana, Medohara, Lekhana, Kledashoshana and Srotoshodhana actions [10,25,26,39,40].

The probable action of Madhumehari Churna may be through correction of Agnimandya, reduction of Kapha-Meda Dushti, improvement in Srotoshodhana and regulation of Mutravaha Srotas.

Assessment Criteria

Subjective Parameters

The following subjective symptoms were assessed before and after treatment:

1. Avila Mutrata
2. Pipasadhikya
3. Kshudhadhikya
4. Swedadhikya
5. Angagandha
6. Nidraadhikya
7. Hasta-pada Tala Daha
8. Kara-pada Suptata
9. Alasya

Each symptom was graded as absent, mild, moderate or severe.

Objective Parameters

1. Fasting Blood Sugar
2. Post-prandial Blood Sugar
3. HbA1c

Statistical Analysis

Subjective parameters were analyzed by Wilcoxon signed-rank test and Mann–Whitney U test. Objective parameters were analyzed by paired and unpaired t-test.

Results

Both groups showed improvement after 90 days of treatment. Group A showed improvement with Madhumehari Churna alone, but Group B showed better results due to the combined effect of Madhumehari Churna and Daivavyapashraya Chikitsa.

The average subjective improvement in Group A was 43.92%, while Group B showed 59.34% improvement. Symptoms such as Pipasadhikya, Swedadhikya, Nidraadhikya, Hasta-pada Daha, Kara-pada Suptata and Alasya improved better in Group B.

Objective parameters such as FBS, PPBS and HbA1c showed greater reduction in Group B. The overall objective effect in Group B was 20.85%. Marked improvement was observed in 13.33% patients of Group B, while no patient in Group A showed marked improvement. No change was observed in 30% patients of Group A, whereas no patient in Group B remained unchanged.

Discussion

Prameha is a Santarpanajanya and Kapha-Meda predominant disease. The pathogenesis involves Agnimandya, Bahudrava Shleshma, Meda Dushti, Kleda Vriddhi and Mutravaha Srotodushti [1,2,9]. Madhumehari Churna acts through Deepana, Pachana, Medohara, Lekhana and Kledashoshana properties, which help in Samprapti Vighatana of Prameha [10,25,26].

The better improvement in Group B may be due to the additional role of Daivavyapashraya Chikitsa. Chandrayana Vrata provides strict Ahara Samyama and Upavasa. Upavasa reduces Kapha, Meda and Kleda, improves Agni and supports metabolic discipline. Intermittent fasting and calorie restriction have also shown beneficial effects in obesity and type 2 diabetes prevention [37,38].

Gayatri Mantra Japa may work through mental relaxation, improved concentration and reduction of stress. Mantra Japa may act as a meditative practice and help in balancing Manas Dosha. Stress management has been shown to improve long-term glycaemic control in type 2 diabetes mellitus [31]. Mindfulness and meditation-based practices may also help reduce stress and improve psychological health [35,36].

Panchakosha Sadhana works at the level of Annamaya, Pranamaya, Manomaya, Vijnanamaya and Anandamaya Kosha. It integrates physical discipline, breath regulation, mental purification, self-reflection and spiritual awareness [18,19,23]. Pranayama and Mudra help regulate Prana, improve mental stability and support lifestyle discipline. Yoga-based interventions have shown beneficial effects in type 2 diabetes mellitus and cardiovascular risk factors [32-34].

Yajna may provide a ritualistic, spiritual and psycho-social environment that enhances Sankalpa Shakti, positivity, faith and emotional stability. The process of Mantra, Agni, Ahuti and Prarthana may help in reducing fear, anxiety and negative emotions. In chronic lifestyle disorders like Prameha, psychological stability and self-discipline are very important for long-term disease management.

Thus, Daivavyapashraya Chikitsa should not be understood only as religious ritual. It can be interpreted as a psycho-spiritual and behavioral therapy that supports Sattva Bala, Ahara-Vihara Niyama, stress reduction and self-control. The combination of Daivavyapashraya, Yuktivyapashraya and Sattvavajaya appears more effective than drug therapy alone in Prameha.

Probable Mode of Action

1. **Chandrayana Vrata:** Controls Ahara, reduces Kapha-Meda, improves Agni and promotes discipline.
2. **Gayatri Mantra Japa:** Reduces stress, improves concentration and promotes mental calmness.
3. **Panchakosha Sadhana:** Integrates body, breath, mind, intellect and spiritual awareness.
4. **Pranayama and Mudra:** Improve Pranic balance, mental stability and lifestyle regulation.
5. **Yajna:** Enhances Sankalpa, positivity, devotion, environmental purity and psycho-spiritual healing.
6. **Madhumehari Churna:** Acts through Deepana, Pachana, Medohara, Lekhana and Kledashoshana properties.

Conclusion

The present study showed that Madhumehari Churna is effective in the management of Prameha. However, the combined therapy of Madhumehari Churna with Daivavyapashraya Chikitsa produced better clinical results than Madhumehari Churna alone.

Group B showed superior improvement in subjective symptoms as well as objective parameters such as FBS, PPBS and HbA1c. The probable reason may be the combined action of Ahara Samyama, Upavasa, Mantra Japa, Pranayama, Panchakosha Sadhana, Mudra, Yajna and Ayurvedic drug therapy.

Daivavyapashraya Chikitsa appears to be a valuable adjuvant therapy in Prameha by improving mental strength, self-discipline, spiritual confidence and lifestyle regulation. Therefore, an integrated approach of Daivavyapashraya, Yuktivyapashraya and Sattvavajaya Chikitsa may be highly useful in the management of Prameha and other lifestyle disorders.

Limitations

The study was open-label and non-randomized. The sample size was limited to 60 patients. Long-term follow-up was not included. Stress biomarkers such as cortisol, inflammatory markers and quality-of-life scores were not assessed. Further randomized controlled trials with larger sample size and longer follow-up are required.

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