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Review Article

STUDY OF PRAMEHA VIS A VIS METABOLIC SYNDROME

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ABSTRACT

In Ayurvedic medical science the Prameha is described as a set of complex clinical disorders characterized by Prabhuta mootrata (frequent abnormal micturation) and Avila mootrata (Turbid urine) with the etiology involving bheeja doshaat (genetic predisposition) as well as Apathya nimittaja (improper diet and lifestyle). The Ayurvedic description of Kaphaja Prameha and Vataja Prameha include features of Diabetes mellitus Type II and Sahaja Prameha includes Type I Diabetes. The different types of Prameha have clinical manifestations that have much in common with those described in allopathic medicine for metabolic syndrome. This paper tries to explore the hidden ancient knowledge with scientific approach.

Keywords: Prameha, Sahaja Prameha, Apathya Nimittaja Prameha, Metabolic Syndrome, Diabetes Mellitus Type I and Type II

INTRODUCTION

Ayurveda is the science of life which has the main aim of protecting the health of healthy person and to treat the diseased person. Pancha Nidana in Ayurveda is an excellent tool for prevention of disease, to diagnose the disease and treat the disease. Ayurveda describes all the diseases based on Pancha Nidana only. Prameha is a syndrome which includes all the clinical conditions which are characterized by with more quantity and increased frequency of abnormal micturation along with other symptoms. Prameha can correlate in many ways with Metabolic Syndrome and Diabetes mellitus. Inclusion of Prameha among Maha Gada group in Charaka Nidana sthana shows the significance of this disease.

Basically this article is review of various Ayurvedic classical texts. Materials related to Prameha, Sahaja Prameha, Apathya Nimittaja Prameha, Vataja and Kaphaja Prameha in Ayurveda and other related topics have been collected from various Ayurvedic classical texts. The references were compiled, analyzed and discussed for a thorough and in-depth understanding of the Prameha in Ayurveda. The samhitas used in the present study were Charaka samhita, Shushruta samhita and Astanga Hridaya with commentaries on them. The modern medical literatures related to Metabolic Syndrome and as well as other various related information were collected from websites.

History of Prameha

The description available in Kaushika sutra of Athrvana Veda is considered as the first reference related to Prameha, by the name of 'Asrava'¹. Sayana and Kesavabhata, the well known commentators of the Sacred Vedas interpret ASRAVA as 'Mutraisara' (Excessive urination). Whitney (1962) interpreted this as flux and Giffith (1962) as morbid flow. Charaka has traced the origin of Prameha from an incident of the disruption

of "Yagna" conducted by Daksaprajapati. He states that Prameha first occurred by overeating of "Havish" (contains much of carbohydrates & fats, made from milk, sugar and rice) a special type of food offered in this "Yagna"².

Nirukti (Derivation) of Prameha

The word "Prameha" is derived from the root 'Miha Secana' by adding 'Lue' pratyaya to it. "Mihati, Sinchati, Mutra retansi" which means to excrete³ (Halayudhakosha). The word Prameha consist two words, Pra + Meha. The prefix 'Pra' indicates excessive quantity and frequency. The main characteristic features of Prameha said to be prabhuta mootrata (More urination), Avila mootrata (Frequent urination). Meha means passing of large quantity of urine. Mehati means to excrete.

Classification of Prameha

Classification can be done based on different factors. They considered Hetu (Etiology), Deha Prakruti and Dosha (Humors), Prakruti (Constitution of the body) for classification of the Prameha.

Hetu Bedhas (Etiological Classification) of Prameha

According to Sushruta, prameha is of 2 types i.e. Sahaja Prameha and Apathyaja prameha. Charaka mentioned as Jatah pramehi and Kulaja. Sushruta's Sahaja Pramehi and Charaka's Jatah Pramehi both are similar. Jatah pramehi and Sahaja Pramehi both are due to defect in beeja. Means it arises due to genetic defect, inherited from parents due to some abnormality in sperm or ovum. Kulaja Pramehi is the prameha patient who is born of parents, who were also suffering from this ailment⁴. In this case the genes of the parents (Beeja dosha- Sperm & Ovary) are already afflicted with the dosas which are responsible for the causation of Prameha in them.

Sahaja Prameha/Jatah Prameh⁵

In Ayurveda, the words Sahaja, Jatah indicate genetic predisposition in the pathophysiological path of disease. A certain genetic defect in the sperm and ovum (referred to as Bija Dosh) can result in to a genetic disorder

Roopa (Signs & Symptoms): prabhuta mootrata (More urination), Avila mootrata (Frequent turbid urination – Polyuria), Krusha (emaciation), Rooksha (Dryness of mouth & throat emaciated), Alpashi (Loss of appetite), Pipasa (afflicted with excessive thirst - Polydipsia)

Apathya Nimittaja Prameha

Apathyaja nimittaja prameha is caused by improper dietetic habits.

Nidana

Aahara (Dietary) factors: Sheeta (cold), snigdha (unctuous), Madhura (sweet), medhya (fatty), drava anna (liquid food), paana (drinks), Excessive intake of Dadhi (yogurt), meat of aquatic animals, milk, new (not aged) grains, foods/drinks containing sugar and jaggery (an unrefined form of cane sugar), foods that are heavy to digest.

Vihara (Lifestyle) factors: Excessive sleeping, Diva Swapna (daytime sleeping), Avyayama

(Lack of exercise), Aprasaktum (Idealness, laziness, excessive sitting), Sedentary lifestyle

Manasika (Psychological) factors: Disturbance in mental health caused by extreme level of thinking, Vishaada (depression), Manasika chinta

Roopa (Signs & Symptoms): Sthula (Obese), bahwashi (Polyphagia), snigdha (Unctuous), Shayya, Asana, swapnashhela (sheepishness, Laziness and indulged in sedentary habits), Apathyaja Pramehi tend to over eat and are lazy.

Deha Prakruti Bhedaah⁶ (Classification based on Constitution of the Body)

Based on the Deha Prakruti Prameha can be classified in to Sthula prameha (Obese-related) and Krisha prameha (Leanness-related).

Doshika (Clinico Pathological) Bheda (Classification) Of Prameha

Doshic (clinical pathological) classification basis is the doshas. Based on the predominance of dosha in diseases process twenty types of Pramehas (kaphaja -10, pittaja - 6 and Vataja - 4) described in Ayurveda. The sub type classification is just based on the physical appearance, variation in the colour, taste, etc. of the urine⁷. Nidana for each dosha described separately but Samprapti and Poorva roopa are the same for all doshic bhedas.

Doshika bheda - Kaphaja Prameha⁸

Nidana:

Aahara (Dietary) factors: Navannapaanam (freshly harvested food articles, freshly prepared drinks), Gramya, Udaka, Anoopara - the meat of domesticated, marshy, and aquatic animals, Til Palak (a byproduct of Sesamum [sesame]), Payasa (a type of milk preparation), Ikshu Vikara (sugarcane preparations), Guda vaikritam (various preparations of jaggery), Mandaka (fresh wine), and Dadhini (all types of curds).

Vihara (Lifestyle) factors: Avyayama (Lack of physical activity), Swapnasukham (excessive sleep), Aprasaktum (Idealness, laziness, excessive sitting), Asyasukham (Asana sukham – sitting always on kushans like). All these Nidana sevana causes Agni vitiation in the body. Agni is derivative of

Tejas mahaabhoota, it is responsible for all metabolic transformations in the body⁹. Agni dushti causes ama formation and leads to prameha.

Manasika (Psychological) factors: Vishaada (depression), Manasika chintanam (Psychological stress) etc., Medya seva - over indulgence of fatty substances which are responsible for fat genesis in the body, Dravanna seva - excessive use of food in the form of liquid preparations, Foods, drinks and activities which aggravates Medas, Mutra and Kapha are responsible for the genesis of Prameha

Doshika – Pittaja Prameha¹⁰

Nidana:

Aahara (Dietary factors): Intake of Ushna aahara (foods that are hot in potency), Amla aahara (sour foods), Lavana aaharab (excessively salty foods), Kshaara aahara (alkaline foods), Katuka aahara (pungent foods), ajeerna bhojana seva (eating before the previous meal is completely digested), Vishamaahara seva (eating unwholesome foods).

Vihara (Lifestyle factors): Ati Teekshna tapa, santapa, (Exposure to very intense heat of the sun and fire), Ati shrama (overexertion).

Manasika (Psychological) factors: Krodha (Anger)

Doshika Bheda - Vataja Prameha¹¹

Nidana:

Aahara (Dietary factors): Excessive intake of Katu Aahara (pungent foods), Kashaya Aahara (astringent foods), Tikta Aahara (bitter foods), Rooksha Aahara (rough foods), Sheeta Aahara (cold foods), and Laghu Aahara (very easily digested foods).

Vihara (Lifestyle) factors: Ati Vyayama (Excessive physical exercise), Panchakarma Atiyoga (excessive use of Panchakarma -Ayurvedic purification procedures), Vega sandharana (suppression of natural urges), Langhanam (fasting), Abhigata (injury), Atapa sevinam (excessive exposure to the sun), Jagaranam (staying awake at night).

Manasika (Psychological) factors: Shoka (mental crying), Udvega (anxiety), Vishama sharira nyasa (Irregular postures of the body). Kapha aggravated first and it initiates the process of manifestation of Prameha¹². The factors which increase the quantity of kapha in the body are the causative factors for Prameha. In all types etiology mainly revolves around kapha. All kapha Kara Bhavas are prameha Kara Bhavas.

Poorva Roopa¹³: Sweda - Profused sweating, Anga gandhah - Foul smell in the body, Anga shaidilyata - Looseness the body, Shayya, aasana, swapna sukha- liking for constantly lying on the bed, sitting, sleeping and leading an easy life, Hridayopadeham - Feeling of some thing coated or heaviness of Hridaya, Netra, jihwa, sravanopadeha - Feeling of some thing coated or smearing on eyes, tongue, ear, Ghanangata - Heaviness of body parts, Kesha Nakhathivridhi - Excessive growth of hairs and Nails, Sheetha priyathwam - Affinity towards cold, Gala Thalu shosham - Dryness of throat and palate, Asya madhuryam - Sweet taste in mouth, Kara Paada daham - Burning sensation of palms and soles, Mootre abhidhavantipipilikascha - rushing of ants towards the urine of diabetic person, Jatilibhava kesheshu - Matting of the hair, Mukha shosa - Dryness in the mouth, Pipasam - Thirst, Alasyam - Laziness, Malam kaye - Increased amount of excreta from the body, Kayachidreshu upa-deham - Adherence of excreta in the orifices of the body, Paridaham, suptatam cha angeshu - Burning sensation and numbness in various organs of the body, Mootrecha mootra doshas- Appearance of abnormalities in the urine, Sharire Visra gandham - Smell of the

raw flesh in the urine, Nidra, tandra sarva kalamiti – excessive sleep and continuous drowsiness, Madhura shukla mootrata – Urine become sweet and white¹⁴.

Samanya Roopa: Prabhuta mootrata (More Frequenturination), Avila mootrata (turbid urination), Urine is in Madhuram (sweet), Urine looks like Sapiccham (greasy or slimy), Urine looks like Madhupam¹⁵ (honey like).

Vishesa Roopa: Sthula (Obese), bahwashi (Polyphagia), snigdha (Unctuous), Shayya, Asana, swapnashehele (sleepiness, Laziness) seen in kapha dosha pradana, Krusha (emaciation), Rooksha (Dryness of mouth & throat emaciated), Alpashi (Loss of appetite), Pipasa (afflicted with excessive thirst - Poly dipsia) seen in vata dosha Pradhana. "Madhuryascha tano ratah"¹⁶ (body becomes sweetish) said by vaghbhata.

Samprapti: The Samprapti of the Prameha has identified through different stages. In initial stage the vitiated combination of Nidana, dosas, and Dhatus leads to quantitative increase in kapha (Bahu-drava Sleshma). Kledaka Kapha is a liquid material produced in the body during digestion and it travels along with Rasa all over the body helping dhatu tarpana and collecting Dhatu mala. Kapha gets immediately aggravated because of the excessiveness in the quantity already attained by it and it initiates the process of manifestation of Prameha because of the looseness (saithilya) developed in the body. The aggravated kapha spreads all over the body. While spreading it first gets mixed with Bahu Abaddha medas. There is an increase in the quantity of Medas which is also bound (Bahu and Abadda). Kapha and Medas share identical qualities like heaviness, coldness etc. These two mix with muscle tissue and liquid dhatus of the body. The vitiated liquid dhatu are formed in to urine. The openings of channels carrying urine are obstructed by vitiated bahu abaddha Medas and kapha giving rise to Prameh¹⁷. This is the Kaphaja Prameha. Further progression results in Kshaya (loss) of Kapha. Pitta then predominates, which vitiates the sonita (blood), precipitating Pittaja Prameha. Further progression results in loss of Pitta. This leads to vitiation of Vata, which draws the vasa (muscle fat), other dhatus vital substances/vital essence out of the body through the urine and precipitating Vataja Prameha¹⁸.

Involvement of ojus in Prameha: Ojus is the essence of the seven dhatus. It is represented as bala (strength) of the body. The ojus in a healthy person determines the physical, Psychic, sensory motor functions of the body. It is biochemical component of the body residing in heart and other vital organs of the body. If ojus is disturbed, degeneration will be fast and result in decreased life span. Aparaj ojus (essence of dhatus) is expunged from the body through all nava dvaras especially through urine & sweat.

Vyadhi vinischaya (Diagnosis): In Ayurveda, diagnosis is based more on symptoms than on any laboratory results. They stressed the importance of purva roopa, rupa and physical properties of the urine in the diagnosis; Sushruta suggests observing various combinations of purvaroopas, Roopas to diagnose Prameha. The sweetness of urine and urine being assailed by ants - make the diagnosis of madhumeha specifically, disease is diagnosed through a clinical examination called Astha sthana pariksha (Eight Point Diagnosis: Nadi/Pulse, Mutra/Urine, Malam/Stool, Jihwa/Tongue - taste, Shabda/Speech, Sparsha/Touch, skin and tactile sense, Drik/Eye and vision, Akrti/shape, General body build, eg: lean, muscular, etc.). It includes an assessment of the state of a patient's doshas as well as various physical signs. From this point of view the

diagnosis of mahumeha of the kaphaja, pittaja, or vataja type is made. In the present circumstances one should make use of advanced technology available for the diagnosis of Madhumeha. Lab investigations should become part of the diagnosis but should not be the only means of diagnosis. Examination of Blood sugar should also be incorporated because it confirms the diagnosis from western point of view. Vagbhata's "Madhuryascha tano ratah" gives clarity for this concept. All conditions where urine resembles honey in all aspects and even the body becomes sweetish should be regarded as Madhumeha. Finally Samprapti should be worked out based on the Dosa Dushya Sammurchana. Thus the diagnosis of Madhumeha should be based on the thorough examination of the patient both from Ayurvedic and Western angles.

Sadyasadyata (Prognosis): Kaphaja pramehas are Sadhya (curable), because of the Samakriyatwaat, that means Sajateeya (homogenous) properties of medas & Kapha, both these two factors are amenable to the same type of treatment. Pittaja pramehas are Yapya (Palliable), because of the Vishamakriyatwaat, which means vijateeya Properties of medas & pitta, the treatment of pitta and medas is involved in mutual contradiction. Vataja pramehas are Asadhya (incurable), because of the Mahatyateaat, which means contradiction involved in their treatment¹⁹. In this the deeper dhatus like Majja, Shukra and Ojus are afflicted and associated with serious complications, because of that these are called as Mahatyateaat and Asadhya. Jata Pramehi is Asadhya due to Bheejya dosha involvement. Chakrapani opines that it can be caused by father, mother or grandfather, which means that the disease may get inherited from generation to generations²⁰.

Upadrava (Complications): Thrushna (dyspepsia), Atisara (diarrhea), Jwara (fever), Daha (burning sensation), Dourbalya (weakness), Arochaka (anorexia), Avipaka (indigestion), Prameha Pidaka²¹ (diabetic carbuncles).

METABOLIC SYNDROME

Metabolic Syndrome is group of metabolic risk factors that come together in a single individual. Metabolic factors are Insulin resistance, hypertension, Cholesterol abnormalities and an increased risk for blood clotting. Affected individuals are most often overweight or obese. Metabolic syndrome is risk factor for cardiovascular diseases & Type 2 DM that arises due to insulin resistance and an abnormal function and pattern of body fat. Insulin resistance is diminished ability of cells to respond to the action of insulin in promoting the transport of the sugar glucose, from blood into muscles and other tissues.

Any three of these traits in the same individual meet the criteria for the metabolic syndrome.

Abdominal Obesity: Extra weight around the middle and upper parts of the body (central obesity). This body type may be described as "apple-shaped."

Serum triglycerides: 150 mg/dl or above.

HDL cholesterol : 40mg/dl or lower in men and 50mg/dl or lower in women, LDL – Less than 100

Blood pressure of 130/85 or more and Fasting blood glucose: 100 mg/dl or above.

Insulin resistance: Insulin resistance may be part of the metabolic syndrome, and it has been associated with higher risk of developing heart diseases. Insulin resistance precedes the development of Diabetes Mellitus Type II (T2D). Insulin is a hormone that is produced by the beta cells of the pancreas.

These cells are scattered throughout the pancreas in small clusters known as the islets of Langerhans. The insulin produced is released into the blood stream and travels throughout the body. Insulin is an essential hormone that has many actions within the body. Most actions of insulin are directed at metabolism (control) of carbohydrates (sugars and starches), lipids (fats), and proteins. Insulin also regulates the functions of the body's cells, including their growth. Insulin is critical for the body's use of glucose as energy. Insulin resistance (IR) is a condition in which the body's cells become resistant to the effects of insulin. With insulin resistance, the pancreas produces more and more insulin until the pancreas can no longer produce sufficient insulin for the body's demands, then blood sugar rises. Insulin resistance is a risk factor for development of diabetes and heart disease²².

Hypertension (high blood pressure): Normal blood pressure is below 120/80; blood pressure between 120/80 and 139/89 is called "pre-hypertension," and a blood pressure of 140/90 or above is considered high while a systolic blood pressure of about 90 to 100 is considered low blood pressure. Complications of high blood pressure include heart disease, kidney (renal) disease, hardening of the arteries (atherosclerosis or arteriosclerosis), eye damage, and stroke²³ (brain damage).

Cholesterol: Cholesterol is a chemical compound that the body requires as a building block for cell membranes and for hormones like estrogen and testosterone. The liver produces about 80% of the body's cholesterol and the rest comes from dietary sources like meat, poultry, eggs, fish, and dairy products. Cholesterol content in the bloodstream is regulated by the liver. After a meal, cholesterol in the diet is absorbed from the small intestine and metabolized and stored in the liver. As the body requires cholesterol, it may be secreted by the liver. When too much cholesterol is present in the body, it can build up in deposits called plaque along the inside walls of arteries, causing them to narrow. Different types of cholesterol are Low-density lipoproteins (LDL), High-density lipoproteins (HDL) and Very low-density lipoproteins (VLDL). Low-density lipoproteins (LDL) contain a higher ration of cholesterol to protein and are thought of as the "bad" cholesterol. Elevated levels of LDL lipoprotein increase the risk of heart disease, stroke, and peripheral artery disease, by helping form cholesterol plaque along the inside of artery walls. High-density lipoproteins (HDL) are made up of a higher level of protein and a lower level of cholesterol. These tend to be thought of as "good" cholesterol because they can extract cholesterol from artery walls and dispose of them in the liver. The higher the HDL to LDL ratio, the better it is for the individual because such ratios can potentially be protective against heart disease, stroke, and peripheral artery disease. Very low-density lipoproteins (VLDL) contain even less protein than LDL. Total cholesterol is the sum of HDL, LDL, and VLDL²⁴.

DISCUSSION & CONCLUSION

In Ayurvedic medical science the Prameha is described as a set of complex clinical disorders characterized by Prabhuta mootrata (frequent abnormal micturation) and Avila mootrata (Turbid urine) with the etiology involving bheeja doshaat (genetic predisposition) as well as Apathya nimittaja (improper diet and lifestyle). The Ayurvedic description of Kaphaja Prameha and Vataja Prameha include features of Diabetes mellitus. The different types of Prameha have clinical manifestations that have much in common with those described in allopathic medicine for metabolic syndrome. Metabolic syndrome also called insulin resistance syndrome, refers to a

group of conditions common in people with insulin resistance, including, higher than normal blood glucose levels, increased waist size due to excess abdominal fat, high blood pressure and abnormal levels of cholesterol and triglycerides in the blood. People with metabolic syndrome have an increased risk of developing type 2 Diabetes and Cardio Vascular Diseases. All types of Pramehas, if they won't treat in time with proper treatment, they turn in to Madhumeha (Diabetes Mellitus).

Prameha is said to be one of the complications of obesity. Physical inactivity and excessive intake of food results in to Agni dushti that causes formation of Ama. In Ayurveda, Ama is the toxic intermediary product of digestion and metabolism, result from improperly digested food. Improper Agni (digestive metabolic activity) causes accumulation of Ama. Ama leads to additional formation of Medas (fat) that causes increase in adipose tissue in the body and becomes overweight. In obese individuals carbohydrate is largely converted to fatty acids. The multifactorial involvement of Medas (fat), Kapha, Vata, and Agni (digestive metabolic activity) is common pathophysiologic phenomenon of both Prameha and obesity. Hyper insulinemia and insulin resistance are pervasive features of obesity. These will increase with weight gain and diminishing with weight loss. Insulin resistance is linked more closely to intra-abdominal fat than to fat in other locations, which is called central Obesity. Obesity leads to Prameha. The role of Medas (fat/adipose tissue) is of great importance in the pathogenesis of Prameha. Its role is not only as Dushya (disturbed functioning of the Dhatus), but something more than that. This abaddha medas can be correlated with the low density lipoproteins (LDL) and very low density lipo proteins (VLDL). Sthoulya (Obesity) which is Santarpanotha vikara (Obesity) leads to Prameha. According to Charaka Samhita, Bahudrava Shleshma (Kapha that contains too much liquid) joins and affects Medas, causing it to become Abaddha (unobstructed or fluid) in nature. This form of Medas has been described as acting on Mamsa (muscle tissue), thereby increasing the volume of body fluid. This has been described as Sharira-Kleda (body fluid) in Ayurveda. Thus, excess water in the blood causes increased diuresis. This is how the Sharira-Kleda is converted into urine which discussed in Charaka Samhita. This route of pathogenesis for Prameha is closely related to obesity.

Vitiated Agni (Disturbed digestive metabolic activity) causes ama formation, accumulation of Ama leads to Prameha. The relationship of Ama with psychologic factors, as stated in Charaka Samhita, is evidence of the relationship of Prameha with mental stress. Charaka Samhita states that if an individual is suffering from psychologic stress such as excessive desire, anger, greed, affection, jealousy, grief, pride, anxiety and fear causes Agni vitiation (Vishama Agni), and the eaten food is not properly metabolized. This process ultimately leads to the production of Ama. This strongly suggests a close relationship between stress and Ama, factors contributing to obesity, Prameha and metabolic syndrome.

Vataja Prameha is similar to that of type 1 diabetes mellitus. When an individual excessively consumes the foods - Kapha and Pitta vitiated - adipose tissue and muscle tissue vitiated and cause impaired functioning of Vata. Vata vitiation causes passage of Vasa (fat), Majja (bone marrow), Lasika (lymph), and Ojas (essence of the body/immune substances/vitality) through the urine. Vitiated Vata extends to the urinary bladder along with Ojas and Ojas expelled in the urine. Ojo kshaya causes dhatukshaya (loss of tissues) and Rogi becomes weak and emaciated. This leads to Vataja Prameha. In Ayurveda, Ojas is considered as life essence and vital to the maintenance of

health. Its loss in Prameha leads to many complications, including Prameha Pidika (boils and carbuncles). This advanced condition is comparable to type II Diabetes mellitus progressing into Type I Diabetes mellitus. Even in allopathic medicine also it is accepted that progression of Non Insulin Dependent Diabetes Mellitus to Insulin Dependent Diabetes Mellitus in advanced stage of Diabetes Mellitus. It is the stage of diabetes in

which there are many complications, including nephropathy, which result in vital substances of the body being excreted through the urine. All these strongly conclude that the different types of Prameha have clinical manifestations that have much in common with those described in allopathic medicine for metabolic syndrome.

Table 1: Kaphaja Prameha

Main Dosa	Associated Dosas	Main Dushyas	Associated Dushyas	Meha Type	Main symptom (passing urine)
Kaphaja	Vata Pitta	Medas	Medas, Mamsa, Kleda, Sukra, Sonata, Vasa, Majja, Lasika, Rasa, Ojas.	Udaka meha	Watery urine
				Iksu meha	Like sugar cane juice
				Sandra meha	Viscous
				Sandra prasada meha	Having solid precipitate
				Sukla meha	White
				Sukra meha	With semen
				Sita meha	Cold
				Sikata meha	With gravels
				Sanair meha	With slow impulse
Alala meha	Saliva like				

Table 2: Pittaja Pramehas

Main Dosa	Associated Dosas	Main Dushyas	Associated Dushyas	Meha Type	Main symptom (passing urine)
Pittaja	Vata Kapha	Meda, Rakta	Medas, Mamsa, Kleda, Sukra, Sonata, Vasa, Majja, Lasika, Rasa, Ojas.	Ksara meha	Like alkali
				Nilā meha	Blue
				Manjista meha	Light red like Manjista
				Kala meha	Black
				Rakta meha	Deep red
				Haridra meha	Yellow colour like haldi

Table 1: Vataja Prameha

Main Dosa	Associated Dosas	Main Dushyas	Associated Dushyas	Meha Type	Main symptom (passing urine)
Vataja	Pitta Kapha	Meda, Majja and Vasa	Medas, Mamsa, Kleda, Sukra, Sonata, Vasa, Majja, Lasika, Rasa, Ojas.	Vasa meha	With vasa
				Majja meha	With majja
				Hasti meha	With lasika
				Madhu meha	With ojas

Table 4: Dosha Doosya Sammurchana

Dosha	Dooshyas
Bahudrava Sleshma Vata Pitta	Bahu abaddha Medo & Mamsa Shareeraja Kleda Sukra Shonitham Vasa Majja Laseeka Rasa Oja

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