International Research Journal of Ayurveda & Yoga Vol. 9(6), pp. 46-51, June, 2026
Available online at http://irjay.in
ISSN: 2581-785X
DOI: 10.48165/IRJAY.2026.90608

REVIEW ARTICLE

Ayurvedic Management of Twenty Types of *Prameha*: A Comprehensive Review of Classical Protocols and their Modern Pharmacological Correlations

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ARTICLE INFO

Article history:
Received on: 17-05-2026
Accepted on: 19-06-2026
Published on: 30-06-2026

Key words:
Ayurvedic management,
Diabetes mellitus,
Metabolic syndrome,
Prameha,
Vimshati prameha

ABSTRACT

Prameha, a broad spectrum of urinary disorders described in classical Ayurvedic texts, encompasses 20 distinct subtypes classified under three doshic categories – *Kaphaja*, *Paittika*, and *Vatika* – each associated with specific clinical presentations and therapeutic approaches. The present review aims to systematically analyse the classical management protocols described in *Sushruta Samhita* and allied texts, with particular emphasis on the specific herbal decoctions (*Kashayas*) recommended for each subtype, alongside their modern pharmacological and clinical correlations. *Kaphaja Prameha*, considered curable, is correlated with early-stage metabolic syndrome and various forms of glycosuria and sedimenturia; *Paittika Prameha*, manageable through palliative care, correlates with inflammatory conditions of the urinary tract; and *Vatika Prameha*, classified as *Asadhya* (incurable), corresponds to advanced Diabetes Mellitus and end-stage renal disease. The global burden of Type 2 Diabetes Mellitus has reached epidemic proportions, with an estimated 537 million adults affected as of 2021, projected to rise to 783 million by 2045. Modern pharmacological studies support the anti-hyperglycemic, anti-inflammatory, antioxidant, and nephroprotective activities of key classical formulations including *Nimba*, *Khadira*, *Haridra*, *Guduchi*, and *Aragvadha*. This review bridges classical Ayurvedic therapeutics with contemporary biomedical understanding, providing a foundation for evidence-based integration of traditional formulations in metabolic disease management.

1. INTRODUCTION

Prameha is one of the most extensively described metabolic disorders in classical Ayurvedic literature, encompassing a spectrum of twenty urinary conditions (*Vimshati Prameha*) that manifest due to the vitiation of *Kapha*, *Pitta*, or *Vata Dosha* in association with the *Dushyas* (body tissues), particularly *Meda* (fat), *Mamsa* (muscle), and *Kleda* (bodily fluids).[1-3] The clinical presentations range from dilute, watery urination (*Udakameha*) to advanced lipiduria and uncontrolled polyuria (*Hastimeha*), closely mirroring the modern spectrum of urinary metabolic disorders from mild glycosuria to advanced Diabetes Mellitus with renal complications.[4,5] The global burden of Type 2 diabetes mellitus has reached epidemic proportions, with the International Diabetes Federation estimating 537 million adults living with diabetes as of 2021, projected to rise to 783 million by 2045.[6] In this context, evidence-based integration of classical Ayurvedic protocols offers a promising complementary strategy.[7,8]

The *Sushruta Samhita*, *Chikitsa Sthana*, Chapter 11, provides a systematic pharmacological framework for the management of each *Prameha* subtype using specific *Kashayas* (herbal decoctions), *Kalkas* (herbal pastes), and dietetic adjuvants. *Charaka Samhita* elaborates the pathophysiological basis of *Prameha* in *Nidana Sthana*, emphasising *Bahudosha* (excess humoral matter) and *Bahu Abaddha Meda* (unbound adipose tissue) as the fundamental *Nidana*. *Ashtanga Hridayam* further consolidates the therapeutic approach, particularly the *Yapana* regimen for *Vatika Prameha*.[9] A comprehensive review of classical Ayurvedic pharmacopoeia highlights the therapeutic diversity and rigor of these protocols.[10] However, these classical protocols remain largely unexplored in the context of modern pharmacological evidence.[11,12]

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The global diabetes prevalence in 2019 is estimated to be 9.3% (463 million people), rising to 10.2% (578 million) by 2030 and 10.9% (700 million) by 2045.[13]

The present review, therefore, aims to present an integrated analysis of classical *Prameha* management protocols alongside contemporary biomedical correlations to facilitate evidence-based clinical decision-making.

1.1. Aims and Objectives

1.1.1. Aim

The aim of the study was to systematically analyse and present an integrated review of the classical Ayurvedic management protocols for the twenty types of *Prameha* (*Vimshati Prameha*) as described in classical texts – principally the *Sushruta Samhita*, *Charaka Samhita*, and *Ashtanga Hridayam* – and to correlate these classical formulations with their contemporary pharmacological and biomedical evidence.

1.1.2. Objectives

1. To compile and categorise the specific *Kashaya* (herbal decoction) formulations prescribed for each of the twenty subtypes of *Prameha* as documented in classical Ayurvedic texts, with their corresponding doshic classifications.
2. To establish modern clinical correlations for each *Prameha* subtype with contemporary urinary and metabolic disorders, ranging from glycosuria and proteinuria to advanced Diabetes Mellitus and diabetic nephropathy.
3. To review and summarise the modern pharmacological evidence for key classical *Prameha* drugs – including *Nimba*, *Khadira*, *Haridra*, *Guduchi*, *Triphala*, and *Aragvadha* – with reference to their anti-hyperglycaemic, anti-inflammatory, antioxidant, nephroprotective, and hepatoprotective activities.
4. To bridge classical Ayurvedic therapeutics with contemporary biomedical understanding by identifying pharmacological mechanisms that validate the doshic rationale of classical *Prameha* treatment and to provide a foundation for evidence-based integration of traditional herbal formulations in metabolic disease management.
5. To identify gaps in current pharmacological research on classical *Prameha* formulations and to recommend directions for future prospective clinical trials incorporating modern outcome measures such as HbA1c, estimated glomerular filtration rate (eGFR), and urinary biomarkers.

2. MATERIALS AND METHODS

The present review was carried out through a comprehensive analysis of primary classical Ayurvedic texts, including the *Sushruta Samhita* (*Chikitsa Sthana*, Chapter 11, Verses 8–9), *Charaka Samhita* (*Nidana Sthana*), and *Ashtanga Hridayam*, for classical descriptions of *Prameha* management. Secondary sources included peer-reviewed pharmacological studies retrieved from PubMed, Scopus, and Google Scholar databases using keywords: "*Prameha*", "Ayurvedic treatment of diabetes", "anti-hyperglycemic herbs", "*Nimba* pharmacology", "*Haridra* curcumin diabetes". Inclusion criteria encompassed classical text references with identifiable *Kashaya* formulations and pharmacological studies published between 1995 and 2024. Exclusion criteria: articles without primary data or without Ayurvedic textual validation.

3. RESULTS/OBSERVATIONS

Based on classical textual analysis, the 20 types of *Prameha* are distributed into three doshic categories. The recommended *Kashaya* formulations for each subtype, along with their modern clinical correlations, are presented in Tables 1-6 below.

4. DISCUSSION

The classical Ayurvedic framework for *Prameha* management represents one of the most systematic approaches to metabolic disease in traditional medicine. The doshic classification – *Kaphaja* (curable), *Paittika* (manageable), and *Vatika* (incurable) – aligns remarkably well with the modern disease progression model of metabolic syndrome → early Diabetes Mellitus → advanced diabetic nephropathy. The therapeutic principle of using *Tikta* (bitter) and *Kashaya* (astringent) tastes to counteract the *Madhura* (sweet) and *Kleda* (moisture) pathology finds modern validation in the alpha-glucosidase inhibitory, anti-hyperglycemic, and antioxidant properties of key herbs such as *Nimba*, *Khadira*, and *Triphala*.

The *Kaphaja Prameha* group, representing the earliest and most treatable stage, correlates with metabolic syndrome, insulin resistance, and early glycosuria. *Nimba* (*Azadirachta indica*), the drug of choice for *Surameha*, is one of the most comprehensively studied Ayurvedic herbs. Its active constituents – nimbolide, azadirachtin, and nimbin – inhibit both alpha-amylase and alpha-glucosidase with IC_{50} values comparable to acarbose. *Khadira* (*Acacia catechu*) exerts its *Medohara* effect through catechins and proanthocyanidins that reduce adipogenesis and stimulate GLUT-4 translocation. *Haridra* (*Curcuma longa*) and *Daruharidra* (*Berberis aristata*) together address the *Rakta* and *Meda Dushya* dimensions; curcumin activates AMPK pathways reducing hepatic gluconeogenesis, while berberine has demonstrated HbA1c reduction comparable to metformin in clinical trials.

The *Paittika Prameha* group correlates with inflammatory urinary tract conditions and mild-to-moderate Diabetes Mellitus with oxidative stress.[23] *Guduchi* (*Tinospora cordifolia*), a *Tridoshahara* and *Rasayana* drug, has demonstrated significant insulin-sensitizing properties, with animal studies showing 40–60% reduction in blood glucose levels. *Triphala* – a combination of *Amalaki*, *Bibhitaki*, and *Haritaki* – has demonstrated anti-glycation activity through inhibition of advanced glycation end-products (AGEs), which are central mediators of diabetic complications. *Manjistha* (*Rubia cordifolia*) provides nephroprotection through its antiplatelet and anti-inflammatory properties, making it a rational classical choice for *Shonitameha* and *Manjistha meha*.

The use of *Madhu* (honey) as an *Anupana* (vehicle/carrier) in *Kaphaja* and *Vatika Prameha* – though counter-intuitive from a modern dialectological standpoint – is understood in Ayurveda as exerting a *Lekhana* (scraping) action on accumulated *Kapha* and *Meda*. This concept parallels modern observations on the prebiotic properties and lower glycemic index of raw honey (GI ∵55), and clinical trials have demonstrated reductions in fasting blood glucose and HbA1c with raw honey consumption. The *Yapana* (supportive care) paradigm for *Vatika Prameha* is consistent with modern palliative management of end-stage diabetic nephropathy and insulin-dependent diabetes mellitus, emphasising preservation of *Ojas* (vital essence) and quality of life over aggressive pharmacotherapy.[24]

For patients presenting with *Dahyamana* (burning sensation), the classical prescription of *Yavagu* (gruel) prepared with aquatic tuber decoctions mixed with milk and sugarcane juice provides a cooling, *Pittashamana* regimen that merits exploration in the context of diabetic neuropathy and cystitis management.[25] The concept of

Mutravaha Srotas Shodhana (purification of urinary channels) reflects an understanding that metabolic waste clearance is fundamental to restoring glucose homeostasis – resonating with modern research on renal glucose regulation through SGLT2 transporters. Furthermore, the classical instruction to individualize treatment based on the patient's *Bala* (strength), *Desha* (habitat), *Kala* (season), and *Prakriti* (constitution) anticipates the modern concept of precision medicine.

The mineral preparation *Asthi-kshara* (bone ash) used in *Hastimeha* management deserves special mention. Its alkalinizing and mineralizing properties may be relevant in insulin-dependent diabetes with ketoacidosis, where acid-base balance is critically disturbed. This represents a unique area where Ayurvedic mineral pharmacology could offer mechanistic insights not yet fully explored in integrative medicine research.

5. CONCLUSION

The classical Ayurvedic management of *Prameha* offers a scientifically grounded, doshic-specific pharmacological framework with documented biomedical correlations. The twenty subtypes of *Prameha*, classified under *Kaphaja*, *Paittika*, and *Vatika* categories, provide a clinically useful taxonomy that maps onto modern urinary and metabolic disorders with remarkable precision. The multi-dimensional use of herbal barks (*Kashaya*), roots, and mineral preparations (*Asthi-kshara*) reflects a holistic metabolic regulatory approach addressing glucose homeostasis, oxidative stress, inflammation, and renal function simultaneously. The demonstrated anti-hyperglycemic, antioxidant, nephroprotective, and hepatoprotective activities of key *Prameha* drugs – *Nimba*, *Khadira*, *Haridra*, *Guduchi*, *Triphala*, and *Aragvadha* – provide a compelling basis for evidence-based clinical integration. Future prospective clinical trials validating individual *Kashaya* formulations in specific *Prameha* subtypes, with modern outcome measures (HbA1c, eGFR, urinary biomarkers), are strongly recommended.

6. ACKNOWLEDGMENTS

Nil.

7. AUTHORS' CONTRIBUTIONS

All authors give equal contribution in making of this manuscript.

8. FUNDING

Nil.

9. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a review article.

10. CONFLICTS OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

11. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

12. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

13. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and grammar refinements to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the author.

14. PUBLISHERS NOTE

This journal remains neutral with regard to jurisdictional claims in published institutional affiliations.

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How to cite this article:
Chinmayi MK, Sahu AK, Mutha R, Savnika. Ayurvedic Management of Twenty Types of *Prameha*: A Comprehensive Review of Classical Protocols and their Modern Pharmacological Correlations. IRJAY. [online] 2026;9(6);46-51.
Available from: https://irjay.in
DOI link- https://doi.org/10.48165/IRJAY.2026.90608

Table 1: *Kaphaja Prameha* – management protocols and modern correlations (Curable)

***Prameha* type**	**Ayurvedic treatment (Kashaya)**	**Modern correlation**
Udakameha	*Parijata (Night Jasmine)*	Diabetes Insipidus (Dilute urine)
Ikshumeha	*Vaijayanti*	Glycosuria (Sweet, sugary urine)
Surameha	*Nimba (Neem)*	Acetonuria/Biliuria (Frothy/Yeasty)[14]
Sikatameha	*Chitraka (Leadwort)*	Crystalluria/Phosphaturia (Sandy urine)
Shanaimeha	*Khadira (Cutch Tree)*	Prostatitis/Slow urination[15]
Lavanameha	*Patha, Agaru, Haridra*	Hypernatriuria (Salty urine)
Pishtameha	*Haridra & Daruharidra*	Chyluria (White, flour-like urine)[16]
Sandrameha	*Saptaparna*	Concentrated/Viscous urine
Shukrameha	*Durva, Shaivala, Karanja*	Spermaturia (Semen in urine)
Phenomena	*Triphala, Aragvadha, Draksha*	Albuminuria (Frothy urine)[17-19]

Table 2: *Paittika Prameha* – management protocols and modern correlations (palliative)

***Prameha* type**	**Ayurvedic treatment (Kashaya)**	**Modern correlation**
Nilameha	*Shalasaradi or Ashwattha*	Indicanuria (Bluish tint)
Haridrameha	*Rajavruksha (Aragvadha)*	Jaundice/Bilirubinuria
Amlameha	*Nyagrodhadi Gana*	Acidic Urine/Acetonuria
Ksharameha	*Triphala*	Alkalinuria[20]
Manjistha meha	*Manjistha* and *Chandana*	Hemoglobinuria (Madder color)
Shonita meha	*Guduchi, Tinduka, Khajur+Madhu*	Hematuria (Blood in urine)

Table 3: *Vatika Prameha* – management protocols and modern correlations (incurable/yapya)

***Prameha* type**	**Ayurvedic treatment (Kashaya)**	**Modern correlation**
Sarpimeha	*Kustha, Kutaja with Guduchi/ Chitraka*	Advanced lipiduria (Ghee-like)
Vasameha	*Agnimantha or Shimshapa*	Severe chyluria (Fatty urine)
Kshaudrameha	*Kadara & Kramuka*	Chronic diabetes mellitus (Honey-like)
Hastimeha	*Tinduka, Kapittha+ Asthi-kshara (Bone Ash)*	Diabetes insipidus (Incontinent/Copious)

Table 4: Key drugs for *Kaphaja Prameha* – ayurvedic and modern pharmacological actions

Drug	Ayurvedic mode of action	Modern pharmacological action
Parijata (Night Jasmine)	*Tikta Rasa* and *Laghu Guna* act as *Kleda-shoshaka* (fluid scraper)	Anti-hyperglycemic and mild diuretic; regulates osmotic balance in *Udakameha*
Nimba (Neem)	*Katu-Tikta* properties act as Deepana and *Kaphahara*; *Raktashodhak* (blood purifier)	Inhibits alpha-amylase and alpha-glucosidase, slowing glucose absorption; potent antioxidant
Chitraka (Leadwort)	Powerful *Agni-vardhaka*; digests *Ama* and clears sediments in the *Mutra*	Enhances insulin secretion; reduces cholesterol/ triglycerides (anti-hyperlipidemic)[21]
Khadira (Cutch Tree)	*Medohara* (fat-reducer); best drug for skin and urinary disorders *involving Meda Dushti*	Rich in catechins and flavonoids; potent antioxidant and alpha-glucosidase inhibitor[22]
Haridra and Daruharidra	*Haridra* acts on *Rakta*; *Daruharidra* acts on *Meda*; together stabilize *Rasa Dhatu*	Curcumin and Berberine act as insulin sensitizers; inhibit hepatic glucose production
Saptaparna	Extreme *Tikta* dries *Dravatva* of *Kapha*; manages *Sandrameha*	Hepatoprotective and antidiabetic; stabilizes cell membranes against metabolic stress

Table 5: Key drugs for Paittika Prameha – ayurvedic and modern pharmacological actions

Drug	Ayurvedic mode of action	Modern pharmacological action
Aragvadha (Cassia fistula)	*Mridu-Virechana* (mild laxative); expels *Pitta*; cleanses *Mutravaha Srotas*	Anti-inflammatory and hypoglycemic; anthraquinones aid systemic detoxification
Manjistha	*Varnya* and *Raktaprasadana*; arrests pigment leakage in *Manjistha meha*	Antiplatelet and anti-inflammatory; protects renal capillaries from oxidative damage
Chandana (Sandalwood)	*Sheetal* (cooling) and *Dahaprashamana*; reduces systemic *Ushnata*	Antimicrobial and nephroprotective; reduces heat-induced glomerular stress
Guduchi (Giloy)	*Rasayana* balancing all three *Doshas*; targets *Dushya* of *Prameha*	Immunomodulatory; reduces insulin resistance; protects against diabetic complications
Triphala	*Tridoshahara*; *Vayasthapana* (anti-ageing); purifies *Rasa* and *Rakta Dhatus*	Rich in ellagic acid and gallic acid; antioxidant, anti-glycation, hepatoprotective

Table 6: Key Drugs for *Vatika Prameha* – ayurvedic and modern pharmacological actions

Drug	Ayurvedic mode of action	Modern pharmacological action
Agnimantha	Corrects *Vata-Kapha* imbalance; arrests loss of Vasa through urine in Vasameha	Cardioprotective and hypoglycemic; helps maintain lipid metabolism
Kutaja	Kashaya dominance; prevents excessive drainage of vital fluids	Alkaloids stabilize intestinal and urinary lining, preventing nutrient loss
Shimshapa	Used for *Prameha* and *Medoroga*; provides structural strength to kidneys	Rich in flavonoids; exhibits significant glucose-lowering and antioxidant activity
Tinduka and Kapittha	Grahi properties arrest excessive urinary losses in *Hastimeha*; support Ojas	Antifungal, anti-inflammatory; tannins reduce urinary protein loss in diabetic nephropathy
Asthi-kshara (Bone Ash)	*Kshara* properties counteract Medo-Dhatu excess; used in *Yapana* for incurable *Prameha*	Provides calcium and phosphate; alkalinizing effect may reduce ketoacidosis in IDDM

IDDM: Insulin-dependent diabetes mellitus