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CONCEPTUAL STUDY OF VIDANGADI GUGGULU IN PRAMEHA AND PRAMEHA PIDIKA: AN AYURVEDIC PERSPECTIVE

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ABSTRACT

Prameha is a metabolic disorder characterized by Kapha-Meda predominance and Kleda vriddhi, which may progress to Vata involvement in chronic stages, resulting in Madhumeha. Long-standing Prameha can further lead to complications such as Prameha Pidika due to Dushya dushti at tissue level [2]. Vidangadi Guggulu is a classical Ayurvedic formulation indicated in Prameha and related conditions. The present article aims to conceptually evaluate the role of Vidangadi Guggulu in Prameha and Prameha Pidika with reference to Ayurvedic Samprapti and Samprapti-vighatana. The study is based on classical Ayurvedic literature.

KEYWORDS: *Prameha, Madhumeha, Prameha Pidika, Vidangadi Guggulu, Samprapti, Ayurveda*

INTRODUCTION

Prameha is described in Ayurvedic classics as a Santarpanajanya Vyadhi involving Kapha and Meda with excessive Kleda and deranged Mutra pravritti [1]. In chronic stages, Vata becomes involved, leading to Madhumeha, which is considered difficult to treat. According to Sushruta, prolonged Prameha may lead to Prameha Pidika due to Rakta, Mamsa, and Meda dushti [2]. Ayurveda advocates Shodhana and Shamana therapies along with formulations possessing Medohara and Lekhana properties [3]. Guggulu-based preparations are especially useful due to their Yogavahi nature [4].

AIM AND OBJECTIVES

Aim

To conceptually evaluate the role of Vidangadi Guggulu in Prameha and Prameha Pidika.

Objectives

1. To study Ayurvedic Samprapti of Prameha [1,2]
2. To analyze Samprapti-vighatana of Vidangadi Guggulu [3,4]
3. To understand its role in Prameha Pidika [2,5]

MATERIALS AND METHODS

The present study is a conceptual and literary review based on classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Chakradatta, and Bhavaprakasha [1–6].

Formulation of Vidangadi Guggulu

Vidangadi Guggulu is a classical polyherbal formulation described in *Chakradatta* under Vrana–Shothadhikara, where it is indicated in conditions such as Prameha, Dushta Vrana, and associated disorders [5]. The formulation comprises Vidanga, Triphala, Trikatu, Shuddha Guggulu, and Ghrita.

All herbal ingredients are taken in one part each, while Shuddha Guggulu is used in seven parts. This proportion enhances the Lekhana, Medohara, and Yogavahi properties of the formulation. Collectively, the ingredients possess Deepana, Pachana, Kledahara, Medohara, and Srotoshodhana actions, which are particularly beneficial in Kapha–Meda predominant disease conditions such as Prameha (Bhavaprakasha Nighantu; Dravyaguna Vijnana) [4,6].

For pharmaceutical preparation, raw Guggulu is first purified using Triphala Kwatha by the Dola Yantra method [5]. After completion of Shodhana, the purified Guggulu is dried and softened by the addition of a small quantity of water. Finely powdered Vidanga, Triphala, and Trikatu are then added gradually and mixed thoroughly. Continuous trituration is carried out until a soft, uniform, semisolid mass is obtained, which is later processed into pills (Vati) and shade dried as per classical guidelines [3,5].

Dose: 500 mg–1 g, 2–3 times daily with lukewarm water.

Samprapti of Prameha

The Samprapti of Prameha begins with Nidana sevana leading to Agnimandya and formation of Ama, followed by Kleda and Meda vriddhi. These pathological changes affect Medovaha and Mutravaha srotas, resulting in excessive and abnormal urination. In chronic stages, Dhatukshaya and Vata prakopa occur, culminating in Madhumeha [1].

Vidangadi Guggulu conceptually interrupts this Samprapti by enhancing Agni, reducing Ama, correcting Kapha-Meda imbalance, and restoring normal Srotas function through its

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Yogavahi and Lekhana actions (Ashtanga Hridaya; Bhavaprakasha) [3,4].

Nidana Sevana
↓
Agnimandya & Ama formation
↓
Kleda–Meda Vriddhi
↓
Prameha Utpatti
↓
Chronicity → Vata Prakopa
↓
Dhatukshaya / Avarana / Kalaprabhava Madhumeha
↓
Clinical features: Polyuria, altered urine

Nidana Panchaka of Prameha

According to Ayurvedic classics, Prameha can be understood comprehensively through Nidana Panchaka. Excessive intake of Guru, Snigdha, Madhura, Sheeta, and Abhishyandi Ahara along with Avyayama, Divaswapna, and sedentary lifestyle acts as Nidana, leading to Kapha–Meda vriddhi and Agnimandya [1,2].

Purvarupa includes Alasya, Gaurava, Anga-sada, and excessive thirst, while Rupa is characterized by Prabhuta and Avila Mutrata. Upashaya includes Langhana, Ruksha Ahara, and Agnideepana measures, whereas Anupashaya involves Kapha-vardhaka Ahara and lifestyle factors [1–3].

Samprapti Vighatana by Vidangadi Guggulu

SAMPRAPTI STAGE	PATHOLOGICAL EVENT	DHATU/DOSHA	CLINICAL EFFECT	ROLE OF VIDANGADI GUGGULU
Nidana Sevana	Kapha-Pitta-Vata provoking factors	Kapha, Meda	Agnimandya → Ama formation	Trikatu & Triphala correct Agni, reduce Ama
Prameha Utpatti	Kleda & Meda accumulation	Kapha, Meda, Kleda	Excessive urination	Lekhana-Shodhana, Kleda reduction
Chronicity → Vata	Dhatu kshaya, Vata involvement	Vata, Ojas, Majja	Polyuria, honey-like urine	Yogavahi Guggulu restores Dhatus, corrects Mutra
Dhatukshayajanya Madhumeha	Vata prakopa → Ojas depletion	Ojas, Dhatus	Kshudra-like urine	Restores Ojas, reduces Vata obstruction
Avaranjanya Madhumeha	Kapha-Pitta obstruction of Vata	Vata, Meda, Ojas	Retarded Mutra flow	Anulomana, Srotoshodhana
Kalaprabhavaja Madhumeha	Chronic Prameha → Vataja stage	Vata, Meda	Advanced Madhumeha	Breaks Samprapti chain, restores Srotas function

Chikitsa Siddhanta in Prameha and Prameha Pidika

The management of Prameha involves Nidana Parivarjana, Shodhana in eligible patients, and Shamana therapy using formulations possessing Medohara, Kledahara, and Agnideepana properties [1,3]. In chronic Prameha and Prameha Pidika, emphasis is given to Lekhana, Srotoshodhana, and Vrana-ropana measures to address systemic and local pathology [2,5].

Vidangadi Guggulu aligns with these Chikitsa Siddhantas by correcting Agnimandya, reducing Kapha-Meda accumulation, and facilitating tissue healing through its Yogavahi and Shothahara properties [3–5].

DISCUSSION

Prameha is a multifactorial metabolic disorder characterized by Kapha–Meda predominance, Kleda vriddhi, and Agnimandya, which gradually progresses to Vata involvement in chronic stages. Persistent Ama formation and Srotodushti result in Dhatukshaya and Ojas depletion, leading to Madhumeha. Classical texts also describe Prameha Pidika as a complication of long-standing Prameha, arising due to Dushti of Rakta, Mamsa, and Meda, along with Kleda accumulation and impaired tissue metabolism [2].

Vidangadi Guggulu, as described in *Chakradatta*, is conceptually appropriate for managing the Samprapti of Prameha. Trikatu and Triphala improve Jatharagni and Dhatvagni, thereby reducing Ama and correcting metabolic imbalance. Vidanga contributes Krimighna and Kledahara actions, which are particularly beneficial in chronic Prameha conditions. Shuddha Guggulu, used in higher proportion, exhibits Lekhana, Medohara, and Yogavahi properties, facilitating Srotoshodhana and targeted drug delivery to Medovaha and Mutravaha srotas [3–5].

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Role of Vidangadi Guggulu in Prameha Pidika

According to Sushruta, Prameha Pidika develops as a result of chronic Prameha due to Rakta, Mamsa, and Meda dushti, leading to Pidika formation, Shotha, and Dushta Vrana [2]. Excessive Kleda, impaired Agni, and compromised tissue resistance contribute to delayed wound healing and recurrent infections.

Vidangadi Guggulu is conceptually effective in Prameha Pidika due to its Vrana-Shothahara, Krimighna, and Medohara properties. Vidanga helps in reducing microbial load and Kleda, while Triphala supports Vrana-ropana and Rasayana actions. Trikatu enhances tissue metabolism and drug penetration. Shuddha Guggulu plays a key role in reducing Shotha, promoting Lekhana of Meda, and facilitating Srotoshodhana [3–5]. Thus, the formulation addresses both systemic pathology of Prameha and localized manifestations of Prameha Pidika.

CONCLUSION

Vidangadi Guggulu is a rational classical formulation for the management of Prameha based on Ayurvedic principles of Samprapti and Samprapti-vighatana. Its Deepana, Pachana, Medohara, Kledahara, and Srotoshodhana actions conceptually interrupt disease progression and prevent chronic complications. Additionally, the formulation shows potential benefits in the management of Prameha Pidika by addressing Rakta-Mamsa-Meda dushti, reducing Kleda, and promoting Vrana-ropana. Further clinical and experimental studies are required to validate these conceptual findings [1–6].

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