

Effect of Latākarañja Bīja (Caesalpinia bonducella Linn.) in the Management of Prameha: A Case Study

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Abstract-

Background: Prameha is a Santarpanjanya Vyadhi described extensively in Ayurveda and closely resembles Diabetes Mellitus in modern medicine. Classical Ayurvedic texts mention Latākarañja Bīja (Caesalpinia bonducella Linn.) as Pramehaghna due to its Tikta–Katu Rasa, Laghu–Ruksha Guna, and Kapha-Medohara properties.

Objective: To evaluate the clinical efficacy of Latākarañja Bīja Churna in the management of Prameha.

Materials and Methods: A single case study of a patient diagnosed with Prameha was treated with Latākarañja Bīja Churna for 30 days. Subjective and objective parameters were assessed before and after treatment.

Results: Significant improvement was observed in classical symptoms of Prameha such as Prabhuta Mutrata, Trushna, Daurbalya, along with reduction in fasting and post-prandial blood glucose levels.

Conclusion: Latākarañja Bīja showed encouraging results in the management of Prameha and can be considered a potential Ayurvedic intervention. Larger clinical trials are recommended.

Keywords: Prameha, Latākarañja Bīja, Diabetes Mellitus, Ayurveda, Case Study

I. INTRODUCTION

Prameha is described in Ayurvedic classics as a group of metabolic disorders characterized by Prabhuta and Avila Mutrata, associated mainly with Kapha Dosha and Meda Dhatu Dushti. Acharya Charaka has described 20 types of Prameha, while Sushruta emphasized its chronicity and complications.

In modern medicine, Diabetes Mellitus is a chronic metabolic disorder characterized by hyperglycemia due to insulin deficiency or resistance. The similarity in etiopathogenesis and symptomatology makes Prameha comparable to Diabetes Mellitus.

Latākarañja (Caesalpinia bonducella Linn.) is mentioned in Bhavaprakasha and other Nighantus as Pramehaghna, Deepana, Pachana, and Medohara. Its seeds are traditionally used in the management of Prameha and other Kapha-Vata disorders.

II. AIM AND OBJECTIVES

Aim

To evaluate the effect of Latākarañja Bīja in the management of Prameha.

Objectives

1. To assess the effect of Latākarañja Bīja on clinical symptoms of Prameha.
2. To evaluate changes in blood glucose levels after treatment.

III. MATERIALS AND METHODS

Study Design

Single case study.

Selection of Patient

A patient attending the OPD was selected based on classical symptoms of Prameha and laboratory investigations.

Inclusion Criteria

Age between 30–60 years

Classical symptoms of Prameha

Raised blood glucose levels

Exclusion Criteria

Type 1 Diabetes Mellitus

Gestational diabetes

Severe systemic illness

IV. CASE REPORT

Patient Information:

	Parameter	Before Treatment	After Treatment
Age: 48 years			
Sex: Male	Fasting Blood Sugar	162 mg/dl	118 mg/dl
	Post-Prandial Blood Sugar	248 mg/dl	168 mg/dl
	Urine Sugar	+++	+
Occupation: Office worker			

Socioeconomic status: Middle class			
Chief Complaints:	Intervention		
	Drug Details		
Prabhuta Mutrata (increased frequency of urination)	Drug: Latākarañja Bīja Churna		
Trushna (excessive thirst)	Dose: 3 g twice daily		
Daurbalya (general weakness)	Anupana: Lukewarm water		
Kshudha Adhikya (increased appetite)	Duration: 30 days		
Duration: 6 months	Pathya-Apathya		
Personal History:	Pathya:		
Diet: Mixed, excessive intake of Madhura and Snigdha Ahara	Yava, Mudga, Tikta Shaka, Takra		
Exercise: Sedentary lifestyle	Light and Kapha-Medohara diet		
	Apathya:		
Ashtavidha Pariksha	Madhura, Guru, Snigdha Ahara		
Nadi: Kapha-Pitta	Day sleep, sedentary habits		
Mutra: Prabhuta	---		
Mala: Asamyak	Assessment Criteria		
Jihva: Saam	Subjective Parameters		
Shabda: Spashta	Prabhuta Mutrata		
Sparsha: Anushna	Trushna		
Drik: Prakrita	Daurbalya		
Akruti: Sthula	Objective Parameters		
	Fasting Blood Sugar		
Investigations	Post-Prandial Blood Sugar		

Urine Sugar

V. RESULTS

After completion of therapy, marked improvement was observed in both subjective and objective parameters. The frequency of urination and thirst reduced significantly. Blood glucose levels showed notable reduction without adverse effects.

VI. DISCUSSION

Latākarañja Bīja possesses Tikta and Katu Rasa, Laghu and Ruksha Guna, and Ushna Virya, which help in alleviating Kapha and Meda Dushti. Its Deepana and Pachana action improves Agni, thereby correcting the underlying Samprapti of Prameha.

The hypoglycemic effect may be attributed to improved insulin sensitivity and reduced glucose absorption, as supported by previous experimental studies.

VII. CONCLUSION

This case study suggests that Latākarañja Bīja is effective in the management of Prameha. It significantly reduced blood glucose levels and improved clinical symptoms. However, larger randomized controlled trials are required to establish its efficacy conclusively.

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