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Role of *Samyoga Viruddha Ahara* in *Kustha Vyadhi* - An Observational Study

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ABSTRACT

Food plays a decisive role in development, sustain, reproduction and termination of life. Through centuries, Food has been recognized as an important factor for human beings, in health and diseased state. *Viruddha Ahara* is one potent causative factor for several diseases. Consumption of *Viruddha Ahara* gives rise to various disturbances of mild to violent nature and disease of acute to chronic nature including the eight *Maharogas*, genetic disturbances and even sometimes causes death of the person. To conduct an observational study to assess the role of *Samyoga Viruddha Ahara* is one of the *Nidana* for manifestation of *Kustha Vyadhi*. In the present observational study were selected of total 50 patients was conducted at O.P.D, Patients were screened on the basis of specially prepared questionnaires format. On Observational study majority of patients i.e. 82% of patients were consumed *Samyoga Viruddha Ahara* majority of patients i.e. 58% were consuming *Viruddha Ahara* (*Samyogaja Viruddha Ahara*), 26% were doing *Malamutra Vega Dharana*, 16% were doing *Vyayama* after *Bhojana* and 36% patients were doing *Diwaswapna*.

Key words: *Ahara, Viruddha Ahara, Incompatiable Food, Samyoga Ahara, Kustha.*

INTRODUCTION

Ayurveda is essentially the science of life. It embraces in itself perfect principles for leading a healthy life. Ayurveda envisages complete regimen for both healthy and diseased one, guarding health at all ages. *Ahara, Nidra* and *Brahmacarya* are three subpillars, which support the body itself,^[1] Here *Ahara* has been enumerated first, which shows its importance. Unfortunately, hardly one or two percent individuals in India follow these codes and rules of dietetics. In

other countries also observations of these rules are not seen. There may be various factors responsible behind this non-observance of the dietetic codes. Various pathological entities stand identified as a result of food (*Ahara*) habits related as they are to sensory stimuli, which are pleasure giving, or distress giving. Even though Ayurveda has postulated this theory and as dealt in detail, only recently a great deal of interest has been focused on the art of dietary factors in the pathogenesis of non-communicable diseases. Besides there is also that for most chronic conditions and non-emergency situations people should avoid drugs and try natural approach.

In Ayurveda a novel concept of *Viruddha Ahara* has been condensed. Since the effect of this *Viruddha Ahara* is indifferent from the *Ahita Ahara*, this *Viruddha Ahara* may be included under the *Ahita Ahara* group. Caraka has mentioned "whatever articles of food, which having dislodged the morbid humors do not eliminate them from the body, are to be regarded as unwholesome".^[2] Combination is the term for the coming together of various substances.

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Such combination may be due to the action of both (food substances), all or one of the constituents and this combination is in every case temporary (*Anitya*).^[3]

OBJECTIVE OF THE STUDY

To observe the effect of *Samyoga Viruddha Ahara* in *Kustha Vyadhi* based on observational study.

MATERIALS AND METHODS

Generalised observation

For the literary source, for the present work will be collected from the Vedic scriptures, classical text book of Ayurveda, published articles in reputed journals and also from various media like internet etc. Followed by retrospective study of related research. The causative factors for *Kushta* are given some what differently. Two typical factors are explained in it i.e. successive and parallel consumption of hot and cold substance and also of sudden shift from light differs to heavy diet. This produces non habitual, non-adoptable, reaction in the body. Due to their peculiarity they can be acceptable as *Kha-Vaigunyakara*, *Hetus* other etiological factors are mostly for *Dosha* vitiators and *Dushyas*, *Dustikara* both for e.g. Suppressing the urge for vomiting causes *Kandu*, *Kotha*, anorexia, *Vyanga*, *Shota*, *Jwara*, *Kushta*, *Hrullasa*, *Visarpa*, etc.^[4]

The available classical texts, commentaries on each of the classical texts, books on Veda, manuscripts were taken as study materials. These important materials are selected for clear knowledge about the current study. It is to be noted that, the study of Samhita is valuable because, the original Samhitas are helpful in the uplifting of the basic principles of the science. And if original Samhitas are not understood properly, then the guidelines of the respective commentaries are followed so as to understand and solve the controversies.

Effect of Samyoga Viruddha Ahara in Kustha Vyadhi

The collected literary material will be utilized to prepare the special case Performa, where history taking is followed to access the role of *Samyoga Viruddha Ahara* in *Kustha Vyadhi*. The conceptual

part of present study was done by thorough study on *Viruddha Ahara* w.s.r to *Samyoga Viruddha* in *Kushta Vyadhi* referring all its available commentaries and other classics followed by the objectives.

OBSERVATIONAL STUDY

To fulfill third objective that is "To study a probability and availability of *Aharaja Hetu* according to Charaka in present era based on observational study." The literary materials are utilized to prepare special research case proforma. Patient diagnosed as *Kushta* are taken for study from O.P.D. and I.P.D and medical camps conducted by institute and leprosy Section of Civil Hospital Vijayapur, Karanataka where history taking is followed to compare the classically explained *Nidana* and *Lakshana* with *Nidana* and *Lakshana* collected from the patient of *Kushta*.

Inclusive Criteria

- Diagnosed cases of all types of *Kushta*.
- Patients of both sexes will be selected for study, 20-50 years age group will be included.

Exclusive Criteria

- Age below 20 years and above 50 years.
- Patients with other systemic disorders & involved with allergic skin disorders.

Parameters of the study

The subjective parameters of the present study are

Nidana - *Samyoga Viruddha Ahara*

Clinical Methodology

Being observational study the patients will be selected incidentally with respective of age & irrespective of sex, caste, occupation & socio economic status, and are subjected to through history taking, specially concentrating on the *Samanya Nidanas* (who acquire *Viruddha Ahara* frequently) involved in the disease manifestation of *Kushta*.

The patients will be assigned in to single group consisting of minimum 50 patients by taking thorough history stressing on *Nidanas*, the role of *Viruddha Ahara* (*Samyoga*) will be analyzed by a systemic case proforma as mentioned above.

OBSERVATIONS FOR OVERALL PATIENTS

The efficacy of any drug cannot be proved unless it is subjected to clinical trials and analyzed statistically. The clinical study was carried out among 50 patients of *Kustha*, which were randomly selected for the purpose.

Here diagnosed cases of leprosy are taken for study because *Kushta* is a disease that was well known to ancient sages as is evident from its description in the *Vedas*. In *Samhitas*, an elaborate description of the disease has been found suggesting its prevalence in that era facilitating our *Acharyas* to observe all the aspects of the disease very minutely.

In present study the patients diagnosed as tuberculosis were taken. Once again confirmed the diagnosis through Ayurvedic fundamentals that is through the examination of *Dosha*, and *Dhatu* involved in the manifestation of *Kushta*. After diagnosing as *Kushta*, the assessment of *Nidana* and *Lakshana* was done through thorough history taking by using specially prepared case proforma.

Vaya (age): Maximum 72% patients of this series were of *Madhyama Vaya*. This is due to criteria of selections of patient. i.e. patients above 16 years were selected.

Sex: Sex has no direct relation with *Kustha*. But here reported data shows that male patients were more prone to *Kustha*, probable reason may be that male are more exposed to different types of contacts and environments. So they may be more affected by *Viruddha Ahara* due to conditions. i.e. Hostel, business, service schedule.

Marital Status: Maximum numbers of individuals (72%) were married.

Religion: 86% of patients were Hindus. It is due to dominance of the religion in this particular geographical sect.

Education: The incidence of *Kustha* was found more in educated (80%). Probable reason may be that, educated society are more modernized and lead a hard and fast life, so due to carelessness or ignorance their dietary practice may be faulty. Therefore they

take *Viruddha Ahara* more than uneducated and higher educated people.

Occupation: However, in this series no dominance of any particular occupation was observed, in spite of it, employees (76%) suffered more than others.

Socio-economic Status: The results of present study showed that most of the patients i.e. 60% belonged to middle class. This may be due to the fact that people of lower class as well as middle class take diet that is deficient in nutrient values.

Ahara: Majority of patients (60%) were mixed, reflecting the fact that majority of the people living in this geographical sect are vegetarians as well as non vegetarian.

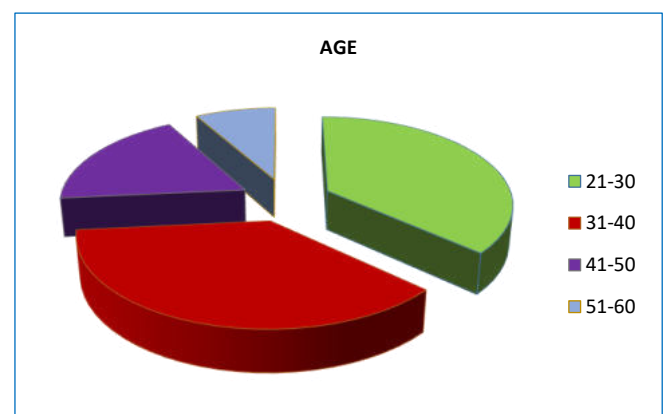
Kostha: The result of the present study showed that most of the patients were having *Krura* (50%) and *Mrudu* (26%) *Kostha*. It is quite possible due to *Jangala Desa*. People of *Jangala Desa* are having dominance of *Vata* and *Pitta Dosa*. *Krura* and *Mrudu* *Kostha* are having dominance of *Vata* and *Pitta Dosh*a respectively.

Agni: The present study showed that maximum patients were having *Vishmagni* (40%) followed by (34%) were having *Tikshnagni*. Due to geographical sect, people are having *Mrudu Kostha* or *Krura Kostha*.

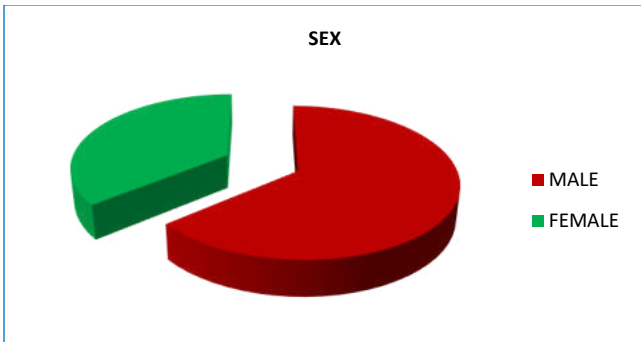
Vyasana: *Vyasana* may be one cause of *Kustha* but here this study showed equal proportion (i.e. 74% addicted, 26% non addicted).

RESULT RELATED OBSERVATIONS

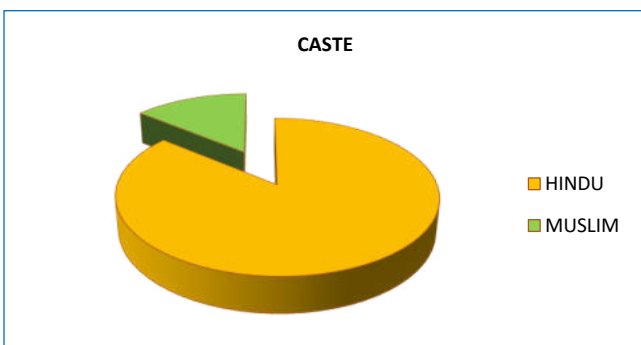
Graph 1: Distribution of patients according to age (n=50)



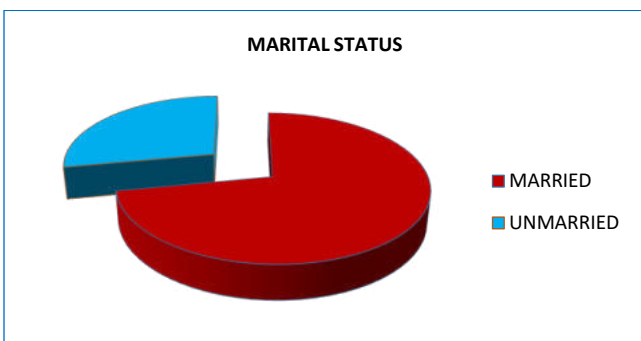
Graph 2: Distribution of patients according to sex (n=50)



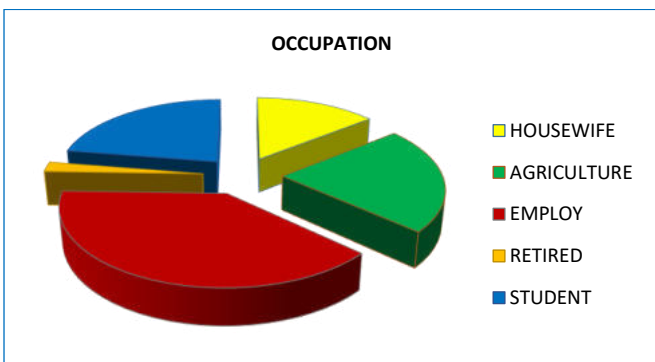
Graph 3: Distribution of patients according to caste (n=50)



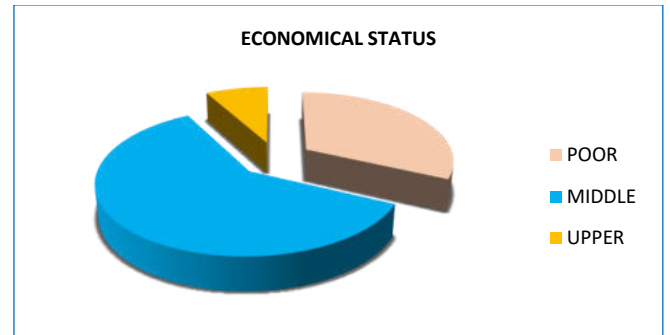
Graph 4: Distribution of patients according to marital status (n=50)



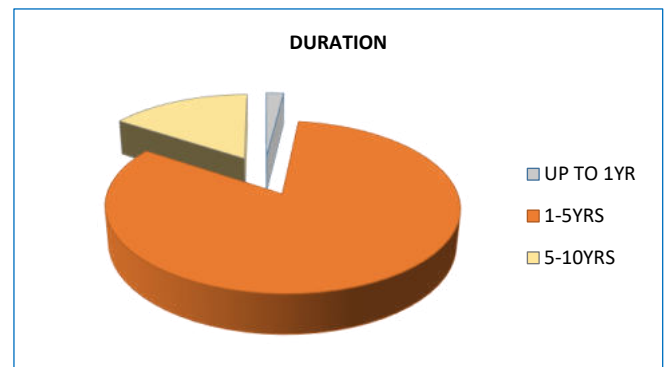
Graph 5: Distribution of patients according to occupation



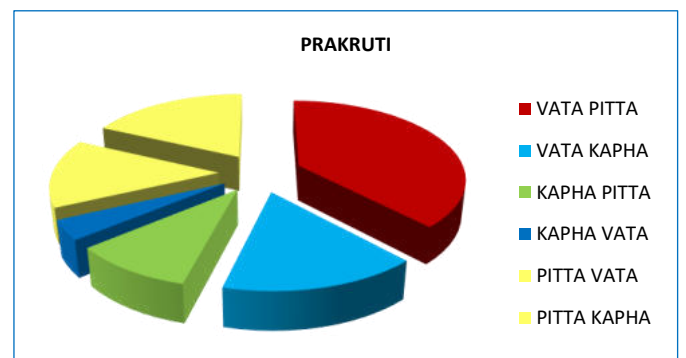
Graph 6: Distribution of patients according to economical status (n=50)



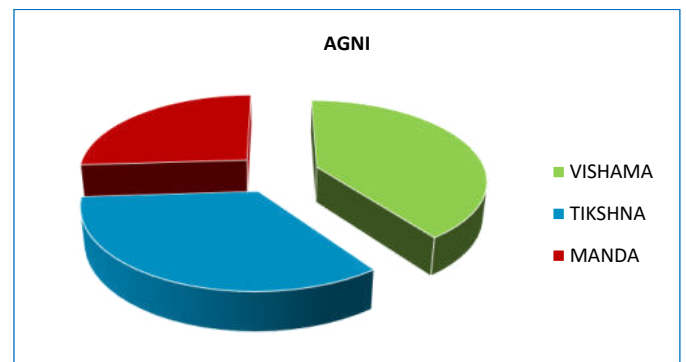
Graph 7: Distribution of patients according to duration



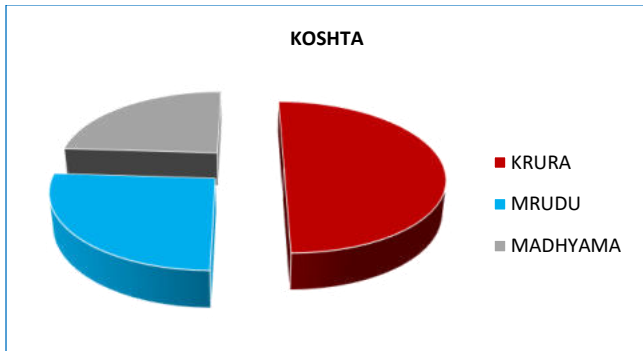
Graph 8: Distribution of patients according to Prakruti



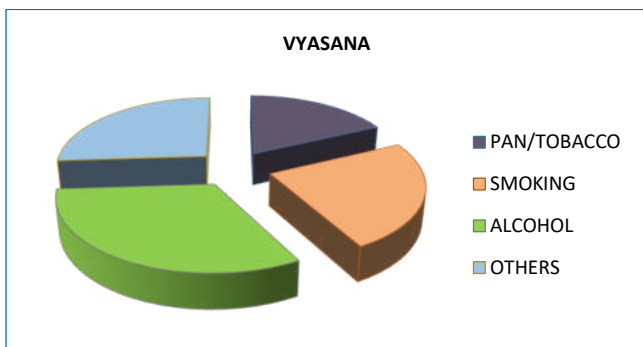
Graph 9: Distribution of patients according to Agni



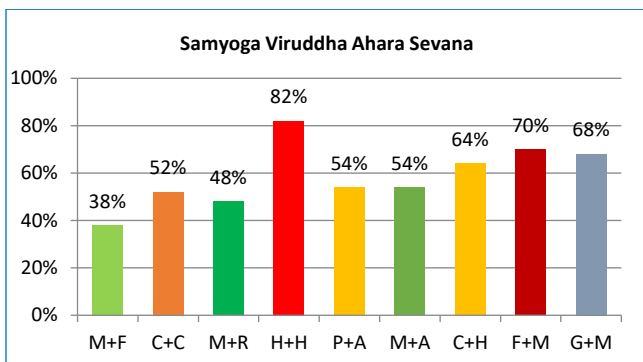
Graph 10: Distribution of patients according to Koshta



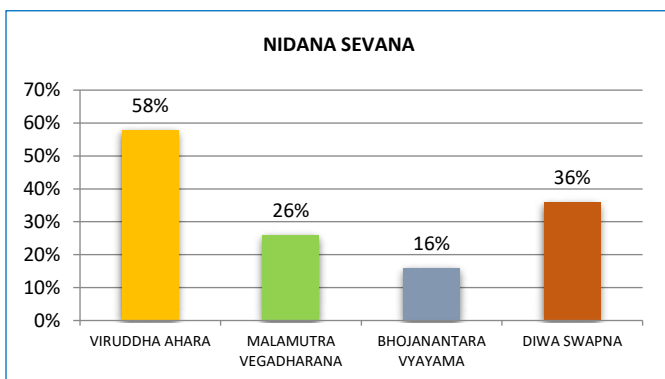
Graph 11: Distribution of patients according to Vyasana



Graph 12: Distribution of patients according to Samyoga Viruddha Ahara Sevana



Graph 13: Comparison of Nidana Sevana



DISCUSSION

Vaya (age): Maximum 72% patients of this series were of *Madhyama Vaya*. This is due to criteria of selections of patient. i.e. patients above 16 years were selected.

Sex: Sex has no direct relation with *Kustha*. But here reported data shows that male patients were more prone to *Kustha*, probable reason may be that male are more exposed to different types of contacts and environments. So they may be more affected by *Viruddha Ahara* due to conditions. i.e. Hostel, business, service schedule.

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Occupation: However, in this series no dominance of any particular occupation was observed, in spite of it, employees (76%) suffered more than others.

Socio-economic Status: The results of present study showed that most of the patients i.e. 60% belonged to middle class. This may be due to the fact that people of lower class as well as middle class take diet that is deficient in nutrient values.

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Kostha are having dominancy of *Vata* and *Pitta Dosa* respectively.

Agni: The present study showed that maximum patients were having *Vishamagni* (40%) followed by (34%) were having *Tikshnagni*. Due to geographical sect, people are having *Mrudu Kostha* or *Krura Kostha*.

Vyasana: *Vyasana* may be one cause of *Kustha* but here this study showed equal proportion (i.e. 74% addicted, 26% non addicted).

Viruddhahara: *Kustha* is caused by different types of *Viruddha Ahara*. The present study shows that majority of patients were taking *Samyoga Viruddha*.

Types of *Viruddha* requires long period of *Viruddha Sevana* to aggravate the *Doshas*. *Acharya Charaka* has also stated '*Viruddha Viryāsanam Nindita Vyādhikarāṇām*' means eating to censurable disease. *Cakrapāṇi* pointed out the word '*Nindita*' means *Śvitra*, *Kuṣṭhādi* etc.^[5]

Effect of Samyoga Viruddha Ahara in the manifestation of Kustha Vyadhi

Out of 50 patients, majority of patients i.e. 82% were consuming honey + hot water, followed by 70% patients took fermented foods + milk, 68% patients ate green vegetables + milk, 64% patients had habit of eating curd + hot eatables, 54% took pakwa anna + apakwa anna and 52% patients ate curd + chicken, 48% patients took milk + raddish and 38% patients were consuming milk + fish. Out of 50 patients, majority of patients i.e. 58% were consuming *Viruddha Ahara (Samyogaja Viruddha Ahara)*, 26% were doing *Malamutra Vega Dharana*, 16% were doing *Vyayama* after *Bhojana* and 36% patients were doing *Diwaswapna*.

CONCLUSION

Among the *Viruddha Ahara* concept, specially by *Samyoga Viruddha* it is inferred that this *Hetu* is more

responsible to cause the *Kustha Vyadhi*. *Viruddha Ahara* if consumed in less quantity is not harmful and if it is consumed regularly in considerable amount then it leads to some diseases.

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