

Clinical Research

Prevalence of *Adhyashana* in patients attending IPGT and RA Hospital and its effect on healthHitesh A. Vyas¹, R. R. Dwivedi²¹Assistant Professor, ²Professor and Head, Department of Basic Principles, Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar, Gujarat, India

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Abstract

Adhyashana is a technical term of *Ayurveda*, which means eating before digestion of previous food. All the ancient classics describe the ill effects of *Adhyashana*. *Charaka* mentioned it as a prime causative factor for *Grahani dosha*. It is also said that *Adhyashana* can cause severe and incurable diseases or even death. All these references indicate the importance of *Adhyashana* as one of the health destroying factors, and yet this subject remained untouched by the Ayurvedic scientists for research. The present study was carried out to search the prevalence of *Adhyashana* in the patients of various diseases. For this purpose a survey study was planned and a total of 235 subjects attending outpatient and inpatient department of the Institute for Post Graduate Teaching and Research Hospital were surveyed. Among these patients 62.98% were found to be habituated to *Adhyashana*. *Purishvaha Srotodushiti* was found in a maximum number of patients, which was 42%. Status of the disease was *Krichchhra saadhya* in maximum of these patients.

Key words: *Aamadosha*, *Adhyashana*, *Ajirna*

Introduction

Word *Adhyashana* is made of two words—*Adhi* and *Ashana*. The collective meaning of both the terms is to eat after eating. The definition of the word *Adhyashana* is given by various classics of *Ayurveda*, which in a nut shell means eating before the digestion of previous food.^[1] *Charaka* while defining *Adhyashana* uses the word “*Poorvaanna sheshe...*,” which indicates the presence of undigested food stuff in the digestive tract.^[2] Acharya Hemadri, in his commentary on *Ashtanga Hridaya*, defines *Adhyashana* more specifically as taking of food when the previously eaten food remains in the stomach.^[3]

According to the principles of *Ayurveda*, one should take food only after the complete digestion of previous food.^[4] *Adhyashana* therefore is described as a wrong habit of eating and also mentioned as the causative factor of many diseases. It is said that *Adhyashana* can cause severe and incurable diseases or even death.^[5] In *Charaka Samhita* it is mentioned as the prime causative factor of *Grahanidosha*,^[6] *Pittaja Gulma* (C.S.Ni. 3/4), *Aamavisha* (C.S.Vi. 2/12), *Kushtha* (C.S.Chi. 7/6), *Udararoga* (C.S.Chi. 13/26), and other diseases. Sushruta while describing

aggravating factors of all three *Doshas*, mentioned *Adhyashana* as one of important factor among them.^[7] He described some more diseases, such as *Atisara* (Su.S. Ut. 40/3), *Shoola* (Su.S.Ut.42/78), *Krimi-roga* (Su.S. Ut 54/3), and so on, caused by *Adhyashana*.

There is no direct reference available that how *Adhyashana* produces a hazardous effect. But it can be understood on the basis of *Aamavisha Samprapti*^[8] and description of *Ajirna Bhojana*. *Charaka* in the description of *Ashta Aaharavidhi Visheshha Aayatana* stated that the food which is eaten, while the previous meal is lying undigested in the stomach, immediately provokes all the three *Doshas*. These aggravated *Doshas* then produce different kinds of diseases in the body.^[9] In the chapter of *Aamadosha*, all the classics discuss this pathogenesis beautifully.^[10] This can be used to understand the pathogenesis taking place due to *Adhyashana*. The whole process can be summarized as follows.

Repeated meal causes indigestion, which leads to *Aama* production. *Aama* decreases the strength of *Agni* and again more *Aama* gets produced. The excessive *Aama* on one hand obstructs free movement of all three *Doshas* in the digestive tract and on the other hand spreads in the whole body and blocks the channels of the entire body. The obstructed *Doshas* in the gut being thus aggravated, lay hold of the undigested food mass and getting localized in one part of the stomach, making their resort in the food mass either obstruct or dispose of the stomach contents violently through the upper or the lower paths of the alimentary tract.^[11] This way, the acute disease, *Alasaka-Visuchika* can occur due to *Adhyashana*. On other hand, aggravated *Doshas* due to blocked channels of the

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whole body produce various acute as well as chronic diseases. This may be understood as the *Sampraapti* of chronic disorders due to *Adhyashana*.

Keeping in mind, the importance of *Adhyashana* in the manifestation of diseases, this particular work is carved out with following aims and objectives.

Aims and objectives

1. To survey the prevalence of *Adhyashana* in patients attending Institute for Post Graduate Teaching and Research in Ayurveda (IPGT and RA) Hospital.
2. To find out the presence of *Adhyashana* as a causative factor in different diseases.
3. To study the effects of *Adhyashana* on health.

Materials and Methods

Two types of materials were used for the study.

1. Conceptual material: Total Ayurvedic material related to the subject was studied with relevant Modern medical literature. Reputed Journals, proceedings of the seminars, and symposia were observed and analyzed.
2. Clinical material: Patients attending OPD and IPD of the Department of Basic Principles, IPGT and RA, Jamnagar, were surveyed for prevalence of *Adhyashana*.

Selection of patients

As this is a survey study, more efforts have been made to select various types of patients to collect comprehensive data. Patients were selected without considering religion, race, age, disease, sex, socioeconomic status.

Observations

A total of 235 patients, including 207 OPD patients and 28 IPD patients were surveyed. A maximum number of patients were from age group of 31–40 years (26.38%). House wives were maximum (40.85%) in number and most of the patients were from middle socioeconomic class (56.17%). According to the *Ashana Prakara*, maximum patients (62.98%) were found habitual to the *Adhyashana* [Figure 1].

Maximum patients who were habitual to *Adhyashana* were of *Vata-Pitta Prakriti* (51.35%) followed by *Pitta-Kapha Prakriti* (34.45%). Bowel habits of most of the patients were found

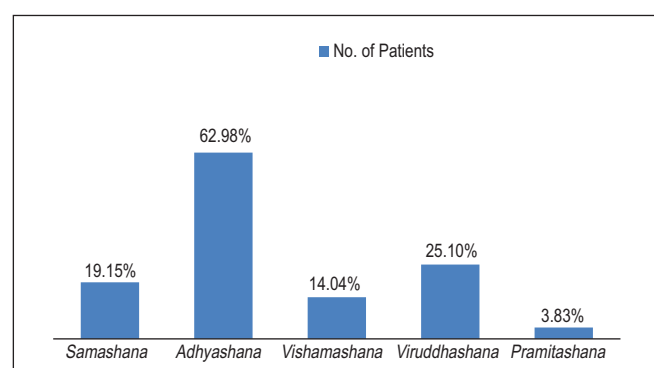


Figure 1: Prevalence of Adhyashana

irregular (76.35%) with improper consistency of stool (58.78%), which includes hard bowels (45.94%). *Agnibala* was found to be *Manda* in maximum number of the patients (48.65%).

Five symptoms (*Vegotsarga*, *Udgaar shuddhi*, *Kshudhaa*, *Deha laaghava* and *Utsaaha*) from *Aahaarjirnataa Lakshanas* described by *Sushrutaachaarya* in *Uttar Tantra* (ch. 64/84) were also been considered to evaluate the *Jaranashakti* of the patients. All these symptoms were given specific gradation from A to D; where A was considered as normal, while D was showing nastiest condition. The maximum number of patients habituated to *Adhyashana* (59.46%) was found with *Avar Jaranashakti*.

As per the *Srotodushti*, it was observed that vitiation of *Purishavaha Srotas* was found in maximum number of patients who had a tendency toward *Adhyashana* (42%). Vitiation of *Annavaha Srotas* and *Rasavaha Srotas* was observed in 23% and 18%, respectively [Figure 2].

Agnimaandya/Ajirna was found in maximum number (17.56%) of patients having the habit of *Adhyashana* and 16.21% of these patients were suffering from *Jvara* [Figure 3]

Saadhyasadyataa wise distribution show that maximum diseases of the patients having *Adhyashana* as a habit were in *Krichehhrasaadhyata* stage [Figure 4].

Discussion

Classical definitions of *Adhyashana* can be understood by two different ways. Maharshi Sushruta and Kashyapa define *Adhyashana* as the condition of eating before complete digestion of previously eaten food (*Ajirne bhujyate...*). Vagbhatta in *Ashtanga Samgraha* mentioned the time for complete digestion as four *Yaama*. One *Yaama* is equal to the one eighth part ($\frac{1}{8}$) of the day, that is, about 3 h. According to this counting method four *Yaamas* is equal to 12 h approximately. This means eating before 12 h of previous meal can be considered as *Adhyashana*. Acharya Hemadri slightly differs while defining *Adhyashana*. According to him eating while previous meal is in stomach, is known as *Adhyashana* (*Aamaashaye poorvaanna sheshe...*). Here not the complete digestion but only emptying of stomach is mentioned. If the entire digestion is a 12-h process, it can

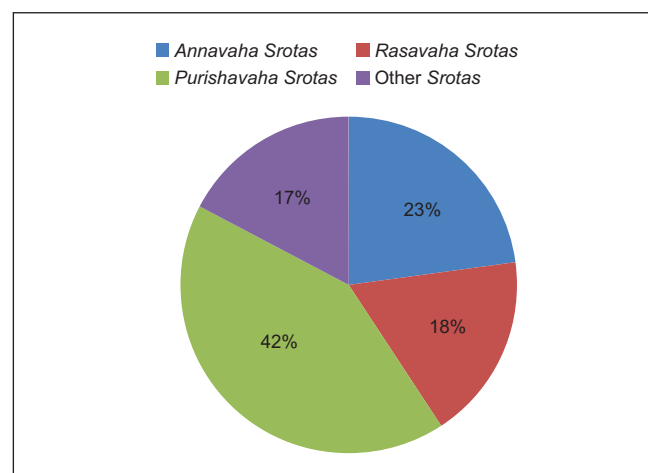


Figure 2: Srotodushti wise distribution

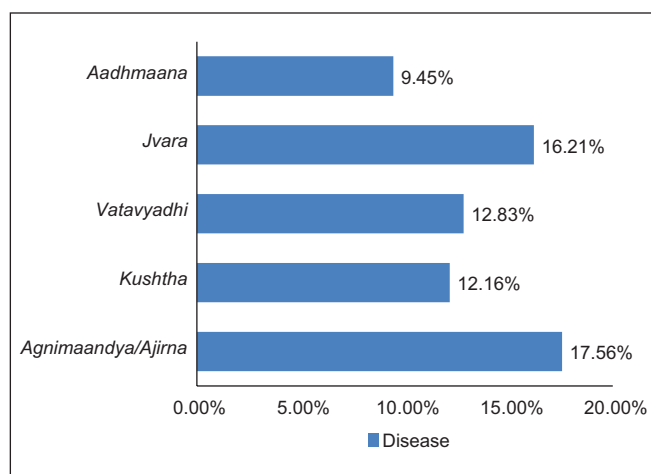


Figure 3: Disease wise distribution

be divided into 3 stages according to the *Avasthaapaaka*. *Avasthaapaaka* also indicates different locations of digestion. First *Avasthaapaaka* takes place at *Aamashaya* (stomach) and according to above-mentioned counting method it is of about 4 h. Modern physiology also describes gastric emptying time near to 3–4 h. This means eating after 3–4 h of previous meal can be considered as *Adhyashana*.

After thorough thinking on above-mentioned two opinions, the second one (of *Hemaadri*) seems to be more appropriate because all the ancient Ayurvedic as well as *Niti Shastras* advocated two meals per day. After subtraction of sleeping hours, it is nearly impossible to take two meals at the interval of 12 h. And in this condition, all the meals will be considered as *Adhyashana* according to the first definition. So *Adhyashana* can be defined as the eating within 3–4 h of previous meal.

It was found that 62.98% of the patients were habitual to *Adhyashana*. In the present life style a middle class person generally takes two meals, a breakfast and an evening tea with light food. Apart from this one or more cup of tea/coffee per day is common in present day life style. Students and young people take fast food off and on other than their regular meals. House wives generally have habit to taste the food while preparing it. All these conditions lead to the *Adhyashana*. Hospital provides two principal meals and two times milk to every inpatient, which in most of the cases turns into *Adhyashana* as the word *Ashana* includes all the types of dietary substances, that is, *Ashita* (soft eatables), *Pita* (drinkables), *Lidha* (semi-solid food), and *Khadita* (hard eatables).^[12] This means that any form of the diet either solid or liquid if taken in within 3–4 h of previous food, should be considered as *Adhyashana*.

It was observed that 51.35% of the patients were of *Vata-Pitta Prakriti*. They have mixed features of *Vata* and *Pitta Prakriti*. Vagbhatta in *Ashtanga Hridaya* while describing the characteristic features of *Vata Prakriti* clearly mentioned “*Bahubhujah*” mean “eater of more quantity of food” as one of the feature.^[13] *Charaka* uses the word “*Chapala Ahara*,” which means taking food quickly.^[14] This is due to the *Chala* property of *Vata Dosha*. Because of it, *Vata Prakriti* person cannot take much food at a time. They had been habitual to take food at short intervals. *Pitta Prakriti* persons are told “*Kshutpipaasaavantah*” means with strong appetite and

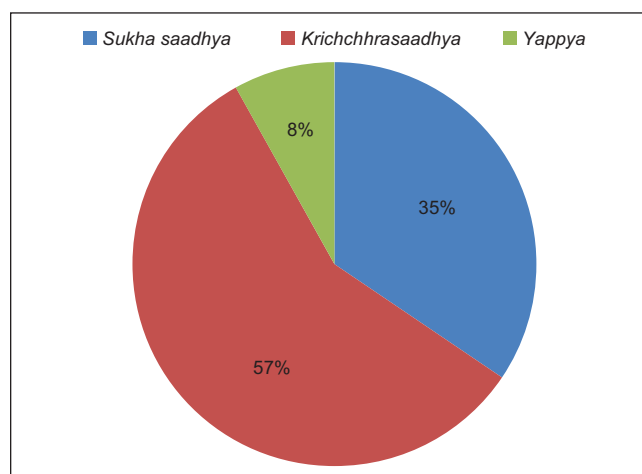


Figure 4: Prognosis wise distribution

thirst.^[15] Further they are said to be “*Dandashooka*” means habitual to repeatedly eating.^[16] This is due to the *Ushna* and *Tikshna* properties of *Pitta*. Thus it is very natural that more than 50% of the *Adhyashana* habitual persons were from *Vata-Pitta Prakriti*.

Agnibala was *Manda* in maximum number of patients. This is according to the pathogenesis described in the introduction part of the paper. *Adhyashana* causes *Mandaagni*, which is said to be the root cause of all the diseases.^[17] This confirms the statements of classics regarding *Adhyashana* as a cause of many diseases.

Vitiation of *Purishavaha Srotas* was found in maximum number of patients. *Charaka* in *Vimaansthana* while describing the causative factors of *Purishavahasrotas dushti*, mentioned *Adhyashana* as one of them.^[18] As described earlier, *Adhyashana* causes *Agnimaandya*, which leads to *Aama* production. *Aama* in the *Koshtha* obstructs the free movement of *Samaana Vaayu* and *Apaana Vaayu*, which has vital role in the proper functioning of *Purishavaha Srotas*. Obstructed and aggravated *Apaana Vaayu* moves to the opposite direction other than its normal path and due to this elimination of bowels also will not be proper. *Aama* itself when mixes with *Purisha*, makes it abnormal and sticky, which causes the elimination process difficult. This vitiated *Purisha* then vitiates its *Srotas* too. This is how the vitiation of *Purishavaha Srotas* gets vitiated by *Adhyashana*.

Agnimaandya/Ajirna were the diseases found in a majority of the patients habitual to *Adhyashana*. This is a very easily understandable finding. *Adhyashana* directly affects the digestive procedure and produces *Aama*, which is responsible for these disorders. *Jvara* is found in 16.21% of the total patients with the habit of *Adhyashana*. *Jvara* is disease occurring due to *Mandaagni*. The root cause of *Jvara* according to the principles of *Ayurveda* is *Aama*. Here due to *Adhyashana*, *Mandaagni* and *Aama* takes place, which in these patients produce *Jvara*. *Jvara* is one of the symptoms of *Rasavaha Srotas Dushti* too.^[19] Excessive eating is one of the vitiating factors of *Rasavaha Srotas Dushti*.^[20] Here it is also present. Thus *Jvara* is found in the patients with *Adhyashana*.

Fifty-seven percent of the diseases of the patients habitual to *Adhyashana* were in *Krichchhra saadhya* status. This confirms

the classical wisdom that *Adhyashana* produces “*Ghora*” *Vyaadhi*.^[21] Here word ‘*Ghora*’ denotes difficult to treat. As described earlier, *Adhyashana* causes *Agnimaandya* and *Aama*. *Agni* is said to be Bala of the body. Decrease in *Agni* causes decrease in pure *Rasa dhatu*, which leads to lack of *Prinana* (nutrition) of the *Deha*. This decreases *Dehabala* too. Thus due to decreased *Agnibala* and *Dehabala*, diseases become difficult to treat. This is how *Adhyashana* is responsible for *Ghora* *Vyaadhi*.

Conclusion

1. Study shows that 62.98% of the total surveyed 235 patients of I.P.G.T. and R.A. hospital were habituated to *Adhyashana*.
2. Maximum, that is, 59.46% patients who were habituated to *Adhyashana*, were of *Avar Jaranshakti*.
3. Vitiating of *Purishavaha Srotas* was found in maximum patients who are habitual to the *Adhyashana*.
4. *Agnimaandya/Ajirna* and *Jvara* were the prime diseases found in the patients having habit of *Adhyashana*.
5. Study confirmed the causality of *Adhyashana* for *Ghora*, that is, difficult to treat diseases.

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हिन्दी सारांश

आतुरों में अध्यशन की उपस्थिति एवं स्वास्थ्य पर उसका प्रभाव-एक सर्वेक्षणात्मक अध्ययन

हितेश ए. व्यास, आर. आर. द्विवेदी

अध्यशन आयुर्वेद विज्ञान की स्वयंज्ञा है। इसका अर्थ “पूर्वभुक्त अन्न के संपूर्ण पाचन होने से पूर्व भोजन करना” होता है। सभी प्राचीन संहिताकारों ने अध्यशन के दुष्प्रभावों का वर्णन किया है। महर्षि चरक ने इसे ग्रहणी दोष का प्रधान निदान दर्शाया है। यह भी कहा गया है कि अध्यशन से गंभीर एवं असाध्य व्याधि तथा मृत्यु भी संभव है। यह सभी संदर्भ अध्यशन की नैदानिक गंभीरता के प्रति निर्देश करते हैं, फिर भी यह विषय आज पर्यन्त आयुर्वेदीय वैज्ञानिकों से शोध कार्य के स्वरूप में अछूता ही रहा है। प्रस्तुत अध्ययन विविध व्याधियों के आतुरों में अध्यशन की उपस्थिति के संदर्भ में किया गया। इस हेतु एक सर्वेक्षण किया गया, जिस में स्नातकोत्तर शिक्षण एवं अनुसंधान संस्थान-जामनगर के रुग्णालय के अन्तरंग तथा बहिरंग विभाग के २३५ आतुरों को सर्वेक्षित किया गया। इन आतुरों में से ६२.९८% आतुरों में अध्यशन का वृत्त प्राप्त हुआ। अध्यशन करने वाले रुग्णों में पुरीषवह स्रोतस की दृष्टि सर्वाधिक प्रमाण में देखी गई, जिनका प्रमाण ४५.९४% था। इन आतुरों में से अधिकतर की व्याधि कृच्छ्रसाध्य स्तर की देखी गई।

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