

Effect of *Vishamashana* on health: A survey study

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Abstract

Introduction: Ayurveda has a novel concept of *Vishamashana*. *Vishamashana* means taking food irregularly or without following a particular time. **Aims:** In the present era, due to the competitiveness in each and every field of life, today's individual does not get sufficient time for taking food and to maintain its quantity and quality. *Vishamashana* became a very common habit and trend in the modern developed era. As per the *Ayurvedic Siddhanta*, *Vishamashana* aggravates all the three *Doshas* and it is also said to be an important cause of vitiating the *Agni*. Hence, present survey was conducted to assess the effect of *Vishamashana* on health. **Material and Methods:** survey study has been done on 100 persons having habit of *Vishamashana*. Persons were divided into two groups: Group A for volunteers and Group B for patients. A special proforma was prepared for the assessment of health status based on *Swastha Lakshanas of Charaka Samhita* and *Kashyapa Samhita*. **Results:** In the survey study, majority of patients of Group B were found to have *Avara* health status and Group A had *Madhyama* health Status.

Keywords: Survey study, *Swastha*, *Vishamashana*

Introduction

According to *Acharya Vagbhata* *Vishamashana* means taking diet before or after the actual time for meals.^[1] He used two different terms, i.e., *Aprapta Kala Bhukta* and *Atita Kala Bhukta*. Taking food when the previous meal is yet to be digested can be termed as *Aprapta Kala Bhukta* while food taken long after the digestion of the previous food can be said *Atitakala Bhukta*. Both of these are included in *Vishamashana* by *Acharya Vagbhata*. According to the principles of Ayurveda, food should be consumed only after complete digestion of the previous food.^[1] Ingestion of food without proper hunger hampers the *Parinamana* (digestive Capacity) *Guna* of *Kala* leading to improper digestion which leads to *Agnidushti* and causes many diseases. In the case of *Atitakala Bhojana* suppression of hunger takes place,^[2] which causes *Vata prakopa*. Vitiating *Vata* causes *Agnimandya* and further leads to disease condition.

The health as well as diseases is nothing but the outcome of *Ahara*. Out of all, the factors for maintenance of positive health, proper intake of food occupies the most important position because diet or *Ahara* is the basic medicament other than any substances. In today's world, most common diseases such as HTN, DM etc. are caused by improper diet and dietary habits. In classics, *Vishamashana* is quoted as a

cause for *Ghora (serious) Vyadhi*^[3] and death. In today's era, *Vishamashana* is found frequently. Hence for observation of the prevalence of *Vishamashana* and its role in disease formation, survey study was planned.

Aims and objectives

1. To survey the incidence of *Vishamashana* in healthy and unhealthy persons
2. To find out the presence of *Vishamashana* as a causative factor in different diseases
3. To study the effects of *Vishamashana* on health.

Materials and Methods

The study was carried out under two headings, namely conceptual study which comprises of the review of the available literature in ancient classical texts, literature in modern science concerned with the concept of *Vishamashana*. The compiled literary material has been analyzed and critically evaluated to develop the concept.

For the survey study, the patients of outpatient department and IPD of Institute for Post Graduate Teaching and Research

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in Ayurveda hospital and healthy, volunteers have been surveyed for the *Vishamashana* and its effects on health. Total 100 persons have been surveyed and among them, 48 are so called healthy volunteers and 52 are patients. The method adopted in this study was simple randomized selection by interview method. A special proforma was prepared for the present study to collect the relevant data from the healthy and unhealthy group of people.

Criteria for the assessment of health status

Assessment criteria were developed on the base of *Dhatusamyak Lakshana* mentioned in *Charaka Samhita*^[4] and Characteristic features of *Swastha*^[5] described in *Kashyap Samhita*. Health status was assessed on the basis of status of *Agni*, *Deha*, *Indriya* and *Satva*.

Observations

In the present study comprising of 100 persons, maximum persons, i.e. 61% of the population belongs to 20–30 years and 20% from the age group 31–40 years. Most of the persons (i.e., 52%) were male, 47% persons were students. and 19% were housewives. Most of the persons were having vegetarian diet (79%). It was reported that maximum number, i.e., 74% were fond of *Amla Rasa* followed by 71% persons using *Lavana Rasa* predominantly. Majority of persons (i.e., 45%) were having *Kathina Malapravriti* and 43% possess *Pichhila Malapravriti*. In Group B, the majority (44.23%) of patients had *Bahumutrata* and in Group A, the majority (91.66%) of the volunteers had *Samyak Mootrapravriti*. The data reveal that in the majority of persons (53%), the status of *Agni* was *Vishama* and in 28.57%, status of *Agni* was *Manda*. It was found that maximum (70%) persons were of *Madhyama Abhyvarana Shakti*. Maximum (68%) persons were having *Avara Jarana Shakti*. Majority of the persons were having *Rasavaha* and *Annavaha Srotodushti*, i.e., 97% and 82%, respectively. Majority of the persons were having *Vata Kapha Prakriti* (51%) and *Pitta Kapha Prakriti* (35.71%). *Sama Samhanana* was found in the majority (66.66%) of the volunteers of Group A and 48.08% of patients of Group B were *Krishna*.

Habit of *Aprapta Kala Bhojana* was found in 53% of persons and 47% of persons were having the habit of *Atita Kala Bhojana*. In Group A, majority (60.41%) of the volunteers were found with the history of *Vishamashana* with frequency of twice a week. While in Group B, 77.31% of patients had the habit of *Vishamashana* in a daily frequency and by 32.69% of patients had the history of *Vishamashana* with frequency of twice weekly. A total of 72% of the persons were taking *Vishamashana* for more than 1 year.

Avipaka was found in majority (54.16%) of volunteers in Group A followed by *Gaurava* (52.08%) and *Angamarda* (64.58%) while in Group B, 90.38% of patients had complaint of *Avipaka* followed by *Gaurava* (75%) and *Angamarda* (68.85%). *Pandu* and *Krishata* were reported in 63.46% and 38.46% of patients in Group B, respectively. *Krichchena Mala Pravriti* was found in 37.5% in Group A and 71.15% in Group B followed

by *Atigrathita Mala Pravriti* in 20.83% in Group A and 50% in Group B. In Group A, the same number of volunteers, i.e., 35.42% had *Madhyama* and *Avara Bala* of *Agni*, while in Group B majority (67.71%) of volunteers had *Avara Bala* of *Agni*. In volunteer group, 64.58% had *Pravara Indriyabala* while in patient group, 61.54% persons had *Madhyama Indriyabala*. In Group A, almost same number of volunteers had *Pravara* and *Madhyama Deha Bala*, while in Group B, majority 61.54% of persons had *Avara Deha Bala*. *Madhyama Satvabala* was found in the majority, i.e., 52.08% in volunteer group and 63.46% in patient group. In Group A, *Madhyama* health status was found in 54.16% of volunteers while in Group B *Avara* health status was found in 55.77% of patients.

Results

Kala wise frequency of *Vishamashana* [Table 1], effect of *Vishamashana* on *Srotas* has been summarized in Table 2. Table 3 mentions the different symptoms found in person and Table 4 mentions the effect of *Vishamashana* on *Dehabala*, *Agnibala*, *Indriyabala* and *Satvabala*.

Discussion

History of *Aprapta Kala* and *Atita Kala Bhojana* was found almost same in both groups. In Group A, maximum surveyed persons were students. The students have to adjust their time of food according to time schedule of the institute. In Group B, majority of the patients were house wives and shopkeepers. The homemakers are busy with their house hold works and depend on the number of family members whereas shopkeepers adjust their meal time on the basis of their customers. This is the reason that the habit of *Aprapta Kala* and *Atitakala Bhojana* was found almost similar in both groups. *Rasavaha Srotas*

Table 1: Kala wise distribution of 100 surveyed people

Kala	Aprapta Kala	Atita Kala	Total
Group A	26	22	48
Group B	27	25	52

Table 2: Srotas Dushti wise distribution of 100 surveyed people

Srotas Dushti	Rasavaha Srotas	Annavaha Srotas	Purishavaha Srotas
Group A	45	34	24
Group B	52	48	47

Table 3: Symptoms wise distribution of 100 surveyed people

Symptoms	Aruchi	Avipaka	Gaurava	Angamarda	Unsatisfied Malpravriti
Group A	15	26	25	31	33
Group B	32	47	39	41	46

Table 4: Effect of *Vishamashana* on health-wise distribution of 100 surveyed people

Effect of <i>Vishamashana</i>	<i>Agnibala (Avara)</i>	<i>Indriyabala (Madhyama)</i>	<i>Dehabala (Avara)</i>	<i>Satvabala (Madhyama)</i>	Total health (<i>Avara</i>)
Group A	17	17	13	25	8
Group B	35	32	32	33	29

involvement was found in 94% and 100% in Group A and B, respectively. *Annavaha Srotas* involvement was found in 71% of volunteers of Group A and 92% of patients of Group B. Both of these *Srotas* are closely related with diet and digestive process. *Vishamashana* has been described as a causative factor for *Annavaha Srotodushti*,^[6] which has been revalidated by the study. *Rasvaha Srotas* is directly related with the *Anna* and *Annapana Vidhi*. Hence, irregularities in the diet will result in the vitiation of *Rasavaha Srotas*. *Vishamashana* causes *Agni Dushti* as described earlier. *Agni Dushti* affects the quality and quantity of *Rasa Dhatu* which further leads to *Rasavaha Srotodushti*. *Purishvaha Srotas* involvement was found in 50% and 90% of persons in Group A and B, respectively. In healthy volunteer group *Srotodushti* was found in large number of persons so they not called as a healthy. Because of *Agnivaishmya*, *Agni* is unable to the diet digest properly and formation of *kitta* also gets disturbed which is the reason for the *Purishvaha Srotodushti* found in a large number of surveyed persons in both groups.

In the case of *Aprapta Kala Bhojana*, the end product of the previously consumed and partially digested food mixes with the consumed indigested food which spoils the whole mixture and converts it in *Aama* which aggravates all the three *Doshas*.^[7] These aggravated *Doshas* produce *Agni-Vaishmya*, which further leads toward *Ajeerna* (indigestion). If this process continues for longer time, it produces the condition of *Amavisha*, which when combined with *Dosha-Dhatu-Mala* produces various diseases. In case of *Atitakala Bhojana*, suppression of hunger occurs resulting in *Karshya*, *Vaivarnya*, bodyache, etc. It is now proved that gastric secretion starts at the regular time of eating and if stomach remains empty at that time, that secretion remains unused in stomach. As it becomes acidic in nature, it harms the stomach tissue. On the other hand, when food reaches in stomach after passing the regular time of food, the amount of secretion will be very less or absent which is due to the activation of only pressure receptors of stomach. Insufficient quantity of this secretion leads to improper digestion which ultimately results in many digestive disorders. This is the reason for the presence of complaints such as *Avipaka*, *Gaurava*, *Aruchi*, unsatisfactory *Malpravritti* etc. in the majority of persons.

Maximum number of persons surveyed were having *Avara Agnibala*, i.e. 35.42% and 67.71% in Group A and B, respectively. It is contradictory to the definition of *Swasthya*, i.e. *Sama Dosha*, *Sama Agni* and *Sama Dhatu Mala Kriya*. In *Vishamashana* has been quoted as a causative factor for *Grahani Roga* by *Acharya Charaka*.^[8] *Grahani* is the seat of *Agni* hence, so naturally, *Agni* gets vitiated by *Vishamashana*.

This may be reason for *Avara Agnibala* was found in maximum number of persons in present study. Maximum volunteers of Group A, i.e., 64.58% had *Pravara Indriyabala* and majority 61.54% of Group B had *Madhyama Indriyabala*. *Indriya* also get nourishment from *Ahara* and *Vishamashana* should affect *Indriya* as well, but may be short duration of *Vishamashana* or young age of maximum persons (in which all the *Bhavas* of body have *Pravara Bala*), *Indriyabala* is not found decreased as expected. Maximum patients (61.54%) of Group B were having *Avara Dehabala* while 37.5% of volunteers of Group A had *Madhyama Dehabala*. Due to *Avara Agnibala*, food is not digested properly. Indigested food does not provide nutrition to body and because of that *Avara Dehabala* was found more frequently. Volunteer group, belong to 20–30 yrs age-group. In this age group, *Bala* is in optimum level. However, *Vishamashana* affects the *Bala* and because of that *Madhyama Dehabala* was found. Maximum persons from both the groups were having *Madhyama Satvabala*. In young age, *Satvabala* should be *Pravara*, but may be due to *Rasavaha Srotodushti* and vitiation of *Agni* caused by *Vishamashana*, *Madhyama Satvabala* was found in these people.

In survey study, maximum (55.77%) of patients of Group B were found to have *Avara* health status while 54.16% of Group A and 42.31% of Group B were having *Madhyama* health status. In the patient group, *Dehabala* and *Agnibala* were found *Avara* and *Madhyama Indriyabala* and *Satvabala* were also found in patient group. While in volunteer group, majority had *Avara Agnibala*, *Madhyama Dehabala*, *Pravara Indriyabala*, and *Madhyama Satvabala*. Total Health is a sum of *Agnibala*, *Dehabala*, *Indriyabala*, and *Satvabala*. This is the reason why majority of patients were found to have *Avara* health status and volunteers were found to have *Madhyama* health status.

Conclusion

In survey study, *Vishamashana* was found more frequently in middle age, *Vata-Pitta Prakriti*, students and house wives. In classics, *Vishamashana* is quoted as a chief causative factor for *Agnivaishmya*,^[9] which is revalidated by this study. *Rasavaha Srotas* involvement was found in maximum persons, seems contradictory to Ayurveda Siddhanta.

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Conflicts of interest

There are no conflicts of interest.

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हिन्दी सारांश

विषमाशन का स्वास्थ्य पर प्रभाव – एक अवलोकन अध्ययन

धारा पटेल, हितेश व्यास, आर. आर. द्विवेदी, महेश व्यास

आयुर्वेद में भोजन तथा आहार संबंधी विधियों से संबन्धित विशिष्ट संकल्पना वर्णित है। भोजन का समय अनियमित होना एवं भोजन को अधिक या कम प्रमाण में लेना, इसी को विषमाशन कहते हैं। वर्तमान काल में जीवन के हर क्षेत्र में प्रतिस्पर्धा के कारण लोग भोजन के लिए समय, उसकी मात्रा तथा उसकी निर्देशित गुणवत्ता का उपयोग नहीं कर पा रहे हैं। आयुर्वेद में विषमाशन के लिए विशिष्ट संकल्पना दी गई है। अतः विषमाशन आज के युग में अधिक प्रचलित रूप से पाया जा रहा है। आयुर्वेद के अनुसार विषमाशन से तीनों दोषो का प्रकोप होता है और इसे अग्नि की विकृत अवस्था का प्रधान कारण माना गया है। विषमाशन की व्यापकता एवं आरोग्य पर प्रभाव जानने हेतु प्रस्तुत सर्वेक्षण किया गया, जिसमें कुल १०० लोगो का सर्वेक्षण किया गया और इन्हे दो 'समूह ए एवं बी' में विभाजित किया गया। 'समूह ए' में स्वस्थ लोगो का एवं 'समूह बी' में विषमाशन करने वाले व्यक्तियों का सर्वेक्षण किया गया। स्वास्थ्य सर्वेक्षण के लिए चरक संहिता एवं काश्यप संहिता के स्वास्थ्य लक्षण के आधार पर एक पत्रक बनाया गया। इस सर्वेक्षण में 'समूह बी' में अल्प स्वास्थ्य एवं 'समूह ए' में मध्यम स्वास्थ्य पाया गया।