

## A CROSS-SECTIONAL STUDY EXPLORING THE CONCEPT OF DUSHIVISHA AND ITS EVALUATION IN RELATION TO EXPOSURE AMONG ADULT WOMEN

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### ABSTRACT

The Ayurvedic concept of Dushivisha represents a unique category of toxins that, though initially less potent, persist in a dormant state within the body for extended periods before manifesting cumulative ill effects. Rooted in classical samhitas, Dushivisha is described as the intake of toxic substances that evade immediate elimination yet remain capable of producing pathology when aggravated by specific internal or external factors. Despite its enduring relevance in contemporary health discourse, the concept remains enigmatic, raising critical questions regarding its classification, mechanisms of persistence, pathways of cumulative toxicity, and the conditions that precipitate its clinical expression. A deeper exploration of these dimensions is essential to elucidate the pathology and clinical impact of Dushivisha, particularly in

adult women, thereby bridging traditional Ayurvedic insights with modern perspectives on chronic toxic exposure and preventive health.

**KEYWORDS:** Dushivisha, Visha.

### INTRODUCTION

The term Dushivisha is derived from two words: ‘Dushi,’ meaning denatured, attenuated, latent, or vitiated, and ‘Visha,’ meaning poison. Thus, Dushivisha refers to a denatured or attenuated poison that functions as a latent toxin within the body. Classical authorities such as

Suśruta and Vāgbhaṭa describe Dushivisha as any poison—whether natural, artificial (Kṛtrima Visha), animate, or inanimate—that remains in the body after partial expulsion or provisional detoxification by anti-poisonous drugs, or through natural processes such as forest fire, wind, or sunlight. Such poisons, having lost the ten classical properties of Visha and being incapable of producing acute symptoms, are designated as latent poisons. A toxin with diminished potency in all ten properties enters a hidden stage in the body, termed Dushivisha, where its low strength delays action and leads to cumulative toxicity rather than sudden fatality. Because of its attenuated nature, Dushivisha does not typically cause immediate death; instead, enveloped by the protective action (Āvaraṇa) of Kapha dosha, it persists within the body for long periods without producing grave or fatal symptoms, ultimately manifesting as chronic or cumulative pathology.

### **Clinical features of Dushivisha**

The prodromal symptoms of latent poison (Dushivisha) are narcolepsy, a feeling of heaviness of the body, yawning, laxity of joints, horripilation and body ache. One who suffers from latent poison (Dushivisha) will have loose motion, his complexion will be altered, his mouth will emit foul smell, olfactory and gustatory senses will be impaired and he will suffer from unquenchable thirst. Slurring and broken speech, vomiting, sorrow, and sudden bouts of unconsciousness are also seen, and symptoms of ascites (*Dooshyodara*) can be seen. The above symptoms are followed by sense of intoxication after consuming food, indigestion, anorexia, appearance of red patches all over the body, edema of the face and extremities, urticaria, fainting, ascites, vomiting, diarrhoea, discoloration, epileptic attacks, intermittent fever and increased thirst.

### **Symptoms of Dushivisha according to site**

- When Dushi Visha is retained in stomach (*Amashaya*) it produces the diseases due to derangement of humors Kapha and Vata humors i.e. unconsciousness, vomiting, diarrhoea, tympanitis, burning sensation, tremors, altered sensorium etc
- When located in intestines (*Pakwashaya*), it produces diseases of deranged Vata and Pitta humors such as burning sensation all over the body, fainting, diarrhoea, tympanitis and anaemia.
- When located in Rasa Dhatu it produces disinclination towards food, anorexia, indigestion, fatigue, fever, excessive salivation, feeling of satisfaction even food not

taken, heaviness of the chest, anemia, obstruction of the srotas, emaciation, lassitude, premature graying of the hair, premature wrinkling of the skin.

- When located in Rakta Dhatu it produces skin disorders, erysipelas, vesicles, elevated mole, nilika, tilakalaka, nyaccha, vyanga, alopecia, disorders of spleen, abscess, tumors, disorders of blood with arthritis, haemorrhoids, fatigue, menorrhagia, etc.
- When located in Mamsa Dhatu it produces tumors, haemorrhoids, adhimamasa, disorders of goiter, disorders of gums, etc
- When located in Medo Dhatu it produces granthi (cyst), galaganda, diabetes, obesity, excessive perspiration, etc.
- When located in Asthi Dhatu it produces osteoma, odontoma, pricking pain in bone, onychosis, etc.
- When located in Majja Dhatu it produces syncope, fainting, giddiness, pain in the phalanges, conjunctivitis etc.
- When located in Shukra Dhatu it produces impotency, sterility, spermolith, etc
- When located in the skin it produces skin disorders.

### Symptoms according to predominance of humor (Dosha)

Vitiation of each humor (Dosha) produces specific clinical features and these are described in Charaka Samhita and can be ascertained by the respective symptoms (table-1).

**Table 1: Clinical feature produced by Doshas.**

Dosha	Symptoms
Vata	Chest pain ( <i>Hrtpeeda</i> ), belching ( <i>Urdhwanila</i> ), stiffness ( <i>Sthambha</i> ), pain in the bones ( <i>Asthiruk</i> ), joint pain ( <i>Parvaruk</i> ), binding pain ( <i>Udveshtana</i> ), Lassitude( <i>Gatrasada</i> )
Pitta	Sensory loss ( <i>Sanjnanasha</i> ), warm expiration ( <i>Ushnanishwasa</i> ), chest burn ( <i>Hrtidaha</i> ), pungent taste in themouth ( <i>Katukasyata</i> ), edema ( <i>Sopha</i> )
Kapha	Vomiting ( <i>Chardi</i> ), anorexia ( <i>Arochaka</i> ), heart burn ( <i>Hrillasa</i> ), salivation( <i>Praseka</i> ), heaviness of the body ( <i>Gourava</i> ), coldness( <i>Shaitya</i> ), sweet taste ( <i>Mukhamadhurya</i> )

### Research Gap Analysis

Now a day people are more prone to various kinds of poisons, including slow poisons in food as well as in environment. It is not mandatory that only direct intake of a poisonous materials lead to Dushivisha manifestation. At present scenario polluted air, water, land and the increased exposure to electromagnetic radiations through cellular phones and computers, faulty food habits, stressful life style, unpleasant feelings, continuous usage of any particular medications and even suppression of urges can act as a cause for Dushivisha. So far no efforts

have been made to evaluate the concept of Dushivisha scientifically and document the findings and its effect with reference to Dushivisha exposure of women. Women health is more important as the whole family depends on her. She deals with more health issue than man. There is always a discrimination regarding women health in the society. This has prompted me to take this topic as dissertation. Here is an attempt to find the critical study on the concept of Dushivisha and its contemporary significance with reference to Dushivisha exposure of adult women.

## RESEARCH QUESTION

- What is the role of Dushivisha in present contest?

## Hypothesis

### 1. Null Hypothesis H<sub>0</sub>

Role of Dushivisha is not significantly prevalent among adult women

### 2. Alternate Hypothesis H<sub>1</sub>

Role of Dushivisha is significantly prevalent among adult women.

## Aim of the Study

- To study the concept of Dushivisha and its assessment with reference to Dushivisha exposure of adult women

## Objectives of the Study

### Primary Objectives

- To compile and commemorate about the concept of Dushivisha and its contemporary significance
- To elaborate concept of Dushivisha based on Ayurveda classic text as well as in modern science.

### ➤ Secondary Objectives

- Assessment of Dushivisha with reference to Dushivisha exposure of adult women
- To establish that Dushivisha has significant role in causing toxicity due to various uses in present era.

### • Type of study

- Cross-sectional Study.

- **Research Design**

- Exploratory research: It includes

- Literary and Review work
- Literary resources
- Literary Analysis
- Analysis of facts.

- **Review resources**

- Charak Samhita, Sushruta Samhita, Astanga Hridaya etc

- Review of Ayurveda literature from *Ayurveda* text as well as relevant commentaries.
- Relevant modern literature will also be consulted for comparative study and drawing inferences and justification.
- Other print media, online information, research journals, magazines, PUBMED, MEDLINE database etc. will also be searched for similar matter and will be incorporated according to the need of the topic.

- **MATERIALS AND METHODS**

- Collecting information from Sonipat District
- Selection of adult women using simple random sampling
- Visit to nearest work place and colleges
- Collection & presentation of data
- Statistical Analysis of Data
- Conclusion.

- **Study Population**

- Adult women who are fulfilling the criteria of inclusion will be included in the study.

- **Type of Study:** Survey Study

- **Method of Collection of Data**

- Adult women will be selected using a simple random sampling method.

- **Source of data:** District of Sonipat, India.

- **Sample Size:** 350 (Sample size is estimated at 95% level of significance with an allowable error of 5%)

- **Sampling Technique:** Simple Random Sampling

- **Name and Place where the study will be conducted:** Sonipat, Haryana, India.

➤ **Data Collection tools/Instruments**

- Weighing machine, Measuring tape, Stationery as required
- Self-made questionnaire will be used to collect data.

➤ **Duration of study:** 2 Years.

➤ **Inclusion criteria**

- Adult women between the age group 18 to 35 years
- Staying in various area of Sonipat, India.

➤ **Exclusion criteria**

- Adult women suffering from any other systemic disorder
- Not willing to participate in the study.

### **OBJECTIVE PARAMETERS**

- Height
- Weight.
- Body mass index Percentile
- Waist circumference

### **Statistical Methods**

Proper statistical methods will be used.

### **Study Design in Flow Chart**

Representative sample of 350 adult women between the age group (18-35) yrs. will be selected from Sonipat district of Haryana



Subjective and objective parameters will be collected through self-made questionnaire



Data will be analyzed and interpreted by using appropriate statistical technique



Conclusion

**Criteria of Assessment****Subjective Parameters**

*Nidra* (feeling of Sleepiness) Grading

- Never 0
- Rarely 1
- Sometimes 2
- Often 3
- Always 4

○ *Angamarda* (Feeling of Body pain)

- Never 0
- Rarely 1
- Sometimes 2
- Often 3
- Always 4

○ *Vijrambhana* (feeling of yawning)

- Never 0
- Rarely 1
- Sometimes 2
- Often 3
- Always 4

○ *Avipaka* (feeling of indigestion)

- Never 0
- Rarely 1
- Sometimes 2
- Often 3
- Always 4

○ *Arochakam* (feeling of Tastelessness)

- Never 0
- Rarely 1
- Sometimes 2
- Often 3

- Always 4
- *Annamadam* (sense of intoxication after meals)
  - Never 0
  - Rarely 1
  - Sometimes 2
  - Often 3
  - Always 4
- *Guruthwam* (feeling of heaviness of the body)
  - Never 0
  - Rarely 1
  - Sometimes 2
  - Often 3
  - Always 4
- *Vami* (feeling of nausea)
  - Never 0
  - Rarely 1
  - Sometimes 2
  - Often 3
  - Always 4
- *Pipasa* (Feeling of excessive thirst)
  - Never 0
  - Rarely 1
  - Sometimes 2
  - Often 3
  - Always 4
- *Bhinnapurish varna* (Stool with different colours)
  - Never 0
  - Rarely 1
  - Sometimes 2
  - Often 3

- Always 4

### Study tool

- Survey questionnaires were independently developed, drawing upon the Dushivisha food patterns described in the *Charaka Samhita*, *Sushruta Samhita*, other classical Ayurvedic texts, modern medical literature, journal publications, and relevant websites.
- A structured survey Performa was designed, and the questionnaires were distributed to approximately 15 subject experts in Agadatantra across India.
- Their feedback was collected along with consent and self-declaration forms. The validation of the questionnaires was carried out using the Item-Level Content Validity Index (I-CVI).
- The validation exercise revealed that 13 of the 15 subject experts concurred with the structure and content of the survey questionnaires, thereby establishing a strong level of agreement and supporting their credibility

### PROCEDURE

- The study is a Cross-sectional Study. Cross-sectional study gathers information from many individuals at one specific moment or one point of time
- Data collection was carried out using a modified version of a semi structured, self-administered questionnaire, and distributed both online via Google Forms and in printed format.
- Initially, the questionnaire was pretested through a pilot study involving 50 women aged 18–35 years, and necessary modifications were incorporated based on the feedback. Simple random sampling was employed to select the study participants
- In total, 426 responses were collected from women within the age group of 18–35 years, adhering to the inclusion and exclusion criteria. From these, 350 samples were chosen using simple random sampling through the lottery method
- Informed consent was obtained from all participants

### Table 2: Frequency Grading Scale.

These numerical codes were assigned to categorical responses in order to facilitate statistical analysis and enable quantitative interpretation of frequency data.

Response Category	Code Assigned
Never	0
Rarely	1

Sometimes	2
Often	3
Always	4

**Table 3: Frequency Terms Explained.**

Term	Meaning	Approximate Frequency
Never	Something does not happen at all	0% of the time
Rarely	Happens very infrequently, almost never	Less than 10% of the time
Sometimes	Occurs occasionally, but not regularly	Around 30–40% of the time
Often	Happens frequently, more than half the time	Around 60–70% of the time
Always	Happens every single time, without exception	100% of the time

**Table 4: Assessment of Dushivisha with reference to Dushivisha exposure of adult women.**

S. No.	Dushivisha Exposure	Mean Score
1	How often do you consume fast food?	1.882629
2	How often do you consume cold beverages/ carbonated drinks?	1.544601
3	How often do you do over eating?	1.551643
4	How often do you eat bread / Maida/ refined food items like burgers/ pizza etc. ?	1.544601
5	How often do you take tea/ coffee?	1.551643
6	How often do you take frozen food?	1.842723
7	How often do you take ready to eat/ ready to cook / Pre-cooked packed food?	2.596244
8	How often do you consume Salty snacks (potato chips Namkeen/Bhujia/Pickles/Chutney/Papad etc)?	1.36385
9	How often do you consume drinks containing preservatives?	1.474178
10	How often do you consume food without clearance of bowel and urination?	2.234742
11	How often do you prefer to take add on salt food in your diet?	1.622066
12	How often do you smoke?	1.286385
13	How often do you consume alcoholic beverages?	0.246479
14	How often do you prefer to sleep during daytime?	0.319249
15	How often do you consume food without hunger / appetite?	2.36385
16	How often do you wake- up till late night?	1.50939
17	How often do you consume fried food ( <i>Puri/Parathas/Kachori/Tikki/Bhature/Samosas etc</i> )?	2.126761
18	How often do you prefer to take add on extra spicy food in your diet?	2.051643
19	How often do you consume drinks containing additives/ colouring agent?	1.633803
20	How often do you consume OTC (over-the-counter) medicine without prescription for common health problem?	1.2723

**Table 5: Comparative Interpretation of Dietary and Lifestyle Exposures.**

S. No.	Exposure Factor	Mean Score	Ayurvedic Context	Modern Scientific Context
1	Fast food	1.88	Viruddhahara → weakens Agni, produces Ama	High fat/salt → obesity, metabolic syndrome
2	Cold beverages	1.54	Agni mandya (weak digestion), Kapha	Gastric irritation, metabolic slowdown

			aggravation	
3	Overeating	1.55	Mandagni → Ama formation, heaviness Nidra	Obesity, insulin resistance
4	Refined food	1.54	Rasa Dhatu dushti, poor nourishment	Low fiber, high glycemic load → diabetes risk
5	Tea/coffee	1.55	Rajasic stimulant, Pitta aggravation	Caffeine dependence, sleep disturbance
6	Frozen food	1.84	Stale food → Ama, Dushivisha	Preservatives → gut dysbiosis, inflammation
7	Ready-to-eat/packed food	2.6	Viruddhahara, Dushivisha accumulation	High sodium, trans fats → hypertension, heart disease
8	Salty snacks	1.36	Lavana rasa excess → Kapha imbalance	Hypertension, water retention
9	Preservative drinks	1.47	Dushivisha (subtle toxins)	Artificial additives → carcinogenic potential
10	Food without bowel clearance	2.23	Ama accumulation, disturbed Vata	Constipation, GERD, toxin buildup
11	Extra salt in diet	1.62	Kapha aggravation, Shotha (edema)	Hypertension, kidney strain
12	Smoking	1.29	Rajas-Tamas dominance, Ojas depletion	Oxidative stress, cancer risk
13	Alcohol	0.25	Madya sevana → Pitta aggravation, Ojas depletion	Liver damage, addiction
14	Daytime sleep	0.32	Kapha aggravation, Mandagni	Metabolic slowdown, diabetes risk
15	Food without hunger	2.36	Agni imbalance, Ama formation	Disrupted circadian digestion → obesity, GERD
16	Late-night waking	1.51	Vata-Pitta aggravation, Nidra vitiation	Sleep deprivation → cortisol imbalance, diabetes risk
17	Fried food	2.13	Pitta aggravation, Ama formation	Trans fats → cardiovascular disease
18	Extra spicy food	2.05	Pitta aggravation, Rakta dushti	Gastritis, ulcers, inflammatory bowel disease
19	Additives/colouring agents	1.63	Dushivisha (hidden toxins)	Carcinogenic potential, allergies
20	OTC medicine misuse	1.27	Mithya Aushadha sevana → Ojas depletion	Drug resistance, liver/kidney toxicity

## Key Findings

### 1. High-risk exposures

- Ready-to-eat/packed food (Mean = 2.60)
- Food without hunger (Mean = 2.36)

- Food without bowel clearance (Mean = 2.23)
- Fried food (Mean = 2.13)
- Extra spicy food (Mean = 2.05).

## 2. Moderate exposures

- Fast food, frozen food, salty snacks, additives, tea/coffee.
- These reflect lifestyle-driven toxicity, consistent with slow-acting poison in Ayurveda.

## 3. Low exposures

- Smoking, alcohol, daytime sleep, OTC medicine misuse.
- Though lower in frequency, they remain important as cumulative contributors to toxicity.
- These habits are closest to Sometimes, showing relevance to Dushivisha.

**Table No. 6: Top 5 Dushivisha Exposure Factors.**

Rank	Exposure Factor	Mean Score	Ayurvedic Context	Modern Scientific Context
1	Ready-to-eat/packed food	2.60	Viruddhahara → incompatible diet, Dushivisha buildup	High sodium, trans fats → hypertension, heart disease
2	Food without hunger	2.36	Agni imbalance, Ama formation	Disrupted circadian digestion → obesity, GERD
3	Food without bowel clearance	2.23	Ama accumulation, disturbed Vata	Constipation, toxin buildup, GERD
4	Fried food	2.13	Pitta aggravation, Ama formation	Trans fats → cardiovascular disease
5	Extra spicy food	2.05	Pitta aggravation, Rakta dushti	Gastritis, ulcers, inflammatory bowel disease

**Table 7: To establish that Dushivisha has significant role in causing toxicity.**

Variable	N	Correlation of coefficient (r)
Dushivisha Exposure	350	0.503*
Dushivisha Symptoms	350	

- The analysis revealed a statistically significant correlation coefficient ( $r=0.503, p<0.001$ ) between Dushivisha exposure and the manifestation of Dushivisha symptoms among the study population
- With a robust sample size of 350 participants, this result provides compelling evidence of a meaningful association between dietary and lifestyle exposures and toxic manifestations described in classical Ayurvedic texts.

- The correlation value of 0.503 demonstrates that the relationship is not only statistically significant but also meaningful in magnitude.

## CONCLUSION

- The study validates the Ayurvedic concept of *Dushivisha* as highly relevant in the modern era
- It highlights that unhealthy food habits, chronic stress, sedentary lifestyle, and environmental pollution can act as causes of *Dushivisha* even without poison intake or bite
- The study contributes to community health education by raising awareness among school children and teachers about the hazards of *Dushivisha*
- Awareness programs will encourage early prevention and control through persistent physical activity and balanced nutrition

## SUMMARY

- The findings of this study highlight five major dietary practices contributing to *Dushivisha* exposure
- Among these, ready-to-eat and packaged foods emerged as the most significant factor, with the highest mean score
- Eating without hunger ranked second (mean score- 2.36), reflecting the Ayurvedic concern of *Agni* (digestive fire) imbalance and *Ama* (toxin) formation
- The third factor (mean score-2.23), consuming food without prior bowel clearance, underscores the Ayurvedic emphasis on proper elimination before meals.
- Fried food, ranked fourth (mean score-2.13), is considered in Ayurveda to aggravate *Pitta* and contribute to *Ama* formation

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