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A STUDY OF PRESENT DIETARY PATTERN FOR SOME COMMON SANTARPANOTHA VYADHI

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ABSTRACT

Santarpanottha Vyadhi are a group of disorders that arise due to excessive nourishment, unhealthy dietary habits, and sedentary lifestyle, which have become increasingly prevalent in the modern era. Improper dietary practices play a significant role in the manifestation and progression of these diseases, making the assessment of present dietary patterns essential for understanding their etiopathogenesis. The present study was undertaken to evaluate the dietary patterns of patients suffering from common Santarpanottha Vyadhi and to assess their association with selected laboratory parameters. A total of 150 patients, comprising 30 patients each with Prameha, Sthoulya, Kustha, Sotha, and Pandu, were included in the study. Dietary assessment was carried out using a structured questionnaire based on Ayurvedic principles, evaluating various Santarpanottha Aharaja Nidanas. The study revealed a high incidence of disease-specific dietary Nidanas among the selected Santarpanottha Vyadhis, with notable variations in dietary habits across different disease groups. The study emphasizes that unhealthy dietary patterns remain an important contributory factor in the development and progression of Santarpanottha Vyadhis and highlights the importance of appropriate dietary modifications for their prevention and management.

KEYWORDS: Santarpanottha Vyadhi, Dietary Pattern, Aharaja Nidana, Ayurveda,

Prameha, Sthoulya, Kustha, Sotha, Pandu.

INTRODUCTION

In the holistic science of Ayurveda, health is not merely the absence of disease, but a state of equilibrium among the *Doshas*, *Dhatus*, *Malas*, and *Agni*, coupled with mental and spiritual well-being. To maintain this equilibrium, Ayurveda places supreme importance on Ahara (diet). It is classified as the first and foremost of the *Trayopastambha* (the three supporting pillars of life), alongside *Nidra* (sleep) and *Brahmacharya* (regulated conduct).

Ayurveda emphasizes that life itself is sustained by food, and a wholesome diet (*Hita Ahara*) is the primary cause of health and growth, whereas an unwholesome diet (*Ahita Ahara*) is the root cause of disease. Food is often referred to as *Mahabhaishajya* (the greatest medicine), reflecting its profound ability to either nourish the body or trigger pathology based on how it is consumed.

The 21st century has witnessed a drastic, global paradigm shift in dietary habits and lifestyle. The traditional practices of consuming fresh, seasonal, and balanced meals suited to one's *Prakriti* (constitution) and *Agni* (digestive fire) have been largely replaced.

In Ayurveda, diseases are broadly classified based on nutritional status into two categories: *Apatarpanottha* (due to under-nourishment) and *Santarpanottha* (due to mal-nourishment). The modern dietary pattern described above acts as a potent *Santarpaka* (mal-nourishing) factor. When an individual consistently consumes *Guru* (heavy), *Snigdha* (unctuous), and *Madhura* (sweet) foods coupled with a sedentary lifestyle, it leads to the accumulation of excess *Kapha dosha* and *Meda dhatu* (adipose tissue), leading to *Santarpanottha Vyadhi*.

The consequences of this global shift toward a *Santarpanottha* lifestyle are alarming and reflect a worldwide public health crisis, commonly grouped under Non-Communicable Diseases (NCDs) like Obesity, Diabetes, Cardiovascular diseases etc.

According to the latest data from the World Health Organization (WHO) and the NCD Risk Factor Collaboration (2024-2025), over approx 1 billion people worldwide are now living with obesity, Diabetes(590 million,2025). It is no longer just a problem in high-income nations; rates are rising fastest in low- and middle-income countries.

Similarly Ayurveda mentioned about the Santarpanotha Vyadhis like Prameha, Sthoulya,

Kustha, Sotha, Pandu etc. It is important to studying the daily, weekly and monthly dietary habits in the context of these diseases is necessary because Santarpanotha Vyadhis are not usually the result of a single meal, but the cumulative effect of Abhyasa (repeated habit).

Non-communicable diseases (NCDs) have been widely studied in recent years, with a major focus on lifestyle and dietary influences contributing to their rising prevalence. Numerous research works have explored, establishing a strong association between improper dietary habits and disease manifestation. However, within the Ayurvedic framework, *Santarpanottha Vyadhi*-diseases arising from mal-nutrition have not been comprehensively studied in relation to detailed dietary patterns. Although classical texts describe the etiological role of *Aharaja Nidanas*, there is a lack of systematic, data-based research correlating specific dietary practices with these conditions.

MATERIALS AND METHOD

For the purpose of achieving a comprehensive understanding, a total of 150 patients were included in the study, comprising 30 patients each from five selected Santarpanottha Vyadhis namely Prameha, Sthoulya, Kustha, Sotha, and Pandu. Food intake for more than 5 days per week were considered as excessive hetu and the evaluated food were documented in proforma and there after a statistical analysis was done. The comparative assessment of dietary patterns among these groups along with relevant laboratory parameters provides a broader insight into the role of Ahara in disease manifestation and progression.

All the selected patient was undergone further studys as below:

Subjective Assessment

All the selected patient undergone for the assessment of Aharaja & Viharaja Nidanas as below-

a. Samanya Santarpanotha Aharaja Nidanas (Total no. 9):

Assessment of Aharaja Nidanas which are mentioned in the Samanya Santarpanotha Nidanas of Charak Samhita.

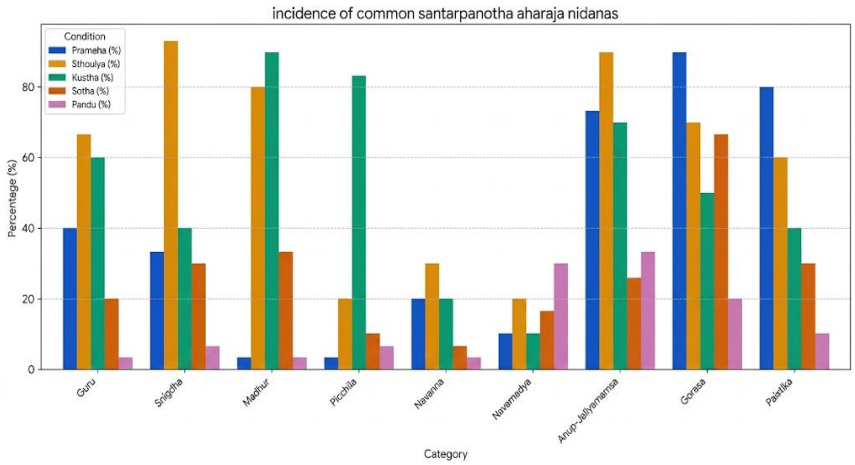
DISCUSSION

❖ **Incidence of Samanya Santarpanotha Aharaja Nidana in Prameha, Sthoulya, Kustha, Sotha and Pandu**

Samanya Santarpanotha Nidanas	Prameha n =30		Sthoulya n =30		Kustha n =30		Sotha n =30		Pandu n =30	
	No. of patient	%	No. of patient	%	No. of patient	%	No. of patient	%	No. of patient	%
Guru	12	40	20	66.6	18	60	6	20	1	3.3
Snigdha	10	33.3	28	93.3	12	40	9	30	2	6.6
Madhur	1	3.3	24	80	27	90	10	33.3	1	3.3
Picchila	1	3.3	6	20	25	83.3	3	10	2	6.6
Navanna	6	20	9	30	6	20	2	6.6	1	3.3
Navamadya	3	10	6	20	3	10	5	16.6	9	30
Anup-Jaliyamamsa	22	73.3	27	90	21	70	8	26	10	33.3
Gorasa	27	90	21	70	15	50	20	66.6	6	20
Paistika	24	80	18	60	12	40	9	30	3	10

Assessment of Samanya Santarpanotha Aharaja Nidanas

The high incidence of Snigdha Ahara sevana (93.3%) in Sthoulya patients. Similarly, Anup-Jaliya Mamsa sevana (90%) contributes to Meda accumulation and Srotorodha because of its heavy and oily nature leading to obesity. In Kustha patients, the high incidence of Madhura Dravya sevana (90%) aggravates Kapha and causes Rakta Dushti, thereby promoting skin disorders. Likewise, Picchila Ahara sevana (83.3%) increases Kapha and Ama formation, contributing to Kustha pathology. Among Prameha patients, the high incidence of Gorasa sevana (83.3%) increases Kapha, Meda, and Kleda, which are major pathogenic factors of Prameha. Similarly, Paistika Ahara sevana (80%). In Sotha patients, the moderate incidence of Gorasa sevana (66.6%) may lead to Kapha and Kleda accumulation, causing fluid retention and swelling.



RESULTS

This study successfully established a definitive relationship between contemporary dietary regimens and the incidence of Santarpanjanya Vyadhi (mal-nutritional disorders). By analyzing dietary patterns across five clinical conditions—Prameha, Sthoulya, Kustha, Sotha, and Pandu.

The study identified a staggering overlap in causative factors, with incidence rates reaching highest in Sthoulya followed by Kustha, Prameha and Sotha. Notably, Sthoulya showed the highest susceptibility to dietary triggers, while Pandu demonstrated the lowest correlation, indicating its distinct pathological nature within the group.

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