

## EFFECT OF VISHAMASHANA ON ANNAVAHA STROTAS: A SURVEY STUDY

<sup>\*1</sup>Vd. Avinash Hareshlal Makhija, <sup>2</sup>Vd. Vijay Potkule and <sup>3</sup>Vd. Prakash R Chondikar

<sup>1</sup>P.G. Scholar, <sup>2</sup>Associate Professor and Guide, <sup>3</sup>Head of Department.

Kalyan, Thane, Maharashtra, India.

Article Received on  
22 February 2022,

Revised on 14 March 2022,  
Accepted on 03 April 2022

DOI: 10.20959/wjpr20225-23640

### \*Corresponding Author

Vd. Avinash Hareshlal  
Makhija

P.G. Scholar, Kalyan, Thane,  
Maharashtra, India.

### ABSTRACT

Ayurveda has a novel concept of *Vishamashana*. *Vishamashana* means taking food irregularly or without following a particular time. In this present era, due to competitiveness in each and every field 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. Survey study has been done on 100 persons having habit of *Vishamashana*. Persons were divided into 2 groups. Group A for volunteers and Group B for patients.

**KEYWORDS:** Survey study, *Swastha*, *Vishamashana*

### INTRODUCTION

According to Acharya Vagbhata *Vishamashana* means taking diet before or after the actual time for meals. 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.<sup>[1]</sup> 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,<sup>[2]</sup> which causes *Vata prakopa*. Vitiated *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*<sup>[3]</sup> and death. In today's era, *Vishamashana* is found frequently.

### 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 of *Annavaha Strotas*.
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 Shree Saptashrungi Ayurved Mahavidyalaya and 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.

### Inclusion Criteria

1. A specific group between the age 20 – 40 years from both sexes.
2. Persons willing for the participation in the study.

### Exclusion Criteria

1. Patients having medical emergencies associated with Hyperlipidemia such as Chronic Heart Disease, Atherosclerosis etc.
2. Any systemic disease, Pregnancy.
3. Temporary exclusion of any acute disease.

### 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%). Majority of the persons were having *Vata Kapha Prakriti* (51%) and *Pitta Kapha Prakriti* (35.71%).

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 Pravritti* was found in 37.5% in Group A and 71.15% in Group B followed by *Atigrathita Mala Pravritti* in 20.83% in Group A and 50% in Group B.

## RESULTS

*Kala* wise frequency of *Vishamashana* [Table 1].

Table 2 mentions the different symptoms found in person.

**Table 1: *Kala* wise distribution of 100 surveyed people.**

<i>Kala</i>	<i>Aprapta Kala</i>	<i>Atita Kala</i>	Total
Group A	26	22	48
Group B	27	25	52

**Table 2: Symptoms wise distribution of 100 surveyed people.**

Symptoms	<i>Aruchi</i>	<i>Avipaka</i>	<i>Gaurava</i>	<i>Angamarda</i>	<i>Unsatisfied Malpravritti</i>
Group A	15	26	25	31	33
Group B	32	47	39	41	46

## 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.

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*.<sup>[7]</sup> These aggravated *Doshas* produce *Agni- Vaishamya*, 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 is 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.

## 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*,<sup>[9]</sup> which is revalidated by this study. *Rasavaha Srotas* involvement was found in maximum persons, seems contradictory to Ayurveda Siddhanta.

## REFERENCES

1. Sharma S, editor. Ashtanga Samgraha of Vagbhata, Sutra Sthana. Reprint edition. Ch. 10, Ver. 27. Varanasi: Chaukhambha Prakashana, 2008; 105.
2. Sharma S, editor. Ashtanga Samgraha of Vagbhata, Sutra Sthana. Reprint edition. Ch. 10, Ver. 12. Varanasi: Chaukhambha Prakashana, 2008; 103.
3. Shastri Sadashiv Paradkar PH, editor. Ashtanga Hridaya of Vagbhata, Sutra Sthana. Reprint edition, Ch. 8, Ver. 36. Varanasi: Chaukhambha Prakashana, 2010; 156.
4. Acharya Y T, editor. Charaka Samhita of Agnivesha, Vimana sthana 5th edition, Ch. 8, Ver.

89. Varansi: Chaukhambha Prakashana, 2008; 225.
5. Vatsya, editor, Kashyap Samhita of Vriddha Jivaka, Khil sthana. 2nd edition, Ch. 5, Ver. 4. Varanasi: Chaukhambha Prakashana, 2010; 62.
6. Acharya Y T, editor. Charaka Samhita of Agnivesha, Vimana sthana. 5th edition, Ch. 5, Ver. 12. Varansi: Chaukhambha Prakashana, 2008; 251.
7. Acharya Y T, editor. Charaka Samhita of Agnivesha, Vimana sthana. 5<sup>th</sup> edition, Ch. 2, Ver. 8. Varansi: Chaukhambha Prakashana, 2008; 238.
8. Acharya Y T, editor. Charaka Samhita of Agnivesha, Chikitsa sthana. 5th edition, Ch. 15, Ver. 42. Varansi: Chaukhambha Prakashana, 2008; 517.
9. Acharya Y T, editor. Charaka Samhita of Agnivesha, Sutra Sthana. 5th edition, Ch. 25, Ver. 40. Varansi: Chaukhambha Prakashana, 2008; 132.