

**ADHYASHAN – ASADVRITTA: THE KEY FACTOR FOR CO-MORBID PANDEMICITY****\*<sup>1</sup>Dr. Bishnupriya Mohanty and <sup>2</sup>Shreeja Thali**<sup>1</sup>MD, PhD, Professor & Head, Department of Sanskrit Samhita and Siddhanta.<sup>2</sup>Fourth year B.A.M.S, Gomantak Ayurveda Mahavidyalaya and Research centre, Shiroda, Goa, 403103.Article Received on  
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Head, Department of  
Sanskrit Samhita and  
Siddhanta.**ABSTRACT**

*Adhyashan* is one of the *Ayogyaannasevanprakar*. We know that one should consume *Matraavatahara* for easy digestion and absorption. But in reality most people tend to consume food more than the appropriate quantity and at the wrong time. This later results into conditions like *Ajeerna*, *Malavibandha*, *Adhman* etc. The practice of *Adhyashan* if continued for a long time, it unknowingly becomes a part of our daily routine but is actually an '*Asadvritta*'. It has the ability to disrupt the whole process of *Aharapachan* and *Dhatuposhan*. It causes *vaishamy* in *Dosha*, *Dhatu*, *Mala*, *Agni* and renders the person *Aswastha* or *Rogi*. This article focuses on

*Adhyashan* as a *Hetu* and its ability to cause disease pandemicity.

**KEYWORDS:** *Adhyashan*, *Ajeerna*, *Malavibandha*, *Matraavatahara*.**INTRODUCTION**

*Trayopastambha* i.e. *Ahara*, *Nidra* and *Abrahmacharya* are the 3 pillars which sustain life. The first *Stambha* itself is *Ahara*. The *Panchabhautik Anna* that we consume when enters the *Mahasrotas*, is acted upon by *Jatharagni* and converted to *Ahararas* i.e. the *Sarabhaga* and the *Mala* which is the *Kittabhaga* (*Sthula Pachan*).<sup>[1]</sup> Further this *Ahararas* undergoes *Sukshmapachan* and transforms into *rasaraktadisaptadhatu*s. This is the normal physiological process of digestion which if happens correctly gives us *Shaaririksukha*, *Manasika Santosh*, *Pushti*, *Bala*, *Medha* and *Jeevana*. Timely consumed *Ahara* following all the *Ashta-Ahara Vidhi Visheshayatanani* and *Aharavidhividhan* improves our *Vyadhi Pratikara Shakti* and adds to our *Sahajabala*.<sup>[2-3]</sup>

Along with many other factors like *Desha*, *Kala*; *Pramana* plays a very important role in the process of *Pachan*. The *Pramana* or quantity which doesn't cause any discomfort is called as *Matra* and *Matravat Ahara* is the *Samyag Yoga* of *Ahara*. *Asamyagyoga* of *Ahara* can be described in terms of :-1) *Sankirnashan*, 2) *Viruddhashan*, 3) *Amatrashan*, 4) *Ajeernashan*, 5) *Adhyashan*, 6) *Samashan* and 7) *Vishamashan*. All these *Ayogyaannasevanprakar* lead to *Agnidushti*, further leading to formation of *Ama* which in the long run can even cause *Amavishaif* not managed at the right time.<sup>[3-5]</sup> With respect to the quantity of *ahara*, our Acharyas have stated that “*Gurunamardhasauhityam, laghunamnaatitruptata*” which means one should consume *guru* i.e. *GurupakiAahara* in half of the usual or normal quantity while *Laghu Ahara* should be taken until one gets satisfied. According to our Ayurveda, one should consume such a quantity of food which satisfies the following criteria i.e. if *Amashaya* is divided into 3 equal sections then, one part has to be filled with solid food, second part with liquids and the third part to be kept empty for the *Vatadi Doshas* to move. So, all the time, “a particular age group should consume a particular gram amount of food” ideology won't be appropriate.<sup>[6-9]</sup>

## AIM

1. To understand the daily eating habits of individuals by means of survey and identify whether *Adhyashan* is prevalent in public domain.
2. Whether it is the major reason for most of the metabolic or lifestyle diseases.

## OBJECTIVE

In today's era with so many advancements, our lifestyle has certainly improved but our lifespan has unfortunately decreased. Privileged and wealthier sections of the society are getting affected with lifestyle diseases like Obesity, Diabetes Mellitus, Hypertension at a very young age. Also low immunity due to a ton of reasons has landed us in today's pandemic situation. In order to arrest this progressive chain i.e. *Samprapti Vighatan*; *Nidan Parivarjan* is the first step and for that deducing the *Hetus* is very important. *Vegavidharan*, *Vishamaashana*, *Sheeta-ushna krama Vyatyasat* are some of the most common *Hetus*.<sup>[7-9]</sup> The purpose of this article is to put light on one of such *Hetus* i.e. *Adhyashana*, how it has become a part of our lives and on what scale it can affect us.

## CONCEPTUAL STUDY

In our texts, *Adhyashan* is defined as following:- “*Vidyatadhyashanam bhooyobhuktasyoparibhojanam*” which means, consuming food even when the previously

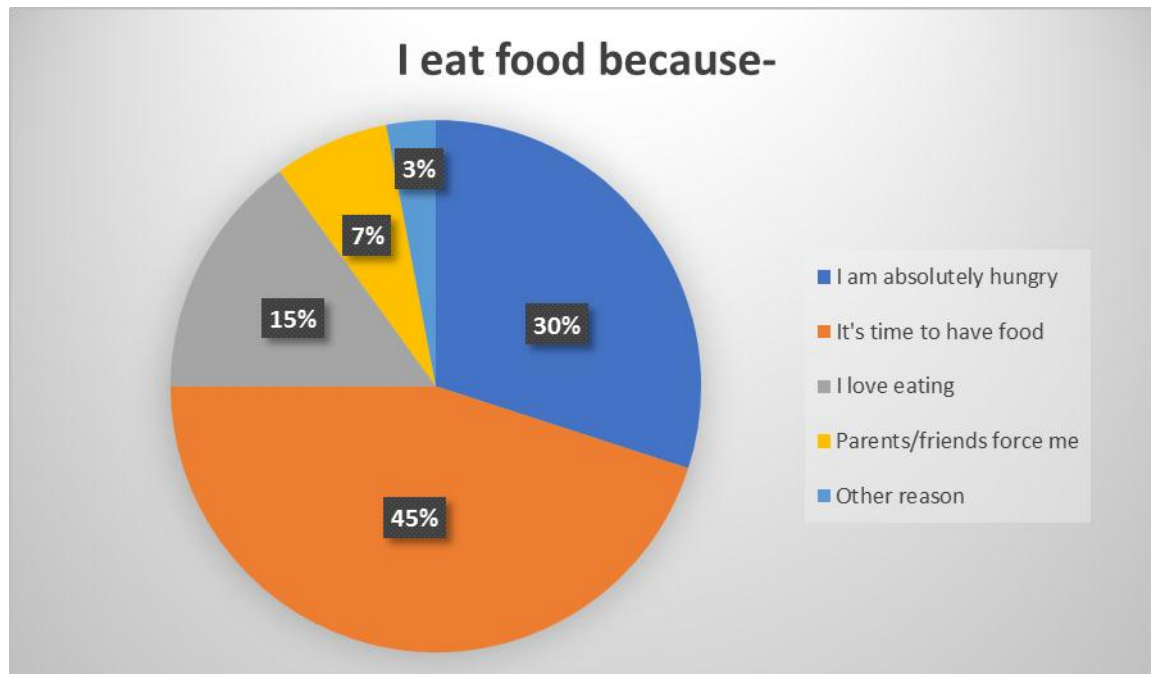
consumed meal is persistent in the *Amashaya* in large quantity. The previous meal is still in *Ardhapakvaavastha* and the newly consumed one mixes with it resulting in either transportation of this anna for undergoing further process or accumulation in that spot, in *Ardhapakvaavastha* itself. *Adhyashan* could be considered as a potential *Nidan* only if it can cause *Doshadushti*, *Dushyadushti*, *Agnimandya* and *Srotodushti*.

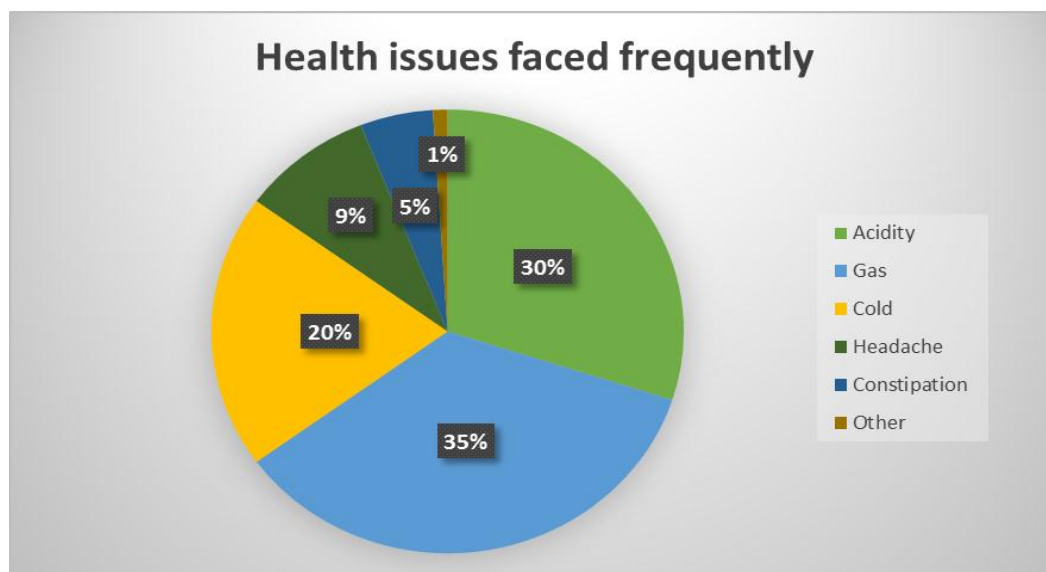
According to the texts, *Adhyashan* can predominantly cause the *Dushti* of *Annavaha*, *Rasavaha* and *Purishvahasrotasas*. Involving these 3 *srotasas* by default involves the *Dushti* or to be specific *Maandya* of the *Jatharagni* which further hampers the process of *Pachan* and *Dhatu Poshan* and thus the *dhatu*s formed are not of the best qualities. The person becomes nutritionally deficit inviting lot of lifestyle diseases.

## METHOD AND MATERIALS

A survey was conducted through online mode wherein a form containing 22 questions related to daily eating and routine habits was sent to 200 individuals of different age groups (mostly involving the adolescents and middle age people) and their responses were recorded.

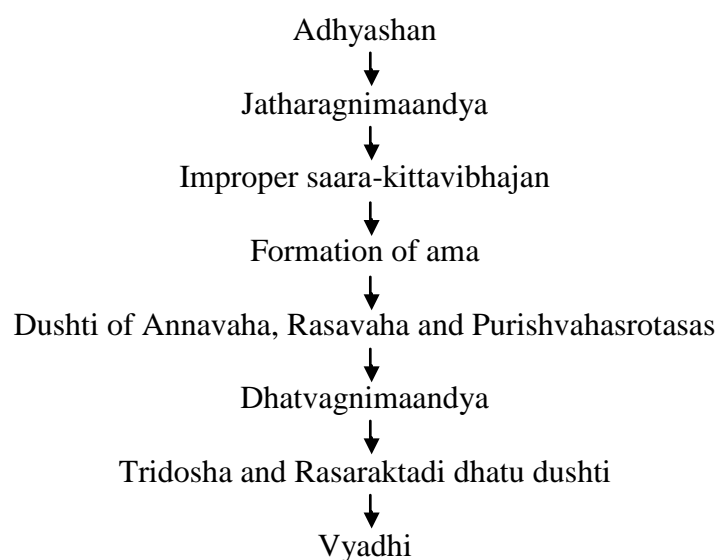
## OBSERVATION AND RESULTS





1. It was observed that around 40-50% people either go hoteling or order fast food once in at least 15 days.
2. Around 25% people do exercise everyday for about ½-1 hr.
3. Around 30% people have habit of munching chips, sev, chivda, dry fruits etc. in between the meals.

### MECHANISM OF ADHYASHAN CAUSING PATHOLOGY



### DISCUSSION

From the survey, as inferred, most people have 5-6 meals a day. Also, many have their food even if they are not absolutely hungry. One feels proper hunger only when the previously consumed food is digested well which can be understood through some signs i.e. Jeernaahara Lakshanas, listed as Udgarashuddhi - clean, odorless (not involving the taste of food just

consumed) burps, Utsaaha – feeling of being active, excited for the day ahead, Yathochitta Utsarga – proper excretion of urine and feces, Laghuta – feeling of lightness and Kshutpipasa – feeling of hunger and thirst. Our Acharyas have told to consume food only twice a day i.e. Pratah, in the morning and Sayam, in the evening because according to them Bhojana Vidhis similar to Agnihotra which is performed only during pratah and sayam. So one should never take the next meal before completing 1 Yaama i.e. 3 hours and never fast after 2 Yaama i.e. 6 hours. But this it is understood that, this principle applies only to a Swastha person. Our text also says that one should consume food only when he feels absolutely hungry. So if someone feels hungry, showing all the Jeernaahara Lakshanas then he can eat and we can assume that he may have Teekshnagni; or if someone doesn't feel hungry even after 6 hours then he may not consume his next meal. So the right time to have food between Pratah-Sayam is when one is 'absolutely hungry'.

Remembering the Pinda-Brahmanda Nyaya and Lok-purusha Samya Siddhant, it is self explained that sunrise and sunset have direct relation with the Jatharagni. As the intensity of sun increases the power of Jatharagni(Digestion) also increases. Keeping this in mind, the correct time to have the first proper, heavy meal of the day would be between 10.00-11.00 am. Similarly the best time to have the second whole meal would be 4.00-5.00 pm. These both are the Kapha-Pitta kala, where the sun is shining bright but not intensely hot and thus one can consume a proper quantity balanced diet.

When these principles are not followed people suffer from condition like Ajeerna as observed in the survey. Whether it is Amajeerna, Vidagdha Ajeerna or Vishtabdha Ajeerna, it hampers the process of Sara-Kitta Vibhajana and hence the Ahara Rasa formed is not of the best quality which is called ama. This ama then vitiates the Rasa Raktadi Srotasas causing Rasavaha Srotas Dushti Vikara and if the Dushti is on a large scale and for a long period of time then the uttarottar dhatus get vitiated and person may suffer from Jeernavyadhis like for eg. Grahani (practically commonly observed Vyadhi and it won't be absolutely incorrect to say that almost 90% of today's population is suffering from Grahani) which could be difficult to treat. Also mala formed, not being of the required consistency and quantity lead to Purishvahasrotovikar like Malavibandha. The Sanga caused by the Baddha mala leads to Vimargagaman, causing conditions like Adhmaan, Aatopa which are the common complaints today.<sup>[10]</sup>

Another approach towards Vyadhi formation could be; when one eats food without hunger, he loses his concentration and interest in food which indicates the withdrawal of Mana from the Annagrahankarya. The Sthana of Mana being Hriday, which is also the Sthana of Pitta (Sadhak pitta) and Rasa Dhatu does the dushti of these, further vitiating the respective Sthana or Srotas leading to Vyadhi.<sup>[11]</sup>

Many a times it happens that a person is suffering from Ajeerna and he doesn't know about it because the peculiar symptoms of 'Indigestion' or 'Acidity' are not seen. This is exactly what has written in terms of Rasasheshajeerna. Even after getting the Shuddha Udgara, the person doesn't feel hungry<sup>[12]</sup> may feel little discomfort in the chest which goes away after resting for some time and thus this condition gets unnoticed many a time. In Rasasheshajeerna, the process of Sthulapachana is completed but the Sukshma Pachana remains incomplete. Proper Langhan and Agnideepana Chikitsa can cure this but since it goes unnoticed, it continues for a long time causing various Vikaras.<sup>[13]</sup>

## CONCLUSION

The practice of Adhyashana if continued it will lead to **Sadvritta Viparita – Asadvritta**. Simple diseases like Ajeerna, Malavibandha can turn into grievous conditions like Grahani which can be correlated with IBD, IBS according to modern science. It won't be entirely incorrect to say that Adhyashan can be considered as one of the primary causes of cancer/malignancy wherein the ama generated causes irritation to the Srotas leading to abnormal growth of the cells or formation of cancerous tumors. Sometimes this Ama can be treated as foreign material thereby giving rise to autoimmune diseases like RA, Lupus etc. This ama can also cause hormonal imbalance causing the Endocrine disorders like Addison's disease, Grave's disease etc. There are numbers of pathologies which can result from Ama, for the formation of which Adhyashan is one the Hetus and can contribute at a great extend. Thus identification of the Nidana at the right time and doing Nidana Parivarjana at the earliest along with the right treatment can certainly delay the prognosis by achieving the ultimate goal of Chikitsa i.e. Samprapti Vighatana!

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