Effect of Vishamashana on health: A survey study

Dhara Patel, H. A. Vyas, R. R. Dwivedi, M. K. Vyas

Department of Basic Principles, Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar, Gujarat, India

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 Madhyaana 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. 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[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...
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 DhatuSamya Lakshana mentioned in Charaka Samhita\(^1\) and Characteristic features of Swastha\(^3\) 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 Malapravritti and 43% possess Pichhila Malapravritti. In Group B, the majority (44.23%) of patients had Bahumutrata and in Group A, the majority (91.66%) of the volunteers had Samyak Mootrapravritti. 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 Srotodushi, 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 Krisha.

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 Angamardha (64.58%) while in Group B, 90.38% of patients had complaint of Avipaka followed by Gaurava (75%) and Angamardha (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. 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 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 Atikakala 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>
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<tr>
<th>Table 2: Srotas Dushti wise distribution of 100 surveyed people</th>
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<tbody>
<tr>
<td>Srotas Dushti</td>
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<tr>
<td>---------------------</td>
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<tr>
<td>Group A</td>
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<td>Group B</td>
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<th>Table 3: Symptoms wise distribution of 100 surveyed people</th>
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<td>Symptoms</td>
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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. Rasavaha Srotas is directly related with the Anna and Annapana Vidhi. Hence, irregularities in the diet will results 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 digest properly and formation of kitta also gets disturbed which is contradictory to the definition of Agnibala, hence, so naturally, Agni gets vitiated by Vishamashana.

This is 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.

### Financial support and sponsorship
Nil.

### Conflicts of interest
There are no conflicts of interest.

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

<table>
<thead>
<tr>
<th>Effect of Vishamashana</th>
<th>Agnibala (Avara)</th>
<th>Indriyabala (Madhyama)</th>
<th>Dehabala (Avara)</th>
<th>Satvabala (Madhyama)</th>
<th>Total health (Avara)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>17</td>
<td>17</td>
<td>13</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>Group B</td>
<td>35</td>
<td>32</td>
<td>32</td>
<td>33</td>
<td>29</td>
</tr>
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हिन्दी सारांश

विषमाशन का स्वास्थ्य पर प्रभाव — एक अवलोकन अध्ययन

धारा पटेल, हिलेश व्यास, आर, आर, द्विवेदी, महेश व्यास

आयुर्वेद में भोजन तथा आहार संबंधी विधियों से संबंधित 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 दोषों का प्रकोप होता है और इसे अनुभु की विकृति अवस्था का प्रधान कारण माना गया है। विषमाशन की व्यापकता एवं आरोग्य पर प्रभाव जानने के लिए एक पत्रक बनाया गया। इस पत्रक में 'समृष्टि 'एवं 'समृष्टि 'बी में स्वास्थ्य व्यक्ति का प्रभाव जानने हेतु प्रस्तुत सर्वेक्षण किया गया, जिसमें कुल १०० लोगों का सर्वेक्षण किया गया और इन्हें दो 'समृष्टि 'एवं 'स्वास्थ्य' हैं या इनके 'प्रभाव' पर जानने पर एक पत्रक बनाया गया। इस सर्वेक्षण में 'समृष्टि 'बी में अन्य स्वास्थ्य एवं 'समृष्टि 'ए में स्वास्थ्य पाया गया।

References