Prevalence of Adhyashana in patients attending IPGT and RA Hospital and its effect on health

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Abstract

Adhyashana is a technical term of Ayurveda, which means eating before digestion of previous food. All the ancient classics describe the ill effects of Adhyashana. Charaka mentioned it as a prime causative factor for Grahan dosha. It is also said that Adhyashana can cause severe and incurable diseases or even death. All these references indicate the importance of Adhyashana as one of the health destroying factors, and yet this subject remained untouched by the Ayurvedic scientists for research. The present study was carried out to search the prevalence of Adhyashana in the patients of various diseases. For this purpose a survey study was planned and a total of 235 subjects attending outpatient and inpatient department of the Institute for Post Graduate Teaching and Research Hospital were surveyed. Among these patients 62.98% were found to be habituated to Adhyashana. Purisvaha Srotodushi was found in a maximum number of patients, which was 42%. Status of the disease was Kirchchhra saadhya in maximum of these patients.

Key words: Aamadosha, Adhyashana, Ajirna

Introduction

Word Adhyashana is made of two words—Adhi and Ashana. The collective meaning of both the terms is to eat after eating. The definition of the word Adhyashana is given by various classics of Ayurveda, which in a nut shell means eating before the digestion of previous food.⁶ Charaka while defining Adhyashana uses the word “Poorna ma sheshe...,” which indicates the presence of undigested food stuff in the digestive tract.⁷ Acharya Hemadri, in his commentary on Ashtanga Hridaya, defines Adhyashana more specifically as taking of food when the previously eaten food remains in the stomach.⁸

According to the principles of Ayurveda, one should take food only after the complete digestion of previous food.⁹ Adhyashana therefore is described as a wrong habit of eating and also mentioned as the causative factor of many diseases. It is said that Adhyashana can cause severe and incurable diseases or even death.⁵ In Charaka Samhita it is mentioned as the prime causative factor of Grahanidosa,⁶ Pittajtulma (C.S.Ni. 3/4), Aamavisha (C.S.Vi. 2/12), Kushthta (C.S.Chi. 7/6), Udararoga (C.S.Chi. 13/26), and other diseases. Sushruta while describing aggravating factors of all three Doshas, mentioned Adhyashana as one of important factor among them.¹² He described some more diseases, such as Atisara (Su.S. Ut. 40/3), Shoola (Su.S.Ut.42/78), Krimiroga (Su.S. Ut 54/5), and so on, caused by Adhyashana.

There is no direct reference available that how Adhyashana produces a hazardous effect. But it can be understood on the basis of Aamavisha Sampnaapti¹³ and description of Ajirna Bhojana. Charaka in the description of Ashta Aaharavidhi Vishesha Aayatana stated that the food which is eaten, while the previous meal is lying undigested in the stomach, immediately provokes all the three Doshas. These aggravated Doshas then produce different kinds of diseases in the body.¹⁰ In the chapter of Aamadosha, all the classics discuss this pathogenesis beautifully.¹⁰ This can be used to understand the pathogenesis taking place due to Adhyashana. The whole process can be summarized as follows.

Repeated meal causes indigestion, which leads to Aama production. Aama decreases the strength of Agni and again more Aama gets produced. The excessive Aama on one hand obstructs free movement of all three Doshas in the digestive tract and on the other hand spreads in the whole body and blocks the channels of the entire body. The obstructed Doshas in the gut being thus aggravated, lay hold of the undigested food mass and getting localized in one part of the stomach, making their resort in the food mass either obstruct of dispose of the stomach contents violently through the upper or the lower paths of the alimentary tract.¹¹ This way, the acute disease, Alasaka–Visuchika can occur due to Adhyashana. On other hand, aggravated Doshas due to blocked channels of the

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whole body produce various acute as well as chronic diseases. This may be understood as the *Sampraya* of chronic disorders due to *Adhyashana*.

Keeping in mind, the importance of *Adhyashana* in the manifestation of diseases, this particular work is carved out with following aims and objectives.

**Aims and objectives**
1. To survey the prevalence of *Adhyashana* in patients attending Institute for Post Graduate Teaching and Research in Ayurveda (IPGT and RA) Hospital.
2. To find out the presence of *Adhyashana* as a causative factor in different diseases.
3. To study the effects of *Adhyashana* on health.

**Materials and Methods**

Two types of materials were used for the study.
1. Conceptual material: Total Ayurvedic material related to the subject was studied with relevant Modern medical literature. Reputed journals, proceedings of the seminars, and symposia were observed and analyzed.
2. Clinical material: Patients attending OPD and IPD of the Department of Basic Principles, IPGT and RA, Jamnagar, were surveyed for prevalence of *Adhyashana*.

**Selection of patients**

As this is a survey study, more efforts have been made to select various types of patients to collect comprehensive data. Patients were selected without considering religion, race, age, disease, sex, socioeconomical status.

**Observations**

A total of 235 patients, including 207 OPD patients and 28 IPD patients were surveyed. A maximum number of patients were from age group of 31–40 years (26.38%). House wives were maximum (40.85%) in number and most of the patients were from middle socioeconomical class (56.17%). According to *Acharya Hemadri* slightly differs while defining *Adhyashana* before 12 h of previous meal can be considered as *Agrima* as well as *Agrima* can be understood by *Samapaya* of chronic disorders due to *Adhyashana*. As per the *Srotodushi*, it was observed that vitiation of *Purushavaha Srotas* was found in maximum number of patients who had a tendency toward *Adhyashana* (42%). Vitiation of *Annavaha Srotas* and *Rasavaha Srotas* was observed in 23% and 18%, respectively [Figure 2]. *Agniamaandya/Ajirna* was found in maximum number (17.56%) of patients having the habit of *Adhyashana* and 16.21% of these patients were suffering from *Ivara* [Figure 3]. *Sadhyasaadihyata* wise distribution show that maximum diseases of the patients having *Adhyashana* as a habit were in *Krichchhrasaadihyata* stage [Figure 4].

**Discussion**

Classical definitions of *Adhyashana* can be understood by two different ways. Maharshi Sushruta and Kashyapa define *Adhyashana* as the condition of eating before complete digestion of previously eaten food (*Agrima bhujyate*...). Vagbhatta in *Ashtanga Samgraha* mentioned the time for complete digestion as four *Yaama*. One *Yaama* is equal to the one eighth part (∕8) of the day, that is, about 3 h. According to this counting method four *Yaamas* is equal to 12 h approximately. This means eating before 12 h of previous meal can be considered as *Adhyashana*. *Acharya Hemadri* slightly differs while defining *Adhyashana*. According to him eating while previous meal is in stomach, is known as *Adhyashana* (*Amaashaye poorvaasna sheshha*...). Here not the complete digestion but only emptying of stomach is mentioned. If the entire digestion is a 12-h process, it can
be divided into 3 stages according to the Avasthaapaaka. Avasthaapaaka also indicates different locations of digestion. First Avasthaapaaka takes place at Aamashaya (stomach) and according to above-mentioned counting method it is of about 4 h. Modern physiology also describes gastric emptying time near to 3–4 h. This means eating after 3–4 h of previous meal can be considered as Adhyashana.

After thorough thinking on above-mentioned two opinions, the second one (of Hemaadri) seems to be more appropriate because all the ancient Ayurvedic as well as Niti Shaastras advocated two meals per day. After subtraction of sleeping hours, it is nearly impossible to take two meals at the interval of 12 h. And in this condition, all the meals will be considered as Adhyashana according to the first definition. So Adhyashana can be defined as the eating within 3–4 h of previous meal.

It was found that 62.98% of the patients were habitual to Adhyashana. In the present life style a middle class person generally takes two meals, a breakfast and an evening tea with light food. Apart from this one or more cup of tea/coffee per day is common in present day life style. Students and young people take fast food off and on other than their regular meals. House wives generally have habit to taste the food while preparing it. All these conditions lead to the Adhyashana. Hospital provides two principal meals and two times milk to every inpatient, which in most of the cases turns into Adhyashana as the word Ashana includes all the types of dietary substances, that is, Ashita (soft eatables), Pita (drinkables), Lidha (semi-solid food), and Khadita (hard eatables). This means that any form of the diet either solid or liquid if taken in within 3–4 h of previous food, should be considered as Adhyashana.

It was observed that 51.35% of the patients were of Vata-Pitta Prakriti. They have mixed features of Vata and Pitta Prakritis. Vaghbhatta in Ashtanga Hridaya while describing the characteristic features of Vata Prakriti clearly mentioned “Bahubhujah” mean “eater of more quantity of food” as one of the feature. Charaka uses the word “Chapala Ahara,” which means taking food quickly. This is due to the Chala property of Vata Dosha. Because of it, Vata Prakriti person cannot take much food at a time. They had been habitual to take food at short intervals. Pitta Prakriti persons are told “Kshutipasaasaavantah” means with strong appetite and thirst. Further they are said to be “Dandashooka” means habitual to repeatedly eating. This is due to the Ushna and Tikshna properties of Pitta. Thus it is very natural that more than 50% of the Adhyashana habitual persons were from Vata-Pitta Prakriti.

Vitiation of Purishavaha Srotas was found in maximum number of patients. Charaka in Vimaansthaaana while describing the causative factors of Purishvahasrotas dushti, mentioned Adhyashana as one of them. As described earlier, Adhyashana causes Agnimaandya, which leads to Aama production. Aama in the Koshtha obstructs the free movement of Samaana Vaayu and Apaana Vaayu, which has vital role in the proper functioning of Purishavaha Srotas. Obstructed and aggravated Apaana Vaayu moves to the opposite direction other than its normal path and due to this elimination of bowels also will not be proper. Aama itself when mixes with Purisha, makes it abnormal and sticky, which causes the elimination process difficult. This vitiated Purisha then vitiates its Srotas too. This is how the vitiation of Purishavaha Srotas gets vitiated by Adhyashana.

Agnimaandya/Ajirna were the diseases found in a majority of the patients habitual to Adhyashana. This is a very easily understandable finding. Adhyashana directly affects the digestive procedure and produces Aama, which is responsible for these disorders. Jvara is found in 16.21% of the total patients with the habit of Adhyashana. Jvara is disease occurring due to Mandaagni. The root cause of Jvara according to the principles of Ayurveda is Aama. Here due to Adhyashana, Mandaagni and Aama takes place, which in these patients produce Jvara. Jvara is one of the symptoms of Rasavaha Srotas Dushti too. Excessive eating is one of the vitiating factors of Rasavaha Srotas Dushti. Here it is also present. Thus Jvara is found in the patients with Adhyashana.

Fifty-seven percent of the diseases of the patients habitual to Adhyashana were in Krichchhra saadhya status. This confirms
the classical wisdom that Adhyashana produces "Ghora" Vyaadhi.[21] Here word 'Ghora' denotes difficult to treat. As described earlier, Adhyashana causes Agnimaandya and Aama. Agni is said to be Bala of the body. Decrease in Agni causes decrease in pure Rasa dhatu, which leads to lack of Prinana (nutrition) of the Deha. This decreases Dehabala too. Thus due to decreased Agnibala and Dehabala, diseases become difficult to treat. This is how Adhyashana is responsible for Ghora Vyaadhi.

Conclusion

1. Study shows that 62.98% of the total surveyed 235 patients of LPG.T. and R.A. hospital were habituated to Adhyashana.
2. Maximum, that is, 59.46% patients who were habituated to Adhyashana, were of Avar jaranashakti.
3. Vitiation of Purishavaha Srotas was found in maximum patients who are habitual to the Adhyashana.
4. Agnimaandya/Ajirna and Yvra were the prime diseases found in the patients having habit of Adhyashana.
5. Study confirmed the causality of Adhyashana for Ghora, that is, difficult to treat diseases.

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हिन्दी सारांश

आतुरों में अध्यशन की उपस्थिति एवं स्वास्थ्य पर उसका प्रभाव—एक सर्वेक्षणात्मक अध्ययन

हिंदेश ए. व्यास, आर. आर. द्विवेदी

अध्यशन आयुर्विद विज्ञान की सबसे प्रमुख बिंदु है। इसका अर्थ "पूर्वजक अनुष्ठान के संपूर्ण पाचन होने से पूर्व भोजन करना" होता है। सभी प्रारंभ न सहितकारों ने अध्यशन के दुष्प्रभावों का वर्णन किया है। महत्वपूर्ण चरक ने इसे ग्रहणी दोष का प्रमाण निदान दर्शाया है। यह भी कहा गया है कि अध्यशन से गंभीर एवं असाध्य व्याधि तथा मृत्यु भी संभव है। यह सभी संदर्भ में अध्यशन की नेतृत्विक गतिविधि के प्रति निर्देश करते हैं, फिर भी यह विषय आज पर्यंत आयुर्विदीय वैज्ञानिकों से शोध कार्य के स्वरूप में अभावी ही रहा है। प्रस्तुत अध्ययन विविध व्याधियों के आतुरों में अध्यशन की उपस्थिति के संदर्भ में निर्देश किया गया है। इस हेतु एक सर्वेक्षण किया गया, जिस में स्नातकोत्तर शिक्षण एवं अनुसंधान संस्थान—जामनगर के रुग्णालय के अन्तर्गत तथा बहिर्गंधिक विभाग के 235 आतुरों को सर्वाधिकता किया गया। इन आतुरों में से 62.98 % आतुरों में अध्यशन का बुना प्रमाण हुआ। अध्यशन करने वाले रुग्णों में पुरीवर्ष स्वरूप की दर में सवारधिक प्रमाण में देखी गई, जिनका प्रमाण 45.94 % था। इन आतुरों में से अधिकतर की व्याधि क्रृत्रिमता स्तर की देखी गई।

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