

THE KEY ROLE OF VIDHIYUKTA AHARA AND AHARVIDHI VISHESH AYATANA IN THE PREVENTION OF PRAMEHA

¹Koli Prajarkta R.

²Kolarkar Rajesh

¹MD Final year Ayurved Samhita Siddhanta, Y.M.T Ayurvedic Medical Hospital and PG Institute, Kharghar, Navi Mumbai.

²Professor, HOD, Y.M.T Ayurvedic Medical Hospital and PG Institute, Kharghar, Navi Mumbai

ABSTRACT

Background: *Ahara* is one of the most important factor of *trayopastambha*. The benefits of having *vidhiyukta ahara* is mentioned in *samhita*. When we study *prameha hetu*, most of the causes are related to diet. Though the person who takes a healthy food but fails to follow the methods of food intake and its preparation, may lead to variety of life style disorders like *obesity*, *prameha* etc. If individual consumes the food in proper manner then it leads to *dirghayu*.

Objectives: To establish the effect of *Vidhiyukta ahara and ahar vidhi vishesh ayatana* for maintaining health and preventing life style disorders like *prameha*.

Methods: The available charak *samhita* and related commentaries were studied to explore concept of *vidhiyukta ahara* and *Ashtavidh ahar vishesh ayatan* and *prameha*. 50 patients of both genders, between age 40-50 yrs, who were suffering from *prameha vyadhi* were selected for survey. A questionnaire was made related to their *ahar vidhi* and data was collected.

Results: On the basis of collected data, efforts were made to throw light on the importance of *vidhiyukta ahar* and *aharvidhi vishesh ayatana* in prevention of *prameha*.

Conclusion: After scrutinizing the compiled data, we can conclude that *vidhiyukta ahara* and *Ashtavidh ahar vishesh ayatan* plays an important role in the prevention of *prameha*.

Keywords: *Ashtavidh Ahara vidhi visheshayatan, vidhiyukta ahar, prameha*

INTRODUCTION: *Prameha* is explained as one of the *ashta maharogas* in *Ashtang hriday samhita*¹. There are 20 types of *prameha* described in *samhita*. These are made on the basis of colour, texture and consistency of urine. *Bahudrava shleshma doshvishesh* is a famous quotation for *prameha* which indicates *samprapti* of *prameha vyadhi*². In *prameha*, *dravatwa* of *sharir dhatu* along with *mala* is increased and these excess *mala* are excreted in the form of *mutra*. Causes of *prameha*, given in *samhita*, includes most of the dietary *hetu* like excess intake of *dadhi*, soup of meat of domesticated or aquatic animals and animals from marshy land, excess intake of milk and milk products, freshly

harvested grains, intake of jaggery and all *kapha* aggravating factors. As we are aware that most of the causes of *prameha* are related with *ahara*. If we understand the *vidhiyukta ahara* and all the concepts explained under it, like *matravat ahara*, *satmya ahara*, *asatmya ahara*, *virudha ahara*, *ahar parinamkar bhav*, *aharvidhi vishesh ayatana* and its benefits, it will imply that a proper *ahar vidhi* and following methods of *ashtavidh ahar vishesh ayatana* can prevent *prameha*. All the *hetu* of *prameha* leads to *kapha vrudhhi* and it vitiates *meda*, *mamsa*, and *kleda* of the body and leads to different types of *prameha*. If we consume *vidhiyukta ahara* and also follow

ashtavidh ahar vishesh ayatana, it only promotes lifespan.

Diet is one of the major factor now linked to a wide range of diseases including diabetes mellitus. The amount and type of food consumed is a fundamental determinant of human health. Diet is individualized depending on age, weight, gender, health condition and occupation etc.,^{3,4}

AIM AND OBJECTIVES: To conduct a survey to find out cause and effect relationship between *vidhiyukta ahara* and *ashtavidh ahar vishesh ayatana* and *prameha*.

MATERIALS AND METHODS: To conduct a survey study to gather the data for *vidhiyukta ahara* and *ashtavidh ahar vishesh ayatana*, a duly prepared proforma was made. A survey study was conducted at OPD, IPD of Y.M.T. Ayurved college and Hospital Kharghar, Navi Mumbai. Patients were screened on the basis of questionnaire.

1) *Rugna parikshan*- We did complete examination of patients and asked questions related with *prameha vyadhi lakshnas*.

2) Preparation of questionnaire- To fulfil above aims, materials related to *vidhiyukta ahara* and *ashtavidh ahar vishesh ayatana*, *prameha* and other relevant topics have been collected. The main ayurvedic texts used in this study were *bruhatrayi* and available commentaries.

Total 45 questions were made. The questions of survey were based on *vidhiyukta ahara* and *ashtavidh ahar vishesh ayatana* and *prameha*. The first few questions were based on demographic information. Questionnaire includes the questions of *vataj, pittaj, kaphaj prameha lakshnas*, about frequency of urination, consistency, colour of urine, other

lakshanas related with *purvarupa* of *prameha*. Food habits, methods of preparation of food, daily schedule, exercise, *viruddha ahara*, questions related with food quality, food combinations, food proportion, etc.,

3) Survey study- In this section, 50 patients of either gender between the age 40-50 years who were suffering from *prameha* were selected.

4) Selection criteria- All the patients were selected with the following criteria:-
Inclusion criteria - patients with signs and symptoms of *prameha vyadhi* and of the age group of 40-50 years. Patients belonging to either gender were selected in the survey study.

Exclusion criteria- patients below 40 years and above 50 years, patients with paralysis, malignant diseases, cardiac problems, other systemic disorders were excluded from survey study.

OBSERVATIONS:

1) Age- In survey study, out of 50 patients, 10 patients were found in the age group of 41 years, 17 patients were found in the age group of 48 years, 5 patients were found in the age group of 48 years, 2 patients were found in the age group of 50 years, 7 patients were found in the age group of 43 years, 6 patients were found in the age group of 47 years and 3 patients of 40 years old age group (Graph 1)

2) Among 50 patients, 28 were females and 22 were males (Graph 2)

3) Distribution of marital status- out of 50 patients, 42 were unmarried and 8 were married (Graph 3)

4) Out of 50 patients, 23 were from service class, 7 from farming sector and 20 were house wives. (Graph 4)

5) Out of 50 patients, 40 were from urban area and 10 were from rural area (Graph 5)

6) Out of 50 patients, only 18 were following *vidhiyukta ahara* (Graph 6)

7) *Ashtavidh ahar vishesh ayatan-*

a) *Prakriti of ahara*: The nature of food or it's quality is known as prakriti. Depending on whether the food is easily digestible or not, food can be classified as heavy (*guru*) or light (*laghu*) in quality.

b) *Karana*: Methods of processing of food like cleaning, frying, storing, roasting, baking, drying, boiling, fermenting etc, it includes *jalsanyog*, *agni samyog*, *manthan*, churning.

c) *Samyog*: Mixing of two or more substances.

d) *Rashi*: It consists of *sarvagraha* and *parigraha*.

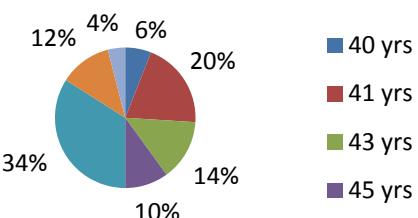
e) *Desh*: It is related to place of growth and distribution of food materials.

f) *kaal*: When the previous food has been properly digested then only the next should be consumed.

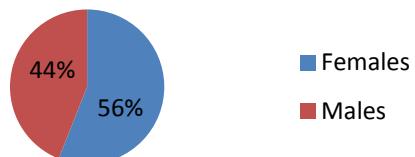
g) *Upayogsamstha*: All the rules related with food intake – *aharvidhi*.

h) *Upyokta*: The person having food.

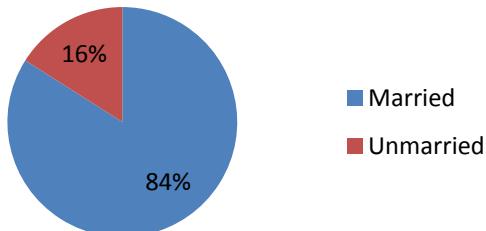
Graph 1 - Age



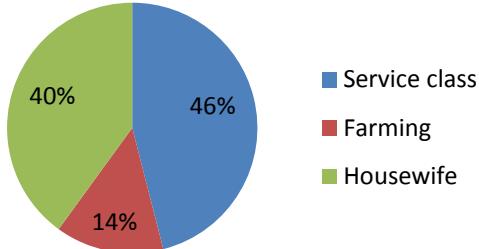
Graph 2 - Gender



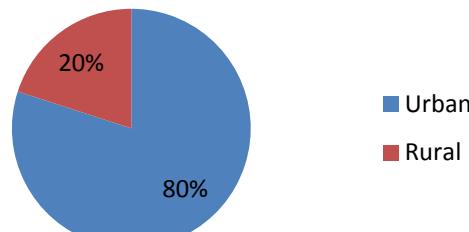
Graph 3 - Marital Status



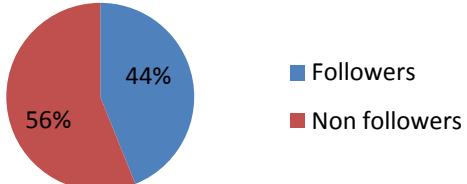
Graph 4 - Occupation



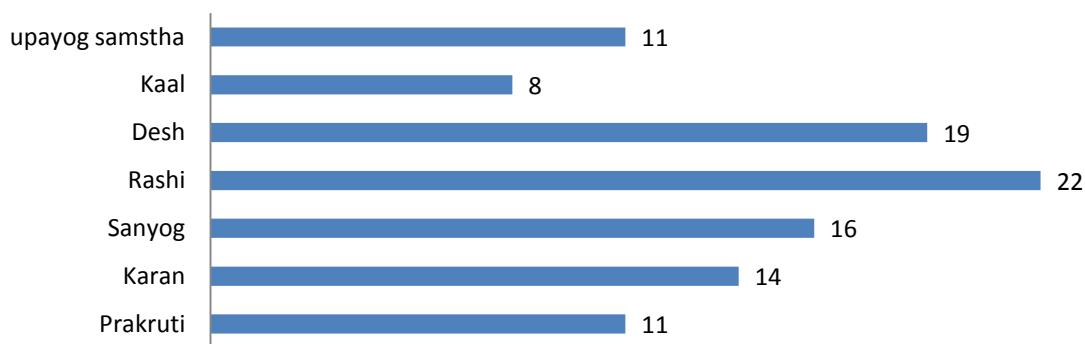
Graph 5 - Habitat



Graph 6 - Vidhiyukta Ahara



Graph 7 - Ashtavidh ahar vishesh ayatana



DISCUSSION:

Age: We selected the age group between 40 – 50 years because in this age group people are well settled, do not follow *ahar*, neglect health issues and live a relaxed life. In the study, maximum number of patients were found in the age group of 48 years.

Gender: Among 50 volunteers, 28 were females and 22 were males. Gender has no direct relation with *prameha*. But here reported data shows that female are more prone to *prameha* may be due to ignorance or carelessness about own health and diet.

Marital status: It is difficult to say that marital status has any relation with *prameha*.

Occupation: In this study maximum patients are from service class. It may be due to staying away from home, daily travelling and workload due to which they have improper diet and irregular eating habits. Most of the housewives, it is observed that eating stale food, *divaswap* may lead to *kapha vruddhi*.

Habitat: 40 patients were selected from urban population as such people are supposed to have a sedentary lifestyle, less physical activities, fast food eating habits.

Ahar vidhi: In this section, questions were asked about *ahar matra*, *viruddha ahar*, about the *ahar* mentioned in the causes of

prameha, methods of having food. Out of 50 patients, only 18 followed *vidhi yukta ahar*. Rest of the patients were unaware of the importance of *ahar vidhi*.

Ashtavidh ahar vishesh ayatana:

Prakriti- Among 50 patients, only 11 people knew about nature of food while eating it, for eg food is heavy to digest, whether it is *ushna* or *shita guna*.

Karana- 14 people followed proper method of food processing.

Rashi- Only 22 patients knew about the quantity of food while eating it.

Desh- Only 19 patients had knowledge of food intake with respect to the surroundings.

Kaal- Only 8 people knew how to eat according to the climatic conditions – seasonal changes.

Upayog samstha- only 11 patients follow rules of *ahar vidhi*.

CONCLUSION: Study reveals that not having *vidhi yukta aahar* and *ashtavidh ahar vishesh ayatana*, definitely leads to life style disorders like *prameha* and following these methods may prevent *prameha vyadhi*. Study supports the ayurvedic classical claim regarding causes of *prameha*.

REFERENCES:

1. Dr.Ganesh Garde,edited with Sarth Vaghbhata (1st Ed)Ashatang hriday

samhita ,nidana-sthan;chapter8, verse-30,Varanasi:chaukhamba prakashan,2012; 2. page no-188

3. Vd. Y.G. Joshi edited with Agni vesha, Charaka samhita revised by charaka and Dridhabala,published by,701,Sadashiv Peth, Pune-411030. Edition-2nd,nidan sthana,chapter-4.verse no.6, M Vaidyamitra Prakashan,2005 ,page no.459

4. Sofi F, Innocenti G, Dini C, Masi L, Battistini NC, Brandi ML, et al. Low adherence of a clinically healthy Italian population to nutritional recommendations for primary prevention of chronic diseases. *Nutr Metab Cardiovasc Dis.* 2006;16:436–44.

5. Kastorini CM, Panagiotakos DB. Mediterranean diet and diabetes prevention: Myth or fact? *World J Diabetes.* 2010;1:65–7.

6. Vd. Y.G. Joshi edited with Agni vesha, Charaka samhita revised by charaka and Dridhabala,published by,701,Sadashiv Peth, Pune-411030. Edition-2nd,sutra sthana,chapter-5.verse no.3, M Vaidyamitra Prakashan,2005,page no-78

7. Vd. Y.G. Joshi edited with Agni vesha, Charaka samhita revised by charaka and Dridhabala,published by,701,Sadashiv Peth, Pune-411030. Edition-2nd,sutra sthana,chapter-5.verse no.6, M Vaidyamitra Prakashan,2005 ,page no.80

8. Vd. Y.G. Joshi edited with Agni vesha, Charaka samhita revised by charaka and Dridhabala,published by,701,Sadashiv Peth, Pune-411030. Edition-2nd,vimana sthana,chapter-1.verse no.21, M Vaidyamitra Prakashan,2005 ,page no.504.

Corresponding Author: Dr. Prajakta Koli,MD Final year Ayurved Samhita Siddhanta, Y.M.T Ayurvedic Medical Hospital and PG Institute, Kharghar, Navi Mumbai.
Email: dr.prajaktakoli@gmail.com

Source of support: Nil
Conflict of interest: None Declared

Cite this Article as : [Koli Prajakta R. et al : The key Role of Vidhiyukta Ahara and Aharvidhi Vishesh Ayatana in the Prevention of Prameha]www.ijaar.in : IJAAR VOLUME III ISSUE IV SEP-OCT 2017 Page No:823-827