STUDY ON EFFECT OF MADYA ON OJAS

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ABSTRACT

Ojas (~Essence of body tissues) is one of the life sustaining factors of the body. When it is in the normal state it helps in maintaining of body and mind. Ojas gets vitiated because of various factors; Madya (~Alcohol) is one of the factors which cause the Kshaya (~Decrease) of Ojas. Madya by the virtue of its ten Guna (~Properties) which are opposite to the Guna of Ojas causes Kshaya of Ojas when consumed in excess. Alcohol consumption rate has been increased now a day because of various reasons. This drastic increase in the rate of consumption has lead to various ill effects on human beings. The research was under taken to study the effect of Madya on Ojas. Alcoholic patients were screened using AUDIT and two groups were made consisting of 100 patients each. Group A had Atipita (~Problem drinking) patients and Group B had Alpapita (~Social drinking) patients. A self prepared scale was prepared to assess the Ojo Kshaya. Ojo Kshaya score was more in Atipita group. Durbalata (~Loss of strength) was the dominant symptom in both the group. Madyapana causes Ojokshaya if consumed for longer period without following the rules and regulation of alcohol consumption.

Keywords: Madya, Ojas, Atipita, Alpapita, Ojo Kshaya Scale

INTRODUCTION

The homeostasis of body is maintained by *Ojas* (~Essence of body tissues) through well being of the body and mind, firm and well developed muscles, unobstructed movements, clarity of voice and complexion and normal functioning of motor and sensory organs.¹

Ojas gets vitiated because of many factors such as *Chinta* (~Excessive thinking), *Anashana* (~Fasting) *Prajagara* (~Being awake at night), *Abhighata* (~Injury)² etc. Among the factors which cause the *Kshaya* (~Decrease) of *Ojas*, *Madya* (~*Alcohol*) is one of prime factor.³

Madya is having Guna (~Properties) which are just opposite to that of Ojas.

Madya reaches the Hridaya (~Heart), and afflict the ten Gunas of Ojas. Madya by virtue of its ten Guna give rises to mental distortion. Hridaya is the seat of the channels of circulation of Dhatu (~Tissues), Dosha (~Humours), Satva (~Mind), Buddhi (~Intellect), Indriyas (~Sense organs), Atma (~Spirit) and Ojas. This Ojas gets destroyed by the excess intake of Madya, and morbidities appear in the heart and in the Dhatus located in it.⁴

AIM OF THE STUDY

To study the effect of Madya on Ojas

MATERIALS AND METHODS

Study design: Cross-sectional observational study was done between patients of *Atipita* and *Alpapita*.

Concept of Atipita

The word *Atipita* means having drunk extremely, such that it may cause harm to body. Excessive drinking could refer to, at risk alcohol use or problem drinking. Problem drinking refers to drinking alcohol at levels that are associated with short-term and/or long-term harm.⁵ It is defined as more than seven drinks per week or more than three drinks per occasion for women; and more than 14 drinks per week or more than four drinks per occasion for men.⁶ A drink or a standard drink is that which contains about 14 grams of pure alcohol.⁷

Concept of Alpapita

Alpapita means having drunk less. This can be linked to the concept of social drinking. "Social drinking" refers to casual drinking in a social setting without intent to get drunk. For example: Happy news is often celebrated by a group of people by having a few drinks.

Source of data: 100 patients of problem drinking and 100 patients of social drinking were selected from the Out Patient Department and In Patient Department of *Manasa Roga* of SDM College of Ayurveda and Hospital, Hassan.

Method of collection of data

Patients with the habit of alcohol consumption were screened for alcohol drinking behavior using Alcohol Use

disorder identification test (AUDIT) ⁸ and were grouped into two groups.

Group A – *Atipita*

Group B – *Alpapita*

Inclusion criteria

Group A: AUDIT scores of 20 or above.

Group B: Social drinkers were included with AUDIT score less than 8

Exclusion criteria

- 1. Suffering from other substance abuse.
- 2. Suffering from other systemic or psychiatric illness

Assessment criteria: Assessment of clinical study was done based on subjective and objective parameters. Scoring of symptoms of *Ojo* vikruti was done by self prepared scale.

Designing the scale to assess the status of *Ojas*

Purpose: Considering the importance of *Ojas* in maintaining the life and by observing the dreadful effect of *Madya*, ⁹ a scale was developed to analyze the effect of *Madya* on *Ojas*.

Scale: The status of *Ojas* was examined in two ways, 1) Subjective and 2) Objective. Subjective symptoms were examined by using a questionnaire framed in close ended likert format with 5 options for each question i.e. always, occasionally, can't say, no and never. Objective symptoms were clinically examined and were graded accordingly as Grade 4 to 0.

Table 1: Showing the Parameters of *Ojo Kshaya*

E	<i>y</i>
SUBJECTIVE	OBJECTIVE
Durbala (~ Loss of strength)	Bibeti (~Tremor)
Vyathitendriya(~Pain/Discomfortin chest)	Abhikshana Dhayayati (~Anxiety)
Dushchaya (~Loss of body complexion)	Ruksha (~Dryness of skin)
Durmana (~Loss of interest)	Kshama (~Emaciated)

Generation of scale: The scale consisted of statement for subjective parameters based on the characteristic features of *Ojo Kshaya* given by *Charaka Samhita*. The appropriate

English meaning of *Lakshana* (~Symptom) were referred and it was framed in the sentence form with 5 options to each eg: The *Lakshana Vyathitendriya* says

pain/discomfort in the chest region it was framed as; do you feel pain or discomfort in chest region?

The objective parameters were given specific parameters like for the symptom of *Kshama/Kshaya*, BMI was assessed and it was graded accordingly.

Response format: Based on this score, the maximum score related to *Ojo Kshaya* is 32.

OBSERVATIONAND RESULTS

Demographic data: Table 2 and 3 shows the incidence of age and occupation of both groups.

Table 2: showing the incidence of age in Group A and Group B

Group A		Group B		
Age Group	Frequency (Percentage)	Age Group	Frequency	
31 – 40	34	21 – 30	38	
41 – 50	30	31 – 40	28	
51 – 60	25	41 – 50	20	
21 – 30	11	51 – 60	14	

Table 3: showing incidence of occupation in Group A and Group B

Group A		Group B	
Occupation	Frequency	Occupation	Frequency
Agriculture	48%	Business	48%
Business	34%	Agriculture	40%
Teacher	3%	Engineer	12%
Laundry worker	3%		
Garage Worker	2%		
Engineer	10%		

Group A: Maximum patients (98%) were male and females were 2%.

Group B: In this group all the patients were male

Incidence of symptoms:

Group A: Among 100 patients 77 patients had *Durbalata* always. 56 patients had

Vyathitendrya always. 46 patients had occasionally *Durmana*. 46 patients occasionally had *Varnabedha*. 70 patients had Grade 1 *Bibeti*. 72 patients had Grade 0 *Dhayayati*. 49 patients Grade 2 *Rukshata*. 55 patients had Grade 0 *Kshaya*. Table 4 shows incidence of symptoms among Group A.

Table 4: showing the prevalence of symptoms of *Ojo Kshaya* among Group A

	Always	Occasionally	Episodically	No	Never	Total
Durbala	77	21	2	0	0	100
Vyathitendriya	56	37	5	2	0	100
Durmana	33	46	17	4	0	100
Varna Bedha	25	46	27	2	0	100
	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	
Bibeti	30	70	0	0	0	100
Dhayayati	72	11	4	13	0	100
Ruksha	9	42	49	0	0	100
Kshaya	55	45	0	0	0	100

Group B: Among 100 patients 55 patients had *Durbalata* always. 44 patients had no *Vyathitendriya*. 78 patients never had *Durmana*. 64 patients never had *Varnabedha*. 80 patients had Grade 0 *Bibeti*.

95 patients had Grade 0 *Dhayayati*. 92 patients had Grade 0 *Rukshata*. 93 patients had Grade 0 *Kshaya*. Table 5 shows incidence of symptoms among Group B.

Table 5: showing the prevalence of symptoms of *Ojo Kshaya* among Group B

	Always	Occasionally	Episodically	No	Never	Total
Durbala	55	11	16	3	15	100
Vyathitendriya	11	27	18	44	0	100
Durmana	3	8	5	6	78	100
Varna Bedha	0	6	5	25	64	100
	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	
Bibeti	80	20	0	0	0	100
Dhayayati	95	5	0	0	0	100
Ruksha	39	38	17	6	0	100
Kshaya	93	7	0	0	0	100

Ojo Kshaya score

Group A: 35 patients scored a score of *Ojo Kshaya* 11 - 15, 57 patients scored 16 - 20 and 8 patients scored 21 - 25.

Group B: 32 patients scored a score of *Ojo Kshaya* between 0 – 4, 29 patients scored 5 – 9 and 27 patients scored 10 – 14 and 2 patients scored 15 - 20. Table 6 shows *Ojo Kshaya* Score in both groups.

Table 6: showing score of *Ojo Kshaya* and their frequency in Group A & Group B

Group A		Group B		
Range	Frequency	Range	Frequency	
11- 15	35	0 - 4	32	
16 - 20	57	5 - 9	39	
21 - 25	8	10 – 14	27	
		15 – 20	2	

DISCUSSION

The current study was conducted to check the effect of Madya on Ojas. In the study it revealed that in Group A maximum number of patients belonged to the age group of 31 - 40 years, this may be because of the domestic and work related problems. In Group B maximum number of patients fit in the age group of 21 - 30 years, the reason may be due to peer pressure or for the enjoyment.

This study reveals the prevalence of *Atipita* is more in Agriculture people because of strain of agriculture. *Alpapita* is more in business men this may be due to more involvement in the business related parties among business men.

In Group A *Durbalata* was the dominant symptom. In the study it was noticed that maximum number of patients were consuming more than 4 standard drinks of 80 proof spirit like whisky, brandy etc in one occasion. *Dasha Guna of Madya* and other *Manasika* (~Psychic) factors such as *Chinta, Sharirika* (~Physical) factors like *Anashana, Prajagara etc* also contributed for the *Durbalata*.

CONCLUSION

Ojas is important for maintenance of health. Ojas is vitiated by various factors including Madya. The terms Atipita and Alpapita were defined in terms of quantity of alcohol consumption and content of alcohol in a standard drink. Study was

conducted in 2 groups comparing *Atipita* and *Alpapita*. *Ojo Kshaya* Score was higher in Group A. *Durbalata* was more dominant symptom in *Atipita* Group. This shows that chronic consumption of *Madya* causes symptoms of *Ojo Kshaya*.

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