

**SAMYOGA VIRUDDHA AHARA AS A HETU IN VICHARCHIKA –A RETROSPECTIVE STUDY****Kore Namrata Virnath<sup>1</sup>, Tupe Mahadeo Bhimraj<sup>2</sup>**

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**Article Received:**08/08/2022 - **Peer Reviewed:** 01/09/2022 - **Accepted for Publication:** 10/09/2022**ABSTRACT**

*Twachais* derived from "*Twak-Samvarne*" *dhatu* meaning the covering of the body and all other structures that reside under the shelter of it and get enveloped and protected by it. Disorders of skin occur in all age groups, which may cause various problems like discomfort, interrupted sleep due to itching, embarrassment, and withdrawal from society due to disfigurement. So, it hampers both physical and psychological health. Nowadays due to changing lifestyles, urbanization, and fascination with the western culture, there is a noticeable change in food habits and preparatory methods between early time and the present era. *Viruddhaahara* is a very vast concept with 18 types of varieties, due to the stipulated time period my study is limited only to *samyogviruddhaahara* as an etiological factor of *vicharchika*. *Vicharchika* is *Eczema* is one of the most common skin diseases which affects up to 1-3% of adults in most countries of the world. The prevalence rate of *Eczema* in India is 6.75%.

**Keywords:** *Vicharchika, Samyogviruddhaahara, Hetu, Nidanparivarjana.*

## INTRODUCTION

The *Ahara*, *Nidra*, and *Brahmacharya* are the three pillars of *shareera* and are the basis of healthy life. *Ahara* is a must factor for the maintenance of health and fundamentally it is preventive in nature. It is considered *Brahma* in *Upnisad*, Kasyapa gives it the name *Mahabhaisajya*. It is responsible for the growth, development, and enhancement of *Ojas*. In Ayurveda all the above qualities of *ahara* are taken under the term '*Hitaahara*' and opposite in '*Ahitaahara*'. This *ahitaahara* is termed as '*viruddhaahara*'. *Viruddhaahara* is one potent causative factor for several diseases among which skin diseases are prime. Nowadays due to changing lifestyles, urbanization, and fascination with the western culture, there is a noticeable change in food habits and preparatory methods between early time and the present era. *Viruddhaahara* is a very vast concept with 18 types of varieties, due to the stipulated time period, my study is limited only to *samyogviruddhaahara* as an etiological factor of *vicharchika*.

The definition of *samyogaviruddha* is, that this *viruddhaahara* occurs by mixing two opposite *guna*'s together or due to processing or may be opposite to the *dehadhatuguna*'s that is by consuming *samyogaviruddha* etc often and often. For example, eating fruits or drinking milk alone is nutritious and good for health but combining them together acts as *samyogaviruddha*. In Ayurveda, describing *Nidanpanchaka*, *Nidana*, or *Hetu* which is a causative factor plays important role in the formation of disease. It is a *raktapradoshajavikara* (disease due to impure blood) having the involvement of three *doshas* with the dominance of *kapha*. Ayurveda focuses on *viruddhaahara* which causes the vitiation of all *dosha*. It is a causative factor for many skin diseases like *vicharchika* etc. Eczema is curable if removal of the cause can be ensured<sup>So</sup>, it will contribute to society by making them aware of *samyogviruddhaahara* and its relationship with *Vicharchika*.

## MATERIALS AND METHODS

### **Patient:**

Uncomplicated 60 patients with *samanyalakshana* of *vicharchika* irrespective of gender, religion, occupa-

tion, etc are selected and divided into 30 patients in the study group and 30 patients in the control group.

Data will be collected according to the objective of the study in the case paper.

### **Selection Criteria:**

The patient will be selected by a **simple random sampling method** based on inclusion and exclusion criteria.

### **Inclusion Criteria: -**

- 1) Diagnosed cases of *Vicharchikakustha*.
- 2) Patients of both genders will be selected for the study.
- 3) The 20 to 50 years age group will be included.
- 4) Chronicity of fewer than 5 years.

### **Exclusion Criteria: -**

- 1) To exclude patients having skin diseases other than *vicharchika*.
- 2) Exclude known cases of other systemic disorders like Diabetes mellitus, Hypertension Metabolic syndrome, Cardiac disorder Atherosclerosis, etc.
- 3) To exclude known Patients involved with allergic skin disorders.
- 4) To exclude known cases of HIV and HbsAg – Positive
- 5) To exclude all known cases of malignancies.
- 6) To exclude known cases of leprosy.

**Type of study:** - Retrospective Observational study

**Setting the location of study:** -OPD and IPD of the hospital of our institution.

**Study population-** 60 patients.

**Duration of study:** -90 days

### **Follow up:**

**Group A (Study Group):** - Group of 30 patients is advised to stop taking the *hetu* present in their diet & are observed for 3 successive follow-ups of 30 days interval during the study period.

**Group B (Control Group):** - Group of 30 patients are not advised for any change in their diet & are observed for 3 successive follow-ups of 30 days interval during the study period.

- Patients are allowed to continue with their present treatment.

- Patients will be evaluated for their physical and mental status.
- Changes occurring in the signs & symptoms will be thoroughly recorded.
- Observed data will be collected in an assessment format case paper.

**Method of actual observational study: -**

Due to *Samyoga Viruddha Ahara* as a *Nidana* or *Hetu* in *Vicharchikavyadhi*, taking some examples of *Samyoga Viruddha ahara* as mentioned in *charaka samhita, sushrutasamhita, AstangaSangraha*.

**Table 01:** Method of actual observational study

Sr. No.	A <i>Viruddha Ahara</i>	Daily	Once/twice a week	Once a month	Rare
1.	तद्यथाअम्लंपयसासह-Milk + Fruits (eg. milkshakes, custard, fruit cakes)				
2.	कुक्कुटदधिनि curd+ chicken				
3.	मधुचौष्णेदकानुपानं Honey+hot water				
4.	क्षीरेणमूलक आम्रMilk+Raddishmilk+mango juice(amarasa)				
5.	कदलीफलंपयसादध्नाMilk+Banana(shikran) Milk+curd(prasadam)				
6.	नवनीतेनमूलशाकंबutter+green vegetables (palakpaneer, sandwich)				
7.	क्षीरेणलवणम् (eg.milk+ biscuit specially Monaco, kurkure, khari, bread)				
8.	कृशरापायसाMilk +Khichari				
9.	Other examples-pizza, butter (preserved food), etc.				

**Subjective assessment parameter: -**

**Table 02:** Subjective assessment parameter

Sr.No.	OBSERVATION	CRITERA	Grade
1.	<i>Kandu</i> (Itching)	No Itching Mild/occasional Itching Moderate frequent itching Severe frequent itching Very Severe itching which disturbs sleep and other activities	0 1 2 3 4
2.	<i>Shyavavarna</i>	Normal colouration Near to normal or which looks like normal colour to a distant observer Reddish colouration Slight black reddish discoloration Deep black reddish discoloration	0 1 2 3 4

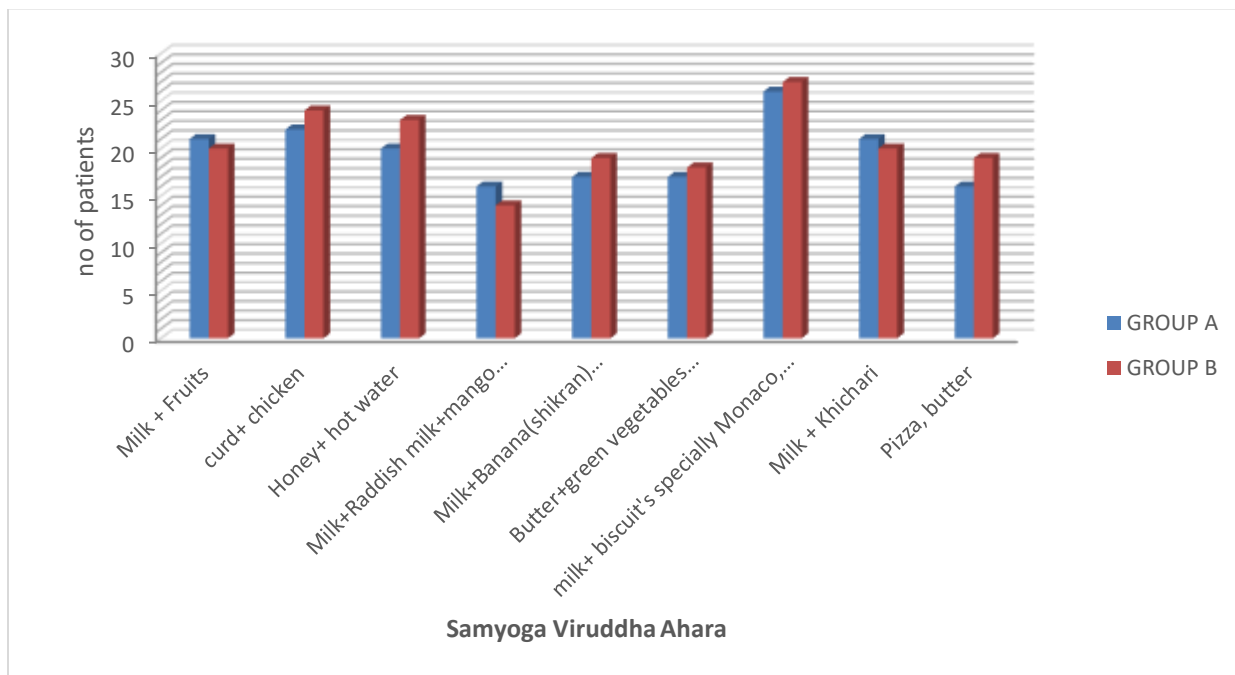
3.	<i>Rukshata</i>	No line on scrubbing with nail Faint line on scrubbing by nail Linings and even words can be written on scrubbing nail Excessive rukshata leading to itching Rukshata leading to crack formation and bleeding	0 1 2 3 4
4.	<i>Pidaka</i>	Normal texture Flat lesions (macula, plaque) Elevated lesions (papule, vesicle, pustule) Indurated lesions (plaque) Extravasation of blood (petechiae)	0 1 2 3 4
5.	<i>Srava</i> (discharge)	No discharge Discharge on Itching Watery discharge Blood-stained discharge Pus discharge	0 1 2 3 4

**OBSERVATIONS AND RESULTS**

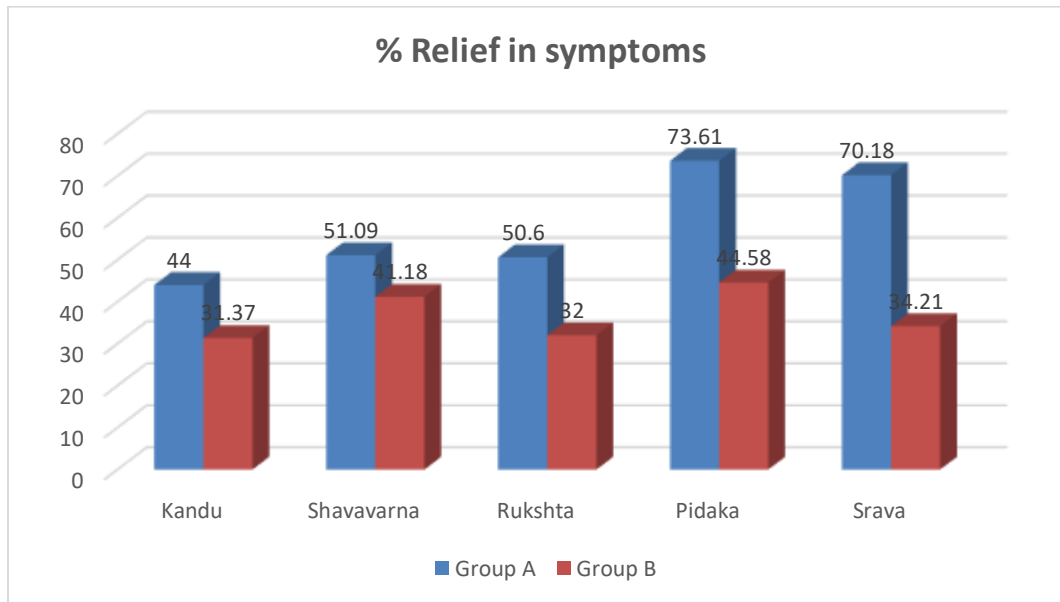
**Demographic data:**

- The maximum i.e., 60% of patients were male and 40% of patients were female.
- The maximum number of patients i.e., 18 (30%) were housewives and 15 (25%) were farmers while 10 (16.7%) were doing service and students. 6 (10%) were Labourer while 1 (1.67%) were Shopkeeper.

- The maximum number of patients 61.67% were from the middle class and 21.67% were from the lower class and 16.67% were from rich socio-economic status.
- The maximum number of patients 83.3 % were married and 16.7 % were unmarried.
- **Incidence of *SamyogaViruddhaAharaSevana***



### Effect of therapy according to % Relief in Symptoms



**Table 03:** Average % Relief in Patients and Symptoms Shows Average % Relief in Patients and Symptoms

Sr. No.	Group	Avg. % Relief In Symptom score
1	Group A	55.83
2	Group B	36.54

**Table 04:** Total effect of therapy in Patients: Effect of Therapy according % Relief in Patients

Sr. No.	Improvement Grade	Criteria	No. of patients	
			Group A	Group B
1	Marked	> 75%	0	0
2	Moderate	51% - 75%	19	0
3	Mild	25% - 50%	11	30
4	Poor	< 25%	0	0

**Results:** In Group A, as the value of p is far less than 0.05, an extremely significant difference was observed between the mean of the Before *Nidanparivarjana* and After *Nidanparivarjana* scores in *Vicharchika* symptoms. Hence it is concluded that **Pathyakar Diet** is highly effective to reduce *Vicharchika* symptoms.

## DISCUSSION

### A] Discussion on Selection of Topic-

Nowadays due to changing lifestyles, urbanization, and fascination with the western culture, there is a noticeable change in food habits and preparatory methods between early times and the present era. As

*SamyogViruddhaAharais* causative factor for *Vicharchika* Eczema is curable if removal of the cause can be ensured. So, it will contribution to society by making them aware of *samyogviruddhaa-hara* and its relationship with *Vicharchika*.

### B] Discussion on Material and Methods –

The clinical study was carried out among 60 patients of *VicharchikaKushtha*. Two groups of uncomplicated 30 patients each Group A (treatment with *nidanparivarjan*) and Group B (treatment only) with *samanyalakshanas* of *Vicharchika* irrespective of sex, religion, education, etc. were selected.

### D] Discussion on Observations-

**Vaya (age):** Maximum patients i.e., 12 patients were from age group 20 to 30, 10 patients were from age

group 31 to 40 and 8 patients were from age group 41 to 50 in Group A. Maximum patients i.e., 16 patients were from age group 31 to 40 in Group B. It shows that the 31 to 40 age group is more prone to *Vicharchika Kushtha*.

**Sex:** In Group A, the maximum number of patients i.e., 20 was male. In Group B, the maximum number of patients i.e., 14 was female. It shows that sex has no direct relation with *Vicharchika Kushtha*.

**Occupation:** However, in this series, no dominance of any particular occupation was observed, in spite of it. In Group A farmers (30%) suffered more than others. It may be possible due to a lack of knowledge regarding the maintenance of health and poor living conditions and in Group B housewives (43.33%) suffered from others. It may be possible due to bad food habits and improper diet.

**Socio-economic Status:** The results of the present study showed that most of the patients i.e., 56.67% from Group A and 66.67% from Group B belonged to the middle class. This may be due to the fact that people of the middle class take improper diets and bad food habits.

**Incidence of duration:** In group A, patients with a duration of incidence of up to 1 year were 60%; patients with a duration of incidence of 1 to 3 years were 36.67% and patients with a duration of incidence of 3 to 5 years were 3.33%. While in group B, patients with a duration of incidence of up to 1 year were 66.67%; patients with a duration of incidence of 1 to 3 years were 26.67% and patients with a duration of incidence of 3 to 5 years were 6.67%.

**Viruddha Ahara:** *Kushtha* is caused by different types of *Viruddha Ahara*. The present study shows that in Group A majority of patients 26 i.e., 86.67%, and in Group B majority of patients 27 i.e., 90.00% each were taking (eg. milk+ biscuit's specially Monaco, kurkure, khari, bread) as a *Samyoga Viruddha Hetu*. It may be possible due to a lack of knowledge regarding the maintenance of health, changing lifestyles, urbanization, and fascination with western culture.

#### E] Discussion on Statistical Analysis -

This study aimed to observe there any association of *samyogviruddhaahara* as a *hetu* of *vicharchika*.

To find the effect of *samyogviruddhaahara* in *Vicharchika* between the two different groups **Wilcoxon Signed Rank Test** and **Mann Whitney U Test** to qualitative data were applied.

**Interpretation-**

After comparing both groups statistically by Mann Whitney test, there is no significant difference was observed between the mean difference of Group A and Group B in *Vicharchika* symptoms. We should reject the null hypothesis  $H_0$  and accept the alternate hypothesis  $H_1$  i.e., there is the role of *SamyogViruddha Ahara* as a *hetu* of *Vicharchika*.

## CONCLUSION

From the data obtained in the present study, it can be concluded that the concept of *Ahara* is one of the prime and novel concepts of *Ayurveda* while *Viruddha Ahara* causes many diseases including *Kushtha*. Among the *Viruddha Ahara* concept, to evaluate *Viruddha Ahara* as a *Nidana* in *Vicharchika-Kushtha Vyadhi* taking examples like Milk + Fruits, curd+ chicken, Honey+ hot water, Milk+ Radish, milk+mango juice (*amarasa*), Milk+ Banana (*shikran*), Milk+curd (*prasadam*), Butter+green vegetables (*palak paneer*, sandwich), milk+ biscuits specially *Monaco*, *kurkure*, *khari*, bread, Milk + *Khichari*, pizza, butter (preserved food), etc of *Samyoga Viruddha Ahara* mentioned in *Charaka Samhita Sutrasthana*, *Sushruta Samhita Sutrasthana*, *Ashtang Sangraha Sutrasthana* especially by *Samyoga Viruddha* it is inferred that this *Hetu* plays a major role in the causation of disease. When the patients were advised for *Nidanparivarjan* after *Nidanparivarjan*, *Dhatwagni* and *Jatharagni* were getting at a normal level and so *Agnimandya* disappears. Slanting direction (*Tiryaka Gati*) of *Tvaka*, *Mamsa*, blood vessels (*Rakta*), and *Lasika* went to normal direction (*Prakrit Gati*) so that the skin gets its normal lusture, blood vessels, lymphatics, and muscles were getting their normal tone i.e., slackness (*Shaithilya*) disappears. Also, *Prakupita Doshas* went to the normal level. So, the patients were getting better relief in the symptoms like *Kandu*, *Pidaka*, *Shyavavarna* etc. Thus, along with their present treatment, *Nidanparivarjan* is also effective in the management of this *Vyadhi*. In view of the above general observations, clinical observation, and on the basis of results obtained, statistical analysis, we can confirm the hypothesis that *Vicharchika* is a disease caused by *Viruddha Ahara* and *Nidanparivarjan* is an efficient measure in the line of treatment of *Vicharchika Vyadhi*, and also in *Aharajanita Vyadhi*.

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