

A SURVEY STUDY ON EFFECT OF AHARJA AND VIHARJA NIDAN IN TINEA INFECTION

Ankur Borah*¹ and Anup Baishya²

¹PG Scholar, Deptt. of Roga Nidan, Govt. Ayurvedic College & Hospital, Jalukbari, Guwahati-14.

²Professor and HOD, Deptt. of Roga Nidan Govt. Ayurvedic College and Hospital, Jalukbari, Guwahati-14.

Corresponding Author: Ankur Borah

PG Scholar, Deptt. of Roga Nidan, Govt. Ayurvedic College & Hospital, Jalukbari, Guwahati-14.

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ABSTRACT

Skin acts like an anatomical barrier from deadly pathogens and their damages to the internal body organs as it acts as the first organ that gets contacted with external environmental stimulus and other factors causing damage to the body. Superficial fungal infection occurring in skin, nails and hair accounts about 8-10% in Dermatology OPD. Majority of cases comes under superficial mycotic infection. According to a study conducted in India 60.4% of the patient gave a history of recurrent dermatophytosis. Kustha falls under Santarpanjanya vyadhis and use of Viruddha Ahar Vihar or mutually contraindicated food plays an essential role in pathogenesis of kushtha which vitiates tvak, rakta, mamsa and ambu (lasika). Amongst common age groups the younger age people are seeing having more skin disorders due to more inclination to fast food or incompatible food and adopting sedentary lifestyle. In Ayurvedic texts the references of Superficial fungal infection like diseases is found on Ksudra and Mahakustha like Dadru, Sidhma, etc. Hence, the current study was carried taking detail history on their diet patterns and other day to day activities ie nidans that were described by acharyas in kushtha adhaya with the aim to explore the effect of Aharja and Viharja nidan in tinea infection on 100 patients of diagnosed Superficial fungal Skin Diseases.

KEYWORDS: Viruddha Ahar Viharja nidan, kushtha, Superficial fungal infection, Santarpanjanya vyadhis, Dermatophytosis, superficial mycotic infection.

INTRODUCTION

Skin forms the outer covering of our body and accounts about 16% of the person's body weight. It acts like an anatomical barrier from deadly pathogens and their damages to the internal body organs as it acts as the first organ that gets contacted with external environmental stimulus and other factors causing damage to the body. Superficial fungal infection occurring in skin, nails and hair accounts about 8-10% in Dermatology OPD and most of these cases visit in summers and monsoon. The cause of these cases are Dermatophytes which are from the class of fungi that requires keratin for growth found mainly in skin, hair, nail. Majority of cases comes under superficial mycotic infection. According to a study conducted in India 60.4% of the patient gave a history of recurrent dermatophytosis.^[1]

Twacha is formed in the sixth month of intrauterine life. Acharya explained any Dushti in Rasa- Raktadi Dhatu (Qualitative abnormality in Lymph & Blood) leads to Twak rog (skin disease). Kustha falls under Santarpanjanya vyadhis and use of Viruddha Ahar Vihar or mutually contraindicated food plays an essential role in pathogenesis of kushtha which vitiates tvak, rakta,

mamsa and ambu (lasika).^[2,3] Amongst all reasons of vitiation of dhatu Viruddha Aahar is the most important reason. Ayurvedic texts had vividly described about Skin diseases, its causative factors, pathology, symptoms and treatment protocols under kushtha. Acharya Vagbata in nidansthana defines kushtha as any discoloured patches, where sensation is lost, where there is appearance of rashes, associated with excessive or no perspiration; in due course the lesions becomes Chronic if proper treatment is not done this disease develops deformity and makes the entire body ugly which is Kustha.^[4] In Ayurvedic texts the references of Superficial fungal infection like diseases is found on Ksudra and Mahakustha like Dadru, Sidhma, etc.

The younger age people are more prone to have fungal skin diseases in today's period because of the consumption of Viruddha Aahar or fast food or incompatible food and adopting sedentary lifestyle. Hence, the current study was carried taking detail history on their diet patterns and other day to day activities ie nidans that were described by acharyas in kushtha adhaya with the aim to explore the effect of Aharja and Viharja

nidan in tinea infection on 100 patients of diagnosed Superficial fungal Skin Diseases.

MATERIALS AND METHODOLOGY

For survey study of effects of Aharaja and Viharaja nidan on Tinea infection we had developed a performa based

on the probable references from the kusthaadhya of Charak, Susrut, Madhavnidan that can be correlated with today's diet and lifestyle. Performa is made on tableted form presented below.^[5,6,7]

SL.No.	Aharaja Nidan	Viharaja Nidan	Manasik Nidan	Ritu Nidan/Or Specific nidan
1	Viruddhaahar & Drava-Singdha Guru ahar Sevan (Consumption of foods and drinks, which are mutually contradictory, liquid, unctuous and heavy.)	Vega Dharan (Suppression of natural urges)	Krodha (Anger)	Raktadusti in Sarat Ritu Vitiation of Blood in Sarad ritu (Autumn season; September to November)
2	Bhajata atapa anala /Analaa tapa Usage of cold water just after exposure to intensive sun	Vyama Ati-Santapa Performance of physical exercise and exposure to intense heat just after taking heavy meals	Srama (Tired)	Aupaursigik nidan) Prasangad, Gatrprasnam, Sahabhajan, Sahasayan, Basra, mala, anulepan (Constant close intimacy with diseased Eating Together, Sleeping and sitting together, wearing garlands, dress, personal products that are used by diseased)
3	Ajirna Adyasana Indulgence of food during indigestion and intake of food before the digestion of previous meal	Dvivyaswapna Sleeping during day time		Krimi (Presence of abdominal parasite)
4	(Navaana, Dahisewan, Matysa, Dahi, Atilavan, amla, Tilaa Masa, Mulaka, Pisata-anna, Kshree, Gudapadartaatisevan) Consumption of freshly harvested grains, curd, fish, salt and sour substances in excess. Adequate intake of black gram, radish, flour preparations, sesamum, milk and jaggery			
5	Intake of Bajyapadartha improperly and in excess Bajyapadarthaatisevan Intake of Fried Items			
6	Dugdha and Chilichimsevan (Milk and Chilchim fish intake)			
7	Nispava, kulatha, Urad, Tisi, (Intake of nispava, kulatha, Urad, Tisi.)			
8	Gramya and Anupa Mamsa Ati Sevan (Intake of Domesticated and Meat of Anupa Mamsa)			
9	Sukta-Sura-Sauvirakatisevan (Sukta - Sura-Sauvirak intake in excess)			

RESULTS

Aharaja Nidan

Table 1(a): Incidence of Aharaja Nidana in relation to Fungal diseases.

Nidan code	Aharaja Nidana	Number of patients
1	Viruddhaahar & Drava-Singdha Guru ahar Sevan (Consumption of foods and drinks, which are mutually contradictory, liquid, unctuous and heavy.)	20
2	(Bhajata atapa anala /Analaa tapa) (Usage of cold water just after exposure to intensive sun)	-
3	Ajirna Adyasana (Indulgence of food during indigestion and Intake of food before the digestion of previous Meal)	20
4	Dugdha and Chilichimsevan (Milk with Chilchim fish Intake)	-
5	Navaana, Dahisewan, Matysa, Dahi ,Atilavan, amla, TilaaMasa, Mulaka, Pisata-anna, Kshree, Gudapadarta atisevan (Consumption of freshly harvested grains, curd, fish, salt and sour substances in excess.. Adequate intake of black gram, radish, flour preparations, sesamum, milk and Jaggery)	15
6	Intake of Bajya padartha improperly and in excess (Excess intake of Fried foods)	10
7	Gramya and Anupa Mamsa AtiSevan (Intake of Domesticated and Meat of Anupa Mamsa)	30
8	Sukta-Sura-Sauvirak atisevan (Intake in alcoholic or fermented products in excess)	5

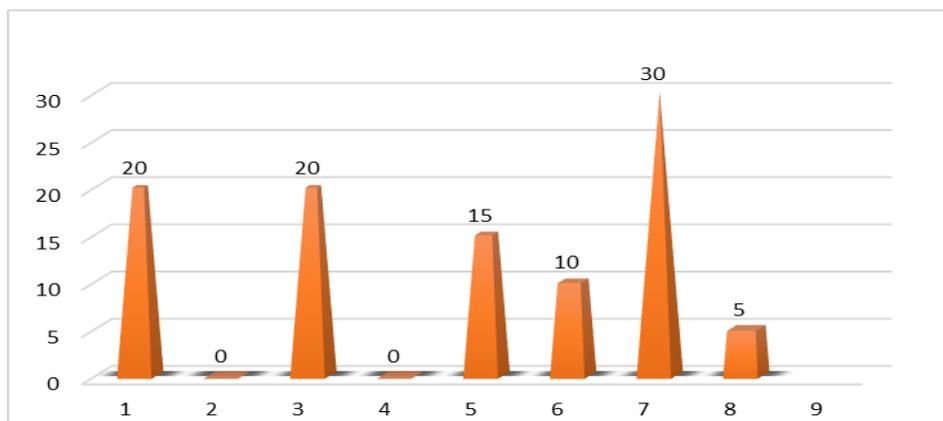


Fig. 1(a): Figure of Aharaja Nidana in relation to Fungal diseases

The above Figure indicates that 20% patients have the history of Virudhha Ahar and Ajirna Adhyasanat,30% have the history of Gramya and Anupa Mamsa AtiSevan ,15% gave the history of intake of Navaana, Dahisewan, Matysa, Dahi ,Atilavan, amla, TilaaMasa, Mulaka,

Pisata-anna, Kshree, Gudapadarta atisevan and 10%,and 5% gave the history of Intake of Bajya padartha improperly and intake of Sukta-Sura-Sauvirak atisevan. While no patient gave the history of Bhajata atapa anala/Analaa tapa and Dugdha with Chilichim sevan

Viharaja Nidan

Table 2(a): Incidence of Viharaja Nidana in relation to Fungal diseases.

Nidan	No. of patients
Vega Dharan (Suppression of natural urges)	20
Vyayama , AtiSantapa (Performance of physical exercise and exposure to intense heat Just after taking heavy meals)	30
(Dviyyaswapna) Sleeping during day time	50

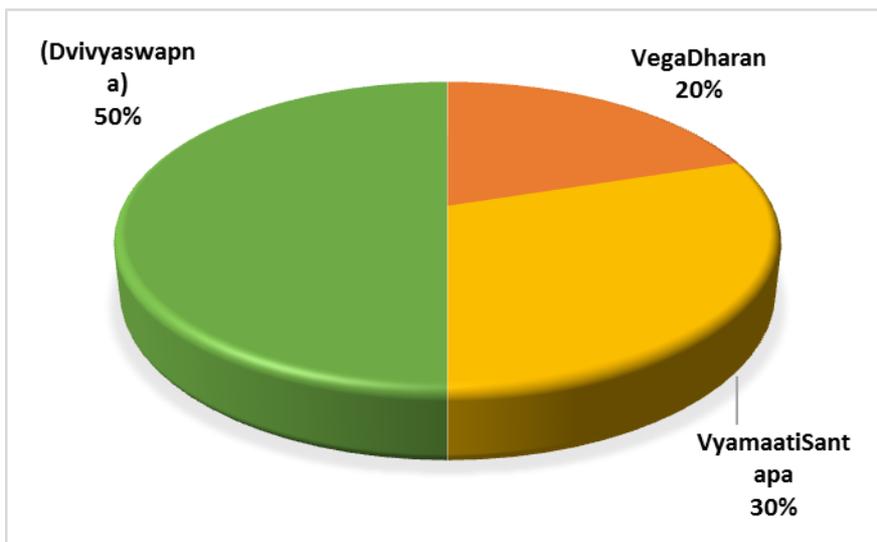


Fig. 2(a): Incidence of Viharaja Nidana in relation to Fungal diseases.

The above figure indicates that 50% have the history of Divyasapna and 30% patients gave the history of Vyamaati Santapa, and rest is Vegadharan.

Table No. 2(b): Incidence of Ritu Nidana or Specific Nidan in relation to Fungal diseases.

Nidan	No. of patients
Raktadusti in SaratRitu	20
Prasangad Gatrprasnam, Sahabhajan, Sahasayan, Basra mala, anulepan (Constant close intimacy with diseased Eating Together Sleeping and sitting together, wearing garlands, dress, personal products that are used by diseased)	50
Krimi (Presence of abdominal parasite)	30

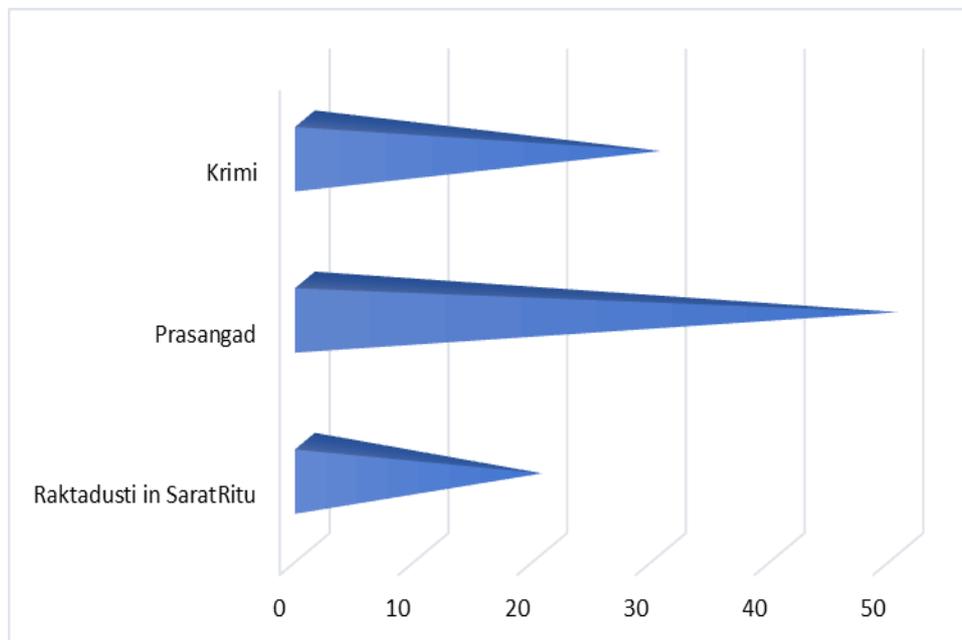


Fig. 2(b): Incidence of Ritu Nidana or Specific Nidan.

The above table indicates that 50% have the history Prasangad Gatrprasnam etc and 30% Krimi and 20% patients gave the history of Raktadusti in SaratRitu.

Table No. 2(c): Manashik Nidan in relation to Fungal diseases.

Nidan	No. of patients
Srama	98
Krodha	2

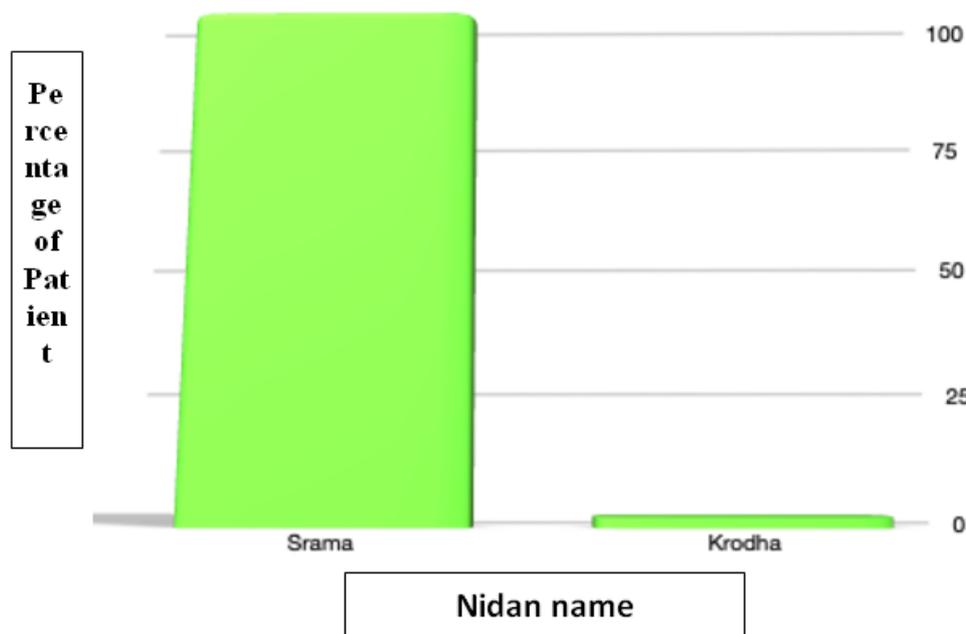


Fig:- 2(c): Incidence of Viharaja Nidana in relation to Fungal diseases.

The figure states that out of 100 patient 98% patient gave the history of Srama and 2% gave the history of 2% of krodha.

DISCUSSION

The survey was done on the 100 patients based on Aharaja and Viharaja Nidan. On aharja nidana the ahar that directly cause kustha was included in the performan and asked to the patient in relevant way where the data found was depicted on Table 1(a) and figure 1(a).

In relation to viharaja nidana the set of question was asked in relation of the nidana that was explained by our acharyas along with Manashik Nidan and Ritu Nidana or Specific Nidan to Patient suffering from the superficial fungal skin disease the results was depicted on the Tables 2(a), 2(b), 2(c) and figures on 2(a), 2(b), 2(c). The probable answer is discussed below.

Analysis of Aharaja Nidana

From table 1(a) it is seen that 30% have the history of Gramya and Anupa Mamsa followed 20% of patient who gave the history of Virudhha Ahar and Drava-Singdha Guru ahar Sevan and Ajirna adhyasanat .15% of patient gave the intake history of Navaana, Dahisewan, Matysa, Dahi, Atilavan, amla, TilaaMasa, Mulaka, Pisata-anna, Kshree, Gudapadarta etc. and 10% of registered population gave the history of intake of Bajya padratha improperly or excessively.

Among Gramya and anupa mamsa chicken, beef, pork, mutton, meat of duck, meat of some birds, Fishes of various variety is mostly consumed in Assam. According to Charak samhita in 27th chapter properties of different class of mamsa varga and matsya varga were described. Among them the percentage of person intaking different variety of fishes, duck/swan meat, cock meat is more. Qualities of Fishes described by Charak, Susrut, Astanga Hridaya, Astanga sangraha that Guru, Ushna virya, Madhur rasatmak, Snigdha (Charak), (As.Hriday) Kaphakarak, Kaphapittakarak (As. Sangraha), Raktapittavardhak (Susrut). On the otherhand both Swan /Duck meat and cock meat are Guru, snigdha, ushna, Madhur rasatmak, Santarpanya, Kaphakarak (As.Hriday /As.Sangrah) excessive intake may increase the kapha or kaphapitta guna which can give rise to kustha vyadhi espically all the superficial fungal infections⁸. Besides the intake of pork meat, beef is also high both, these meats are snigdha, swedhakarak which may be also cause of incidence. Virudha ahar like, Guru Drava - Singdha ahar and Ajirna adhyasanat also cause mandagni and may cause Aam utpati which may also be the cause. Shortly kapha and Pitta dosha vitiation along with aam may be produced in the body if Gramya and Anupa Mamsa are taking regular which may give rise to many skin or kustha diseases.

Analysis of Viharaja Nidana

50% have the history of Divyasapna and 30% patients gave the history of Vyama ati Santapa, and rest falls under Vegadharan. Almost all the acharyas had described

Divyaswapna as a major causes of all diseases. As, according to Susrut Divyaswapa vitiates all doshas.^[9] According to Charak it is Pittakapha prokopa.^[10] So, doing regular Divyaswapan results in Tridosha prokopa which results in kustha. According to Astanga Hridayam Sutrasthan Diwaswapna is snigdha.^[11]

Vyama ati Santapa means performing work or exposure to sunlight immediately after food. In today's era it can be correlated with intake of heavy breakfast and Lunch and working outdoor. Since in Assamese tradition rice or rice products are consumed in the major meals, when one goes outside and majority of patient recorded during the study was labour in profession. So they have to take a major meal when they go outdoor. So, this can be the reason. Beside exposure to excessive sunlight heat may lead to excessive sweating. Hot and humid climate with excessive sweating are favourable for growth of fungus.

Vegadharan accounts about 20%. Unfortunately, due to faulty lifestyle, hectic working environment, non-availability of proper clean toilets, sanitation facilities, ignorance, shame, people tend to suppress natural urges which is not conducive to health which is one of the cause of every illness.

In relation to other Specific Nidan it is seen that patient with history of Aupaursigik nidan ie (Prasangad Gatrprasnam, Sahabhajan, Sahasayan, Basra, mala, anulepan) has the highest percentage which is 50%. This Aupaursigik nidan can be directly compared to the all the communicable or contagious causes that leads to a disease. Since most superficial fungal infection is contagious or communicable as it spreads from one infected person to other. Or using personal items or sharing same utensils and staff. So it can be concluded that Aupaursigik nidan played an important role in our survey.

In relation to Manasik nidan it is seen that person that had history of Srama suffered from the Fungal infection with highest percentage of 98% rest is Krodha. In the survey highest percentage of patient with profession recorded was from the Labour class. As this class of people had to do lots of physical work along with bear lots of mental stress for their day to day expenses and family this may lead to a very favourable environment for fungal growth this may be the cause of higher percentage.

CONCLUSION

Viruddha Aahar and Vihar is most dominant reason for kustha roga and especially for fungal infection. In above survey it is cleared that consumption of Viruddha Aahar and Vihar is reason behind Fungal infection. And among both Viruddha Aahar is more responsible. Today in this adulterated world, food had also become adulterated. Lots of us consume lots of adulterated food in form of Fast foods in restaurants, hotels, even in home. India has a rich history of food and these all food are highly

nutritious, healthy that provide us nutrition and strength to our body. Not these India has the high rich legacy of food dishes that are meant to increase our immunity. Since last decades skin diseases particularly autoimmune and infective skin disease orders had been increasing in an alarming rate. The reason is simple our Indian population is too much inclined to western lifestyle; ignoring our dietary regimens or dishes. These western food cuisines is prepared with lots of chemicals, incompatible food or mutually contraindicatory foods this results in toxic formation in form of free radicals and leads to various inflammation along with decrease in the immunity. As a result of decreased immunity the opportunistic organism get access to affect our body. Fungal infection is one of the prime example. So the cases of Fungal skin diseases are very high throughout the year.

In Ayurveda every thing what western food serves to use can be termed as Viruddha Aahar that was explained very clearly in Charak Sutra 26th, Chapter, Atreyabadrakapyaadhaya. There are 18th types of Viruddha of food. Thus, intake of Viruddha Aahara taken in excess it causes Utklesha (aggravation or excitation of Dosha, but do not eliminate them from the body. So continuous intake of Viruddha Aahara lead to vitiation of Agni, or Mandagni] which is main cause of every disease. Because Agni is responsible for biotransformation at cellular level in digestion, the vitiation of Jatharagni leads to vitiation of Dhatvagni and Bhutagni. As a result this vitiated Jatharagni is incapable to digest even the lightest of food substances, resulting in indigestion (Ajirna). This undigested food material turns sour and acts like a Visha which is called 'Ama Visha' (undigested poisonous food) leads eventually to the breakdown of immune system. This results in vitiation Tridosha. Intake of Incompatible Diet vitiates Srotas as mentioned that general food substances and activities (Vihara) which are similar in quality to body humours and deleterious to the body elements vitiate the body channels.^[12] and Therefore Srotavarodha or Sanga or obstruction in channels occurs which leads to several diseases of acute to severe nature. Viruddhaahara is also the direct cause of raktadushti Thus by Viruddhaahara, all responsible factors of disease get vitiated, due to which body becomes vulnerable to diseases.

So, on conclusion it can be said that for treatment of fungal infection, to prevent reoccurrence of fungal infection, Aaharja and Viharja or Diet and Lifestyle have to be included in treatment protocol for recovery of the patient.

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