

ORIGINAL PAPER

Role of viruddha ahara as causative factor in vicarcika in relation to IgE and AEC level

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ABSTRACT

Introduction: Skin disorder is a challenge to the medical sciences since the time immemorial. In Ayurveda it was beautifully described about the twaksar purusha and all the skin disorders under the heading of kustha which commonly occurs due to incompatible food habits. Personal history is an important determinant to evaluate kustha. **Methods:** Total 50 patients of Vicarcika (Allergic dermatitis), 09 – 70 years were selected randomly from OPD, Govt. Ayurvedic College & Hospital. **Results:** In the series of trials, significant result was observed in relation to age, sex, occupation, religion, socio-economic status and sleep. 30 days was taken as trial period and after that period some satisfactory effect was observed. **Discussion:** Ahara plays a pivotal role in the maintenance of health for which it has been given the prime place among Trayopastambhas, i.e. ahara, nidra and brahmacharya. This study was found to be in consistent with other studies carried out in different parts of the world. **Conclusion:** Statistically significant results indicate effective intervention of compatible food for decrease in vicarcika. This study may be used as a baseline study for more advanced studies.

Keywords: Trayopastambha, Nidra, Brahmacharya, Twak, Kustha

INTRODUCTION

Ayurveda is the science of life which envisages complete regimen for both healthy and diseased one. Ahara, Nidra and Brahmacharya are three sub pillars, which support the body itself.¹ Ahara plays a decisive role in development, sustenance, reproduction and termination of life. The practice of dietetics is an ancient, empirical and elegant art. Hardly one or two percent individuals in India follow the codes and rules of dietetics. There may be various factors responsible behind this non-observance of the dietetic codes.² Man has a natural tendency towards changing lifestyle and the food habits. But

either by ignorance or by carelessness nobody cares about the food habits for which the individuals have to suffer from some problems as well as skin disorder.³

The human skin (Twak) is the largest organ and protective outer covering of the body accounting for about 16 percent of a person's body weight.³ Charak Samhita, Susruta Samhita, Astanga Samgraha and Astanga Hriday all described beautifully about twaksar purusha and all the skin disorders under the heading of kustha.⁴ This Kustha roga is divided into seven mahakustha and eleven ksudra kustha and "Vicarcika" comes under Ksudra Kustha. Most of the clinical features of Vicarcika are similar to the allergic dermatitis in modern concept like blackish brown eruptions associated with itching sensation, pain, excessive exudation or dry lesion occurring all over the body and comparatively more on hands and legs.⁵

In this study it has to evaluate the role of Viruddha Ahara in kustha roga with emphasis on Vicarcika (Allergic Dermatitis). 50 diagnosed cases of Vicarcika from OPD, Govt. Ayurvedic College and Hospital were evaluated on pre and post test open trial on the basis of a pre designed format. Diet habit in relation to Viruddha Ahara as mentioned in Ayurveda were recorded in the beginning and their blood parameters; Absolute Eosinophil Count (AEC), IgE were evaluated. Then they were advised not to intake some specific Viruddha Ahara for a period of one months. The effect of this treatment principle

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were evaluated on specific subjective and objective parameters using proper statistical method.⁶

Objectives: To observe the effect of Viruddha Ahara as causative factor in Vicarcika based on observation in relation to I_gE and AEC level in pre and post test of trial period.

MATERIAL AND METHODS

A total number of 50 patients were selected randomly from O.P.D. of Govt. Ayurvedic College and Hospital, Jalukbari, Guwahati, Assam to evaluate the role of Viruddh Ahara in causing Vicarcika in relation to I_gE and AEC level in each patient. Patients were selected irrespective of age, sex, caste, occupation and socio economic status. AEC and I_gE concentration differences were evaluated on pre and post trial period of one month and compared.

Table 1 Subjective Assessment criteria

Severity of itching	Severity of pain	Grading of Severity
No itching	No pain	Grade 0
Mild itching	Mild pain	Grade 1
Moderate itching	Moderate pain	Grade 2
Severe itching with sleep	Severe pain	Grade 3

Table 2 Objective Assessment criteria

Severity of discharge	Distribution of Papules (pidaka)	Grading of Severity
No discharge	No pidaka	Grade 0
Mild discharge, just to wet the lesion	1-10 pidakas in 4 sq inch area	Grade 1
Moderate discharge	10-20 pidakas in 4 sq inch area	Grade 2
Profuse discharge	> 20 pidakas in 4 sq inch area	Grade 3

RESULTS

The results and observations of the present study are presented as follows:

Table 3 Distribution of patient according to Serum I_gE level (Pretest; Day 0)

Sl. No	I _g E (Pretest)	No. of patient	%
01	Normal	10	20
02	Below 500	23	46
03	Above 1000	17	34

Table 3 depicts that out of 50 patients, majority of patients i.e. 46% were having I_gE level below 500, 34% were having I_gE level above 1000 and 20% were having I_gE level normal

Table 4 Distribution of patient according to Serum I_gE level (Post-test; day 30)

Sl. No	I _g E	No. of patient	%
01	Normal	19	38
02	Below 500	25	50
03	Above 1000	06	12

Table 4 depicts that out of 50 patients, majority of patients i.e. 50% were having I_gE level below 500, 12% were having I_gE level above 1000 and 38% were having I_gE level normal after withholding Virudha Ahara for 1 month period.

Table 5 Distribution of patient according to AEC level (Pre-test; day 0)

Sl. No	I _g E	No. of patient	%
01	Normal	07	14
02	Below 500	30	60
03	Above 1000	13	26

Table 5 depicts that out of 50 patients, majority of patients i.e. 60% were having I_gE level below 500, 26% were having I_gE level above 1000 and 14% were having I_gE level normal

Table 6 Distribution of patient according to AEC level (Post-test; day 30)

Sl. No	I _g E	No. of patient	%
01	Normal	23	46
02	Below 500	21	42
03	Above 1000	06	12

Table 6 depicts that out of 50 patients, majority of patients i.e. 46% were having I_gE level normal, 42% were having I_gE level below 500 and 12% were having I_gE level above 1000 after withholding Virudha Ahara for 1 month period.

DISCUSSION

Wholesomeness of food varies person to person. Caraka enumerated eight factors and entitled them as “Astaaharavidhi Visayatana”. These factors are the tools to decide wholesomeness or unwholesomeness of a food substance by specifying the method of eating, preparations or arrangements for dieting and classification of food particles

etc. These are (1) Prakrti (2) Karana (3) Samyoga (4) Rasi (5) Desha (6) Kala (7) Upayogasamstha and (8) Upayokta.⁷ If a person doesn't follow these factors, then his diet may turn as Viruddhahara. Caraka says that those viruddhara vitiates the dosas, but does not eliminate them from the body. There are so many terms which are related to Viruddhhra like Mithyahra, Adhyashana, Visamshana. Hita, pathya, satmya and upasaya, which are used to impart the perception of wholesomeness. Hitkara term is used for generalized rules for human beings or mass personality Ahara. This term is used mostly at respective to healthy state of individual. Pathya term is mostly related to the diseased condition, prakrti condition, Bala, Vrddha, Madhya, Vaya, etc. This term is used mostly in ill condition, i.e., Aturavastha. Susruta has supported this and mentioned Ekanta Hitakara and Avasthanusara Hitakara. Food substances may prove to be incompatible in many ways. Some due to their mutually contradictory qualities, some by combination, some by the method of preparation, some by virtue of the desha (place), kala (time) and matra (dose) and some others by their inherent nature. There are significant role of these desha, kala, matra, samskara, agni, etc.⁸

The use of dry, hot and other similar quality of food substances in a dry region (Jangala Desha) and the use of unctuous, cold and other similar quality of food substances in a wet region (Anupadesha) are examples of incompatibility of diet and leading to diseases. Anupadesha is having Kapha Dosa and Madhura Rasa dominancy. So people of Anupadesha are having Kaphadosa and Madhura Rasa dominancy naturally. Therefore people of Anupadesha are more prone to type of diseases, which are having dominancy of Kaphadosa and Madhura Rasa.⁹ Therefore in this condition consuming of unctuous, cold and other similar quality of food substances become Viruddha to Anupadesha people. Similarly, Jangala Desha are having Vata, pitta and Katu Rasa dominancy, so people of Jangaladesha are more sensitive to that diseases which are caused by Katu rasa and Vata, pitta Dosa predominancy. Therefore this type of diet becomes Viruddha in Jangaladesha. Like this kala, matra, samskara, agni all have significant influence in causing incompatibility of food as well as causing body disorders.¹⁰ According to Gangdhara and Cakrapni, Viruddhhra is misuse of the sense of taste. Continuous intake of Viruddhhra leads to vitiation of agni, which is root cause of every disease.¹¹

In case of blood parameter IgE, on day 0, i.e. pre test of trial period, out of 50 patients, majority of patients i.e. 46% were having IgE level below 500, 34% were having IgE level above 1000 and 20% were having IgE level normal. whereas on day 30 i.e. post test of trial period, out of 50 patients, majority of patients, i.e. 50% were having IgE level below 500, 38% were having IgE level normal and 12% were having IgE level above 1000.

Again in case of the parameter AEC on day 0 i.e. pre test of trial period, out of 50 patients, majority of patients i.e. 60% were having AEC level below 500, 26% were having AEC

level above 1000 and 14% were having AEC level normal. Whereas on day 30 i.e. post test of the trial period, out of 50 patients i.e. 42% were having AEC level below 500, 12% were having AEC level above 1000 and 46% were having AEC level normal.

CONCLUSIONS

Concept of Ahara is one of the prime and novel concepts Ayurveda. The ahara prepared without astaaharavidhi visesayatana, harms the body. Viruddhahara induces pathology upto 3 initial stages of kriya kala sanchaya, prakopa and prasara and it produces prepathogenic condition forming platform for vyadhi utpatti.¹² Among the viruddha ahara concept, especially by Samyoga viruddha it is inferred that this hetu is more responsible to cause the allergic disorders as well as the vicarcika vyadhi.¹³ Viruddha ahara if consumed in less quantity is not harmful and if it is consumed regularly in considerable amount then it leads to some diseases.¹⁴ The present study revealed a fruitful result in the Vicarcika patients in case of evaluating and comparing the blood pareameters I E and AEC level which was done in a limited time period and population. So it can be concluded that any further researcher works in the present field will be more helpful to discover and measure the role of viruddhahara. The present researchers will be a podium for further studies.

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