

AHARA SHAKTI PARIKSHA: AN OBSERVATIONAL PILOT STUDY

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Abstract

The Aharashakti pariksha is one among the dasa vidha rogi pariksha. Ahara plays an important role in healthy as well as diseased state. It is more important than the medicine itself. Wholesome diet is prime cause of the growth and development of the body, on the contrary, unwholesome diet causes several diseases.

The body is an outcome of ahara and so the disease. Hence, there is need to examine the capacity of an individual to consume and to digest the food he consumed and to examine any deviation from the normal ingestion and digestion power. Hence, an attempt has been made here to assess the aharashakti of patients through observational pilot study using a self-designed and self-report questionnaire. Pilot studies play a pivotal role in deciding whether a main study can be undertaken, thereby helping in appropriate framing of time, cost and study methods. In the present study (Out of 20 patients), it is found that majority of patients had madhyama abhyavaharana shakti (19) due to their wrong dietetic practices & majority of patients had madhyama jarana shakti (13) due to not having the symptoms of samyak jirna linga. The prakriti -agni- abhyavaharana and jarana were found influencing each other.

Key words:

Ahara shakti, Abhyavaharana shakti, Jarana shakti, Pariksha, Ahara & Pilot study.

Introduction:

Ahara shakti pareeksha is one among the rogi pariksha vishaya. The word ahara shakti pareeksha has been

specifically used by Acharya Charaka.

Ahara shakti pareeksha is an important part of patient examination to determine the capacity of the patient

to consume as well as digest the food and there by fixing dose of the medicine in a patient. The dasa vidha parikshya bhavas helps us to

determine the rogi bala as well as dosha bala into pravara, madhyama or avara, thereby planning the treatment accordingly.¹

Vibhaga	Rogi bala	Dosha bala	Aoushadha adopted
Pravara	+++++	+++++	Teekshna
Madhyama	+++	+++	Madhyama
Avara	+	+	Mrudu

Review of Literature

The word ahara shakti is composed of ahara and shakti. Ahara means taking, fetching or bringing near. Shakti means the power, ability, capacity, strength, energy and prowess. So, the words when combined, ahara shakti means the capacity/strength of an individual to consume food.

आहारशक्तितश्चेति

आहारशक्तिरभ्यवहरणशक्त्या जरणशक्त्या च
परीक्ष्या; बलायुषी ह्याहारायत्ते॥

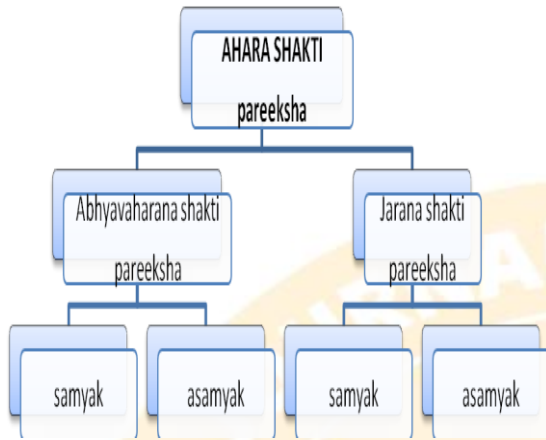
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Ahara shakti should be examined by two ways,

1. Abhyavaharana shakti and shakti

2. Jarana shakti

Since the bala and ayu are in turn dependent on ahara only. Asamyak abhyavaharana and asamyak jarana is the cause for disease. अभ्यवहार्याभिलाष (desire to consume food), रुचिराहारकाले (perception of taste of food) and अभ्यवहृतस्य चाहारस्य काले सम्यग्जरणं (Complete digestion & absorption of food taken) are one among dhatu samya lakshanas decribed.² These are related with ahara abhyavaharana and jarana



Objectives:

1. To determine the components of ahara shakti viz, Firstly the abhyavaharna shakti and secondly jarana shakti by prashna pariksha (i.e, questionnaire based pilot study).
2. To categorise the ahara shakti of the patients into pravara, madhyama or avara based on the findings of pariksha.

Design:

Questionnaire based survey. An observational, single centre, pilot study using a self-designed & self-report questionnaire (Ref: Cha.Vi.2)

Total of two questionnaires were used, one for abhyavaharana shakti assessment consisting of 13 questions related to abhyavaharana vidhi vidhana and another for jarana shakti assessment consisting of 9 questions of jirna ahara lakshana.

The contingency types of questions were asked. The response obtained by patients and the respective score was graded as follows,

No	0
Very rare	1
Sometimes	2
Most of the times	3

Along with the above, assessment of prakriti and assessment agni of each patient was done using a self-designed questionnaire on prakriti and agni assessment.

The interpretation of the scores obtained from the patients was done as follows,

For abhyavaharana shakti,

Scores	Assessment
0 to 13	Avara
14 to 26	Madhyama
27 to 39	Pravara

For jarana shakti,

Scores	Assessment
0 to 9	Avara
10 to 18	Madhyama
19 to 27	Pravara

The final assessment of ahara shakti into pravara, madhyama or avara was done using the total score obtained by each patient under the heading of

abhyavaharana shakti as well as jarana shakti.

Setting:

In-patient department (IPD) of Government Ayurveda Medical College & Hospital, Mysuru.

Subjects:

Patients admitted to In-patient department (IPD) of Government Ayurveda Medical College & Hospital, Mysuru, with any health complaints irrespective of age and sex.

Observations:

The data was analysed quantitatively based on the score obtained and represented through diagrams. Of 20 patients under pilot study, 6 patients were of Pitta-kapha prakriti, 5 were of Pitta-vata prakriti, 4 were of Vata-pitta prakriti, 3 were of kapha-pitta prakriti, 1 was Vata-kapha prakriti and No patient was of Kapha-vata prakriti.

Out of 20 patients, 50% (10) of patients were of teekshnagni by prakriti, 40% (8) were of vishamagni by prakriti, 5% (1) was of mandagni by prakriti and 5% (1) was of samagni by prakriti.

Out of 20, one patient was having avara abhyavaharana shakti (Total score was 11) and all others were found to have madhyama abhyavaharana shakti (Total score between 14 to 26).

The scores obtained by the patients are shown in the table below.

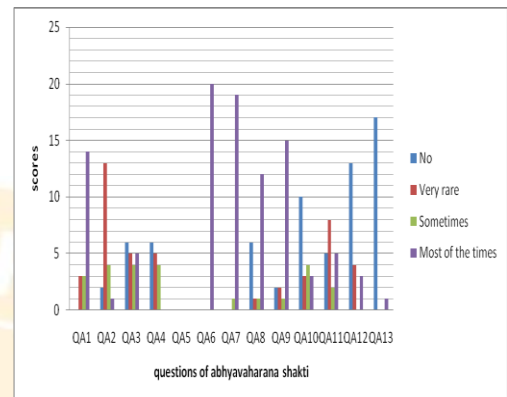


Chart representing the total score of each patient for the questions of bhyavaharana shakti

Of 20 patients, the jarana shakti of 7 patients was found to be pravara (score was 19 to 27), the remaining 13 patients were found to have madhyama jarana shakti (score was 10 to 18).

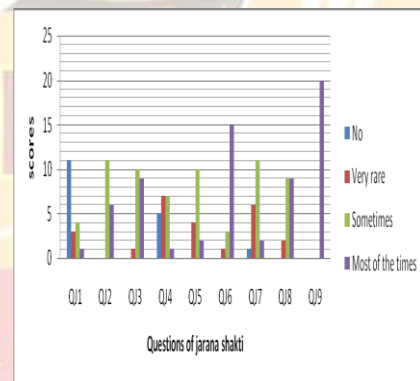


Chart representing the total score of each patient for the questions of jarana Shakti

Some questions were left unanswered by the patients. In the abhyavaharana questionnaire, 5 patients did not answer for question No.4, 2 patients for Question No.13 and no patient answered for

question No 5 in the same questionnaire. In the Jarana questionnaire, Question No 1 was left unanswered by a patient, 3 patients dint answer for question No.2, 4 patients for Question No.5 and a patient for question No.6.

DISCUSSION

The abhayavaharana and agni are directly related to prakriti. Persons with specific prakriti have specific pattern of agni and abhyavaharana. The ahara vidhi vishesha gives idea of rules for abhyavaharana. Hence, knowledge of prakriti and ahara vidhi vishesha is essential. Here, the lakshanas of each prakriti related to only ahara and agni are considered.

Abhyavaharana shakti

Depends on,

- I. Prakriti and
- II. Ahara vidhi vishesha ayatana.

I. Prakriti

Shleshmala:

- मन्दत्वान्मन्दचेष्टाहारव्याहारा:

II. Ahara vidhi vishesha ayatana³

1) vidhi vishesha:

The below table represents the ahara vidhi to be followed and the deviations from those ahara vidhi.

Sl.No	Ahara vidhi	Deviation from ahara vidhi
1.	Ushna	Atyushna Punarushnikrutha Sheeta
2.	Snigdha	Atisnigdha

- शैत्यादल्पक्षुत्तृष्णासन्तापस्वेददोषा:

The shleshmala prakriti persons are slow to eat and take relatively longer time to complete the meal. They have less appetite and hunger.

Pittala:

- क्षुत्पिपासावन्तः
- तीक्ष्णाग्रयः
- प्रभूताशनपानाः
- दन्दशूकाः

The pittala prakriti persons have good appetite & hunger, strong digestive capacity, eat relatively more quantity of food & fond of eating.

Vatala:

- लघुत्वान्मन्दचपलगतिचेष्टाहारव्याहारा:

Vatala prakriti persons have the habit of eating relatively less quantity of food & laghu guna ahara dravyas.

		Rooksha
3.	Matravath	Anashana (kshudha vega dharana) Atimatra (tridoshakara) Heenamatra (vata prakopaka)
4.	Jeerne	Ajirna
5.	Veerya aviruddha	Veerya viruddha
6.	Ishta desha	Ayishta desha
7.	Ishta sarvopakarana	Nirupakarana
8.	Natidruta	Atidruta
9.	Nativilambita	Ativilambita
10.	Ajalpa	Jalpa
11.	Ahasan	Hasan
12.	Tanmana	Mano abhitapa yukta
13.	Atmanam abhisamikshya	Atma asatmya

Apart from the above, the laghu, satmya, shuchi, hita, shadrassa, madhura praya, snata, viviktastha, dhouta padakaranana has been told by vagbhata.

3) Ayatana

- Prakriti
- Karana
- Samyoga
- Rashi
- Desha
- Kala
- Upayogasamstha
- Upayokta

2) Ahara vishesha

The hitatva & ahitatva of ahara is based on ahara vidhi & ahara ayatana. Though pathya and apathya ahara dravyas are described in general, even a pathya ahara dravya becomes apathya and apathya ahara becomes pathya based on avasthanthara vishesha (subjected to change in state of food item) of mathra, kala, kriya, bhumi etc.⁴

Among the ashta ahara vidhi vishesha 'ayatana', the upayoga samstha is which decides the jirna lakshana. In abhyavahara context, few point of worth

elaboration are kshudha vega dharana and ashana vichara.

Kshudha vega dharana (Anashana): The sharirika vegas should never be suppressed. Suppressing kshudha vega causes symptoms such as angabhanga, aruchi, glani, karshya, shoola & bhrama.

Ashana vichara are three as follows⁵,

1. Samashana
2. Adhyashana
3. Vishamashana

Consuming pathya and apathya ahara together is samashana. Consuming the food even before the complete digestion of previously ingested food is adhyashana.

Consuming the food at akala (aprapta/ateeta kala) or amatra (bahu or alpa matra) becomes vishamashana.

Jarana shakti

1. Prakriti

Prakriti	Agni	Assessed by
Vatala	Vishamagni	Kadachit apachara saha and kadachit asaha
Pittala	Teekshnagni	Sarva apachara saha
Shleshmala	Mandagni	Swalpe api apachara asaha
Sama	Sama	Sama

2. Jeerna and ajeerna lakshana

A. Jeernahara lakshana⁶

- Swasthanastha dosha
- Agnou cha udeerne
- Jata bubhuksha
- Vivruta sroto mukha

‘..अग्निं जरणशक्त्या.. ।’

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Agni is the chief factor responsible for jarana/paaka of ahara. Ahara shakti is to be examined by jarana shakti (The other one being abhyavaharana shakti, discussed already). The agni is to be inferred by jarana shakti. Hence, Agni pareeksha is nothing but jarana shakti of ahara. Considering the most important determinants of agni clinically, the following topics are studied in detail.

Agni can be examined by determining the,

1. Prakriti
2. Jeerna and ajeerna lakshana (saama or niramatva) and
3. Mala pariksha

- Udgara vishuddhi
- Hrudaya vishuddhi
- Vatanulomya
- Visrushta vata-mutra-purisha
- Vishada karana

B. Ajeerna linga

i. General symptoms of ajeerna:

Vibandha, Atipravritti, Glani, Maruta-mudhata, Vishtambha, Gourava, Bhrama, Sadana, Klama, Shiroruk, Shopha, Moorcha, Prushta-kati graham, Jrimbha, Angamarda, Trushna, Jwara, Chardi, Pravahana, Arochaka, Avipaka.

Acharya Sushruta has not mentioned the samanya ajirna lakshana, but mentioned the lakshanas of each type of ajirna. Viz,

Types of ajirna**• Rasasheshajirna**

Sometimes, even if the food gets digested, the ahara rasa will not be completely formed, some amount of it left undigested. This stage is called rasa shesha ajirna.

The symptoms are,

- Ashraddha (anannabhilasha) - Person does not feel like consuming food.
- Hridvyatha- It is pain or heaviness in chest region.
- Praseka (lalarava) - Excessive salivation.

With the above symptoms, the udgara will be shuddha only. The ajirna is swalpa in rasasheshajirna, not very much intense as of other ajirna.

• Amajirna:

Amajirna is due to kapha. The symptoms are akshi sophia and ganda sophia, Udgara just like sadyobhukta, praseka, uthklesha and gourava.

• Vishtabdhajirna:

Vishtabdhajirna is due to vata dosha, which produces symptoms like shoola, vibandha, adhmaana and saada.

• Vidagdhajirna:

Vidagdhajirna is due to pitta dosha, which produces symptoms like trishna, moha, bhrama, amlodgara and daaha.

• Ajirna due to mano abhitapa:

Dwishta, Shoka, krodha, lobha, bhaya etc are the psychological factors which influence the agni and causes ajirna even if the food is consumed in proper quantity.

3. Mala pariksha⁷

The ama purisha sinks into the water due to its gurutva and pakva purisha floats on water due to laghutva except in case of purisha being atidrava (due to atidrava even ama purisha floats), Atisamhata (due to atisamhata even the pakva purisha will sink), shaitya and kapha pradushita (due to shaitya and kapha dushita purisha, even pakva purisha will sink).

In the present study, it is found that majority of patients (out of 20 under the study) were of teekshnagni (10) and pitta-kapha prakriti (6), the probable reason for which is the desha. The majority of patients (19) had madhyama abhyavaharana shakti due to their wrong dietetic practices (most of them had mano abhitapa and amatrashana, kshudha

vegadharana, atidruta ashana as the probable reasons). The majority of patients had madhyama jarana shakti (13) not having the symptoms of samyak jirna linga (Most of them having vibandha, vata mudata, gourava, aalasya, klama, udgara ashuddhi).

The prakriti -agni- abhyavaharana and jarana were found influencing each other. The patients with vata pradhana prakriti had vishamagni, due to madhyama abhyavaharana and jarana shakti in them, the ahara shakti was found to be madhyama.

The overall assessment was found to be more patients of madhyama abhyavaharana and madhyama jarana shakti i.e, Madhyama ahara shakti.

Conclusion:

Ahara shakti pareeksha is an important atura pariksha vishaya since both the health and disease are the outcomes of ahara itself. The ahara shakti is examined by, abhyavaharana shakti and jarana shakti, which are done by prashna pareeksha (aturopadesha gamya). Determing the abhyavaharana and jarana shakti by the patient's prakriti is important as ahara shakti differes from person to person. The ahara vidhi vidhana is assessed to know variations in abhyavaharana shakti. The ajeerna linga

should be assessed to know variations in jarana shakti.

The questions to assess the influence of the psychological state of patient on ahara shakti should be asked. An enquiry about the daily regimen of patient should be made which gives information about food and lifestyle of patient.

The present pilot study helped to analyse the ahara shakti using questionnaire. The study has shown that instead of using Yes/No type questions, when contingency type questions are framed, the observations will be more specific to grade.

Pilot studies play a pivotal role in deciding whether a main study can be undertaken thereby helping in appropriate framing of time, cost and study methods. This gives the basic of grading the answers for main study to prepare a valid questionnaire for the same. As this is a pilot study, it helps us to draw the probable conclusions and in learning the feasibility of conducting main study.

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