



## Research Article

www.ijrap.net



### ROLE OF VIRUDDHA AHARA IN KUSTHA (SKIN DISEASE): AN EPIDEMIOLOGICAL STUDY

Talekar Manisha\*<sup>1</sup>, Mandal Sisir Kumar<sup>2</sup>, Sharma Reetu<sup>3</sup>

<sup>1</sup>PG Scholar, Roganidana evam vikriti vijanana Department, National Institute of Ayurveda, Jaipur, Rajasthan, India

<sup>2</sup>Assistant Professor, Roganidana evam vikriti vijanana Department, National Institute of Ayurveda, Jaipur, Rajasthan, India

<sup>3</sup>Lecturer, Roganidana evam vikriti vijanana Department, National Institute of Ayurveda, Jaipur, Rajasthan, India

Received on: 11/03/15 Revised on: 07/04/15 Accepted on: 24/04/15

#### \*Corresponding author

Dr. Manisha Talekar, PG Scholar, Roganidana evam vikriti vijanana department, National Institute of Ayurveda, Jaipur, India  
Email: dr.mani21jan@gmail.com

DOI: 10.7897/2277-4343.06366

#### ABSTRACT

In day to day life, person consumes an incompatible diet and faulty food habits which leads to most of the diseases, among which skin disorders are prime. According to Āyurveda Viruddha Āhāra (incompatible diet) is one of the main etiological factor for all types of Kuṣṭha (skin disease). To conduct a survey study on specific types of Viruddha Āhāra in Kuṣṭha. A survey study of total 503 Kuṣṭha (skin disease) patients was conducted at NIA O.P.D., I.P.D., various camps in Jaipur and certain junk food outlets. Patients were screened on the basis of specially prepared questionnaires. On survey study, maximum numbers of Kuṣṭha patients were consuming Viruddha Āhāra. 76.73% were taking Saṁyoga Viruddha and Virya Viruddha while 62.82% patients were taking Krama Viruddha. Mātrā Viruddha was practicing by 44.33% patients followed by 43.14% patients were taking Saṁskāra Viruddha. Remaining 14.11% patients were consuming Avasthā Viruddha. Maximum prevalence of Viruddha Āhāra was found in skin disease patients. So it was concluded that as mentioned in Āyurvedika classics, Viruddha Āhāra (incompatible diet) is potent cause in Kuṣṭha (skin disease).

**Keywords:** Viruddha Āhāra; Kuṣṭha; Saṁyoga Viruddha; Mandāgni

#### INTRODUCTION

When the food is taken judiciously and according to the codes of dietetics then only the benefits of food can be achieved. Any aberration in diets and even in their preparation style leads to ill health. A wholesome diet is essential not only for maintaining health but also to combat diseases. Intake of food in appropriate quantity promotes longevity and maintains the body in good state. According to Āyurvedika texts there are certain rules to be followed regarding consumption of food, which a person if follows will lead a long and disease free life.<sup>1</sup> “Unhealthy diet is one key cause of the growing global burden of disease”. Unfortunately, hardly one or two percent individuals in India follow these codes and rules of dietetics.

Now a day, due to changing life style, urbanization and fascination of western culture, food habits of society are changing. There is noticeable change in food habits and preparatory methods between early time and in present era. In 21st century, life is very fast and competitive. Everyone wants to be the best. Because of this, a person of this era compromise with their food habits and consumes an incompatible diet and food habit which leads to most of the diseases, among which skin disorders are prime. Viruddha Āhāra in simple words means the incompatibility of foods / food substances. In Caraka’s wording “Those articles of food, which dislodge the morbid humors (Utkleśa (aggravation or excitation) of

Doṣa’s), but do not eliminate them from the body are to be regarded as unwholesome.<sup>2</sup> The second meaning of Viruddha indicates the combination of two substances, which are not having an affinity for each other. According to the concept of the disease formation, Viruddha Āhāra (incompatible diet) is most important cause of many diseases. Viruddha Āhāra is one of the main cause for all types of Kuṣṭha.<sup>3</sup> With above point in mind and to search out cause and effect relationship between Viruddha Āhāra (incompatible diet) and Kuṣṭha (skin disease), the present study has been selected.

#### Aims and objective

To conduct a survey study on specific types of Viruddha Āhāra in Kuṣṭha and to find out cause-effect relationship between Viruddha Āhāra (incompatible diet) and Kuṣṭha (skin disease).

#### MATERIAL AND METHODS

To conduct a survey to gather the data for Viruddha Āhāra (incompatible diet) in Kuṣṭha patients, a duly prepared proforma was made. A survey study was conducted at NIA OPD, IPD, various camps in Jaipur, Rajasthan. For this survey, total 503 Kuṣṭha (skin disease) patients were screened on the basis of prepared questionnaires. The whole study can be divided into 3 steps.

### Step 1: Preparation of Questionnaire

To fulfil the above aims, materials related to Viruddha Āhāra concept, and other relevant topics have been collected. The main Āyurvedika texts used in this study were Caraka Saṁhitā, Suśruta Saṁhitā, Aṣṭāṅga Hṛdaya and available commentaries on these. We have also referred to the modern texts and searched various websites and reports to collect information on the relevant topics and a proforma was designed. Total 70 questions were made on 18 types of Viruddha Āhāra viz. Deśa (place), Kāla (time), Agni (digestive power), Mātrā (quantity), Sātmya (homologation), Doṣa (humours), Saṁskāra (mode of preparation), Virya (potency) Koṣṭha (bowel), Avasthā (state of health), Krama (sequence), Parihāra (caution), Upacāra (treatment), Pāka (cooking), Saṁyoga (combination), Hṛdaya (palatability), Saṁpada (richness of quality), Vidhi (rules for eating) Viruddha.

The questions of survey were based on examples of types of Viruddha Āhāra described in Caraka Saṁhitā Sutrasthāna<sup>4</sup> and other Saṁhitās. The first few questions were on demographic information of the patients. In survey proforma, various factors were noted like-assessment of Agni, Vyayāmaśaktī of patient and assessment of Koṣṭha etc. Prakṛti assessment was done on the basis of specially prepared Prakṛti proforma.

### Step 2: Diagnosis of various types of Kuṣṭha

Ācārya Vāgbhaṭa has defined Kuṣṭha as, “Tvaca Kurvanti Vaivarṇya Duṣṭā Kuṣṭamuśānti Tat”<sup>5</sup> means one which produces discoloration over skin region is said to be Kuṣṭha (skin disease). Kuṣṭha is the universal term for all type of skin disorders. So we had taken all patients of Kuṣṭha including Kṣudraroga viz. Vicarcikā Kuṣṭha, Eka-Kuṣṭha, Dadru, Śvitra, Sidhma, Śitapitta, Kitibha Kuṣṭha, Udarda, Pāmā, Vipādikā, Kacchu, Koṭha, Nilikā, Pālitya, Visphoṭa, Vyāṅga, Yuvānapidākā, Śatāru, Indralupta and Dāruṅaka etc.

### Step 3: Survey study

In this section, patients were diagnosed by physician according to signs and symptoms of various skin diseases which are mentioned in Āyurvedika Saṁhitās (classical texts) were included in the survey study.

**Selection criteria** - All the patients were selected with the following criteria:

**Inclusion criteria:** Patient with the classical sign and symptoms of Kuṣṭha i.e. all skin disease which produces discoloration over skin region; Patients above 10 years and below 70 years; Patients belonging to either gender were selected for the survey study.

**Exclusion criteria:** Patients aged below 10 and above 70 years; Patients with leprosy, tuberculosis, paralysis, and malignant diseases; pregnant women and lactating mothers; Patients with systemic disorders viz.

uncontrolled hypertension, cardiac problems, diabetes mellitus, etc. were excluded for the survey study.

### OBSERVATIONS

In Survey study, out of 503 patients, maximum numbers of patients (46.71%) were found in the age group of 26-35 years. The next common age group is 36-45 years (24.85%) followed by 14.91% patients in age group of 46-55 years and then 11.92% patients in age group of 15-25 yrs. Rest 1.59% patients in age group of 56-65 years. (Graph 1)

Distribution of Sex in 503 patients revealed that 63.22% of patients were male followed by 36.77% were female. (Graph 2)

Distribution of marital status in 503 patients of Kuṣṭha revealed that maximum 69.58% patients were married and 30.41% were unmarried. (Graph 3)

Out of 503 patients, maximum (31.80%) patients were service class, 27.23% patients were in student occupation, followed by business class 21.47%, 15.50% patients were house-wife, 2.98% patients were unskilled and 0.99% patients were retired. (Graph 4)

Out of 503 patients, maximum patients (59.04%) were vegetarian and 40.95% of patients were taking mixed diet. (Graph 5)

In this study 89.66% patients were from urban population and 10.33% patients were belonging to rural areas. (Graph 6)

On considering the data of Śāririka Prakṛti, maximum i.e. 46.91% patients had Vāta-Kapha Prakṛti, 36.38% had Pitta-Kapha Prakṛti and 16.69% patients had Vāta-Pitta Prakṛti. (Graph 7)

On considering the data of Mānasika Prakṛti, maximum i.e. 66.79% patients had Rajo-Tama Prakṛti, 22.46% had Satva-Raja Prakṛti and 10.73% patients had Satva- Tama Prakṛti. (Graph 8)

In this study, 86.67% patients were having Avara Vyāyāma Śaktī followed by 6.75% patients of Madhyama Vyāyāma Śaktī. 6.56% patients were having Pravara Vyāyāma Śaktī. (Graph 9)

On considering the data of Agni, maximum i.e. 90.85% patients were having Mandāgni, 6.16% patients were having Viśamāgni and 2.98% were having Tikṣṇagni. (Graph 10)

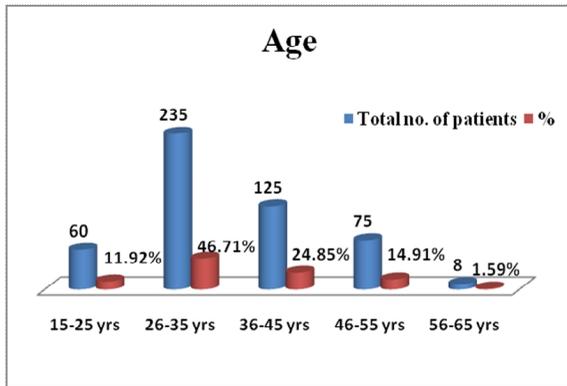
On analyzing the Koṣṭha of the patients it was found that 72.96% of patients were having Madhyama Koṣṭha, where 17.69% patients were with Krura Koṣṭha and 9.34% patients having Mṛdu Koṣṭha. (Graph 11)

Out of 503 patients, maximum patients (95.42%) were found of Viruddha Āhāra consumer, followed by 4.57% patients of Viruddha Āhāra non consumer. (Graph 12)

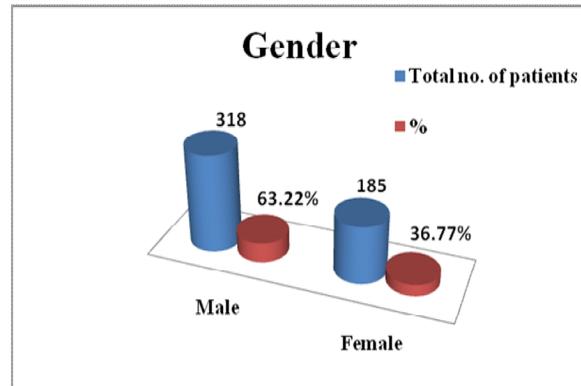
Out of 503 patients, it is observed that maximum number of patients i.e. 18.68% and 12.12% patients were of Vicarcikā Kuṣṭha and Eka-Kuṣṭha respectively. Dadru and Śvitra were found in 6.75% and 5.16% respectively. Sidhma and Śitapitta were found in 5.36% and 7.35% respectively. Kitibha Kuṣṭha and Udarda were found in 4.57% and 2.58% respectively. Pāmā, Vipādikā, Kacchu, Koṭha, Nilikā, Pālitya, Visphota, Vyamṅa, Yuvānapīḍakā and Śātāru were found in 2.98%, 3.77%, 2.18%, 1.78%,

1.98%, 3.18%, 2.58%, 5.76%, 2.78% and 2.38% respectively. Indralupta and Dāruṅaka were found in 3.97%. (Graph 13)

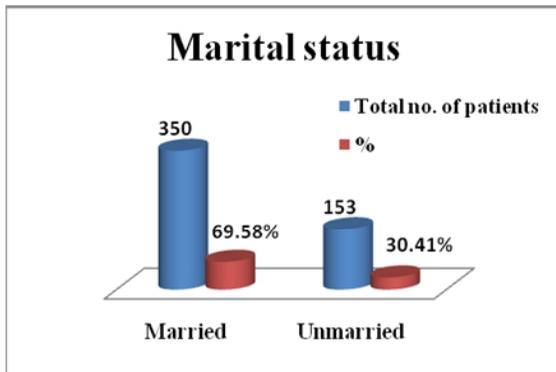
Out of 503 patients, maximum numbers of patients i.e. 76.73% were taking Saṃyoga Viruddha and Virya Viruddha while 62.82% patients were taking Krama Viruddha. Mātrā Viruddha was practicing by 44.33% patients followed by 43.14% patients were taking Saṃskāra Viruddha. 14.11% patients were consuming Avasthā Viruddha (Graph 14)



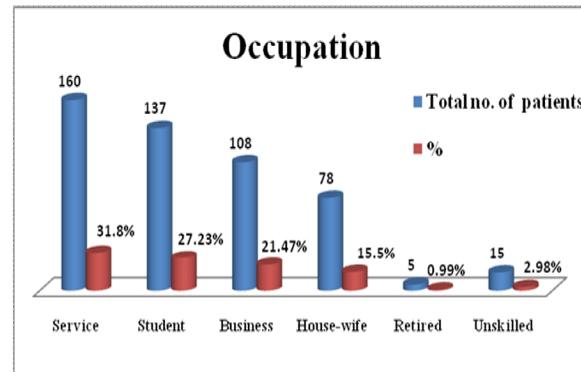
Graph 1: Age group of total study patients (n=503)



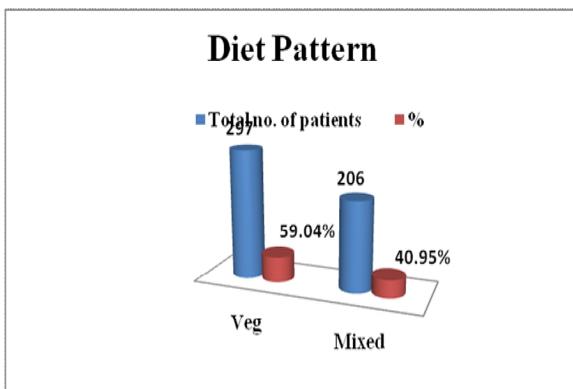
Graph 2: Gender of total study patients (n=503)



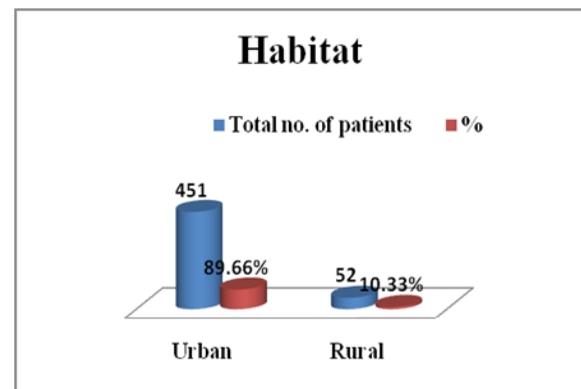
Graph 3: Marital status of total study patients (n=503)



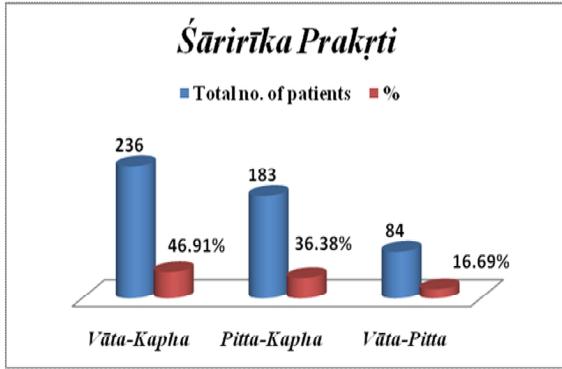
Graph 4: Occupation of total study patients (n=503)



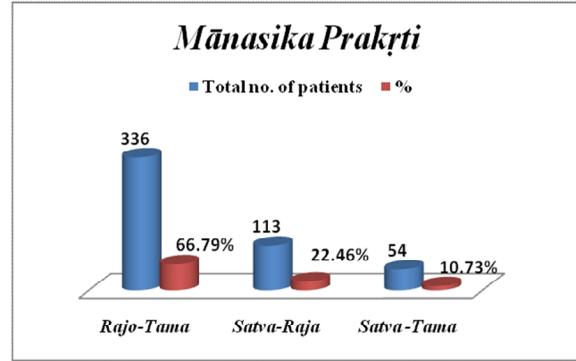
Graph 5: Diet pattern of total study patients (n=503)



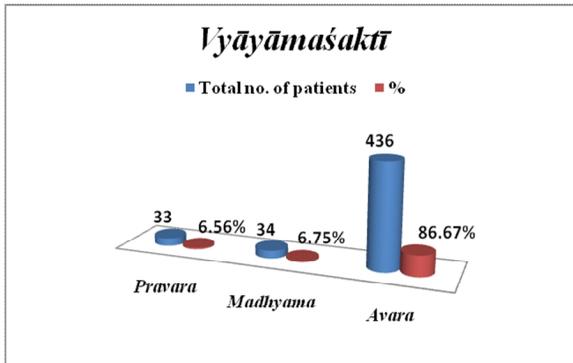
Graph 6: Habitat of total study patients (n=503)



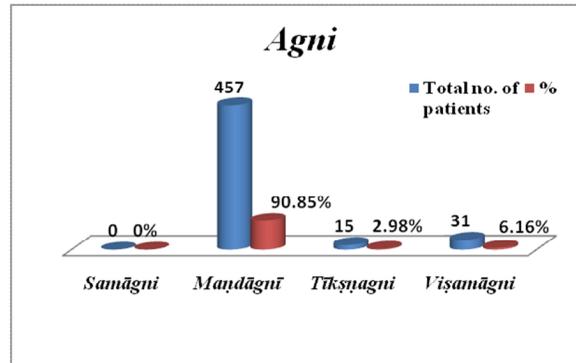
Graph 7: Śārīrīka prakṛti of total study patients (n=503)



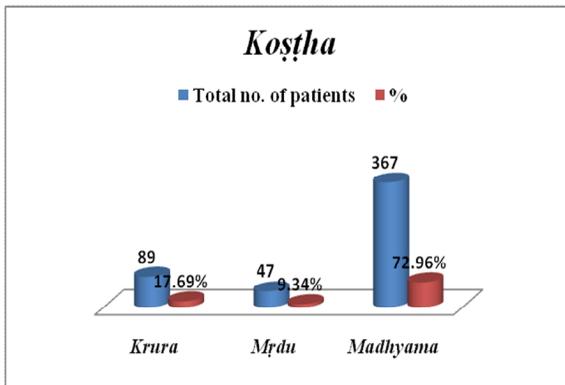
Graph 8: Mānasika prakṛti of total study patients (n=503)



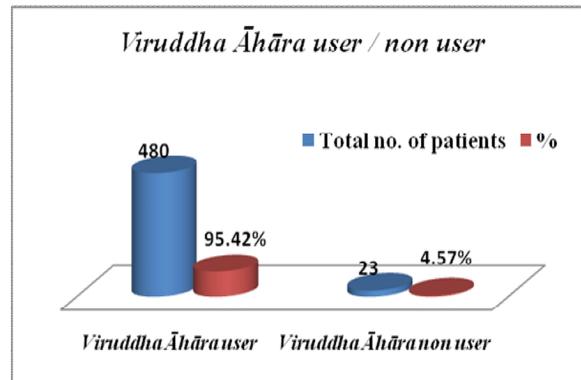
Graph 9: Vyāyāmasaktī of total study patients (n=503)



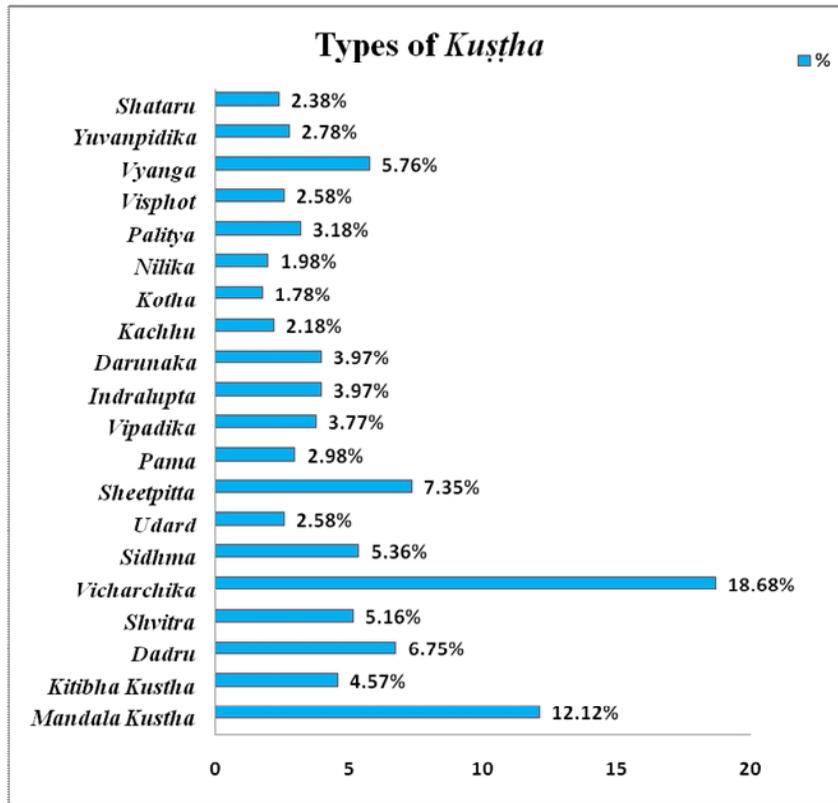
Graph 10: Agni of total study patients (n=503)



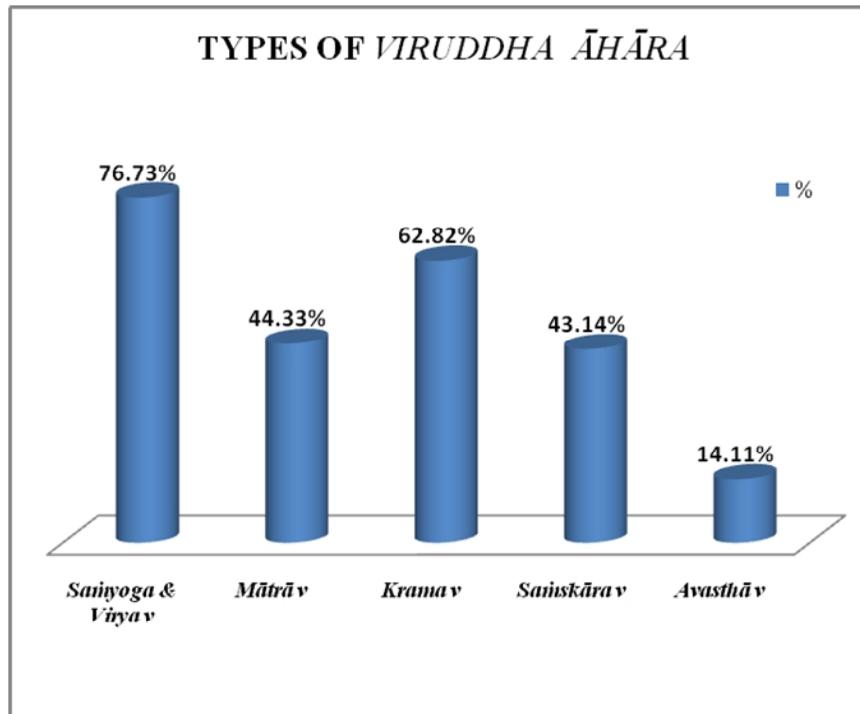
Graph 11: Koṣṭha of total study patients (n=503)



Graph 12: Viruddha āhāra user / non user in total study patients (n=503)



Graph 13: Various types of *kushtha* found in total study patients (n=503)



Graph 14: Various types of *viruddha āhāra* found in total study patients (n=503)  
[Here v- *Viruddha*]

## DISCUSSION

**Age:** In Survey study, maximum numbers of patients 46.71% were found in the age group of 26-35 years. At present time, younger age group (26-35yrs), due to ignorance or carelessness are take diet without considering rules and regulations of dietetics.

**Gender:** Distribution of Gender in 503 patients revealed that 63.22% of patients were male. Gender has no direct relation with Kuṣṭha. But here reported data shows that male patients were more prone of Kuṣṭha, probable reason may be that, male are more exposed to different types of contacts and environments. Also they may be more affected by incompatible diet due to some conditions i.e. hostel, business, service schedule.

**Marital status:** Distribution of marital status in 503 patients of Kuṣṭha revealed that maximum 69.58% patients were married. Even though, it is difficult to say that marital status has any relation with Viruddha Āhāra and Kuṣṭha.

**Occupation:** In this study, maximum (31.80%) patients were service class, 27.23% patients were in student occupation, followed by business class 21.47%, 15.50% patients were house-wife, 2.98% patients were unskilled and 0.99% patients were retired. Due to work load and time limit, they were having irregular, improper, irrelevant diet habits, and regular intake of Viruddhā Āhāra.

**Diet pattern:** Maximum patients (59.04%) of this study were vegetarian. It may be due to general religious belief of Hindu especially in this area.

**Habitat:** 89.66% patients were from urban population. Probable reason may be that in urban area, educated society are more modernized and lead a hard and fast life, so due to carelessness or ignorance, their dietary practice may be faulty.

**Śāririka Prakṛti:** On considering the data of Śāririka Prakṛti, maximum i.e. 46.91% patients had Vāta-Kapha Prakṛti, 36.38% had Pitta-Kapha Prakṛti and 16.69% patients had Vāta-Pitta Prakṛti. It support the Āyurvedika concept that the willing or craving to 'types of food' is totally different with their individual constituents. And it is also observed that the grammar of the maximum incompatible diets is sour, salty and spicy.

**Mānasika Prakṛti:** On considering the data of Mānasika Prakṛti, maximum i.e. 66.79% patients had Rajo-Tama Prakṛti. Rajo and Tamogunī persons react more quietly to unfavourable condition. Body and mind always follow one another.

**Vyāyāmaśakti:** In this study, 86.67% patients were having Avara Vyāyāma Śakti. The prevalence of Avara Vyāyāmaśakti (86.67%) is more. Ācārya Caraka has stated that due to daily exercise, dietetic incompatibility (Viruddha Āhāra) becomes neutralized.<sup>6</sup> So from this

observation, it is clear that Avara Vyāyāmaśakti patients can't nullify the effect of Viruddha Āhāra and are more prone to produce Santarpanoṭtha Vyādhi like Kuṣṭha.

**Agni:** On considering the data of Agni, maximum i.e. 90.85% patients were having Mandāgni. From this observation, it is clear that, Mandāgni patients can't nullify the effect of Viruddha Āhāra as mentioned in Saṁhitās (classical texts).<sup>7</sup>

**Viruddha Āhāra Consumer:** Out of 503 patients, maximum patients (95.42%) were found of Viruddha Āhāra consumer, followed by 4.57% patients of Viruddha Āhāra non consumer. The prevalence of Viruddha Āhāra consumer patients is more which supports that Viruddha Āhāra is potent cause of Kuṣṭha as mentioned in Āyurveda texts.

### Various types of Viruddha Āhāra

**Saṁyoga Viruddha and Virya Viruddha (76.73%):** On considering the data of Viruddha Āhāra consumer, prevalence of Saṁyoga Viruddha and Virya Viruddha (76.73%) was more than other Viruddha Āhāra.

Saṁyoga means combination of two or more than two Dravyas. This is incompatibility related to combination. However every combination does not become incompatible. For body elements and humours, Vikṛti Viśāma Saṁyoga is one type of Saṁyoga, which may be sometime harmful. This Saṁyoga may be between two or more than two food substances /diet articles which are having opposite Rasa (taste) / opposite Guṇa (properties) / opposite Vipāka (post digestive effect) / or opposite Virya (potency). So Viryaviruddha and Rasa, Guṇa, Vipāka Viruddha, mentioned by Suśruta should be included under Saṁyoga Viruddha. Now a day, in modern civilization, either by ignorance or carelessness about health, people consume Saṁyoga Viruddha frequently.

Among all types of Viruddha which are mentioned by several Ācāryas, Saṁyoga or Virya Viruddha is the most important or more dangerous than others. It has been practically seen that when a person consumes food substance or diet, which is Virya Viruddha or Saṁyoga Viruddha, then it provokes the Doṣas (body humours) after a very short time period.

On the other hand, other types of Viruddha requires long period of Viruddha Sevana to aggravate the Doṣas. Acarya Caraka has also stated 'Viruddhaviryāśanam Ninditavyādihikarāṇām' means eating of foods of antagonistic potency leads to censurable disease. Cakrapāni pointed out the word 'Nindita' means Śvitra, Kuṣṭhādi etc.<sup>8</sup> This might have the reason of getting more prevalence of Saṁyoga or Virya Viruddha Āhāra in Kuṣṭhā patients.

**Krama Viruddha (62.82%):** On considering the data of Viruddha Āhāra consumer, prevalence of Krama Viruddha was 62.82%. Krama means proper sequence. This is incompatibility of rules of eating. In addition to

this, not following proper sequence in Āhāra and Vihāra (lifestyle) is termed as Krama Viruddha. Here incompatibilities which arising are due to many ways depending upon the exact cause in Krama Viruddha. For e.g. taking food without hunger, taking food with excessive hunger, intake of curd at night etc. hampers the 'Kāla' (time) unit of Āhāraparināmakara Bhāva (food transformation process) leading to Agniduṣṭī (vitiating of digestive power) giving rise to improper digestion and assists in the incidence of Vyādhī (disease). Bhojanapurva Vegavidhāraṇa (eating without excreting natural urges) causes Apānavaiḡuṇya which again leads to Agnīvaiṡama (impairment of digestive power).

**Mātrā Viruddha (44.33%):** On considering the data of Viruddha Āhāra consumer, Mātrā Viruddha was practicing by 44.33% patients. Mātrā means quantity. Generally, diseases are the mirror images of the excess or less quantities of food which were taken by human beings. Atimātrā (excess quantities) and Hināmātrā (less quantities) causing the increase and decrease in the Guṇa (property) with which it is similar to the body element respectively giving rise to the Atiyogajanya (excessive) and Ayogajanya (deficiency) Vyādhī belonging to that Guṇa respectively. In modern science, protein energy malnutrition, vitamin deficiencies, marasmus, kwashiorkor and obesity etc. are the common diseases which can be interpreted as diseases of Mātrā Viruddha.

**Saṃskāra Viruddha (43.14%):** On considering the data of Viruddha Āhāra consumer, 43.14% patients were taking Saṃskāra Viruddha. The process performed to modify the natural properties of substances is known as Saṃskāra (Karaṇa). When the processes of Saṃskāra are done according to rules and regulation of dietetics, then one can achieve beneficial properties by Saṃskāra. Now a day in modern civilization, people do not obey the rules and regulation of dietetics. As well as most of fast food, junk food, hotel menu, party menu are not considering this. Caraka has very rightly stated that by Saṃskāra Viruddha, food substances/diet is converted in to poison. In modern science, Robert S. Goodhart has mentioned that when protein is exposed to severe treatment with alkali, Lysine and Cysteine residues can be eliminated, with formation of lysion alanine which may be toxic.<sup>9</sup>

**Avasthā Viruddha (14.11%):** On considering the data of Viruddha Āhāra consumer, 14.11% patients were taking Avasthā Viruddha. In simple words, Avasthā means condition. In particular condition when specific type of

Āhāra (food) consumed by the individuals that Āhāra become incompatible to those individual either by opposing the body condition or by increasing the similar Doṡas (body humours) of the body.

## CONCLUSION

Study reveals that Viruddha Ahara is an important aspect of today's improper dietary habits. This can lead to several hazardous diseases like skin diseases unknowingly to the patients. So it is concluded that Viruddha Āhāra (incompatible food) is the most important etiological factor in Kuṡṡha. Study supports the Āyurvedika classical claim regarding cause of Kuṡṡha.

## REFERENCES

1. Singh B, Dutta J, Sharma V. Assessment of Knowledge about Aahar and Vihar among university students. Int. J. Res. Ayurveda Pharm. 2012; 3(2):189–191.
2. Agnivesha, Charaka, Charaka Samhita revised by Dridhabala, Sutra Sthana Atreyabhadrakapīyadyaya 26/85, edited by pt. Kashinath Sastri and Dr. Gorakhanath Chaturvedi, reprint 2005, Chaukhambha Sanskrit Sansthan, Varanasi. 2005. p. 521.
3. Agnivesha, Charaka, Charaka Samhita revised by Dridhabala, Chikitsa Sthana Kusthachikitsadyaya 7/4-8, edited by Acharya Vidyadhara Shukla and Prof. Ravi Dutt Tripathi, reprint 2007, Chaukhambha Sanskrit Sansthan, Varanasi. 2007. p. 181.
4. Agnivesha, Charaka, Charaka Samhita revised by Dridhabala, Sutra Sthana Atreyabhadrakapīyadyaya 26/81-101, edited by pt. Kashinath Sastri and Dr. Gorakhanath Chaturvedi, reprint 2005, Chaukhambha Sanskrit Sansthan, Varanasi. 2005. p. 517-523.
5. Vagbhata, Ashtanga Hridaya, Nidanasthana Kusthashvitrakruminidanam Adhyaya 14/3, edited by Dr. Brahmanand Tripathi, reprint 2009, published by Chaukhambha Sanskrit Sansthan, Varanasi. 2009. p. 527.
6. Agnivesha, Charaka, Charaka Samhita revised by Dridhabala, Sutra Sthana Atreyabhadrakapīyadyaya 26/106, edited by pt. Kashinath Sastri and Dr. Gorakhanath Chaturvedi, reprint 2005, Chaukhambha Sanskrit Sansthan, Varanasi. 2005. p. 524.
7. Agnivesha, Charaka, Charaka Samhita revised by Dridhabala, Sutra Sthana Atreyabhadrakapīyadyaya 26/106, edited by pt. Kashinath Sastri and Dr. Gorakhanath Chaturvedi, reprint 2005, Chaukhambha Sanskrit Sansthan, Varanasi. 2005. p. 524.
8. Agnivesha, Charaka, Charaka Samhita revised by Dridhabala, Sutra Sthana Yajjapurushiyadyaya 25/40, edited by pt. Kashinath Sastri and Dr. Gorakhanath Chaturvedi, reprint 2005, Chaukhambha Sanskrit Sansthan, Varanasi. 2005. p. 468.
9. Robert S. Googhurt, Maurice E. Shils: Modern nutrition in health and disease 6th ed. Philadelphia: Lea and Febiger; 1980. p. 92.

## Cite this article as:

Talekar Manisha, Mandal Sisir Kumar, Sharma Reetu. Role of viruddha ahara in kusta (skin disease): An epidemiological study. Int. J. Res. Ayurveda Pharm. 2015;6(3):335-341 <http://dx.doi.org/10.7897/2277-4343.06366>

Source of support: Nil, Conflict of interest: None Declared