Review Article

An Appraisal on Life Style Disorders among Health Care Professionals with special reference to Charakoktha Astamahadosha

Dr Vijay Javagal, Dr Prakash L Hegde, Dr Keerthana J

Department of Dravyaguna, Sri Dharmastala Manjunatheshwara College of Ayurveda, Thaneerhalla, Hassan, Karnataka, India.

Corresponding Author: Dr Vijay Javagal

ABSTRACT

According to WHO, total population of the world is 7.6 billion; out of which 15 million belong to health care profession (2015). Health care professionals educate the society towards health, but on the contrary they are being victimized by the health hazards linked with their profession and Lifestyle knowingly or unknowingly. Lifestyle disorders in *Ayurveda* can be considered to be caused by *Astamahadosha* (*MithyaAhara and Vihara*), explained under *Uttarabastisiddhi Adhyaya* of *Charaka Samhita*. Even though it is mentioned after *Panchakarma*based on *Yukthi*one can link the effects in other individuals. Some of the *Astamahadosha are Ucchaih Bhaashya*, *Ratha Kshobha*, *AtiChankramana*etc. Indulgence in these will lead to the manifestation of *Upadrava* (complications). A thorough literature search was done about life style disorders in health care professionals and relation of *Astamahadosha* to Lifestyle disorders and its interpretation. This paper aims to review the occurrence of Lifestyle disorders among health care professionals with special reference to *Charakoktha Astamahadosha*. Hence one has to give more priority towards the prevention and management in accordance with literature where the prime modality being *Nidana Parivarjana*

KEY Words: Lifestyle disorders, Health care professionals, *Astamahadosha*, *NidanaParivarjana*, *Upadrava*

INTRODUCTION

People are predisposed to various diseases based on their way of living and occupational habits. They are preventable, and can be lowered with changes in diet, lifestyle, and environment. Lifestyle diseases characterize those diseases whose occurrence is primarily based on daily habits of people and are a result of an inappropriate relationship of people with their environment. Lifestyle disorders are not just limited to the general population but even the doctors and nurses who guide them on their prevention are also getting victimized. The main factors contributing

to the Lifestyle diseases include bad food habits, physical inactivity, wrong body posture, and disturbed biological clock. The onset of these Lifestyle diseases is insidious, they take years to develop, and once encountered do not lend themselves easily to cure. [1-3] In *Ayurveda*, we can understand the causative factors and resultant effects of Lifestyle disease under the heading of *Astamahadosha*. The *Astamahadoshas* are *Ucchaih Bhashya* (loud speech), *Ratha Kshoba* (conveyance), *Ati Chankramana* (long wayfaring), *Ati Aasana* (constant sitting), *Ajirna* (indigestion), *Ahita Bhojana* (unwholesome food), *Divaswapna* (day

ISSN: 2249-9571

sleep) and Maithuna (sexual intercourse). They are mentioned as eight impediments Panchakarma after (purification methods) but based on Yukthi it can be linked with the causes and effects of Lifestyle disorders. Astamahadosha are the eight factors which are extremely harmful towards an individual. [5] Few among these Astamahadosha play a major role in the manifestation of Lifestyle disorders among health care professionals in a long run.

OBJECTIVES

- 1. To collect and analyse the literature review of *Astamahadosha* and Lifestyle disorders.
- 2. To analyse the management principles based on the classical literature.

To fulfil the aims and objectives of the study this work has been undertaken in the following phase wise manner.

- 1. Conceptual study
- 2. Discussion
- 3. Conclusion

CONCEPTUAL STUDY

Concept of Lifestyle disorders:

Lifestyle diseases are defined as the diseases that are primarily based on the day to day habits of people. Unhealthy eating, lack of diet, wrong body posture, alcohol, smoking and drug abuse is the most common cause for Lifestyle diseases.

The diseases that appear to increase in frequency as countries become more industrialized and people live longer can include Alzheimer's

disease, arthritis, atherosclerosis, asthma, ca ncer, chronic liver disease or cirrhosis, chronic obstructive pulmonary disease, type 2 diabetes, heart disease, metabolic syndrome, chronic renal failure, osteoporosis, stroke, depression, obe sity and vascular dementia. Diet and Lifestyle are key factors thought to influence susceptibility to many diseases. Habits that undermine people from activity and push them towards a sedentary routine can cause a number of health issues that can lead to chronic non-communicable diseases that can have near life-threatening consequences. [6]

The causative factors of Lifestyle disorders can be grouped under three broad headings:^[7]

- Modifiable behavioural risk factors: Factors such alcohol as abuse. inappropriate food habits, eating and smoking tobacco, wrong body posture, physical inactivity and disturbed biological clock increases the probability of Lifestyle disorders.
- Non-modifiable risk factors:
 Risk factors that cannot be controlled or modified by the application of an intervention can be called non-modifiable risk factors and include: Age, Race, Gender and Genetics.
- Metabolic risk factors:

 Metabolic risk factors lead to four major changes in the metabolic systems that increase the possibility of Lifestyle disorders: Increased blood pressure, Obesity, Increased blood glucose levels or Hyperglycemia, Increased levels of fat in the blood or Hyperlipidemia.

An imperative way of controlling the Lifestyle diseases is by controlling the risk factors associated with it, which includes behavioural or Lifestyle habits associated with those diseases. An inclusive approach essential that includes all sectors including health. finance. education. planning and others, to minimise the impact of Lifestyle diseases on individuals and Early society. detection and proper management of Lifestyle diseases should be intervened by primary healthcare sector. [6]

Concept of *Astamahadosha* (Eight Impediments):

The Concept of Astamahadosha has been explained under Uttarabastisiddi Adhyaya of Charaka Samhita. This concept is explained during the discussion of Pathya-Apathya after Panchakarma (purification methods) and it is mentioned that one should specially avoid these eight factors which exceedingly harmful. The

details of *Astamahadoshas* are listed in the below Table No-1.^[8]

Table No-1		
Astamahadosha	Chakrapani	
UcchaihBhashyaor loud speech	Causes pain in upper part of the body	
RathaKshobaor conveyance	Cause pain all over the body	
AtiChankramanaor long wayfaring	Cause pain in the lower part of the body	
AtiAasanaor constant sitting	Causes pain in the middle part of the body	
Ajeerna or indigestion	Gives rise to diseases caused by <i>Ama</i> (Metabolic impurities)	
AhitaBhojanaor intake of unwholesome food	Gives rise to disease caused by different Doshas	
Divaswapna or sleep during day time	Gives rise disease caused by Kapha	
Maithuna or sexualIntercourse	Give rise to disease caused by Kshaya	

Lakshana of Astamahadosha^[9]

1. Ucchaih Bhashya and Ati Bhashya (#Loud and excessive speech):

diseases like Shirahstapa Causes (headache), Shankha Karna Nistoda (pricking pain in the temporal region and ears), Shrotovarodha (obstruction in channels/deafness), Mukha Talu Kantha Shosha (dryness of mouth and throat), Timira (black out), Pipasa (excessive thirst), Jwara (fever), Tama (feeling like entering into dark), Hanugra hamanyastmbha (spasticity of jaws, torticolis and ptyalism), Nishthivan Urah Parshvashula (excess sputum and pain in the chest and sides of the chest), Swarabheda (hoarseness of voice), Hikka and Shwasa(hiccup and dyspnea).

2. Ratha Kshoba (Conveyance):

Causes Sandhiparva Shaithilya (looseness of big and small joints) Hanu Nasa Karnashirahshula-Toda (pain and pricking in jaws, nose, ears and head), KukshiKshobha (pain the pelvic region), Aatopa (meteorism), Antrakujana (gurgling in intestines) and Adhmana (flatulence), Hridayendriyoparodha (congestion in heart region and senses), Sphik, Parshva, Vankshana, Vrushana, Kati, PrishthaVedana (pain in the hips, sides of the chest, groin, scrotum, waist Sandhi-Skandha-Greeva and back) Dourbalya (weakness of ioints. shoulders and neck), Angabhitapa (burning sensation in limbs), Pada Shotha. Praswapa, Harshabadaya numbness tingling (edema, and sensation in feet).

3. Ati Chankramana (Long wayfaring):

Causes *Shula* (pain in the feet, calf regions, thighs, knees, groins, waist and back), *Sakthi Sada Nistoda* (asthenia and pricking pain in legs), *Pidikodveshtana* (cramps in the calf muscles) *Angamarda* (malaise), *Amsabhitapa* (burning sensation in the shoulders), *Siradhamniharsha* (swelling of the veins and arteries) *Shwasa*, *Kasa*(dyspnea and cough) and such other complications.

- 4. AtiAasana(Constant sitting):
 - Causes *Sphik*, *Parshva*, *Vankshana*, *Vrihana*, *Kati*, *PrushthaVedana*(pain in the hips, sides of the chest, groins, scrotum, waist and back) and diseases that are described earlier in case of jolting.
- 5. *Ajeerna* and *Adhyashana* (Indigestion and excessive eating):

Causes *Mukhshosha* (dryness of the mouth), *Adhmana* (flatulence), *Shula nistoda*(colicky and pricking pain), *Pipasa*(thirst), *Gatrasada* (bodyache), *Chhardi*(vomiting), *Atisara* (diarrhea), *Murchha* (fainting), *Jwara* (fever), *Pravahana* (gripping pain) and *Ama-Visha*(food poisoning due to ama) and such other complications.

- 6. *Vishama* and Ahitbhojana (Unwholesome food):
 - Causes Aruchi (lack of desire for taking food), Durbalta (weakness), Vaivarnya (discoloration of the skin), Kandu (itching), Pama (scabies) and Gatravasada (prostration of the body) and Grahani (sprue like disease), Arsha (piles) and other diseases caused due to the vitiation and aggravation of vata.
- 7. *Divaswapna*(Day sleep):

Causes disorders like Arochaka (anorexia), Avipaka (indigestion) and Agninasha (suppression of the power of digestion), Staimitya (feeling like body is covered with wet cloths), Pandu (anaemia), Kandu (itching), Pama and Daha (scabies and burning sensation), (vomiting) Angamarda Chhardi (malaise), Hridsthambh (impairment of the cardiac function), Jadya (stiffness), Tandra (drowsiness) Nidra (sleep), Prasamga Granthi (appearance swelling), nodular Dourbalya (weakness), Raktamutrakshi (red coloration of urine and eyes), Talulepa (coating of the palate).

8. *Vyavaya* (Sexual intercourse):

Causes *Urusada*(prostration of thighs), headache, pain in the region of urinary bladder, anus, phallus, groins, thighs, knees, calf muscles feet), and Hridayaspandan (palpitation), Netrapeeda (pain in the eves). Angashethilya (asthenia), Shukra Marga Shonita Gaman (bleeding through the seminal rout), Kasa (cough), Shwas (dyspnoea), Shonita Shthivan (hemoptysis) and Swaravsada (asthenia of the voice), Katidourbalya (weakness of lumbosacral region), Sarvanga (paralysis of part or the whole body), Muskshvayatu (edema in the scrotum/hydrocele), Vata-Varchas-Mutra Sanga (retention of flatus, stool and urine), Sukravisarga (excessive discharge of semen), Jadya-Vepathu-Badhirya-Vishada(numbness, trembling, deafness and depression etc.), Avalupyata Iva Guda (piercing pain in anus), Tadyata Iva Medhram(cutting pain in the phallus), Avaseedat Iva Mana (feeling like mind is shrinking), Veptehridyam (trembling of the heart), Sandhi(pain Peedyante in joints), Tamapravesha (feeling like entering into the darkness.)

Chikitsa of astamahadosha^[10]

UcchaihBhashyaandAtibhashya:
 Vata Shamaka (vayu-alleviating)
 measures along with the methods like

Abhyanga (massage), Sweda (fomentation), Upanaha (application of poultices), Dhuma (smoking therapy), Nasya (inhalation therapy), *Upari-Bhakta Sneha-Pana*(intake medicated ghee after the meal), Ksheera (intake ofmilk). and Mouna (maintenance of silence).

- Ratha Kshoba, AtiChankramanaand Ati Aasana: Vata Shamaka(Vayu-alleviating), Ahara (diet), Vihara (lifestyle), Aushadha therapies like Snehana (oleation), Swedana (fomentation), etc. The patient
- 3. Ajeerna and Adhyashana:

 Vamana (emesis), Ruksha-Sweda(dry fomentation), use of drugs which produce Langhaniya (lightening effect),

 Pachaniya (which digest Ama/ undigested food materials) and Dipaniya (stimulant of digestive power) effect.

should avoid *Vata* vitiating factors

- 4. *Vishama* and *Ahitshana*:
 Pacifying respective vitiated *Dosha*by respective diet drug and lifestyle.
- 5. Divaswapna:

Kapha-alleviating measures including the diet drug and lifestyle by the following methods like Dhuma-Pana(medicated smoking), Langhana (fasting or taking liquid diet), Vamana (emesis), Shiro-Virechana(therapy of elimination of *Dosha* from the head), Vyayama(exercise), Ruksha-Asana(taking of dry diet), Arishta (fermented syrup like preparations), Dipaniya (intake digestive stimulant), and Pragharshana (friction massage), Unmardana (kneading the body) Parisechana (hot liquid fomentation).

6. Maithuna:

Administration of milk and ghee cooked by adding drugs belonging to *Jivaniya* group, i.e., *Jivaka*, *Rishabhaka*, *Meda*, *Maha-Meda*, *Kakoli*, *Kshira-Kakoli*, *Mudga-Parni*, *Masha-Parni*, *Jivanti And Madhuka*, fomentation, massage and *Upanaha* (application of hot poultice) which pacify the *VataDosha*(taking food which promote virility like milk, intake

of unctuous food and application of unctuous therapies), *Yapana* and *Anuvasana Basti* (medicated enema which pacify *Vata*). If there are urinary morbidities, and pain in the region of urinary bladder, then *Uttara-Basti* (urethral douche) should be given with oil cooked by adding milk boiled with *Vidari-Gandhadi* and *Jivaniya*.

DISCUSSION

Lifestyle disorders can be controlled by an imperative way of avoiding the major risk factors such as modifiable risk factors and metabolic risk factors. Based on this concept we can understand the modifiable risk factors under Astamahadosha Ayurveda. Health care professionals are exposed to a range of work related risk factors that may result in various occupational diseases; this can be grouped under modifiable risk factors. Hence the role of Astamahadosha in the manifestation of lifestyle disorders in health care professionals can be analysed under modifiable risk factors as follows.[11-12]

Astamahadosha	Modifiable risk factors	Effects
UcchaihBhashya	Excessive speech	Headache, hoarseness of voice
RathaKshoba	Excessive physical activity	Work related musculoskeletal disorders
AtiChankramana		
AtiAasana	Prolonged static posture or poor positioning	
Ajeerna		Hypertension, Diabetes, Heart disease
AhitaBhojana	Inappropriate food habits and lifestyle	
Divaswapna		

The above risk factors in terms of *Astamahadosha* are invariably indulged by health care professional leads to the manifestation of life style disorders. Hence avoiding the modifiable risk factors and following the treatment protocols related to *Astamahadosha* preventsthe manifestation of lifestyle disorders among health care professionals.

CONCLUSION

Ayurveda being a holistic science highlights prevention of the disease rather than its treatment i. e. Nidana Parivarjana. Hence avoiding or reducing the indulgence in Astamahadosha (modifiable risk factors) by health care professionals will lead to the attainment of healthy lifestyle devoid of diseases. Even though the concept of *Astamahadosha*is mentioned after Panchakarma (Detoxification methods) it has a wide application in day to day life and health care professionals invariably intend to follow them with or without their knowledge leading to a series of life style disorders. Hence health care professionals knowledge with a thorough Astamahadosha can attain a healthy life and serve the society to the fullest.

REFERENCES

- 1. Lichtenstein P, Holm NV, Verkasalo PK. Environmental and heritable factors in the causation of cancer. N Engl J Med. 2000; 343:78–85.
- 2. Sobra J, Ceska R. Diseases of civilization from the aspect of evolution of the human diet. CasLekCesk. 1992; 131:193–7.
- 3. Zöllner N. The relevance of diet for civilization diseases, especially atherosclerosis. Wien Med Wochenschr Suppl. 1990; 106:S11–2.
- 4. Sharma S, Anand T, Kishore J, Dey BK, Ingle G K. Prevalence of modifiable and non-modifiable risk factors and Lifestyle disorders among health care professionals. Astrocyte 2014;1:178-85
- 5. Agnivesa, Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta edited by Ram Karan Sharma and Bhagavan Dash, Edition 2018(reprint), published by Chowkhamba Sanskrit Series Office, Varanasi; Vol 5, Page no: 399.
- Sharma, M., & Majumdar, P. (2009). Occupational Lifestyle diseases: An emerging issue. Indian Journal of Occupational and Environmental Medicine, 13(3), 109. doi:10.4103/0019-5278.58912
- 7. Tabish SA (2017) Lifestyle Diseases: Consequences, Characteristics, Causes and

Vijay Javagal et al. An Appraisal on Life Style Disorders among Health Care Professionals with Special Reference to Charakoktha Astamahadosha

- Control. J CardiolCurr Res 9(3): 00326. DOI: 10.15406/jccr.2017.09.00326
- 8. Agnivesa, Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta edited by Ram Karan Sharma and Bhagavan Dash, Edition 2018(reprint), published by Chowkhamba Sanskrit Series Office, Varanasi; Vol 5, Page no: 399-400.
- 9. Agnivesa, Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta edited by Ram Karan Sharma and Bhagavan Dash, Edition 2018(reprint), published by Chowkhamba Sanskrit Series Office, Varanasi; Vol 5, Page no: 400-405.
- 10. Agnivesa, Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta

- edited by Ram Karan Sharma and Bhagavan Dash, Edition 2018(reprint), published by Chowkhamba Sanskrit Series Office, Varanasi; Vol 5, Page no: 405-408.
- 11. Sharma S, Anand T, Kishore J, Dey BK, Ingle G K. Prevalence of modifiable and non-modifiable risk factors and lifestyle disorders among health care professionals. Astrocyte 2014;1:178-85.
- Dr.Mokhlesur Rahman et al. Work-related musculoskeletal disorders among health care professionals. Update Dental College Journal Vol. 7 No. 1, April 2017, Page no: 1-6.

How to cite this article: Javagal. V, Hegde. P.L, Keerthana J. An appraisal on life style disorders among health care professionals with special reference to *charakoktha astamahadosha*. Int J Health Sci Res. 2019; 9(6):327-332.
