

**CRITICAL STUDY OF CHARAKOKTA SANYOG VIRUDDHA AND
VISHAMASHNA IN AN ETIOLOGY OF VICHARCHIKA I.E.ECZEMA**

A THESIS SUBMITTED TO THE
TILAK MAHARASHTRA VIDYAPEETH PUNE

FOR THE DEGREE OF VIDYA VACHSPATI (PH.D.)

DOCTOR OF PHILOSOPHY

UNDER FACULTY OF AYURVED BY

NAME OF THE CANDIDATE

Vd. Madhuri Hushey Pachghare

B.A.M.S. M.D.(AYURVED SAMHITA)

NAME OF THE GUIDE

Prof .Vd. U.S. Kandalkar

B.A.M.S. M.D. (AYURVED SAMHITA)

NAME OF THE DEPARTMENT

THE LATE VAIDYA P.G. NANAL DEPARTMENT OF AYURVEDA

MONTH&YEAR

SUBMITTED IN MARCH 2012

(DURATION 2009-2012)

DECLARATION

I hereby declare that the thesis entitled 'A CRITICAL STUDY OF CHARAKOKTA SANYOG VIRUDDHA AND VISHAMASHANA IN AN ETIOLOGY OF VICHIRCHIKA I.E. ECZEMA' completed and written by me has not previously formed the basis for the award of any degree or other similar title upon me of this or any other University or examining body.

Place:

Research Student

Date:

CERTIFICATE

This is to certify the thesis entitled **A CRITICAL STUDY OF CHARAKOKTA SANYOG VIRUDDHA AND VISHAMASHANA IN AN ETIOLOGY OF VICHIRCHIKA I.E. ECZEMA'** which is being submitted here with for the award of the degree of Vidyavachspati (Ph.D.) in of Tilak Maharashtra Vidyapeeth , Pune is the result of original research work completed by **Smt Vd . Madhuri A. Hushey Pachghare** under my supervision and guidance . To the best of my knowledge and belief the work incorporated in this thesis has not for med the basis for the award of any Degree or similar title of this or any University or examining body upon her.

Place:

Research Guide

Date:

ACKNOWLEDGEMENT

It is with deep reverence to Lord SHIVBABA and Lord DHANVANTARI and also Acharyas of Ayurveda ,that I begin to express my sincere gratitude to all those who helped me in the completion of my thisis Work

First of all , I pay sincear and heartfelt salutation and deep gratitude to my respected guide Dr, Uttamrao Kandalkar , Ex professor and Head of the Department of Sanskrit Samhita Sidhannta Shree Ayurved College Nagpur .for his valuable constant guidance and moral support in the completion of thesis.

I am deeply indebted to my beloved husband Dr. Anil ., My parent late Shri Trimbakrao Hushey, Mrs .Sushila Hushey and my in lows shri .Yadavrao Pachghare and Mrs. Kamal Pachghare for their blessings which have helped me to progress in every work of life.

I am deeply thanks to my beloved son. Master. Madhunil for his kind support . I am also thankful to all my family members

.I am equally grateful thanks to my respected teacher Dr. S.M. Sathe Sir , Dr. Sardeshmukh sir , Dr. Pankaj Vajarkedkar sir and Dr. Abhijit Joshi sir for their constant support and guidance in the completion of my thesis.

I pay my respects to the respected sir .Dr . K .R .Kohali . Director Govt. of Maharashtra and .Dean of R. A. Podar Dr . P. U. Deshmukh sir. I offer my special thanks to DR. Khati sir Dean Govt Ayurved college Nanded. & Dr . Narayan Sabu Associate professor dept of Sanskrit samhita Siddhant R. A. Podar medical college Dr . Sampad Sant professor Govt. Ayurved college Nanded.

I will just mention the few names of my dear students who have supported me at every step of completion of my thesis Dr. Vinay ,Dr Aditi , Dr. Sumant, Dr. Kalyan, Dr. Jyoti, , Dr Harshali, Dr Sunil, Dr. Virendra, Dr. Amar, Dr. Sneha, & Dr.Lomesh.

I sincerely thank M. A. Podar Hospital lab technician and all the the Hospital staff their co-operation of clinical work

I convey my thanks to Mrs. Kallur and Mr. Satpute for the support in providing the library reference books.

With sincerely thanks gratitude I acknowledge the efforts of our Dept staff Mr. Dilip Pawar Mr. Anil Shinde & Mr. Siddhesh Nar. tecnichian of Kayachikitsa dept.

I thank all my patients who volunteered for the clinical trial of my thesis work . Last but not least .I will thank all these person who have helped me during this thesis work and whose names are missing in the above list by mistake. Thanks you all.

Dr. Madhuri Hushe Pachghare.



॥ श्री धन्वंतरये नमः ॥

शंखंचक्रं जलौकांदधतमृतघटं चारुदोर्भिश्चतुर्भिः ।
सूक्ष्मस्वच्छातिहृद्यां शुकपरिविलसन् मौलिमम्भोजनेत्रम् ॥
कालांभोदोज्वलाङ्गं कटितटविलसश्चारूपीतांबराढ्यम् ।
वंदे धन्वंतरीम् तम् निखिलगदमिवप्रौढदावाग्निलीलम् ॥
(चतुर्वर्ग चिंतामणी- हेमाद्रि)

KEYS TO TRANSLITERATIONS

VOVELS				
अ = a	आ = aa	इ = i	ई = ee	उ = u
ऊ = oo	ए = e	ऐ = ai	ओ = o	औ = au
अं = aM	अः = aH			
CONSONANTS				
क् = k	क = ka	ख् = kh	ख = kha	ग् = g
ग = ga	घ् = gh	घ = gha	ङ् = n	च् = ch
च = cha	छ = Chh	छ = Chha	ज् = j	ज = ja
झ् = jh	झ = jha	न् = n	त् = t	त = Ta
थ् = th	थ = tha	द् = d	द = da	ध् = dh
ध = dha	न् = n	न = na	ट् = T	ट = Ta
ठ् = th	ठ = tha	ड् = D	ड = Da	ढ् = Dh
ढ = Dha	न = na	प् = p	प = pa	फ् = ph
फ = pha	ब् = b	ब = ba	भ = bh	भ = bha
म् = m	म = ma	य् = y	य = ya	र् = r
र = ra	ल् = l	ल = la	व् = v	व = Va
श् = sh	श = sha	ष् = Sh	ष = Sha	स् = s
स = sa	ह् = h	ह = ha	क्ष् = kSh	क्ष = kSha
त्र् = tr	त्र = tra	ज्ञ् = j~j	ज्ञ = j~ja	
SINGULAR TO PLURAL MADE BY ADDING 'a' OR 'as'				

ABBREVIATIONS

A.H. = Ashtang Hrudaya	अ. सं. = अष्टांगसंग्रह
A.S. = Ashtang sangraha	अ. ह. = अष्टांगहृदय
Cha. = Charaka	उ. = उत्तरतन्त्र
Chakra. = Chakrapanidatta	क. = कल्पस्थान
Chi. = Chikitsasthaana	च. = चरकसंहिता
K. = Kalpasthana	सु. स. = सुश्रुतसंहिता
Ni. = Nidasthana	चक्र. = चक्रपाणि
Su. = Sushruta	चि. = चिकित्सास्थान
Su. = Sutrasthana	नि. = निदानस्थान
Sha. = Sharirsthana	सु. = सुत्रस्थान
U. = Uttarasthana	वि. = विमानस्थान
Vi. = Vimansthana	शा. = शारिरस्थान
	ग. = गङ्गाधर
	ड. = डल्हण
	अ. = अरुणदत्त
	इ. = इन्दुटिका
	हे. = हेमाद्रि
	शब्दकल्प. = शब्दकल्पद्रुम

INDEX

Sr. No.	CHAPTER	Page No.
1	Introduction	1-5
2	Aims and objectives	6
3	Review of Literature	7-98
	a) Review of previous work	7-8
	b) Concept of Twacha	9-14
	c) Saidhantik study of Kshudrakushtha	15-45
	d) Review of Eczema	46-49
	e) Correlation between Vicharchika and Eczema	50-52
	f) Conceptual study of Viruddha Ahar	53-94
	g) Conceptual study of Vishamashana	95-98
4	Materials & Methods	99-105
	a) Clinical Trial	99-105
5	Observations & Results	106-168
	a) Observation Table	106-115
	b) Graphs	116-123
	c) Statistical Results	124-168
6	Discussion	169-193
	a) Discussion on conceptual study	169
	b) Discussion on clinical study	170-180
	c) Discussion on critical study	181-193
7	Conclusion	194-198
8	Summary	199-201
9	Bibiliography	202-204
10	Appendices	
	Master Chart	
	Case record Form	

INTRODUCTION

अकालमृत्युरक्षार्थमलौहं वर्म निर्मितम् ॥

सुज्ञातमेतदमृतं स्वस्थास्वस्थसुखास्पदम् ।

यथोप्सितफलशेख पुरुषार्थ प्रसाधनम् ॥ अं.सं.उ.५०/८१

Ayurveda the eternal science of life is arousing an earnest interest in the minds of medical professionals, researchers and the people alike. The evident reason is the wealth of medical knowledge and experiential wisdom compiled in the ayurvedic texts which in today's stressful life, is clearly the need of hour.

Ayurveda emphasizes on consuming healthy and nutritious diet . diet is considered to be a vital for a human body as it provides the basic nutrients

Food is consumed for nourishment of the tissue which are under go constant wear and tear and are required or replenished by the nutrition supplied through food the balance diet consist of six major groups of nutrients protein, carbohydrate ,fats ,minerals , vitamins and water nutrition can be adequate or inadequate depending on whether the food essential nutrients in proper proportion or not

Unfortunately in modern era the concept of Hita Ahara which are having a great influence on once health is being ignored

In the Ayurvedic literature there are five types of nutritional disorders:

1. Quantitative dietary deficiency. This includes under-nutrition due to insufficient food, and even starvation.
2. Qualitative dietary deficiency. This includes wrong food combination which results in malnutrition, toxic condition and lack of essential nutrients.

3. Qualitative and quantitative over-nutrition. This includes emotional overeating which can result in obesity and/or high cholesterol which can lead to hypertension, heart attacks or paralysis.
4. Toxins in food. Certain foods and food combinations lead to toxemia and to certain digestive disorders.
5. Foods not suitable to one's constitution may affect natural resistance and cause disease.

"What is the first major cause of most illness?", I would have to say incomplete digestion. If your food does not break down through the enzymes provided by fresh and raw food in your body, then putrefaction (rotting and decay) will take place. The result? Your body absorbs its own toxic waste before it can be eliminated. Have you ever tried doing two things at once? I know I have, and still do, and if you are anything like me these tasks are usually rushed and incomplete. The same applies to your digestive process. If you combine the wrong foods together in a single meal, your body is required to process incompatible food substances at the same time. This results in "incomplete digestion", discomfort, and putrefaction. Eating your meals as if they were a smorgasbord can only lead to disaster.

Amongst the various prevalent health afflictions, Coetaneous disorders can be especially demoralizing to the patients due to their,

- Appearance
- Recurrence and chronicity
- Negative psychosocial impact
- Social misbeliefs about their Hereditary and Contagious nature

In Ayurvedic classics the word 'KUSHTHA' represents all the skin disorders. According to Tridosh therapy of Ayurveda . unhygienic and irregular dieting affects Vata, Pitta and kapha which in term affect skinand cause Kushtha or skin disorder .

With the surface area of 2 sq. meters and accounting for 16-20% of the total body weight ,”skin” is the largest and first site visible organ of the body ,which plays a key

role to determine the beauty and personality of an individual. Such an important organ is destroyed in the disease Kushtha.

The later group i.e . Kshudra kushtha has 11 varieties according to Charaka Samhita, the leading Ayurvedic classics :

i)Ekkushatha ii)charma Kushatha iii)Kitibha iv)Vipadika v)Alasaka vi)Dadru vii)Charmadal viii)Pama ix) Vlsphota x)Vicharchika xi)Shataru kushatha

out of the above mentioned eleven Kshudra Kushathas Charaka Sushruta and Vagbhata all the authorities have mentioned “Vicharchika Kushatha “in their classification .

If we go through the modern dermatology literature , we find that ‘Eczema ’bears the nearest similarity to the clinical features of Vichrchika , which commonest prevalent Though mortality is in significant the loss of man power and unstained physical ,psychological and social sufferings are frustrating to the individual affected by this disease . the extra burden on the economy of the family also can not be neglected in the developing countries like India.

कुष्ठं दिर्घरोगाणां ॥ च.सु.२५-४०

Charaka has already stated persistent and chronic nature of Kushthastating that it is leading amongst chronic and persistent disorder .

म्रियते यदि कुष्ठेन पुनर्जातोऽपि गच्छति ।

नातः कष्टतरो रोगो यथा कुष्ठं प्रकीर्तितम् सू.नि.५-३१

Sushuta also said its severity and chronicity saying that there is no other disease as troublesome as kushtha because it never quits the affected individual even when he dies and gets birth again .

The importance of nutrition throughout the life is not refuted . After all we must eat to live however the significance of nutrition at specific times for growth development and ageing is becoming increasly appreciated.

Nutrients are substance that are not synthesized in the body in sufficient amounts there fore must be supplied by the diet so Acharya Charak explained hitakar and timely taken diet is developed our body.

हिताहरोपयोग एक एव पुरुषवृद्धिकरो भवति

अहिताहारोपायोगः पुन र्व्याधिनिमित्तामिति ॥ च.सु. २५/३१

Digestion ,absorption and assimilationof dite is also depend on hitkar ahar which is maintain our health and contras to that Ahitkar ahar i.e. viruddhashana and vishmashana means

यत् किञ्चिच्छोषमास्त्राव्य न निर्हरति कायतः ॥

आहारजातं तत् सर्वमहितायोपद्यते ॥

यथोचित भोजनकाले ऽ प्राप्ते ऽ तिक्रान्ते वा भुज्यते तद्विषमाशनम्

Are the causative factor for the disease .

विरुद्धवीर्याशनं निन्दित व्याधिकराणां । च.सु.२५

Or this sutra Chakarapani explained Nindit vyadhi as Switra,Kushaathadi

विषमाशतमाग्निवैषम्यकराणाम । च. सु.२५

So I study here etiological factor for commonly found skin disorder Vicharchica here I chosen type of Kushtha because in Charaka Samhita Viruddha Ahar is the prime causative factor for Kushtha .

It is not possible study all type of Kushtha in one study so my topic is critical study of Charkokta Sanyog Viruddha and Vishmashana in an etiology of eczema i.e. Vichrchik

Selection of the Topic

"What is the first major cause of most illness?", I would have to say incomplete digestion. If your food does not break down through the enzymes provided by fresh and raw food in your body, then putrefaction (rotting and decay) will take place. The result? Your body absorbs its own toxic waste before it can be eliminated. Have you ever tried doing two things at once? I know I have, and still do, and if you are anything like me these tasks are usually rushed and incomplete. The same applies to your digestive process. If you combine the wrong foods together in a single meal, your body is required to process incompatible food substances at the same time. This results in "incomplete digestion", discomfort, and putrefaction. Eating your meals as if they were a smorgasbord can only lead to disaster.

Human digestive tract either be their highway or to pain and suffering they choose the road they want to take. Food combinations are also of great importance.

When foods having different attributes tastes, heating or cooling properties and post digestive effects are catch together function of Agni is slowed down. The food can then remain in stomach for seven to eight hours.

Amongst the various prevalent health afflictions, Coetaneous disorders can be especially demoralizing to the patients due to their,

- Appearance
- Recurrence and chronicity
- Negative psychosocial impact
- Social misbeliefs about their Hereditary and Contagious nature

In Ayurvedic classics the word 'KUSHTHA' represents all the skindisorders. According to Tridosh therapy of Ayurveda . unhygienic and irregular diet affects Vata, Pitta and kapha which in term affect skin and cause Kushtha or skin disorder With the surface area of 2 sq. meters and accounting for 16-20% of the total body weight , "skin" is the largest and first site visible organ of the body ,which plays a key role to determine the beauty and personality of an individual. Such an important organ is destroyed in the disease Kushtha

AIM

To study Sanyog Viruddha and Vishmashan is an etiologycal factor for Vicharchika in present era.

OBJECTIVE

- 1)To study critical analysis of sanyog viruddha for etiologcal factor of Vicharchika.
- 2) To study critical analysis of Vishmashana for etiologcal factor of Vicharchika.

REVIEW OF PREVIOUS WORK DONE

GAU, JAMNAGAR

- 1) Pathyahara vimarsha by vd.J.P.Sharma (1965) Dept of Basic
- 2) Ramesh Babu – A survey study of Virudda Ahar as Hetu of diseases (1986) Dept of Basic
- 3) Studies on Annavaha strotas w. r. t. Rachana & vd. Rao M.M.(1984) Dept of Basic
- 4) Acharyalu K.U.L.N.- A study of Ahara dravyas & their nutritional value . with spl. Reference to Aharakalpana. Dept of Basic.

DEPT. OF KAYACHIKITSA

- 1) Singh Sarmukh - A study of Nutrition (Ahara) (1961)
- 2) Chhapanna MEHTA - Annavaha Strotas Pariksha (1964)

Dept. OF BALA – ROGA

- 1) Sharna Surender - A survey of nutritional status children based on Ayurved concept (1986)

BHU, VARANASI

DEPT. OF BASIC PRINCIPLES

- 1) Panigzahi R.K.- Studies in the diet & its rationality as indicated in Ayurved (1981)

DEPT. OF BASIC PRINCIPLES

- 1) Management of Vicharchika Poornimal (1995)Poakriti anusara Ahara Vd. Swasthya Sambandha Khadse M.M.(1996)
- 2) चरकोक्त आहाराची व अर्वाचीन सन्तुलित आहाराची रोग प्रतिबंधात्मक उपादेयता तुलनात्मक अध्ययन Satpute S.M. (1999)

- 3) The etiopathological study of kitibha kushtha & its principal of management by Shamana & Shodhan Measures . (1988) Dr. N.R. Sabu, Gujarat Ayu.University Jamnagar .
- 4) Structures & Functions of skin with special reference to path physiology of Shvitra & its principle of management (1988) vd. Kapopra N.B. Gujarat Ayurved University, Jamnagar.
- 5) A study on the effect of certain ayurvedic formulations in skin diseases W.&r. to Eczema (1972) Singh I.D.Dept. of Kayachikitsa Ahmedabad,GAU.

Jaypur

Sharirkriya (1991)

Meena M.S. Ahara Paka Evam Agni Ka Sharirkriyatmak Adhyayan .

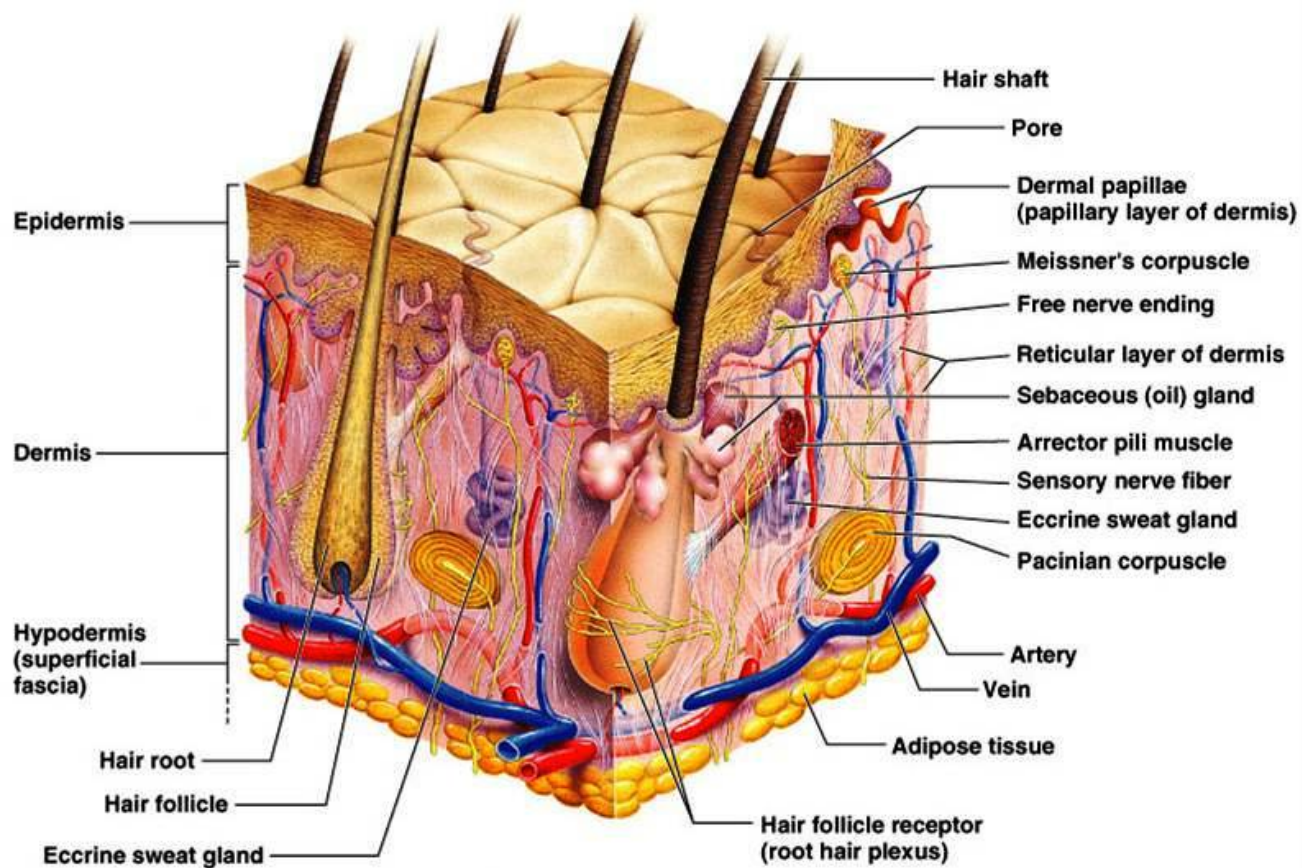
(Govt Colloge of Indian Medicine)

Dept Of Kayachikitsa (1989)

Namboodaripad M.- (Glossary of Vegetable drugs in Laghutrayee

University of Poona Ph .D. Thesis

- 1) Agate (Mrs) Suvarna V Ayurvedic consept of Nutrition
- 2) Gadgil D. P. Ahar Sevan Vidhivichar



Concept of Twacha

1. Avabhasini:

The outer most layer of skin is called as Avabhasini (reflecting) because it serves to reflect color and glow, and shade of the body. The thickness of this layer is $1/18^{\text{th}}$ vrihi i.e. it is the thinnest layer. Diseases like Sidhma (cloasma) and Padmakantak (papilloma) are associated with this layer.

2. Lohita:

The second layer of skin, Lohita measures $1/16^{\text{th}}$ Vrihi in thickness. It is the seat of diseases such as Tilkalak (mole), Vyang and Nyachchhya (discoloration /pigment disorders of skin).

3. Shweta:

The third layer of skin, shweta is $1/12^{\text{th}}$ vrihi in thickness and is affected by dermatological ailments like Charmadala (Excoriation), Ajgallika and Mashak (Elevated mole).

4. Tamra:

Tamra the 4th layer of skin, measuring $1/8^{\text{th}}$ vrihi in thickness. Kilas (leucoderma) and Kushtha (skin diseases) are the diseases that usually occur in this layer.

5. Vedini:

This 5^{th} layer of skin, which is $1/5^{\text{th}}$ vrihi in thickness, is prone to diseases like Kushtha (skin diseases) and Visarpa (erysipelas)

6. Rohini:

The sixth layer of skin, Rohini, is equal to thickness of a vrihi and is the seat of diseases like Granthi (benign tumor), Apachi (cervical lymphadenitis), Galgand (Goiter), Arbud (malignant tumor) and Shleepada (Fileriasis).

7. Mansadhara:

This is innermost and thickest layer of skin measuring 2 vrihis. Diseases like Bhagandara (fistula), Vidradhi (abscess), and Arsha (piles) occur in this layer.

B) According to Acharya Charaka⁽⁹⁾ - Skin is formed of following six layers. Charka, unlike Sushruta has not mentioned particular name and width of skin layers instead the layers are classified according to their functions and disease propensity.

1. Udakdhara:

This is outer most layer of skin, holding water and other fluids (Udak dhatu). On being bruised, Lasika, a watery substance flows out of it, but if the skin is healthy this layer holds on to Lasika and does not allow it to flow out immediately and thus helps in maintaining the water balance of the body.

2. Asrugdhara:

This second layer of skin is said to be holding blood (Rakta Dhatu). Any injury reaching up to this layer leads bleeding.

3. Sidhma Kilas Sambhava:

This layer of skin is more prone to have dermatological maladies like cloasme and leucoderma (Sidhma and Kilas).

4. Dadru Kushtha Sambhava:

This fourth layer of skin is the seat of diseases like ringworm and leprosy (Dadru and Kushtha).

5. Alji Vidradhi Sambhava:

Diseases like Alji and Vidradhi (abscesses) are frequent in this fifth layer of Skin.

6. Sixth layer:

This innermost sixth layer of skin, when is induced to trauma leads to fainting and loss of consciousness. This layer is the seat of the origin of boils being manifested as blackish red and deep rooted on joints and which are hardly curable.

C. According to Modern anatomy⁽¹¹⁾ -

Skin has three layers, the outer epidermis, middle dermis and the innermost hypodermis layer. The Ectoderm is origin of epidermis and Mesoderm is origin of the dermis, vessels, Hypodermis, connective tissue and muscles.

Skin or integument is the protective covering over the entire exterior of the body. It varies greatly in thickness from 0.5 mm (on the eyelids etc) to about 6 mm (on palms, soles, back, etc) and 1 to 2 mm on average. The skin of an adult weighs an average of four kg and covers an area of two meter square.

- **Epidermis:** This layer has following four sub-layers.

1. **Stratum Corneum**

2. **Stratum Lucidum**

3. **Stratum Granulosum**

4. **Stratum Spinosum:** This layer consists of excessive amount of coloring material known as Melanin.

- **Dermis:** It has two layers as:

1. **Papillary layer**

2. **Reticular layer.**

- **Hypodermis:** It is thicker than the dermis, binds the dermis to the underlying muscles and bones.

Functions of skin

1. **Protection:** As skin covers each and every part of body it forms a protective shield against external factors like wind, rain, cold, warmth, organisms or any injury. Skin controls the entrance of substances into the system, permitting only nutrients inside the body while refusing entry of pathogens.

2. **General Sensation:** Skin is responsible for perception of tactile senses such as heat, cold, touches etc as it is the seat of tactile sense (sparsh Indriya). This function is accomplished with the help of vata present in the skin. Skin is also responsible for perception of temperature, texture and shape of a substance⁽¹⁰⁾.

3. Regulation of body temperature: It acts as a Thermo regulator of our body with the help of Bhrajak Pitta situated in skin⁽³⁾.

4. Excretion: Skin is the organ for perspiration. Through sweat and insensible perspiration, salts and metabolites are excreted to some extent.

5. Secretion: There are three types of secretions of the skin. These secretory functions of the skin are in proportion with balanced humors present in the skin especially vata and Pitta.

a. Sebum- The sebaceous glands secrete a fatty substance, which is rich in cholesterol called sebum. It helps to keep the skin greasy.

b. Sweat-It is active secretion of sweat glands of skin. It is very helpful in keeping the body cool in hot environment. Vyan Vayu plays key role in secretion of sweat from the skin. Also the secretion of sweat helps in water and acid equilibrium.

c. Milk- Is the secretion of mammary glands, which are modified sweat glands.

6. Absorption: Waxy layer absorbs water through the skin. Lipid soluble substances like vitamins are easily absorbed through the skin. Ayurveda believes that this function is due to the Bhrajak Pitta and Vyan Vayu present in skin, which help in absorption of oils, Lepa (ointments), etc applied over skin. Substances like creams, ointments, pastes applied on the skin when absorbed by it show their effect not only on the skin but also on the entire body .For instance herbs like Shunthi, Vacha applied on the forehead gives relieves from headache. Similarly substances like oils, ghee, pastes, Lepas, etc applied on skin of joints and bone are helpful in relieving the pains⁽³⁾.

7. Retention: Retention of fluids especially water and blood is done respectively by the Udakdhara and Raktadhara layers of skin⁽⁹⁾.

8. Imparting colour, complexion, shade and luster: Skin imparts color, luster, complexion and beauty to body with the help of Bhrajak Pitta⁽³⁾. This Pitta can be correlated to the melanin, as now every one knows that the colour of the body is due to the melanin situated in skin.

CONCEPT OF TWACHA: REFERENCES

1) "A'Bs LuA; qI jAj Aecyo. Au [RopAe@

l oš l oAkl i wA% HAb% i q; fr l lresk v-gz'Ak-1\$57 58

2) Rod@p ykfgRA-----pfr eAr@fu k p-'Ak- 3\$6

3) RoDLFA HAt da HAt uRRop% k

vj QAnRr VhdA & Rop@s nhi uAr@HAt da uAe fi Rre@k v-gz l w12\$14-

4) v l @% i P; ekul; "kV@Ropks HAofur k v-l a'Ak-5\$24-

5) n'k@ky; % i kDrk mndL; RoXkU; k% k

ozAy l hdk i w ap fi PNk pkr% iDrzskk

HAofur rfleu nqVsp -- Roxke; k% ---kk dk-l a'Ak-'Aj hj fop; a v/; k; -

6) Rod@l Ajaj l l Ajak v-l a'Ak- bawhdA 8\$32-

7) Lons jAeP; fr LrC/AjAe rA Li Q uA Rop% k v-gz l w11\$22-

8) rL; [A'Q'oi zRrL; 'ApzA@s. ArL; A'HAi P; ekul; {AjL; o l r kfudk% l l Ropks

HAofur rAl Aa i zAek@HAF l uh uAe ;k l oku@. AzoHAI ;fr i Bkfo/AkaPA

NA; Ai zA'A; fr l A obgj "Vh'kHAXizefl /einedv dA/A'BkuA;

fOnfr; A ykfgRA uAe "kAM'kHAXizek. Ak frydAyDU; PNO; xA/A'BkuA;

rfr; A 'osA uAe OnAn'kHAXizek. Ak pezyAtxYyhe"AdA/A'BkuA;

prfah rlek ule v"VHAXizek.k fofof/afdyAl dQBkf/A'BkuA;

ipeh ofnuh ule ipHAXizek.k dQBfoliAE/A'BkuA;

"A'Bh jAfg.Ah ule ofhgiizek.k xh; iP; cD'yhinxyxMkf/A'BkuA;

I Ireh eH /AjA ule ofhgo; izek.k HAXaj fonz; 'kAE/A'BkuA k

I q'Ak-4\$4-

9) 'Aj hjs "kV@rop%rn@FA & mnd/AjA RoXcAg@A; fOnfr; A RoI #Aj k; rfr; A
fl /efdyAl I HAO/A/A'BkuA; prfah nndQB I HAO/A/A'BkuA; ipeh Royth
fonf/Al HAO/A/A'BkuA; "A'Bh RA; L; A fNUuA; ArAE; R; UA bo p re%ifo'Afr
; pAf/A'Bk; Aj G'A tA; rsio qd=.Aj DrAfu LFAyeyAfu nq'pfdRL; reAfu p k p-
'Ak-7\$4-

10) ipahz, A/A'BkuAfu vf{A.Ahd.AS/A/I dftOgA Rod@p bfrk p-'Ak-8\$1

11) IADVL (Indian Association of Dermatologists, Venereologists,
And Leprologists)

Text book & atlas of Dermatology, II edition.

Volume: 1

Chapter: 1. Structure and Functions of the Skin.

REVIEW OF KSHUDRAKUSTHA.

'Kushtha' is broadly used term in Ayurveda which comprises near about all the skin diseases. It can be termed as a syndrome of varying symptoms mainly affecting the normal colour and physiology of the skin. It can hamper all the systems of the body as the duration prolongs. According to Charaka there are to main types of Kushtha as Maha-Kushtha and Khudra-Kushtha. Maha Kushtha is again divided into seven subtypes and Kshudra-Kushtha has eleven subtypes.

Nirukti of word 'KSHUDRA':

- 1) {kqz & u iQf.Are@ I qfp-31\$39

- 2) {kpk & L_kh] ouLirh] ikBkfnx.ks iDk] I kp p e/kqg?uh I I qfp-16\$9

- 3) {kpk & dniSd# .A{kqfd"ka ku ferä ;k% I fdrh I I 48
2\$2\$18
 dflrrks % Lokeh I *dqfr*
 bfr I ekl % dkdRrij Qkfp I I 6\$3\$101

- 4) d#kadjkfr I rRdjkr ok 3\$1\$26 bfr fop@
 dq; rsdR; Y; % 3\$3\$113 bfr deI.AV; %@I
 vtknsl; LFkfuRoklu xqA & 7\$3\$86 ;Rnkdf; rs d#kfo"k; h
 fdz rks *d#w I keF; Ž H; k-vk- I k
 ckggdkYyRo; m Y; qV 3\$3\$113 ok
 I kki wZRoknz% Hkko% ; Rnk d# d#k; kaxrkSp brL;

ckgydkRI a/ kj .Ae@ I *; }k&d#* bR;_k erkUrjs *d#* bfr ikB%

5) {kqAkrRr I *{kfnj I aSk.A* (jQmQv-)

LiQf; rkf'p bfr jQd@ m-2\$13

{kqksnfjns d#.ksfud=VYi u=kd ;k% I

{kqk 0; k?khuVhoM-x.Acgrhl j?kkl p I pkM@fj dk; ka

fgL_kk; kaef{kdkk_k; oš; ;k% bfr gəpLn%I I ukukFkZ o.kZ & 3

{kqk 0; Mk uVh oš k I j?Ak d.Vdkfj dk I

_A'Aq d#j sAuY i dsi {Ap% I

{ApAkrRr {Aj rsok I *{Afnj I pWUs (jQm-v-) I LiQf; rkp m-2\$13

*{Ap% L; kn/Aqj d#.AYi SAokP; or@

{Apz 0; M-uVhd.Vdkfj d I j?ASAp I

pKM-xj hoš; ; ksgL_Akek{Adk ek_A ; kjfi bfr fo'o% I I

I j?Ak & e/Apkf{Adk I I

Nirukti of wrd 'KUSTHA:

1) Roxknhu@d#k.krhfr d#Be@ p-fu-5\$6-

dkysu mi s{kra; Lekr@I ož d#k.kfr r}i% I v-lafu-14\$6]

v-g=fu-14&4 ; Lekn@

grk% mi s{Aravudkura I r@dkysu I obi%

- 'Aj hj dḡ.Akfr rLekRrr@dḡBfer; ḡ; rs l vj QAnRr&vk; ḡḡn; 'AcndkSk-
- 2) dḡfu"d"ḡ (dz kfn ijLeḡnh l v) l l qfp-v-9]10-
- 3) dḡRl r fr"Bfr l v-l afp-v-21-
- 4) ; r% dḡB fpj dkyefpfdRl raj l kfn l r/Akrḡ &
 l; oxkg; fHAnḡ; p l oZA 'Aj hj s dkḡA tu; fr vr%
 dḡBfer; ḡ; rs l mDrafg okḡHA/kpk; % l
- 5) Rop% dḡḡḡr oḡ.; ZnḡVḡ% dḡBeḡḡḡr rr@l v-g=fu- 14\$3 6)
 dḡ.Akfr dḡRl r dj kḡr l rkḡḡj%
- 7) dḡ.Akfr 'Aj hj LFa 'Akḡ.Ara fodḡ ḡrs bfr dḡBe@l 'AcndYi nḡ-
- 8) dḡA fu"d"ḡ fu"d"ḡL; dḡ@/Arkḡ% v_A fodkj kḡḡḡRoa
 ckḡ; rs /ArḡḡkeuskḡḡḡRokr@l fo'odkḡA-

Types of Mahakushtha:

Seven types of Mahakushtha are as 1) Kapal, 2) Audumber, 3) Mandal, 4) Rushyajivha, 5) Pundarik, 6) Sidhma-Charaka (Dadru-Sushruta), 7) Kakanaka Kushtha.

Types of Kshudrakushtha:

Khudra-Kushtha are eleven in number unanimously but controversy exists while naming them. Following chart shows the names of Khudra-Kushtha according to various Ayurvedic texts:

Sr. No	Charaka Samhita	Sushruta Samhita	Ashtanga Hridaya	Bhela Samhita	Kasyapa Samhita	Madhava Nidana
1	Ekakushtha	Ekakushtha	Ekakushtha	Ekakushtha	Ekakushtha	Ekakushtha
2	Charma	Sthularushka	Charma	Charma	Rushyajivha	Charma
3	Kitibha	Kitibha	Kitibha	Kitibam	Mandala	Kitibha
4	Vipadika	Rakasa	Vipadika	Vipadika	Vipadika	Kacchu
5	Alasaka	Parisarpa	Alasaka	Sthularu	Shwitra	Alasaka
6	Dadru	Sidhma	Sidhma	Dadru	Dadru	Dadru
7	Charmadala	Charmadala	Charmadala	Shwitra	Charmadala	Charmadala
8	Pama	Pama	Pama	Pama	Pama	Pama
9	Visphota	Visarpa	Visphota	Vishaj	Vishaj	Visphota
10	Shataru	Mahakushtha	Shataru	Shataru	Shataru	Shataru
11	Vicharchika	Vicharchika	Vicharchika	Vicharchika	Vicharchika	Vicharchika

NIDANPANCHAK OF KSHUDRAKUSHTHA.

^(1,2,3)Nidan (etiology), Poorvarupa (predominant signs), Rupa (Signs & Symptoms), Upashaya (Relieving factors) and Samprapti (Pathology) are the five factors of Nidanpanchak which provides details of the particular disease thus helping in the appropriate management of it.

NIDAN (ETIOLOGY) OF KSHUDRAKUSHTHA.

^(1.1)Various factors which cause the disease are termed as Nidan or Hetus of the particular disease. ⁽²⁾The detection and avoidance of causative factors, is a major part of the successful management of the disease.

All of the causative factors of Kushtha which are described in ancient texts may not be practiced or observed now a days, but they can give clue about the new causative factors which are practiced now a days. Following are the textual causative factors for Kushtha.

1) DIETARY FACTORS⁽³⁻¹⁶⁾:

Alternate use of chilled and hot items, frequent and excessive use of honey, Phanita (precursor of jaggery), fishes, Lakucha (certain fruit), radish and certain leafy vegetables, combined consumption of milk and fishes, excessive use of certain dicot seeds or pulses like black gram & horse gram in combination with milk & other dairy products, and certain seed oils, excess consumption of oils and all other fats, frequent meals prior to digestion of earlier foods, use of recently produced grains, curd, fishes, excessive sour or salty foods, excess use of radish, Masha, high carbohydrate items, sesames, dairy products and sugarcane products, use of liquid, oily, heavy diet, alternate episodes of fasting and heavy meals, practice of Viruddha Ahara (vitiated food) can vitiate the bodily doshas and blood to cause Kushtha.

2) HABITUAL FACTORS⁽³⁻¹⁶⁾:

Sleep during day time, Excessive practice of coitus, retention of urges like vomiting, stool etc, undergoing Snehapana & Panchakarmas improperly, Indulging in coitus or heavy work immediately after the Panchakarma therapy, practicing heavy work in heat immediately after heavy meals, drinking chilled water or bathing with it immediately after exposure to brightly heating sun, intermittently exposing to cold and hot environment, indulging in coitus, heavy work, or sleep in the condition of indigestion, drinking chilled water immediately after perspiration, exertion, mental trauma and in the condition of indigestion can vitiate bodily doshas and blood to cause Kushtha.

3) OTHER FACTORS:

- **Factors vitiating the blood⁽³⁻¹⁶⁾** – These factors are described previously on page number of this dissertation.

- **Poisonous factors**⁽¹⁷⁾ – Kushtha caused due to various poisons of plant and animal origin is described by Bhela and Kashyapa.
- **Infectious factors**⁽¹⁰⁾ – These are described first time by Sushruta in his Samhita. Body contact, physical relations, sharing of bed, cloths, wearing and ornaments with the diseased person can spread the disease Kushtha. The cause maybe spread of pathogens (microorganisms) through contact.
- **Psychological factors**^(4,5,15,20): Excess anger, grief or terror, stress, and anxiety can cause Kushtha.
- **Hereditary and genetic factors**^(18,19): Person may carry the disease Kushtha from his/her parents or from the other ancestors. The person carrying defective genes can also suffer from Kushtha. The sublings of the person having Shukra Dhatugata Kushtha are on high risk of developing Kushtha in their lifetime
- **Miscellaneous factors**^(4,6,21): To hate or abuse the respectable persons and teachers, to kill the respectable persons, females or cows, telling lies, wish of aquiring others wealth or wife, in present life or previous life can cause the disease Kushtha.

REFERENCES: NIDAN OF KSHUDRAKUSHTHA.

- 1) 1) 0; kf/AmRi fRr grqfunkue@ ek-fu-1-
 2) rL; ki yfC/fuzhku i wj G fyaki 'A; l a kflrr% l p-fu- 1\$6-
 3) funku i wj G kf.A j G k. ; q 'A; LrFAk l
 l a fIr pfr foKkuaj ksk.Aa i_p/A Lefe@ l l v-gzfu- 1\$2-
 ek-fu- 1\$4-
 2) l (Ai r% fdz k; kxks funku ifj otZe@ p-lw
 3) r_Aa l ozlBfunkua l ekl sikinxi; ke%
 'hrks'.AD; R; kl eukuq 0; ka l sekul; rFAk
 l a r i Z k i r i Z A H; ogk; D; R; kl j e/Aj Qf.AreRL; ydp& eyddkdekph%
 l rrefrek_Aeth.A p l eJur% pfyfpeap i; l k]
 gk; ud; odphudknekkyddkj nW& i k; kf.A pkuufu
 {Ajnf/ArddkkydyRFAek"kr l h& dq [HALugofUr] , rj okfreak_A
 l qgrL; p 0; ok; 0; k; kel arki kuR; q l sekul;] HA; Jel arki kigrL;
 p l gl k 'hrksdeorjr] NfnZ p ifr?ur% Lugk'pkfrpjr% l
 p-fu- 5\$6-
 4) fojks/HU; Uu i kukfu noflu/Axj (f.A p l
 HAt rkekxrka NfnZ osk'pkU; kUj fr?urke@ l l
 0; k; keefr l arki efrHkDrks l souke@
 'hrks'.Ayakukgj ku dza eDRok fu"ksf.kke@ l l

/AeJ eHk; krkZka nra 'khrkEcj souke@l

vth.kkZ; f'kuka pδ i pdekj pkfj .kke@l l

uokkunf/AeRL; kfryo.kkEYfu"ksO.kke@l

ek"keydfi "Vklufry{khj xtlkf'kuke@l

0; ok; apkl; th.kkUsfunkap Hktrkafnok l

foiku xj@ /k"lz; rkaikiadeZp dφrke@l l p-fp-7\$4&8]

ek-fu-49\$1&5-

5) feF; kgkj kpjL; fo'kSkknøjL; fo'kSkknxj Qoj Qnkl kRE; kth.kk&

fgrkf'AU% Lus i hrl; okUrL; ok 0; k; kexkE; & /AeZ souks

xkE; kuwks dekd kfuo ok l; l kklkç .k& eurks ; ksok

eTtR; ll wkefHArRi % l gl k NfnbkZ i frgflur l l qfu-5\$3-

6) feF; kgkj fogj sA fo'kSkSA fojkS/kuk l

l k/kfuUnko/kkU; Logj .kk | Sp l for% l l

iklefHA deZHA% l | % i kDruδZjrk eyk% l v-gz-fu-14\$1]2-

7) jDrfiRr di Q&FkSkqfodkj Skqvfgrap rr@l p-l w27\$227-

8) vek_k; kSgrksl kys feF; kgkj fogj r% l

Lus% dj kfr 'kks QkZrUnkLrEHk fol Krk l l

d.MolBtojk&DyS; flh p; dUenk'kksAue@l v-gz-l w16\$31]32-

9) i Q.AraxpkZHK"; flh p; dUenk'kksAue@l v-gz-l w6\$47-

- 10) vth.kz Hksth e/Aj kEYfuR; ks nōfi z % fi "VxHkSi HkDrk I
 0;k;keothz p fnok'k; kuksfoj Qn Hkwl I yHkrsfdfeLrq I I
 ek-fu-7\$4-
- 11) m".kLRoP; ks fge Li 'kz dš; kscY; fLryks xj 0% I
 vYieuk% dV% i kds eskkfXudi fi Rrd# I I v-gz-l w6\$23
- 12) uoa/kkU; ekfHK"; aha y?kq I oRI j k"kre@ I v-gz-l w6
- 13) yo.% LrEHkI akrcU/Afo/eki ukSud#@ I
 Lugu% LonuLrh{.kks j kpu' NōHknd#@ I
 I kR; Drk_ki oua [kyfra ifyraofye@ I
 rVd#Bfo"koHl iku tu; R{ki; Snye@ I v-gz-l w10\$12]13
- 14) vth.kz; f'kukfevr vth.kz@vkeeluep vi Dofevr ; kor@
 rnk# kukuke@ v/; f'kukfevr vgkj\$ fj.krsHk# kukuke@
 pdi kf.A (p-fp-7\$6)
- 15) 0;k; kekr@vfrl rki kr@'khrk#. Adel oukr@ I
 Lonokghfu nq; flr dksA'kksdHk; Srfk I I p-fo-5\$22
- 16) fonkghU; Uu ikukfu fLuX/Ak'.Afu nokf.A p I
 j Drokghfu nq; flr HktrkapkrikuykS I I p-fo-5\$14
- 17) yirkdhV i rxi i hAun"Veij \$ {Ara 0; fHkpkj sA [Aj Hkofr
 d#N! k/; afo"ktal I dk-l a
 &ehuefi"kdhdh/kukafo"koxsu nfi"kre@ I

Id.MmkgfiVdafo"kta';keed ok II Hly fp-6\$30

18) r_kkfncyidBrk ;s'kqzkkf.ArnkSkko;k% I

dqBk'k% iHk€;% rfi f}fo/kk% ekr€k% fir€k'p II lqlw24\$5

19) L_khiq ;k% dqbnskn nqv 'kkf.Ar'kqz k% I

;niR;ar;ktkzaKs arnfi d@Bre@I &l qfu-5\$27

20) cEgkL_AhI Ttuo/Ai jLogj .AfnfHA% I

deTHA ikijkl; ikg% d@BL; IHAbe@ II l qfu-5\$29

POORVARUPA OF KSHUDRAKUSHTHA.

^(1,2)Poorvarupa are the premonitory signs of the disease. No separate poorvarupas of Kshudra- Kustha Vicharchika mentioned in texts. Hence general poorvarupas of Kushtha are also applicable to it. ⁽⁶⁾Chakrapani states that poorvarupas of Kushtha are due to their Prabhava.

Poorvarupas as per Charaka^(3,1,2):

Absence of sweating, excessive sweating, local dryness, skin softening, skin discolouration, pruritus, needling sensation, burning, local hypoesthesia, tingling sensation, local hyperthermia, heaviness of the body, edema, recurrent skin lesions, overproduction and local stasis of body wastes, delayed healing and excessive pain even in small wounds.

Poorvarupas as per Sushruta⁽⁴⁾:

Dryness of skin, pruritus, erection of body hairs, perspiration, local hypoesthesia, deterioration of wounds, blackish discolouration of the blood.

Poorvarupas as per Ashtangarhidaya⁽⁵⁾:

Skin softening or skin drying, perspiration, nil or scanty sweats, local discolouration, pruritus, local anaesthesia, needling sensation, formation of erythematus weals on skin, fatigue, excessive pain in wounds, early formation and delayed healing of wounds, deterioraton even in healed wounds, recurrent erection of body hair, blackening of the blood.

Significance of Poorvarupas:

⁽⁷⁾Knowledge of poorvarupas can initiate early control management of the Kushtha. Sushruta recommends the treatments like Vamana and Virechana during the premonitory signs of Kushtha to check the further growth of the disease..

REFERENCES: POORVARUPA OF KSHUDRAKUSHTHA.

- 1) i 10j Gi a i kxRi fRr y{k.Aa 0; k/A% I p-fu-1\$8-
- 2) LFkku l alf; .A% d4nk Hkkfo0; kf/Ai zksAde@l
nkSkk% d4pRrh ; fVya i 10j Gi rn4; rs l l e/ApkSk ek-fu 1\$5]6-
- 3) rSkkfeekfu i 10j Gi kf.A HAbfUr% r | Fkk & vLonsu4frLonsua
i kj 0; efr'y{.Ark o6.; Z d.MfuZrks% l 4rrk i fj nkg%i fj g"kk ykeg"k%
[j Roetlek; .ka xkj oa'o; Fkph i k4eueHkh{.kap dk; s dk; fPNnSkings%
i Don/kn"VHAku{krksi L[Afyr\$ofrek_kaosuk LoYikukefi p ozkkuka
nf"Vj l j ksj.Aapfr l l p-fu-5\$7-
&Li'kkKRoefrLonsu ok o6.; 44ufur% l
dkSkuka ykeg"kZp d.Murks% Je% dye% l l
ozkkukef/Ada'kya'kh?kkRi fRrf'pj fLFkfr% l
nkg% l 4rkark pfr d4By{k.Aexte@ l l p-fo-7\$11]12-
- 4) rL; i 10j Gi kf.A & Rodi kj 0; edLeknkeg"k% d.M%
Lonsckg4; eLonsuaok4 i nSkkuka Lok\$ %
{Arfol izAel 4% d=.krk pfr l l l qfu-5\$4-
- 5) vfr'y{.A[Aj Li 'k4 kskLonsfoo.Ark% l
nkg%d.M4Rofp Loki Lrks% dkBktufur% Je% l l

ozkkuef/Ada 'kya 'kh?kkRi fRrf'pj fLFkr% I

j&kuefi jQ/RoafufeRr\$isi dkiue@I I

jkeg"kkā €% dk".;ā dBy{A.Aexzte@I

v-gzfu-14\$11 & 13-

ek-fu-49\$8]9-

6) vLosukfn i wj Gi a i Hkkokr@ I

pdā kf.A & p-fu-5\$7-

7) r_A i wj Gi \$kk; r% I āks/Auekl or I

I qfp-9\$6-

mHk; r% I āks/Aue@oeafoj puap I

MYg.A (I qfp-9\$6)

RUPA (SYMPTOMS) OF KHUDRAKUSHTHA.

^(1,2)Rupa are the actual signs and symptoms of the disease which are produced by vitiating doshas in advanced stage of disease. Here are the symptoms of the individual Kshdrakushthas.

1) SYMPTOMS OF EKAKUSHTHA^(5.1-3):

Scanty or nil sweating, lesions cover gross area of the body, scaling like fish, blackish red discolouration of the body are the symptoms of Ekakustha. Predominant Doshas are Vata-Kapha.

2) SYMPTOMS OF CHARMAKUSHTHA^(6.1,2):

Charmakushtha has broad and thick lesions having rough texture like the skin of an elephant. Predominant Doshas are Vata-Kapha.

3) SYMPTOMS OF KITIBHAKUSHTHA^(7.1-3):

Kitibha kushtha has the multiple dense lesions which are rounded, bluish blackish red or coloured. Lesions may be dry or with secretions, may be unctus having smooth texture or dry and having rough surface like texture of the surface of wound. Severe pruritus is also the characteristic feature of Kitibha. Predominant Doshas are Vata-Kapha.

4) SYMPTOMS OF VIPADIKAKUSHTHA^(8.1-3):

Lesions of Vipadika are characteristically localized to palms and soles only. Main features are cracked pals & soles, erythematus papules, severe pain, pruritus and burning sensation. Predominant Doshas are Vata-Kapha.

5) SYMPTOMS OF ALASAKAKUSHTHA^(9.1,2):

Alasaka has erythematus papules with pruritus. Predominant Doshas are Vata-Kapha.

1) SYMPTOMS OF DADRU KUSHTHA^(10-1,2)

Dadru Kushtha has circular lesions with erythematus papules with severe pruritus. Dadru Kushtha is mentioned under Mahakushthas by Sushruta instead of SidhmaKushtha of

Charaka. Symptoms mentioned by Sushruta are elevated erythematous circular spreading lesions with intense itch. Predominant Doshas are Pitta-Kapha.

7) SYMPTOMS OF CHARMADALA KUSHTHA^(11.1.2):

Macular papules or blisters, pruritus, local tenderness, destruction of the local skin are the symptoms of Charmadala Kushtha. Predominant Doshas are Pitta-Kapha.

8) SYMPTOMS OF PAMA KUSHTHA⁽¹²⁾:

In Pama, reddish-bluish- white coloured- multiple- tiny- discharging pustules are formed at hands causing severe pruritus and burning sensation. If the same lesions are formed on buttocks they are called Kacchhu by Madhavakara. Predominant Doshas are Pitta-Kapha.

9) SYMPTOMS OF VISPHOTA KUSHTHA⁽¹³⁾:

Visphota are the bluish reddish coloured, thin walled, multiple blisters having pain, burning sensation and tenderness. Predominant Doshas are Pitta-Kapha.

10) SYMPTOMS OF SHATARU KUSHTHA⁽¹⁴⁾:

It has multiple, reddish-blue coloured and painful ulcers/wounds. Predominant Doshas are Pitta-Kapha.

11) VIHARCHIKA KUSHTHA:

Amongst above mentioned eleven Khudrakushthas, only Vicharchika Kushtha was selected for clinical study of this dissertation. Hence its signs and symptoms are described in the separate chapter in details, in the next section of this dissertation.

REFERENCES: RUPA OF KSHUDRAKUSHTHA.

- 1) i kñkñry{k.Aa i qfyke@l p-fu-1\$9-
- 2) rns 0; Drrka ; kraj 0 feR; kfHf/k; rs l
l kfkua0; a uafyxa y{k.Aa fplgekdf% l ek-fu-1\$7-
- 3) pek[; esddBap fdfVHhA l foikfnde@l
dñBapky l d K\$ a ik; kñkrdi 0f/Ade@l
ikek 'Arkj foLi 0Vannñpehyarfk l
fiRr'y"sekf/Ada ik; %di 0 k; k fopfpñk l l p-fp- 7&29]30-
- 4) 1) jk\$; a 'kñkLrks 'kny l akpua rfk\$ ke% l
i kj 0; a [kj Hkkoks g" k% ' ; kokj 0 kRoap l l
dñBskqrqoArfyaxñ nkg\$ jkx% ifj l d i Ad% l
fol k xñA DynLrFkA vx i ruap fiRrdñe@l l
'oR; a 'kR; ad.MMkF\$ ã pñl \$kñ olugA% l
dñBskqrq di 0fyaxa tUrñHj fHhA(A.Aa Dyn% l l p-fp-7\$34-
- 2) fol i ðVhA fopfpñk ikek pehykfu fiRri Hñkfu fo |kr@l l
l qfu- 5&16-
- 5) 1) vLonsua egkokLrq; ðeRL; 'kdyki ee@l rnsddñBa l p-fp-7\$21-
ek-fu-49\$17-
- 2) dñ.kkj 0ka ; sñ HkoñNjhj a rnsddñBa i ðnflur dñBe@l l l qfu-5\$9-
- 3) , dk[; a egk[; e@vLonsa eRL; 'kdy l fluhke@l v-gzfu-14\$20-

- 6) 1) pek[;acgyagflrpebr# p-fp-7\$21] ek-fu-49\$18-
 2) gflrpe[AjLi'kzpek[;a l egkU;e@l v-gzfu-14\$20-
- 7) 1) ';koafd.A[AjLi'ka ijQkafdfVHkaLe#e@ l p-fp-7\$22-
 ek-fu-49\$18-2)
 2);r@_kkfo oAra?kue#d.Mqrr@LuVAd=.kafdfVHka onfur l
 l qfu-5\$13-
 3) fdfVHka iq% l rqjQkafd.A[AjLi'ka d.M#RijQkfl re@l
 v-gzfu-14\$21-
- 8) 1) o\$kfnda ikf.Ai knLi Q#uarhodsue@l p-fp-7\$22-
 ek-fu-49\$19-
 2) d.M#erh nkgjQtki iUuk foikfndk iknxs#e@ l l qfu-5\$12-
 3) ikf.Ai knnk; k#fo ikfndk% l
 rhokR; k#elnd.M#p l jkxfiVdkfprk% l v-gzfu-14\$23-
- 9) 1) d.M#fn#% l jkxSp x.M\$yl dafpre@ l p-fp-7\$23-
 ek-fu-49\$19-
 2) x.M#% d.M# #spre@ jDr\$yl de@ l v-gzfu-14\$22- 11)
- 1) l d.M#jkx fiMdann#.#Myen#ere@l p-fp-7\$23-
 ek-fu-49\$19-
 2) vrfl i#io.A#u r#e#.A oA fol ih#.A fiMd#ofur nn#l(B#fu]

- mRI UurA ifje.MyrA d.Mf'pjAFkuRoap bfr I Iq\$fu-58- 12)
jDraId.MqILiQValjQnyfr pfi ;r@
- rPpehnyeA[;AraIbi'AM geQprsII p-fp-7\$24-
ek-fu-49\$20-
- 13) 1) ikek 'orAjQA';koR% d.Myr% fiMdAHAe@ p-fp-7\$25-
2) I(eA cgoR% iMdR% I boR; % ikeR; DRW% d.MqR; % InAgR% I
- I S LiQVsrhonAg\$QrA KsA ia ;R% dPNjQkA fLiQpRsp II
ek-fu-49\$21-
- 14) LiQV% ' ;koAjQAHAi AsfoLiQVA L; qruRop% I p-fp-7\$25-
ek-fu-49\$22-
- 15) jDra' ;koaInAgfrZ 'ArkjQL;A@cgozAe% I p-fp-7\$26-
ek-fu-49\$22-

SAMPRAPTI OF KSHUDRAKUSHTHA.

^(1,2) Bodily doshas start getting vitiated due the continuous indulgence in the causative factors. The process of vitiation of other bodily factors like Dhatus by circulating doshas resulting in a disease is termed as Samprapti.

⁽³⁾ Stating the significance of the knowledge of Samprapti, Indu writes “destruction of Samprapti is the prime aim of all the therapies”. Hence it is necessary to review the Samprapti of Kshudrakushtha before going to its management.

There is no separate Samprapti of Kshudrakushtha mentioned in the Samhita. Hence general Samprapti of Kushtha is applicable to Vicharchika and all other Kshudrakushthas.

⁽⁵⁾ Seven body factors play a key role in the pathogenesis or Samprapti of Kshudrakushtha. These are as: 1) Vata, 2) Pitta, 3) Kapha, 4) Twacha 5) Rakta 6) Mansa and 7) Lasika.

^(4,5) Due to causative factors all the three Doshas get vitiated at once. These Vitiated doshas circulate in all directions and vitiate the other factors i. e. twacha, Rakta, lasika and mansa causing looseness in them resulting in the disease Kushtha by Prabhava. Charaka states that all the Dushyas get vitiated at once whereas Sushruta states that skin gets vitiated first followed by Rakta, Mansa and Lasika.

^(8,9) No Kushtha is caused due to one or two doshas but all the three Doshas are involved in the pathology of all the Kushthas.

Above mentioned seven factors produce their individual signs and symptoms as the disease Kushtha.

1) Symptoms caused by vata ⁽⁹⁾: Dryness, Skin Atrophy, needling sensation and other types of pains, constriction or dilatation of parts, roughening, hardening of texture of skin, recurrent erection of body hair, black/blue/redish discoloration of skin, loss of sensation, scanty sweats and hoarseness of voice are the symptoms of Kushtha, caused by Vata.

2) Symptoms caused by Pitta ⁽¹⁰⁾: Burning sensation, erythema, pus formation, discharge, bad odour, detachment of body organs, reddish discolouration of ears, nose or eyes are the symptoms of Kushtha caused due to Pitta Dosha.

- 3) **Symptoms caused by Kapha** ⁽¹²⁾: Paleness of body, coldness, pruritus, chronicity, elevation of skin lesions, heaviness of the body, oiliness, formation of maggots or microorganisms, wetness and discharge are the symptoms of Kushtha caused by Kapha.
- 4) **Symptoms caused by Twacha**: Discolouration of skin, dryness of skin, cracks over skin, local hypoesthesia or anaesthesia.
- 5) **Symptoms caused by Rakta**: Discolouration of skin, appearance of erythematus weals on the skin, and pus discharge through skin lesions.
- 6) **Symptoms caused by Mansa**: Gangrene, elevated papules or pustules over skin.
- 7) **Symptoms caused by Lasika**: Pruritus, serous whitish discharge through wounds.

REFERENCES: SAMPRAPTI OF KSHUDRAKUSHTHA.

- 1) *; Fkk nqVsu nkSkS ; Fkk pkufol iZk I
fuozRrjke; L; kl ks I EikflrtkZrjxfr% I I v-gzfu-1\$8-
ek-fu-1\$10-
- 2) rLekn 0; kf/ktudkSk0; kikjfo'kSk; Or 0; kf/AtUeg I Eikflr I
pdikf.A p-fu-1\$11-
- 3) I oL; kl fi fpfdRI k; ka I Eikflrfouk'kueo izkkua iz; ktue@
baqVhdk v-l afu-2\$3-
- 4) 'AhrkS.A0; R; kl eukuq 0; kZ I oekuL; rFAI r iZAKi r iZAKH; ogk; D; R; kl j
----_A; ks nkSA% ; q; i r i zAi EA| Urs ; Roxkn; %pRokj % 'AFAY; eki | Urs
rSAqf'AFAYSAq nkSA% i zAi rk% LFAuef/AxE; I ar"BekukLrkueo
Roxknhu@ nWA; Ur% dQBku; fHAFuoZz flur I p-fu- 5&6-
- 5) I Ir n0; kf.A dQBkuka i zfrfozfrreki lukfu Hkofur I
r | Fkk&k; ks nkSkk okrfi Rr'ySek.A% i zki .kfodfrk%
nW; k'p 'kj h/kkroLRod@eka 'kSf.AryI hdk, prqkz
nkSkki?kkrfodfrk bfr I , rr I lkuka lkr/kkroled vaxrektuaa
dQBkukep vr% i Hkok. ; fHkfuozZekukfu dya 'kj hjeqri flur I p-fu-5\$3
- 6) ; nk dQB tudgrQ; frj dsA okrkfnukafodfrHkZfr
u rnk dQBki knkS Hkofr] fdarqfol i kRi kn bfr n'kz fr I pdikf.A

- 7) u p fdfupnflr dðBesnkski dki fufeRreþ
 vflr rq[Ayqlekuizd#hukefi dðBkuka
 nkSkakkaFodYikuçU/ALFkkufoHkkxsı osuko.Å ãFkku&
 iHkkouke fpfdRl rfo'kSk% I p-fu-5\$4
- 8) ,oadðBaleñi UaRofp dkyid"kr% I
 dæSA /kkru@; klukfr ujL; kifrdkfj .A% I I I qfu-5\$20-
- 9) 1) jK\$; a'kkSkLrks% 'kya I ðkpuarFkk ;ke% I
 i kj Q; a [kj Hkkoks g"kr% ' ; kokj QRoap dðBskqokr fya I I p-fp-7\$34-
 2) dðBskqrrq RodðakpLoki Lon'kks QkndkS; Lojki ?kkrk okrsı I
 I qfu-5\$17-
- 3) [kja'; koj Qka j Qka okrkRdðBa l onueð ek-fu-49\$23-
 ;ksj-dqfu-m-28-
 xnfuxg fp 36\$24
- 10) -----nkgks j kx% i fjL_Ao% ikd% I
 foL_kks xU/A% DynLrFkks ruap fi Rrd#e I I p-fp-7\$35-
 &fi RrkRi Doffkrankgj kxL_kkokfloraere@l ek-fu-49\$24-
 ikdkonj .kaxfyi rud .Aukl khkaxF{kj kxI RokRi Rr; % fi Rrsı I
 I qfu-5\$17-
- 11) 'oR; a'kR; a d.M% LFK\$ Z pkRl sAxk\$ oLugk% I
 dðBskqrrq di çyaxtUrðkj fHAK{A ka Dyn% I I p-fp-7\$36-

di QRDyfn ?kuafLuX/a l d.MMK; xkj oe@l
d.Mo.kkkn'kks Ql_kkoXkj okf.A 'y'se.kk I I

ek-fu-49\$24-
l qfu-5\$1

UPADRAVA (COMPLICATIONS) OF KSHUDRAKUSHTHA

⁽¹⁾ Kushtha is a disorder which has a tendency to stay longer in the body. Consequently it has more serious complications than other diseases. Sushruta states that Kusdrakushtha has fewer complications than -Mahakushtha, hence the term Ksudrakushtha. But as the time period goes even a mild form of Kushtha can penetrate into all the seven Dhatus and can affect the whole body causing more serious complications. Thus General complications of Kushtha are also applicable to Ksudrakushtha. Hence initiating the early treatment can prevent the complications of Kshudra Kushtha like Vicharchika. Following are the complications of Kushtha:

⁽²⁾ Pus discharge, detachment of body parts, excessive Thirst, fever, Diarrhea, Burning sensation, Weakness, Anorexia, Indigestion, Increased tendency of Heredity and the most serious complication is detachment or loss of body part

REFERENCES: UPADRAVA OF KUSHTHA

- 1) 0; k/kj Ū fj ; ks 0; kf/AlkzR; B; rj dkyt% l
midekfojks/h p l minø mP; rs l l ek-fu-\$e/AdkSk1
- 2) vL; ka pδkolFkk; keij nok% d["BuaLi ÷kflur]
r | Fkk iL_Ao.AexHks% i rukU; kko; okuka
r".kkTojkrhl kj nkgnk&7; kj kpdkfo i kdk'p]
rFkkfo/Ael k/; afo | kfnfr l l p-fu-5\$1

SADHYSADHYATWA (PROGNOSIS) OF KSHUDRAKUSHTHA.

Prognosis of the Kushtha depends on the type, chronicity, and the progress of the disease to the further Dhatus.

1) Saddhya Kushtha⁽¹⁻³⁾: Kushthas having only one dominant Dosha or dominant Vata-Kapha Doshas, Kushthas occupying only Twacha or Rasa or Rakta Dhatu, Kushthas which are not chronic are curable. Also Sidhma, Vicharchika, Pama, Dadru, Kitibha, Kapala, Stularu, Mandal and Vishaj Kushthas in mentally strong patients are curable.

2) Kashta-Saddhya Kushtha⁽¹⁻³⁾: They need prolonged and rigorous management for cure. Kapha-Pitta dominant or Vata-Pitta dominant Kushthas can be cured after rigorous efforts.

3) Asaddhya Kushtha⁽¹⁻³⁾: Kushtha occupying Meda Dhatu is Yappya (can be relieved as far as treatment is continued). Pundarika, Shwitra, Rushyjiivha, Kakanaka, Udumber, Shatarushka, Charma, Ekakushtha, Vipadika are noncurable Kushthas as per Bhela. Tridosha dominant Kushthas, Kushthas occupying Majja and Asthi Dhatu, Kushthas with complications like maggot formation or detachment of body parts or red eyes or aphonia are also noncurable. The Kushthas which are not relieved by Panchakarmas and having all the signs and symptoms are also noncurable.

REFERENCES: SADHYSADHYATWA OF KSHUDRAKUSHTHA.

- 1) I k/; aRoxDrekl LFkaokr'y\$ekf/Adap ;r@ I
enfl }U}ta;kl;aoT;āeTtkfLFkl fJre@ I
fdferVakgelnkfXul a Qra; r@_knkSkte@ I
i fHAlua iL_krkaxap jDruska rLoje@ I
i pdekzqkrhradBāgUrhg ekuoe@ I e/kqkSk VhdA -
i pdekzqkrhrferh i wj Qi fdz ; k Ig j l kn/kkrwka
prqkKdz, kdyki k% i pdekz. A rSkkaxqkk oh; kē. A rku; rhrks ; % I
rFkkjvflFkeTtkxr bR; Fk% I vFkok i pdekz. A oeukfnfu rSkkaxqkk%
i Qykfu] rku; rhr% I ek-fu-49\$31]32-
- 2) dBekReor% I k/; aRodj Drfi f'ArkfJre@
enkrakhkosj kl; el k/; er mRrje@ I qfu-5\$28-
- 3) u o rSkkel k/; kfu fpfdRL; kfu rFk p I
i qMj hdeFk f'o_ka+"; ftOga I dkd. Ae@I mnfcj 'krkj Qda peZdBa p ; RI eƒe@I
, ddbarq; Ri kDra dBa o\$ kfndap ; r@ I
, rku uo dBkfu u fl /; flr dnkpu I
fl /eafopfpzk ikek nntp fdfVHkFup I I
dikydBa LFkyj @ZMyafo"ktap ; r@
, rku uo I k/; kfu dBku; kgeZhf" k. k% I I Hksfp-6\$34&37

CHIKITSA OF KSHUDRAKUSHTHA.

^(1,2)The process by which vitiated bodily doshas are pacified and equilibrium of Doshas and Dhatus is established is termed as Chikitsa (treatment) of the particular disease. Proper Chikitsa of the disease is the deed of the ideal physician.

⁽²⁾As mentioned previously, Kushtha is the long standing and recurring in nature. Hence it needs early and rigorous management. Three main principles in the management of Kshudra kushtha are,

1) Samshodhan 2) Samshamana and 3) Nidana Pariwarjan.

1) Samshodhana:

^(3,4)The therapeutic procedures, by which the excess bodily doshas are eliminated from the body, are called Samshodhana or Panchakarmas. Charaka states that Samshodhana therapy is superior over other therapies because it removes the main cause (excess vitiated doshas), thus preventing the relapse of the disease.

⁽⁸⁾Vamana, Virechana, Asthapana, Anuvasana and Nasya are the Panchakarmas described by Charaka. All of the five karmas are recommended for Kushtha, especially Vamana in Kapha predominant Kushtha and Virechana in Pitta dominant Kushtha. Charaka also states the significance of one more Samshodhana i. e. Raktamokshan in the management of Kushtha. He recommends the procedure parching in milder form of disease and Siravyadha in chronic or advanced disease.

⁽⁵⁾Sushruta has grouped Vamana, Virechana, Raktamokshan, Basti and Nasya as Panchakarmas. He guides that in Kushtha all the Panchakarmas should be performed frequently at regular intervals as Vamana after every two weeks, Virechana on every month, Raktamokshan twice in a year, and Nasya on every third day.

⁽⁶⁾All other sages have equally stated the significance of Raktamokshan i.e. Siravyadha in all Kushthas. Hence we decided to perform the Samshodhana Siravyadha on the patients of Kshudrakushtha-Vicharchika and to compare its efficacy with other therapy i. e. Rasanjan Ghanvati.

2) Samshamana:

⁽⁹⁾ The therapy which pacifies the vitiated Doshas establishing the equilibrium without eliminating them from the body is termed as Samshaman. Samshamana therapy is the significant therapy when the Samshodhana is contraindicated. It also pacifies the remaining Doshas after the mild Shodhan therapy.

^(10,11) There are number of Shaman Yogas described by various Acharyas under the management of Kushtha. Most of them have Tikta Rasa (Bitter taste) or Kashaya Rasa (Astringent). Few examples are Khadira, Nimba, Patola, Kutaja, Haridra, Daruharidra-Rasanjan, Karveer etc. These drugs are used internally in the form of Swarasa, Quatha, Churna, Gutti vati, Ghrutas, Asavas, Arishtas etc. and applied externally also. Specially medicated Ghrutas are used internally to avoid vitiation of Vata after Shodhan therapy⁽⁸⁾.

Thus Samshodhana followed by Shamana is the most appropriate therapy for all the Kushthas including Vicharchika.

3) Nidana Pariwarjan:

To avoid the causative factors is also an important part of the management of Kushtha.

- **Pathya (Do's) for the patient⁽¹²⁻¹⁴⁾:**

Use of easily digestible foods, Bitter tasted food items, use of Bhallataka seed, Triphala, Nimba Ghee with food items, old grains, flesh of the animals living in Jangal Desha, Mudga with Patola, medicated Aasava and Arishta, buttermilk, proper cutting of hair and nails, taking prescribed medicines properly, living happily are advisable things to the patients of all Kushthas.

- **Apathya (Don'ts) for the patient^(13,14):**

Consumption of heavy sour, salty, pungent excess sweats, milk and milk products except Ghee, jaggery and other sugarcane products, sesames, black gram, green vegetables and roots like garden radish and carrot, flesh of animals living in the water, wines, and coitus are the factors which should be avoided by the patient as they can aggravate the disease Kushtha.

REFERENCES: CHIKITSA OF KSHUDRAKUSHTHA.

- 1) * ; kfhk% fdz kfhktkz Urs 'kj hjs /kkro% I ek% I
I k fpdfRI k fodkj k.kka deZ rr@fhk"ktkaLe#e@ * I p-lw16\$34-
- 2) * I akkskua I akeuafunkul; p ot#e@
, rkon@fhk"ktk dk; a jksxs jksxs ; Fkkfof/A * II p-fo-7\$30-
- 3) ; nhj ; }fgnk#kkuI p/kk 'kks'kuap rr@I v-gzlw14\$5-
- 4) nk#kk dnkfpr@d#; #r ftra ya#Aul#puSI
ftra I akksku\$Z rqu r#kka i #j On#koe@I I p-lw16\$20-
- 5) i {kkRi {kPNnZuku; H; q \$ k#ekI k#ekI kPNk#kuku; I ; /Akrkr@I
'kq/ne#uZL; kFR_Aj k_kfR_Aj k_kkr@"k"Bs "k"Bs ekL; I dek\$ k.A p II
v-gzfp-19\$96-
- 6) iPNue@vYis d#B} egfr p 'Arafl jk0; /#a II p-fp- 7&40-
- 7) okr#Rrj \$#q I fi a oeua 'y#e#Rrj \$#q d#B\$#q I
fi Rr#Rrj \$#q e#A#s jDrL; foj puap vx# II p-fp- 7&39-
- 8) cgqk\$% I akks; % d#Bh cgqk\$#j {ArA i A.Au@
nk#ks fg vfrea_Agrs oA; g#; Ar@cyeA'kq II p-fp- 7&41-
- 9) *u 'k\$A; fr ; r@nksku@I ek#uk#hj ; R; fi I
I ehdjkr fo"keku@'keuarPp I Ir/kk II v-gzlw10\$6- 10)
ekj#rdi d#B?u#ek#Dra i Rrd#Buk#k; Z#
di #i Rrj Drgj .A fr Drd"R; \$i #Aeup II p-fp- 7&58-

11) nk0;kz j l k t u l ; p f u æ i v k y l ; [f n j l k j
v k j x o / b æ d ; k % f _ a i o y k ; k % l l r i . A l ; p
b f r " A / d " k ; ; k s k d i B ? u k L u k u s i k u p f g r k

p-fp- 7&97]98-

p d i k f . A V h d k % n k 0 ; k z b R ; k n k S n k o h z æ f / A u k s j l k t u l ; , d k s ; k s % l l

n k o h z n k j o f j n k l j l k t u a n k o h D o k f d æ e @ l

12) i f ; a i f k s i r a ; | P p k D r a e u l % f i z e @

; P p k f i z e i f ; a p f u ; r a r l u y { k ; s @ l l

e k _ k d k y f d z ; k h k f i e n g n k s l o x q k k l r j e @ l

i k l ; r R r f / n n = ; U r s r s r s H k k o k L r F k k r F k k l l p - l w 2 5 \$ 4 5] 4 6

13) y ? k f u e k l u k f H k f g r k f u f o | k r @ d i B s k q ' k d k f u p f r D r d k f u l

H k Y y k r d % l f _ a i o y % l f u E c \$ D r k f u p k l u k f u ? k æ k f u p s l l

i j k . A / k k U ; k U ; F k t k x y k f u e k d k f u e p æ k ' p i v k y ; D r % l

' A l r k j u x o E y i ; k n / A f u u k u i e R L ; k u x t f l r y k ' p l l

p-fp-7\$82]83

14) u h p j k e u [k % J k l r k s f g r k ' ; k s k / A r R i j % l

; k s " k u e k d l j k o t h z d i B h d i B e i k s f r l l l e f p - 9 \$ 7 2

REVIEW OF ECZEMA

The term 'eczema' is derived from the Greek word for 'boiling', which reflects that the skin can become so acutely inflamed that fluid weeps out or vesicles appear. It is synonymous with the term 'Dermatitis' and the two words are interchangeable. In the developed world eczema accounts for a large proportion of skin disease, both in hospital and community-based populations. It is estimated that 10% of people have some form of eczema at any one time, and up to 40% of the population will have an episode of eczema during their lifetime.

All eczemas have some features in common and there is a spectrum of clinical presentation from acute through to chronic. Vesicles or bullae may appear in the acute stage if inflammation is intense. In sub acute eczema the skin can be erythematous, dry and flaky, oedematous, and crusted (especially if secondarily infected). Chronic persistent eczema is characterized by thickened or lichenified skin. Eczema is nearly always itchy. Histologically 'eczematous change' refers to a collection of fluid in the epidermis between the keratinocytes ('spongiosis') and an upper dermal perivascular infiltrate of lymphohistiocytic cells. In more chronic disease there is marked thickening of the epidermis ('acanthosis'). Main types of eczema are as follows:

1) ATOPIC ECZEMA:

This eczema ('endogenous eczema') occurs in individuals who are 'atopic'. It is commoner in early life i. e. childhood.

Etiology

The exact Pathophysiology is not fully understood but there is the inflammatory process. Atopic eczema is a genetically complex, familial disease with a strong maternal influence. A positive family history of atopic disease is often present. If one parent has atopic disease the risk for a child of developing eczema is about 20-30%, and 50% if both parents are affected. Both eczema and psoriasis have been linked to chromosome Iq21 and 17q25, suggesting common candidate genes controlling skin inflammation. The disease is also significantly influenced by environmental factors.

Exacerbating factors

Infection either in the skin or systemic, Strong detergents, chemicals and even woolen clothes, Severe anxiety or stress, Cat or dog fur can certainly make eczema worse. There is some evidence that food allergens may play a role in triggering atopic eczema and that dairy products may exacerbate eczema in a few.

Clinical features

The commonest presentation is of itchy erythematous scaly patches, especially in the flexures such as in front of the elbows and ankles, behind the knees and around the neck. Very acute lesions may weep or exude and can show small vesicles. Scratching can produce excoriations, and repeated rubbing produces skin thickening (lichenification) with exaggerated skin markings. In patients with pigmented skin, the eczema may be papular or follicular in nature and lichenification is common.

Investigations

The diagnosis of atopic eczema is normally clinical. Atopy is characterized by high specific IgE levels to certain antigens.

2) DISCOID ECZEMA (nummular eczema):

Discoid eczema is characterized by well-demarcated scaly patches especially on the limbs, and this can be confused sometimes with psoriasis. It is commoner in adults and can occur in both atopic and non-atopic individuals. It tends to follow an acute/ sub acute course rather than a chronic pattern. There is often an infective component (Staphylococcus aureus).

3) HAND ECZEMA:

Eczema may be confined to the hands (and feet). It can present with itchy vesicles or blisters of the palm and along the sides of the fingers a diffuse erythematous scaling and hyperkeratosis of the palms. Patch testing for specific contact eczema should always be considered.

4) SEBORRHOEIC ECZEMA:

Etiology

Overgrowth of *Pityrosporum ovale* (*Malassezia fur fur*) together with a strong cutaneous immune response to this yeast produces the characteristic inflammation and scaling of seborrhoeic eczema.

Clinical features

Seborrhoeic eczema affects body sites rich in sebaceous glands, although these do not appear to be involved in its cause. Inflammation and scaling and pruritus are the main features.

5) VENOUS ECZEMA (varicose eczema, gravitational eczema):

This type of eczema occurs on the lower legs because of chronic venous hypertension. Main signs are inflammation, purpura and pigmentation.

Clinical features

It usually appears on the lower legs around the ankles. Brownish pigmentation is seen in the skin and a venous leg ulcer may be present. Superimposed contact eczema is common in venous eczema patients,. This is usually due to an allergic reaction to topical therapies or skin dressings.

6) ASTEATOTIC ECZEMA: (winter eczema, eczema craquele, senile eczema)

This is a dry plate-like cracking of the skin with a red, eczematous component which occurs in elderly people. It occurs predominantly on the lower legs and the backs of the hands, especially in winter.

7) CONTACT AND IRRITANT ECZEMA:

These types of eczema can be caused by many environmental agents (exogenous eczema).. A history of an exacerbation of eczema at the workplace is also suggestive. This can happen by two mechanisms: direct irritation or an allergic reaction. A detailed history of occupation, hobbies, cosmetic products, clothing and contact with chemicals is necessary.

Allergic contact eczema occurs after repeated exposure to a chemical substance but only in those people who are susceptible to develop an allergic reaction. Many substances can cause this type of reaction but the commoner culprits are nickel (in costume jewellery and

buckles), chromate (in cement), latex (in surgical gloves), perfume (in cosmetics and air fresheners), and plants (such as primula or compositae).

It often occurs on the hands after repeated exposures to irritants such as detergents, soaps or bleach. It is therefore common in housewives, cleaners, hairdressers, mechanics and nurses.

CORRELATION BETWEEN VICHARCHIKA AND ECZEMA.

Nirukti of word 'VICHARCHIKA':

1) fopP; 7} ppzv/; ; us l

jAkA[; A; Ae 0; y l l

vej dAkAeuq; oxzv-6\$54-

2) jAk- d(BHAn] v; adiG A; % rYy{A. Afu]

xA_Akqvfrd.Mfirz% jQ(A jAt; 'p Hlofr l l vk; qzn; 'AcdkSk-

⁽¹⁾As per Charaka Samhita and Madhvanidana, main features of Vicharchika are bluish coloured papules or pustules with severe pruritus and profuse discharge. Predominant Dosha is Kapha.

⁽²⁾Sushruta states the symptoms of Vicharchika as thickened marking lines on the skin over limbs, dryness, extensive pruritus and pain. Predominant Dosha is Pitta. If the similar lesions and symptoms are present over palms and soles, the condition is termed as Vipadika.

⁽⁵⁾As per Ashtanga Hrudaya, bluish coloured pustules with serous discharge and pruritus are the symptoms of Vicharchika.

⁽⁴⁾Kashyapa describes the lesions of Vicharchika as blackish red coloured, discharging pus, and painful.

⁽³⁾According to Gadadhara, Vicharchika has the skin lesions limited only to palms and soles. There are dry papules, destruction of local skin, pruritus, and burning sensation.

Vicharchika is one of a type of Kshudrakushtha and is described in all the main Ayurvedic texts. Main signs and symptoms of Vicharchika are as follows:

All these signs and symptoms are similar to the symptoms and signs of Eczema mentioned previously.

Following chart emphasize this correlation more specifically:

Sr. No.	Signs of Vicharchika	Signs of Eczema
1.	Pidaka	Papules, Pustules.
2.	Kandu	Pruritus.
3.	Srava	Serous discharge.
4.	Ruja	Pain.
5.	Rosita	Dryness.
6.	Daha	Burning sensation.
7.	Raji	Lichenification.
8.	Paka	Pus formation.
9.	Raga	Reddish discolouration.
10.	Shyavata	Bluish discolouration.
11	Krishna	Blackish discoloration.

Hence the Vicharchika Kushtha can be correlated to Eczema of the modern medicine

CORRELATION BETWEEN VICHARCHIKA AND ECZEMA.

- 1) I d.M% fi Mdk ' ; kok cgl_Akok fopfpdk I p-fp-7\$26-
ek-fu-49\$23-
- 2) jAT; ASrd.MofrjOt% jQA I HADAr xA_Aqfopfpdk; Ae@I I
d.Merh nkgjOt ki iUuk foikfndk inkxrş eD I I
MYg.A& jAT; ASj\$AP% rAPA I jQA HADAr I d.MofrZ[AtHMK
jOtksonuk% xk_Aq i kf.Ai knŞq I b; eD fopfpdk inkxrA
; nArnA fopfpdkI KA fogA; foikfndkI KA iAUAr I I lqfu- 5&13
- 3) nAA inq; RodeA aiAf.Ai AnleAfJrA I fiMdk tu; Ar v'Aq
nAgd.MwI eflorAe@I nkY; rsRod@[AjA jQA iA; AS A
fopfpdk I I xn/Aj -
- 4) ' ; ke% ykşgr ozA onuk I ko ikdorh fopfpdk I I dA-Ia & dÜB-
- 5) I d.M% fi Mdk ' ; kok yfI dA@A fopfpdk I v-gzfu-14\$18-

Defination of Virrudha Ahar

रतिमुलसृष्टीसुरतः सतृणवसत्ररति ते तेनितेववति

तिखेति लुआ@गे प cEUMü xEÜWüEE xiEÜ 26

Anything that causes aggravation (Increase) of the dosas but does not expel them out of the body is called Viruddha

zEUÜü kEEiEÜüEÜkEÇ MüüE³EiEÜ lüEÜkEÜE: p

SüvkEEiEÜpE: xEWü lüEÜkEÇ MüüEiEiEÜ lüEÜkEÜEü p cEÜmEÜEÜ

Virodhika is the technical term for incompatible or antagonistic. It means that which act as antagonistic to physiological factors.

Defination of Sanyog Viruddha

Intake of food in combination for example combination of sour substance with milk.

Viruddha Ahar ch.su.26/

CONCEPTUAL STUDY OF VIRUDDHA AHAR

CHARAK SAMHITA

Ayurveda says that food is your medicine- a good regimen of diet is worth a 100 drugs but no amount of drugs can overcome a poor regimen of diet. Quoting Charaka- The body is the product of food. Diseases occur as the result of poor diet. The difference of health/happiness and illhealth/Unhappiness is based on the difference between wholesome food and unwholesome food.(Ca.su.25.29)

Ca.su.25.33 The food, which maintains the balanced dhatus in normalcy and restores the equilibrium in disturbed ones, should be taken as wholesome otherwise unwholesome. This definition of wholesome and unwholesome is without any exception.

Ca.Su.XXV.30 Only the use of wholesome food promotes the growth of person and that of unwholesome one is the cause of disorders.

Charaka describes (Su.V3-8) the proper quantity of diet as that food taken which gets digested in the proper amount of time. Thus the proper quantity of food depends upon the power of digestion. He describes different foods by the quality of lightness- such as varieties of laghu urice, pulses, fruits and certain meats- that though laghu by nature are really to be considered in light of the weight or total amount eaten. And Conversely , certain heavy items such as flour products, sugarcane, milk, sesame, black gram and meats though heavy must be considered in light of their amount consumed in a meal. Light foods have, according to charaka, as part of their natural lightness a natural propensity for kindling agni(digestive fire) by having vayu and agni elements. While the heavy foods have predominance of earth and water elements which are depressing to agni. In light of these properties Charaka says that, with all things equal, one can eat light foods to the full feeling but not heavy foods because the light foods will actually help in their digestion while heavy foods will not. Charaka suggests eating heavy foods to ½ of saturation point and light ones with consideration of strength of agni. The crucial point here is that overeating by quantity and quality is potentially unwholesome.

In another area(VI.II.3-8) Charaka gives the suggestion for giving equal space for vata,pitta and kapha—the three –fold stomach.(another authority , Bhava Prakasha Ch.5.145, suggests that solid get 2 part, liquids 1 part and air 1 part). He notes further problems of both

deficient and excessive quantities of food. Deficient eating (note that nutrient deficiency is also included in this concept) is cause of, loss of strength, complexion and development, emaciation, retrograde movement of vayu, lowered life span, reduced virility and immunity, damage to body, mind, intellect, sense organs, afflicting tissue excellence, boding inauspiciousness and leading to the causative factors of the 80 vata disorders enumerated in his text.

Food in excessive quantity vitiates all doshas simultaneously. These vitiated doshas mix with the undigested food and in the stomach lead to distention, and sudden exodus from the body- upward or downward. Symptoms of vata vitiated are: colic pain, hardness of belly, body-ache, dryness of mouth, fainting giddiness, irregularity of digestion, stiffness in side, back and waist, constriction and spasm in blood vessels. Pitta symptoms include fever, diarrhea, internal heat, thirst, narcosis, giddiness and delirium. Kapha produces vomiting, anorexia, indigestion, fever with feeling of cold, lassitude and heaviness.

Charaka disdains food taken from emaciated animal, dried meat, dried vegetables, lotus tubers and stem, constant diet of some milk products, pork, beef, buffalo, fish, curd, black gram and yavaka (Su.V10-11) Finally, Charaka notes (VI II.8) that not only excess food by quantity gives rise to ama but also food and drink which are heavy, rough, cold, dry, disliked, distending, burning, unclean, antagonistic and taken untimely and while afflicted with emotional disturbances such as passion, anger, greed, confusion, bashfulness, grief, conceit, excitement and fear, Note with this verse that Charaka condemns both poor diet and dietary regimen. We shall take up the other factors- qualitative incompatibility- in detail now.

He gives a listing of bad combinations:

- Milk with fish (both having madhur rasa and vipaka which is potentially channel obstructing (mahabhiAyandi) but from the opposites virya the blood is vitiated and blocking to all channels.
- Meat of domestic, marshy and aquatic animal with honey, sesame, jiggery, milk, black gram, radish, lotus stalk or germinated grains.
- PuAkara or rohi or pigeon fried in mustard oil and eaten with milk, honey.
- Radish, garlic, Aigru, arjaka, basil with milk
- Nikuca with black gram, pulse, jiggery and ghee
- “amra, amratka, matulga, kikuca, karamarda, moca, dantaAaha, bacara, koamra

- Kaigu, vanaka, maku ahakam, kulatha, black gram, nipava with milk
- Padmottarika (kusumbha), Aarkara and maireya (wines) and madhu, all used together (Vitate pitta)
- Payasa (rice cooked with milk) taken after drink of mantha (a drink prepared from roasted grain flour) (increase kapha)
- Balaka (crane) wine varu (wine) , or kumaa (grains soaked in water and fried) same fried with lard.
- Peacock skewered with castor stick , cooked over wood of castor, and mixed with castor oil
- Haridra mixed with ash and dust and honey,
- Pippal fried with fish-cooking media and Kakamac mixed with honey
- Honey and ghee in equal quantity.
- Honey and rain water in equal quantity
- Honey and lotus seed
- Hot water after eating honey
- Hot water after eating bhallataka, kampillaka cooked with lassi
- Stale kakamac and bhasa roasted on iron.

After Lord Atreya explained the above theory, Agnivesa enquired, "O! Lord, We have listened to what you have stated about the drugs and diets- their properties and actions together with all relevant details. We would like to know in detail about the unwholesome properties of certain diets (that is those which cause vitiation of bodily dhatus)" Ch Su.26/80

Lord Atreya replied, "Such of the drugs and diets as are unwholesome for the normal dhatus (tissue elements) and dosas of the body, are in fact opposed to the proper growth of such tissue elements and dosas; 1. Some act due to their mutually contradictory qualities; 2. Some by combination; 3. Some by the method of preparation; 4. Some by virtue of the place (land and body), time and dose and 5. Some others by their (inherent) nature. Ch.Su.26/81

All the various categories of unwholesome diets and drugs enunciated above are illustrated in paragraphs Ch Su 82-84. Some substances are unwholesome due to their mutually contradictory qualities; e.g. fish and milk. Ripe nikuca (*Artocarpus lakoocha* Roxb) and soup of masa (*Phaseolus radiates* Linn) are unwholesome when taken in combination. The difference between the drugs that are unwholesome due to mutually contradictory qualities and those due to combination is that the drugs of Sanyog viruddha

The meat of kapota(pigeon) fried in mustard oil is unwholesome due to the method of preparation. Ashes and dust are responsible for causing unwholesomeness in drugs and diets. Similarly, honey is unwholesome when used by a person whose body is afflicted with heat. Kakamaci(*Solanum nigrum* Linn) when staled, that is kept for some days, may cause death of the animal. Substances that are against any particular dosa or bodily constitution are also to be included in the 4th category. Some drugs and diets are unwholesome by nature, e.g posion(venom). Ch.su.26/82

We shall now explain some aspects of unwholesomeness of diets which are commonly used. Fish should not be taken with milk, both of them have sweet taste, but due to the contradiction is their potency (fish is hot and milk is cold) they vitiate the blood and obstruct the channel of circulation.

Having listened to Lord Atreya, Bharadvaja said to Agnivesa, “ One can take all kinds of fish except cilicima(?) together with milk. The cilicima (?) fish has scales; its eyes are red and it has red spot all over the body; it is like the rohita (red carp fish) fish and moves on the ground. If this fish is taken with milk, it is bound to cause constipation and disease relating to blood and it may even cause death. Ch.su.26/83

Lord Atreya while disagreeing with the above view said, “One must not take milk alongwith fish specially with *cilicima* type of fish. *Cilicima*(?) fish considerably obstructs the channels of circulation and causes the above mentioned disease whose symptoms are very clear; it also produces *amavisa* (toxin due to improper digestion as well as metabolism).

Meat of domestic, marshy and aquatic animals should not be taken together with honey, sesamum seeds, sugarcandy, milk, *masa* (*Phaselolus radiatus* Linn) radish, lotus stalk or germinated grains. By doing so, one gets afflicted with deafness, blindness, trembling, loss of intelligence loss of voice and nasal voice, it may even cause death.) ChSu 26.84

One should not take vegetable of *puskara*(*nelumbo nucifera* Gaertn) and *rohini* or meat of *kapota* (dove) fried in mustard oil together with honey and milk, for this obstructs channels of circulation and causes dilation of blood vessels, epilepsy *sankhahak* (a disease of the head characterised by acute pain in temporal region), *galaganda* (scrofula), *rohini* (diphtheria)

Types of unwholesome diet i.e Virodhi Ahar

Drugs and diets which are at variance with ,place, time power of digestion dosage, habit, dosas, mode of preparation, potency bowel, state of health, order, proscriptions and prescriptions, cooking, combination palatability, palatability, richness of quality and rules of eating are all unwholesome. They are illustrated below.

Place - Intake of dry and sharp substance in deserts unctuous and cold substance in marshy land

Time - Intake of cold and dry substance in winter. Pungent and hot substance in the summer.

Power of digestion - Intake of heavy food when the power of digestion is mild(mandagni) intake of light food when power of digestion is sharp (tikshnagni) similarly intake of food at variance with irregular and normal power of digest come under this category.

Dosage – Intake of honey and ghee in equal quantity

Habit - Intake of sweet and cold substance by persons accustomed to pungent and hot substance.

Dosa - Utilisation of drugs, diet and regimen having similar quantities with dosa but at variance with the habit of the individual

Mode of preparation – Drugs and diets which when prepared in a particular way produce poisonous effects for example meat of peacock roasted on castor spit.

Potency – Substance having cold potency in combination with those of hot potency

Bowel – Administration of a mild purgative in a small dose for a person of costive bowel and administration of strong purgatives in strong doses for a person having laxed bowl

State of health – Intake of vata aggravating food by a person after exhaustin sexual act and physical exercise or intake of kapha aggravating food by a person after sleep or drowsiness.

Order – If a person takes food before his bowel and urinary bladder are clear (empty) or when he does not have appetite or after his hunger has been aggravated proscriptions and

prescriptions. Intake of hot things after taking port etc. and cold things after taking ghee. Cooking preparation of food etc. with bad or rotten fuel and undercooking, overcooking or burning during the process of preparation.

Combination – Intake of sour substance with milk

Palatability- Any substance which is not pleasant in taste.

Richness of Quality- Intake of substance that are not matured over matured or putrified.

Rules of eating- Taking meals in public

Diseases due to viruddhaahar

Intake of unwholesome food is responsible for the causation of sterility, blindness, visarpa, ascitis, eruptions, insanity, fistula, fainting in toxication tympanity, spasmodic obstruction in throat anemia poisoning due to ama, kilas type of skin disease, obstinate skin diseases including leprosy, sprue oedema, acid dyspepsia, fever rhinitis, foetal disease and even death (Ch.Su.26/85)

Exception for viruddha ahar

The above description of unwholesomeness is subject to certain exception for example in certain situations intake of garlic with milk is in fact prescribed of chikitsa 5:94 presumably the intake of garlic with milk is not unwholesome. When many other drugs are added to it in the absence of such multiple combination garlic with milk would certainly amount to unwholesome.

Similarly honey which is prescribed to be taken with hot water for emesis is not unwholesome because it comes out along with vitiated dosas through vomiting (Ch.Su26).If an individual is habituated to the intake of unwholesome drugs or diets or if they are taken in small quantity or taken by a person having strong digestive power or by a young person or by the one who has undergone Oletion therapy or who is strong physique due to physical exercise. The unwholesomeness of various diet does not have any effect (Ch.Su 26) This virodha is also specific in nature and is formed only in certain causes perating through

prabhava that is why in normal diet the combination of madhura and amala rasa which are mutually antagonistic do not harm. Ch.su.26/101

Treatment for disease caused by intake of viruddha ahar

Diseases caused by the intake of unwholesome diets and drugs can be cured

- 1) Emesis
- 2) Purgation
- 3) Administration antidotes
- 4) Taking prophylactic measure ch.su.26./105-106

Exceptional for Viruddha Ahar

If an individual is habituated to the intake of unwholesome drugs or diets or if they are taken in small quantity or taken by a person having strong digestive power or by a young person or by the one who has undergone Oletion therapy or who is strong physique due to physical exercise. The unwholesomeness of various diets does not have any effect. Ch.Su.26/

Chakrapani & Gangadharsen Commentries on Viruddha ahar

The substance acting incompatibility are antagonistic¹ to dehadhatu Chakrapani and Yogidranatha take dhatu and doshas by dehadhatu but Gangadhara rightly includes malas also secondly Chakrapani interprets Virodha as dusahas (vitation) but Gangadhara takes it in the sense of Nasaka(destroyer).²

In fact virodha looks more than vitation causing determent. CK7,GN8³

Chakrapani has given instances of all types of antagonism Chakrapani says that amla with milk is antagonistic only when it is combined singly but if jaggary etc are also added to it, it is not so. He further adds that excessive aggravation of vata also means slight aggravation of the other two doshas as well.⁵

Chakrapani explained doshastavyati utklishtan rupan jahyitwa.Gangadhar reads EiYsfzrf instead of Ax\$ffurf Yogindranathsen reads as EiYsfzrf though the meaning is same.⁶

CONCEPTUAL STUDY OF VIRUDDHA AHAR

SUSHRUT SAMHITA

Viruddha Ahar by Combination (Su.Su.XX.9-10)

- Flesh of any domestic or aquatic beast or bird, or marshy area, should not be eaten with boiled rice prepared from paddy which has commenced sprouting or with lard, honey, milk, treacle or masha pulse.
- Pot herbs, rohini and jatuarika should not be partaken of in combination with milk and honey.
- Flesh of heron with kulmasha and the liquor called Varui
- Black pepper and long pepper should not be eaten in combination with herbs nadima
- Siddhi should not be eaten with curd and flesh of cock
- Honey should not be taken immediately after drinking hot water.
- Meat and bile should not be taken together
- Sura (wine), krsihara and payasa should be avoided.
- Uncooked meat with bile
- Mulaka with soup of maka (black gram)
- Sheep with leaves of kusumbha
- Germinated grain with bias
- Fruits of lukuca with soup of black gram
- Jaggery, milk, curds, yogurt, ajya
- Fruit of tala with curds/yogurt
- Kala and aala with honey
- Kakamac with honey or with jagger/molasses or prepared in vessel used for cooking fish or cooking nagara or in vessel stored overnight
- Pippali together with an oil intended for frying fish.
- Sarpi (ghee) stored for more than 10 days in bronze vessel.
- Heat or hot materials along with aruakara
- Bhasa (white headed vulture) which is roasted is inedible
- Kampilla with buttermilk
- Mixture of payasa (milk pudding), sura (beer) and kaaara (rice with green gram)

- Mixture of equal parts of honey, ghee, muscle fat (vasa) , oil and water in combination of two or three or all.
- Mixture of honey and ghee (even if in unequal proportion) followed by rain water as an after drink.
- Honey with seeds of puakara
- Wine from honey mixed with wine made from dates is incompatible
- Drinks made from milk and a preparation of corn flour (mavatha)
- Haridra (turmeric or bird) and mustard oil
- Upodaka leaves processed with sesame paste yields diarrhea
- Balaka (crane) with vaul (supernatant fluid of wine) green gram and other pulses cooked over steam
- Balaka (crane) cooked in fat of boar
- Black partridge, peacock, iguana, quail, gray partridge cooked over wood fire of castor and processed in castor oil
- Karidra pierced with wood of turmeric (*Berberis aristata*) and cooked with same wood.
- Karidra smeared with ash and sand (method for cooking) and taken with honey.

Viruddha Ahar by Extremeness &/or Contrast (Su.Su.XX.17)

- Substances that are incompatible with or antagonistic to the system in the manner of intensity
- Substances of extreme dryness
- Substances of extreme oiliness
- Extreme cold or warmth

Sushruta comments further that foods or substances which are incompatible to one another in their tastes, energy and post-digestive effect are absolutely unwholesome and to be avoided. Taking these foods, the greedy or intemperate person develops disease, weakness of senses and ultimately meets with doom. Anything that increases the doshas and leads to stagnation of waste in the body, while not performing vitalization is the source of disease. However, such diseases are amenable to treatment through purgatives, emetics and pacifying measures/drugs. When such a poor diet is unavoidable the meal should be preceded by substances neutralizing the harmful effects. It is notable that some meat eaters by virtue of

bodily adjustments, youth exercise, strong appetite and so on fail to manifest symptoms.
(Su.Su.XX.18-22)

Viruddha Ahar Preparations of Food (Su.Su.XX.11-12)

- Flesh of pigeon fried with mustard
- Flesh of kapinjala, peacock, Iva, tittira, godh, boiled with castor oil
- Ghrutam kept in a vessel of Indian bell metal for ten days or more is toxic
- Honey should never be used in cooking with any substance nor in the seasons of spring and autumn
- Herbs known as k kam ci boiled in a utensil in which fish or ginger had been previously boiled or prepared is toxic
- Herbs known as upokik should not be eaten by boiling with levigated paste of sesame
- Flesh of heron prepared with pork lard should not be combined with coconut.
- Flesh of bhasa bird roasted on a spit over charcoal fire would not be eaten,

Viruddha Ahar by Proportions (Su.XX.13)

- Two oily substances such as oil and ghrutam (ghee) mixed in equal proportions (Ca.Vi.I.21)
- Rain water should not be taken immediately after drinking honey and ghrutam.

Incompatible Tastes (rasa), potencies (virya) and Chemical Actions (vipaka) (Su.Su.XX.14-16)

- Madhur and amala (sour) tastes- potency (virya) and inherent qualities (gunas)
- Madhur and lavan- potency (virya) and qualities (gunas)
- Madhur and Katu -potency (virya), qualities (gunas), chemical actions (vipaka)
- Madhur and tikta-by taste (rasa) and chemical actions (vipaka)
- Madhur and Kashaya by taste and chemical actions (vipaka)
- Amala and lavan - by tastes (rasa)
- Amala and Katu taste (rasa) and chemical action (vipaka)
- Amala and tikta- tastes (rasa), potency (virya), chemical actions (vipaka)
- Katu and Kashaya - tastes (rasa), potency (virya), chemical actions (vipaka)
- Lavan and katu- taste (rasa), chemical transformation (vipaka)
- Lavan and tikta-taste (rasa), potency (virya) chemical actions (vipaka)

Not appreciated is that indifference to this is unhealthy. The list below is a more practical guide to incompatible foods from Ayurveda Today, 1990.

- Melons with grains, starch, fried foods, cheese
- Radish with milk, banana, raisins
- Lemon with yogurt, milk, cucumber, tomato
- Corn with dates, raisins, banana.
- Mango with cheese, cucumber
- Eggs with milk, meat, yogurt, melons, cheese, fish, banana
- Yogurt with milk, sour fruits, melons, hot drinks, meat, fish, starch(grains), cheese
- Starches with eggs, chai, milk, banana, dates, persimmon
- Milk with banana, meat, fish, melons, curds, sour fruits, kitchari, cherries, breads having yeast,
- Potato, tomato, eggplant with yogurt, milk, melon, cucumber
- Peaches with rice
- Melons with grains
- Fruits with potato, tapioca, other starches
- Poultry, fish with yogurt or lassi
- Chicken with cheese
- Honey and ghee in equal amounts by weight.
- Seed oils with animal oils in cooking.

According to certain eminent medical authorities, an article or a substance which is beneficial in derangement of the bodily Vayu may prove positively injurious in a Pittaja affection; hence it is impossible to name an article or substance which is absolutely or universally wholesome irrespective of the nature and type of a disease and of the deranged bodily humours involved therein.¹

But we cannot subscribe to the foregoing hypothesis, since by nature or combination things (substances) are, or become endued with properties, which prove absolutely beneficial or unconditionally harmful or exert a mixed virtue. (both beneficial and injurious) according to the difference in the nature and type of the disease in which they are employed. Things or articles such as clarified butter, water, milk and boiled rice, etc. may be denominated as absolutely beneficial owing to their congeniality to or natural suitability to the human organism.²

Similarly, substances such as fire, alkali and poison, may be designated as unconditionally harmful in virtue of their burning, suppurating (lit : boiling) and fatal effect upon the organic bodies in general. A substance, which is innocuous by nature, may prove equally injurious as any active poison through an injudicious or incompatible combination. ; Whereas a substance or an article, which proves beneficial in a derangement of the Vayu, may prove otherwise in a disorder of the pittam.³

Articles or substances which may be safely included within the food stuffs of all human beings are the members of the group (varga) known as the red Shali, the Shastika, The Kanguka, the Mukundaka, the Panduka, the Pitaka, the Pramodaka, the Kalaka, the Ashanaka, the Pushpaka, the Karddmaka, the Shakunahrta, the Uddalaka, the Shyamaka, the Godhuma and the Venu etc as well as the flesh of the Ena, the Harina(copper coloured deer), the kuranga, the Mriga, the Mrigamatrika, The Shyadanstra, the Karalle , the Krakara, the Kapota (pigeon) the Lava, the Tittri, the Kapinjala, the Vaitira and the Varttika and such like beast and birds. The varieties of pulse which form the articles of human food are known as the Mudga, the Vana-Mudga, the Makushtha, the Kalaya, the Masura, the Mangalya, the Chanaka, the Harenu, the Adhaki and the Satina, Similarly the different species of pot-herbs, which may be safely used by a man to give a greater relish to his food, are named as the Chilli, the Vastuka, the Sunishannaka, the Jivanti, the Tanduliyaka, and the Mandukaparni, etc., Clarified-butter, the salt known as the Saindhava, and the luscious juice of the pomegranate and the Amalakam, should be generally deemed the most wholesome articles of food.⁴

Similarly, the practice of self-control, residence in a room protected from the strong gusts of wind, sleeping only at night, tepid water and moderate physical exercise should be regarded as absolutely conducive to a better preservation of health.⁵

We have already enumerated the names of substances which are absolutely beneficial or unconditionally injurious to human health. Things which are both wholesome and injurious are those which , for e.g may prove beneficial in a disatempt of the bodily Vayu though otherwise in a Pittaja affection, The Valli fruit , the Karaka, the Karira, the Amla-phala, the salt , the Kulattha, the Pinyaka, curd, oil, virohi, cakes, the dried pot-herbs, goat's flesh, mutton, wine, the Jamboline fruit, the chilichima fish, the flesh of the Godha, and the Varaha (wild boar) being eaten simultaneousl with milk, furnish an example of articles which may act as deadly poisons through incompatible combination.⁶

Metrical Texts:- An intelligent physician considering the nature of the illness of the disease, the strength and temperament of the patient, and the state of his digestion as well as the seat of the affection, the physical features of the country and the then prevailing season of the year, should prescribe a diet which he thinks the most proper and suitable to the requirements of the case. Since the conditions infinitely vary in the different types of diseases and even the same conditions do not obtain in one and the same type. Physicians generally prescribe a diet of their own selection, one determined with regard to its general effect on health, in preference to one that has been laid down in books of medicine.⁷

If asked to prescribe either milk or poison to a healthy person, a physician would naturally prescribe the former, and thereby prove the absolute wholesomeness of milk and unconditional harmfulness of poison. Thus is verified, Sushruta the correctness of the dictum, that things such as water, etc. are absolutely and unconditionally wholesome or otherwise by virtue of their respective natural properties.⁸

Things which are unwholesome through combination:- Now I shall enumerate the names of substances which become positively unwholesome through incompatible combination. The flesh of any domestic (Gramya) or aquatic (Anupa) beast or bird, as well as the flesh of those which live in marshy ground (Audaka), should not be eaten with boiled rice prepared from paddy which has commenced sprouting, or with lard, honey, milk, treacle or Masha- Pulse. The pot-herbs, known as the Rohini and the Jatu-shaka, should not be partaken of in combination with milk and honey; nor the flesh of a heron, eaten simultaneously with Kulmasha and the spirituous liquor known as Varuni, Maricha (black pepper) and Pippalis should not be eaten in combination with the pot-herbs known as the Kakamachi. The pot-herbs known as the Nadima and Siddhi should not be simultaneously eaten with curd, and the flesh of a cock. Honey should not be taken immediately after drinking warm water, nor meat and bile should be simultaneously eaten. Sura (wine), Krishara and Payasa should not be taken in combination. Similarly, Sourvika and sesemum paste, fish and modifications of sugarcane juice, treacle and kakamachi, honey and Mulakam, treacle and the flesh of a wild boar or honey and boar's flesh should not be taken in combination.⁹

Similarly, milk and Mulakam, mango fruit and Jamboline fruit and the flesh of Godha, Porcupine and hog should not be eaten together. All fish, specially those of the Chillichimi species, should not be taken with milk, nor the fruit of a plantain tree should be simultaneously eaten with Tala fruit, milk or whey. The fruit known as Lakucha should not

be taken with milk, curd or meat soup, nor with honey and clarified-butter, nor immediately before or after the drinking of milk.¹⁰

Incompatible preparation of food:-

Now we shall enumerate the names of substances, which become unwholesome through incompatible preparations. Flesh of pigeon fried with mustard oil should not be eaten. The flesh of a Kapinjala. Myura(peacock), Lava, Tittira and Godha, boiled with castor oil and on a fire of the twigs of castor plants should not be eaten. Clarified butter, kept in a vessel of Indian bell metal for ten consecutive days, should be rejected as unwholesome. Honey should not be used in combination with an article or substance heated by fire, not in the season of spring and autumn. The pot-herbs known as the Kakamachi, boiled in a bowl in which fish or ginger had been previously boiled or prepared, should be rejected as positively injurious.¹¹

Similarly, the pot-herbs known as the Upodika should not be eaten by boiling them with the levigated paste of sesamum. The flesh of a heron prepared with hog's lard should not be taken with the pulp of the cocoanut fruit. The flesh of a Bhasa bird, roasted on a spit over a charcoal fire, should not be eaten.¹²

Objectionable proportion:-

Now we shall enumerate the names of substances which become unwholesome by being mixed in objectionable proportions. Two oily substances (such as oil and clarified butter) or honey and any of the oily substances mixed in equal proportions, should not be taken; nor should rain water be drunk immediately after having taken honey and clarified butter.¹³

Incompatible tasted, potencies and chemical actions:- Now we shall describe the substances enumerated in couples and possessed of different tastes, which prove incompatible to each other through their respective tastes, potencies and chemical actions (Vipaka). Sweet and acid tastes or sweet and saline tastes should be deemed incompatible to each other in respect of their potencies and inherent properties. Sweet and acrid tastes are incompatible to each other in all the above three respects.¹⁴

Similarly, madhur and tikta or sweet and astringent things should be deemed incompatible to each other in respect of their tastes and chemical action. Amala and Lavana

things are incompatible to each other as regards their flavours. Acid and acrid things are incompatible as regards flavor and chemical action Amala andKatu, or Amala and kashaya things, are incompatible to each other, both as regards their respective flavours potencies and digestive or chemical transformations. Lavan and Kashaya things are incompatible to each other as regards their respective flavor (Rasa) and digestive (Chemical) transformation.¹⁵

Similarly, Lavan and tikta things or lavan and Kashaya things are incompatible to each other in respect of all three above said relations and categories. Katu and tikta tastes are incompatible to each other in respect of flavor and categories. Katu and tikta tastes are incompatible to each other in respect of flavor and digestive transformation, whereas substances of tikta and kashaya or tikta and kashaya tastes are incompatible to one another as regards their respective potencies, flavours and digestive (chemical) action and transformation.¹⁶

Degrees of Incompatibility: - Substances that are incompatible with, or antagonistic to the system through a difference of degree or intensity, as well as things which bring about an extreme dryness of the organism, or those which are extremely oily in their composition or are characterised by extreme cold or warmth, should be categorically rejected.¹⁷

Authoritive versed on the subject:- Things or substances which are incompatible to one another in their respective tastes, potencies and reactionary transformation should be denied as absolutely unwholesome, while the rest should be considered as possessed or mixed virtues (wholesome or injurious under certain circumstances) as described before.¹⁸

By taking substances which are incompatible to one another as regards their tastes, potencies and digestive transformation, a greedy and intemperate person becomes afflicted with disease and weakness of the sense-organs and ultimately meets with his doom.¹⁹

Anything, which being taken enrages or agitates the bodily humours without causing the assimilated food (effete matter) to be evacuated out of the bowels or is possessed of a taste contrary to, or other than what is necessary for the purposes of vitalization, should be looked upon as the primary source of all bodily distempers

Disease, brought about by a food or drink composed of incompatible substances are amenable to the use of purgatives, emetics or pacifying (corrective of the deranged humuors) medicines; and such a diet, even when found unavoidable, should be preceded by the use of drugs or substances potent enough to neutralize its baneful effect.²⁰

A meat, in the composition of which substances of incompatible virtues and potencies largely enter, fails to develop any distressing or harmful symptoms in subjects who are habitually addicted to it, or who takes it in small quantities as well as in persons of youthful vigor and strong appetite, or in those who have become invigorated by the use of oily and albuminous food and healthful physical exercise.²²

uÉUWuÉxÉnÉÉUpÉ²Éç oSÉÉMuÉç IÉÉUuMúSúhÉç xÉWu IÉÉ 'ÉirÉÉiSirÉjÉi: p pÉÉxÉlqÉiÉ pÉÉxÉÉa aÉkÉuÉzÉÉa: xuÉsmÉiÉhOúá kÉkÉUuÉhÉi: p rÉcNúSÉqÉ luÉk²É A²ÉÉUuÉnÉmÉMQ iÉS²ÉÉUzÉÉsrÉqÉç y14y

eSÉxÉWuÉluÉirÉÉiS AÉiÉUuÉ²ÉÉSMuÉiÉhÉÉiÉÉa luÉzÉÉiÉÉa qÉkÉkÉWuÉa eSÉxiÉWuÉa uÉÉ IÉÉ 'ÉirÉÉiÉç p iÉSúÉç xuÉpÉÉuÉnÉj rÉxÉÉÉaÉMuÉSÉxÉçMuÉU - qÉÉiÉa nÉcNúÉMuÉUihÉ luÉÁ[®]ÉiÉ IiÉiS¹ÉiÉ y15y

AiÉ FkuÉlqÉirÉÉiS p qÉkÉUúsuÉhÉÉa cÉaiÉ cÉMuÉUúÉ UxuÉlÉrÉÉiUÉÁ[®]ÉluÉiÉi xÉqÉÉÉirÉiÉa p xÉuÉiÉ CliÉ UxuÉlÉrÉÉiUÉnÉÉMuÉiÉ: LuÉç xÉuÉSÉ UxÉ²1²mÉMuUúhÉa xÉuÉiÉ: zÉoSÉa urÉZrÉÉiÉurÉ: p qÉkÉUuMúÉÉrÉÉa cÉaiÉ cÉMuÉUúhÉç CqÉÉuÉimÉ UxÉluÉMuÉpÉrÉÉç luÉÁ[®]ÉluÉiÉi xÉqÉÉÉrÉiÉa p MuOúMúÉÉrÉÉa cÉaiÉ cÉMuÉUúuÉáÉÉuÉimÉ UxuÉlÉrÉÉpÉrÉÉç luÉÁ[®]É - luÉiÉi p qÉkÉUúÉqsÉÉluÉirÉÉiS nÉÉPúÉ SíZÉzÉMuUÉiS²1²uÉÉaÉÉaÉÉWuÉnÉ IÉ luÉUÉkÉ: AprÉuÉnÉ cÉÉiÉhÉrÉÉaÉÉWuÉú luÉUÉkÉ CAIiÉ xÉllcÉiÉqÉç p 'ÉiáirÉSÉxÉÉsrÉ AfcÉÉrÉÉi AqÉú mÉÉPúÉÉiÉÉj Éi uÉhÉrÉÉiÉi: MúxqÉÉiÉç ? 'AÉSÉa qÉkÉU 'ÉirÉÉiÉç (xÉUuA.46) CirÉÉiS iÉÉ xÉuÉUxÉÉpÉuÉWuúxrÉ xuÉxjÉÉiÉÉqÉÉuÉuÉiÉç 'iÉ cÉMuUxÉxÉuÉÉrÉÉç CirÉÉiS iÉÉ cÉMuUxÉxÉuÉÉrÉÉ IiÉimÉ[®]uÉÉiÉç ; iÉxqÉÉ³Éç mÉPúÉiÉrÉ LuÉÉrÉç aÉá jÉ CliÉ p **jÉiÉqÉWuSá**xÉuÉÉÉiÉÉuÉiÉcÉiÉÉqÉMúoÉ³ÉqÉú aÉá jÉç mÉPúÉiÉ urÉÉZrÉÉiÉrÉiÉ cÉ p iÉimÉiPúÉurÉÉZrÉÉiÉuÉÉiÉç xÉuÉqÉiÉiSúZÉi- IpÉUxqÉÉpÉUimÉ IsÉiZÉiÉ: uMúlcÉ²ÉUurÉÉiÉ²Éti " १६ "

AliÉzÉrÉaÉhÉrÉaÉrÉÉuÉ qÉÉiWuÉ²ÉiUúS nÉSÉjÉÉi IúúÉÉ AImÉ xuÉxjÉÉiÉÉqÉMúÉi iÉÉiWúÉÉ pÉuÉiÉÉiÉ AliÉzÉrÉxÉiÉWuSáÉhÉxÉiWúÉiÉÉi SúrÉÉhÉÉaÉjÉa p iÉÉiÉuÉÉiÉzÉrÉaÉhÉrÉÉuÉiÉç luÉMúhuÉ³ÉÉWu - AliÉxiÉakÉiÉirÉÉiS p iÉxqÉÉiÉqÉÉiWuÉç SákÉç aÉirÉÉSiÉzÉrÉxiÉakÉç xuÉxjÉxÉrÉ xÉqÉÉaÉuÉÉrÉqÉç , AxuÉxjÉxÉrÉ cÉ iÉi²hÉÉaÉa xÉuÉÉlqÉirÉÉiS Si¹urÉqÉç p rÉÉuÉqÉÉaiÉ cÉMuÉUÉAliÉzÉrÉaÉhÉrÉÉuÉiÉqÉimÉ CliÉ p LuÉqÉÉSiIiÉirÉÉiSúoSÉSiRéAlmÉ uÉirÉxÉqÉÉMuÉ aÉhÉÉ: ImÉicNúSÉluÉzÉSiÉiÉ²hÉpÉsuÉÉa aÉ²ÉiÉiÉa iÉjÉÉ aÉúSÉhÉuÉiÉrÉi cÉ p AírÉa iÉú 'AÉiSúoSÉSÉuÉpÉrÉÉAírÉAlmÉ xÉuÉa aÉhÉÉ aÉ²ÉiÉa CliÉ uÉSiIiÉ y17y

AqÉúÉuÉÉjÉi xÉZÉoÉÉSÉjÉi xÉqÉ²ÉWu - luÉÁ[®]ÉiÉirÉÉiS p uÉirÉiÉ CliÉ uÉirÉzÉoSáÉÉSÉ iXÉakÉÉsrÉÉA¹Éa aÉhÉÉ EcrÉiÉa AjÉuÉÉ luÉqÉÉiÉaÉhÉÉ: mÉOúxÉÉ AmrÉÉcrÉiÉa 'rÉaÉ MúuÉiIiÉ iÉ²irÉqÉ' (xÉUuA.41) CAIiÉ uÉcÉiÉÉiÉç p LuÉqÉÉSiIiÉirÉÉa rÉÉiÉ MuÉiÉlÉcúSiÉiÉ rÉiÉç MuÉiÉç iÉ'ÉiSÉÉiÉuÉÉuÉzÉzÉÉAluÉÁ[®]ÉaÉaÉWújÉqÉç p AírÉa xuÉÉiSúoSÉÉ'ÉiSÉÉiÉuÉÉuÉiÉ SzÉMuÉSÉqÉÉÉSiS luÉÁ[®]ÉiÉ sÉpRéiÉ CliÉ qÉirÉiÉa p zÉuÉqÉç AiÉÉÁ IrÉlqÉÉuÉÉiS IúúÉÉiWúÉç eÉÉiÉirÉÉiÉç MúxRélcÉ-ÉuÉxÉrÉ mÉMuÉaÉMuúuÉÉiÉç MúxRélcÉ-ÉuÉxÉrÉ WúuÉÉiS iÉ y18y

ImQ nÉÉiÉluÉÁ[®]ç pÉÉq MúuÉaÉiÉirÉÉWu - urÉÉkÉlqÉirÉÉiS p urÉÉkÉlqÉiÉi uÉÉhZÉákrÉluÉxÉnÉSMuÉSúluÉxTuÉúMuÉa qÉÉSpÉaÉiSúÉiSMúqÉç , CúiSréSÉmúsrÉqÉç CúiSréÉkÉ , ÉiÉSÉmúsrÉqÉiSi rÉzÉiÉuSúmúsrÉ

REFERENCES OF CONCEPTUAL STUDY OF VIRUDDHA AHAR

ආශ්‍රිත සාහිත්‍ය

1. උපාය චරිතයේ සිදු වූ මුහුණත සහ ඔහුගේ චරිතය පිළිබඳව
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/9
2. ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
සුරතලයේ නිවැරදිව පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/10
3. උපාය චරිතයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/17
4. උපාය චරිතයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/11
5. උපාය චරිතයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/12
6. උපාය චරිතයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/3
7. උපාය චරිතයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/4
8. අත: සර්වප්‍රාණිනාමයා අහාරාර්ථ වර්ග උපදිශ්‍යතෙ | තද්‍යතා ශ්‍රත ශාලිඞ්ඞික කඞ්ඞු.කුකුඞ්ඞුකපාඞ්ඞු කපතික
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/4
9. උපාය චරිතයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/4
10. අත: සර්වප්‍රාණිනාමයා අහාරාර්ථ වර්ග උපදිශ්‍යතෙ | තද්‍යතා ශ්‍රත ශාලිඞ්ඞික කඞ්ඞු.කුකුඞ්ඞුකපාඞ්ඞු කපතික
ආශ්‍රිත සාහිත්‍යයේ පිටුව 10 උපාය චරිතයේ මුහුණත පිළිබඳව
xආශ්‍රිත 20/4

CONCEPTUAL STUDY OF VIRUDDHA AHAR

ASHTANG SANGRAHA

Meat of animals of Marshy regions is incompatible with Mash(black gram) honey Kshir (milk) virudh(germinated grains, mulaka or goda (molasses jiggery) especially¹ fish with milk as they are viruddha virya among all fish chikhim variety.^{2,3}

All sour substance are incompatible with milk so all fruits which are sour are incompatible with milk. After consuming green vegetables chinking of milk should be avoided. Payshkar, Rohini mix honey avoided with milk .Pigeon fried in mustard oil with honey milk combination avoided.⁴

Sanyog viruddha

Meat of prsata(spotted deer) and Kukkuta (cock) should not be part taken with dhadhi uncooked meat along with bile mulaka with soup of masa meat of avi(sheep) with leaves of Kusumpha germinated grains with bias fruits or lukuica along with soup of mash guda(jiggery) milk, dadhi (curd) and ajya(butterfat) fruit of tala alongwith dadhi kaha and Usana along with madhu(honey) or kakamachi with guda (Jaggery)⁵ Kakamachi prepared in the vessel meant for cooking fish or for cooking nagara or prepared in any other vessel to make it like erable or that kept overning.^{6,7}

Sarpi (ghee butter fat) kept for more than ten day in a bronze vessel hot wine/Dadhi (curd) honey, Bhallatakesha should be avoided. Kampillak prepared with butter milk.⁸

Mixing together and then consuming of payasa (milk pudding) sura (beer) and Ksora (rice mess prepared with green gram should be avoided.

Mixture of equal quantities of honey ghee muscle fat oil and water in their combination of any two three or all of them together is incompatible with each other.

Mixture of honey and ghee through in unequal proportion consumed followed with rain water as an after drink is incompatible so also with madhu (honey) and seeds of puskara. Madhu (wine prepared from honey) maireya (wine prepared from dates) Sarkara(wine prepared from sugar) drinks made from milk followed by mantha (solution of corn flour) as an after drink haridra and katu taila(mustard oil) are all incompatible. Upodaka leaves processed with paste of tila is going to cause diarrhea.

Meat of balaka (demoisellecrabe) bird along with varuni (supernatant fluid of wine) and kulmasa green gram and other pulses cooked over steam is incompatible the same (meat of balaka) fried in fat of boar soon takes away life.

Similarly also the meat of tittir (black partridge) Patradhya (peacock) godah (iguana lizard) lava(common quail) kapinjala (gray pigeon) cooked over by the fire of (wood of) eranda (castor) plant Recinus commutis and processed with fried in its oil castor oil.

Meat of haridri (a kind of yellow bird) pierced with wood of haridra (darharidra Berberis aristata) and cooked with the flame of haridra takes away life quickly.

Cold hot and new old, Amav and Pakwa Ahar should be avoided .

Viruddha dravya lakshana:

Any thing that causes aggravation (increase) of the dosha but doesnot expel them out of the body is called Viruddha

Kind of Viruddha

1. Sanyog of drava
2. Sanskar of dravya
3. Natural (swabhatah)

Examples of Viruddha according to kind

1. Milk with kulidh (madhur amla vipak)
2. Milk with jackfruit (vipak and virya virodh)
3. Milk with fish (virya virodhi)
4. Hot curd (sanskar virodhi)
5. Ghee and honey in same quantitiy (matra virodhi)
6. Air of desert (desh virodhi)
7. Eat saktu at night (kala virodhi)
8. Eat yavak (swabhava virodhi)

Disease by taking Viruddha ashana:

Visfot/oedema, Mada, Virodhi, Gulma, Tuberculosis, Loss of memory, Itelligency, sensory organs, Aushtau Mahagada Vatvyadhi, Asmany Kushtha, Meha, UDar, Bhagandar, Arsha Grahani and died.

Exceptional case of Viruddha Ahar and disease

Food though incompatible do not produce disease in those who are of age(adult age) and who have strong digestive power. So also these foods though incompatible which have become, accustomed and which have been consumed in very little quantity

A 1. félév felmérésének címe

1. A felmérés címe:

az első félév felmérésének címe: az első félév felmérésének címe

az első félév felmérésének címe: az első félév felmérésének címe

2. A felmérés célja:

az első félév felmérésének címe: az első félév felmérésének címe

az első félév felmérésének címe: az első félév felmérésének címe

3. A felmérés módszere:

az első félév felmérésének címe: az első félév felmérésének címe

az első félév felmérésének címe: az első félév felmérésének címe

6. (Műemléktervezési és Művelődési Székhelyek:)

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

A. xé. xé. 9/10

7. Művészeti Székhelyek és a művelődési központok

Művészeti Székhelyek és a művelődési központok A. xé. xé. 9/11

8. xé. xé. és Művelődési Székhelyek

és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

AXMűvelődési Székhelyek és a művelődési központok

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

9. zé. zé. és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

10. zé. zé. és a szabadidő értékesítésére szolgáló

Az és

Ei és a szabadidő értékesítésére szolgáló

ifjúk és a fiatalok számára a szabadidő eltöltésére és a szabadidő értékesítésére szolgáló

ASHTANG HRIDYA.

Even incompatible foods should be considered. Similar to poison and artificial poisoning.¹ Meat of animals of marshy regions is incompatible with masa (blackgram), Ksaudra (honey), Ksira (milk), Virudhaka (germinated grains) bisa mulaka or guda (molasses jaggery) especially the fish with milk and among the fish the cilima variety.²

All sour substances are incompatible with milk so also all the fruits (which) are sour. So also Kulatha Varaka Kangu Valla and Makustaka.³

After consuming green vegetables drinking of milk should be avoided⁴, meat of (Varaha) boar should not be consumed along with the meat of Svavidh (porcupine) meat of Prsata (spotted deer) and kukkuta (cock) should not be partaken with dadhi (curds yoghurt) uncooked meat along with bile mulaka with soup of masa meat of avi (sheep) with leaves of kusumbha germinated grains with bisa fruits of lucica along with soup of masa guda (jaggery) milk dadhi (curds yoghurt) and ajya (butterfat) fruit of tala along with dadhi, kana and usaha along with madhu (honey) or kakamachi with guda (jaggery), Kakamachi prepared in the vessel meant for cooking fish or for cooking nagara or prepared in any other vessel to make it likeable or that kept overnight.⁵ Ash hrisu-33/36

Pippali processed with oil in which fish is fried should be rejected,⁵ Sarpi (ghee, butterfat) kept for more than ten days in a bronze vessel heat (hot materials hot comforts etc) along with aruskara (should be avoided)⁷

Meat of bhasa bird (white headed vulture) which is roasted is incompatible (for health) so also kampilala (a side dish) prepared with buttermilk.

Mixing together and then consuming of Payasa (milk pudding) sura (beer) and Ksora (rice mess prepared with green gram) should be avoided.⁹

Mixture of equal quantities of honey ghee muscle fat oil and water in their combination of (any) two three or all of them together is incompatible with each other, Mixture of honey and ghee though in unequal proportion consumed followed with rain water as a free drink is incompatible so also with madhu (honey) and seeds of Puskara Madhu (wine prepared from honey) maireya (wine prepared from dates) Sarkara (wine prepared

from sugar) drinks made from milk followed by mantha (solution of corn flour) as an after drink haridra and katu taila (mustard oil) are all incompatibles.¹¹

An Upodaka leaf processed with paste of taila is going to cause diarrhoea¹². Meat of balaka (demoiselle crabe) bird along with Varuni (supernatant fluid of wine) and kulmasa (green gram and other pulses cooked over steam) is incompatible the same (meat of balaka) fried in fat of boar soon takes away the life.¹³

Similarly also the meat of tittiri (black partridge) patradhya (peacock) godha (iguana lizard) lava (common quail) Kapinjala (grey partridge) cooked over by the fire of (wood of) eranda (castor plant *Recinus commutis*) and processed with fried in its oil.

Meat of haridra (a kind of yellow bird). Pierced with wood of haridra (*dariharidra Berberis aristata*) and cooked with the flame of haridra takes away life quickly. The same smeared with ash and sand (as a method of cooking) and consumed along with honey (also kills the person quickly)¹⁶

Any thing that causes aggravation (increase) of the dosas but does not expel them out of the body is called Virrudha (incompatible). The treatment desirable for it (troubles arising from consuming of incompatible foods is either purifactory therapies emesis purgation etc) or palliative therapies opposite of their nature specific for the disease.¹⁷ The body should be reconditioned as earlier by use of substances (food drugs etc) of the same nature in other words substance processing properties opposite of the aggravated dosas.¹⁸

Foods though incompatible do not produce disease in those who are habituated to exercise (physical activity) and fatty foods who have strong digestive power who are of age (adult age) and who are strong so also those foods though incompatible which have become accustomed and which have been consumed in very little quantity.

Unhealthy things (foods, drinks activities) which have become accustomed by long use should be discontinued by quarter and quarter i.e gradually. Similarly healthy things (foods etc) should be made use of (gradually) with intervals of one, two or three days.

REFERENCES OF CONCEPTUAL STUDY OF VIRUDDHA AHAR

A¹ඉදිරි

1. ඉඳිරි පිළිබඳව විකල්පයක්;
ඉඳිරිකරණයේ සංකල්පය ඉඳිරිකරණයේ පිළිබඳව A. 340x07/29
2. ඉඳිරිකරණයේ අර්ථය :
අර්ථය විකල්පයක් පිළිබඳව ඉඳිරිකරණයේ
ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව A. 340x07/30-31
3. ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව A. 340x07/31-32
4. ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව A. 340x07/32
5. ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
वाराहं श्राविद्या नाद्याददहना पृषतकुक्कुटौ ।
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව A. 340x07/36
6. ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව A. 340x07/37
7. අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව
අර්ථය විකල්පයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව A. 340x07/38
8. ඉඳිරිකරණයේ අර්ථය විකල්පයේ අර්ථය පිළිබඳව

CONCEPTUAL STUDY OF VISHMASHANA

CHARAK SAMHITA

Defination: More or less food taken in Aprapti Kala i.e indigestive time and Atit Kala means food not taken after the urge of hunger.¹

Discription From CharakSamhita

In Upkalpriya Adhyayay while explaining Pathyapatha diet after taking Vamana Karma Vishmation is avoided.²Viruddhahjirna, Vishmashan, Asatma are the causes of internal abcess³. In Shosh disease explained the four causative factor of shosh. In that Vishmashan is one of the causative factor.⁴ Acharya Charak while explaining Agrasangraha Vishmashana is agnivasihamyakaranam⁵.

Vishmashana is a causative factor for Pitajjwara⁶, Dwandwaj jwara, Sannipataj Jwara⁷.Yakshama⁸, Grahani dosh, Ajirna⁹, Hikka, Swas,¹⁰, Kshayaj Kas¹¹, Tridoshaj Atisar¹², Dwajbhngaj¹³, Ashtaumahadoshkar Bhav¹⁴,

In the explanation of Vishmashana, Charak explained that those taking Hitkar diet, Adequate diet, Jitendrya, they do not have disease, but if taking vishmashna they have more difficult diseases¹⁵ all doshas prakop due to Gramya Ahar in this vishmashan is prime¹⁶ due to Abhajnata, ajirna bhojan , Atibhojan & taking Vishmashana causes Amalapitta.

Discription from Sushruta Samhita

Sushruta given definition of Vishmashana is more or less food taken in Akali i.e. at the time of in digestion. Dalhana had comented on it , is Bahu means more stokam means less Akale means Aprapti or Atita kala means time after the urge of hunger,

In Vranitpasamya chapter Vishmashan is avoided in Vranitapasan. Vishamashanis causative factor for Ajirna, Shosh⁴, Hikkka⁵.

Discription from Ashtang Sangraha

Defination more or less food taken in Aprpati kala i.e. indigestive time and Atitakala measn food not taken after the urge of hunger is form¹.

Vishmashana is superior in Agnivaishamakara Vishmashana is a Sanipataprakop Karn

REFERENCES OF CONCEPTUAL STUDY OF VISHAMASHAN

1. cf. lcf. 15/236 – luwqeq ofwv ufoisrteq uee Anemitei i emesrfa p
2. cf. xen 5/15 – EmYsmel iqekrefe
 uqeiea EU AEWUluEWU nej rfenj re
 luwqepaeie – Axarf pfeu
3. cf. xen 17/09 – Aqe: luESWw WwEN
 luEA®eefihexemus¹ luwqexeiqrpeaeieieie p
4. cf. xen 19/4 – cf iueu zfafe xEWxexeqeueh eferluwqezeliee: p
5. cf. xen 25/40 luwqezeliee i euzeqrmuueh p
6. cf. lie 1/22 me: eueuWwEN- luwqezeliee p (luwqeeWwU)
7. cf. lie 1/28 luwqezeliee- 2pe ue xei³emefee euEU WwEN p
8. cf. lcf. 8/13 Acj jefesqeupeq ueaxeqeueh eferp
 reeqeh: Muueh lu±eie ciefi i luwqezeliee y
9. cf. cen 15/42 AptaeieSeefihelieieieie²wqezelieeie . . . p
10. च.चि.१७/११ हिककाश्रसहेतु
 Uexekhuueieiepre qe i xj eieeekar i eiee p
 urereqefateqrtekuA³ luwqezelieeie y
11. cf. lcf. 18/24 eferemueEWwEN
 luwqexeiqrpeaeerliurueere²aeEWwIE y
12. cf. lcf. 19/8 jsewEie AliexEU WwEN
 luwqelueA®exeiqrpeaeieiee . . . p
13. cf. lcf. 30/163 kufepaeefYsmel EWwEP
 . . . Airteofieieieie luwqeeie lu¹E³aeEApaeieieiee
14. cf. lxe. 12/14 A¹emewsewmuupeue luwqezeliee p
15. cf. lie 6/11 WwEzei xjeeliezei xjeemuespaeel ielieSre: p
 mzeleie ueaeiee oEWUE Mu¹EIE oE®iqeiee luwqezelieeiey
16. cf. lcf. 1/2/3 xeta zeuiuswe: pueieie aeqreWwUE . . . luwqekrezelimeeeh p

MATERIALS

Literature study

All available Ayurvedic texts classic modern available text magazines and journals.

Study center

M.A.PODAR HOSPITAL

DR. SONVADEKAR HOSPITAL, KALYAN

SUSHRUSHA CLINIC KALYAN

Total no of patient -632 patients

METHODS

Type of study

Random , open , uncontrolled , Retrospective study

Criteria for selection of patients

Inclusion criteria

Sex- Both males & females

Patient having signs & symptoms of Vicharchika Kshudra-kustra

Age above 20 years

Exclusion criteria-

Patient having skin disorder other than Vicharchika Kshudra –kustha

Pregnancy & lactation

Patient having systemic disorder like Diabetes , Cancer, TB,Hepatitis

Patient having HIV AIDS

Skin disorder due to reaction

PLAN OF CLINICAL STUDY

632 Patients will examine suffering from Vicharchika Kshudrakushtha for their causative factor these 632 patient will divide in four groups A.B.C.&D .

- 1) A group contain patients whose causative factor is sanyog viirrudha number of patients in these group 162 Patients .
- 2) B group contain patients whose causative factor is vishmashan number of patients in these group 156 Patients .
- 3) C group contain patients having both causative factor i.e Sanyog virudha and vishmashan number of patients in these group 214 Patients .
- 4) D group contain patients having other than both causative factor i.e other than causative factor number of patients in these group 100Patients .

Investigations

Following investigations will be done for every patient before starting treatment to rule out the systemic disease.

Blood investigation like Hb gm %,CBC.

Examination of Urine- Routine and Microscopic

Examination stool- Routine and Microscopic.

Clinical Examination

Patients undergoing trial will be examined clinically at every time to maintain a record of the same.

Case Record Form

Record of all the patients included in the trial will be documented and maintained in the case record form. It is attached separately with the synopsis.

Criteria for the assessment of patients. The patients is assessed on the basis of subjective as well as objective criteria . Most of the symptoms and signs of skin disorder Kshudrakushtha described in Ayurveda are subjective in nature hence multi-dimensional scoring systemic adapted for statistical analysis and to give result on objective parameters score was given according to the severity of symptoms as follows

Symptom	Scores
1). Kandu (pruritus)	
Absent of Itching	0
Bearable and subside easily	1
Bearable but disturbs	2
Persist and disturbs work & sleep	3

2).Strava (Discharge)

Absent	0
Watery discharge occasionally	1
Watery discharge frequently	2
Pus discharge occasionally	3
Pus discharge frequently with above	4

3).Pidaka

Absent	0
papulas	1
pustules	2
Vesicles	3
Blisters	4

4)Shyavata (discoloration)

Absent	0
Maculas	1
Licheniflcation	2
Dyschromia	3

5)Rukashata(Dryness)

Absent	0
Rough skin before use of moisture	1
Rough skin after use of moisture Some time	2
Always rough	3

6)Ruja(pain)

Absent	0
Pain on friction or pressure	1
Pain on touch burningor throbbing	2
Continious &severe pain	3

Statistical analysis

All the data generated and collected during the study was subjected to statistical analysis to reach to final results and conclusions Statistical parameter like krusal vally test , Man wittay U test , & Chi square test Graphical presentation

And other statistical methods were applied to the data generated wherever possible to find out significance of improvement .

1) The Kruskal–Wallis

When working with a measurement variable, the Kruskal–Wallis test starts by substituting the rank in the overall data set for each measurement value. The smallest value gets a rank of 1, the second-smallest gets a rank of 2, etc. Tied observations get average ranks; thus if there were four identical values occupying the fifth, sixth, seventh and eighth smallest places, all would get a rank of 6.5.

The sum of the ranks is calculated for each group, then the test statistic, H, is calculated. H is given by a rather formidable formula that basically represents the variance of the ranks among groups, with an adjustment for the number of ties. H is approximately chi-square distributed, meaning that the probability of getting a particular value of H by chance, if the null hypothesis is true, is the P value corresponding to a chi-square equal to H; the degrees of freedom is the number of groups minus 1.

A significant Kruskal–Wallis test may be followed up by unplanned comparisons of mean ranks, analogous to the [Tukey-Kramer method](#) for comparing means. There is an [online calculator](#) for computing the Least Significant Difference in ranks.

2)Man wittay U test

2) Mann-Whitney Test(U test):

To perform this test, we first of all rank the data jointly, taking them as belonging to a single sample in either an increasing or decreasing order of magnitude. We usually adopt low to high ranking process. In case there are ties, then we would assign each of the tied observation the mean of the ranks which they jointly occupy.

$$U = n_1 \cdot n_2 + n_1(n_1 + 1) / 2 - R_1$$

(Where, n_1 & n_2 are the sample sizes & R_1 is the sum of ranks assigned to the values of the first sample)

3) Chisquare test

Prepair contingency table .,In generat the expected frequency for cell of the contingency table found by formula.

$$\text{Expected frequency} = \frac{\text{row total} * \text{column total}}{\text{grand total}}$$

formula for chi square calculation is

$$\frac{\sum \text{observed frequency} - \text{expected frequency}}{\text{Expected frequency}}$$

Refer chi square table for ,p, value then get a significant report.

OBSERVATIONS & RESULTS

The Data collected from clinical study was analyzed under two headings

- 1) Demographic study.
- 2) Clinical efficacy of the therapy under study .

DEMOGRAPHIC DETAILS

Total 632 patients were registered under four groups for this study each containing Group A contain 162 patients, Group B contain 156 patients, Group C contain 214 patients Group D contain 100 patients .

The demographic analysis of these patients is being presented here . Individual group wise distribution is as given in tables .

1) GENDER WISE DISTRIBUTION OF PATIENTS

S N.	Gender	No of patients in Group A	No of patients in GroupB	No of patients in Group C	No of patients in GroupD	Total no of pt .n=632	%
1	Male	91	78	115	34	318	50.3%
2	Female	71	78	99	66	314	49.7%
	Total	162	156	214	100	632	100%

Out of the patients of Vichrchika there were total 318 males (50.3%) and 314 females (49.7%)

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

2)AGE WISE DISTRIBUTION OF PATIENTS

S .N.	Age	No of patients in Group A	No of patients in GroupB	No of patients in Group C	No of patients in GroupD	Total no of pt .n=632	%
1	18to28	36	28	35	20	119	18.8%
2	29to39	79	50	69	28	226	35.8%
3	40to50	19	50	69	28	116	26.3%
4	51to61	24	18	28	12	82	12.9%
5	62to73	04	10	13	12	39	6.2%
6	Total	162	156	214	100	632	100%

According to age Patients were divided in to 5 groups as follows

- 1)Age between 18 to 28 years 119(18.8%) patients
- 2) Age between 29 to39years 226(35.8%)patients
- 3) Age between 40 to 50years 166(26.3%)patients
- 4) Age between 51 to 61years 82(12.9%)patients
- 5) Age between 62 to 73years 39(6.2%)patients

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

3) RELEGION WISE DISTRIBUTION OF PATIENTS

S .N.	Relegion	No of patients in Group A	No of patients in GroupB	No of patients in Group C	No of patients in GroupD	Total no of pt .n=632	%
1	Hindu	110	115	113	70	408	64.5%
2	Muslim	32	33	65	17	147	23%
3	Christian	17	06	34	09	66	10.5%
4	Jain	03	02	02	04	11	1.7%
	Total	162	156	214	100	632	100%

Out of 632 patients of Vicharchika 408(64.4%)Hindu 147(23%)Muslim 66 (10.5%)Chritian &11(1.7%) Jain

4) ECONOMICAL STATUS WISE DISTRIBUTION OF PATIENTS

S .N.	Economical Status	No of patients in Group A	No of patients in GroupB	No of patients In Group C	No of patients in GroupD	Total no of pt .n=632	%
1	Higher	48	36	75	26	185	29.3%
2	Middle	103	95	122	52	372	58.8%
3	Lower	11	25	17	22	75	11.9%
	Total	162	156	214	100	632	100%

Out of 632 patients of Vicharchika 185(29.9%) Higher class ,372(58.8%) Middle class, 75(11.9%) Lower class.

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

5) DIET WISE

S.N.	DIET	GROUP A	GROUP B	GROUP C	GROUP D	TOTAL	%
1	Veg	56	68	71	43	238	37.7%
2	Mix	106	88	143	52	389	61.3%
	total	162	156	214	70	632	100%

Out of the 632 patients of Vichrchika 238 (37.7%) are vegetarian while 389(61.3%) had mixed dite.

6) PRAKRUTI WISE

S .N.	Prakruti	Group A	Group B	Group C	Group D	Total	%
1	kv	18	20	18	10	66	10.4%
2	kp	34	25	41	16	116	18.4%
3	vk	36	48	46	40	170	26.6%
4	pk	18	15	23	06	62	9.9%
5	vp	25	18	46	14	103	16.3%
6	pv	31	30	41	14	116	18.4%

Out of 632 patients selected in the trial

- (1) 66 patients (10.4%) had kapha vata prakruti .
- (2) 116 patients(18.4%) had kapha pitta prakruti.
- (3) 168 patients(26.6%) had vata kapha prakruti
- (4) 62 patients (9.9%) had pitta kapha prakruti
- (5) 103 patients (16.3%)had vata pitta prakruti
- (6) 116 patients(18.4%) had pittavata prakruti

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

7) AGNI WISE DISTRIBUTION

S.N.	Agni	Group A	Group B	Group C	Group D	Total no of patients n=632	%
1	Samagni	02	03	06	29	40	6.3%
2	Tikshngni	00	01	07	09	17	2.6%
3	Vishgni	08	52	45	39	249	39.5%
4	Manda	152	100	156	23	326	51.6%

Out of 632 patients included in the trial 40 patients (6.3%) were having Samagni. 17 patients (2.6%) were having Tikshngni, 249 (39.5%) were having Vishamagni & 326 patients (51.6%) were having Mandagni.

8)Desh wise distribution

S. N.	Desh	Group A	Group B	Group C	Group D	Total no of patients n=632	%
1	Anup	119	116	210	54	499	78.9%
2	Jangal	13	12	2	26	53	8.4%
3	Sadharan	30	28	2	20	80	12.7%
	Total	162	156	214	100	632	100%

Out of 632 patients 499(78.95%) were live in Anup Desh, 53(8.4%)&80(12.7%) patients were live in Sadharan Desh

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana,

Group D=NoViruddhaAhar &NoVishamashana

9) Sara Pariksha wise Distribution

S. N.	Sar	Group A	Group B	Group C	Group D	Total no of patients n=632	%
1	Prawar	12	19	28	28	87	13.8%
2	Madhyam	42	46	70	32	190	30.2%
3	Awar	108	91	116	40	355	56.0%
	Total	162	156	214	100	632	100%

Out of 162 patient 87(13.8%) were are of Prawar Sar , 190(30.2%) were of Madhyam Sar and 355(56.0%) were of Awar Sar.

10) Symptom Kandu (pruritus) wise distribution Table

S .N.	Kandu	No of patients in Group A	No of patients in GroupB	No of patients in Group C	No of patients in GroupD	Total no of pt .n=632	%
1	Grade0	0	0	0	22	22	0.32%
2	Grade1	06	0	03	23	32	5.06%
3	Grade2	65	42	35	64	206	32.29%
4	Grade3	91	114	176	11	392	62.33%
	total	162	156	214	100	632	100%

Out of 632 patients included in trial no patients 2(0.02%) had symptoms Kandu (pruritus) of grade 0. 32 patients(5.06%) had symptoms Kandu (pruritus) of grade 1, 206 patients (32.59%) had symptoms Kandu (pruritus) of grade 2 & 392 patients (62.33%) had symptoms Kandu (pruritus).of grade 3.

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

11)Symptom Strava (discharge)wise distribution Table

S . N	Strava (discharge)	No of patients in Group A	No of patients in GroupB	No of patients in Group C	No of patients in GroupD	Total no of pt .n=632	%
1	Grade0	00	22	00	41	63	9.97%
2	Grade1	06	22	15	36	79	12.50%
3	Grade2	72	85	90	18	265	41.93%
4	Grade3	66	25	93	05	189	29.90%
5	Grade 4	18	02	16	00	36	5.70%
	Total	162	156	214	100	632	100%

Out of 632 patients included in trial 63 (9.97%) patients (0%) had symptoms Strava (discharge)of grade 79patients(12.50%) had symptoms Strava (discharge)of grade 1,265patients (41.93%) had symptoms Strava (discharge)of grade 2& 189 patients (29.90%) had symptoms Strava (discharge)of grade 3.&36 patients (5.70%) had symptoms strava (discharge). of grade4.

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

12) Symptom Pidaka (Exanthemas) wise distribution Table

S.N.	Pidaka (Exanthemas)	No of patients in Group A	No of patients in GroupB	No of patients in Group C	No of patients in GroupD	Total no of pt .n=632	%
1	Grade0	00	38	00	28	66	10.44%
2	Grade1	07	30	08	25	70	11.07%
3	Grade2	53	69	91	27	240	37.97%
4	Grade3	86	17	97	20	220	34.81%
5	Grade 4	16	02	18	00	36	5.70%
	Total	162	156	214	100	632	100%

Out of 632 patients included in trial 66 (10.44%) patients (0%) had symptoms Pidaka (exanthemas) of grade 0, 70 patients (11.07%) had symptoms Pidaka(exanthemas)of grade 1, 240 patients (37.97%) had symptoms Pidaka(exanthemas)of grade 2 & 189 patients (29.90%) had symptoms Pidaka(exanthemas)of grade 3. & 36 patients (5.70%) had symptoms Pidaka(exanthemas) of grade 4

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

13)Symptom Rukshata (dryness) wise distribution Table

S.N.	Rukshata (dryness)	No of patients in Group A	No of patients in GroupB	No of patients in Group C	No of patients in GroupD	Total no of pt .n=632	%
1	Grade0	62	12	50	34	158	25%
2	Grade1	49	57	32	32	170	26.9%
3	Grade2	22	64	74	32	192	30.4%
4	Grade3	29	23	58	02	112	17.7%
5	Total	162	156	214	100	632	100%

Out of 632 patients included in trial 158patients (25%) had symptoms Rukshata (dryness)of grade 0. 170patients(26.9%) had symptoms Rukshata (dryness)of grade 1, 192patients (30.4%) had symptoms Rukshata (dryness)of grade 2& 112 patients (17.7%) had symptoms Rukshata (dryness) of grade 3.

14)Symptom Shavata (Discolouration)wise distribution Table

S.N.	Shavata (discoloration)	No of patients in Group A	No of patients in GroupB	No of patients in Group C	No of patients in GroupD	Total no of pt .n=632	%
1	Grade0	00	00	00	02	02	0.02%
2	Grade1	09	20	14	31	74	11.7%
3	Grade2	47	66	45	51	209	33.1%
4	Grade3	106	70	155	16	347	55.0%
5	Total	162	156	214	100	632	100%

Out of 632 patients included in trial 2 patients (0.02%) had symptoms Shavata (discolouration)of grade 0. 74patients(11.7%) had symptoms Shavata (discolouration) of

Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

grade 1, 209 patients (33.1%) had symptoms Shavata (discolouration) of grade 2 & 347 patients (55.%) had symptoms Shavata (discolouration) of grade 3.

15) Symptom Ruja (pain) wise distribution Table

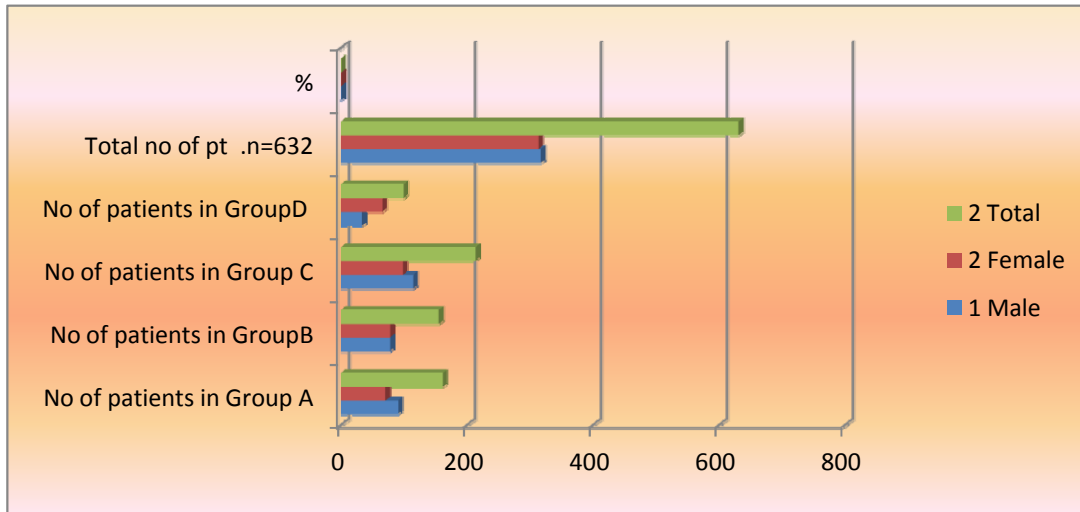
S.N.	Ruja(pain)	No of patients in Group A	No of patients in Group B	No of patients in Group C	No of patients in Group D	Total no of pt .n=632	%
1	Grade0	49	56	49	46	200	31.6%
2	Grade1	58	65	73	38	234	37.1%
3	Grade2	46	25	80	14	165	26.1%
4	Grade3	09	10	12	02	33	5.2
5	Total	162	156	214	100	632	100%

Out of 632 patients included in trial 200 patients (31.6%) had symptoms Ruja (pain) of grade 0, 234 patients (37.1%) had symptoms Ruja (pain) of grade 1, 209 patients (33.1%) had symptoms Ruja (pain) of grade 2 & 33 patients (5.2%) had symptoms Ruja (pain) of grade 3.

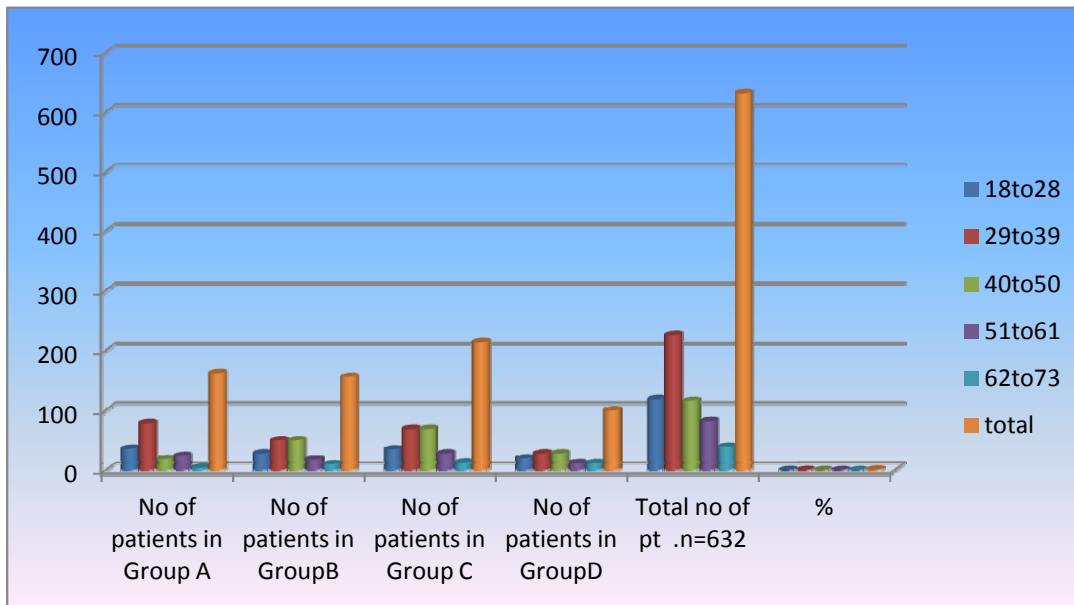
Group A=ViruddhaAhar, GroupB=Vishamashana, Group C =ViruddhaAhar+Vishamashana ,

Group D=NoViruddhaAhar &NoVishamashana

1) GENDER WISE DISTRIBUTION OF PATIENTS

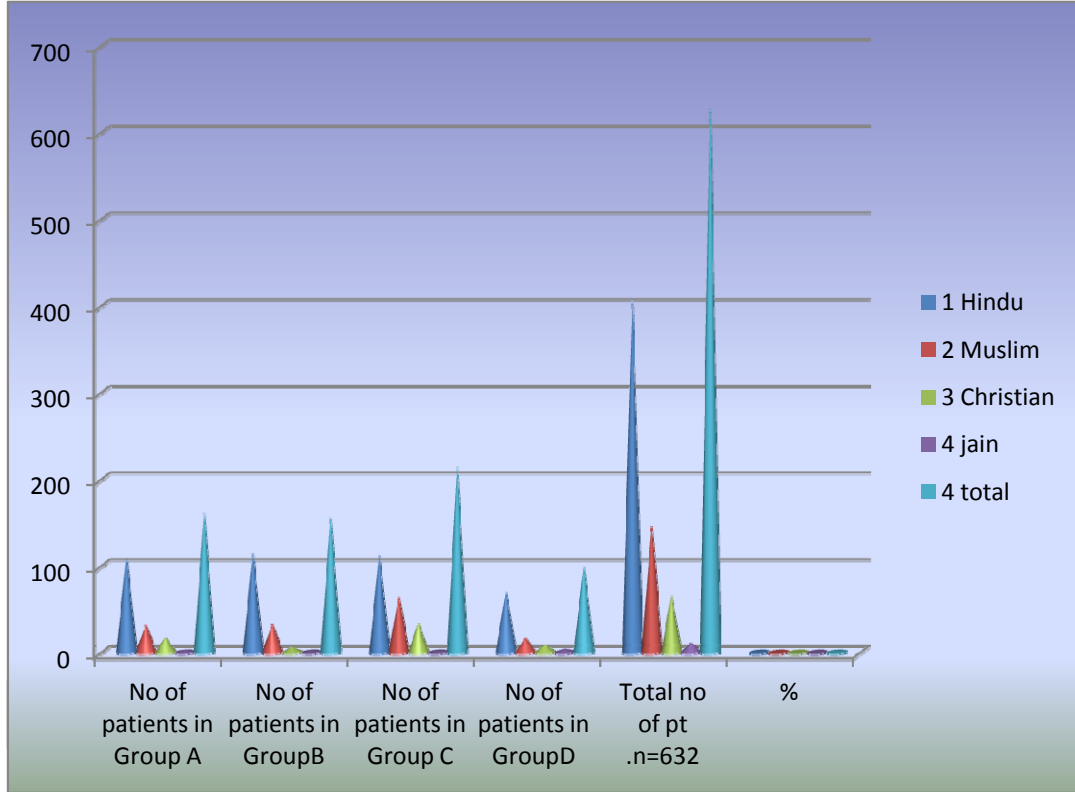


2) AGE WISE DISTRIBUTION OF PATIENTS



Group A =Viruddha Ahar
 Group B=Vishamashana
 Group C =virudhaAhar+Vishamashon
 Group D =Other than this cause

3) RELEGION WISE DISTRIBUTION OF PATIENTS



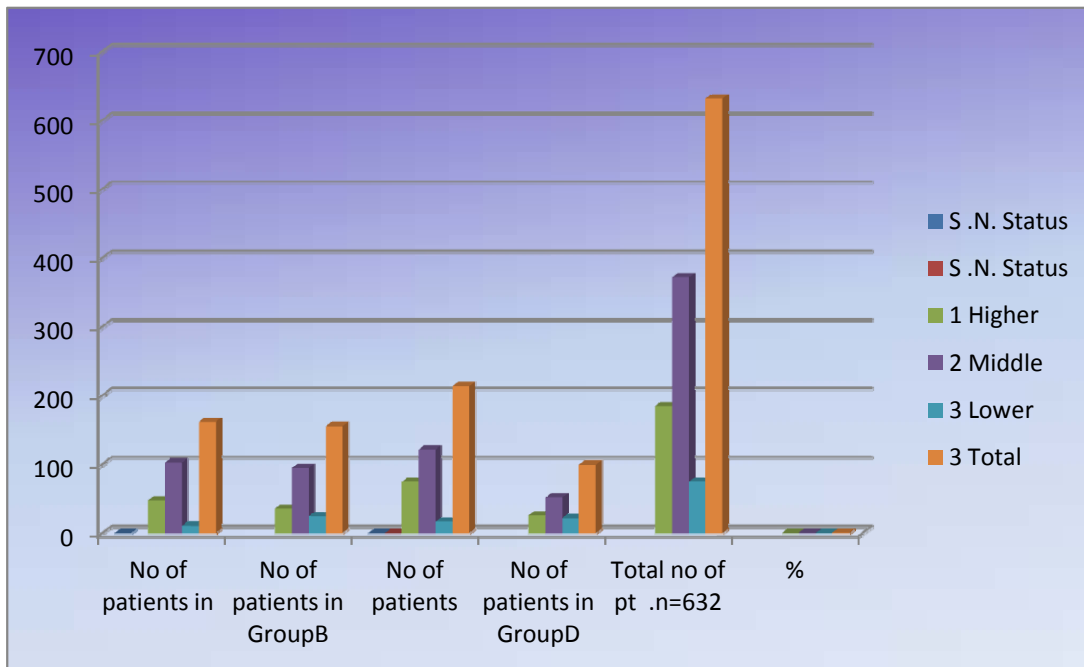
Group A =Viruddha Ahar

Group B=Vishamashana

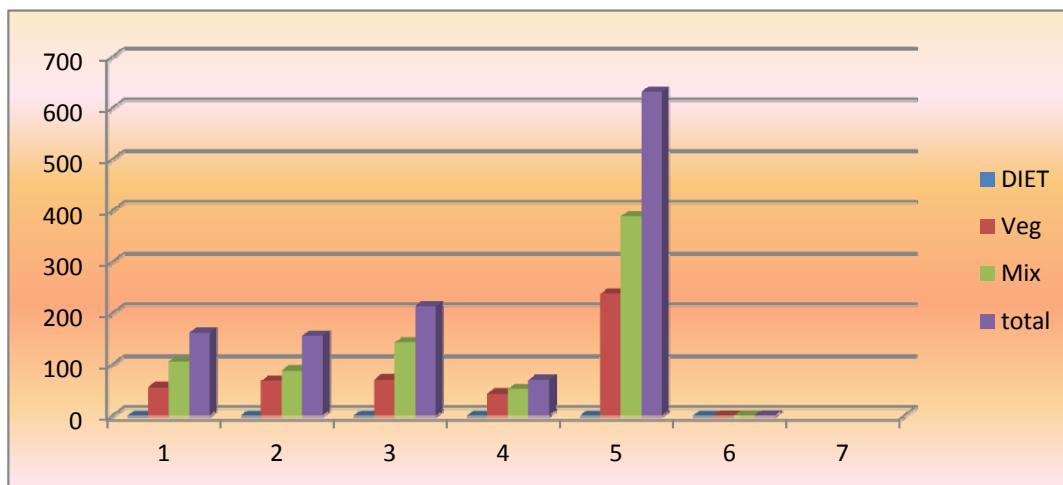
Group C =virudhaAhar+Vishamashon

Group D =Other than this cause

4)ECONOMICAL STATUS WISE DISSTRIBUTION OF PATIENTS



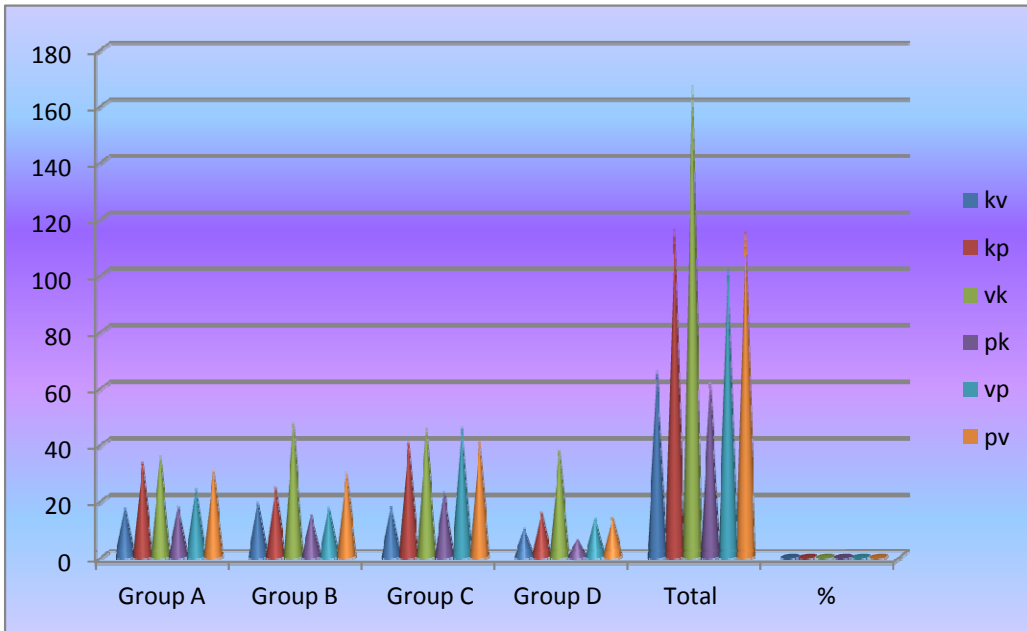
5 Dite Wise Distribution of patients



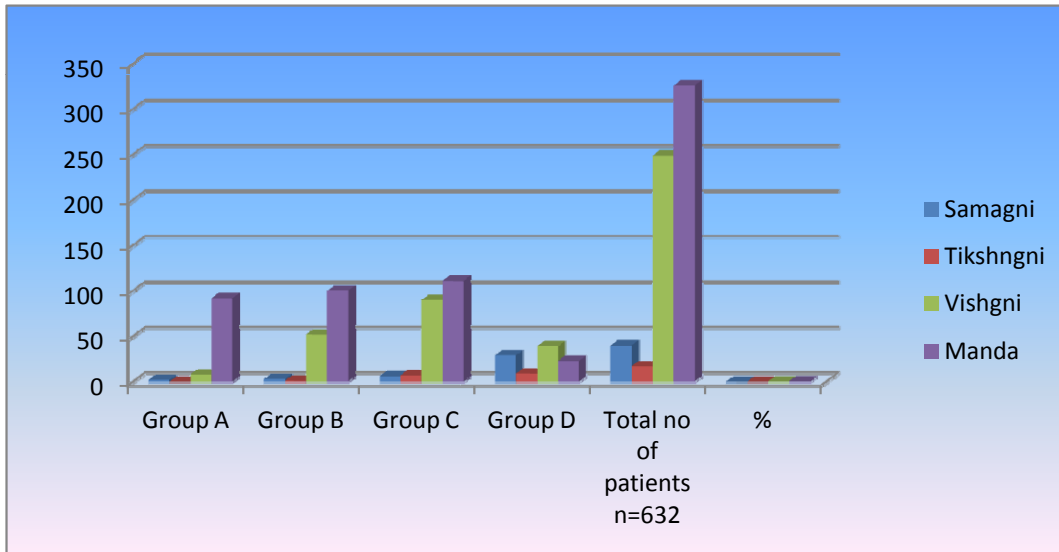
Group A =Viruddha Ahar
 Group B=Vishamashana
 Group C =virudhaAhar+Vishamashon
 Group D =Other than this cause

1-groupA
 2-groupB
 3-groupC
 4-groupD
 5-total

6 PRAKRUTI WISE DISTRIBUTION OF PATIENTS



7) AGNI WISE DISTRIBUTION



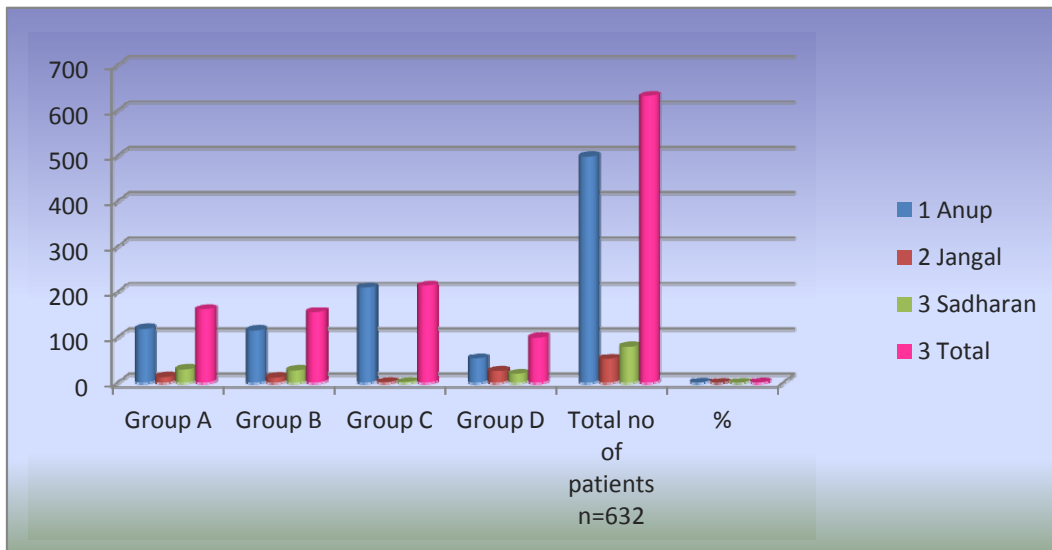
Group A =Viruddha Ahar

Group B=Vishamashana

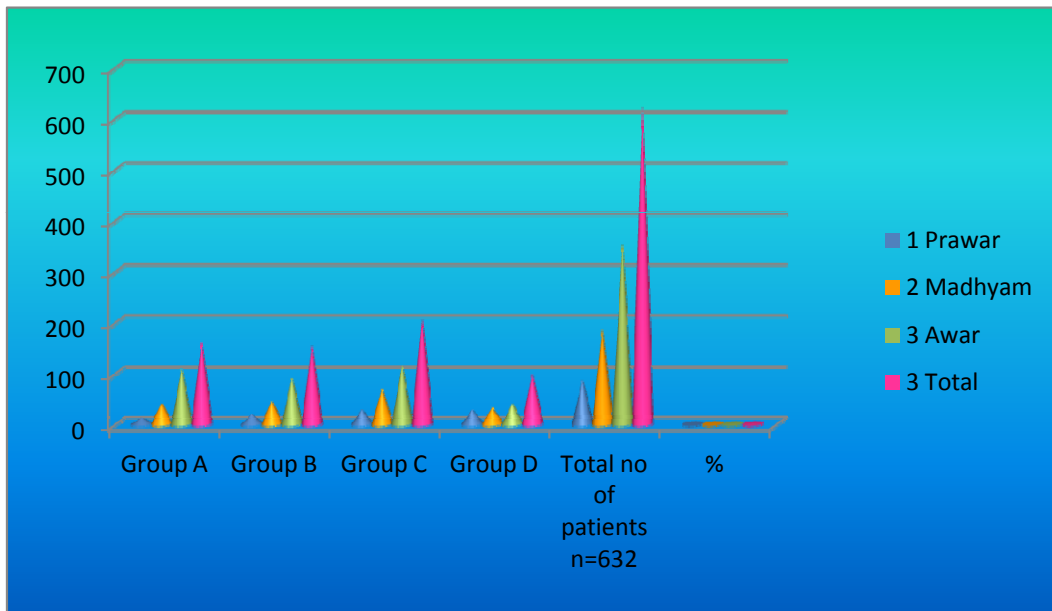
Group C =virudhaAhar+Vishamashon

Group D =Other than this cause

8)Desh wise distribution



9)Sara Pariksha wise Distribution



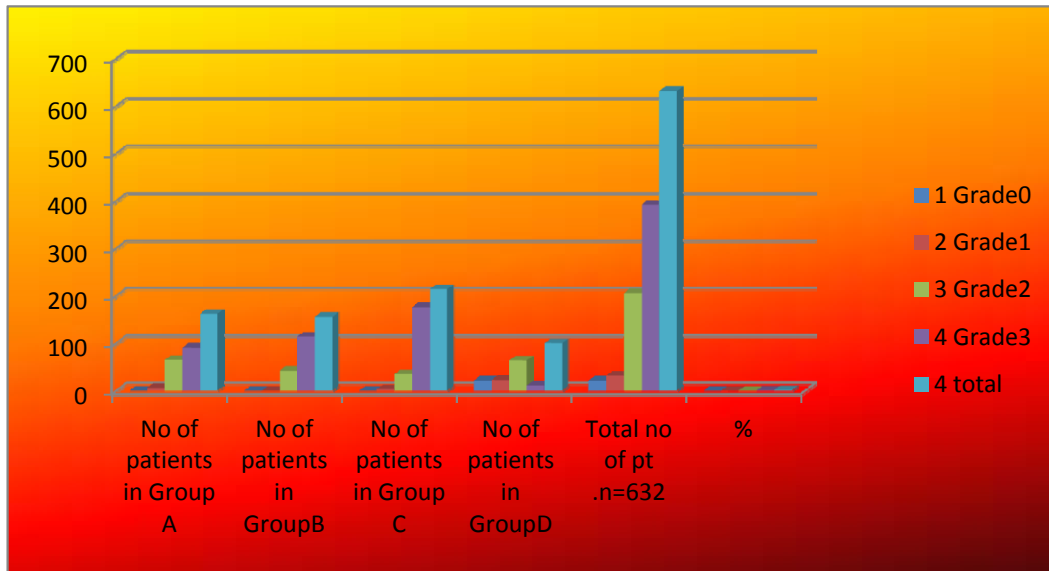
Group A =Viruddha Ahar

Group B=Vishamashana

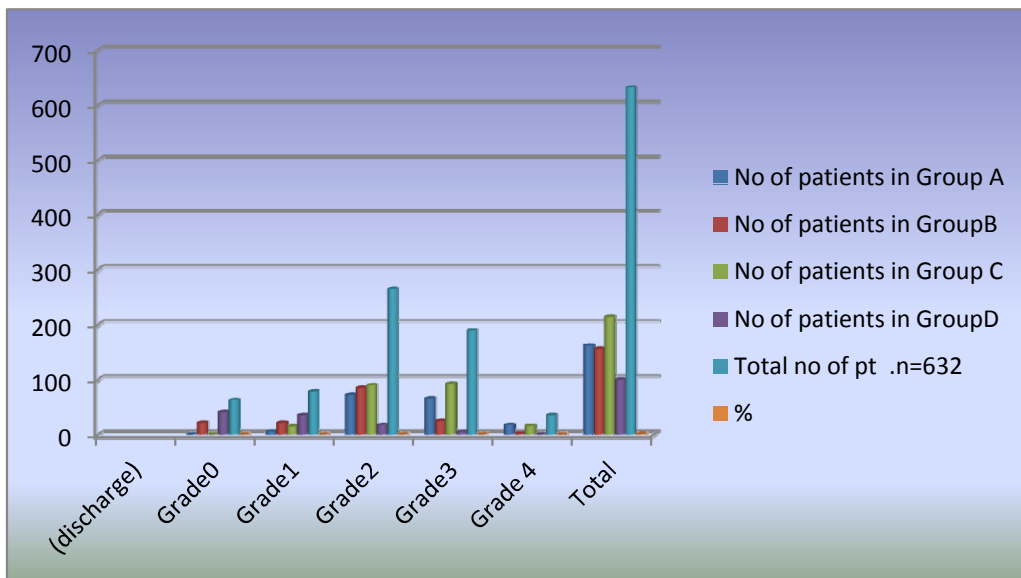
Group C =virudhaAhar+Vishamashon

Group D =Other than this cause

10) Symptom Kandu (pruritus) wise distribution Table



11) Symptom Strava (discharge) wise distribution Table



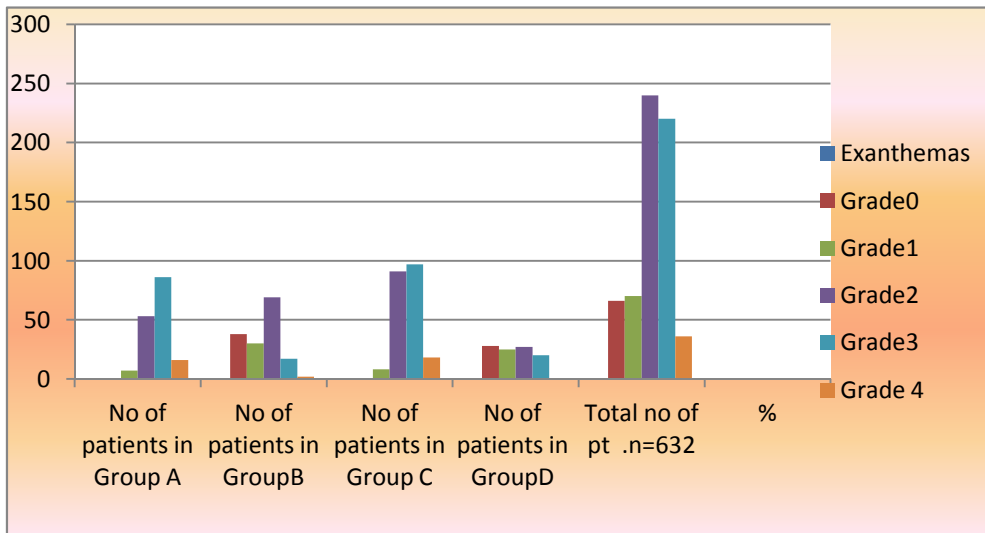
Group A =Viruddha Ahar

Group B=Vishamashana

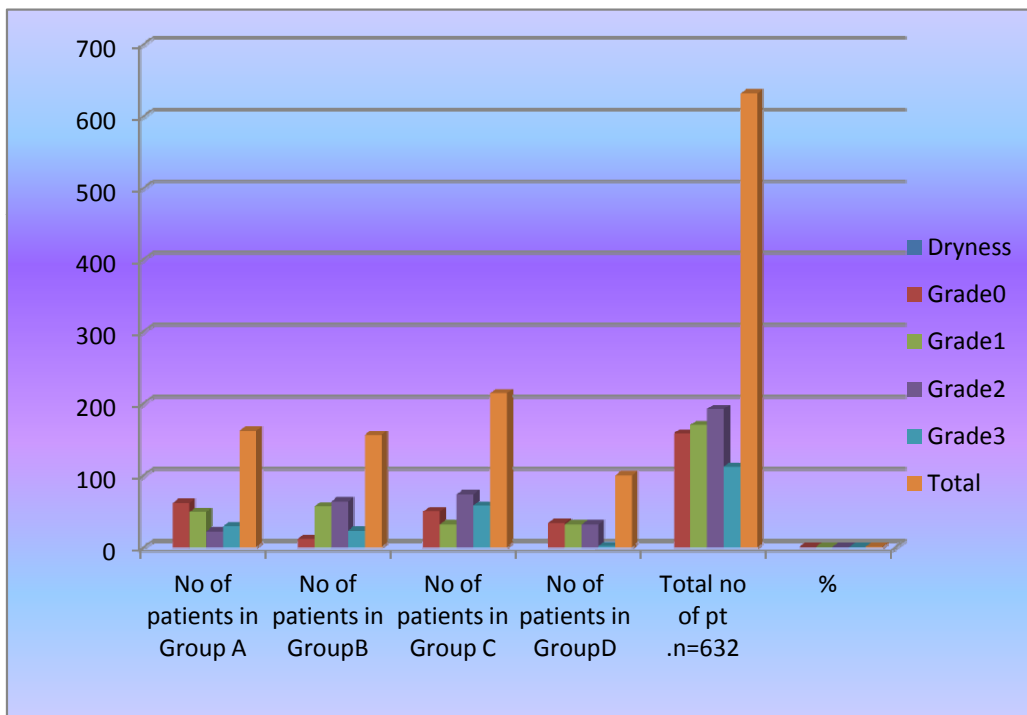
Group C =virudhaAhar+Vishamashon

Group D =Other than this cause

12) Symptom Pidaka (Exanthemas) wise distribution Table



13) Symptom Rukshata (dryness) wise distribution Table



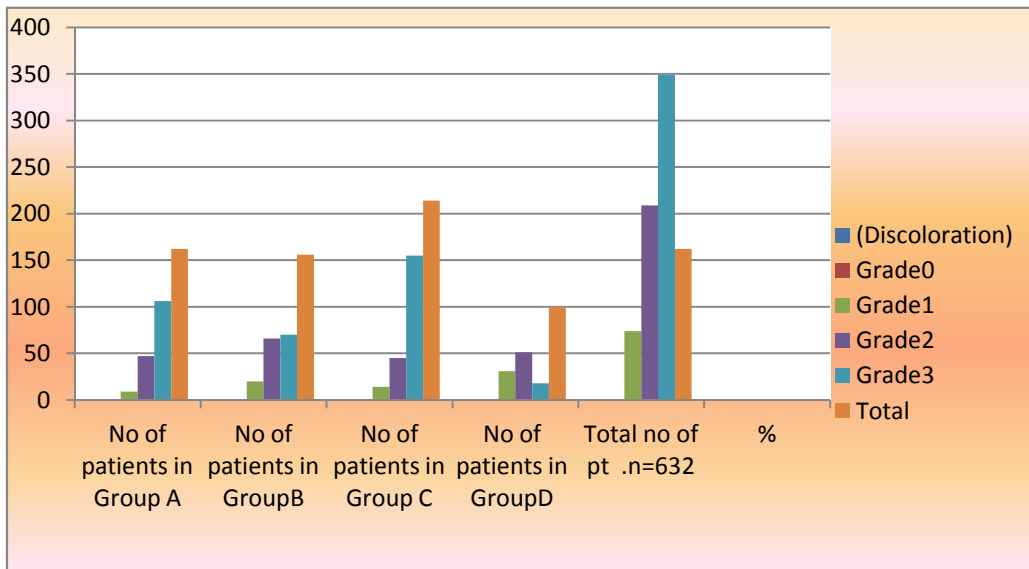
Group A =Viruddha Ahar

Group B=Vishamashana

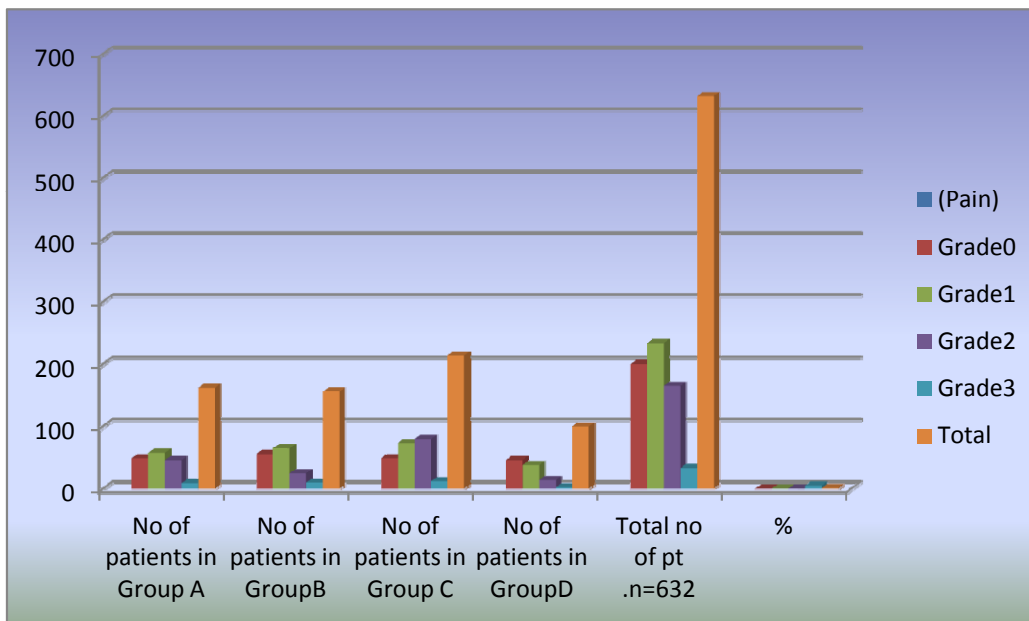
Group C =virudhaAhar+Vishamashon

Group D =Other than this cause

14) Symptom Shavata (Discoloration) wise distribution Table



15) Symptom Ruja (pain) wise distribution Table



Group A =Viruddha Ahar

Group B=Vishamashana

Group C =virudhaAhar+Vishamashon

Group D =Other than this cause

Results of statistical Data

Kruskal-Wallis Test (Nonparametric ANOVA)

KANDU

The p value is < 0.0001 , considered extremely significant.

Variation among column medians is significantly greater than the expected by chance.

Group	Points	Sum of ranks	Mean of ranks
A	162	49648	306.47
B	156	55506	355.81
C	214	82481	385.43
D	100	12393	123.93

Kruskal-Wallis Statistic KW = 200.62

PIDAKA

The p value is < 0.0001 , considered extremely significant.

Variation among column medians is significantly greater than the expected by chance.

Group	Points	Sum of ranks	Mean of ranks
A	162	71931	444.02
B	156	36757	235.62
C	214	79977	373.72
D	100	13364	133.64

Kruskal-Wallis Statistic KW = 276.02

STRAVA

The p value is < 0.0001 , considered extremely significant.

Variation among column medians is significantly greater than the expected by chance.

Group	Points	Sum of ranks	Mean of ranks
A	162	66125	408.18
B	156	40672	260.71
C	214	81902	382.72
D	100	11330	113.30

Kruskal-Wallis Statistic KW = 231.10

SHYAVATA

The p value is < 0.0001 , considered extremely significant.

Variation among column medians is significantly greater than the expected by chance.

Group	Points	Sum of ranks	Mean of ranks
A	162	56862	351.00
B	156	49374	316.50
C	214	82198	384.10
D	100	11594	115.94

Kruskal-Wallis Statistic KW = 199.99

RUKSHATA

The p value is 0.0043, considered very significant.

Variation among column medians is significantly greater than the expected by chance.

Group	Points	Sum of ranks	Mean of ranks
A	162	48522	299.52
B	156	52502	336.55
C	214	71915	336.05
D	100	27090	270.90

Kruskal-Wallis Statistic KW = 13.116

RUJA

The 2 p value is < 0.0001 , considered extremely significant.

Variation among column medians is significantly greater than the expected by chance.

Group	Points	Sum of ranks	Mean of ranks
A	162	52002	321.00
B	156	44882	287.71
C	214	79517	371.57
D	100	23628	236.28

Kruskal-Wallis Statistic KW = 48.772



Mann-Whitney Test

- **Group A: Kandu & Group D: Kandu**
Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.
Mann-Whitney U Statistic is 3146.5
Sum of ranks in column A: 26257
Sum of ranks in column B: 8196.5

- **Group A: Pidaka & Group D: Pidaka**
Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.
Mann-Whitney U Statistic is 568.00
Sum of ranks in column A: 28835.0
Sum of ranks in column B: 5618.0

- **Group A: Strav & Group D: Strav**
Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.
Mann-Whitney U Statistic is 986.50
Sum of ranks in column A: 28417
Sum of ranks in column B: 6036.5

- **Group A: shyavata & Group D: shyavata**
Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.
Mann-Whitney U Statistic is 2151.0
Sum of ranks in column A: 27252.0
Sum of ranks in column B: 7201.0

- **Group A: Rukshata & Group D: Rukshata**
Mann-Whitney Test: the 2-tailed p value is 0.3111, considered not significant.
Mann-Whitney U Statistic is 7498.5
Sum of ranks in column A: 21905.0
Sum of ranks in column B: 12549

- **Group A: Ruja & Group D: Ruja**
Mann-Whitney Test: the 2-tailed p value is < 0.0004 , considered extremely significant.
Mann-Whitney U Statistic is 5988.5
Sum of ranks in column A: 23415.0
Sum of ranks in column B: 11039.0

Mann-Whitney Test

➤ **Group B: Kandu & Group D: Kandu**

Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.

Mann-Whitney U Statistic is 2140.5

Sum of ranks in column A: 25706

Sum of ranks in column B: 7190.5

➤ **Group B: Pidaka & Group D: Pidaka**

Mann-Whitney Test: the 2-tailed p value is $P = 0.645$, considered not significant.

Mann-Whitney U Statistic is 4243.5

Sum of ranks in column A: 23603.0

Sum of ranks in column B: 9293.5

➤ **Group B: Strav & Group D: Strav**

Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.

Mann-Whitney U Statistic is 3636.5

Sum of ranks in column A: 24210

Sum of ranks in column B: 8686.5

➤ **Group B: shyavata & Group D: shyavata**

Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.

Mann-Whitney U Statistic is 2568.0

Sum of ranks in column A: 25278

Sum of ranks in column B: 7618.0

➤ **Group B: Rukshata & Group D: Rukshata**

Mann-Whitney Test: the 2-tailed p value is 0.0020, considered very significant.

Mann-Whitney U Statistic is 6022.5

Sum of ranks in column A: 21824

Sum of ranks in column B: 11073

➤ **Group B: Ruja & Group D: Ruja**

Mann-Whitney Test: the 2-tailed p value is 0.0279, considered significant.

Mann-Whitney U Statistic is 6540.0

Sum of ranks in column A: 21306.0

Sum of ranks in column B: 11590.0

Mann-Whitney Test

- **Group C: Kandu & Group D: Kandu**
Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.
Mann-Whitney U Statistic is 2056.0
Sum of ranks in column A: 42349
Sum of ranks in column B: 7106.0

- **Group C: Pidaka & Group D: Pidaka**
Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.
Mann-Whitney U Statistic is 1502.0
Sum of ranks in column A: 42903
Sum of ranks in column B: 6552.0

- **Group C: Strav & Group D: Strav**
Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.
Mann-Whitney U Statistic is 1657.0
Sum of ranks in column A: 42748.0
Sum of ranks in column B: 6707.0

- **Group C: shyavata & Group D: shyavata**
Mann-Whitney Test: the 2-tailed p value is < 0.0001 , considered extremely significant.
Mann-Whitney U Statistic is 1825
Sum of ranks in column A: 42580.0
Sum of ranks in column B: 6875.0

- **Group C: Rukshata & Group D: Rukshata**
Mann-Whitney Test: the 2-tailed p value is 0.0020, considered very significant.
Mann-Whitney U Statistic is 8519
Sum of ranks in column A: 35886
Sum of ranks in column B: 13569

- **Group C: Ruja & Group D: Ruja**
Mann-Whitney Test: the 2-tailed p value is 0.0279, considered significant.
Mann-Whitney U Statistic is 6019.0
Sum of ranks in column A: 38386.0
Sum of ranks in column B: 11069.0

Associatio of viruddha Ahar &Symptom Kandu

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column3	Column4	Column5	
Viruddha Ahar		Kandu			P<0.0001
		Yes	NO	Total	Extremely Significant
Yes		162	0	162	
No		78	22	100	
	Total	240	22	262	

Associatio of viruddha Auddha &symptom SRTAVA

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column4	Column5	Column6	
Viruddha Ahar		Strav			p<0.0001,
		Yes	NO	Total	Extremely significant
Yes		162	0	162	
No		59	41	100	
	Total	221	41	262	

Associatio of viruddha Ahar &Sympt Pidaka

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column4		Column6	
Viruddha Ahar		Pidaka			p<0.0001,
		Yes	NO	Total	Extremely significant
Yes		162	0	162	
No		72	28	100	
	Total	234	28	262	

Associatio of viruddha Ahar &Sympt om Rukshata

Column1	Column2	Column3	Column4	Column5	Column6
Column1	Column2	Column4	Column5	Column6	
Viruddha Ahar		Rukshata			
		Yes	NO	Total	p=0.5762
Yes		100	62	162	not significant
No		66	34	100	
	Total	166	96	262	

ASSOCIATION OF Viruddha Ahar & symptom Shyavata

Viruddha Ahar	Shavata				
	Yes	NO	Total		p<0.0001
Yes	162	0	162		extremly significant
No	98	2	100		
	Total	260	2	262	

Associatio of viruddha Auddha ahar om Ruja

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column4	Column5	Column6	
Viruddha Ahar		Ruja			
		Yes	NO	Total	
Yes		113	49	162	
No		54	46	100	p=0.0145, considered
	Total	167	95	262	significant

Association Vishamation & symptom Kandu

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column4	Column5	Column6	
Vishamashana		Kandu			
		Yes	NO	Total	
Yes		156	0	156	
No		78	22	100	P<0.0001 extemly
	Total	234	22	256	significant

Association Vishamation & symptom Strava

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column4	Column5	Column6	
Vishamashana		Strava			
		Yes	NO	Total	p<0.0001,
Yes		134	22	156	Extremly significant
No		59	41	100	
	Total	193	63	256	

Association of Vishamashna & Symptom Pidaka

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vishamashana		Strava		
		Yes	NO	Total
Yes		118	38	156
No		72	28	100
	Total	190	66	256

p=0.6147,
not significant

Association Vishamashana & symptom Rukshta

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column4	Column5	Column6
Vishamashana		Rukashta		
		Yes	NO	Total
Yes		144	12	156
No		66	34	100
	Total	210	46	256

p<0.0001,
extramly significant

Association of Vishamashana& Symptom Shyavata

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column4	Column5	Column6
Vishamashana		Shavata		
		Yes	NO	Total
Yes		156	0	156
No		98	2	100
	Total	254	2	256

P<0.0001
extremly significant

Association Vishamationa & Symptom Ruja

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column4	Column5	Column6
Vishamashana		RUJA		
		Yes	NO	Total
Yes		100	56	156
No		54	46	100
	Total	154	102	256

P,0.0001
extremly significant

Association Viruddha Ahar ,Vishamation & Symptom Kandu

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column4	Column5	Column6
Viruddha Ah	vishamashon	Kandu		
		yes	no	total
	yes	214	0	214
	no	78	22	100
	Total	294	22	314

P,0.0001
Extremely significant

Association Viruddha aahr ,Vishamashana & symptom strava

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column4	Column5	Column6
Viruddha Ah	vishamashon	Strava		
		yes	no	total
	yes	214	0	214
	no	59	41	100
	Total	273	41	314

p<0.0001,
Extremely significant

Association Viruddha Ahar .Vishamashana &symptom Pidaka

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column4	Column5	Column6
Viruddha Ah	vishamashon	pidaka		
		yes	no	total
	yes	214	0	214
	no	72	28	100
	Total	286	28	314

p<0.0001,
Extremely significant

Association viruddhaaahar , Vishmashana &symptom Rukshta

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column4	Column5	Column6	p=0.0648, not quite significant
Viruddha Ah	vishamashon	Rukshata			
		yes	no	total	
	yes	164	50	214	
	no	66	34	100	
	Total	230	84	314	

Association ViruddhaAhara ,Vishamashana &Symptom Shavata

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column4	Column5	Column6	P<0.0001 Extremaly significant
Viruddha Ah	vishamashon	Shavta			
		yes	no	total	
	yes	214	0	214	
	no	98	2	100	
	Total	314	2	314	

Association VirudhaAhar ,Vishamashana &Symptom Ruja

Column1	Column2	Column3	Column4	Column5	
Column1	Column2	Column4	Column5	Column6	p<0.0001, Extremely significant
Viruddha Ah	vishamashon	Ruja			
		yes	no	total	
	yes	165	49	214	
	no	54	46	100	
	Total	219	95	314	

Results of Association of Symptoms & Causative Factor

Results of 2x2 contingency table by Chi Square Test

S.N.	Association	P value	Significancy
1	Association of Viruddha Ahar&Kandu	P<0.0001	Significant
2	Association of Viruddha Ahar& Strava	P<0.0001	Significant
3	Association of Viruddha Ahar&Pidaka	P<0.0001	Significant
4	Association of Viruddha Ahar& Rukshata	P=0.5720	Not Significant
5	Association of Viruddha Ahar& Shyavata	P<0.0001	Significant
6	Association of Viruddha Ahar& Ruja	P<0.0001	Significant
7	Association of Vishmshana &Kandu	P<0.0001	Significant
8	Association of Vishmshana & Strava	P<0.0001	Significant
9	Association of Vishmshana &Pidaka	P=0.614	Not significant
10	Association of Vishmshana &Rukshata	P<0.0001	Significant
11	Association of Vishmshana &Shyavata	P<0.0001	Significant
12	Association of Vishmshana & Ruja	P<0.0001	Significant
13	Association of viruddha Ahar+ Vishmshana &Kandu	P<0.0001	Significant
14	Association of Viruddha Ahar +Vishmshana & Strava	P<0.0001	Significant
15	Association of VirudhaAhar+ Vishmshana &Pidaka	P<0.0001	Significant
16	Association of ViruddhaAhar+Vishmshana &Rukshata	P=0.6489	Not Significant
17	Association of Viruddha Ahar+ Vishmshana &Shyavata	P<0.0001	Significant
18	Association of ViruddhaAhar + Vishmshana & Ruja	P<0.0001	Significant

		Table no 1		
Association of Agni, ViruddhaAhar&symptom Kandu				
Column1	Column2	Column3	Column4	Column5
ViruddhaAhar	→	Yes	No	total
Agni+kandu				
↓				
Mand		152	23	172
Visham		8	39	47
Tkshna		0	7	7
Sama		2	29	31
		162	98	260
table 2				
Association of Agni Vishmashana&symptom Kandu				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vishmashana	→	Yes	No	total
Agni+kandu				
↓				
Mand		100	23	123
Visham		52	39	91
Tkshna		1	7	9
Sama		3	29	32
		156	100	254
table 3				
Associton Of Agni virudhation ,vishmashana &kandu				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vish+Viruddha	→	Yes	No	total
Agni+kandu				
↓				
Mand		156	23	179
Visham		45	39	84
Tkshna		7	7	14
Sama		6	29	35
		214	98	312

table 4				
Association of Agni Viruddhaahar & symptomStrav				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Viruddha	→	Yes	No	total
Agni+Strav				
↓				
Mand		152	13	165
Visham		8	25	33
Tkshna		0	1	1
Sama		2	20	22
	total	162	59	221
table 5				

Association of Vishamashana &symptom Strava				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vishamas hana	→	Yes	No	total
Agni+Strav				
↓				
Mand		90	13	103
Visham		42	25	67
Tkshna		1	1	2
Sama		1	20	21
	total	134	59	193
table 6				

Associationof Agni ViruddhaAhar.Vishmashana &Strava				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
vishm+vir udha	→	Yes	No	total
Agni+Strav				
↓				
Mand		156	13	169
Visham		45	25	76
Tkshna		7	1	8
Sama		6	20	26
	total	214	59	273

--

table 7

Association of Agni Viruddhaahar & symptomStrav Pidaka				
Column1	Column2	Column3	Column4	Column5
Viruddha	→	Yes	No	total
Agni+Pidaka				
↓				
Mand		152	17	169
Visham		8	3	11
Tkshna		0	29	29
Sama		2	23	25
	total	162	72	234
table 8				

Association of Vishamashana &symptom Pidaka

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vishamas hana	→	Yes	No	total
agni+pidaka				
↓				
Mand		78	17	95
Visham		39	3	42
Tkshna		0	29	29
Sama		2	23	25
	total	119	72	291
table 9				

Association of Viruddha Ahar Vishamashana &Pidaka& symptom Srtav

Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
vishm+vir udha	→	Yes	No	total
Agni+Pidaka				
↓				
Mand	Column1	156	17	173
Visham			3	48
Tkshna		7	29	36
Sama		6	23	29
	total	214	72	286

Association of Agni Viruddhaahar & symptomStravRukshata				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Viruddha	→	Yes	No	total
agni+rukshata				
↓				
Mand		100	19	119
Visham		8	5	13
Tkshna		0	29	29
Sama		2	13	15
	total	110	66	176
table 11				

Association of Agni Viruddhaahar Vishmashan& symptomRukshata				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vishamas hana	→	Yes	No	total
Agni=rukshata				
↓				
Mand		100	19	119
Visham		40	5	45
Tkshna		1	29	30
Sama		3	13	16
	total	144	66	210
table 12				

Association of Agni Vishmashana&symptom Rukshata				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vish+Viruddha	→	Yes	No	total
agni+rukshata				
↓				
Mand		111	19	130
Visham		40	5	45
Tkshna		7	29	36
Sama		6	13	19
		164	66	230

tableno13				
Association of Agni Viruddhaahar & symptomStrav				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Viruddha	→	Yes	No	total
agni+shavata				
↓				
Mand		152	23	175
Visham		8	29	47
Tkshna		0	7	7
Sama		2	29	31
	total	162	98	260
table 14				
Association of Agni Viruddhaahar & Vishmashan& symptom Shavata				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vishamas hana	→	Yes	No	total
agni+shavata				
↓				
Mand		100	23	123
Visham		52	29	91
Tkshna		1	7	8
Sama		3	29	32
	total	156	98	254
table 15				
Association of Agni Vishmashana&symptomShavata				
Column1	Column2	Column3	Column4	Column5
Vish+Viruddha	→	Yes	No	total
agni+shavata				
↓				
Mand		156	23	179
Visham		45	39	84
Tkshna		7	7	14
Sama		6	29	35
		214	98	312

table 16				
----------	--	--	--	--

Association of Agni Viruddhaahar & symptomRuja				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Viruddha	→	Yes	No	total
Agni+Ruja				
↓				
Mand		108	28	136
Visham		3	14	17
Tkshna		0	2	2
Sama		2	10	12
	total	113	54	167

table 17				
----------	--	--	--	--

Association of Agni Viruddhaahar & Vishmashan& symptom Ruja				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vishamas hana	→	Yes	No	total
Agni+Ruja				
↓				
Mand		65	28	93
Visham		25	14	39
Tkshna		10	2	12
Sama		0	10	10
	total	100	54	154

table 18				
----------	--	--	--	--

Association of Agni Vishmashana&symptom Ruja				
Column1	Column2	Column3	Column4	Column5
Column1	Column2	Column3	Column4	Column5
Vish+Viru ddha	→	Yes	No	total
Agni+Ruja				
↓				
Mand		115	28	143
Visham		43	14	57
Tkshna		2	2	4
Sama		5	10	15
		165	54	219

Association of Sar ViruddhaAhar & Symptom m Kandu

table 19	Column1	Column2	Column3	Column4	Column5
	Viruddha Ahar	→	yes	No	Total
	Sar+Kandu	↓ prawar	12	28	40
		madyam	42	30	72
		Awar	108	40	149
		Total	162	98	260

table 20	Column1	Column2	Column3	Column4	Column5
----------	---------	---------	---------	---------	---------

Association of Sar Vishamashana & Kandu

table 20	Column1	Column2	Column3	Column4	Column5
	Vishamashana	→	yes	No	
	Sar+Kandu	↓ prawar	19	28	47
		madyam	46	30	76
		Awar	91	40	131
		Total	156	98	254

table 21	Column1	Column2	Column3	Column4	Column5
----------	---------	---------	---------	---------	---------

Association of Sar ViruddhaAhar , Vishmashana & symptom Kandu

table 21	Column1	Column2	Column3	Column4	Column5
	Viruddha +vishamashana	→	yes	No	
	Sar+Kandu	↓ prawar	28	28	56
		madyam	70	30	100
		Awar	108	40	156
			214	98	312

table 22

Association of Sar ViruddhaAhar &Symptom strava

Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total
Sar+Kandu↓	prawar			
	madyam	12	16	28
	Awar	42	12	54
		108	31	139
	Total	162	59	221

table 23

Association of Sar Vishmashana &Symptom Sar vishamashana

Column1	Column2	Column3	Column4	Column5
Vishamashana	→	yes	No	Total
Sar+Strav↓	prawar			
	madyam	9	16	25
	Awar	34	12	46
		91	31	122
	Total	134	59	193

table 24

Association of Sar ViruddhaAhar ,Vishmashana&symptom Strava

Column1	Column2	Column3	Column4	Column5
Viruddha +vishamashana	→	yes	No	Total
Sar+Strav↓	prawar			
	madyam	28	16	44
	Awar	70	12	82
		116	31	147
	Total	214	59	273

Association of Sar ViruddhaAhar &Symptom Pidaka

Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total
Sar+Strav↓				
	prawar	12	18	30
	madyam	42	14	56
	Awar	108	40	148
	Total	162	72	234

table 26

Association of Sar Vishamashana &Symptom Pidaka

Column1	Column2	Column3	Column4	Column5
Vishamas hana	→	yes	No	Total
Sar+Pidaka↓				
	prawar	11	18	29
	madyam	24	14	38
	Awar	83	40	123
	Total	118	72	190

table 27

Association of Sar ViruddhaAhar ,Vishmashana&symptommm Pidaka

Column1	Column2	Column3	Column4	Column5
Viruddha +vishamas hna	→	yes	No	Total
Sar+Pidaka↓				
	prawar	28	18	46
	madyam	70	14	84
	Awar	116	40	156
	Total	214	72	286

table 28

Association of Sar ViruddhaAhar & Symptom Rukshata

Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total
Sar+Rukshata↓				
	prawar	2	8	10
	madyam	28	18	46
	Awar	70	40	110
	Total	100	66	166

table 29

Association of Sar Vishamashna & Rukshata

Column1	Column2	Column3	Column4	Column5
Vishamashana	→	yes	No	
Sar+Rukshata↓				
	prawar	19	8	27
	madyam	34	18	52
	Awar	91	40	131
	Total	144	66	210

Association of Sar ViruddhaAhar , Vishmashana & symptom Rukshata

Column1	Column2	Column3	Column4	Column5
Viruddha +vishamashna	→	yes	No	Column1
Sar+Rukshata↓				
	prawar	18	8	26
	madyam	37	18	55
	Awar	110	40	150
	Total	165	66	131

Association of Sar ViruddhaAhar &SymptomShyavata

Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total
	prawar	12	28	40
	madyam	42	30	72
	Awar	108	40	149
	Total	162	98	260

Association OF Vishamashana &symptom Shyavata

Column1	Column2	Column3	Column4	Column5
Vishamas hana	→	yes	No	
Sar+shyavata↓		19	28	47
	madyam	46	30	76
	Awar	91	40	131
	Total	156	98	254

Association ofViruddhaAharVishamashna Sar&smptom Shyavata

Column1	Column2	Column3	Column4	Column5
Viruddha +vishamas hana	→	yes	No	
Sar+shyavata↓		28	28	56
	madyam	70	30	100
	Awar	108	40	156
	Total	214	98	312

Association of Sar ViruddhaAhar &Symptom Ruja

Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total
Sar+Ruja↓				
	prawar	1	9	10
	madyam	12	18	30
	Awar	100	27	127
	Total	113	54	167

Association of Vishamashana, Sar&Symptom Ruja

Column1	Column2	Column3	Column4	Column5
Vishamashana	→	yes	No	Total
Sar+Ruja↓				
	prawar	3	9	12
	madyam	10	18	28
	Awar	87	27	114
	Total	100	54	154

Association of ViruddhaAhar, Vishamashana ,Sar&Symptom Ruja

Column1	Column2	Column3	Column4	Column5
Viruddha+vishamashana	→	yes	No	Total
Sar+Ruja↓				
	prawar	8	9	17
	madyam	50	18	68
	Awar	105	27	132
	Total	163	54	217

Association of Desh ViruddhaAhar & Symptom Kandu

	Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total	
Desh+kandu	↓				
	Anupdesh	119	54	173	
	Jangaladesh	13	24	37	
	Sadharan	30	20	50	
	Total	162	98	260	

Association of Desh Vishamashana & Symptom Kandu

	Column1	Column2	Column3	Column4	Column5
Vishamashana	→	yes	No		
Desh+kandu	↓			Total	
	Anupdesh	116	54	170	
	Jangaladesh	12	24	36	
	Sadharan	28	20	48	
	Total	156	98	254	

Association of Desh ViruddhaAhar , Vishamashana & symptom Kandu

	Column1	Column2	Column3	Column4	Column5
Viruddha +vishamashana	→	yes	No		
Desh+kandu	↓			Total	
	Anupdesh	210	54	264	
	Jangaladesh	2	24	26	
	Sadharan	2	20	22	
	Total	214	98	312	

Association of Desh ViruddhaAha &Symptom strava				
Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total
desh+strava	↓			
	Anupdesh	119	36	155
	Jangaladesh	13	11	24
	Sadharan	30	12	42
	Total	162	59	221

Association of Desh vishamashanaSymptom Strava

Column1	Column2	Column3	Column4	Column5
Vishamashana	→	yes	No	
desh+strava	↓			Total
	Anupdesh	107	36	143
	Jangaladesh	5	11	16
	Sadharan	22	12	34
	Total	134	59	193

Association ofDesh ViruddhaAhar ,Vishmashana&symptom Strava

Column1	Column2	Column3	Column4	Column5
Viruddha +vishamashana	→	yes	No	
desh+strava	↓			Total
	Anupdesh	210	36	246
	Jangaladesh	2	11	13
	Sadharan	2	12	14
	Total	214	59	273

Association of Desh ViruddhaAhar &Symptom Rukshata

	Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total	
Desh+Rukshata	↓				
	Anupdesh	96	50	146	
	Jangaladesh	4	10	14	
	Sadharan	0	6	6	
	Total	100	66	166	

Association of Desh vishamashana&Symptom Rukshata

	Column1	Column2	Column3	Column4	Column5
Vishamashana	→	yes	No		
Desh+Rukshata	↓			Total	
	Anupdesh	112	50	162	
	Jangaladesh	8	10	18	
	Sadharan	24	6	30	
	Total	144	66	210	

Association of Desh ViruddhaAhar, Vishmashana&symptom Rukshata

	Column1	Column2	Column3	Column4	Column5
Viruddha+vishamashana	→	yes	No		
Desh+Rukshata	↓			Total	
	Anupdesh	164	50	214	
	Jangaladesh	0	10	10	
	Sadharan	0	6	6	
	Total	164	66	230	

Association of Desh ViruddhaAhar &Symptom Shyavata

Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total
Desh+shyavata	↓			
	Anupdesh	119	54	173
	Jangaldesh	13	24	37
	Sadharan	30	20	50
	Total	162	98	260

Association of Desh vishamashana &Symptom Shyavata

Column1	Column2	Column3	Column4	Column5
Vishamashana	→	yes	No	
Desh+shyavata	↓			Total
	Anupdesh	116	54	170
	Jangaldesh	12	24	36
	Sadharan	28	20	48
	Total	156	98	254

Association of DeshViruddhaAhaVishmashana&symptomShyavata

Column1	Column2	Column3	Column4	Column5
Viruddha+vishamashana	→	yes	No	
Desh+shyavata	↓			Total
	Anupdesh	210	54	264
	Jangaldesh	2	24	26
	Sadharan	2	20	22
	Total	214	98	312

Association of Desh ViruddhaAhar &Symptom Ruja

	Column1	Column2	Column3	Column4	Column5
Viruddha Ahar	→	yes	No	Total	
Desh+ruja	↓				
	Anupdes	100	39	139	
	Jangaldehy	3	12	15	
	Sadharan	10	3	13	
	Total	113	54	167	

Association of Desh vishamashana& Symptom Ruja

	Column1	Column2	Column3	Column4	Column5
Vishamashana	→	yes	No		
Desh+ruja	↓			Total	
	Anupdes	92	39	131	
	Jangaldehy	4	12	16	
	Sadharan	4	3	7	
	Total	100	54	154	

Association of DeshViruddhaAhar ,Vishmashana&symptom Ruja

	Column1	Column2	Column3	Column4	Column5
Viruddha +vishamashana	→	yes	No		
Desh+ruja	↓			Total	
	Anupdes	164	39	203	
	Jangaldehy	1	12	13	
	Sadharan	1	3	3	
	Total	166	54	220	

Association of prakruti ,Virudha Ahar &symptom kandu

Virudha Ahar	→	Column2	Column3	Column1			
prakruti +Kandu↓		yes	No	Total			
	KV	18	10	28			
	VK	34	16	50			
	KP	36	40	76			
	PK	18	6	24			
	VP	25	12	37			
	PV	31	14	45			
	Total	162	98	260			

Association of prakruti Vishamashana &symptom Kandu

Vishamashana	→	Column2	Column3	Column1			
prakruti +Kandu↓		yes	No	Total			
	KV	20	10	30			
	VK	25	16	41			
	KP	48	40	88			
	PK	15	6	21			
	VP	18	12	30			
	PV	30	14	44			
	Total	156	98	254			

Association of prakruti ViruddhaAhar Vishamashana &symptom Kandu

virudha +vishamashan	→	Column2	Column3	Column1			
prakruti +Kandu↓		yes	No	Total			
	KV	18	10	28			
	VK	41	16	57			
	KP	46	40	86			
	PK	23	6	29			
	VP	46	12	58			
	PV	40	14	54			
	Total	214	98	312			

Association of prakruti ,Virudha Ahar &symptom strava

Virudha Ahar	→	Column2	Column3	Column1
Prakruti+strava↓		yes	No	Total
	KV	18	3	21
	VK	34	13	47
	KP	36	28	64
	PK	18	5	23
	VP	25	5	30
	PV	31	5	36
	Total	162	59	221

Association of prakruti Vishamashana &symptom Strava

Vishama shana	→	Column2	Column3	Column1
prakruti+strav↓		yes	No	Total
	KV	15	3	18
	VK	23	13	36
	KP	45	28	73
	PK	10	5	15
	VP	11	5	16
	PV	30	5	35
	Total	134	59	193

Association of prakruti ViruddhaAhar Vishamashana &symptom Strava

virudha +visham ashan	→	Column2	Column3	Column1
prakruti+strava↓		yes	No	Total
	KV	18	3	21
	VK	41	13	54
	KP	46	28	74
	PK	23	5	28
	VP	46	5	51
	PV	40	5	45
	Total	214	59	273

Association of prakruti ,Virudha Ahar &symptomPidaka

Virudha Ahar	→	Column2	Column3	Column1
Prakrui+Pidaka↓		yes	No	Total
	KV	18	7	25
	VK	34	13	47
	KP	36	29	65
	PK	18	5	23
	VP	25	8	33
	PV	31	10	41
	Total	162	72	234

Association of prakruti Vishamashana &symptom Pidaka

Vishama shana	→	Column2	Column3	Column1
prakruti+pidaka		yes	No	Total
	KV	13	7	20
	VK	19	13	32
	KP	40	29	69
	PK	14	5	19
	VP	12	8	20
	PV	20	10	30
	Total	118	72	190

Association of prakruti ViruddhaAhar Vishamashana &symptom Pidaka

virudha +visham ashan	→	Column2	Column3	Column1
prakruti+strava↓		yes	No	Total
	KV	18	7	25
	VK	41	13	54
	KP	46	29	75
	PK	23	5	28
	VP	46	8	54
	PV	40	10	50
	Total	214	72	286

Association of prakruti ,Virudha Ahar &symptom Rukshata

Virudha Ahar →	Column2	Column3	Column1
prakruti +Rukshata	yes	No	Total
KV	8	4	12
VK	24	6	30
KP	26	33	59
PK	8	4	12
VP	15	9	24
PV	19	10	29
Total	100	66	166

Association of prakruti Vishamashana &symptom Rukshata

Vishama shana →	Column2	Column3	Column1
prakruti+Rukshata	yes	No	Total
KV	18	4	22
VK	24	6	30
KP	46	33	79
PK	13	4	17
VP	16	9	25
PV	28	10	38
Total	145	66	211

Association of prakruti ViruddhaAhar ,Vishamashana &Symptom Rukshata

virudha +vishamashan →	Column2	Column3	Column1
prakruti+Rukshata ↓	yes	No	Total
KV	12	4	16
VK	33	6	39
KP	43	33	73
PK	17	4	21
VP	30	9	39
PV	31	10	41
Total	166	66	232

Association of prakruti ,Virudha Ahar &symptom Shyavata

Virudha Ahar →	Column2	Column3	Column1
prakruti Shyavata ↓	yes	No	Total
KV	18	10	28
VK	34	16	50
KP	36	40	76
PK	18	6	24
VP	25	12	37
PV	31	14	45
Total	162	98	260

Association of prakruti Vishamashana &symptom Shyavata

Vishama shana →	Column2	Column3	Column1
prakruti Shyavata ↓	yes	No	Total
KV	20	10	30
VK	25	16	41
KP	48	40	88
PK	15	6	21
VP	18	12	30
PV	30	14	44
Total	156	98	254

Association of prakruti ViruddhaAhar Vishamash &symptom Shyavata

virudha +vishamashan →	Column2	Column3	Column1
prakruti Shyavata ↓	yes	No	Total
KV	18	10	28
VK	41	16	57
KP	46	40	86
PK	23	6	29
VP	46	12	58
PV	40	14	54
Total	214	98	312

Association of prakruti ,Virudha Ahar &symptom Ruja

Virudha Ahar →	Column2	Column3	Column1			
Prakruti+Ruja ↓	yes	No	Total			
KV	16	6	22			
VK	20	12	32			
KP	31	26	57			
PK	10	2	12			
VP	15	4	19			
PV	21	4	25			
Total	113	54	167			

Association of prakruti Vishamashana &symptom Ruja

Vishamashana →	Column2	Column3	Column1			
Prakruti+Ruja ↓	yes	No	Total			
KV	20	6	26			
VK	10	12	22			
KP	30	26	56			
PK	14	2	16			
VP	6	4	10			
PV	20	4	24			
Total	100	54	154			

Association of prakruti ViruddhaAhar Vishamashana &symptom Ruja

virudha +vishamashan →	Column2	Column3	Column1			
Prakruti+Ruja ↓	yes	No	Total			
KV	12	6	18			
VK	31	12	43			
KP	38	26	64			
PK	15	2	17			
VP	38	4	42			
PV	32	4	36			
Total	166	54	220			

S. N.	ASSOCIATION	Chi-squared Test for Independence	Chi-Squared Test for Trend.
1	Association of Agni, ViruddhaAhar&symptom Kandu	Chi-square: 141.29 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 111.28 (1 degree of freedom) The P value is < 0.0001.
2	Association of Agni Vishmashana&symptom Kandu	Chi-square: 68.619 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 66.562 (1 degree of freedom) The P value is < 0.0001.
3	Asoo.Agni Viruddhashan vishmashan and kandu	Chi-square: 84.343 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 81.214 (1 degree of freedom) The P value is < 0.0001.
4	Association of Agni Viruddhaahar & symptomStrav	Chi-square: 119.54 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated	Chi-squared for trend = 97.532 (1 degree of freedom) The P value is < 0.0001.
5	Association of Agni Vishamashana & symptom Strav	Chi-square: 58.802 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 58.406 (1 degree of freedom) The P value is < 0.0001
6	Association of Agni Viruddhaahar Vishamashana & symptom Strav	Chi-square: 74.891 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 66.070 (1 degree of freedom) The P value is < 0.0001.

7	Association of Agni Viruddhaahar & symptom Pidaka	Chi-square: 143.34 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 130.88 (1 degree of freedom) The P value is < 0.0001.
8	Association of Agni Vishamashana & symptom Pidaka	Chi-square: 111.87 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 78.403 (1 degree of freedom) The P value is < 0.0001.
9	Association of Agni Viruddhaahar, Vishamashana & symptom Pidaka	Chi-square: 134.49 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 106.23 (1 degree of freedom) The P value is < 0.0001.
10	Association of Agni Viruddhaahar & symptom Rukshata	Chi-square: 87.353 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 77.856 (1 degree of freedom) The P value is < 0.0001.
11	Association of Agni Vishamashana & symptom Rukshata	Chi-square: 99.495 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 68.283 (1 degree of freedom) The P value is < 0.0001.
12	Association of Agni Viruddhaahar, Vishamashana & symptom Rukshata	Chi-square: 81.369 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 58.024 (1 degree of freedom) The P value is < 0.0001.
13	Association of Agni Viruddhaahar & symptom Shyavata	Chi-square: 129.53 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 108.19 (1 degree of freedom) The P value is < 0.0001.

14	Association of Agni Vishamashana & symptom Shyavata	Chi-square: 69.559 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 65.792 (1 degree of freedom) The P value is < 0.0001.
15	Association of Agni Viruddhaahar, Vishamashana & symptom Shyavata	Chi-square: 84.343 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 81.214 (1 degree of freedom) The P value is < 0.0001.
16	Association of Agni Viruddhaahar & symptom Ruja	Chi-square: 46.465 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 35.193 (1 degree of freedom) The P value is < 0.0001.
17	Association of Agni Vishamashana & symptom Ruja	Chi-square: 21.318 Degrees of Freedom: 3 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 8.608 (1 degree of freedom) The P value is 0.0033.
18	Association of Agni Viruddhaahar, Vishamashana & symptom Ruja	Chi-square: 17.616 Degrees of Freedom: 3 The P value is 0.0005. The row and column variables are significantly associated.	Chi-squared for trend = 15.359 (1 degree of freedom) The P value is < 0.0001
19	Association of Sar , ViruddhaAhar&symptom Kandu	Chi-square: 25.766 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated..	Chi-squared for trend = 25.217 (1 degree of freedom) The P value is < 0.0001.
20	Association of Sar Vishmashana&symptom Kandu	Chi-square: 12.436 Degrees of Freedom: 2 The P value is 0.0020. The row and column variables are significantly associated.	Chi-squared for trend = 12.096 (1 degree of freedom) The P value is 0.0005.
21	Asoo. Sar Viruddhashan vishmashan and kandu	Chi-square: 9.865 Degrees of Freedom: 2 The P value is 0.0072.	Chi-squared for trend = 8.412 (1 degree of freedom)

		The row and column variables are significantly associated..	The P value is 0.0037.
22	Association of Sar Viruddhaahar & symptomStrav	Chi-square: 15.187 Degrees of Freedom: 2 The P value is 0.0005. The row and column variables are significantly associated.	Chi-squared for trend = 9.836 (1 degree of freedom) The P value is 0.0017.
23	Association of Sar Vishamashana & symptom Strav	Chi-square: 15.130 Degrees of Freedom: 2 The P value is 0.0005. The row and column variables are significantly associated.	Chi-squared for trend = 10.296 (1 degree of freedom) The P value is 0.0013.
24	Association of Sar Viruddhaahar Vishamashana & symptom Strav	Chi-square: 8.032 Degrees of Freedom: 2 The P value is 0.0180. The row and column variables are significantly associated.	Chi-squared for trend = 2.045 (1 degree of freedom) The P value is 0.1527.
25	Association of Sar Viruddhaahar & symptom Pidaka	Chi-square: 13.881 Degrees of Freedom: 2. The P value is 0.0010. The row and column variables are significantly associated.	Chi-squared for trend = 8.110 (1 degree of freedom) The P value is 0.0044.
26	Association of Sar Vishamashana & symptom Pidaka	Chi-square: 8.729 Degrees of Freedom: 2 The P value is 0.0127. The row and column variables are significantly associated.	Chi-squared for trend = 7.473 (1 degree of freedom) The P value is 0.0063.
27	Association of Sar Viruddhaahar, Vishamashana & symptom Pidaka	Chi-square: 8.002 Degrees of Freedom: 2 The P value is 0.0183. The row and column variables are significantly associated.	Chi-squared for trend = 1.077 (1 degree of freedom) The P value is 0.2993.
28	Association of Sar Viruddhaahar & symptom Rukshata	Chi-square: 7.298 Degrees of Freedom: 2 The P value is 0.0260. The row and column	Chi-squared for trend = 4.206 (1 degree of freedom) The P value is 0.8862.

		variables are not significantly associated.	
29	Association of Sar Vishamashana & symptom Rukshata	Chi-square: 0.3342 Degrees of Freedom: 2 The P value is 0.8461. The row and column variables are significantly associated.	Chi-squared for trend = 0.02049 (1 degree of freedom) The P value is 0.0403.
30	Association of Sar Viruddhaahar, Vishamashana & symptom Rukshata	Chi-square: 0.7937 Degrees of Freedom: 2 The P value is 0.6724. The row and column variables are not significantly associated.	Chi-squared for trend = 0.5263 (1 degree of freedom) The P value is 0.4682.
31	Association of Sar Viruddhaahar & symptom Shyavata	Chi-square: 25.766 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = (1 degree of freedom) The P value is < 0.0001
32	Association of Sar Vishamashana & symptom Shyavata	Chi-square: 12.436 Degrees of Freedom: 2 The P value is 0.0020. The row and column variables are significantly associated..	Chi-squared for trend = 12.096 (1 degree of freedom) The P value is 0.0005.
33	Association of Sar Viruddhaahar, Vishamashana & symptom Shyavata	Chi-square: 9.865 Degrees of Freedom: 2 The P value is 0.0072. The row and column variables are significantly associated.	Chi-squared for trend = 8.412 (1 degree of freedom) The P value is 0.0037.
34	Association of Sar Viruddhaahar & symptom Ruja	Chi-square: 32.812 Degrees of Freedom: 2. The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 32.667 (1 degree of freedom) The P value is < 0.0001
35	Association of Sar Vishamashana & symptom Ruja	Chi-square: 25.390 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are	Chi-squared for trend = 23.720 (1 degree of freedom) The P value is < 0.0001.

		significantly associated..	
36	Association of Sar Viruddhaahar, Vishamashana & symptom Ruja	Chi-square: 8.636 Degrees of Freedom: 2 The P value is 0.0133. The row and column variables are significantly associated.	Chi-squared for trend = 6.849 (1 degree of freedom) The P value is 0.0089.
37	Association of Desh, ViruddhaAhar&symptom Kandu	Chi-square: 17.038 Degrees of Freedom: 2 The P value is 0.0002. The row and column variables are significantly associated	Chi-squared for trend = 4.298 (1 degree of freedom) The P value is 0.0382.
38	Association of Desh Vishmashana&symptom Kandu	Chi-square: 17.700 Degrees of Freedom: 2 The P value is 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 4.901 (1 degree of freedom) The P value is 0.0268.
39	Asoo. Desh Viruddhashan vishmashan and kandu	Chi-square: 99.163 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 85.904 (1 degree of freedom) The P value is < 0.0001
39	Association of Desh Viruddhaahar & symptomStrav	Chi-square: 5.521 Degrees of Freedom: 2 The P value is 0.0633. The row and column variables are significantly associated	Chi-squared for trend = 1.396 (1 degree of freedom) The P value is 0.02374.
40	Association of Desh Vishamashana & symptom Strav	Chi-square: 13.307 Degrees of Freedom: 2 The P value is 0.0013. The row and column variables are significantly associated.	Chi-squared for trend = 3.546 (1 degree of freedom) The P value is 0.0597.
41	Association of Desh Viruddhaahar Vishamashana & symptom Strav	Chi-square: 71.488 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 64.179 (1 degree of freedom) The P value is <0.0001.
42	Association of Desh Viruddhaahar & symptom Pidaka	Chi-square: 7.929 Degrees of Freedom: 2	Chi-squared for trend = 0.1064 (1 degree of

		The P value is 0.0190. The row and column variables are significantly associated.	freedom) The P value is 0.7443. There is not a significant linear trend among the ordered categories defining the rows and the proportion of subjects in the left column
43	Association of Desh Vishamashana & symptom Pidaka	Chi-square: 24.813 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 24.630 (1 degree of freedom) The P value is < 0.0001. There is a significant linear trend among the ordered categories defining the rows and the proportion of subjects in the left column.
44	Association of Desh Viruddhaahar, Vishamashana & symptom Pidaka	Chi-square: 63.906 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 54.685 (1 degree of freedom) The P value is < 0.0001. There is a significant linear trend among the ordered categories defining the rows and the proportion of subjects in the left column.
45	Association of Desh Viruddhaahar & symptom Rukshata	Chi-square: 16.806 Degrees of Freedom: 2 The P value is 0.0002. The row and column variables are significantly associated.	Chi-squared for trend = 16.738 (1 degree of freedom) The P value is < 0.0001. There is a significant linear trend among the ordered categories defining the rows and the proportion of subjects

			in the left column.
46	Association of Desh Vishamashana & symptom Rukshata	Chi-square: 6.704 Degrees of Freedom: 2 The P value is 0.0350. The row and column variables are significantly associated.	Chi-squared for trend = 0.2690 (1 degree of freedom) The P value is 0.6040. There is not a significant linear trend among the ordered categories defining the rows and the proportion of subjects in the left column.
48	Association of Desh Viruddhaahar, Vishamashana & symptom Rukshata	Chi-square: 42.730 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 37.706 (1 degree of freedom) The P value is < 0.0001. There is a significant linear trend among the ordered categories
49	Association of Desh Viruddhaahar & symptom Shyavata	Chi-square: 17.038 Degrees of Freedom: 2 The P value is 0.0002. The row and column variables are significantly associated.	Chi-squared for trend = 4.298 (1 degree of freedom) The P value is 0.0382.
50	Association of Desh Vishamashana & symptom Shyavata	Chi-square: 17.700 Degrees of Freedom: 2 The P value is 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 4.901 (1 degree of freedom) The P value is 0.0268.
51	Association of Desh Viruddhaahar, Vishamashana & symptom Shyavata	Chi-square: 99.163 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 85.904 (1 degree of freedom) The P value is < 0.0001. There is a significant linear trend among the ordered categories
52	Association of Desh Viruddhaahar & symptom Ruja	Chi-square: 17.247 Degrees of Freedom: 2	Chi-squared for trend = 1.806 (1 degree of

		The P value is 0.0002. The row and column variables are significantly associated.	freedom) The P value is 0.1790.
53	Association of Desh Vishamashana & symptom Ruja	Chi-square: 13.006 Degrees of Freedom: 2 The P value is 0.0015. The row and column variables are significantly associated.	Chi-squared for trend = 6.441 (1 degree of freedom) The P value is 0.0112.
54	Association of Desh Viruddhaahar, Vishamashana & symptom Ruja	Chi-square: 40.846 Degrees of Freedom: 2 The P value is < 0.0001. The row and column variables are significantly associated.	Chi-squared for trend = 33.003 (1 degree of freedom) The P value is < 0.0001. There is a significant linear trend among the ordered categories
55	Association of Prakruti, ViruddhaAhar&symptom Kandu	Chi-square: 22.412 Degrees of Freedom: 5 The P value is 0.0644. The row and column variables are significantly associated.	Chi-squared for trend = 0.6218 (1 degree of freedom) The P value is 0.004304.
56	Association of Prakruti Vishmashana&symptom Kandu	Chi-square: 24.161 Degrees of Freedom: 5 The P value is 0.5265. The row and column variables are significantly associated.	Chi-squared for trend = 0.1814 (1 degree of freedom) The P value is 0.06701.
57	Asoo. Prakruti Viruddhashan vishmashan and kandu	Chi-square: 34.628 Degrees of Freedom: 5 The P value is 0.0182. The row and column variables are significantly associated.	Chi-squared for trend = 3.065 (1 degree of freedom) The P value is 0.0800.
58	Association of Prakruti Viruddhaahar & symptom Strav	Chi-square: 16.035 Degrees of Freedom: 5 The P value is 0.0067. The row and column variables are significantly associated.	Chi-squared for trend = 2.443 (1 degree of freedom) The P value is 0.1180. There is not a significant linear trend among the ordered categories

59	Association of Prakruti Vishamashana & symptom Strav	Chi-square: 18.676 Degrees of Freedom: 5 The P value is 0.01227. The row and column variables are significantly associated.	Chi-squared for trend = 1.820 (1 degree of freedom) The P value is 0.01774.
60	Association of Prakruti Viruddhaahar Vishamashana & symptom Strav	Chi-square: 19.718 Degrees of Freedom: 5 The P value is 0.0014. The row and column variables are significantly associated.	Chi-squared for trend = 5.736 (1 degree of freedom) The P value is 0.0166. There is a significant linear trend among the ordered categories
61	Association of Prakruti Viruddhaahar & symptom Pidaka	Chi-square: 18.477 Degrees of Freedom: 5 The P value is 0.1318. The row and column variables are significantly associated.	Chi-squared for trend = 0.9902 (1 degree of freedom) The P value is 0.03197.
62	Association of Prakruti Vishamashana & symptom Pidaka	Chi-square: 2.059 Degrees of Freedom: 5 The P value is 0.8409. The row and column variables are not significantly associated.	Chi-squared for trend = 0.2534 (1 degree of freedom) The P value is 0.6147. There is not a significant linear trend among the ordered categories
66	Association of Prakruti Viruddhaahar, Vishamashana & symptom Pidaka	Chi-square: 11.972 Degrees of Freedom: 5 The P value is 0.0352. The row and column variables are significantly associated.	Chi-squared for trend = 3.451 (1 degree of freedom) The P value is 0.0632. There is not a significant linear trend among the ordered categories defining the rows and the proportion of subjects in the left column.
67	Association of Prakruti Viruddhaahar & symptom Rukshata	Chi-square: 8.747 Degrees of Freedom: 5 The P value is 0.1196 The row and column variables are not significantly associated.	Chi-squared for trend = 0.01109 (1 degree of freedom) The P value is 0.1827. There is not a significant linear

			trend among the ordered categories defining the rows and the proportion of subjects in the left column.
68	Association of Prakruti Vishamashana & symptom Rukshata	Chi-square: 12.136 Degrees of Freedom: 5 The P value is 0.0330. The row and column variables are significantly associated.	Chi-squared for trend = 0.1827 (1 degree of freedom) The P value is 0.9161. There is a significant linear trend among the ordered categories
69	Association of Prakruti Viruddhaahar, Vishamashana & symptom Rukshata	Chi-square: 13.530 Degrees of Freedom: 5 The P value is 0.0189. The row and column variables are significantly associated.	Chi-squared for trend = 0.2192 (1 degree of freedom) The P value is 0.6397. There is not a significant linear trend among the ordered categories
70	Association of Prakruti Viruddhaahar & symptom Shyavata	Chi-square: 10.412 Degrees of Freedom: 5 The P value is 0.0644. The row and column variables are not significantly associated.	Chi-squared for trend = 0.6218 (1 degree of freedom) The P value is 0.4304. There is not a significant linear trend among the ordered categories
71	Association of Prakruti Vishamashana & symptom Shyavata	Chi-square: 4.161 Degrees of Freedom: 5 The P value is 0.5265. The row and column variables are not significantly associated.	Chi-squared for trend = 0.1814 (1 degree of freedom) The P value is 0.6701. There is not a significant linear trend among the ordered categories
72	Association of Prakruti Viruddhaahar, Vishamashana & symptom Shyavata	Chi-square: 13.628 Degrees of Freedom: 5 The P value is 0.0182. The row and column variables are significantly associated.	Chi-squared for trend = 3.065 (1 degree of freedom) The P value is 0.0800. There is not a significant linear trend among the ordered categories

74	Association of Prakruti Viruddhaahar & symptom Ruja	Chi-square: 15.742 Degrees of Freedom: 5 Table size: 6 rows, 2 columns. The P value is 0.0567. The row and column variables are significantly associated.	Chi-squared for trend = 3.476 (1 degree of freedom) The P value is 0.00622. There is a significant linear trend among the ordered categories
75	Association of Prakruti Vishamashana & symptom Ruja	Chi-square: 15.736 Degrees of Freedom: 5 The P value is 0.0076. The row and column variables are significantly associated.	Chi-squared for trend = 2.180 (1 degree of freedom) The P value is 0.1398. There is not a significant linear trend among the ordered categories
76	Association of Prakruti Viruddhaahar, Vishamashana & symptom Ruja	Chi-square: 20.072 Degrees of Freedom: 5 The P value is 0.0012. The row and column variables are significantly associated.	Chi-squared for trend = 11.346 (1 degree of freedom) The P value is 0.0008. There is a significant linear

DISCUSSION

The aims and objectives of investigations is to reach up to a definite conclusion, by understanding the concepts in their correct form Study of any concept under various heading gives its complete orientation but correct understanding and proper interpretation of the concept helps to achieve determined goal and it is possible with the help of discussion

Ayurveda emphasizes on consuming healthy and nutritious diet. Diet is considered to be a vital for a human body as it provides the basic nutrients. Unfortunately in modern era the concept of Hita ahara which are having a great influence on once health is being ignored. Today fast food chains become a global phenomenon. Eating habits have changed dramatically for example combining food. As a result man has to pay penalty.

THE SIMPLER THE MEAL THE BETTER YOU FEEL.

Within the field of holistic health and nutrition there is a great deal of controversy about food combining.

DISCUSSION ON CONCEPTUAL STUDY OF VIRUDDHA AHAR AND VISHMASHANA.

1) Viruddha Ahar

Defination of Viruddha Ahar is same in Bruhatrayi i.e any thing that causes aggravation (increase) of the dosha but does not expel them out of the body is called virrudha¹.

Examples of Sanyog Viruddha Ahar given in Bruhatrayis also mostly same list of disease causing by viruddha ahar is almost same in bruhatrayi and every one explained Kshudra Kushtha (vicharchika is one of the type of Kshudra kushta) caused by virudha ahar².

Acharya Charaka explained fish & milk both are madhurvipaki but Maha Abhishandi and Viruddhavirya due to Virodhivirya it is Shonit Pradushnaya and due to maha abhishandi Margavrodhya. This is one example how Viroddhi Ahar react and

he also explained Dehadhatu Pratyarik Dravya may be Guna virodhi may be Sanyog Virodhi .Acharya Charak & Ashtang Sangraha explained Viruddha Ahar Nindit vyadhikaranam, Nindit Vyadhi means Kushtha.³according to Chakrapani Commentry,

Acharya Sushrut explained Incompatible taste, potencies and chemical actions now we shall describe the substances enumerated in couples and possessed of different taste which prove compatable to each other. Through their respective tastes potencies and chemical actions Madhur and Amla tastes or Madhur and Lavan tastes to each other in respect of their potencies and inherent properties Madhur and Amla taste are incompatible to each other in all the above three respect.

Similarly Madhur and Tikta or Madhur and Kashaya things should be deemed incompatible to each other in respect of their tastes and chemical actions. Amla and Lavan things. incompatible to each other as regards to their flavor and chemical action.⁴ In Ashtang Sangraha explained examples of Viruddha Ahar according to types of viruddha for ex. Taken sattv at night is Kalaviruddha .⁵

Ashtang Sangraha and Ashtang Hridya –explained padaushik karma after the explanation of Viruddha Ahar.

2) Vishmashana

Definition of vishmashana is same in Bruhatrayi i.e more or less food taken at Apraptikala i.e Ajirna kala or Atita Kala.⁶ Acharya Charak also explained vishamashana is Agnivaishamyam karanam agrya.⁷ Same thing explained in Ashthang Sangraha.

DISCUSSION REGARDING CLINICAL STUDY

Demographic Analysis of **632** patients of eczema was included in this trial is given below.

Distribution of **632** patients into following four groups .

Group A- A total of **162** patients had Viruddha Ahar as causative factor.

Group B- A total of **156** patients had Vishamashana as causative factor.

Group C- A total of **214** patients had Viruddha Ahar and Vishamashana as causative factor.

Group D- A total of **100** patients had causative factor other than Viruddha Ahar and Vishamashana.

Table and graph wise discussion

1) Gender

The data shows that both sex are affected by disease according to causative factors. In Group A and Group C males ratio was more as they eat outdoor food more frequently, and In Group D female ratio was more than male as the effect of Diwaswapa is present more in housewives.

2) Age

The data shows that majority of patients were between the age group of **29 to 39** and **40 to 50** yrs. But it is seen that eczema affect all the age groups by all causative factors, since up to the 18th year. A person establishes his/her eating habits and mostly continues them. Viruddha ahar converts into causative factor if repeatedly and continuously consumed for several years. So maximum no. of patients are between the age group of **29-39** years and **40-50** years. The habit of vishamashan if continued for several years is also a causative factor.

3) Religion

Data shows that number of Hindu patients are predominant as maximum patients from M.A.Podar Hospital were from the Hindu residential area and my other 2 study centers also in Hindu residential area. Hence no conclusion can be drawn from this data because study sites belongs to Hindu dominant locality.

4) Economical status

Data shows that disease Eczema is found in all economical groups and middle class group ratio is more in all groups because most of the data was collected from government hospital.

5) Diet

Data reveals that the disease Vicharchika (Eczema) is prevalent more in the patients belonging to veg diet and mixed diet category. Diet wise analysis shows that most patients belong to mixed diet category i.e. who consume non veg diet. The ratio of patients from mix diet category is more, especially the ratio of patients in Group A and Group C where causative factor Viruddha ahar is more for e.g. fish and milk are viryavirodhi and mahabhishyandi according to Charak samhita and in all. Bruhatrayi has cited so many examples of sanyog-virodhi pertaining to mansahar.

6) Deha Prakruti

Data shows that Vicharchika can affect the persons of all prakruti. Also it is observed that majority of patients were of Kaph Pitta prakruti.

Distribution of **162** patients according to Prakruti and causative factor Viruddha Ahar and Symptoms of Vicharchika i.e. Kandu, Pidaka, Strava, Ruja. This distribution was significant by Chi Square test, P value <0.0001. IN this distribution number of patients of Kapha Pitta Prakruti were more, as due to viruddha ahar kled is formed and due to Kapha-Pitta bahulya, snigdha guna and picchil guna of kapha and sar-drava guna of pitta are involved. Also Kapha and Mansa are ashraya-ashrayi⁸ and Pitta and Rakta are ashraya-ashrayi. By all above causes symptoms kandu, Pidaka, Strava are significant and due to Pidaka and Raktadushti Symptom Ruja also significant. Symptoms Rukshata and shyavata are not significant due to kled, snigdha and picchhil guna of Kapha and sar ,drava guna of Pitta.

Prakrut kapha is madhur⁹ according to Acharya Charak and when it is vitiated vidagdha Kapha is lavan¹⁰. Madhur ras is Prithvi and Jal-mahabhoot pradhana and lavan ras is Jala and Agni-mahaboot pradhana. Dravata developes due to Agni mahabhoota which leads to formation of strava, hence Rukshata is not significant and Vicharchika is kapha-pitta dosha predominant disease and also in distribution ratio of Kapha-Pitta prakruti patients are maximum. So the concept of tulya-Prakruti and disease is validated.

Distribution of **156** patients according to Prakruti and causative factor Vishamashana. The symptoms of Vicharchika i.e. Kandu, Strava, Rukshata, Ruja

was significant by Chi Square test. Here in Vishamashana Mandagni is developed, due to Mandagni Amotpatti takes place, Amotpatti leads to Tridoshadushti, due to sar and drava guna of Pitta and Picchil guna of Kapha symptom Kandu, Strava, were significant. Pittabahulyata was more than the Kaphabahulyata so Pidaka was not significant. Due to vaatdushti Rukshata & Ruja were significant. Here also the patients of Kapha-Pitta prakruti are maximum. Hence the concept of tulya-Prakruti in the disease i.e. Kapha-Pitta pradhan disease and Vicharchika is validated as well.

Distribution of **214** patients according to Prakruti and causative factor Viruddha ahar +Vishamashana and symptoms of Vicharchika i.e. Kandu, Pidaka, Strava, Shyavata, and Ruja. This distribution was significant by Chi Square test. p value is < 0.0001. In this distribution patients of Kapha-Pitta prakruti were maximum due to Viruddha ahar. Kled is formed due to snigdha ,picchil guna of Kapha and sar, drava guna of Pitta. There was Mansadushti and Rakta-dushti. Above all symptoms were significant. as there was kleda with picchil, snigdha, sar and drava guna. Hence Rukshata was not significant. Here also the patients of Kapha-Pitta prakruti are maximum. So the concept of tulya-Prakruti¹³ in the disease i.e. Kapha-Pitta pradhan Vicharchika is validated when the above are the causative factors.

7) Agni wise distribution

The data shows that disease Vicharika affects the persons of all types of agni and also it is observed that the patients having Samagni and Tikshnagni are minimum in Group A, Group B & Group C and patients having Mandagni are maximum in the Group A,B & C. Distribution of **162** patients according to Agni, Viruddha Ahar and Symptoms of Vicharchika i.e. Kandu, Pidaka, Strava, Shyavata, Rukshata and Ruja. This distribution was significant by Chi- Square test, P value for was <0.0001 as in this distribution patients of Mandagni were maximum. Due to mandagni there was amotpatti¹¹. so symptom Kandu was significant. Due to amotpatti there was Tridoshadudhti because of Ashraya-ashrayi sambandha, as there was Kapha dushti hence Mansadushti-Tvak(Ras)dushti and Lasika dushti. Hence symptom Pidaka was significant. Due to Ashraya-ashrayi sambandha, as there was Pitta dushti hence Raktadushti and due to Vata- dushti all above causes develop symptoms Rukshata, Shyavata and Ruja significant. Due to Kaphadushti and Pittadushti symptom Strava was significant as sar and drava guna of Pitta was there and Prakrut

madhur (Prithvi+Jal) Kapha after dushti get converted into Lavana(Jala+Agni) hence symptom Strava was significant.

Distribution of **156** patients according to Agni, Vishamashana and Symptoms of Vicharchika i.e. Kandu, Pidaka, Strava, Shyavata, Rukshata and Ruja. This distribution was significant by Chi- Square test, P value for was <0.0001 for all symptoms, as Vishamashana is termed as 'Agnivaishamyakaranam agryam'. So due to Vishamashana there was Mandagni in patients so Amotpatti¹¹ is there . Due to Amotpatti there was dushti of kapha-Pitta-Vata-Mansa-Rakta and Lasika and hence Kandu, strava symptoms are significant. Due to Kapha-

Mansa and Tvak dushti symptom Pidaka was significant. Rukshata and Ruja symptoms were significant due to Vatdushti.

Distribution of **214** patients according to Agni, causative factor Viruddha ahar and Vishamashana and Symptoms of Vicharchika i.e. Kandu, Pidaka, Strava, Shyavata, Rukshata and Ruja. This distribution was significant by Chi- Square test, P value for was <0.0001. These symptoms are significant because due to Mandagni Amotpatti takes place. Due to Amotpatti Kandu symptom was significant Due to Kaphadushti there was Mansa-Tvak dushti and due to Pittadushti there was Raktadushti and lasikadushti , so the symptoms Strava, Pidaka and Ruja are significant and due to Vatadushti Shyavata and Rukshata are also significant. So we can conclude that Mandagni is a samprapti-ghatak(pathological factor) of Vicharchika disease when Viruddha ahar or Vishamashana or both are the causative factors. According to Ayurveda samprapti vighatan is chikitsa, so chikitsa of Mandagni is important in disease Vicharchika when Viruddha ahar and Vishamashana are causative factors of Vicharchika.

8) Desh wise distribution

Data shows that total number of patients in Anup desh are maximum in Group A,B,C&D, and minimum in Jangal desh.

Distribution of **162** patients according to Desh, causative factor Viruddha Ahar and Symptoms of Vicharchika and Distribution of **156** patients according to Desh, causative factor Vishamashana and Symptoms of Vicharchika and Distribution

of **214** patients according to Desh, causative factor Viruddha Ahar + vishamashana and Symptoms of Vicharchika. It was significant by Chi Square test , P value is 0.001 to 0.0001. In this distribution number of patients from Anup desh are maximum . Anup desh is Kapha bahulya desh. So kapha Dosha dushti is seen due to Tulya desh and dushyadushti. Due to Kapha doshadushti Mandagni was present. So Tridosha and Mansadushti-Raktadushti-Tvakdushti and Lasikadushti took place. Hence symptoms Kandu, Strava, Pidaka, Shyavata Rukshata and Ruja were significant. In disease Vicharchika Kapha-Pitta are the dominant dosha and here in patients belonging to anup desh (Kaphabahulya predominance desh)¹², Tulya-deshatva¹³ is present. Hence disease was not easily curable when Viruddha ahar or Vishamashana or both are the causative factors of Vicharchika.

9) Sar wise distribution

Total number of patients in Avara Sar in all Groups are maximum. Distribution of **632** patients according to sar causative factor Vishmashana , Viruddha Ahar and Viruddha Ahar + Vishmashana and Symptoms of Vicharchika Kandu , Pidaka, Strava, Shyavata, Ruja all symptoms significant by Chi Square test. Only Rukshata in Group A where causative factor Viruddha Ahar and in Group C where causative factor Viruddha Ahar + Vishmashana. In disease Vicharchika Tridoshadushti and Kapha-Pitta dosha are predominant and Lasika-Tvak-Mansa-Raktadushti is also there. So due to four dushya patients of asar were maximum and distribution was significant. In Group A Viruddha ahar and in Group C Viruddha ahar + Vishamashana Rukshata not significant as Kapha bahulyata was there.

10) Symptom wise distribution

A) Kandu

Comparison of four groups for symptom Kandu was significant by Kruskal Wallis Test. Comparison of two groups Group D compared with Group A, Group B and Group C compared separately because Group D consists of patients in whom causative factor was neither Viruddha Ahar nor Vishmashana and rest in all groups consists either Viruddha ahar or Vishamashana or both as causative factor. For this comparison Man Whitney test was applied and it was significant for symptom Kandu.

Viruddha ahara (causative factor)



Mandagni



Amotpatti + Tridoshadushti

(Kaphabahulyata)



Kandu (Symptom)

(Symptom)

Vishamashana



Mandagni



Amotpatti + Tridoshadushti

(Pittabahulyata)

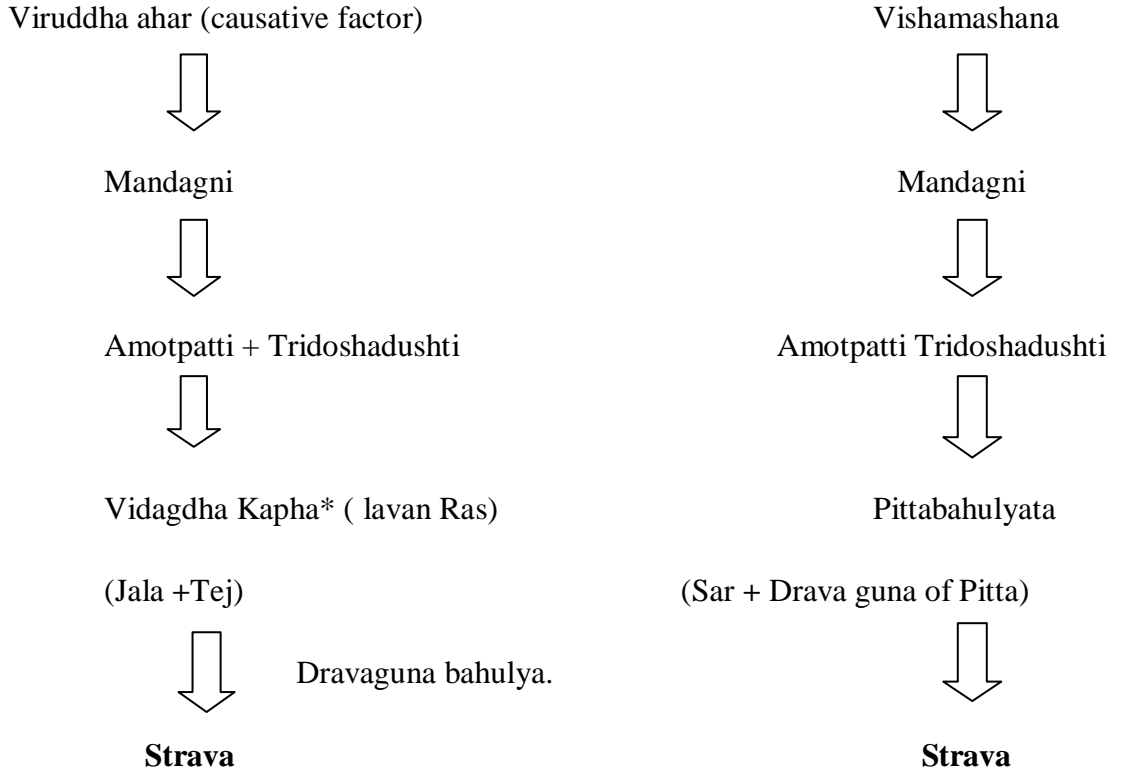


Kandu

For association of causative factor and symptom Chi square test was applied and it was significant. So we can conclude that Viruddha ahara and Vishamashana are the sannikrushta hetu for symptom Kandu. Due to Viruddha ahara Mandagni developed and due to Mandagni there was amotpatti, due to Amotpatti and Tridoshadushti symptom appeared, so it was significant. In Vishamashana also Mandagni developed. Due to Mandagni Amotpatti and Tridoshadushti were developed. So Kandu symptom formed and it was significant.

B) Strava

Comparison of four groups for symptom Strava was significant by Kruskal Wallis Test. Comparison of two groups Group D compared with Group A, Group B and Group C compared separately because Group D consists of patients in whom causative factor was neither Viruddha Ahara nor Vishamashana and rest in all groups consists either Viruddha ahara or Vishamashana or both as causative factor. For this comparison Man Whitney test was applied and it was significant for symptom Strava



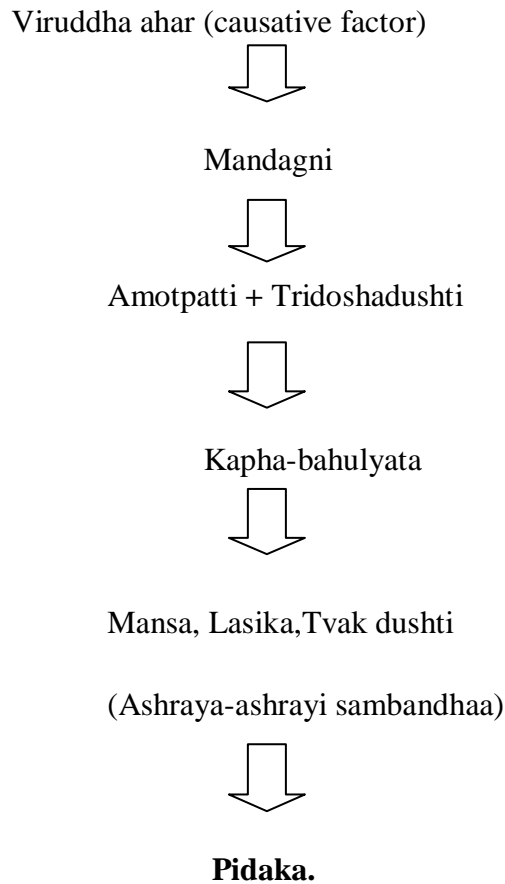
Prakruta Kapha* - Ras Madhur and Panchabhautik sanghathan - Prithvi+ Jala.

For association of causative factor and symptom Chi square test was applied and it was significant. So we can conclude that Viruddha ahar and Vishamashana are the sannikrushta hetu for symptom Strava. Due to Viruddha ahar Mandagni developed and due to Mandagni there was amotpatti and Tridoshadushti was there . Due to Kapha dushti Strava developed as prakrut Kapha is Madhur and vidagdha Kapha is Lavan there is a change in Panchabhautik sanghathan and symptom strava was developed. Due to Vishamashana also Mandagni developed. So Amotpatti and Tridoshadushti were developed and due to Pittadushti, Sar and Drava guna of Pitta lead to Strava formation. So symptom Strava was significant.

C) Pidaka

Comparison of four groups for symptom Pidaka was significant by Kruskal Wallis Test. Comparison of two groups Group D compared with Group A, Group B and Group C compared separately because Group D consists of patients in whom

causative factor was neither Viruddha Ahar nor Vishmashana and rest in all groups consists either Viruddha ahar or Vishamashana or both as causative factor. For this comparison Man Whitney test was applied and it was significant for symptom Pidaka.



For association of causative factor and symptom Chi square test was applied and it was significant. For (Group A) causative factor Viruddha ahar and for (Group C) causative factor Viruddha ahar and Vishamashana, and not significant for (Group B) causative factor Vishamashana. In Group A (causative factor Viruddha ahar) due to Mandagni there was amotpatti and Tridoshadushti Developed and there was Kaphabahulyata and also ashraya-ashrayi sambandha of Kapha with mansa along with Tvakdushti. So symptom Pidaka was significant in Group A and Group C. This shows that Viruddha ahar is sannikrushta hetu for symptom Pidaka.

D) Shyavata

Comparison of four groups for symptom Shyavata was significant by Kruskal Wallis Test. Comparison of two groups Group D compared with Group A, Group B and Group C compared seperately because Group D consists of patients in whom

causative factor was neither Viruddha Ahar nor Vishmashana and rest in all groups consists either Viruddha ahar or Vishamashana or both as causative factor. For this comparison Man Whitney test was applied and it was significant for symptom Shyavata

Viruddha ahar and Vishamashana



Mandagni



Amotpatti + Tridoshadushti

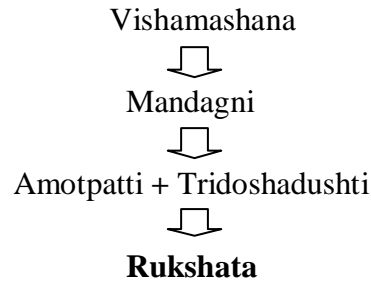


Shyavata

For association of causative factor and symptom Chi square test was applied and it was significant. Due to Vishamashana and Viruddha ahar Mandagni developed, due to Mandagni there was Amotpatti and Tridoshadushti. So Shyavata symptom was significant. This shows that Viruddha ahar and Vishammashanna are the sannikrushta hetu for symptom Shyavata.

E) Rukshata

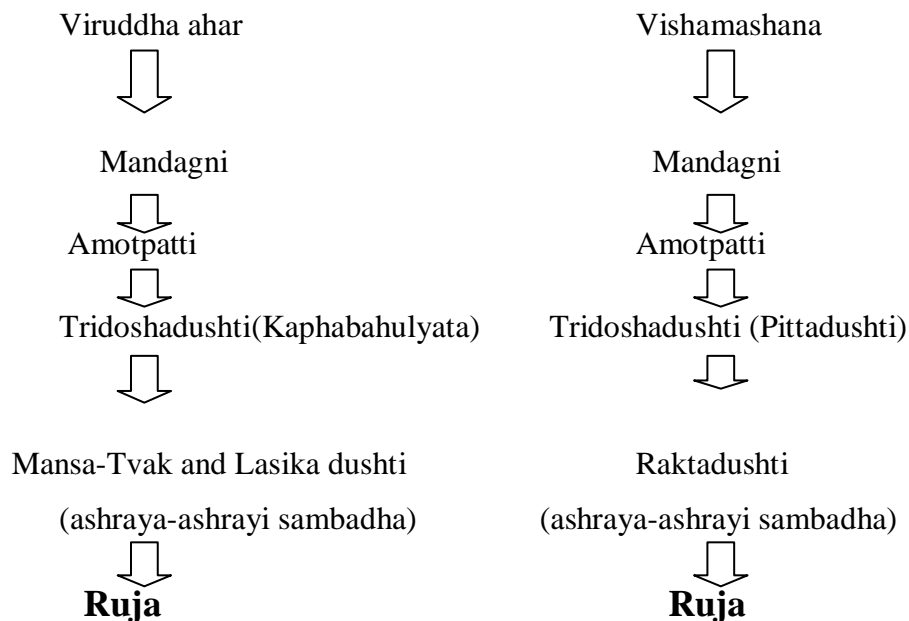
Comparison of four groups for symptom Rukshata was significant by Kruskal Wallis Test. Comparison of two groups Group D compared with Group A, Group B and Group C compared seperately because Group D consists of patients in whom causative factor was neither Viruddha Ahar nor Vishmashana and rest in all groups consists either Viruddha ahar or Vishamashana or both as causative factor. For this comparison Man Whitney test was applied and it was significant for symptom Rukshata.



For association of causative factor and symptom Chi square test was applied and it was significant for Group B (causative factor Vishamashana) and not significant for Group A (causative factor Viruddha ahar) and also Group C (causative factor Viruddha ahar and Vishamashana) Hence Kapha bahulyata was present So strava was more and Rukshata was not significant. So Vishammashanna is the sannikrushta hetu for symptom Rukshata.

F) Ruja

Comparison of four groups for symptom Ruja was significant by Kruskal Wallis Test. Comparison of two groups Group D compared with Group A, Group B and Group C compared separately because Group D consists of patients in whom causative factor was neither Viruddha Ahar nor Vishmashana and rest in all groups consists either Viruddha ahar or Vishamashana or both as causative factor. For this comparison Man Whitney test was applied and it was significant for symptom Ruja.



For association of causative factor and symptom Chi square test was applied and it was significant due to virudha ahar and Vishamashana produced Mandagni there was Amotpatti and Tridoshdushti so symptom Ruja was significant. So Viruddha ahar and Vishammashanna are the sannikrushta hetu for symptom Ruja.

CRITICAL ANALYSIS STUDY OF SANYOGA VIRUDDHA AHAR

Incomplete digestion is the first major cause of illness. If patients food does not break down through the enzymes provided by fresh and raw food in their body then rotting and decay is take place. The result is that their body absorbs its own toxic waste before it can be eliminated.

When patients combine the wrong food together in a single meal their body is required to process incompatible food substances at the same time. This results in incomplete digestion and discomfort as Amotpatti takes place.

Human digestive tract either be their highway or to pain and suffering they choose the road they want to take.

Patients are going to eat more than one food at a meal, they can greatly improve digestion (and avoid indigestion) by eating only those foods that requires the same (Gastric juice) for digestion and this combination leads to good digestion and to better health. But patients combine the foods which requires the different gastric juice for e.g. Milk and fruits. Milk is a liquid and Madhur, fruits are solid and some fruits are sour in taste. Milk contains lactose And fruits contain fructose, so patients combine milk and fruits it is overload for Agni and agni is diminished Amotpatti takes place.

Food combinations are also of great importance. When foods having different attributes tastes, heating or cooling properties and post digestive effects are catch together function of Agni is slowed down. The food can then remain in stomach for seven to eight hours. These same food items if catch separately well stimulate agni. Thus according to ayurveda everyone should eat according to his/her constitution and at proper time.

Combining foods improperly can produce indigestion, fermentation, putrefaction and gas formation. This condition if prolonged can lead to toxemia and disease complex for example Milk with fruits can diminish agni, change the intestinal flora producing Kled & leads to Amotpatti & Tridoshadushti due to ashryaashrayi sambandh leads to Mansa dushti, twak dushti, lasika dushti and rakta dushti and causes Vicharchika.

In short we can conclude all above things as follows -

Viruddha Ahar causes Agnimandya of patients. Agnimandya leads to incomplete digestion and fermentation This leads to produce Amotpatti leading tridosh dushti and Kled formation, due to Ashrya- ashrayi sambandh leads to Mansa dusti, twak dusti, lasika dusti and Rakta dusti and causes Vicharchika¹² i.e. Eczema.

As viruddhaahar is abhishandi margavarodha take place. Due to margavarodha tridosha dushati formation, due to Ashrya- ashrayi sambandh leads to Mansa dusti, twak dusti, lasika dusti and Rakta dusti and causes Vicharchika¹² i.e. Eczema.

Due to Ahitavacharana i.e. Viruddhahar dosha goes to Shakhamarga from Koshtha and due to continuous taking it dosha can not come back to Koshtha and stay there means in shakha for along period (chirkal) and due to stay in one place (स्थानमधिगम्य संतिष्ठमानास्तानेव) causes disease Vicharchika i.e. Eczema

Incompatible food combination in new era

- Milk is incompatible (Viruddha) with
 - * Banana
 - * Fish
 - * Meat
 - * Melons
 - * Curds
 - * Sour fruits
 - * Kichari
 - * Bread containing yeast
 - * Cherries
 - * Salt contain chapatti

- Melons are incompatible with
 - * Grains
 - * Starch
 - * Fried foods
 - * Cheese

- Starches are incompatible with
 - * Eggs
 - * Tea
 - * Milk
 - * Banana
 - * Dates
 - * Persimmons

- Honey is incompatible with
 - * Ghee (in equal proportion)
 - * Hot water.

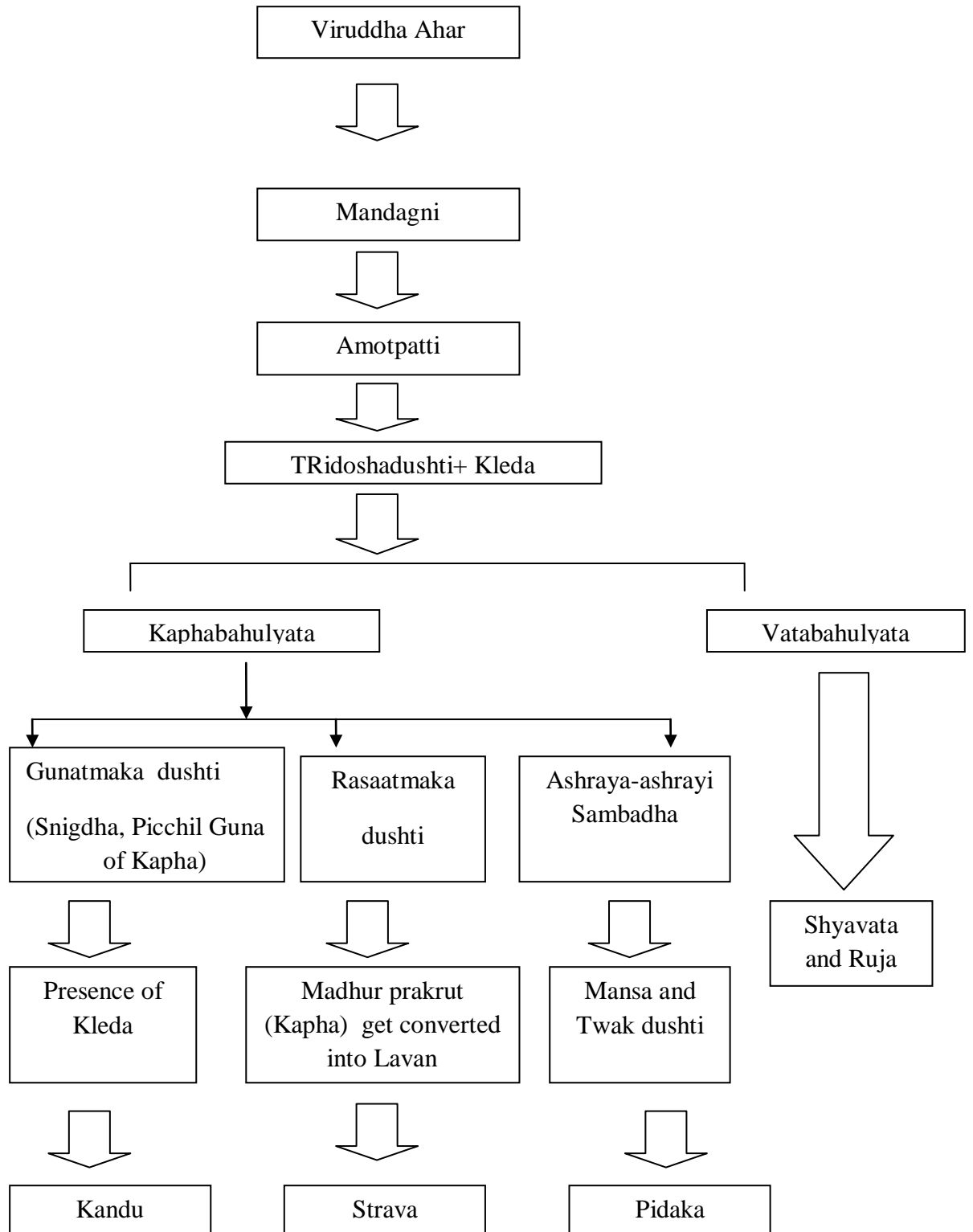
- Potato, tomato , chilies are incompatible with
 - * Yogurt
 - * Milk
 - * Melon

- * Cucumber
- Eggs are incompatible with
 - * Milk
 - * Meat
 - * Yogurt
 - * Melons
 - * Cheese
 - * Fish
 - * Bananas
- Mangoes are incompatible with
 - * Yogurt
 - * Cheese
 - * Cucumber
- Corn is incompatible with
 - * Dates
 - * Bananas
- Lemon is incompatible with
 - * Yogurt
 - * Milk
 - * Cucumber
 - * Tomatoes

Critical analysis of Vishamashana

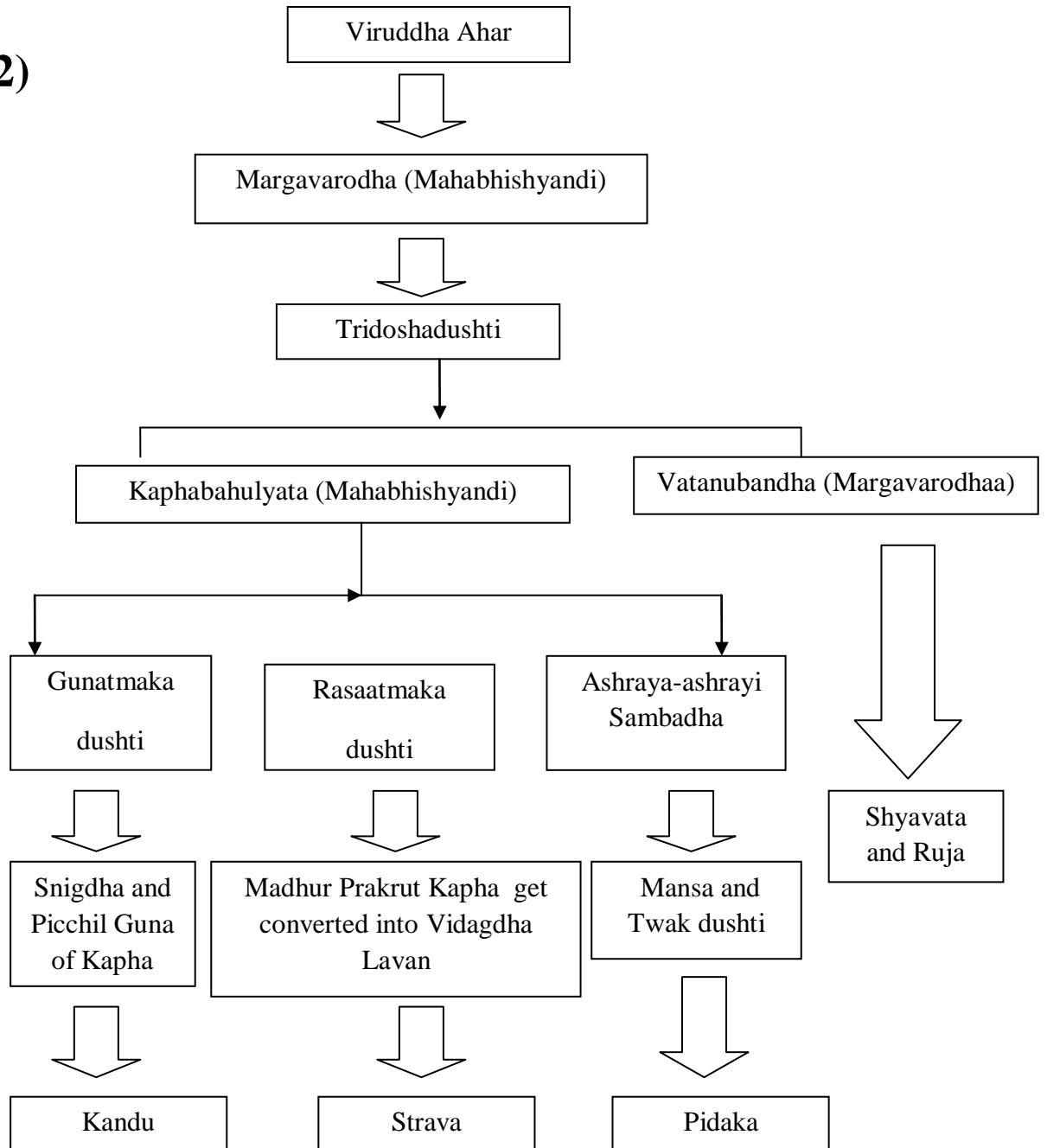
Vishamashana means taking next meal more or less in Ajirna or Atit kala. If person takes food in Ajirna kala then his first indigested food is in his stomach. This indigested food when mixed with new food which he has taken, there is overload for Agni. Agni might be slowed¹³ and vidagdhata of food is formed and this vidagdha food causes Amlapitta¹⁴ (Hyperacidity). Increased level of Acid occurs, if a person is taking food in Atit kala. Hence also increased level of Amla and hyperacidity is formed. Vomiting is one of the symptoms of hyperacidity and if person suppress the urge of vomiting skin disease are formed¹⁵.

1) INTERPRITATION OF OBSERVATION



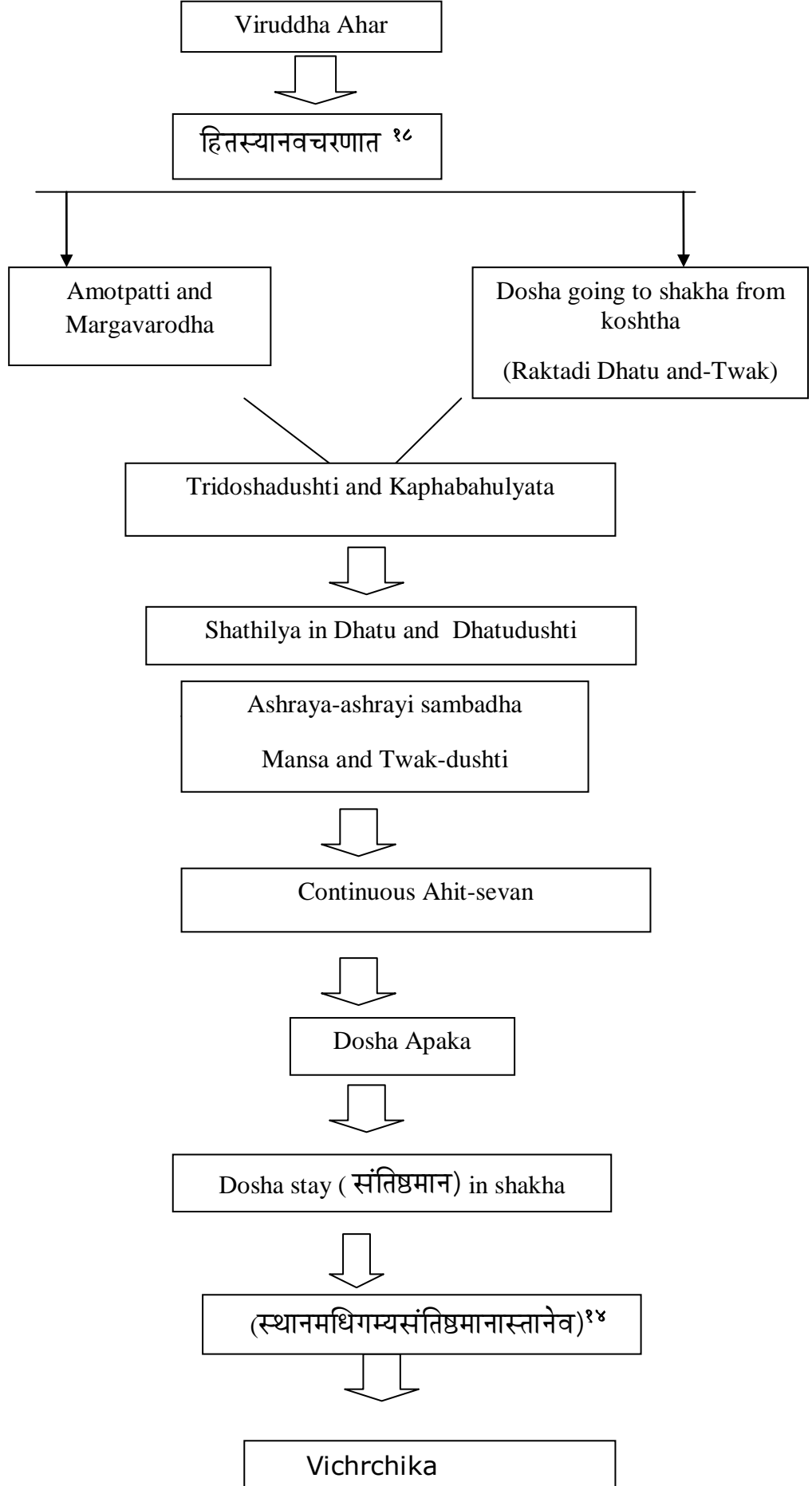
Kandu, Strava, Pidaka, Shyavata and Ruja are the symptoms of Vicharchika.

2)

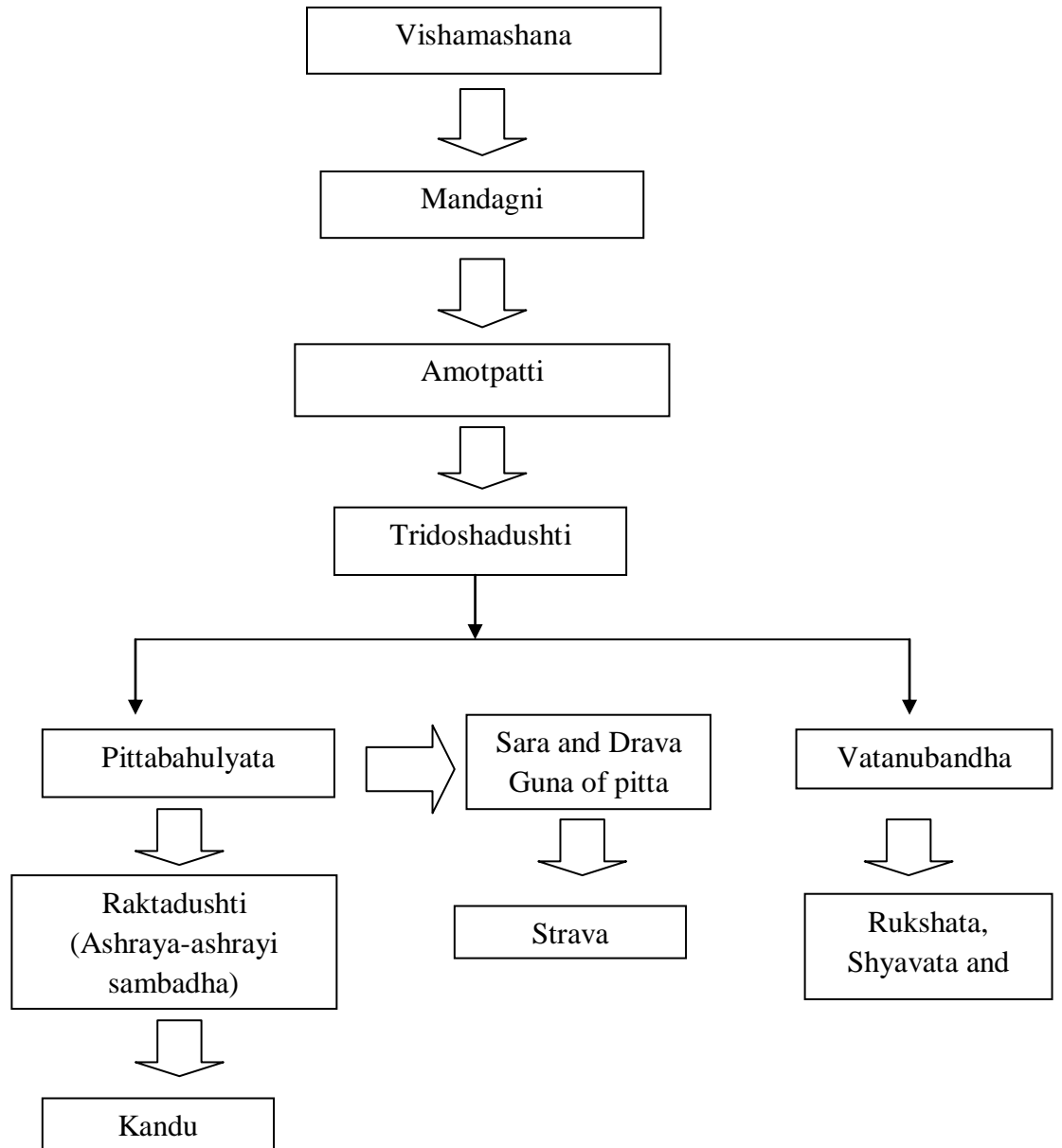


Kandu, Strava, Pidaka, Shyavata and Ruja are the symptoms of Vicharchika.

3)

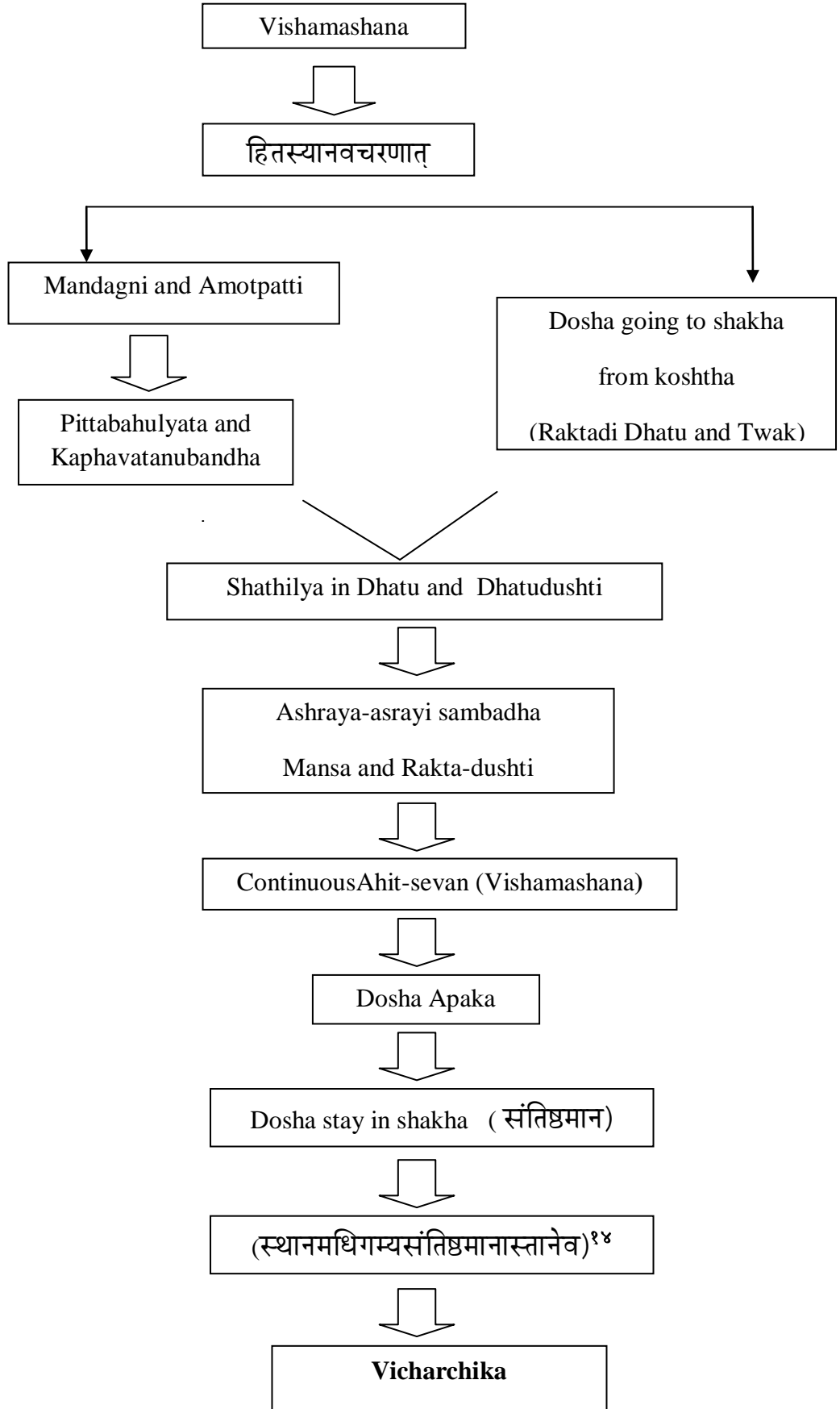


4)

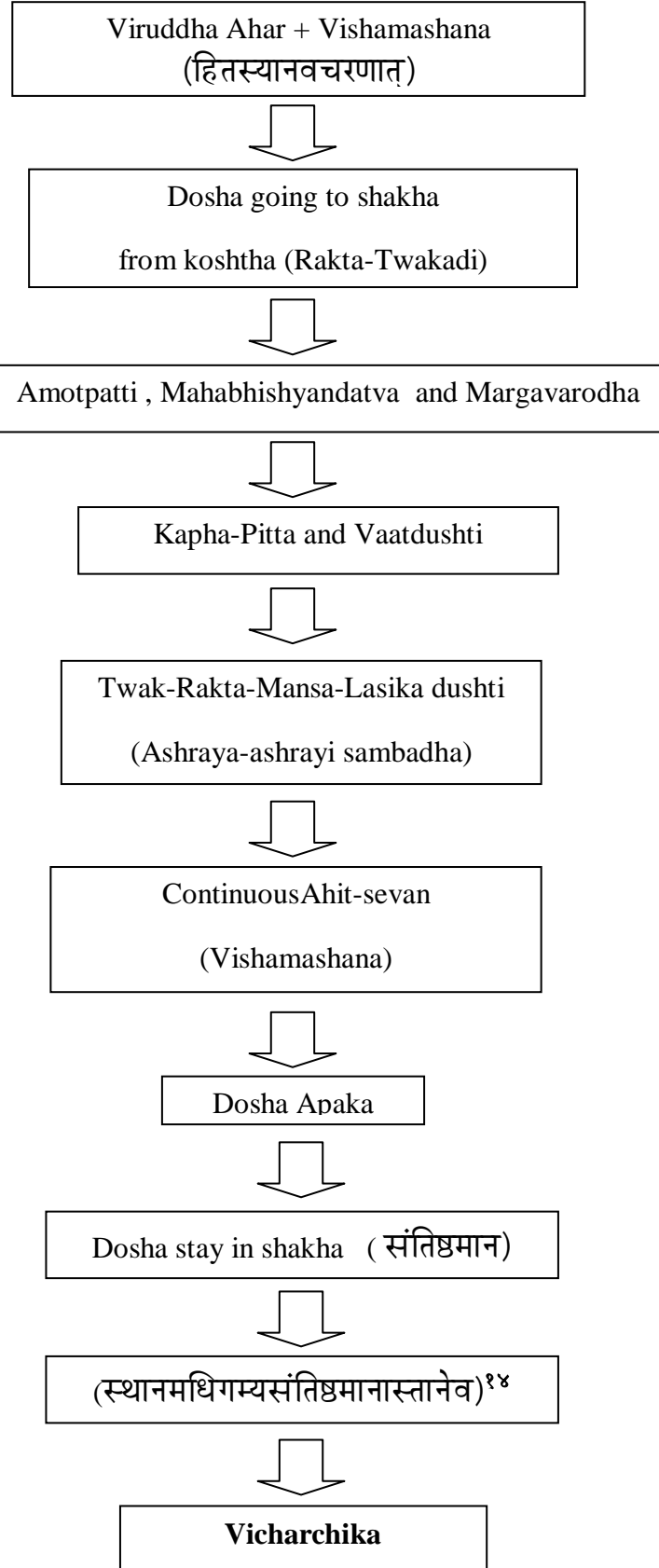


Kandu, Strava, Pidaka, Shyavata and Ruja are the symptoms of Vicharchika.

5)



6)



REFERENCES

1. यत् विक्रिचद्योषमास्त्राव्य न निर्हरति कायतः ।
आहारजातं तत् सर्वमहितायोपण्यते ॥ च.सु.२६/८५
2. किलासकुष्ठ गदानां शोथाम्लपित्त ज्वर पीनसानाम् ।
सन्तानदोषस्थ तथैव मृत्यो विरुद्धमन्नं प्रवदान्ति हेतुम् ॥ च.सु.२६/१०३
3. न मत्स्यान् पयसा सहाभ्य वहरेत् उभयं व्येतन्मधुरं मधुराविपाकं महाभिष्यन्दि
शीतोष्णत्वाद्विरुद्धवीर्यं विरुद्ध वीर्यत्वाच्छोणित प्रदुषणाय महाभिष्यन्दित्यान्मार्गोपरोधाय च ॥
च.सु.२६/११
4. विरुद्धान्येवमादीनि वीर्यतो यानि कानिचित् ।
तान्येकान्ताहितान्येव शोषं विद्याद्धिताहितम् ॥ सु.सू. २०
5. क्षीरं कुलत्थैः पनसेन मत्स्यैः
तप्तं दधि क्षौद्रघृते समांशे
वार्युषरे रात्रिषु सवत्वश्च ।
तोयान्तरास्ते यवकास्तथाच ॥ अ.सं ९/१९
6. यथोचित भोजनकाले ऽ प्राप्ते ऽ तिक्रान्ते वा भुज्यते
तद्विषमाशनम् । अ.सं इन्दुटिका १०/२६
7. विषमाशन माग्नि वैषम्य कारणां।
विरुद्धवीर्याशनं निन्दितव्याधिकरणा ॥ च.सू. २५

8. तत्रास्थनि स्थितो वायुः पित्तं तु स्वेदरक्तयोः
श्लेष्मा शेषेणू तेनौषामाश्रयाश्रायिणां मिथः । अहस् ११/२६
9. गुरुशीत मृदुरनिग्ध मधुरास्रापिच्छिलाः ॥ च.सु.१/६१
10. श्लेष्मा श्वेतो गुरुः स्निग्धः पिच्छिलः शीत एव च
मधुस्त्वाविद्ग्धः स्याद्विद्ग्धो लवणः स्मृतः ॥ स.सु.२१/१५
11. उष्मणोऽल्पबलत्वेन धातुमाद्यमपचितम् ।
दुष्टमामाशयगतं रसमामं प्रचक्षते ॥ अहस् १३/२५
12. जाङ्गलं वातभूयिष्ठमनूपं तु कफोलबणम् । अ.ह.१/२३
13. अतुल्यद्रूष्यदेशर्तुप्रकृतिः पादसम्पदि'
ग्रहेष्वनुगुणेष्वेकदोषमार्गे नवः सुखः । अ.ह. १/३१
14. त्रयो दोषाः युगपत् प्रकोपमाद्यन्ते
त्वगादयश्चत्वारः शैथिल्यमापद्यन्ते
तेषु शिथिलेषु दोषाः प्रकुपिताः
स्थानमधिगम्य संतिष्ठमानास्तानेव
त्वगादीन् दूषयन्तः कुष्ठान्यभिनिर्वसयान्ति ॥ च.चि.५/६
15. विषमाशनं अग्निवैषम्यकराणां । च.सु.२५

16. दुष्यत्यग्निः स दुष्टोऽन्नं न तत् पचतिलध्वपि

अपच्यमानं शुक्त्वं यात्यन्नं विषरुपताम् ।

संसृज्यमानं पितेनदाहं तृष्णां मुखामयान् जनयत्यम्मलपितं । च.चि.१५/४६

१७. कण्डूकोठारुचि व्यङ्ग शोथ पाण्डामयज्वराः ।

कुष्ठ हल्लासवीसर्पाश्छार्दिनिग्रहजा गदाः ॥ च.सु.७/३

१८. व्यायामादुष्मणस्तैक्ष्ण्याहृतस्यानवचाराणात् ।

कोष्ठाच्छाखामला यान्ति द्रुतत्वान्मारुतस्यच । च.सु.२८/३९.

CONCLUSION

Based upon the results of literary study and clinical study describe in this study , results of the clinical study displayed in the form of tables and graphs & critically discussed in the previous chapters . Following conclusions are drawn .

1)Vicharchika , one of the eleven types of Kshudra Kushtha has Kapha &Pitta are the prominent doshas . Kandu, Strava ,Shyavata , Pidaka ,Rukshata & Ruja were mainly found symptoms of the Vicharchika .in this study Vicharchika Kushtha correlates to the disease Eczema of the modern science.

2) Mandagni is major pathological factor in disease Vicharchika when Vishamashana or Viruddha ahar or both are the causative factors. Due to Mandagni there was Amotpatti and due to amotpatti tridosha dushti .

- Kaphabahulyata in those patients where the causative factor Viruddha ahar
- Pittabahulyata in those patients where the causative factor Vishamashana

3) A group of patients where the causative factor Viruddha ahar

- symptom Kandu produced due to Gunatmak dushti of dosha Kapha i.e. Snigdha Pitchchil guna of Kapha in presence of kled .
- Symptom Strava produced due to Rasatmaka dushti of kapha as prakrut Madhur ras of Kapha gets convert in to Lavan when it vitiated.
- Symptom pidaka produced due to ashryaasharayi sambandh of kapha with Mansa twacha & lasika .
- There was vatanubandh so symptom Shyavata , Ruja produced.
- Due to klad &Kaphabahulyata Symptom Rukashata was not produce significantly

4)As Viruddha Ahar is Mahaabhishandi there is margavarodh due to margavarodh there was tridosh dushti kaphabahulyata &vatanubandha .symptoms of Vichachika produce. And causes disease Vicharchika .

5)A group of patients where the causative factor Vishamashana

- due to mandagni there was amotpatti & tridoshdushti pittabahulyata and raktadushti (ashryaashrayisambanth)symptom Kandu formed
- due to Sar & drava guna of pitta symptom Strava was formed
- due to vatanubandh Symptom Shyavata, Rukshata & Ruja formed.

6) Due to hitaanavacharnat(हृतस्यानवचरणात्) i.e. ViruddhaAhar or Vishamashana or both dosha goes to Shakha from Koshta and due to continuous taking of VirudhaAhar or Vishamaashana or both dosha cannot come back to Koshta and stay there for long period due to (स्थानमधिगम्य संतिष्ठमानास्तानेव) doshdushti take place Vichrchika Produced .

7) As in disease Vichrchika Kapha- Pitta are dominant and according to Prakruti wise distribution with causative factor and symptoms number of patients are maximum in predominant of Kapha, Pitta Prakruti. There is tulya (same) Prakruti with sampratistha Dosh , it shows disease not easily curable when Vishamashana and Viruddha ahar are the causative factors.

8) Tulya Desha with sampratistha dosha of disease Vicharvhika, so it is not easily curable if Vishamashana and Viruddha ahar or both are the causative factors.

9) In Sar Parikshan there are four dushya as in every group so patient of Awar Sar were maximum.

10) In clinical study comparison of four groups was done. Symptom wise distribution of number of patients according to causative factor was statistically significant.

11) Comparison of symptoms of two groups according to causative factor means Viruddha ahar Vishamashana or both i.e. Group A,B,C compared with Group D i.e. neither Viruddha ahar nor Vishamashana or both were causative factors. This is statistically significant expect for Rukshata in that group where causative factor Viruddha ahar and in that group where causative factor Viruddha ahar and Vishamashana and Pidaka in in that group where causative factor Vishamashana not significant.

12) Viruddha ahar is sannikrushta hetu for symptom kandu , Strava ,Shyavata ,Pidaka & Ruja.

13) Vishamashana is sannikrushta hetu for symptom kandu , Strava ,Shyavata ,Rukshata & Ruja.

14) Viruddha ahar &Vishamashana are an etiological factors in genesis and aggravation of Vicharchika i.e. Eczema.

15) Thus the importance of Viruddha Ahar & Vishamashana as a preventive factor in Vicharchika i.e. Eczema is validated.

16) This humble effort merits further corroboration with more extensive studies in future.

New Conclusions of Thesis

1) Mandagni is major pathological factor in disease Vicharchika when Vishamashana or Viruddha ahar or both are the causative factors. Due to Mandagni there was Amotpatti and due to amotpatti tridosha dushti .

- Kaphabahulyata in those patients where the causative factor Viruddha ahar
- Pittabahulyata in those patients where the causative factor Vishamashana

2) A group of patients where the causative factor Viruddha ahar

- symptom Kandu produced due to Gunatmak dushti of dosha Kapha i.e. Snigdha Pitchchil guna of Kapha in presence of kled .
- Symptom Strava produced due to Rasatmaka dushti of kapha as prakrut Madhur ras of Kapha gets convert in to Lavan when it vitiated.
- Symptom pidaka produced due to ashryaasharayi sambandh of kapha with Mansa twacha & lasika .
- There was vatanubandh so symptom Shyavata , Ruja produced.
- Due to kled &Kaphabahulyata Symptom Rukashata was not produce significantly

3) As Viruddha Ahar is Mahaabhishandi there is margavarodh due to margavarodh there was tridosh dushti kaphabahulyata &vatanubandha .symptoms of Vichachika produce. And causes disease Vicharchika .

4) A group of patients where the causative factor Vishamashana

- due to mandagni there was amotpatti & tridoshdushti pittabahulyata and raktadushti (ashryaashrayisambanth)symptom Kandu formed
- due to Sar &drava guna of pitta symptom Strava was formed
- due to vatanubandh Symptom Shyavata, Rukshata &Ruja formed.

5) Due to hitaanavacharnat(हृतस्यानवचरणात्) i.e. ViruddhaAhar or Vishamashana or both dosha goes to Shakha from Koshta and due to continuous taking of VirudhaAhar or Vishamaashana or both dosha cannot come back to Koshta and stay

there for long period due to (स्थानमधिगम्य संतिष्ठमानास्तानेव) doshdushti take place
Vichrchika Produced .

6) As in disease Vichrchika Kapha- Pitta are dominant and according to Prakruti wise distribution with causative factor and symptoms number of patients are maximum in predominant of Kapha, Pitta Prakruti. There is tulya (same) Prakruti with sampratistha Dosha, it shows disease not easily curable when Vishamashana and Viruddha ahar are the causative factors.

7)Tulya Desha with sampratistha dosha of disease Vicharvhika, so it is not easily curable if Vishamashana and Viruddha ahar or both are the causative factors.

8) In Sar Parikshan there are four dushya as in every group so patient of Awar Sar were maximum.

9) In clinical study comparison of four groups was done. Symptom wise distribution of number of patients according to causative factor was statistically significant.

10) Comparison of symptoms of two groups according to causative factor means Viruddha ahar Vishamashana or both i.e. Group A,B,C compared with Group D i.e. neither Viruddha ahar nor Vishamashana or both were causative factors. This is statistically significant expect for Rukshata in that group where causative factor Viruddha ahar and in that group where causative factor Viruddha ahar and Vishamashana and Pidaka in in that group where causative factor Vishamashana not significant.

11) Viruddha ahar is sannikrushta hetu for symptom kandu, Strava, Shyavata, Pidaka & Ruja.

12) Vishamashana is sannikrushta hetu for symptom kandu, Strava, Shyavata, Rukshata & Ruja.

13) Viruddha ahar & Vishamashana are an etiological factors in genesis and aggravation of Vicharchika i.e. Eczema.

14) Thus the importance of Viruddha Ahar & Vishamashana as a preventive factor in Vicharchika i.e. Eczema is validated.

SUMMARY

The present study entitled of critical study of Charkokta Sanyog Viruddh and Vishmashana in and etiology of Vicharchika i.e eczema is presented in two main sections. They are conceptual study and clinical study.

In Ayurved Acharya Charka, Sushrut, and Ashtang hridayam and Ashtangahgraha explained viruddha Ahar is causative factor for Vicharchika directly keeping the resoect of ancient. Ideologies and considering the need of today ;s society the study was planned.

In conceptual study all examples and type of viruddha and sanyogviruddha specially given in detailed and also explained Vishmashana

In clinical study Total 632 patients. Suffering from Vicharchika studied patients divided in 4 group. In group A patients taking viruddha Ahar Group B patients taking Vishmashan . Group C patients taking Viruddha Ahar and Vishmashana and Group D not taking Viruddha Ahar and Vishmashana. In this way 632 patients suffering from vicharchika work selected for this study irrespective of age, sex caste, religion , socio economic status.

All the patients were examined on the basis of special Performa designed on ayurvedic concepts along with some modern concepts necessary investigation . were carried out to rule out other pathology . criteria of diagnosis were mainly based on clinical feature narrated to Ayurvedic tests. Symptoms, kandu, shavata, strava, pidaka, Rukshata, and Ruja, examined.

Ashtavidha pariksha , dashvidh pariksha, strotas pariksha, kulaj vritta Habits Allergy, stress. Also noted for estimation of bala and other factor. Hemoglobin in gm %, CBC, Urine Sugar fasting, postmeal. Has been carried out to rule out other pathology.

Questions are form for which is combining food peoples has taken. In new era and also question forms for the jirnna Ahar symptom collected data by by

question era presented. Demographically by table and graphs and interpreted this data by statistical methods

Kruskal wallis Test applying for comparison of 4 Group for all symptom . The P value for all symptoms except Rukshata is 0.0001 i.e highly significant and Rukshata very significant.

According to Mann Whitney Test. Comparison of two groups for all symptoms is done. For all groups results were extremely significant “ P “value is <0.0001.levale except Rukshata was not significant for the group A i. e. Viruddha Ahar Group .

Chi square Test was applied to see the relation between Causes and Symptoms results were significant “ P “value is <0.0001.levale

Association of Agni ,Prakruti, Desh ,& sar pariksha with Symptoms of all four groups Chi Square Test was apply Results are significant.

In the Chapter discussion, discussion regarding conceptual study and discussion regarding clinical study and also explained critical analysis of sanyog viruddha and vishmashana regarding to etiology of vicharchika of ViruddhaAhar

In conceptual discussion definition of viruddhaAhar is same in all Ayurvedic text i.e Any thing which being taken enrages or agitates the bodily humoues aggravation (increase) of the body is called Viruddha Ahar .Examples of Viruddha Ahar also same in Ayurvedic Text .defination of Vishmashana is also same in All Ayurvedic text i.e. more or leessfood taken on improper time means on AjirnaKala or on AtitKala .

In clinical Discussion Number of patients. Distributed according to Gender, Age Religion Agni Desh Sar Explanation given for distribution Association Of Symptoms & causesvarify by Chisquare Test for each group results are significant So it showed that Viruddha Ahar and Vishamashana are the Sannikrushata Hetu for Vicharhcika . Association of Agni , Prakruti :Desh, Sar with

the Symptoms of Vicharchika for this also Chi-square test used results are significant this shows that Mandagni is main causative factor for Samprapti of Vicharchika KaphaPitta Prakruti is predominant in maximum patients. Patients from Anup desh is also maximum as disease Vicharchika is KaphaPitta predominant disease here tulya(same) Prakruti & Desh disease not curable easily. Patients of Asar were maximum as four Dushya in this disease Kaphabahulyata in those patients where the causative factor Viruddha ahar Pittabahulyata in those patients where the causative factor Vishamashana

In critical discussion because of viruddha combination food dose not digested properly toxins are formed it absorbed by the body mandagni formed due to mandagni & kled Disease formed In Vishmashana Amalapitta is formed in this sensation of vomiting & suppress the urge of Vomiting Disuse like Vicharchika Formed Some new incompatible food combination also given in this chapter.

I am conclude this study with the following points Viruddha Ahar and Vishamashon are the cause of Vicharchika Viruddha Ahar and Vishamashon are as Preventive factor in Vicharchika i.e. eczema Is validated.

BIBLIOGRAPHY.

1) **Charak Samhita** Agnivesh pranita ,Charakanaand Dridhabala pratisanskarit with **Ayurved Deepika commentary of Chakrapanidatta** . Editor- Vd. Yadavji Trikamji Acharya . Chaukhambha Prakashan , Varanasin Reprinted edition 2000.

2) **Charak Samhita** with Ayurvediya Deepika commentary of Chakrapanidatta and Jalpakalpataru commentary of Kaviraj Gangadhar .Editor- Kaviraj Narendranath Sengupta and Balaji chadra Sengupta .Chaukhamba Orientalia Varanasi, 1st edition 1991.

3) **Charak Samhita** with Charakopskar commentary of Yogindranath Sen . Editor Vaidyaratna Ramprakash Swami Narayanprasadcharya Mantri Shree Swami Laxmiram Trust Sansthan ,Jaipur.

4) **Charak Samhita** Text with English translation and critical exposition by Dr. Ram Kiran Sharma and Vd .Bhabwan Dash.

5)**Sushrut Samhita** with Nibhandsangraha commentary by Dalhanacharya and Nyayachandrikakhya Panjika Vyakhya commentary on Nidan sthan by Gayadaschrya. Editor Yadavji Trikamji Acharya and Narayan Ram Acharya Chukhmbha Oriental ,Varanasi , 4th edition 1980.

6)**Ashtang Sangraha** Vridha Vagbhata Virachit with Shashilekha commentary by Indu Editor Ananta Damodar Athvale , M. A. Athvale Shrimad Atreay Prakashan , Pune 1980.

7) **Hridayam** Vagbhat virachit a with commentary Sarvang sundara of Arundatta and Ayurved rasayan of Hemadri Editor Pandit Harishasti Paradkar Chaukhmbha orientalia Varanasi

8) Madhav Nidan by Madhvkar with Madhukosh commentary by Vijayarakshita Shrikantdatta Vidyodini aHindi commentary by Brahmanand TripathiChukhamba Surbharati Prakashan . Varanasi 2004 EEdition .

9) Shabdakalpadruma Raja Radhakantdev Bhahadur Chukhamba Sanskut Series , Varanasi 1967.

10) A Dictionary English Sanskrit Moniar Willamas Motikar Banarsidas Private Limited Delhi Edition 4th 1976

11) IADVL (Indian Association of Dermatologists Veneriologist s., Leprologists) Text book & Atlas of dermatology IInd edition

Volume : 1

Chapter 17- Eczemas

12) Harrison,s - Principal of Internal Medicine.

14th edition Chapter 57 - Skin Manifestation of Internal Disease

13) Food Combining December 9 2009 Comment Written by Dr. Vasant Lad from Ayurvedic Instituate 1994

14) Research in Ayurveda Dr M.S. Bagel Mrudu Ayurved Publication & scales 36/13 Gayatrimata Mandir road Gandhinagar India Gajendrakumar Jain 2nd Edition

15)RESEARCH Methodology for student of Ayurveda Dr. P.H. Kulkarni Dr. B.K. Apate Publication Ayurvedic Research Instituate Pune Edition 1st feb 2000

16) Methods in Biostatistics . B. K.Mahajan

17) An Introduction to Medical Statistics – Martin Bland 1889

18) Saiddhantik study of KshudraKushtha &Its Principal of Treatment with special Referance to Sarvadehic Raktamokshana &Rasanjana Ghanavati dissertation by Dr. Kalyan Kadbhane

19) Article of India Today

20) EPI Iinfostat software www.cdc.gov/epiinfo.

21) www.brothersoft.com/statisticssoftware down lode/graphed

Table no .2 group A

Sr. no.	Reg no	Site	Total durati on Site	Kandu	Pidaka	Strav	shavata	Rukshata	Ruja
				Grade	Grade	Grade	Grade	Grade	Grade
1	7115	axilla	2y	2	3	3	2	1	1
2	7288	Neck&hand	5y	3	2	3	3	3	2
3	7480	Bothlegs	18mon	2	3	3	1	1	0
4	8176	Bothelbow	6mon	3	1	2	2	3	1
5	8237	Both hand	2y	3	2	2	3	3	1
6	8384	Both legs	3y	3	4	4	3	3	3
7	8741	Groin	4mon	3	2	3	2	0	0
8	8841	Both legs	2y	2	3	2	3	3	0
9	8991	Middleofbut tac	6mon	2	3	4	3	2	1
10	9215	Foot	2y	3	3	4	2	2	0
11	9323	Knee	2y	2	1 2		2	2	0
12	9322	Abdome	3y	3	2		2	2	1
13	8213	Legsbelowkneck	2y	2 3		2	3 3	1	2
14	5864	Rt.anklejoint	3y	3	2	2	2	1	1
15	9436	Axilla	3y	2	4	4	3		1
16	9484	Elbowjoint	3y	3	2	2	3	3	1
17	9486	Anklejoint	2y	3	3	2	3	2	0
18	9501	Neck	3y	3		3	3	3	0
19	9569	Lumber	2y	2	2	3	3	1	0
20	9573	Lfanklejoint	3y	3	2	3	3	1	1
21	9975	Palm	3y	3	3	2	3	1	1
22	6783	Kneeboth	3y	2	1	3	3	2	0

23	9333	Neck	3y	2	4	2	3	3	2
24	9783	Rthand	2y	2	1	3	3	3	1
25	9523	Lfanklejt	3y	3	3	3	3	2	0
26	7353	Forehade	3y	2	1	4	3	2	0
27	8111	Rtelbowandhand	2y	1	3	3	3	1	1
28	5783	Axilla	3y	2	4	3	1	1	1
29	9175	Palm	3y	3	3	3	3	3	1
30	9275	Palm	3y	2	3	3	3	3	1
31	451	Abdomen	3y	1	2	3	3	1	2
32	701	Axilla	3y	2	2	2	3	2	2
33	711	Groin	3y	3	3	1	3	1	1
34	805	Elbowjt	3y	2	2	3	3	3	0
35	444	Belowknee	3y	3	3	3	2	1	1
36	709	Anklejt	3y	1	2	2	3	2	2
37	509	Neck	3y	2	2	2	3	2	2
38	808	Feet	3y	3	3	2	2	0	2
39	463	Abdomen	5y	3	2	3	2 0		2
40	605	Groin	6y	3	3	2	2	1	2
41	659	Kneejoint	7y	3	3	3	3	2	2
42	433	Axilla	8y	3	2	2 3		2	
43	641	Hand	5y	3	3	3		3	2
44	1337	Knee/elbow	4y	3	3	3	3	0	2
45	995	Groin	6y	3	2	2	3	2	2
46	647	Neck	8y	3	2	2	3	3	2
47	1333	Feet	9y	3	2	2	3	0	2
48	990	Neck	5y	3	3	4	3	2	
49	1439	Abdomen&neck	6y		3	2	3	1	2
50	1469	Anklejt	6y	3	2	4	3	2	3
51	201	Anklejt	2y	3	2	3	3	3	2
52	1151	Neck&abdo	2y	2	2	3	3	2	1

		men3								
53	1089	Neck	2y	3	3	2	2	2	2	
54	1098	Groine	4mon	3	2	2	3	3	2	
55	1112	Hands	2y	3	2	3	3	3	2	
56	1129	Legs belowknee	4y	2		3	3	3	2	
57	1078	Axilla	4y	3	4	3	3	2	2	
58	1081	Neck	2y	2	3	2	2	2	2	
59	1075	Elbowjt	3y	3	3	3	3	3	1	
60	1121	Legsbelow knee	2y	2	4	2	2	3	2	
61	1074	Hands	4mon	2	4	1	3	2	2	
62	1062	Hands on wrist	3y	2	3	2	3	3	2	
63	1462	Knees	4y	3	3	3	2	2	2	
64	3503	Anklejt&legs	8y	3	4	2	3	3	0	
65	1469	Hand&legs 5y		2	3	3	2	2	1	
66	1481	Both elbow	4mon	2	2	2	2	2	2	
67	1474	Onlegs	4mon	3	3	3	3	2	3	
68	1381	On legs	4y	2	3	3	3	2	3	
69	1499	Abdomen &neck	4y	3	3	2	3	3	2	
70	1479	Onhip	5y	3		3	3	1	2	
71	1474	Abdom	4y	2	2	3	3	2	1	
72	1481	Back	12y	3	2	2	3	2	1	
73	1491	Groine	2mon	2	3	4	3	3	2	
74	1501	NECK& HAND	6y	3	3	3	3	2	1	
75	1551	Rt anklejt	8mon	3	2	3	3	1	1	
76	5207	Anklejtb oth	5y	2	3	3	3	0	1	
77	1505	Axilla	2mon	2	3	2	2	1	1	
78	1507	Elbow both	5y	3	3	4	2	0	1	
79	1510	Hands	18mon	2	3	2	3	3	1	
80	1512	Footboth	6mon	2	2	4	3	2	1	
81	1515	Abdome	3y	3	2	2	2	3	1	

		n							
82	1519	Neck	2y	2	2	3	3	3	2
83	1522	Elbowjt &leg	4y	2	3	3	3	2	1
84	1523	Below knee	2y	3	3	2	3	1	1
85	1592	Anklejt	4y	2	2	3	3	3	2
86	1596	Abdome n&legs	3y	2	3	2	2	1	0
87	1599	Rt ankle	3y	3	2	2	3	0	0
88	5122	Bothhan ds	5y	3	2	3	2	3	0
89	5139	buttocks	6mon	2	3	2	3	2	1
90	5107	Groineri gion	3y	1	2	2	2		0
91	5129	Abdome n	3y	2	3	4	2	2	0
92	5112	Foot	3y	2	3	3	2	1	0
93	5147	Forehead	3y	3	2	2	3	0	2
94	5146	Bothlegs	2y	2	3	3	3	0	0
95	7125	ankleabd omenb	1y	3	3	3	3	0	0
96	7420	Rt elbowext ented uptohand &bothfe et	2y	2	3	3	2	1	1
97	7225	Palm hand abdomen	2y6mon	3	2	4	3	0	1
98	6770	Rthand	2y	2	3	3	3	0	1
99	6510	Neck	4y	3	3	3	3	3	2
100	7750	Hand&le gs	6mon	3	4	2		2	1
101	7795	Abdome n	3y	3	3	3	3	2	0
102	7810	Groine	4y	3	3	3	3	2	0
103	7825	Leftankl	2y	3	3	3	3	2	0

		eabdome n							
104	7337	Anklejt		3	3	3	3	2	3
105	6995	Anklejt	2y	3	3	3	3	3	2
106	7647	Neck&a bdomen	2y	2	3	3	3	2	1
107	7333	Neck	2y	3	4	3	2	0	2
108	7439	Groine	4mon	3	4	3 3	0	0	
109	7469	Hands	2y	3	2	2	3	0	0
110	7301	Legs belowkne e	4y	3	2	3	3	1	0
111	7721	Axilla	4y	3	3	3	3	1	0
112	7821	Neck	2y	3	3	2	2	2	0
113	7862	Elbowjt	3y	3	3	1	3	0	0
114	7920	Legsbelo w knee	2y	3	2	2	2	0	0
115	7901	Palm	3y	3	2	2	3	3	1
116	7352	Palm	3y	3	2	3	2	3	1
117	8109	Abdome n	3y	2	3	2	3	0	2
118	8911	Axilla	3y	2	3	1	2	0	2
119	8502	Groin	3y	2	3	2	3	1	1
120	8555	Elbowjt	3y	3	3	1	2	3	
122	8712	Anklejt	3y	3	2	2	3	0	2
123	8802	Neck	3y	2	2	2	1	0	2
123	8802	Neck	3y	2	2	2	1	0	2
124	8813	Feet	3y	2	3	3	3	1	2
125	10841	Abdome n back	3y	2	3	2	2	2	1
126	10125	Legsbelo wknee	2y	3	2	2	3	0	1
127	10784	Rt.anklej oint	3y	3	3	3	2	1	1
128	10821	Axilla	3y	2	3	4	3	0	1
129	10909	Elbowjoi	3y	2	3	3	3	3	1

		nt							
130	10934	Ankle Joint	2y	3	2	2	3	2	1
131	10972	Neck	3y	3	2	2	2	1	2
132	11323	axilla	2y	2	2	2	2	0	0
133	11557	Neck&hand	5y	3	2	2	3	1	0
134	11757	Bothlegs	18m	2	2	3	1	0	0
135	11945	Bothelbow	6m	3	3	2	2	1	0
136	12143	Both hand	2y	3	2	2	3	3	0
137	12567	Both legs	3y	3	2	3	3	3	0
0138	12871	Groin	4m	3	3	1	2	0	1
139	12991	Both legs	2y	2	3	3	3	1	2
140	13201	Middleofbuttac	6m	2	3	2	3	2	1
141	13541	Foot	2y	1	3	2	2	2	0
142	142	Knee	2y	1	3	3	2	2	1
143	915	Abdomen back	3y	3	3	2	2	2	1
144	955	Legsbelowknee	2y	2	3	2	3	1	1
145	1010	Rt.anklejoint	3y	3	3	3	2	1	1
146	1125	Axilla	3ty	3	3	3	3	0	1
147	1209	Elbowjoint	3y	3	3	2	3	1	1
148	1312	Anklejoint	2y	2	2	1	3	0	0
149	1404	Neck	3y	2	3	2	3	2	0
150	1521	Lumber	2y	2	3	2	3	0	0
151	1645	2y	On elbow	3	3	3	3	0	1

152	1655	3mon	Finger	3	3	2	2	1	0
153	1675	6mon	Hand	2	3	3	3	2	0
154	1761	8mon	Ankleboth	3	3	3	1	1	0
155	1776	6mon	Plam	2	3	3	1	0	1
156	1795	6y	Finger&hands	2	3	3	2	1	1
157	1720	6y	hands	3	3	3	1	2	1
158	1850	5y	Hands&finger	3	1	3	1	2	1
159	1873	3y	legs	3	3	4	1	1	1
160	1882	3y	Feet	2	3	4	2	2	0
161	1921	3y	Feet	2	2	3	3	2	0
162	1935	2y	Fingers	2	3	3	3	0	2

Key- Wk-week, mon-monthly=year

Table no .5 group B

Sr .no.	Reg no	Site	Total duration	Kandu	Pidaka	Strav	shavata	Rukshata	Ruja
				Grde	grade	grade	grade	grad	Gr
1	7157	Legs Under knee	2y	3	2	2	2	2	1
2	8251	Legs Ankle joint	3y	2	1	1	2	2	1
3	8561	Hand Elbow joint	5y	2	2	2	2	1	1
4	8661	Neck	3y	2	1	1	2	2	1
5	8712	Neck	5y	2	1	1	2	2	1
6	8821	Elbow	2y	2	0	0	2	2	0
7	8961	Abdomen	6month	3	2	2	2	1	0
8	8756	forehead	1y	3	2	2	2	2	1
9	1325	Groine	6m	3	2	2	2	2	1
10	1345	Neck	1y	3	2	2	2	2	1
11	6692	Legslft	4y	2	2	2	2	2	1
12	8555	Abdomen	3y	3	1	0	2	2	0
13	9523	Neck	2y	3	0	2	2	3	1
14	9222	Groine	6month	3	2	2	2	1	0
15	9057	Feet	2y	3	3	3	3	3	2
16	9015	Lfknee	4month	3	1	2	3	1	0
17	9425	Feet&legs	9month	3	0	2	3	3	0
18	9075	Neck	6month	2	0	1	2	2	0

19	9067	Axilla	2y	3	1	2	3	3	2
20	10114	Rtelbowjt	6mon	2	1	1	3	2	1
21	9997	Neck	4mon	3	0	0	3	3	2
22	8882	Rtknee	8mon	3	2	2	3	1	
23	9991	Feet	3y	3	3	2	3	2	3
24	10121	Abdomen	2y6m	3	2	2	2	1	1
25	9955	Feet	6mon	3	2	2	3	2	1
26	10212	Hand&legs	3y	3	2	3	3	1	3
27	5642	Buttaks	3	3	0	0	3	3	2
28	8989	Handelbow	6mon	3	2	2	3	3	2
29	9440	ELBOWJT	15D	3	2	3	3	1	1
30	431	ELBOW JT	15D	3	0	0	3	2	0
31	0611	Groinresion	2y	3	1	2	1	1	0
32	699	Feet	2y	3	3	3	3	1	0
33	590	Onelbow	2y	3	2	2	3	1	1
34	554	Knee	6mon	3	3	2	3	1	1
35	591	Belowknee	6mon	3	2	3	3	1	1
36	102	Rtanklejt	8mon	3	2	3	2	3	0
37	305	Rtanklejt	8mon	3	2	3	3	2	0
38	486	3y	Hands	3	0	0	3	3	2
39	489	8mon	Neck	3	0	1	3		2
40	490	12mo	Feet	3	1	2	3	1	1
41	603	3y	Hand&legs	3	0	0	3	3	0
42	741	5y	Onelbow	3	0	3	3		2
43	775	6mon	Ltankle	2	1	1	2		2
44	748	2y	neck	2	1	1	1	2	
45	512	2y	Below knee	3	0	0	3	3	2
46	526	1y	Hand	3	0	2	3	2	1
47	1139	2y	Abdomen	3	0	1	3	3	2
48	1951	3y	Abdomen	3	1	2	2	2	1
49	1795	4mon	Elbowjt	3	2	2	3	2	1
50	1947	4y	Elbowboth	3		0	3	2	1
51	1734	3y	Footboth	3	2	2	2	2	2
52	1821	3y	Buttaks&lumbe r	3	2	2	2	3	2
53	1041	4mon	Finger	3	0	2	3	2	0
54	1091	9mon	Abdomen	3	2	2	3	3	2

55	1088	5mon	lumber	3	2	2	3	3	2
56	1229	2mon	Anklejt	3	3	2	3	2	2
57	1321	5y	Bothhand	2	1	1	2	2	2
58	1311	1y	Bothhand	3	2	3		3	3
59	1629	1y	Groin	3	2	3	3	2	3
60	1334	4y	Legs	3	2	2	3	1	1
61	1279	2y	Abdomenhand &legs	3	0	2	3	3	2
62	1205	4y	Legs	3	0	2	2	1	1
63	505	3y	Neck	3	0	2	2	2	1
64	1557	5 mon	Abdomen & legs	3	3	2	3		
65	1562	3 years	In left leg	3	0	2	2	2	1
66	1569	5 mon	Axilla	3	0	2	3	1	1
67	1803	5 years	Abdomen & neck	3	0	0	3	3	0
68	1572		Forehead	3	0	0	2	2	0
69	1767	4 years	Both ankle joint	3	2	3	2	2	1
70	1706		Groin	3	0	0	2	2	1
71	1786		Abdomen & neck	3	2	3	3	2	1
72	1769	3 years	Axilla	3	2	2	3	1	1
73	1676		Elbow joint	2	3	2	1	1	1
74	1796	4 years	Neck	3	2	2	3	1	1
75	5312	4y	Left legs	2	2	2	2	2	0
76	5331	1y	Neck	2	2	2	2	2	0
77	5327	6mon	Groin	2	2	2	2	2	0
78	5339	1y	Groin	3	2	2	2	1	0
79	6110	6mon	Belowkneelegs &abdomen	3	2	3	3	1	1
80	6302	5y	Onelbow	3	2	3	3	1	1
81	6310	3y	Hahdslegs	3	0	0	3	3	1
82	7520	5 m	Axilla	3	0	2	3	1	1
83	7561	5 years	Abdomen & neck	3	0	0	3	3	0
84	7589		Forehead	3	0	0	3	2	0
85	7610	4 years	Both ankle	3	2	3	2	2	1

			joint						
86	7649		Groin	3	0	0	2	2	1
87	7681		Abdomen & neck	3	2	3	3	2	1
88	7741	3 years	Axilla	3	2	2	3	1	1
89	7823		Elbow joint	2	3	2	1	1	1
90	7785	4 years	Neck	3	2	2	3	1	1
91	7791	4y	Left legs	2	2	2	2	2	0
92	7851	1y	Neck	2	2	2	2	2	0
93	5151	6mon	Groin	2	2	2	2	2	0
94	7999	1y	Groin	3	2	2	2	1	0
95	9505	3y	Neck	3	0	2	2	2	1
96	9557	5 mon	Abdomen & legs	3	3	2	3	1	0
97	9562	3 years	In left leg	3	0	2	2	2	1
98	10569	5 mon	Axilla	3	0	2	3	1	1
99	10803	5 years	Abdomen & neck	3	0	0	3	3	0
100	10572		Forehead		0	0	3	3	0
101	10767	4 years	Both ankle joint	3	2	3	2	2	1
102	10706		Groin	3	0	0	2	2	1
103	10786		Abdomen & neck	3	2	3	3	2	1
104	10769	3 years	Axilla	3	2	2	3	1	1
105	10696		Elbow joint	2	3	2	1	1	1
106	10796	4 years	Neck	3	2	2	3	1	1
107	10811	4y	Left legs	2	2	2	2	2	0
108	10895	1y	Neck	2	2	2	2	2	0
109	10909	6mon	Groin	2	2	2	2	2	0
110	10954	1y	Groin	3	2	2	2	1	0
111	11504	3y	Legs Under knee	3	2	2	2	2	1
112	11610	3y	Legs Ankle joint	2	1	1	2	2	1
113	11670	5y	Hand Elbow joint	2	2	2	2	1	1

114	11911	Neck	3y	2	1	1	2	2	1
115	12101	Neck	5y	2	1	1	2	2	1
116	12231	Elbow	2y	2	0	0	2	2	0
117	12415	Abdomen	6mon	3	2	2	2	1	0
118	12513	forehead	1y	3	2	2	2	2	1
119	12518	Groine	6m	2	2	2	2	2	1
120	12613	Neck	1y	2	2	2	2	2	1
121	12651	Legslft	4y	2	2	2	2	2	0
122	12702	Abdomen	3y	2	0	0	2	2	0
123	12827	Neck	2y	3	0	2	2	3	0
124	12905	Groine	6mon	3	2	2	2	1	0
125	12957	Feet	2y	3	3	3	3	3	2
126	13201	Lfknee	4mon	3	1	2	3	1	0
127	13512	Feet&legs	9mon	3	0	2	3	2	0
128	723	Neck	6mon	2	0	1	2	3	0
129	1057	Axilla	2y	2	1	2	3	3	2
130	1023	Rtelbowjt	6mon	2	1	1	3	2	1
131	1105	Neck	4mon	2	0	0	3	3	2
132	1131	Rtknee	8mon	3	2	2	3	1	0
133	1189	Feet	3y	3	3	2	3	2	3
134	1205	Abdomen	2y6m	2	2	2	2	1	1
135	1301	Feet	6mon	3	2	2	3	2	1
136	1213	Hand&legs	3y	3	2	3	3	1	3
137	1276	Buttaks	3	3	0	0	3	3	2
138	1383	Handelbow	6mon	3	2	2	3	3	2
139	1429	ELBOWJT	15D	3	2	3	2	1	1
140	1521	ELBOW JT	15D	3	0	0	3	2	0
141	1591	Groinresion	2y	3	1	2	1	1	0
142	1632	Feet	2y	3	3	3	3	1	0
143	1689	Onelbow	2y	3	2	2	3	1	1
144	1731	Knee	6mon	3	3	2	3	1	1
145	1799	Belowknee	6mon	3	2	3	3	1	1
146	1820	Rtanklejt	8mon	3	2	3	3	0	0
147	1892	Neck	6mon	2	0	1	2	0	0
148	2055	Axilla	2y	2	1	2	3	1	2
149	2112	Rtelbowjt	6mon	2	1	1	3	2	1
150	2833	Rtelbowjt	6mon	2	1	1	3	2	1
151	2382	Neck	12mon	3	4	4	3	3	1

152	2412	Ankle joint	2year	3	4	3	3	2	1
153	2625	Fingers	2year	3	3	3	3	1	1
154	2652	Rt anklejt	8mon	3	2	3	2	0	0
155	2692	Neck	6mon	2	0	1	2	1	0
156	2702	Axilla	2y	2	1	2	3	1	2

Key- Wk-week, mon-monthly=year

Table no .8 group C

Sr .no.	Reg no	Total duration	Site	Kandu	Pidaka	Strav	shavata	Rukshata	Ruja
1	8731	6mon	Elbow&hands	3	2	2	3	3	1
2	8769	2y	Groin	3	2	2	3	3	2
3	8876	1y	legs	3	2	2	3	3	1
4	8966	5y	Neck&hand	3	2	3	3	3	2
5	8991	18mon	Bothlegs	2	4	2	1	1	0
6	9145	2y	legs	3	2	3	2	2	2
7	9211	3y	Axilla	3	3	3	3	3	1
8	9240	6mon	On elbowjoints	2	2	2	3	3	2
9	9243	1YEAR	NECK	1	1	2	2	1	1
10	9534	3YEAR	LEGS	2	2	2	2	2	1
11	9134	5y	Alloverfeet	3	3	3	3	3	2
12	8191	3.6y	Feetboth	3	2	2	2	2	1
13	9450	8months	Groineaxilla	3	3	3	2	3	2
14	9357	3y	Feet	3	3	3	3	3	2
15	8975	8mon	Groine	3	2	2	3	3	1
16	6184	8MON	Rtelbowjt	2	3	3	3	0	0
17	9507	3y	Knee	3	2	3	3	3	2
18	9666	3mon	Forehead	3	1	2	3		
19	8021	6mon	Groine	3	1	2	3	2	2
20	10117	6mon	Ankle Joint	3	2	2	3	0	0
21	8081		Both Axilla	3	2	3	3	1	2
22	5557	6mon	Groin	3	2	3	3	3	
23	5454	2 year	knees	3	3	4	3	3	2
24	5553	2 years	knees	3	4	3	3	3	
25	9822	6mon	Abdomen	2	1	3	2	1	1
26	7912	5-6mon	Shin of Rt. Leg	2	3	4	3	0	
27	8299	18mon	Below knee	3	2	2	2	1	1
28	6909	2 y	Below knee	2	3	3	3	1	1
29	6918	2y	feet	2	3	3	3	1	1
30	10114	6mon		3	2	2	3		1
31	6666	8mon	Both hands &	2	3	1	3	1	1

			elbow						
32	9320	3 y	Axilla & Hand	3	2	3	3	1	1
33	9785	8 mon	Neck	3	3	3	2	0	2
34	5999	5 y	Neck	3	1	2	3	1	1
35	6464	8 mon	Elbow joint	3	3		3	3	2
36	8383	2 mon	Forehead	3	3		3	2	1
37	5333	2 y	Ear , Neck	3	2	2	3	0	1
38	9525	6mon	Hand below Lt. elbow	3	4	2	3	0	0
39	8055	1 year	Abdomen	3	4	4	3	3	0
40	10005	2 mon	Forehead	3	3	3	3	2	0
41	9998	6 mon	Feet	2	3	3	3	0	0
42	6661	8 mon	Lt. Elbow	3	3	2	2	0	1
43	9431	2 mon	Legs below knee	2	3		3	3	0
44	10112	2years	Ankle joint	3	2	2	3	0	1
45	9444		Elbow & knee	3	1	2	3	0	
46	10150	5 mon	Axilla, Abdomen, Groin	3	2	3	3	0	3
47	114	1 year	Forehead	3	3	1	3	1	1
48	120	1 year	Forehead	3	3	1	3	1	1
49	198	3y	Abdomen	3	1	2	3		1
50	792	1m	Rt anklejt	3	2	2	3	3	2
51	542	2y	Feet	3	2	4	3	0	
52	645	8mon	Abdomen	3	2	2	2	1	1
53	649	2y	Forehead	3	2	3	3	1	1
54	1003	6mon	Feet	3	1	2	3	0	
55	640	6mon	Feet	3	1	2	3	0	
56	555	3mon	Rtelbowjt	2		1	3	1	1
57	667	2y	forehead	2	1	2	3	1	1
58	658	2mon	Neck	3	3	4	3	1	1
59	898	3y	Groin	3	2	2	2	1	1
60	866	6y	Neck face	3	1	4	2	2	2
61	601	3y	Neck hand	3	2	3	3	1	2
62	715	6mon	Hand legs	3	3	2	3	2	2
63	719	3y	Axils	3	3	3	3	2	2
64	226	1y	Elbow joint	3	2	2	3	2	2
65	875	2y	Groin	3	4	2	3	3	3

66	843	6mon	Elbow hand	3	2	2	2	1	2
67	9030	2y	Lf hand	2	1	2	2	3	2
68	924	1y	Neck	1	1	1	2	2	1
69	534	2y	Legs	2	2	2	2	2	1
70	886	5y	Bothhand&both legs	3	3	3	3	3	2
71	1115	2y	Wristjt	3	2	2	3	2	2
72	1002	3y	Legsbelowknee	3	2	2	3	2	2
73	1022	3y	Elbow	3	3	2	3	2	2
74	1010	33mon	Groin	3	2	3	3		2
75	1034	4y	Hand,legs	3	2	2	3	2	2
76	1028	2y	Axilla	3	1		3	3	2
77	1037	6mon	Forehade neck	3	2	3	3	2	2
78	1029	3y	Axilla	3	2	3	3	2	2
79	1017	3y	Handleg	3	2	2	3	3	2
80	1033	1y	Bothankle	3	1	2	2	2	2
81	1041	2mon	Kneebelow	2	2	2	2	2	2
82	1016	6m0n	Neck	3	3	2	3	3	0
83	1069	3y	Groin	3	2	3	3	2	2
84	1197	2y	Knee&legsboth	3	2	3	3	1	2
85	1157	3y	Elbowjt	2	1	3	3	2	2
86	1319	4y	Neck	3	3	3	3	2	2
87	1252	4y	Hand&legs	3	3	3	3	3	2
88	1388	3y	Elbow jt & knee	3	2	4	3	2	2
89	1135	3y	Hands legs	3	2	2	3	2	2
90	1321	2y	Abdomen	3	2	1	2	3	2
91	1130	5y	Abdomen	3	2	3	3	2	3
92	1423	6mon	Palm	3	3	3	3	3	0
93	1429	4y	Neck	3	2	2	2	3	1
94	1452	4y	Elbow	3	4	4	3	2	
95	1441	1mon	Hand	2	2	1	2	2	1
96	1449	3mon	Legs below knee	3	3	2	3	2	1
97	1677	12 y	Legs	3	3	3	3	3	2
98	1699	8 y	Forehead , hand, legs	3	3	3	3	2	2

99	1678	2y	Ankle & abdomen	3	2	3	3	2	0
100	1610	2 y	Axilla	3	2	2	3	2	1
101	1683	5 y	Legs & hands	3	3	3	3	2	1
102	1687	4 y	Chest & abdomen	3	2	3	3	2	
103	1626	2 y	axilla	3		2	3	2	
104	1653	4 y	Hand & legs	3	2	3	3	2	2
105	1647	5 y	Axilla, groin & hands	3	2	3	3	2	3
106	1632	3 y	Forehead & abdomen	3	3	3	2	2	1
107	1691	5y	forehead	3	2	3	3	2	
108	1671	5 y	legs	3	3	3	3	3	2
109	1645		Elbow & axilla	3	3	3	3	2	2
110	1659	3 y	Ankle & legs	3	3	3	3	3	2
111	1598	5 y	Legs, hands, abdomen	3	3	3	3		
112	4512	6mon	Hands both	3	2	2	2	2	1
113	4757	3y	On legs below knee	3	2	2	3	2	2
114	4951	3y	On legs & hands	3	2	2	3	2	2
115	3101	2y6m	Wristjt abdomen neck	3	2	2	3	2	2
116	3449	2y	Neck groine	3	2	3	3	2	2
117	5523	6m0n	Neck	3	3	2	3	3	
118	5923	3y	Groin	3	2	3	3	2	2
119	6015	2y	Knee&legsboth	3	2	3	3	1	2
120	6023	3y	Elbowjt	2	1	3	3	2	2
121	6151	4y	Neck	3	2	3	3	2	2
122	6914	4y	Hand&legs	3	3	3	3	3	2
123	6994	3y6m	Neck&abdomen	3	2	2	3	3	2
124	7210	3y	Hands legs	3	2	2	3	2	2
125	7441	2y	Abdomen	3	1	1	2	3	2
126	7526	5y	Abdomen	3	2	3	3	2	3

127	7559	6mon	Palm	3	2	3	3	3	
128	7602	4y	Neck	3	2	2	2	3	1
129	7912	4y	Elbow	3	3	3	3	2	
130	7859	1mon	Hand	2	2	1	2	2	1
131	7920	3mon	Legs below knee	3	3	2	3	2	1
132	7767	12 y	Legs	3	3	3	3	3	2
133	7952	8 y	Forehead , hand, legs	3	3	3	3	2	2
134	7981	2y	Ankle & abdomen	3	2	3	3	2	0
135	7990	2 y	Axilla	3	2	2	3	2	1
136	8110	5 y	Legs & hands	3	3	3	3	2	1
137	812	4 y	Chest & abdomen	3	2	3	3	2	0
138	8186	4 y	Chest & abdomen	3	2	3	3	2	0
139	8196	2y	Feet	3	2	2	3	0	0
140	8516	2y	Feet	3	2	2	3	0	0
141	8770	8mon	Abdomen	3	2	2	2	1	1
142	8811	2y	Forehead	3	2	3	3	1	1
143	8910	6mon	Feet	3	1	2	3	0	0
144	8961	6mon	Feet	3	1	2	3	0	0
145	9012	3mon	Rtelbowjt	2		1	3	0	1
146	9203	2y	forehead	2	1	2	3	1	1
147	9511	2mon	Neck	3	3	2	3	1	1
148	9621	3y	Groin	3	2	2	2	1	1
149	9652	6y	Neck face	3	1	1	2	2	2
150	9682	3y	Neck hand	3	2	3	3	1	2
151	9762	6mon	Hand legs	3	3	2	3	2	2
152	9881	3y	Axils	3	3	3	3	2	2
153	10114	12 y	Legs	3	3	3	3	3	2
154	10216	8 y	Forehead , hand, legs	3	3	3	3	2	2
155	10334	2y	Ankle & abdomen	3	2	3	3	2	0
156	10512	2 y	Axilla	3	2	2	3	2	1
157	10765	5 y	Legs & hands	3	3	3	3	2	1

158	10796	4 y	Chest & abdomen	3	2	3	3	2	0
159	10887	2 y	axilla	3	3	2	3	2	0
160	10902	4 y	Hand & legs	3	2	3	3	2	2
161	10631	6mon	Elbow&hands	3	2	2	3	3	1
162	11201	2y	Groin	3	2	2	3	3	2
163	11802	1y	legs	3	2	2	3	3	1
164	11934	5y	Neck&hand	3	2	4	3	3	2
165	12305	18mon	Bothlegs	2	1	2	1	1	0
166	12653	2y	legs	3	2	3	2	2	2
167	12791	3y	Axilla	3	3	3	3	3	1
168	12985	6mon	On elbowjoints	2	2	2	3	3	2
169	13310	1Y	NECK	1	1	2	2	1	1
170	13507	3Y	LEGS	2	2	2	2	2	1
171	15992	5y	Alloverfeet	3	3	3	3	3	2
172	1007	3.6y	Feetboth	3	1	2	2	2	1
173	1212	8mon	Groineaxilla	3	3	3	2	3	2
174	1271	3y	Feet	3	3	3	3	3	2
175	1292	8mon	Groine	3	2	2	3	3	1
176	1307	8MON	Rtelbowjt	2	1	3	3	0	0
177	1331	3y	Knee	3	2	3	3	3	2
178	1357	3mon	Forehead	3	1	2	3	0	
179	1392	6mon	Groine	3	1	2	3	2	2
180	1401	6mon	Ankle Joint	3	2	2	3	0	
181	110	6mon	Abdomen	2	1	1	2	1	1
182	1137	5-6mon	Shin of Rt. Leg	2	3	3	3		
183	1155	2 & 1/2yr	Below knee	3	2	2	2	1	1
184	1189	2 years	Below knee	2	3	3	3	1	1
185	1225	2 years	feet	2	3	1	3	1	1
186	1286	6mon		3	2	2	3		1
187	1351		Both hands & elbow	2	3	1	3	1	1
188	1396	3 years	Axilla & Hand	3	2	4	3	1	1
189	1409	8 mon	Neck	3	3	3	2		2
190	1512	5 years	Neck	3	1	2	3	1	1
191	1628	8 mon	Elbow joint	3	3	2	3	3	2

192	1751	2 mon	Forehead	3	3		3	2	1
193	1812	2 years	Ear , Neck	3	2	2	3	0	1
194	1906		Hand below Lt. elbow	3	3	2	3	0	0
195	2004	1 year	Abdomen	3	3	4	3	3	0
196	2089	2 mon	Forehead	3	3	3	3	2	0
197	2131	6 mon	Feet	2	3	4	3	0	0
198	2512	8 mon	Lt. Elbow	3	3	3	2	0	1
199	2735	2 mon	Legs below knee	2	4	3	3	3	
200	3111	2 y	Ankle joint	3	2	2	3	0	1
201	2099	6y	Elbow jt & neck	3	3	3	3	1	1
202	2283	2mon	hand	3	3	3	3	1	2
203	2290	3mon	Legs below knee	3	2	1	1	3	2
204	2320	8mon	feet	3	3	2	1	3	1
205	2499	1y	fingers	2	3	3	2	1	0
206	2497	1y	neck	3	3	3	2	1	0
207	2955	4y	Knee&below	3	3	3	2	2	0
208	3092	3y	ankeit	3	2	1	1	0	0
209	3014	6y	Finger&legs	3	4	3	2	3	0
210	3022	2mon	On hand	3	3	3	3	2	1
211	3812	5mon	neck	2	3	2	2	3	0
212	3951	3y	palms	3	3	3	2	3	1
213	4011	4mon	Finger&hand	3	3	2	2	3	0
214	4212	7yer	groin	3	3	3	3	2	0

Key- Wk-week, mon-month,y=

tablele no .11 group D

Sr .no.	Reg no	Total duration	Site	Kandu	Pidaka	Stravta	shavata	Rukshata	Ruja
1	7659	6mon	Finger&hands	2	0	0	2	1	1
2	8675	7mon	hands	2	1	1	1	2	1
3	8776	1y	Hands&finger	2	1	1	1	2	1
4	8877	2mon	legs	1	1	1	1	1	1
5	9116	3y	Feet	2	2	0	1	2	1
6	9116	3y	Feet	2	2	0	2	2	0
7	8297	2y	Fingers	2	0	2	1	0	1
8	4117	1Y	FINGERS of hands	2	2	2	2	2	0
9	4737	4Y	PLAM	1			1	2	1
10	9423	2y	Feet	2	1	1	1	1	0
11	4115	1y	Finger	1	1	1	2	2	1
12	9301	2y	Fingers	2	1	1	2	1	1
13	10037	6mon	Hand	1	0	1	1	0	1
14	9331	3mon	Legsbelowknees	2	1	1	1	2	0
15	10003	8mon	Feet	2	1	1	1	2	0
16	10025	2mon	Finger	2	1	1	1	1	1
17	761	3mon	Feet	2	0	1	2	0	1
18	743	2mon	Elbowjt	1	0	0	1	1	0
19	831	1y	Finger	1	0	2	1	1	1
20	705	4y	Belowknee	2	0	1	2	2	1
21	775	2y	Anklejt	3	0	1	1	2	2
22	746	2mon	Fingers	2	0	2	1	2	1
23	839	1y	Fingers	3	0	2	1	2	0
24	857	2mon	Hands	2	0	3	1	3	0
25	845	4mon	Neck	2	0	2	2	3	0

26	715	3y	Palm	3	1	0	2	2	1
27	854	4mon	Fingers	2	0	0	2	2	1
28	751	2y	Frontsideofanklejt	1	1	0	2	1	0
29	751	2y	Anklel left front	1	0	1	2	1	2
30	446	2mon	Onelbow	2	0	1	2	1	0
31	451	3mon	Finger	2	0	0	2	1	1
32	468	6mon	Hand	2	1	0	1	1	1
33	751	8mon	Ankleboth	1	1	0	1	1	1
34	613	6mon	Plam	2	2	1	1	2	1
35	761	2y	Rthand finger	2	1	1	1	2	0
36	1165	2mon	Finger	2	0	1	2	2	1
37	1929	4mon	Hand	2	0	1	2	2	1
38	1731	3mon	Bothanklejt	1	1		2	1	1
39	1759	3mon	Anklejt	2	0	1	1	2	1
40	1819	4y	Palm	2	0	1	2	3	2
41	1732	2mon	Fingerofbothhands	2	1	1	1	2	1
42	1051	1y	Foot	2	1	1	1	1	1
43	1053	2mon	Legs	1		1	2	0	0
44	1807	2y	Palm	1	1	1	2	1	1
45	1081	1y	Fingerof hand	1	0	0		1	0
46	1027	6mon	Finger	1	0	0	2	2	1
47	1723	2mon	Fingers	1	0	0	1	1	0
48	1581	3mon	On foot rt. leg	1	0	1	2		0
49	1587	2y	Both elbow jt.	1	1	1	2	1	0
50	1611	2 y	Fingers of hand	1	0	0	2	1	1
51	5781	1y	Palm	1	0	0	2	2	1
52	5792	2y	Feet	1	0	1	2	0	0
53	5801	6mon	Legs	1	0	2	2	1	0
54	5821	4mon	Finger	1	0	0	2	2	0
55	5832	18m	Finger	1	0	0	2	0	0
56	5869	9mon	Elbowjt	1	2	0	2	2	0
57	5871	2mon	Hip & butt acts	1	0	0	2	1	1
58	5160	2y	Anklejt left	1	0	0	2	2	1
59	7117	6mon	Elbow jt right	2	0	0	2	2	0
60	5787	6mon	Finger	2	0	0	1	2	0
61	6100	2mon	Fingers	2	0	0	1	1	2
62	6109	3mon	On foot rt. leg	2	0	1	2	3	0
63	6513	2y	Both elbow jt.	2	3	0	2	1	1

64	6803	2 y	Fingers of hand	2	0	0	2	2	0
65	6901	1y	Palm	2	2	1	2	2	1
66	6931	2y	Feet	2	3	1	2	3	1
67	6952	6mon	Legs	2	1	1	2	3	1
68	6991	2y	Frontsideofanklejt	1	1	0	2	1	0
69	8751	2y	Frontsideofanklejt	1	1	2	2	1	0
70	9444	2y	Anklel left front	1	0	1	2	0	0
71	122	2y	Anklejt	3	0	1	1	0	1
72	1092	2mon	Fingers	2	0	2	2	2	2
73	1182	1y	Fingers	3	0	2	1	3	1
74	1243	2mon	Hands	2	0	3	2	2	1
75	1304	4mon	Neck	2	0	2	2	0	0
76	1424	3y	Palm	3	0	1	2	1	0
77	1486	4mon	Fingers	2	0	1	2	2	1
78	1768	2y	Frontsideofanklejt	1	0	0	2	1	0
79	1845	2y	Anklel left front	1	1	0	2	2	1
80	2234	2mon	Onelbow	2	1	2	2	1	0
81	2654	3mon	Finger	2	2	1	2	1	0
82	2980	6mon	Hand	2	1	0	1	0	1
83	3454	8mon	Ankleboth	1	0	2	1	1	1
84	3678	6mon	Plam	2	0	1	1	1	1
85	3768	2y	Rthand finger	2	1	1		2	0
86	3991	2mon	Finger	2	1	1	2	1	0
87	4012	4mon	Hand	2	0	1	2	2	1
88	4087	3mon	Bothanklejt	1	0	2	2	1	2
89	4123	3mon	Anklejt	2	0	1	1	3	2
90	4182	4y	Palm	2	0	1	2	2	1
91	4211	2mon	Fingerofbothhands	2	1	1	1	0	1
92	4289	1y	Foot	2	1	1	1	1	1
93	4432	2mon	Legs	2	0	1	2	0	0
94	4465	2y	Palm	2	1	1	2	1	1
95	4487	1y	Fingerof hand	2	0	2	2	2	1
96	4566	6mon	Finger	2	1	0	2	1	1
97	4789	2mon	Fingers	2	0	0	1	1	0
98	4890	3mon	On foot rt. leg	2	2	1	2	0	0
99	4901	2y	Both elbow jt.	2	1	0	2	1	0
100	4923	2 y	Fingers of hand	2	0	0	2	2	1

ey- Wk-week, mon-month,

TILAK MAHARASHTRA VIDYAPITH

TITLE OF PROJECT: CRITICLE STUDY OF CHARAKOKTA SANYOG VIRUDDHA AND VISHAMASHANA IN AN ETIOLOGY OF VICHARCHIKA. i.e. ECZEMA.

NAME OF STUDENT:

NAME OF GUIDE:

VD.MADHURI HUSHEY PACHAGHARE VD. UTTAMARAO KANDALKAR

PLACE OF RESEARCH: M.A.PODAR HOSPITAL.

STUDY GROUP

C.R.F. NO.

SR. NO.

Date:

REG. NO.

Economical status:

SEX: M/F

Educational status:

Age:

Religion:

weight:

Profession:

Place of birth:

Residence:

WRITTEN AND INFORMED CONSENT

मी. स्वखुशीने सदर अनुसन्धानात्मक प्रायोगिक अध्ययनासाठी सहभागी होण्यासाठी मझ्यावर कोणत्याही प्रकारची जबरदस्ती करण्यात आलेली नाही. या प्रयोगातील सामान्य उद्दिष्टे माझ्यापुढे स्पष्ट केलेली आहेत आणि माहिती डाक्टरांनी दिलेली आहे.

सही:

Sr. No.	Presenting symptoms	Grade	Duration Per day/Per week/Per month	Site
1	Kandu (Pruritus)			
2	Strava (Discharge)			
3	Shyavata (Discoloration)			
4	Pidakaa (Exanthemas)			
5	Rukshata (Dryness)			
6	Ruja (Pain)			

Site of onset with duration:

Triggering factor:

dietory factor per day/per week/per month.

History of previous illness:

Known allergy to any factor:

Family history:

Personal history:

Ahar (Diet)

Vihar (Life style)

Exposure to chemicals:

Vyasana (habits))

Sleep pattern:

GENERAL PHYSICAL EXAMINATION

Height	Shabda
Temperature	Akruti
Pulse	Lymphadenopathy
Blood pressure.	Druka
Pallor	Skin/sparsha
Clubbing	Tongue
Hair	

SYSTEMIC EXAMINATION

Respiratory system

Cardiovascular system

CNS

Per abdomen

Urine

Stool

DASHAVIDHA PARIKSHA ON DATE OF ADMISSION

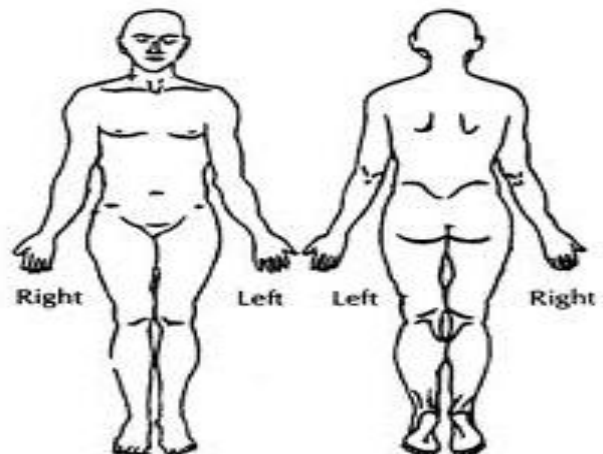
Prakruti	Satmya
Vikruti	Satva
Sara	Aharshakti
Samhanan	Vyayamashakti
Praman	Vaya

PREDOMINT LESION	GRADE	SITE
Pidaka		
Kandu		
Strava		
Shyavata		
Rukshata		
Ruja		

LOCAL EXAMINATION:

1) LESION MORHOLOGY

- PAPULES
- PUSTULES
- VESCILES
- BLISTERS



2) DISEASE EXTENT

- LOCAL, SHIROBHAGA
- BOTH HANDS AND LEGS
- MADHYASHARIR
- ALLOVER BODY

ASSOCIATE SYMPTOMS

QUESTION. NO.	Yes/ No	Daily 6-7 days/week	Frequently 3-4 days/week	Occasionally 1-2 days/week	Rarely 1-2 week/month	Qty
Udgarshuddhi. Passess stool and urine properly. Urge for food. all symptoms develop before taking Breakfast Lunch Dinner						
Bakery product with milk						
Tea with chapati						
Milk with chapati						
Sweet dish based on milk product & pickle in same lunch/ dinner.						
Sweet dish & papad in same lunch/ dinner						
Sea food with milk						
Fruits with milk						
Hot & pungent things with milk						
Do you take sour things (lemon) & milk in same lunch /dinner						
Do you take milk shake						
Do you take fruit salad						
Do you take fermented things with milk.						

	Daily 6-7 days/week	Frequently 3-4 days/week	Occasionally 1-2 days/week	Rarely 1-2 week/month	Qty
Breakfast					
Lunch					
Dinner					
Ghanahar					
Krutanna					
Virudha shimbi					
Dhanya					
Shaka/mix phala					
Masala					
Fast food					
Dravahar					
Jalapan					
Sheeta-ushna					
Shudhata					
Ratrijalapan					
Dugdha					
Ghruta					
Curd					
Tail					
Madya, Madya with soda					
Phalras					
Tea					
Takra					
Coffee					
COLDRINK					
FERMENTED					
NON FERMENTED					
BHOJANPADDHATI					
ADHYASHANA					
VISHAMASHANA					
VIRUDDHAMAASHANA					
Tea with chapati					
Milk with chapati					
Juica and salt					
Milk and fruits					
Tea and khari					
Fruit and salad					
Seafood and salt					

Sr. No.	STROTAS NAME	STROTAS MOOLA (ROOT/ORIGION)	LAKSHANA (SYMPTOMS)	CLINICAL SIGNS RATE OF OCCURENCE
1	Annavaha	Amashaya Vamparshva	Chardi Anannabilasha	
2	Udakvaha	Talu, Kloma	Trushna Kanthashoash	
3	Rasavaha	Hridya, Dashadhamani	Asyavairasya, Avipak, Arochak	
4	Raktavaha	Yakrut, Pleeha	Kushtha, Visarpa, Pidaka, Raktapitta, Kamala	
5	Purishavaha	Pakwashaya, Guda	Sam mal, Atidrava/ Atigrathita/ Atibahul Malpravrutti	
6	Swedavaha	Meda, Romkupam	Atiswed. Aswed, Tvakrukshata	

Roop:

Upashaya:

Anupashaya:

Samprapti:

Vyadhivinishchaya:

NAME OF INVESTIGATION	INVESTIGATION ON DATE OF ENROLMENT
Haemoglobin	
R.B.C count	
W.B.C count	
Blood sugar <ul style="list-style-type: none"> • Fasting • Post prandial 	
Urine examination	

SIGNATURE OF GUIDE

SIGNATURE OF STUDENT