CONCEPT OF LIFESTYLE IN AYURVEDA CLASSICS

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ABSTRACT

Increased number of deaths due to non-communicable diseases has been proved to be because of lifestyle related factors like physical inactivity etc. It is a responsibility to focus on lifestyle modifications in the 21st century. Ayurveda has great contribution in treatment of diseases as well as prevention of diseases. Conducts like Dinacharya (conducts in daytime), Ratricharya (conducts in night), Ritucharya (seasonal conducts), Ahara Vidhi (diet rules), Sadvritta (good conducts) etc. are described in detail in Ayurveda, can be included under the heading healthy lifestyle. It has a tremendous role in prevention of diseases. Present article aims to elaborate the concept of Lifestyle in Ayurveda classics.

KEY WORDS: Lifestyle, Ayurveda, Dinacharya, Ahara Vidhi.

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INTRODUCTION:

According to the health statistics of WHO, among 57 million global deaths in 2008, 36 million or 63% were due to non-communicable diseases (NCD) like cardiovascular diseases (17 million deaths or 48% of all NCD deaths), cancers (7.6 million, or 21% of all NCD deaths), respiratory diseases, including asthma and chronic obstructive pulmonary disease (4.2 million) and 37% were due to communicable diseases. Therefore it can be said that non-communicable diseases (NCD) are prone to kill more people than communicable diseases worldwide. Amongst them lifestyle disorder is a group of diseases whose occurrence is primarily based on the daily habits of people and are a result of an inappropriate relationship of people with their environment. WHO states the top 10 lifestyle diseases in the world affecting health are Alzheimer's Disease, Arteriosclerosis, Cancer, Chronic Liver Disease/Cirrhosis, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Heart Disease, Nephritis/CRF, Stroke, Obesity. The factors contributing to lifestyle diseases mainly include incompatible food habits, physical inactivity, wrong body posture, and disturbed biological clock. (Mukesh Sharma et al., 2009).

It has been proved that in case of non-communicable diseases, simple lifestyle measures are more effective in preventing or delaying the onset of these diseases. Ayurveda has a great contribution in the treatment of diseases as well as prevention of diseases. In the last few years, According to the ‘seed and soil theory’ in Ayurveda, (Brahmanand Tripathi, 2006) manifestation of disease takes place when there is favorable condition for disease which is being created by wrong conducts like day sleep, being vigil at night, irregular food habits etc. Therefore for maintenance of health and prevention of disease it is very important to follow an ideal lifestyle.

A growing body of scientific evidence has demonstrated that lifestyle intervention is an essential component in treatment of chronic disease that can be effective as medication but without risks and unwanted side effects. Lifestyle medicine (LM) is a branch which includes management of diseases the use of lifestyle interventions like diet, exercise, stress management, de-addiction in the treatment and management of diseases. This field has been growing from last 2 decades.

This article is an attempt by the authors to elaborate the concept of lifestyle in Ayurveda classics.

MATERIALS AND METHOD:

Classical Ayurvedic texts like Charaka Samhita, Sushruta Samhita, Astanga Samgraha, Astanga Hridaya with their commentaries and concerned topics from the texts Kashyapa Samhita, Bhavaprakasha, Bhela Samhita and Kaiyadeva Nighantu, research articles related to this topic.

Concept of Lifestyle:

Lifestyle is the way in which a person lives. It is a set of attitudes, habits, or possessions associated with a particular person or group (Lynn R. Kahle, Angeline G. Close, 2011). i.e. how, where and when a person is sleeping, playing, wandering, eating, swimming, walking etc.

As quoted by Acharya Sushruta, Vyadhi nigraha hetavah (treatment modalities) are divided as Samshodhana (purificatory), Samshamana (palliative), Ahara (food) and Achara (activities) (Ananta Ram Sharma, 2008). Achara is of 3 types – Kayika karma (physical activities) like Vyayama (exercise), Vachika karma (Verbal behavioral) like Swadhyaya (reading) and Manasika karma (psychological behavior) like Sankalpa (determination). Among them, Achara can be included under the heading lifestyle (Y.T. Acharya, 2012).

By the above definition of Lifestyle, it can be said that Vihara, Ahara vidhi and Achara described in Ayurveda classics, can be included under the heading Lifestyle. Arunadatta has classified Vihara as Niyata kala (regular) and Aniyata kala (according to specific condition). Niyata kala vihara includes Dinacharya and Ritucharya. Aniyata kala vihara includes
Vihara according to avastha (condition); (Y.T. Acharya, 2010) it can be taken as Vyadhi avastha. Ahara Vidhi includes Ahara Vidhi vidhana (rules of diet) and Bhojanaottara Vidhi (conducts after meal); Achara includes Sadvritta (good conducts) (Table.1).

Table.1: List of conducts in Lifestyle

<table>
<thead>
<tr>
<th>Dinacharya</th>
<th>Ritucharya</th>
<th>According to Vyadhi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dantadhavana (cleaning teeth)</td>
<td>Abhyanga (Oil application)</td>
<td>As a cause: Vega Udirana-Dharana (suppression and forceful production of urges)</td>
</tr>
<tr>
<td>Anjana (collyrium)</td>
<td>Udvartana (massage)</td>
<td>Pravata (strong wind) Adhva (brisk walking) Chankramana (walking)</td>
</tr>
<tr>
<td>Nasya (nasal drops)</td>
<td>Dhumapana (inhalation of medicated smoke) Kavala Gandusha (mouth gargles)</td>
<td></td>
</tr>
<tr>
<td>Kavala-Gandusha (mouth gargles)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dhumapana (inhalation of medicated smoke)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tambula Bhakshana (chewing of betel leaves)</td>
<td>Anjana (collyrium)</td>
<td>As a treatment: Abhyanga (oil application)</td>
</tr>
<tr>
<td>Abhyanga (Oil application)</td>
<td>Shayana (sleeping)</td>
<td>Anjana (collyrium) Kavala-Gandusha (mouth gargles) Nasya (nasal drops) Dhumapana (inhalation of medicated smoke)</td>
</tr>
<tr>
<td>Vyayama (exercise)</td>
<td>Vastra Dharana (wearing clothes)</td>
<td></td>
</tr>
<tr>
<td>Udvartana (massage)</td>
<td>Mani-malyadi Dharana (wearing clothes)</td>
<td></td>
</tr>
<tr>
<td>Snana (bathing)</td>
<td>Vyayama (exercise)</td>
<td></td>
</tr>
<tr>
<td>Mani-malyadi Dharana (wearing stones etc.)</td>
<td>Vyavaya (copulation)</td>
<td></td>
</tr>
<tr>
<td>Vastra dharana (wearing clothes)</td>
<td>Snana (bath)</td>
<td>As cause and treatment: Vyayama (exercise) Snana (bathing) Vyavaya (copulation) Nidra (sleep) Atapasevana (exposure to sunlight)</td>
</tr>
<tr>
<td>Karnapurana (insertion of oil in ear)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nidra (sleep)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vyavaya (copulation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Padatrana Dharana (footwears)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vihara includes the conducts by a person in daily or seasonal routine. This includes Abhyanga (oil application to the body), Vyayama (exercise), Nidra (sleep), Vega dharana (suppression of natural urges), Vyavaya (sexual intercourse), Chankramana (walking), Adhva (brisk walking), Atapa sevana (exposure to sunlight), Asana (sitting), Snana (bathing), Pravatasevana (exposure to strong wind) etc. Amongst them Acharyas have quoted their importance and usefulness or harmfulness according to the specific condition e.g. Ardhshaktya Vyayama (exercise upto half of the capacity) with prior Abhyanga (oil application) is useful in Hemanta ritu (winter) and strong individuals but excess Vyayama is harmful in Grishma ritu (summer) and weak individuals (Brahmanand Tripathi, 2007). Also,
**DISCUSSION:**

In Ayurveda, it has been quoted that *ratrāu jagarana* is harmful to the body. It leads to *Vataprakopa* and *Agnidushti*. In human body, there exists a circadian rhythm in activities of digestive enzymes. Wakefulness in night causes disruption in circadian rhythm and disturbance in activities of digestive enzymes which leads to indigestion (Masayuki Saito et al., 1975). Except in *Grishma ritu*, it causes vitiation of *Kapha-Pitta* and also it is a cause for *Agnidushti*. According to the researchers, when consumed first (Ananta Ram Sharma, 2008).
daytime sleep disrupts the circadian rhythm of digestive enzymes. (Charles W. Atwood, 2008). In 21st century, due to industrialization, there is increase in number of shift workers. Health of shift workers is now becoming a problem. 2007 study led by the IARC (International Agency for Research on Cancer) showed that shift work has been associated with cancer (Kurt, Straif, 2007). Most common disorder in shift workers is Shift work sleep disorder (SWSD). It is a circadian rhythm sleep disorder which requires medications with circadian changes (C C Caruso, 2012). According to the modern researchers, there exists Gut-Brain-Endocrine axis which involves Ghrelin-Leptin hormones, Insulin, Orexins etc. Disturbance in this axis due to disturbed sleep pattern leads to diseases like Diabetes mellitus, Cancer etc. (Annette L. Kirchgessner, 2002; Y Wang, H Yang, 2004).

According to Ayurveda, Vyayama leads to increase in bala (strength), agni (digestion). Modern researchers have proved that exercise increases significantly the plasma GH concentration and their combined effect induces a highly synergistic rise in GH (Foued Ftaiti, 2008). Exponential relationships were found between increases in core temperature and plasma growth hormone, prolactin, and catecholamines during exercise, suggesting the existence of a thermal threshold for stimulation of hormonal release during exercise (M W Radomski, 1998). Physical exercise activates hypothalamus-pituitary-adrenal axis and increase number, function and movement of lymphoid cells (Alexander J. Koch, 2010). Mild to moderate exercise stimulates gastric emptying (Campbell J.M.H, 1928) and increases secretions of gastric juice which leads to rapid and healthy digestion (William Beaumont, 1838). Now days, due to growing use of technologies, daily physical activity is decreasing. Lack of exercise/ sedentary lifestyle leads to delayed gastric emptying (Campbell J.M.H, 1928). Exercise has role in treatment of diseases. It has been proved that exercise has role in the treatment of Diabetes mellitus and Obesity (Zinker B A et al., 1993; Epstein LH et al., 1996).

Acharyas have quoted that Abhyanga is essential for maintenance of health. According to modern researchers, skin blood flow increases diverting blood from muscle following 12 minutes of massage which helps in lactate clearance and recovers body from fatigue due to accumulation of lactate in muscles after prolong exercise (Hinds T et al., 2004).

Vegadharana has been contraindicated by Acharyas as it is a direct cause of many diseases. Researchers have been proved that voluntary suppression of defeication delays gastric emptying. (Tjeerdsma HC et al., 1993) and retention of urge of micturition causes significant increase in the level of blood pressure, pulse rate, respiratory rate, Plasma Catecholamine, Plasma 5-HT, urinary catecholamine and 5-HIAA (5-hydroxyindoleacetic acid) in healthy volunteers (Madhu Shukla et al., 1988). According to the modern researchers, voluntary suppression of cough reflex is often associated with lung infection and also it leads to aggravation of symptoms of bronchiectasis (Wells A et al., 1992).

As stated in Ayurveda, intercourse has been contraindicated in the period of menstruation and pregnancy. According to the researchers, in the menstruating women it increases the chances of infection (Mayer, 1982) and coitus in the 1st trimester causes disturbance in the process of growth of foetus and results in the malformation of foetus and coitus during 3rd trimester leads to premature labor due to contraction of uterus (Senatur and Kaminer, 1927).

Vishamashana means taking food in irregular quantity and at irregular time. Now a days, due to irregular job or business schedule people take meal at irregular time and irregular quantity. Irregular time of food intake disrupts the normal digestive pattern which adhered to a circadian rhythm (Melinda Blackman et al., 2010). Intake of Ushna ahara has been advised by Acharyas. It helps for digestion. It lacks due to intake of cold food items which results in indigestion (William Beaumont, 1838). In Ayurveda, it has been stated to take water
between the meals which has been proved to stimulate gastric secretions (S Wyard, 1935) and contraindicated to take water before and after meal. Intake of water in large amount before meal dilutes the stomach acid, it also stimulates digestive system to prepare for incoming food from stomach. This stimulation causes a dump of very basic digestive enzymes into the lower gastrointestinal tract (American Academy of Orthopaedic Surgeons, 2013). Excessive intake of water after taking meal can result in prolonged abdominal muscle relaxation which in turn can cause indigestion (Ronald Ross Watson, 2012).

CONCLUSION:

Concept of healthy Lifestyle in Ayurveda is wider which includes the conducts like dietary habits under the heading Ahara vidhi vidhana e.g. intake of luke-warm food on proper time in proper quantity with full concentration etc. water drinking habits, general behavioral pattern under the heading Sadvritta, daily and seasonal conducts like exercise, oil application etc. under the heading Dinacharya and Ritucharya, Ratricharya. Healthy lifestyle has great role in prevention of diseases and Lifestyle modification has been proved to be successful treatment in various diseases.

REFERENCES:


American Academy of Orthopaedic Surgeons (AAOS) Rhonda Beck (2013), Advanced Emergency Care and Transportation of the Sick and Injured, p. 393

Ananta Ram Sharma (2008), Sushruta Samhita, edited with Sushruta vimarshini Hindi commentary by Reprint edition, Chaukhamba Sanskrit Pratisthana, Varanasi, Sutrasthana (Chap 1, 46) Sharirasthana (Chap 4), Chikitsasthana (Chap 24)

Annette L. Kirchgessner (2002), Orexins in the Brain-Gut Axis, *Endocrine reviews*, Vol. 23 Issue 1 | February 1,

Brahma Shankara Mishra, Rupalalaji Vaishya (2012), Bhavaprakasha, Reprint edition, Chaukhamba Sanskrit Sansthan, Varanasi, Purvakhandha (Chap 5)

Brahmanand Tripathi (2007), Ashtang Hridaya, edited with Nirmala Hindi commentary by Reprint edition, Chaukhamba Sanskrit Pratisthana, Varanasi, Sutrasthana (Chap 2, 4)

Brahmanand Tripathi, (2006), Charaka Samhita edited with Charaka-chandrika Hindi commentary by Reprint edition, Chaukhamba Sanskrit Pratisthana, Varanasi, Sutrasthana, (Chapters 5, 7, 8, 21), Nidanasthana (Chap 3), Vimanasthana (Chap 1), Cikitsasthana (Chap 3)


Charles W. Atwood (2008), Sleep Medicine, p.136


https://en.wikipedia.org/wiki/Lifestyle_%28sociology%29

Kurt, Straif (2007), "IARC Monographs Programme finds cancer hazards associated with shiftwork, painting and firefighting" International Agency for Research on Cancer


Melinda Blackman, Colleen Kvaska (2010), Nutrition Psychology: Improving Dietary Adherence, p.212,


Ronald Ross Watson, Victor R. Preedy (2012), Bioactive Food as Dietary Interventions for Diabetes, p. 467

S Wyard (1935), Diet in Gastric Diseases Postgraduate medical journal, 11(113):103–112

Senatur and Kammer (1927), Health and Disease in relation to marriage, Vol.I, p.257


William Beaumont (1838), Experiments and observations on gastric juice and the *Physiology of digestion*, p.85, 308–310


Y.T. Acharya (2010), Ashtangahrudaya with Sarvangasundara and Ayurveda rasayana commentary by Arunadatta and Hemadri, Reprint edition, Chaukamba Sanskrit Sansthan, Varanasi, Sutrasthana (Chap 2)
Y.T. Acharya (2012), Sushrutasamhita with Nibandasamgraha commentary by Dalhana, Reprint edition, Chaukhamba Sanskrit Sansthan, Varanasi, Sutrasthana (Chap 1)


Zinker B A (1993), Role of glucose and insulin load to the exercising limb in increasing glucose uptake and metabolism- J Appl physiol:74: 2915–2921

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