Effect of *Ekakala Bhojana* in patients of *Agnimandya*

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Abstract

Background: Though *Sushruta Samhita* is considered as the chief surgical treatise, *Maharshi Sushruta* has also emphasized on the preventive and curative aspects of diet. *Dwadasha Ashana Pravichara* is one of the unique concepts of *Sushruta Samhita* which can be considered as the root of diet therapy. In *Dwadasha Ashana Pravichara*, diet pattern is described for both healthy and diseased people. **Aim:** This study aimed to assess the effect of *Ekakala Bhojana* in *Agnimandya* patients. **Materials and Methods:** Patients fulfilling the criteria of selection were selected for the present study and were divided into two groups using simple random sampling method. Patients were treated for 10 days. The patients in Group A were treated with *Trikatu* tablet and those in Group B were given *Ekakala Bhojana* and placebo tablet. Effect of therapy was assessed on the basis of *Abhyavaharana* and *Jarana Shakti.* **Results:** Group B (*Ekakala Bhojana*) shows better results than Group A in the parameters of *Abhyavaharana* and *Jarana Shakti* except in *Udgarashuddhi.* Group B (65.19%) shows better result in *Ahara shakti* than that of Group A (55.76%). **Conclusion:** *Agnimadya* may be treated at primary level without the use of any medicine and only by reducing frequency of meal to *Ekakala Bhojana.*

Keywords: *Agnimandya*, *Dwadasha Ashana Pravichara*, *Ekakala Bhojana*

Introduction

Sushruta Samhita has described *Dwadasha Ashana Pravichara* in *Swasthavritta Adhyaya* of *Uttaratantra,* which is the major contribution in the field of dietetics.[1] There are 12 different kinds of dietary patterns which are helpful in different disease conditions and in healthy state too. *Ekakala Bhojana* is one among them, which means meal once in a day.[2] Acharya had suggested this dietetic regimen in persons having weak *Agni* (digestive fire).

According to ayurvedic philosophy, *Agni* is said to be responsible for *Bala* (strength)*, Varna* (complexion), and *Sukhayu* (healthy life). All these depend on *Agni* and by properly maintaining *Agni*, one can get long and healthy life.[3] *Mandagni* is considered as root cause for most of the diseases.[4] Loss of function or malfunctioning can be considered as *Agnimandya*. Weakened *Agni* cannot make enough nutritive *Rasa Dhatu* which provides nutrition for subsequent *Dhatu* and the person gets easily diseased. *Agnimandya* may occur as a symptom or a disease itself and may provide background for further disease progression. If *Agni* is in normal physiology, the body is maintained in homeostasis and if the condition of the *Agni* is abnormal, the person may have to face pathological or diseased condition.

Hence, efforts are to be taken to maintain the normal condition of *Agni* in human body.

Many diets, dietetic regimens and simple medicines are found which helps in maintaining the normal state of *Agni* with minimum efforts. *Trikatu*, a group of three drugs, i.e., *Shunthi* (*Zingiber officinale* Rosc.), *Maricha* (*Piper nigrum* Linn.) and *Pippali* (*Piper longum* Linn.), is one among the mostly used medicines for *Deepana* purpose.[5] Hence, *Trikatu* which is the best *Deepana* drug was used as standard group in the present study. Till date, no studies have been carried out to evaluate the effect of *Ekakala Bhojana* in *Agnimandya* conditions. Keeping these facts in mind, the present study was selected to evaluate the effect of dietetic regimen in patients of *Agnimandya*.

Materials and Methods

Source of data

Individuals attending the outpatient department and inpatient department (IPD) of the Department of Basic Principles,

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fulfilling the criteria of selection, were selected for the present study. A special proforma was prepared as per Ayurvedic guidelines to assess the effect of therapy.

Inclusion criteria

1. Patients suffering from classical signs and symptoms of *Agnimandya*
2. Patients having age between 25 and 50 years
3. Chronicity not more than 1 month.

Exclusion criteria

1. Patients having age <25 years and >50 years
2. Patients suffering from any major systemic diseases such as diabetes, heart disease and hypertension
3. Pregnant women
4. Conditions where *Trikatu* or *Ekakala bhojana* is contraindicated.

Investigations

To rule out any other existing pathology, hematological investigation (routine), liver function test and fasting blood sugar, postprandial blood sugar and urine (routine and microscopic) examination were carried out.

This project has been approved by Institutional Ethics Committee vide its letter No. PGT/7-A/2012-2013/1964, dated: 21/09/2012. This trial was also registered in Clinical Trial Registry of India (CTRI), Reg. no. CTRI/2013/10/004059 (trial registered retrospectively on 14/10/2013).

Drug and posology

The patients fulfilling the criteria were divided into two groups.

The patients in Group A were treated with *Trikatu* tablet 500 mg 2 tablets with lukewarm water at *Pragbhakta Kala* (before meal) for 10 days.

Group B patients were treated with *Ekakala Bhojana* and placebo tablet 500 mg 2 tablets with lukewarm water at *Pragbhakta Kala* (before meal) for 10 days. Patients were advised to take diet only one time per day, preferably only lunch. Patients were instructed not to take any food or drink (except water/tea/coffee) other than lunch. A majority of patients were admitted in the IPD of institutional hospital and light (midday) diet was provided (milk was restricted).

An assessment was made on *Abhyavaharana Shakti* (food intake capacity) and *Jarana Shakti* (digestion capacity) before and after treatment. The scoring was given to each criterion ranging from 0 to 3. The following criteria were made to assess the effect of therapy.

Statistical analysis

The obtained data, on the basis of the observation, were subjected to statistical analysis in terms of mean, standard deviation, and standard error. The Student's *t*-test conceded at a level of $P > 0.05$ (insignificant), $P < 0.05$ and $P < 0.01$ (significant), and $P < 0.001$ (highly significant) for the final results.

Results and Observations

In the present study consisting of fourty patients, maximum patients, i.e., 40% were in 31–40 years age group while 30% of patients were from both 25–30 and 41–50 years age group. Most of the patients (i.e. 52.5%) were males and 30% of patients were having self-business. Out of 47.5% female patients, 40% were housewives. Most of the patients were having vegetarian diet (80%) and maximum (92.5%) patients were Hindu by caste.

The symptoms of *Agnimandya* observed in more than 50% of patients were *Udaragaurava* 95% (heaviness in abdomen), *Kshudhamandya* 60% (lack of appetite), and *Shirogaurava* 52.5% (heaviness in head), while 47.5% patients had *Udarashoola* (abdominal pain), 40% had *Gatrasadana* (malaise) and 37.5% patients had both *Shirahshoola* (headache) and *Udgarabahulya* (excessive eructation).

In all parameters of *Abhyavaharana Shakti* (quantity of food and quality and frequency of meal), Group B had better result than Group A. Statistically highly significant result was found in Group B in all parameters of *Abhyavaharana Shakti,* while in Group A, statistically insignificant result was found in frequency [Tables 1-3]. Overall improvement in

Table 1: Effect of therapy on *Abhyavaharana Shakti* in Group A

Abhyavaharana Shakti	n	Mean		Percentage of relief	SD	SE	t	P
		BT	AT					
Quantity	17	1.55	0.7	54.84	0.59	0.14	5.97	<0.001
Effect	20	2.4	1.2	50.00	0.52	0.12	10.26	<0.001
Frequency	14	0.75	0.6	20.00	0.37	0.09	1.53	>0.05

BT: Before treatment, AT: After treatment, SD: Standard deviation, SE: Standard error

Table 2: Effect of therapy on *Abhyavaharana Shakti* in Group B

Abhyavaharana Shakti	n	Mean		Percentage of relief	SD	SE	t	P
		BT	AT					
Quantity	20	1.75	0.75	55.88	0.60	0.14	7.02	<0.001
Gunatah	20	2.45	0.9	63.27	0.69	0.15	10.10	<0.001
Frequency	18	0.95	0.2	78.95	0.55	0.13	5.78	<0.001

BT: Before treatment, AT: After treatment, SD: Standard deviation, SE: Standard error

Table 3: Comparative effect of therapy on *Abhyavaharana Shakti*

Abhyavaharana Shakti	Group A		Group B	
	Number of patients	Percentage relief	Number of patients	Percentage of relief
Quantity	17	54.84	20	55.88
Gunatah	20	50.00	20	63.27
Frequency	14	20.00	18	78.95

Abhyavaharana Shakti in Group A was 46.81% and in Group B it was 63.73%, which is statistically highly significant [Table 4].

In all parameters of *Jarana Shakti* (*Laghuta*, *Utsaha*, *Udgara Shuddhi*, *Kshudha*, *Klama Parigamanad* and *Vegotsarga*), both the groups had highly significant result, but percentage wise, Group B had better result except in *Udgarashuddhi* [Tables 5-7]. Overall, improvement in *Jarana Shakti* was 59.32% in Group A and 65.82% in Group B. Statistically highly significant result was found in both the groups [Table 8].

The total effect of therapy in *Ahara Shakti* shows that both the groups have highly significant result. Better improvement (65.19%) was found in Group B than Group A (55.76%) [Table 9].

Complete remission was found in none of the patients in both the groups. Marked improvement was found in 20% of patients in Group B and 10% of patients in Group A. Moderate improvement was found in 75% of patients in Group B and 60% of patients in Group A. Mild improvement was found in 30% of patients in Group A and 5% of patients in Group B [Table 10].

Discussion

As per the study, 40% of the patients of *Agnimandya* were between 31 and 40 years of age. This is the age group of *Pitta* predominance. Moreover, the other causative factors of *Agnimandya* are also found commonly during this age group such as stress regarding job security, financial constraints, *Viruddhahara* and family problem so that they might be not following the proper diet regulations. *Viruddhahara*, *Ratrijagarana* and other irregularities are also common in this age group. Thus, the population of this age generally does not follow the correct dietetic and behavioral regimens which eventually impair the status of their *Agni*. Persons having self-business (30%) may be prone to the disease because of their habits of *Akala Bhojana* (meal at improper time) and *Adhyashana* (intake of food before digestion of prior meal), street food, irregularity in diet, hurriedness in taking meal, lack of exercise, stress, tension, etc., Housewives (40%) are performing the duties due to their responsibility toward family and thus they are careless about their own health status. They are irregular in their diet and are more prone to emotional factors which are the etiological factors for *Agnimandya*.

It was reported that 55% of the total patients were taking *Madhura Rasa*, predominantly *Ahara*. *Madhura Rasa* causes *Agnidaurbalya* (weakness of digestive power) and *Anannabhilasha* (aversion to food).[6] Nearly 47.5% of the patients were taking *Ushna-Tikshna Pradhana Ahara*, 45% were taking *Snigdha Pradhana* and 40% were taking *Guru Pradhana Ahara*. *Atiushna-Tikshna Ahara* causes *Drava Gunayukta Pitta Prakopa* and *Atisnigdha* and *Atiguru Ahara* takes long time to digest and increases *Kapha* which also causes *Agnimandya*. Maximum, i.e., 82.5% of patients were having the habit of *Amatrashana* (improper quantity of

Table 4: Total effect of therapy on *Abhyavaharana Shakti* of forty patients

Total effect of therapy on *Abhyavaharana Shakti*	n	Mean		Percentage of relief	SD	SE	t	P
		BT	AT					
Group A	20	4.7	2.5	46.81	0.89	0.2	11	<0.001
Group B	20	5.1	1.85	63.73	1.16	0.26	12.48	<0.001

BT: Before treatment, AT: After treatment, SD: Standard deviation, SE: Standard error

Table 5: Effect of therapy on *Jarana Shakti* in Group A

Jarana Shakti	n	Mean		Percentage of relief	SD	SE	t	P
		BT	AT					
Laghuta	20	1.85	0.45	75.68	0.60	0.13	10.47	<0.001
Utsaha	20	1.8	0.65	63.89	0.37	0.08	14.04	<0.001
Udgara Suddhi	20	2.45	1.25	48.98	0.95	0.21	5.64	<0.001
Kshudha	20	2.4	1.3	45.83	0.31	0.07	15.98	<0.001
Klama Parigamana	20	1.5	0.35	76.67	0.37	0.08	14.04	<0.001
Vegotsarga	15	1.8	0.8	55.56	0.92	0.24	4.22	<0.001

BT: Before treatment, AT: After treatment, SD: Standard deviation, SE: Standard error

Table 6: Effect of therapy on *Jarana Shakti* in Group B

Jarana Shakti	n	Mean		Percentage of relief	SD	SE	t	P
		BT	AT					
Laghuta	20	1.7	0.25	85.29	0.69	0.15	9.45	<0.001
Utsaha	20	1.75	0.3	82.86	0.69	0.15	9.45	<0.001
Udgara Suddhi	18	2.45	1.75	28.57	0.73	0.17	4.05	<0.001
Kshudha	20	2.4	1.1	54.17	0.47	0.11	12.37	<0.001
Klama Parigamana	19	1.5	0.25	83.33	0.64	0.15	8.53	<0.001
Vegotsarga	19	2.05	0.4	80.49	0.93	0.21	7.71	<0.001

BT: Before treatment, AT: After treatment, SD: Standard deviation, SE: Standard error

Table 7: Comparative effect of therapy on *Jarana Shakti*

Jarana Shakti	Group A		Group B	
	Number of patients	Percentage of relief	Number of patients	Percentage of relief
Laghuta	20	75.68	20	85.29
Utsaha	20	63.89	20	82.86
Udgara Suddhi	20	48.98	18	28.57
Kshudha	20	45.83	20	54.17
Klama Parigamana	20	76.67	19	83.33
Vegotsarga	15	55.56	19	80.49

food). The quantity of the food determines the stimulation of *Agni*.[7] It was revealed that 82.5%, 75% and 45% of the patients were having the habit of *Adhayshana*, *Vishamashana*, and *Viruddhahara* respectively. These dietary patterns are responsible for many diseases.[8] Nearly 55% of patients had the habit of more water intake. More water intake is again a

Table 8: Total effect of therapy on *Jarana Shakti* of forty patients

Total effect of therapy on *Jarana Shakti*	n	Mean		Percentage of relief	SD	SE	t	P
		BT	AT					
Group A	20	11.8	4.8	59.32	2	0.45	15.65	<0.001
Group B	20	11.85	4.05	65.82	2.09	0.47	16.67	<0.001

BT: Before treatment, AT: After treatment, SD: Standard deviation, SE: Standard error

Table 9: Overall effect of therapy on forty patients

Overall effect of therapy	n	Mean		Percentage of relief	SD	SE	t	P
		BT	AT					
Group A	20	16.5	7.3	55.76	2.33	0.52	17.65	<0.001
Group B	20	16.95	5.9	65.19	2.5	0.56	19.75	<0.001

BT: Before treatment, AT: After treatment, SD: Standard deviation, SE: Standard error

Table 10: Total effect of therapy

Effect of therapy	Group A		Group B	
	Number of patients	Percentage	Number of patients	Percentage
Complete remission (100% relief)	0	0	0	0
Marked improvement (99%-75% relief)	2	10	4	20
Moderate improvement (74%-50%)	12	60	15	75
Mild improvement (49%-25% relief)	6	30	1	5
Unchanged (<25% relief)	0	0	0	0

causative factor for *Agnimandya*.[9] Around 77.5%, 72.5%, and 62.5% of patients had the habit of water intake after meal, at sleeping time and in the morning respectively and 45% of patients had the habit of excessive sleep. Almost 65% and 62.5% of patients had the habit of *Ratrijagarana* (night awakening) and *Diwasvapna* (day sleep) respectively. It shows that *Swapnaviparyaya* is one of the important causes found for *Agnimandya* in the study as elaborated in classics.[9] Nearly 15% of patients were found with *Ati Mutrapravritti* (polyuria) due to *Ama* formation which is sequel of *Agnimandya*. It was found that 62.5% of patients had unsatisfactory *Mala Pravritti*, while 50% and 40% patients had *Durgandhita* and *Pichhila Mala Pravritti* respectively, which suggests that food is incompletely digested by weakened *Agni*.

Effect of therapy on *Abhyavaharana Shakti*

In Group A, after administration of *Trikatu,* the quantity of food consumption was increased by 54.84%, symptoms after consumption of *Guru* and *Snigdha Ahara* were decreased by 50% and frequency of food intake was increased by 20%. In quantity and appearance of symptoms after consumption of *Guru* and *Snigdha Ahara*, result was highly significant. In frequency, result was insignificant. Overall, improvement in *Abhyavaharana Shakti* in Group A was 46.81% which is highly significant. As *Agni* is stimulated by *Deepana Karma* of *Trikatu,* frequency and quantity were increased and it is able to bear the *Apachara Sevana*.

In Group B, *Ekakala Bhojana* with placebo, the quantity of food consumption was increased by 55.88%, symptoms after

consumption of *Guru* and *Snigdha Ahara* were decreased by 63.27% while the frequency of food intake was increased by 78.95%. Here, improvement in frequency of *Abhyavaharana Shakti* is in sense of intake of meal at appropriate time. All the parameters of *Abhyavahaarana Shakti* in Group B showed highly statistically significant result. Overall, improvement in *Abhyavahaarana Shakti* in Group B was 63.73% which is statistically highly significant. In *Ekakala Bhojana*, less quantity of food and reduced frequency of meal result in the proper digestion of meal. Hence, the power of *Agni* is increased and eventually quantity and frequency were increased. As *Agni* becomes powerful, it can able to tolerate *Apachara Sevana*.

Effect of therapy on *Jarana Shakti*

Laghuta (lightness) was increased by 85.29% in Group B and 75.68% in Group A. Statistically both groups showed highly significant result. As less amount of *Laghu Ahara* was given in *Ekakala Bhojana,* it was easily digested and symptoms of *Atimatrashana* were relieved.

Utsaha (energetic feel with enthusiasm) was increased by 82.86% in Group B while in Group A, *Utsaha* was increased by 63.89%. Statistically both groups showed highly significant result. As less amount of food was taken in *Ekakala Bhojana,* it was easily digested and patients had no symptoms such as *Alasya*.

Udgarashuddhi (clear eructation) was increased by 48.98% in Group A and 28.57% in Group B. Statistically both groups showed highly significant result. It may be due to *Katu Rasa* of *Trikatu* and *Pachana* of *Ama*. *Udgarshuddhi* indicates

complete digestion of *Ama*. In Group B, it may need prolonged treatment in chronic cases.

Kshudha was increased by 54.17% in Group B and 45.83% in Group A. Highly significant result was found in both the groups. It may be due to *Deepana Karma* of *Trikatu* in Group A. In Group B, it was increased due to *Laghu Ahara* which is easy to digest and *Agnisandhukshanakara*. Decreased frequency also gives time for proper digestion of food by *Agni*. The best way to judge that *Agni* is back in action is one feels hungry again at appropriate time.

Klama Parigamana was increased by 83.33% in Group B and 76.67% in Group A. Statistically it was found highly significant in both groups. It may be due to *Deepana Karma* of *Trikatu* in Group A and reduced frequency and easy digestion of less amount of food taken in Group B.

In *Vegotsarga*, better improvement was found in Group B (80.49%) and the result was found in the same symptom of Group A (55.56%). Statistically highly significant result was found in both groups. It may be due to *Agnideepana* and *Vatanulomana* effect of *Trikatu* and *Ekakala Bhojana*.

Probable mode of action

Trikatu is having *Katu Rasa*, *Katu Vipaka*, and *Ushna Veerya* along with *Deepana Karma*. It alleviates *Vata-Kapha Dosha*. *Kapha* is the main *Dosha* in *Agnimandya* and it is pacified by *Trikatu*. *Katu Rasa* also acts as a *Deepana* drug and causes *Pachana* by *Ushna Veerya*.

Ekakala Bhojana works as a medicine for *Agnimandya* by modification in regular diet in its frequency, quantity and quality. As *Mandagni* is unable to digest even small quantity of food, it needs much time for digestion. By giving *Ekakala Bhojana*, enough time is given to the *Agni* for complete digestion. Time is one of the important factors for *Ahara Parinamakara Bhava*. Though all the *Aharaparinamakara Bhava* works properly, if enough time is not given to *Agni*, food cannot be digested properly and produces undigested or intermediate products called as *Ama*. The rest is given to the *Agni* by skipping one-time meal and thus *Ama* is being digested in the absence of food by *Agni*. As *Ama* is digested, *Agni* becomes strong and stable that can digest food taken in regular amount. In addition to that, in *Ekakala bhojana*, amount is also reduced which *Agni* can digest easily. Less amount of

food takes less time for digestion by *Agni*. *Laghu Ahara* was given in this group qualitatively. *Agni* is stimulated by *Laghu Ahara* by its *Agnisandhukshanakara Swabhava* as *Laghu Ahara* takes less time to get digested.

Conclusion

Maharshi Sushruta has described a key of dietetics under the heading of "*Dwadasha Ashana Pravichara*." *Agnimadya* may be treated at primary level without use of any medicine and only by reducing the frequency of meal. By prescribing one-time meal, organs of digestive system get some rest and they can digest one-time light meal. Group B (*Ekakala Bhojana*) shows better results than Group A in the parameters of *Abhyavaharana* and *Jarana Shakti* except in *Udgarashuddhi*. Group B shows better result in *Ahara shakti* than Group A.

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Conflicts of interest

There are no conflicts of interest.

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हिन्दी सारांश

एककाल भोजन का अग्निमांद्य के आतुरों पर प्रभाव

अब्देली भदर्व, हितेश व्यास, आर. आर. द्विवेदी, महेश व्यास

सुश्रुत संहिता, मुख्यतः शल्यग्रंथ है, किन्तु इसमें आचार्य सुश्रुत ने आहार के व्याधि प्रतिबंधात्मक तथा चिकित्सकीय दृष्टिकोण को विशेष रूप से वर्णित किया है । द्वादश अशन प्रविचार यह सुश्रुत संहिता की एक संकल्पना है जिसे आहार चिकित्सा पद्धति का मूल समझा जा सकता है । द्वादश अशन प्रविचार में आहार प्रारूप स्वस्थ तथा व्याधित दोनों के लिए वर्णित है ।प्रस्तुत शोधपत्र में अग्निमांद्य के आतुरों पर एक काल भोजन के प्रभाव का आंकलन किया गया है। जिसके लिए चयन मापदंडो को पूर्ण करने वाले रोगियों के चयन पश्चात उन्हे पुनः असुनिश्चित नमूना चयन पद्धति द्वारा दो समूहों 'ए' एवं 'बी' में विभक्त किया गया एवं चिकित्सा अवधि दस दिनों की निर्धारित की गई । 'समूह ए' में रोगियों को त्रिकटु की गोलियां दी गई तथा 'समूह बी' में रोगियों को एक काल भोजन तथा अनौषधि की गोली खिलाई गई। चिकित्सा परिणाम का आंकलन अभ्यावरण तथा जरण शक्ति के आधार पर किया गया । परिणामतः 'समूह बी' के रोगियों में अभ्यावरण तथा जरण शक्ति में 'समूह ए' की अपेक्षा अच्छे परिणाम पाये गए सिवाय उद्गार शुद्धि के । 'समूह बी' में आहार शक्ति में (६५.९६ %), 'समूह ए' की तुलना में (५५.७६ %) अच्छे परिणाम प्राप्त हुये। अतः प्रस्तुत शोध से यह निष्कर्ष निकलता है कि अग्निमांद्य के प्राथमिक स्तर पर उसे बिना औषधि के भोजन को कम करके केवल एककाल भोजन से ठीक किया जा सकता है।