....DISCUSSION
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- The highest number found in two groups is between 41 to 50 years age group. In present circumstances liabilities of family seen more and increasing gradually at this age. To fulfill these liabilities one has to do job either day or in rotation shift.

- Maximum number recorded was from male group in both. As per our tradition male are supposed to earn money preferably. In our society male are dominant and women has to look after family. It is very difficult to work in shift duty for women because of social and familiar circumstances. It is observed that in both groups females were doing day along with night shift. It might be because of financial need & strain. In this fast growing era to earn more money females are accepting job unwillingly.

- In both groups maximum persons were from middle economic status. It is observed that in test group i.e. the persons doing satat jagaran maximum persons were from middle as well as low economic status. They had financial strain so they are working in shift duty and overtime also. In control group i.e. the persons not doing satat jagaran 1/3rd were financially good.

- As per inclusion criteria the age group is selected in between 20 to 50 age, so maximum persons found married.

- Slightly higher number was found in test group i.e. the persons doing satat jagaran having non-vegetarian diet while in control group i.e. the persons not doing satat jagaran vegetarian reported were higher in number. Their working schedule, addiction and non-vegetarian diet may aggrevates rajoguna.

- In both groups maximum number of persons not doing any physical exercise. It denotes overall poor compliance, awareness in our society
regarding exercises. Because of changing shift these persons can’t spare time for exercise.

As the exercise can minimize the physical strain of the person. Most of the persons were not doing exercises after satat jagaran. So the effects of satat jagaran may aggravates.

- Most of the persons had tobacco or cigarette addiction in test group i.e. the persons doing satat jagaran. However there was difference in between the persons having tobacco, cigar addiction & alcohol addiction alone. In control group i.e. the persons not doing satat jagaran non-addict persons were maximum. In initial phase of job to avoid natural urge of sleep people use to take tobacco and tea. Nicotin and Caffeine had stimulatory along with euphoric effect. Gradually in course of time they develop urge of tobacco & tea and becomes addicted. Addiction may leads to increase in the intensity of various lakshnas.

As the addiction of tobacco, tea etc. while doing night shift (duty), may increase the intensity of the symptoms, caused due to satat jagaran (like angamarda, aalaya, shirogama etc.). So the person having night duty should avoid addictions.

As recorded in this study that the person having satat jagaran maximum had addiction like tobacco, gutkha, cigar or biddi. Tobacco contains nicotin. As per modern science nicotin affects parasympathetic activity. So it is the one of factor to cause hypertension.

Many persons chews tobacco or gutaka. This lime mixed tobacco or Gutakha causes severe irritation to buccol mucosa along with intestinal mucosa. Because of this, loss of normal mucosa many gastrointestinal problems starts like - GI upset, indigestion, loss of appetite etc.
In both groups maximum persons were having job span of 11 to 20 years.

In test group i.e. the persons doing satat jagaran maximum persons were doing roaming type of work while in control group i.e. the persons not doing satat jagaran almost 2/3 number of persons were doing sitting work.

It is mentioned in Samhita that Jagaran itself causes vatavrudhi and shelmakhashya. This roaming type of work (Atichankraman) and that also in night may leads to increase the intensity of various lakshnas.

Many persons in test group are doing roaming type of work (Atichankramana). This roaming type of work increases physical strain and ultimately it increases the vatadosha. So avoiding the sleep alongwith doing roaming type of work at night combinely aggrevates vatadosha which leads to various vata related diseases.

In test group i.e. the persons doing satat jagaran almost all persons were working in changing shifts i.e. morning, noon and night shifts. Very few number reported having only night shift.

Considerably higher number of persons getting deep sleep were noted in control group i.e. the persons not doing satat jagaran. The night shift seems to be interfere in the sleep pattern in test group i.e. the persons doing satat jagaran. (Ref. च.सू.२९/५९)

The persons having night duty suppose to take sleep (half of the time of jagaran) that also prior to food. But in this survey maximum persons not taking proper quantity of sleep and taking sleep after meals. So these persons may suffer various health problems related to alpanidra. As the aggtrevated dosha (vata and pitta) dosen’t subsides due to the diwaswapa which was taken after food and they remains as it is. Due to diwaswapa which was taken after food, increases kapha dosha and jointly they leads into tridosha prakopa.
Gross difference was found in percentage regarding onset of sleep in both groups. In control group i.e. the persons not doing satat jagaran much higher number of persons starts sleep within ½ hour as compare to test group i.e. the persons doing satat jagaran. It indicates the overall sleep pattern was disturbed in test group i.e. the persons doing satat jagaran. It also indicates that Satat Jagaran causes delayed onset of sleep. In test group i.e. the persons doing satat jagaran because of changing shift they have to remain alert and awake at odd time. Jagaran with or without shift also becomes habitual to these persons. So they usually had delay for onset of sleep.

The persons who are doing satat jagarana from long period, can’t get good quantity of sleep at day time or at night also. As the vata dosha aggrevates so in these persons sleep disturbs and caused delayed onset of sleep.

Persons having night shift for more than 8 hours were slightly less in number than those having night shift 8 hours or less.

Almost 2/3 persons from test group i.e. the persons doing satat jagaran remain awake (Jagaran) for more than 7 hours during night shift. Remaining 1/3 persons from test group i.e. the persons doing satat jagaran remain awake upto 7 hours.

As Ayurveda suggests that one should take, half time of nidra as that of he missed in last night. (Ref. च.सु. २९/३२-४२ चक्रपाणी टिका, सु.शा.४/३०)

In this study average duration of Jagaran is seven hours. It means that these persons requires nidra at least 3 ½ Hrs to compensate the seven hours Jagaran. In this study large number of persons are taking 1 to 3 hours sleep. It denotes maximum number of persons not following this rule. Very few takes sleep for more than 3 hours.
Maximum persons had lack of sleep, so they may suffer problems of alpanidra.

- It is found that after Jagaran maximum persons use to take sleep after taking food. In Ayurveda it is mentioned as Ahit Nidra i.e. Divaswapa. (Ref. च.सू. २१/३०) Symptoms like Angamarda, Agnimandya, Shirogaurav (Akale nidra) found significant in these persons. It is mentioned in Charaka Samhita that above laxanas are caused due to Diwaswapa. (Ref. च.सू. २१/४६-४९, सू.शा. ४/३४)

In contrast to the Ardhakal Nidra after Jagaran maximum persons use to take sleep after taking food. Ayurveda suggests to take sleep before taking food. (Ref. च.सू. २१/३९-४२ चक्रपाणी टीका) According to Acharya Charaka & Acharya sushruta, taking day sleep is dangerous for the life of man & it may cause various diseases. Taking day sleep except in summer is hazardous for the body & it should be avoided. (Ref. च.सू. २१/४४). It may contribute to the health disturbances as observed in this study.

These persons sleeps after taking food and that also for inadequate period. Therefore aggravation of symptoms occurs.

- It is found that few persons having Satat Jagaran needs to take sleep inducing medicines. It suggests that Jagaran affects Samyaka Nidra (Natural Sleep).

Because of increased vatadosha and Rajoguna there is delay for onset of sleep. The persons having changing shift has to wake up at odd time and they doesn’t get proper sleep at proper time so they have to take sleep inducing medicines.

- In test group i.e. the persons doing satat jagaran much higher number of persons were observed having early onset of health complaints. Very few persons were symptom free in test group i.e. the persons doing satat jagaran whereas in control group i.e. the persons not
doing satat jagaran maximum persons were symptom free. Lowered immunity status in test group i.e. the persons doing satat jagaran reflects as higher incidence of symptoms. It proves that because of satat jagaran more number of persons starts health complaints and early too.

➢ Due to frequent Jagaran the Bala which contributes to Vikar Vighatkar Bhava (Ref. च.स.४/४) will naturally reduce and this will reflect in manifesting of frequent health complaints. Frequency of health complaints is seen more in persons having Satat Jagaran. It is observed that the persons not having Satat Jagaran showed (more) Uttambala in terms of very less frequently health complaints. As mentioned by Acharya Charka whoever takes food at very odd time (Akale) and neglecting mala mutra etc. vegas (natural urges) additionally generating theses urges voluntarily at his own convenience suffers frequent health complaints (sada-atur) (Ref. च.स. १९/३०).

Those having mithya, aahar – vihar (as suggested in Ayurveda) prone to have frequent illness. As observed in test group i.e. the persons doing satat jagaran theses persons having ahitkar ahar-vihar & mal mutra etc. vega-avrodha, so they gets frequent health complaints.

The persons doing satat jagaran, maximum were from low or middle economical status. So they can’t afford nutritional diet (quality and quantitywise) ultimately it hampers their general immunity. This lowered immunity status alongwith satat jagaran creates health related problems.

➢ In test group every one had angamarda. Due to satat jagaran and nidravegdharna, vataprakopa occurs and it leads to angamarda. (Ref.च.सु.२०/७२)
Satat jagaran causes agnidushti. Agnidushti leads to apakwa aahar-rasa. This apakwa aahar-rasa vitiates rasa dhatu and angamarda occurs. (Ref. च.सू.२८/९)

As it is observed that many persons had roaming type of work in night. This roaming type of work (Atichankramana) causes vataprapakopa and it further leads to angamarda.

Alongwith atichankramana some persons had stressful physical activities in night shift and such work increases the vata dosha.

This physical strain, atichankramana in night, responsible to create angamarda.

In test group maximum persons had jrumbha. Due to satat jagaran vatadushti occurs and it causes jrumbha. (Ref. च.सू.२०/९१).

Nidra vegdharan (suppression of use of sleep) itself causes jrumbha. (Ref.च सू ९/२३).

In test group maximum number of persons had alasya. Aalasya is a condition in which inspite of having physical capacity body doesn’t act as per need. (Ref.आ.श. Page No.94)

When a person doesn’t sleeps in night (jagaran) and take sleep in day time (diwaswapa) agnidushti followed by aama nirmiti occurs. Aama leads to aalasya. (Ref. अ.ह.सू.१३/२३-२४)

Because of ahitkar aahar vihar, mala mutra and nidra vegdharan (suppression of natural urges) agnidushti occurs and it forms aama.

As per Aacharya Vagbhata, aama is one of the reason for aalasya. Hence satat jagaran leads to aama formation and causes Aalasya.

Because of satat jagaran there is suppression of urge of sleep. As mentioned in samhitas that due to nidravegdharan, vata and pitta increases and diwaswapa after meal causes increase in kapha
(shleshma) and it combinelv leads to shirogaurav. During satat jagaran there is changing timings of meals and sleep. It leads to agnidushti followed by aama nirmiti. Aama causes gaurav. Nidravegdharan itself leads to gaurav. (Ref.च.सू.२३/२३)

- Due to satat jagaran vataprakopa occurs. It increases ruksha guna of vata. (Ref.च.सू.२९/४०)

As per Ayurvedic text vataprakopa is a prime cause for different types of shula in the body. (Ref.च.सू. २०/१२, मा.नि.२६/२).

In person having satat jagaran there is decrease in shleshma simultaneously snigdha guna also decreases. It leads to hastapadsandhishula. In test group everyone had hastapadsandhishula while in control group almost all were symptomfree.

The persons doing physical work alongwith satat jagarana suffers more with vataprakopjanya diseases as like hastapadsandhishula. As shula never appears without vata dosha the aggrevated vata again increases the hastapadsandhishula.

- The persons having night shift doesn’t get sleep in night. They have to remain awake throughout the night. In night these persons consume ruksha aahar. These factors are responsible to cause various types of vata vyadhi. (Sarvangik or Ekangik) like – Angamarda, Hastapadsandhishula etc. (Ref.मा.नि.२२/१).

- The persons having shift duty always in worry. Because of changing shift financial constrain, work stress these persons always in worry. As mentioned in ayurvedic text worry (chinta) is one of the major factor to cause rasadushti. (Ref.च.वि.४/१२).

- This rasadushti leads to agnidushti. Agnidushti causes Apachana. The persons having night shift doesn’t set sleep in night. They have to
remain awake throughout night. This jagaran is one of the factor to cause Agnidushti & it further leads to apachana.

Maximum number of persons had satat jagaran had apachana. Satat jagaran causes agnimandya and apakwa aahar-rasa forms. This leads to apachana. The person having satat jagarana agnimandya occurs. Inspite of having agnimandya when a person consumes excessive food then apachana occurs. During agnimandya virudhashan occurs then it leads to apachana. During work in night many persons take breakfast and even light meals (Spicy instant food). These factor needs to be taken in account for apachana.

- In test group maximum persons had aamlapitta. Due to satat jagarana pitta dushti occurs. Amla guna of pitta increases and vidagdhajirma occurs and it leads to amlapita. (Ref. ना.नि.५/५)

After jagaran these persons takes sleep in day time. Diwaswapa leads to kaphadushti and agnimandya and later on aamajirna. In such condition if meals taken inspite of agnimandya it further leads to vidagdhajirma ultimately amlapitta starts. (Ref. क.स.ख.१६/३-९)

Due to satat jagaran pitta dushti occurs. Because of pitta dushti drava guna increases and it leads to agnidushti and later on amlapitta. It is observed that the person having satat jagaran maximum had tobacco addiction. Tobacco chewing causes pitta dushti and increase in ushna guna and ultimately aamlapita. (Ref. ना.नि.५/५)

Due to satat jagaran there is nidravegvidharana. Veg vidharan leads to vata prakopa and agnimandya. It is observed that these persons had pitta prakopak aahar, vihar sevana. It creates vidagdhajirna and then amlapitta. (Ref. का.सं.खि.१६/३-९)

It is found that these persons during jagaran drinks excess tea or coffee. It is observed that there is increased frequency of micturation.

Discussion
Ultimately total fluid in body becomes less. To compensate this fluid loss again there is excessive fluid intake in the form of hot drinks. Due to hot drinks ushna and drava guna increases and agnimandya occurs. When there is ahitkar aahar sevan during agnimandya, it leads to vidagdhavastha and then amlapitta.

- Due to satat jagarana pitta dushti occurs. This pitta dushti leads to netradaha. (Ref. चू.२०/१४)

- Satat jagarana causes pittaprakopa. The persons doing satat jagaran alongwith consuming hot and spicy food, various addictions may increase the pitta dosha. The pitta dosha in such conditions may creates problems like mutradaha.

Satat jagarana i.e. Nidravegdharana causes vataprakopa. When pitta pradhan vatadushti occurs then it leads to mutradaha. (Ref. चू.२०/१४)

It is mentioned in Harit Samhita that nisha jagaran is a causative factor for pittaprakopa. (Ref. हरितसंहिता Page No. 23)

Acharya Sushuta also mentioned that jagaran causes vatapitta prakopa. When vitiated pitta locates in mutravaha strotas it leads to mutradaha. (Ref. चू.२०/१४)

- As mentioned in charak samhita satat jagaran leads to increase in vata dosha and simultaneously shleshma kshaya.

Due to increase in vata dosha, ruksha guna rises and decrease in shleshma gives rise to decrease in sneha guna. Because of combined effect of these factors there is decrease in the purish sneha and it leads to malavstambha. (Ref. अ.११/१७-१६)

Satat jagaran causes agnimandya. Agnimandya leads to aama nirmiti and aama causes malasang and later on malavstambha. (Ref. अ.१३/२३-२४)
Satat jagaran i.e. suppression of nidraveg causes aapana vayu dushti and it leads to malavstambha. (Ref.च.सू.९/१२)

This udawarta alters movement of vata dosha. Vegavarodha of nidra, aapanvayu, mal and mutra causes udavarta. The pratilom apana causes malavstambha and due to this particularly apanvayu’s gati becomes erected i.e. pratiloma and this pratiloma of apana causes malavstambha. (Ref. म.नि.२९/१)

It is mentioned in Ayurveda that early morning hours is the proper time to attend the vegas. The persons having satat jagaran are either busy in their work or in sleep in this period.

- Agnimandya scores higher in number in the person having satat jagaran. It is due to odd timing of taking food (akale bhojan), food in improper quantity, changing shifts, vidagdha aahar vihar (spicy food, working in hot climate) various types of addiction, excessive drinking of tea and coffee, lack of exercise. (Ref.च.वि.२/९)

Satat jagaran causes vata prakopa ultimately saman vayu dushti and suppression of agni occurs. This creates agnimandya. (Ref.सू.नि.१/१६-१९)

Satat jagaran and diwaswapa causes vitiation of tridosha and agnidushti occurs tridosha and later on agnimandya creates. (Ref.मा.नि.५/७-८)

Nidravegdharana itself responsible for vata prakopa. This prakupit vayu creates agnidushti and later on agnimandya. (Ref.मा.नि.५/९-८)

As it is observed that in test group maximum persons had roaming type of work (Atichankramana). This Atichankramana is responsible factor for vata prakopa. This prakupit vata dosha leads to agnimandya.
The persons having satat jagaran maximum had tobacco chewing addiction. They also takes hot drinks like tea, coffee etc. Because of these reasons ushna guna increases it creates pitta dushti and later on leads to agnimandya.

- Because of changing shift, these persons doesn’t get proper sleep and they have to awake at odd time. It is observed that in test group maximum persons doesn’t get proper sleep while in control group very few had this problem.

Satat jagaran causes pitta vrudhi. Due to increase in ushna guna it leads to sleep related problems and nidranasha.

Due to satat jagarana there is decrease in kapha and increase in vata. Because of combined effect ruksha guna rises and it tends to sleep related problem and nidranasha.

As mentioned in Ayurvedic text due to satat jagarana rajoguna increases and tamoguna decreases. It leads to sleep related problem and nidranasha.

- Nirutsaha is opposite of utsaha which indicates lack of interest.  Utsaha is an avikrut karma of vatadosha. (Ref.अङ्ग.सू.११/१)

Utsaha is a normal function of swastha person. In whom the doshas, agni, dhatus, malas and their activities are normal then his atma, indriya and mana were clean. It is called swasthya. (Ref.सू.सू.१६/४८)

In the person having satat jagaran dosha, agni, dhatus and malas gets disturbed. Naturally it affects on mana and that person feels nirutsaha.

Satat jagaran and diwaswapa combinedly causes kaphadushti. Kaphadushti leads to aama nirmiti and aalasya and then nirutsaha seen.

- Due to satat jagarana agnidushti and vata prakopa occurs. Both these factors leads to dhatukshaya and gradually langik complaints.
Due to satat jagarana agnidushti occurs agnidushti leads to rasadushti.
(Ref.च.सू.२८/९,१०)

As rasadushti occurs gradually next dhatu dushti occurs. At last there is formation of aasar shukra and that person gets laingik complaints.

As mentioned in Ayurveda text alongwith sukha-dukha sexual power is also related with samyak nidra. In test group i.e. the persons doing satat jagaran few had sexual complaints (Laingik samasya) persons from middle class society are not willing to expose such complaints that may be because of shyness. As it is observed in test group i.e. the persons doing satat jagaran that many of them had addiction of tobacoco, cigar or alcohol. It might be one of the responsible factor for having Laingik samasya. Satat Jagaran causes Agnidushti & simultaneously Rasdushti. In Charak Samhita dushta rasadushti lakshna described. One of the lakshna is Klaibya (Laingik samasya).
(Ref.च.सू.२८/९,१०).

- Incidence of hypertension, diabetes, cardiac disorder, psychiatric diseases and anorectal diseases found more in number in test group i.e. the persons doing satat jagaran compared to the control group i.e. the persons not doing satat jagaran.

- As observed in test group i.e. the persons doing satat jagaran there is lack of exercise. They had also suppression of nidraveg, Diwaswap, suppression of malamutra vegas, vatapittaproakopak, ahitkar ahar, vihar, all these factors are responsible for hypertension, diabetes, cardiac disorder (Ref.मा.नि.२९/९), anorectal diseases (Ref.मा.नि.५/९) and many other diseases.

- Aggrevated vata dosha causes increase in the rajo guna of mind which deprives the effect of satva guna and ultimately it affects on the mental condition of the person giving rise to the mental symptom.
Those persons not having constitution of vataja pradhan also suffer from mental symptoms. It is due to increase vata dosha because of satat jagaran.

- It is observed that the type of Prakriti Vatapittaja, Kaphapittaja, Vatakaphaja, Kaphavataja, Pittavataja are almost equally distributed among the test and control group i.e. the persons not doing satat jagaran.

- The persons having jagaran high blood pressure seen more common. The persons not doing satat jagaran and without tobacco, cigar addiction also had hypertension.

To cause hypertension satat jagaran and tobacco & cigar addiction are not the causative factor.

- High blood pressure is noticed in persons having satat jagaran irrespective of their alcohol addiction. Simultaneously it is observed that there are some cases those not doing satat jagaran and not addicted to alcohol also had high blood pressure, though they are less in number.

- The persons having satat jagaran and tobacco & alcohol addiction more had hypertension as compare to the persons who are not addicted. It is noticed that the persons not doing satat jagaran also had hypertension.

- It is also observed that the equal percentage of persons doing jagaran and the person not having jagaran suffering from high blood pressure irrespective of having tobacco and alcohol addiction. If a person had satat jagaran and alcohol abuse there are much more chances for high blood pressure.

Interestingly it is also seen that there are some common responsible factors for hypertension apart from tobacco and alcohol addiction.
Diabetes is seen in both groups irrespective of having or not having alcohol addiction. For diabetes alongwith other causative factor, jagaran and alcohol might be one of factor.

In the persons having jagaran and alcohol addiction were seen almost double of the persons having jagaran and non addicted. From this observation we can comment that for amlapitta alcohol addiction is one of the major factor alongwith jagaran.

There is no major difference found in the percentage of persons having jagarana and vatapradhan prakruti and psychiatric complaint. In the persons not having vatapradhan prakruti because of satat jagaran vataprakopa occurs and it may lead to various psychiatric complaint. Due to satat jagaran there are some factors to cause manakshobha.

It is observed that, to fulfill the target, excessive work is given to the workers. It creates unwanted strain on body and mind also. It hampers their health and they starts psychosomatic complaints too early.

In this study, to cause various symptoms/ diseases other factors also found responsible alongwith nidra-avrodha (jagaran)

The study aimed at investing these effects in a scientific manner. Jagaran is unavoidable part of civilization of industrial development. This study is primitive effort towards the finding solution to this vital social problem.
CONCLUSIONS

• Aalasya found significantly more in persons having satat jagaran. pvalue < 2.2e-16.

• The symptoms arising due to satat jagaran subsides after some extent after taking sleep in day time prior to food.

• Addictions observed at higher side in those having Satat Jagaran pvalue=9.453e-05.

• Satat Jagaran causes delayed onset of sleep.

• The persons having Satat Jagaran not taking Samyaka Nidra (Adequate sleep) prior to food, next day of Jagaran.

• The persons having Satat Jagaran use to sleep after taking food (which was contradictory as per Ayurvedic Text).

• The side effects of Diwaswapa are also seen in this study.

• Frequency of health complaint is significantly more in persons having Satat Jagaran. pvalue< 2.2e-16.

• In this study percentage of the persons complaining about digestion problem remains on peak level. Amlapita and Aapachana are the measure problems.

  Amlapitta – p value = 0.005119

  Apachna – p value = 1.160e-12

• In persons, having Satat Jagaran – Angamarda, Shirogaurav, Jrumbha, Aalasya, Malavarodha these lakshanas were observed. Out of these laxnas Agnimandya, Malavarodha and Alyasa are significantly seen. It also proved the theory of Ayurveda about the natural urges and symptoms mentioned about Nidra Vegaavarodha are true.
NEW CONCLUSIONS -

- Period for onset of health complaints and Jagaran are statistically significant. p value < 2.2e-16.

- Malavarodha and Jagaran are statistically significant. p value = 2.76 e – 11.

- Agnimandhya and Jagaran are statistically significant. p value = 3.224e-16.

- Addiction & Jagaran are statistically significant. p value = 9.453e-05

- Blood pressure and Jagaran are not statistically significant.

- Diabetes and Jagaran are not statistically significant.

- Psychiatric complaints and Jagaran are not statistically significant.

- Diabetes is seen in both groups irrespective of having alcohol addiction.

- For hypertension satat jagaran and tobacco chewing & smoking addiction are not the causative factor.

- For amlapitta, alcohol addiction is one of the major factor alongwith jagaran.
Satat Jagaran

Veg vidharana

Excess tea drinking (Hot drinks)

Vata↑

Frequency of micturation↑

Agnimandya

Body Fluid↓

Pittakar Aahar vihar sevana

To compensate excessive fluid intake (Tea)

Vidagdhavastha

Drava guna↑

Amlapitta

Samprapti based on observations of volunteers
Samprapti based on observations of volunteers

Satat Jagaran

Agnimandya

Vata & Shleshma

Vata ↑ & Shleshma ↓

Vatapittaprakopa

Veg vidharana

Aapan vayu dushti

Veg vidharana + Tobacco addiction

Ruksha guna & sneha guna

Aama nirmiti

Purisha sneha ↓

Mala vāstambha

Malasanga

Purishavaha stratus dushti

Malavstambhā

Discussion
Samprapti based on observations of volunteers

Satat Jagaran

- Vataprakopa
  - Samanvayu dushti
    - Agnimandya

- Odd timings of meals (Akale Bhojan)
  - Agnidushti
    - Tridosha
      - Vataprakopa
        - Agnidushti

- Satat Jagaran + Diwaswapa
  - Vataprakopa
    - Agnidushti

- Vegvidharana

Discussion
Samprapti based on observations of volunteers

Satat Jagaran

Atichankraman, & Atishrama

Tobacco chewing + Excess tea drinking

Vata

Ushna guna

Pitta dushti

Agnimandya

Discussion
Samprapti based on observations of volunteers

Satat Jagaran

Vataprakopa

Nidravegdharana

Agnidushti

Atichankramana during jagaran

Vataprakopa

Nidravegdharana

Agnidushti

Atichankramana during jagaran

Vataprakopa

Nidravegdharana

Agnidushti

Atichankramana during jagaran

Vataprakopa

Nidravegdharana

Agnidushti

Atichankramana during jagaran

Vataprakopa

Nidravegdharana

Agnidushti

Atichankramana during jagaran

Vataprakopa
Samprapti based on observations of volunteers

Satat Jagaran

Vatadushti

Nidravegdharana

Jrumbha

Satat Jagaran

Satat Jagaran + Diwaswapa

Aamanirmiti

Aalasya

Discussion
Samprapti based on observations of volunteers

Satat Jagaran

Diwaswapa  Agnidushti  Nidravegdharana

Kaphadushti  Aamanirmiti

Shirogaurav

Satat Jagaran

Pittadushti

Netradaha

Discussion
Samprapti based on observations of volunteers

Satat Jagaran

Pittadushti

Ushna guna↑

Mutradaha

Vegdharana

Vataprakopa

Pittapradhan vatadushti

Satat Jagaran + Diwaswapa

Kaphadushti

Aamanirmiti

Aalasya

Nirutsaha

Discussion
Samprapti based on observations of volunteers

Satat Jagaran

- Pittavrudhi
  - Ushna guna↑
  - Vata↑
  - Rukshaguna↑
  - Nidranasha

- Kapha↓
  - Vata↑
  - Tamoguna↓
  - Rukshaguna↑

- Rajoguna↑

Satat Jagaran

- Agnidushti
  - Dhatukshaya
  - Laingik
  - Complaints

- Vataparakopa
  - Dhatukshaya
Samprapti based on observations of volunteers

Satat Jagaran

Agnimandya
Apakwa
Aaharrasa

Agnimandya
Adhyashana

Agnimandya
Viruddhashana

Vataprakopa

Shleshma

Rukshaguna
Snigdhaguna
Hastapad
Sandhishula

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Need of Satat Jagaran

To avoid urge of sleep Tobacco chewing

Euphoric + stimulating effect of tobacco (Nicotin)

(Oksatmya) stimulatory & euphoric effect gradually↓

To get maximum expected effect quantity of tobacco↑

Addiction