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 virrudha<sup>1</sup>.

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 Kshudara Kushtha (vicharchika is one of the type of Kshudra kushta) caused by virudha ahar<sup>2</sup>.

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 Sangrah explained Viruddha Ahar Nindit vyadhikaranam, Nindit Vyadhi means Kushtha. According 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 compatible 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. In Ashtang Sangrah explained examples of Viruddha Ahar according to types of viruddha for ex. Taken sattu at night is Kalaviruddha.

Ashtang Sangrah and Ashtang Hridyaexplained 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. Acharya Charak also explained vishamashan is Agnivaishamya karanam agrya. 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-ashrayi 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 madhur according to Acharya Charak and when it is vitiated vidagdha Kapha is lavan. Madhur ras is Prithvi and Jal-mahabhoot pradhana and lavan ras is Jala and Agni-mahabhoot 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 Tridoshadushhti, 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 Rukshtata & 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 Rukshtata was not significant. Here also the patients of Kapha-Pitta prakruti are maximum. So the concept of tulya-Prakruti in the disease i.e. Kapha-Pitta pradhan disease and 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, Rukshtata 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 amotpatti. 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 Raktabadushti and due to Vata-dushti all above causes develops symptoms Rukshtata, 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 'Agni vaishamayakaranam agryam'. So due to Vishamashana there was Mandagni in patients so Amotpatti 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 bhahulya desh. So kapha Dosha dushti is seen due to Tulya desh and dushyadushti. Due to Kapha doshadashti Mandagni was present. So Tridosha and Mansadushti-Raktadushti-Tvakdushti and Lasikadushti took place. Hence symptoms Kandu, Strava, Pidaka, Shyavata Rukskata 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-deshatva\(^{13}\) 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 duskya 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.
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 Kandu. Due to Viruddha ahar 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 Ahar nor Vishamashana 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 Strava.
Viruddha ahar (causative factor)  
↓  
Mandagni  
↓  
Amotpatti + Tridoshadushti  
↓  
Vidagdha Kapha* (lavan Ras)  
\[(Jala + Tej)\]  
↓  
Strava

Vishamashana  
↓  
Mandagni  
↓  
Amotpatti Tridoshadushti  
↓  
Pittabahulyata  
\[(Sar + Drava guna of Pitta)\]  
↓  
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

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*Group A = ViruddhaAhar, Group B = Vishamashana, Group C = ViruddhaAhar+Vishamashana, Group D = No ViruddhaAhar&no Vishamashana*
causative factor was neither Viruddha Ahar nor Vishamashana 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.

Viruddha ahar (causative factor)

Mandagni

Amotpatti + Tridoshadushti

Kapha-bahulyata

Mansa, Lasika, Tvak dushti

(Ashraya-ashrayi sambandhaa)

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 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 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 Vishammashana is the sannikrushta hetu for symptom Rukshata.

F) Ruja

Comparision 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 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 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 Vishamashana 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 Amotpati & 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 Amotpati leading tridosha dushti and Kled formation, due to Ashrya-ashrayi sambandh leads to Mansa dusti, twak dusti, lasika dusti and Rakta dusti and causes Vicharchika i.e. Eczema.

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

Due to Ahitavacharana i.e. Viruddhahar dosha goes to Shakhamarga from Kostha and due to continuous taking it dosha can not come back to Kostha and stay there means in shakha for along period (chirkal) and due to stay in one place 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 slowed and vidagdhata of food is formed and this vidagdha food causes Amlapitta (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 formed.
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2. किलासकुष गदानं गोथामलिपिः ज्यर पीनसानाम्।
सन्तुश्वरस्थ्रयम मृत्यो विरुद्धमयं प्रवदानिन्ति हेतुम॥ च.सू.२६/१०३

3. न मन्त्यान् पयसा सहाभ्यं वहरेत् उभयं व्येतनमधुरं मधुराविपाकं महाक्षिणतोत्रि
शीतोष्णत्वात्तिरत्वाक्षरं विरुद्ध वीर्यत्वाच्छोर्णिन्त प्रदुषणाय महाक्षिणतियन्त्राणांगोपोधाय च॥
च.सू.२६/११

4. विरुद्धान्यन्वयनासानि वीर्यो याति कान्तितः।
तायानाानादितान्युज शृंख विधानादिततिम्॥ सू.सू.२०

5. क्षीरं कुलतः: पनसेन मनि:।
तपां दधि क्षीरोपितं समांसेः
वार्षिके रात्रिकृ सवत्वशः।
तोयानाभस्ते यथकास्तथाच॥ अ.सं ९/१९

6. यथोचि भोजनकाले ५ प्राते ५ तिकवे वा भूज्यने
तत्त्वमाशनम्॥ अ.सं इन्दुटिका १०/२६

7. विषमाशन मान्यति वैषम्य कारणः।
विरुद्धवीर्यं मन्त्रितवाच्छिंक्य॥ च.सू.२५
8. तनास्थनी स्थितो वापुः पितं तु स्वेदरकः
श्रेष्ठा श्रेष्ठो तेनोषामा श्रव्याश्राविण् मिथः || अहसूः ११/२६

9. गुरुशीत मदुरानिध मधुरास्राविंचिला: || च.सू. १/६१

10. श्रेष्ठा श्रेष्ठो गुरुः सिन्ध: चिंचिलएः श्रीत एव च
मधुस्तवविद्यः स्थातिद्ग्रो लवणस्वतः || स.सू. २१/१५

11. उम्माणोऽलक्ष्मलवन्न धातुमााषमापचितम् ।
दुष्पामाषशयगन्त्य समाम प्रचक्षते || अहसूः १३/२५

12. जाज्ञन्वात्स्तुष्यिमान्नूपूः तु अलक्षलबणम् । अ.ह. १/२३

13. अतुल्यदृष्टेश्वरतुप्रकृतिः पादसमयः
प्रहेषणगुणे च देशांमागे नव: सुखः । अ.ह. १/३१

14. जयो दोषा: युगपत्त प्रकोपमाध्यते
त्वापदयश्चतारः जीवित्नमाध्यतनो
तेषु श्रीकृष्णेऽपि दोषा: प्रकृपिताः
स्थानमधिमाय सतिष्मामास्तानेव
त्वापदीन दुष्पर्यः कृष्णमिनिर्मिर्ष्यानिः || च.चि. ५/६

15. विश्वापश्च अन्वितेष्यकृताः । च.सू. २५
16. तथ्यत्विन: सदुर्भोजनं न तत्त परनिशाधापि
अपचयमानं शुक्लं यात्यतं विषृष्णताम्।
संस्ज्ञमानं पितृंदानं तीण्णं मुखामयानं जनयत्वम्मलितं। च०चि०१५/४६।

१७. कण्डू-कोटारूचि वन्द्र शोथ पाण्डामयज्वरः।
कुण्ड हल्लासवीसर्प्पछार्दिनिग्रहजा गद्यः। च०स०७/३।

१८. व्यायामादशमंल्लेश्वरवाह्यंथानवचारणात्
कोशश्वाकामला वानिः दृतत्वान्माहतस्थ्यच। च०स०२८/३९।
Kandu, Strava, Pidaka, Shyavata and Ruja are the symptoms of Vicharchika.
Kandu, Strava, Pidaka, Shyavata and Ruja are the symptoms of Vicharchika.
3) Viruddha Ahar

हितस्यानवचरणात्

Amotpatti and Margavarodha

Dosha going to shakha from koshtha
(Raktadi Dhatu and-Twak)

Tridoshadushti and Kaphabahulyata

Shathilya in Dhatu and Dhatudushti

Ashraya-ashrayi sambadha
Mansa and Twak-dushti

Continuous Ahit-sevan

Dosha Apaka

Dosha stay (संतिष्ठान) in shakha

(स्थानमिधिगम्यसंतिष्ठानानस्तानेव)

Vichrchika
Kandu, Strava, Pidaka, Shyavata and Ruja are the symptoms of Vicharchika.
5) Vishamashana

- Hityasvamacharanartha

Mandagni and Amotpatti

- Dosha going to shakha from koshtha (Raktadi Dhatu and Twak)

Pittabahulyata and Kaphavatanubandha

Shathilya in Dhatu and Dhatudushti

- Ashraya-asrayi sambadha
  - Mansa and Rakta-dushti

Continuous Ahit-sevan (Vishamashana)

- Dosha Apaka

- Dosha stay in shakha (संतिमान)

(स्थानमधिगम्यसंतिमानार्स्तान्येव)

- Vicharchika
Viruddha Ahar + Vishamashana
(हितस्थानवचरणान्)

Dosha going to shakha from koshtha (Rakta-Twakadi)

Amotpatti, Mahabhishyandatva and Margavarodha

Kapha-Pitta and Vaatodushti

Twak-Rakta-Mansa-Lasika dushti (Ashraya-ashrayi sambadha)

Continuous Ahit-sevan (Vishamashana)

Dosha Apaka

Dosha stay in shakha (संतिष्टमान)

(स्थानमधिभाग्यसंतिष्टमानास्तानेव)४५

Vicharchika