



Research Article

Unhealthy Diets and Sthoulya (Obesity): A literary and Survey-Based Analysis

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Abstract

Background: *Sthoulya* (obesity) a growing global health concern, is closely linked to dietary habits and food choices. This is a multifaceted health condition resulting from an imbalance between calorie intake and expenditure, influenced by genetic, environmental and life style factors. According to recent studies of World Health Organization (WHO) over one billion people globally are living with obesity as of 2024. This number includes rapid increases in both children and adolescents, where obesity rates have quadrupled since 1990. Among adults, obesity prevalence has more than doubled during the same period. The findings show that obesity is now burgeoning problem not only India but also worldwide. This is one of the life style disease which is mainly caused by irregular food habits and lack of physical activities. In Ayurveda obesity is considered as *Sthoulya* and explained under *santarpanajanya vikaras*. **Material and methods:** A survey study on 30 participants conducted to revalidate the concepts related to *Nidana* (causative factors) of *Sthoulya* through a questionnaire, which was prepared on the basis of classical *Nidanas* of *Sthoulya*. **Results:** From the results it has been proved that the *nidahas* mentioned in the Ayurvedic texts can be validated today. **Conclusion:** By bridging traditional wisdom with modern science, this article underscores the transformative potential of food as a therapeutic tool for preventing and managing *Sthoulya*.

Keywords: Lifestyle diseases, Obesity, Causes, Food, Survey

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Introduction

Ahara, *Nidra* and *Bhramacharya* are called *trioupsthambas*(1) essential for sustainability of life. Among these *Ahara* has vital role in maintenance of health and cause for diseases. The food taken as per dietetics gives proper development and helps in maintenance of the developed body. If the food is not taken as per dietetics it may lead to many health abnormalities. The food we consume not only nourishes the body but also influences metabolic processes, hormonal balance, energy regulation. In actuality, a diet can only be advantageous to living things if it is consumed for reasons of health rather than flavor. According to Acharya Vagbhata, we should eat food that is in line with our constitution, in the right amounts, and obtained from the right sources. (2) If we don't, there is a chance that a number of ailments would manifest. According to Acharya Charaka, people run to food because it is essential for life. Food alone determines a person's complexion, happiness, longevity, voice, attractiveness,

intelligence, contentment, cravings, sustenance, corpulence, strength, intelligence, and power. (3)

A number of factors influence both health and illness. Food is the most significant factor among them. Unhealthy dietary habits such as excessive consumption of calorie dense, processed food, imbalanced meal patterns, and poor nutritional choices, disrupt this delicate equilibrium, paving the way for *Sthoulya* i.e. obesity. In today's modern and busy lifestyle people are ignoring dietetics and leading to lifestyle diseases in which obesity is most prevalent one. In Ayurveda obesity is commonly referred as *Sthoulya* which is emerged as significant global health challenge. *Sthoulya* is characterized by an abnormal or excessive accumulation of body fat, leading to adverse health effects. Among the multifaceted factors contributing to its development, food plays a central and pivotal role. In this present era of modernization people are neglecting the causative factors for the diseases and rushing towards treatment methodologies. It is the need of the hour to concentrate on the concept of "*Nidana Parivarjana chikitsa*" i.e treatment by denouncement of causative factors. An overall analysis on the various contributing factors of the diseases, major part goes to *Aharaja Nidanas*. In Brihatrayee – Charaka Samhita, Susruta Samhita and Ashtangahrudaya we find detailed information about causative factors of *Sthoulya* in which causes related to food are high.

This survey study aimed to revalidate the concepts of *Nidana* related to *Sthoulya* and also this article delves into the

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intricate relationship between food and onset of *Sthoulya* exploring how specific dietary choices and patterns contribute to weight gain. By understanding this connection, we can identify preventive measures and therapeutic approaches.

Materials and methods

The present study was a conceptual and survey study.

Literary Sources: The source of literature was taken from classical text books of Ayurveda- *Brihatryee* i.e., *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridayam*. All the relevant information related to food available in *Brihatrayee* has been studied well. Compiled and documented in a comprehensive manner for the benefit of Ayurvedic fraternity.

Sample size and Study design: In the survey is 30 *Sthoulya* subjects were selected from the OPD of Samhita Department, Dr.B.R.K.R. Govt. Ayurvedic College Hospitals and also from the OPD of E.S.I. Hospital, Erragadda, Hyderabad. A Separate questionnaire, which is prepared on the basis of classical *Nidanas* is given to each patient to assess the probability of *Ahara Nidana* in causing the disease. Format of questionnaire includes name, age, gender, occupation and address of the patient. patients were told to answer 24 questions on *Ahara Nidanas*, 10 questions on *Vihara Nidanas* and eight questions based on *Manasika/Anyana Nidanas*.

Individuals having more than or equal to thirty Body Mass Index (BMI ≥ 30) are diagnosed as obesity. BMI is calculated as the value derives by Weight (in kg) / Height (in meters)(2).

Sthoulya diagnosis is also Based on symptoms like excessive body fat, lethargy, and impaired physical activity etc are considered.

Inclusion and Exclusion Criteria: Subjects were from age group of 25-70 years irrespective of sex, religion and socio-economic status were included in the study. Subject suffering from psychological disorders and age group of below 25 years and above 70 years are excluded from study.

Results

This section initially describes the literary information on *Nidana* and *Samprapti* (etiopathogenesis of obesity) from the classical texts which helped in generating the questionnaire and later the results of the survey.

Sthoulya is caused due to *Aharaja*, *Viharaja* *Manasika Nidanas* and *Beejadosaja Nidana* as per classics. *Ahara Nidanas* of *Sthoulya* explained are *Adhyashana*, *Anupa mamsa sevana*, *Ati sampurna*, *Audaka mamsa sevana*, *Bhojanottara jalapana*, *Dadhi sevana*, *Godhuma sevana*, *Gramya rasa sevana*, *Guda vikara sevana*, *Guru Ahara sevana*, *Ikshu vikara sevana*, *Madhura Ahara sevana*, *Madhya sevana*, *Mamsa sevana*, *Masha sevana*, *Navanna sevana*, *Payovikara sevana*, *Picchila Ahara sevana*, *Rasayana sevana*, *Santarpana*, *Sarpi sevana*, *Shali dhanya sevana*, *Sheeta Ahara sevana*, *Sleshmala Ahara sevana*, *Snigdha Ahara sevana* and *Vrushya sevana*. *Vihara Nidanas* explained are *Asana Sukham*, *Ayayamam*, *Ayavayam*, *Bhojanottara Aushada sevana*, *Bhojanottara Nidra*, *Bhojanottara Snanam*, *Chesta dvesham*, *Divaswapnam*, *Gandha malyanu Sevana*, and *Swapna prasangam*. *Manasika Nidanas* explained are *Achintanam*, *Harsha nityatvam*, *Manaso nirvruti*, *Priyadarshanam*. (7) *Beejadosaja Nidana* are Over nutrition particularly with madhura rasa during pregnancy is mentioned as a causative factor for birth of obese child. (8) In *Sthaoulya Samprapti* *Ahara* plays a major role for increasing

medo dhatu in *Sthoulya*. *Acharya Sushruta* mentioned *Sthoulya* and *karshya* depend upon the quality and quantity of *Ahara* (1) (Su.Su. 15/32) (9) . On the basis of *samanya vishesha Siddhanta* the excessive food consumption of similar substance lead to the over production of *dhatu*.

Samprapti ghatakas in *Sthoulya* are– *kledaka Kapha* is *pradhana dosha*, *Samana* and *Vyana Vata* and *Pachaka Pitta Doshas* are also involved.

Dushyas – *Rasa* and *Medodhatu*s

Agnis – *Jatharagni* as well as *Parthiva* and *Apya Bhutagnis*, *Rasa* and *Medho Dhatvagnis*

Srotas – *Medovaha Srotas*

Srotodushti – *Sangha* (10) – *Margavarodha* (Ch.Su.21/3-4)

Amatah (11) (Su.Su.15 /37)

Adhishtanam – Whole body –*Vapavahanam* and *Medodhara kala* in particular.

Udbhavasthana – *Amasaya*

Prasara –*Rasayani*

Rogamarga – *Bahya*

Vyaktisthana – *Sarvadeham* – *Specially Sphik, Udara, Stanas*.

Vata causes *vridhhi* of the *Agni*, ultimately increasing the demand for the food. Thus, vitiated cycle of pathogenesis starts. The process like circulation, digestion, and proper distribution of *Dhatu* etc are the functions are controlled by *Samana* and *Vyana Vayu*. Hence involvement of *Samana Vayu* can be clearly postulated with the evidence of *Agni Sandhukshana* and improper distribution of fat in the body proves the involvement of *Vyana Vayu*.

Dushya: *Sthoulya* is mentioned as a *lakshana* in *Medodhatu vridhhi* by all the three acharyas. *Vagbhata* has also mentioned the presence of *Prameha poorva rupa*,¹⁵ *Sthoulya* and increase of *Kapha*, *Rakta* and *mamsa* on increase of the *medhodhatu*. Thus *Sthoulya* is a *Dushya* *pradhana* involvement of *Medhodhatu* is unquestionable.

Kapha is seated in *Rasa*, *Mamsa*, *Medas*, *Majja* and *Sukra Dhatus*. So the basis of *Ashrayashrayi Bhava*, *Vitiation* of *Kapha* leads to vitiation of above *Dushyas*. *Kapha* and *Medas* are attributes having similar properties so vitiation of *Kapha* leads to vitiation of *Medas* also. Except *Asthi dhatu* all the *dhatu*s contain *Snigdha guna*. While describing *Dhatu Sara Lakshanas*, *Charaka* under *Tvakasara* mentioned *Twak Snigdha*, *Snigdha* and *Rakta Varna* of the ear, eye, mouth, tongue, nose, lips, palms, soles, nails, forehead and penis. Whereas in *Medo Sara* – *Varna*, speech, eyes, hair, nails, teeth, lips and faeces and urine contain more *Snigdha guna*. Again *Majjasara* person have been mentioned possessing *Snigdha Swara* and *Varna*. Even *Sukra sara* person is also mentioned having *Snigdha guna*. Hence, *Snigdha guna* is widely distributed among the *Dhatu*s. In this disease *Sthoulya*, excessive nourishment is received and with a good *Jatharagni* excessive *posaka Anna rasa* is formed which is *madhura* and *Snigdha guna* *pradhana*. So, due to specific *Dhatu* *poshaka* in excessive quantity and quality increases that particular *Dhatu*, i.e. *Medo dhatu* only is produced as explained by *Dalhana*.

Srotas: In *Ayurveda* there is a noble concept that *Srotodusti* *Lakshnas* and *Dusya Dushti* *Lakshanas* are the same. Hence, in this disease involvement of *Medovaha Srotas* is the main factor

along with the involvement of Rasa, Rakta vaha Srotas. According to Charaka, Avyayamam, Divaswapnam, excessive intake of Madhura *dravya* and Varuni (Madhya) are mentioned as Medovaha Srotodushti hetus. Basically it is a Sanga type Srotodushti leading to Vimarga gamana of Medo Dhatu also.

Agni: Though Mandagni (at Jataragni or Dhatvagni level) is considered as the root cause of all the diseases, the Agni acts at three levels (1) *Jatharagni* (2) *Bhutagni* and (3) *Dhatvagni*. According to Ayurvedic concepts sapta *Dhatvagnis* and pancha *Bhutagni* are part of Jataragni and influenced and controlled by it. In physiological condition jataragni nourishes subsequent *Dhatvagni* and *Bhutagni*.

But in pathological conditions, particularly of the agni the accounts differ and some disorders like *Ajeerna*, *Alasaka*, *Visuchika*, etc. emerge as a result of derangement of *Jatharagni* while disorders like *Sthoulya* results from derangement of *Dhatvagni*. On this basis it seems that individual Agni has its own pathological phenomenon. The mechanism of Agni is a complex one, for example acuteness of *Jatharagni* and *Atikshuda* are main factors in the pathogenesis of both *Bhasmakagni* and *Sthoulya*. But further pathogenesis is opposite one because, in *Bhasmakagni* with increased *Jatharagni*, all 13 types of agnis are enhanced, so the condition of *Dhatukshya* i.e., emaciation takes place (13) (Ch.Chi.15/217 -218), whereas in *Sthoulya*, *Jatharagni* is increased but *MedoDhatvagni* is diminished, so it causes excessive accumulation of Medas in the body and results in *Ati Sthoulya*.

According to *Dhatupaka* or *Dhatuparinama* concept, in the state of *Agnimandhya* at *Dhatvagni* level *Vridhhi* or previous *Dhatu* and *Kshaya* of further *Dhatu* take place (As.Hru.Su. 11/34). (14) In case of *Sthoulya Medo Dhatvagni posakanshas* stated in *Jatharagni* level are vitiated. So *MedoDhatvagni* may not do its work properly and also due to good *Jatharagni* in *Sthoulya* patients *Medo dhatu posaka Rasa* is formed in more quantity. So overload on *MedoDhatvagni* causes accumulation of more *Sthula Medodhatu* in their depots. Due to decreased production of *Sukhsma* and *sara bhagas* at *MedoDhatvagni* level the further dhatus i.e. *Asthi*, *Majja* and *Sukra Dhatus* will get less *posaka Rasa* and will not increase proportionately leading to dhatu vaishamya.

As mentioned under the heading of *Nidanas*, the *Sthoulya Nidanas* can be classified in to four varieties viz, *Ahara*, *Vihara*, *Manasika* and *Anya Nidanas*. Though all these play a key role when viewed from their own perspective considering the limitation of the present topic only *Ahara Nidanas* are discussed here.

The *Nidanas* mentioned under the heading of '*Ahara*' can be further classified in to two a) *Ahara Dravyas* and b) *Ahara sevana vidhis*.

The description given by Acharyas give a clear picture of *Samprapti* which will be discussed here.

"Tat ati Sthoulyam ati Sampooranam" says Charaka.

"Rasa nimittameva Sthoulyam karshyam cha" saya Susruta.

AtiSthoulya atikarshyaRupam taireva vigneyam atibrumhita laghite" _ Vagbhata.

Thus it is clear that *Sthoulya* is only due to excess intake of food.

Charaka being a physician uses the words very carefully, containing all the essence. 'Ati' Sam' and 'Pooranam' are the

three words used here. *Poorana* means filling or replenishing. This is done when something be it a body or vessel is empty and can be done in different manners; quantity wise- anything from 0 to 100 %, quality wise -with different materials, solids, semisolids, liquids, *shadrasas*, *guru*, *laghu*, *ushna sheeta* etc. All these criteria of selectivity are suggested, indicated, included, ordered with one word 'Sam' which means good, refined, specific, optimum, proper, top up etc. which in case of *Ahara* means all the *gunas* discussed in the *Ahara* topic i.e. both *Ahara dravyas* (food items) and *Sevana vidhis* (eating regulations) .

Thus '*Sampooranam*' should be done, which varies from person to person, time to time. etc.

The word *Ati* is also a *Visheshana* or prefix which means 'Prakarsha' that is excessiveness. So if the word would have been only *Pooranam* or *Sampooranam*, the problem of *Sthoulya* will not arise.

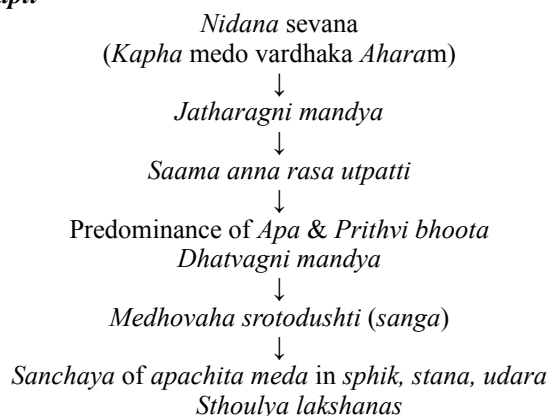
Susrutha being a surgeon simply and accurately says *Sleshmala Ahara* and *Adhyasana*'. The *sleshmala Ahara* includes all *gunas* like *madhura*, *giuru*, *Snigdha*, *sita*, etc. which means high caloric diet and '*Adhyashana*' not only carries its own meaning but also indicates all other discrepancies of eating.

Vagbhata's version '*Ati brumhita*' is almost nearer to the above two statements of Charaka and Susruta. The *Samprapti* of *Sthoulya* is not something which happens overnight as happens in other conditions like *Jwara*, *Atisara* etc. It is a very slow process and takes some months or say some days.

As the '*Atisampoorana*' starts, due to good *Jatharagni* excessive *Anna rasa* is formed. Due to specificity of diet having *Guru*, *Madhura*, *Snigdha*, *Sita gunas*, *Sneha guna pradhana dhatu poshakanshas* are formed in larger quantities. Initially there will be increase in *rasagata* and *raktagata sneha*, later *Mamsagata Sneha (Vasa)* also increases leading to excessive production of *Medhodatu*. But due to *Medodhatwagnimandya* (due to unavailability of *posakansas* of *Medodhatvagni* which is nourished through *Jatharagni*) further Dhatus are not produced properly.

As the *medodhatu* is increasing in quantity it causes *Medovaha sroto dushti* causing Sanga due to margas being avruta.

Samprapti



After a thorough scanning of the literature of the above research work it is identified that necessity of exploring the importance of causative factors relating food in lifestyle disorders. Thus the present study is done as it is not carried out earlier by any other scholars

Results of Survey Study: All the 30 participants completely answered the questionnaire, which was prepared on the basis of classical *Nidanas* of *Sthoulya*. Though the Survey study covered all the *Nidanas* of, *Sthoulya* this study is limited to food, specified to *Ahara Nidanas*.

Table 1: Age Wise Distribution of *Sthoulya* Subjects

Age Group	No of Subjects	%
20-29	4	13.33%
30-39	9	30.00%
40-49	9	30.00%
50-59	4	13.33%
60-69	2	6.67%
70-79	2	6.67%

Table 2: Gender Wise Distribution of Subjects

Total Subjects	No of Males	%	No of Females	%
30	17	56.67	13	43.33

***Nidanas* of *Sthoulya* Found in survey:** Based on gender shows, males are more prone to *Sthoulya* [56.67%] compared to females [43.33%]. Based on age shows, 30 -49 years had a greater risk of acquiring *Sthoulya* (30 %) when compared to the age group of 20 – 29 years (13%), 50 – 59 years (13%), 60 -69 years (6.67%) and 70 – 79 years (6.67%). Based on *Nidanas* according to classics *brihatrayee Ahara Nidanas* are more in percentage (60%), than *Vihara* (24%), *Manasika* (9%) and *Any* *Nidanas* (7%) . Based on Survey *Nidanas* *Ahara Nidanas* are more in percentage (50%), than *Vihara Nidanas* (20%) than *Manasika* and *Any* *Nidanas*(10%). Coming to specific food survey in *Sthoulya*, among *MamsAhara*, *Madhurarasa Ahara*, *Navannam*, *Adhyashanam* and *Ksheera sevana* - in 83% of subjects *Navannam*, in 80 % of subjects *Madhurarasa*, in 73% of subjects *Mamsarasa*, in 70 % of subjects *Adhyashana* and in least 33% of subjects *Ksheera sevana* found.

Table 3: Comparison of *Nidhanas* of *Sthoulya* as per Classics and Survey

<i>Nidhanas</i>	Count of <i>Nidhanas</i> as per classics	Percentage of <i>Nidana</i> as per classic (Approx)	Survey <i>Nidhanas</i> %
<i>Ahara</i>	25	60%	50 %
<i>Vihara</i>	10	24%	20 %
<i>Manasika</i>	4	9%	10 %
<i>Any</i>	3	7%	20 %

Table 4: *Sthoulya* Specific *Ahara Nidhanas* observed in survey

Food Type	Patient Count %
Non Veg	73.33
Sweet	80.00
New Rice	83.33
Milk Item	33.33
Food taken Frequently	70.00

Figure 1: Showing the classical *nidanas*

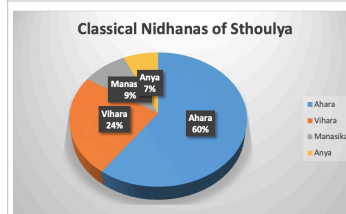
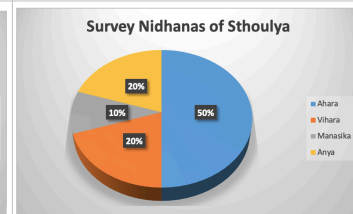


Figure 2: Showing the survey *nidanas*



Discussion

Ahara as *Nidana* is being the foremost and definite cause for the manifestation of the disease need to be given utmost importance. There are five ways in which *Nidana* knowledge might be beneficial. 1. For maintaining the health of a healthy individual, Diagnosis of the disease, For differential diagnosis, Prognosis of the disease and For the treatment of the disease. So *Nidana* is prerequisite for *chikitsa* and is said as the *karana* of the *vyadhi*. It is also called as *Nidana panchaka*(5) which includes *Nidana*, *Poorva Roopa*, *Roopa*, *Upashaya* and *Samprapthi* which are the *Vyadhi Jnana Upayas*. The *prayojana* of the knowledge of *Nidana* is that the disease can be wholly understood and helps in '*Nidana parivarjana*' which is the first step in the process of *chikitsa*, without which the entire *chikitsa* will go in wrong way. (Ch. Ni. 1/5).

Food taken in proper manner helps in the proper growth of the body on the contrary if taken in improper manner leads to various diseases. Ancient Acharyas mainly focused on the *Nidana* of and described the detailed description of *Nidana* for all the diseases. The straightforward first line of treatment, according to Acharya Sushruta, is to rule out the *Nidana* component. The adage "prevention is better than cure" is accurate.

Hence the knowledge about the etiological factors is useful to provide proper guidance for therapy, as well as in the prevention of the disease because while treating diseases the highest importance should be given to avoidance of causes responsible for the vitiation of the *doshas* because it will be helpful in breaking the *Samprapthi* of disease. As it was quoted by Charaka "*Ahara sambhavam vastu rogascha Ahara sambhava*"⁶ *Ahara* is a key factor for both health and disease. Ayurvedic classics described obesity under headings of *Atisthoulyam* and *Medorogam*. The word *AtiSthoulya* is made up of prefix *Ati* and '*sthoula dhatu*. *Ati* means excessive and *sthoula* means extraordinary, bulky. The meaning of *AtiSthoulya* is to become excessively fat. There is increase in body fat and muscles so that hips, abdomen, and breast become pendulous. The body metabolism and enthusiasm is decreased, the person having these characteristics are termed as *Atisthoula* or *Sthoulya*.

Ahara is one of the three Trayopasthambhas and is crucial to the others. Living things depend on food to stay alive. Eating wholesome food makes you happy, but eating unwholesome food makes you sad. Healthy people will always eat well. *Ahara* is just as important as how it is consumed. Food plays a significant influence in maintaining health, preventing disease and contributing significantly to the development of diseases, according to thorough scan of the classics.

Brief form of "*Sankshepta kriya yogo Nidana parivarjanam*," or treatment, is avoiding the causes. This demonstrates that *Ahara* and the dietary guidelines are fundamental elements deemed significant. The concept of *Swasthya rakshana*, or the promotion of health, is easily accepted, and *Vikaraprashamana* can be

attained by adhering to the dietary guidelines outlined in the classics. Lifestyle disorders that stem from irregular eating habits, lifestyle choices, and environmental factors vary from other diseases in that they may be prevented and can be reduced through dietary and lifestyle modifications

Overweight obesity is defined as abnormal or excessive fat accumulation that presents a risk to health resulting in number of chronic diseases. In Ayurveda Acharya Charaka has described *Astanindita Purusha* and emphasized in detail about two pathological conditions viz. *Atisthoola* and *Atikarshya*. *Atisthoola Purusha* is considered worst among them, due to its complicated pathogenesis, variable complications and treatment. Obesity has been described as *Sthoulya* or *Medoroga* also. Unhealthy food habits and lifestyle play a major role in causing *Sthoulya*.

Survey gives insights that sthoulya patients are consuming more Non Vegetarian, Sweet, New Rice, more Milk Item consumption and habits of Frequent Food consumption. Which validates classical explanations of *Ahara Nidana* explained. More *Ahara nidanas* (60%) are explained in classical texts. In survey study

also it is found that *Ahara nidanas* are contributing to *Sthoulya* are 50%. (Table 3) It strengthens the fact that our classical literature is still valid and applicable even after centuries.

Conclusion

Ahara Nidanas, as opposed to *vihara*, *manasika*, and *anya Nidanas*, occupy a major portion of the causative factors of these diseases, according to a survey study conducted on the most prevalent lifestyle disorder, *Sthoulya*, to evaluate the role of *Ahara* in causing this disease. The explanation of *Nidana* of *Sthoulya* found in Ayurvedic scriptures is still valid today. Ayurvedic *Siddhantas* are timeless and useful for comprehending illness. *Ahara* has placed the highest priority on all of the *Nidanas*. According to the survey, *Ahara* played a more significant influence than other causes including *Manasika*, *Vihara*, and *Any*. It has been demonstrated that the ideas presented by our Acharyas are accurate, have solid foundations, and are still valuable today. Considering all of this, we can prevent lifestyle disorders by adhering to the dietary guidelines and principles outlined in our classics.

Table 5: Questionnaire for *Sthoulya* patient

<i>Ahara nidanas</i>		<i>Vihara nidahas</i>	
Do you frequently take food	(Yes \ No)	Don't you exercise on daily basis	(Yes \ No)
Do you eat Stomach full food	(Yes \ No)	Don't you participate in Sex	(Yes \ No)
Do you eat Non-Veg daily	(Yes \ No)	Do you take medicine after	(Yes \ No)
Do you eat Mutton	(Yes \ No)	Do you sleep immediately after	(Yes \ No)
Do you eat Fish or Other Aquatic	(Yes \ No)	Don't you like to work	(Yes \ No)
Do you drink water immediately	(Yes \ No)	Do you go for Afternoon Sleep	(Yes \ No)
Do you take Curd Daily	(Yes \ No)	Do you like Perfumes, flowers	(Yes \ No)
Do you eat Roti or Other Wheat	(Yes \ No)	Do you take Bath after Meals	(Yes \ No)
Do you eat or Drink Jaggery	(Yes \ No)	Do you speak about your dreams	(Yes \ No)
Do you eat Street Food (Heavy,	(Yes \ No)	<i>Manasika/Any nidanas</i>	
Do you eat Sweet items	(Yes \ No)	Don't you think more about	(Yes \ No)
Do you drink Cane Juice	(Yes \ No)	Do you laugh always	(Yes \ No)
Do you consume Alcohol daily	(Yes \ No)	Don't you focus on anything	(Yes \ No)
Do you eat items from Black	(Yes \ No)	Do you visit places you like	(Yes \ No)
Do you eat New Rice	(Yes \ No)	Do you have Family history of	(Yes \ No)
Do you take Milk Items daily	(Yes \ No)	Do you take oil massage daily	(Yes \ No)
Do you eat Sticky Food	(Yes \ No)	Do you take Snigdha	(Yes \ No)
Do you take any food as	(Yes \ No)	Do you take Snigdha Madhura	(Yes \ No)
Do you take any food for weight	(Yes \ No)		
Do you take Ghee Daily	(Yes \ No)		
Do you take Rice Daily in Meals	(Yes \ No)		
Do you eat Cool Items	(Yes \ No)		
Do you take any medicine for	(Yes \ No)		
Do you eat Oily food daily	(Yes \ No)		

Table 6 : Master charts of patients

Name of Patient	Age	Gender	<i>Ahara Nidanas</i> (24)	<i>Vihara Nidanas</i> (10)	<i>Manasika \ Anya Nidanas</i> (8)	<i>Ahara Nidana</i> %	<i>Vihara Nidana</i> %	<i>Nidana Manasika \ Anya</i> %
1	27 yr	Male	15	2	3	63	10	27
2	40 yr	Male	15	1	3	63	10	38
3	28 yrs	Female	14	2	3	58	20	38
4	26 yrs	Female	14	0	2	58	0	25
5	37 yrs	Male	15	2	2	63	20	25
6	39 yrs	Male	14	2	2	58	20	25

7	50 Yrs	Female	14	4	1	58	40	13
8	45 yrs	Female	17	2	3	71	20	38
9	37yrs	Female	13	2	2	54	20	25
10	38yrs	Female	15	3	1	63	30	13
11	63yrs	Male	14	2	1	58	20	13
12	67yrs	Male	15	4	1	63	40	13
13	45yrs	Female	13	4	3	54	40	38
14	65yrs	Male	11	3	2	46	30	25
15	33yrs	Female	13	2	0	54	20	0
16	46yrs	Male	13	4	1	54	40	13
17	43 yr	Male	15	1	4	63	10	50
18	55 yr	Male	10	3	2	42	30	25
19	55 yr	Female	6	2	1	25	20	13
20	47 yr	Female	13	3	1	54	30	13
21	32 yr	Female	12	3	2	50	30	25
22	50 yrs	Female	13	2	2	54	20	25
23	58 yr	Male	13	2	4	54	20	50
24	43 yr	Female	15	2	2	63	20	25
25	70 yr	Male	7	1	2	29	10	25
26	52 yr	Male	10	4	4	42	40	50
27	47 yr	Male	9	4	1	38	40	13
28	50 yr	Male	11	5	4	46	50	50
29	42 yr	Female	13	5	3	54	50	38
30	58 yr	Male	15	5	3	63	50	38

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