EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

A THESIS

SUBMITTED TO THE
TILAK MAHARASHTRA VIDYAPEETH PUNE

FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN AYURVED- SWASTHAVRITTA

UNDER THE BOARD OF AYURVED STUDIES



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UNDER THE GUIDANCE OF

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JULY 2022

Tilak Maharashtra Vidyapeeth, Pune

Undertaking

I Vd. Mihir Surendra Hajarnavis is the Ph.D Scholar of the Tilak Maharashtra Vidyapeeth in the Department of Ayurved – Swasthavritta subject.

Thesis entitled: Epidemiological Survey for the Assessment of Agnidushtikar Hetus (Etiological factors) of Irritable Bowel Syndrome

Under the supervision of Dr Sadanand P. Sardeshmukh , Solemnly

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I hereby declare that work entitled **"EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME"** completed and written by me has not previously been formed as the basis for the award of any degree or other similar title upon me of this or any other Vidyapeeth or examining body

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It is certified that work entitled: Epidemiological Survey for the Assessment of Agnidushtikar Hetus (Etiological factors) of Irritable Bowel Syndrome
is an original research work done by Mihir Surendra Hajarnavis
Under my supervision for the degree of Doctor of Philosophy in the subject of Swasthavritta in the Department of Ayurved
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Dr.Sadanand P. Sardeshmukh

ACKNOWLEDEMENT

Completion of a PhD work is an important milestone in ones's life and as one treads towards it, every single step is facilitated by one or more people without whom the journey would be impossible.

At the outset, I thank the Hon'ble Vice Chancellor and authorities of Tilak Maharashrashtra Vidyapeeth, Pune and the head of the department of Ayurved and Hon'ble Registrar of the Vidyapeeth Dr Abhijeet Joshi for granting me the permission to enroll for the PhD programme.

Although my words would be extremely inadequate, I take this opportunity to express deepest gratitude to my guide Prof. Dr. Sadanand P. Sardeshmukh, Ex- dean of the Ayurved department for his invaluable guidance and constant encouragement during this work. I am greatly indebted to him for his tremendous support and mentorship.

My sincere thanks to Dr. D. P. Puranik President Rashtriya Shikshan Mandal and Dr. V.V. Doiphode Ex-President Rashtriya Shikshan Mandal Pune for their valuable support. I whole heartedly thank Dr. Sadanand V. Deshpande, Principal, Tilak Ayurved Mahavidyalaya for his continuous support and motivation for my PhD work.

A special thanks to Dr. Mohan Joshi for his insightful comments and helping me for the statistical analysis of the PhD work without which this work would have been incomplete.

I wish to make a kind mention of my colleague Dr. Mathili Naik who continuously supported me in my PhD work. I would like to thank the post graduate students in my department-Vd. Ravina Dalvi, Vd. Devashree Khare, Vd. Madhumati Lohiya, Vd. Pranjali Shewale and all ex-PG students Vd. Sarika Warhade, Vd. Kavita Munje, Vd. Kiran Mulgir, Vd. Ketan Deshmukh, Vd. Indraneel Joshi, Vd. Sushrut Gadgil and Vd. Yogesha Hingole for their assistance in my PhD work.

I would like to thank the staff at Department of Ayurved, Tilak Maharashtra Vidyapeeth Dr. Manoja Joshi and Mrs. Sushma Pathak for their technical support in my PhD work.

I would take this opportunity to thank my colleagues at Tilak Ayurved Mahavidyalaya Dr. Indira Ujagare, Dr. Saroj Patil, Dr. Manjiri Deshpande, Dr.Sangita Salvi, Dr. Kalyani Bhat, Dr.Vinaya Dixit, Dr. Apoorva Sangoram, Dr. Minakshi Randive, Dr, Taranoom

Patel ,Dr.Asmita Jadhav, Dr. Sarika Chopde, Dr.Yoginee Patil, Dr Rucha Ganu, Dr.Madhura Kulkarni for their best wishes they have bestowed upon me all the time.

On a personal note, I am deeply indebted to my mother Late Smt. Rajashree Hajarnavis and brother Late Mr. Mandar Hajarnavis and my wife Dr. Arti Hajarnavis, my daughter Madhushree Hajarnavis for their unconditional love and support that has helped me complete this work. A big Thank you to all my family and friends, especially Dr.Suhas Kulkarni.

Last but not the least; I thank the almighty for HIS blessings and for taking me through this journey smoothly.

Dr.Mihir S. Hajarnavis

Abstract

Title: An Epidemiological survey for the assessment of agnidushtikar hetus (etiological factors) of irritable bowel syndrome

Introduction:

Epidemiology is the basic science of Preventive and Social Medicine alias Swasthavritta. Its ramifications cover not only study of disease distribution and causation (and thereby prevention), but also health related events occurring in human population. By identifying risk factors of chronic diseases, evaluating treatment, planning & improving the effectiveness & efficiency of health services. Epidemiology has been defined as "the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems". Very few survey studies have been carried out on the hetus (causes) mentioned in Ayurved for diseases mentioned in modern science. Irritable Bowel Syndrome is one such disease. It can be categorized or correlated to Grahani mentioned in Ayurved. It is a common intestinal condition characterized by abdominal pain and cramps; changes in bowel movements (diarrhea, constipation, or both); gassiness; bloating; nausea; and other symptoms.

The number of people affected by this disease is increasing day by day. It can be termed as a non-communicable life style related disease.

Irritable bowel syndrome is an increasing non communicable, lifestyle related health problem leading to lifelong morbidity. Irritable bowel syndrome (IBS) is a disease described in modern medicine whose symptoms and causative factors need to be studied through Ayurved. There is no cure for irritable bowel syndrome. It is not a life-threatening problem, but it leads to life time morbid status which disturbs the quality of the life of patients. Much about the condition remains unknown or poorly understood. However, dietary changes, drugs, and psychological treatment are often able to eliminate or substantially reduce its symptoms. The global prevalence of IBS is estimated to be 11.2%, and it is the most common functional gastrointestinal disease.

The Ayurvedic diagnosis and therapeutics have dealt with this disease in a deeper way. There may be many hetus (causes) responsible for the manifestation of irritable bowel syndrome. But, to limit the study, it was decided to do a survey for the Assessment of

Agnidushtikar (hetus) of irritable bowel syndrome. Irritable bowel syndrome is a disease of the alimentary tract; hence agnidushti will be a common factor in most of the patients.

The diet (ahara), behaviour (vihara) and lifestyle (achara) of selected patients suffering from irritable bowel syndrome was documented. Whether these are practiced as per the principles and rules of maintenance of health as per Ayurved was assessed. If they were not practiced as per the rules of health maintenance they were primarily considered as causative factors.

Though, Irritable bowel syndrome can be correlated with the disease Grahani mentioned in Ayurved, it was studied as an AnuktaVyadhi; as per the principles mentioned in the Samhitas. The Vikaraprakruti (vata, pitta, kapha- doshas), their Adhisthan (site), and their Hetus (causes) were studied. The hetus of doshas with respect to irritable bowel syndrome were studied.

Also, there was a need of epidemiological studies for Anukta Vyadhis (diseases which are not mentioned in the Ayurvedic Samhitas) through Ayurveda. Irritable Bowel Syndrome is an Anukta Vyadhi. Hence, the subject was taken for assessment of agnidushtikar hetus (etiological factors) of irritable bowel syndrome.

Aim:

The aim of the research work was to determine the Agnidushtikar Hetus of Irritable bowel syndrome though an epidemiological survey.

Objective:

To identify the etiological factors and especially the Agnidushtikar Hetus in the life style of patients suffering from irritable bowel syndrome.

Review of literature:

It included previous work done, review of concept of epidemiology and survey methods, review of agni, agnidushtikara hetus and grahani vyadhi, review of irritable bowel syndrome and Rome III diagnostic criteria and description of the Ayurvedic Case Proforma.

Out of all the references of the past work done studied, eighteen references were of clinical research done using various Ayurvedic formulations. Seven references were of

conceptual studies and six were of observational studies done on Grahani and Irritable bowel syndrome.

The current study focused mainly on epidemiological study. It included survey study of agnidushtikara hetus of irritable bowel syndrome. The agnidushtikara i.e., those factors which vitiate the function of agni (digestive fire) in the body were to be determined as an etiological factor for irritable bowel syndrome. By identifying these risk factors of chronic disease, evaluating treatment modalities and health services, epidemiology has provided new opportunities for prevention, treatment, planning and improving the effectiveness and efficiency of health services.

The data collection methods adopted for the study was survey method which is one of the non-experimental methods of data collection.

In this research work a pre-approved and validated Rome III Questionnaire was adopted for screening of patients suffering from irritable bowel syndrome. The ROME III criteria are based on the principle of symptom-based diagnostic criteria for classification of gastrointestinal disorders. The classification depends on the organs where the symptoms presumably could be produced. They are in order from oesophagus to anus. This classification is maintained in the paediatric child/adolescent classification system too. The Functional Gastrointestinal Disorders include 6 major domains for adults:

●Oesophageal (category A),

●Gastroduodenal (category B),

●Bowel (category C),

●Functional abdominal pain syndrome (category D),

●Biliary (category E),

●Anorectal (category F).

In the April 2006 issue of Gastroenterology Rome III criteria for diagnosis of was made available to the scientific world. The criteria are beneficial fir physicians, pharmaceuticals and regulatory agencies worldwide, just as the previous Rome II became the standard for clinical practice and research.

An Ayurvedic case proforma was designed and used for the assessment of agnidushtikara hetus in the cases of irritable bowel syndrome. With the help of this case

record form every aspect of the lifestyle/ behavioral pattern of the patient was assessed whether it was hitakar (wholesome) or not and the resemblance of its inherent property to a particular dosha(s) was noted. The chief complaints as termed as vedana-vishesha are documented in this proforma. In the history of past illness Ajirna- Indigestion and Atisara – Loose motions were taken for consideration. Since, in the patients suffering from irritable bowel syndrome there are two main categories of patients – diarrhoea dominant and constipation dominant, these symptoms can be correlated to the disease Grahani as quoted in the Ayurvedic compendia. Longstanding or frequent Ajirna (indigestion) or Atisara is a cause of Grahani vyadhi. In the information of Agnidushtikara hetus, the hetus described by Charakasamhita are taken for consideration. The commentator of Charakasamhita- Charapanidatta has elaborated these hetus in Ayurved Dipika commentary. These points are thoroughly explained in the chapter on Review of literature.

Research Methodology

The study design: It was an observational study of two groups- cases (Known diagnosed patients of irritable bowel syndrome as per Rome III criteria) and controls (Patients who are not suffering from irritable bowel syndrome)
As per the sample size calculation 181 Adults of either gender (defined as individual aged 18 to 64 years) were registered in each of the groups of Cases and Controls of the study.

Inclusion Criteria:

1. Diagnosed patients of irritable bowel syndrome as per Rome III criteria from different groups of society
2. Patients who were not suffering from irritable bowel syndrome but having Agnidushti as a hetu
3. Age: Individuals aged 18 to 64 years
4. Gender: adults of either gender male and female were included in the study

Exclusion Criteria-

1. Patients suffering from other gastroinstestinal disorders other than irritable bowel syndrome as per Rome III criteria. viz. disorders related to Oesophagus and stomach, Gastroduodenal disorders, Functional abdominal pain syndrome, Biliary disorders and Anorectal disorders.

A simple objective questionnaire based on Rome III Irritable Bowel Syndrome module was used in this study for diagnosis of irritable bowel syndrome. Out of the Eight modules based on the Rome III criteria that can be used to screen for the Gastro Intestinal disorders, the questions related to irritable bowel syndrome (IBS) Module and All Functional Bowel Disorders (IBS-Constipation, IBS-Diarrhea) were included for study and to assess IBS.

Today due to change in life style we can observe the etiological factors of agnidushti in almost every individual. For the collection of agnidushtikara hetus a detailed study of lifestyle of the person having irritable bowel syndrome symptoms was done with the help of an Ayurvedic case proforma. Every person diagnosed as irritable bowel syndrome was subjected to an Ayurvedic case record form which had detailed questions for the assessment of agnidushtikara hetus (causes) related to diet and life style.

If we only consider the patients of irritable bowel syndrome then the association generated will not be confirmative. The control group without symptoms of IBS are taken to find out the etiological factors of agnidushti and are compared with the case group. This has provided an opportunity to evaluate statistically with odds ratio and chi-square test.

In the chosen individuals for inclusion in the study, people from different groups of society were included. Diagnosed patients of IBS as per Rome III criteria were included in the study. Patients who were not suffering from IBS but having agnidushti as a hetu were also included.

Statistical Method:

All the filled questionnaire sheets were entered in computer using Epi info Version 3.4.1 (CDC's database and statistics software for public health professionals, Atlanta, GA, USA). Entered data was analysed to assess the characteristics of the study population including age and gender distribution. Statistical software is used for data analysis. As

this was a case control study, odds ratio for all the etiological factors was calculated. Based on confidence interval, etiological factors are confirmed. Association of etiological factors was determined with the help of Chi-square test. A *P*-value less than 0.05 was considered significant.

Analysis and Interpretation

Observations:

The observations were based upon the symptoms collected from study of IBS, agnidushtikar and other Hetus of IBS in patients and the demographic data collected as part of the epidemiological study. These observations were presented in tabular format with appropriate graphs, pie diagrams for lucid understanding of the collected data.

Answers to the questions related to IBS (The numbering of the observations has been done in accordance to the question number and sequence of the questions as per the ROME III diagnostic criteria) were taken for presentation of the observations.

The data collected contained both the qualitative as well as quantitative data and was analysed with the help of data analysis software using the appropriate statistical tests. Careful analysis of IBS symptoms and agnidushtikar hetus was done so as to assess the association between the two.

Discussion

Discussion on Literature Review

Literature review has been taken of the following points:

1 Epidemiology

This point was included in the review as the title of the research work is an epidemiological survey. Review of the work on epidemiological study was done. In Ayurvedic research work there are very few epidemiological studies conducted so far. The principles of Epidemiology in this research work have been taken for consideration. The need for epidemiological studies from Ayurvedic point of view have been elaborated in this point.

2. Survey

Since this research work involved survey as a method of data collection it has been reviewed thoroughly. Methods of data collection like Field study, sample survey study, case study have been reviewed.

4. Rome III Criteria

The ROME III criteria are based on the principle of symptom-based diagnostic criteria for classification of gastrointestinal disorders. A literature review of Rome III criteria was necessary as it was used as tool to screen the cases of irritable bowel syndrome in the current research work.

5. Agni, Agnidushtikara hetus and Grahani

A thorough literature review of the concept of agni has been done from the samhitas. The agni dushtikara hetus from the Ayurvedic literature, elaboration of the terminologies of the hetus of Agnidushti, pathogenesis of grahani vyadhi, signs and symptoms of agni dushti have been studied from the Ayurvedic literature.

When a patient of irritable bowel syndrome is diagnosed, instead of jumping to the treatment, finding the agnidushtikara hetus will certainly help to treat the patient in a much better and holistic way.

Discussion on the observations obtained from ROME III diagnostic criteria

Symptoms collected from study of IBS, Agnidushtikar and other hetus of IBS in patients and demographic observations were presented from survey study.

1. Gender:

Appropriate representation of the either of the gender is seen among the subjects of the study. This is crucial so as to rule out sampling bias based on issues arising out the questions being gender specific.

2. Occupation:

It is very important to be acquainted with occupation of the subjects with complaints related to grahani and irritable bowel syndrome, because it is a disease affecting the annavaha and purishavaha srotas both of which are highly susceptible to being vitiated by various chores in the daily life. The lifestyle and dietary habits of an individual are

also governed by the profession. Hence, there is an importance of occupation in the study of irritable bowel syndrome.

3.In the Rome III criteria question number 41 to 67 are related to irritable bowel syndrome. The symptoms like pain in abdomen or discomfort for 6 months or more with diarrhea or constipation dominant symptoms were observed in all cases based upon which the cases were diagnosed. Rome III criteria was useful as a diagnostic tool for screening of irritable bowel syndrome cases.

Discussion on the observations obtained from Ayurvedic Case Record form

The Ayurvedic case record proforma was used for the determination of Agnidushtikar hetu (Etiological factors of irritable bowel syndrome). The main symptoms of the cases were intermittent dravamalapravrutti (loose stools) or malavarodha (hard stools). Ajirna- (Indigestion) as a past illness is seen in 96.7% i.e., 175 Cases which proves that ajirna is a hetu of grahani as described in the Ayurvedic Samhitas. It is also seen in 44.75 % i.e., 81 Controls because even when the person is not having symptoms of irritable bowel syndrome, but the presence of agnidushtikara hetus, ajirna can be observed as per the Ayurved Samhitas.

Atisara – (Loose motions) as a past illness is seen in 68.5 % i.e., 124 Cases and in 3.3% i.e., 6 Controls. Atisara is mentioned as a hetu of Grahani in the Ayurvedic compendia.

Annavaha srotas vitiation was observed in 86.7% Cases and in 19.33% Controls. Vitiated Annavahasrotas is due to the imbalance in the functioning of agni. In 157cases it was found to be vitiated. This proves that in irritable bowel syndrome the most affected srotas is the annavaha srotas. Irritable bowel syndrome is disorder of the gastrointestinal tract. Amashaya (the organs between the umbilicus (nabhi) and Stana (breasts) lie in amashaya) and vamaparshva (oesophagus) are the roots of annavaha srotas as per Ayurved. Hence, gastrointestinal tract is affected in IBS as per Ayurved also. In 35 controls it was seen vitiated due to agnidushtikara causes.

Vitiated purishavaha srotas is seen in 174 cases. This is due to atyashana, adhyashana and ajirna and durbala agni as mentioned in Ayurved. Irritable bowel syndrome and grahani have dravmalaparavritti and or malavarodh which is a sign of vitiated purishavah srotas. Thus, this data proves that purishavaha srotas is affected in cases of IBS. 48 controls also had this srotas vitiated which was due to agni dushti.

Out of the agnidushtikara hetus Ajirna Bhojana was observed in 47.5% i.e., 86 Cases and in 4.41% i.e., 8 Controls. Ajirna bhojan is a contributory cause for IBS, as 86 cases showed this cause. Only 8 controls had this cause which did not give rise to any major symptoms.

Vishamashana was observed in 81.8 % i.e., 148 Cases and in 34.25% i.e., 62 Controls. Vishamashana was observed in 148 cases. Untimely intake of food causes imbalance in the functioning of Agni. Due the occupation it was observed as a habit, which is causative factor for IBS. In 62 controls also vishamashana was seen, which did not result in IBS. But it leads to agnidushti. Vishamashana is found as a cause of IBS in this research work.

Ati Bhojan was observed in 11.6% i.e., 21 Cases and in 39.2 % i.e., 71 Controls. Ati bhojan was seen as an agnidushtikara hetu in 21 cases. Ati bhojan vitiates purishvaha srotas. All these 21 cases suffered from dravamala pravritti. It was observed in 71 controls, but they showed no symptom.

Asatmya Bhojan vitiation was observed in 39.2 % i.e., 71 Cases and in 8.28 % i.e., 15 Controls. Asatmya bhojan – Food that is not habituated (mess food, hotel food) is observed in 71 cases. There were many students in the cases found. The students eat mess food which can be astamya bhojan and leads to agni dushti. Asatmya bhojan can be considered as a hetu for IBS. It vitiates the annavaha and purishvaha srotas. 15 controls were found to be taking asatmya bhojan, which did not manifest IBS

Guru Bhojan was observed in 42.5 % i.e., 77 Cases and in 14.36 % i.e., 26 Controls. 77 cases were found to be eating guru bhojan. Guru bhojan leads to agnimandya and hence, it is one of the causes of IBS. 26 controls were also eating guru bhojan and suffered agni dushti, but did not show major symptoms

Irregular bowel movement was observed in 70.7 % i.e., 128 Cases and in 51.9 % i.e., 94 Controls. Irregular bowel movements were seen in 128 cases. This is a common symptom in IBS. The bowel movements are found irregular. In 94 controls also the bowel movements were irregular. Both the data support the fact that agnidushti leads to such irregular movements.

Constipated bowel was observed in 25.4 % i.e., 46 Cases and in 17.1 % i.e., 31 Controls. 41 cases were of constipated dominant IBS cases. Constipation is one of the cardinal signs of IBS, hence cases having constipation were found. Vata aggravating factor

contributes to such symptoms. 31 controls also had constipated bowels. Agni dushti and vata aggravation in controls lead to the symptom.

Diarrhea was observed in 72.9 % i.e., 132 Cases and 0 % i.e., 0 Controls. Diarrhea dominant 132 cases were seen. This is a type of IBS. Agnidushtikara bhav, history of ajirna bhojana, guru bhojan, vishamashana and pitta dominance lead to diarrhea dominant IBS.

Bowel movement after food was observed in 21.5 % i.e., 39 Cases and in 0 % i.e., 0 Controls.

Cases are suffering from irritable bowel syndrome. Bowel movements after food are a sign of grahani dosha and IBS. Due to weakness of the organ grahani, the food holding capacity reduces and hence the symptom is seen.

Bath after meals was observed in 83.4 % i.e., 151 cases and in 21.5 % i.e., 39 controls. Immediate bath after meals leads to agni vikriti. Snana is said to be agnidipana. But, when bath is taken immediately after meals, jatharagni instead of enhancing, it is digesting the ingested food and this may lead to ama dosha in the body.

Day sleeping was observed in 25.4 % i.e., 46 Cases and in 13.8 % i.e., 25 Controls.

Day sleeping or diwaswapa is a contributing factor for kapha and pitta aggravation in the body with snigdha guna. The aggravated kapha and pitta overpowers the agni and causes agnimandya, alasya (lethargy) and kapha- pitta diseases. Since the cases are more than controls, diwa swapa can be considered as a hetu for agnidushti and IBS.

Night Awakening was observed in 24.9 % i.e., 45 Cases and in 15.4 % i.e., 28 Controls. Night awakening leads to vata aggravation with ruksha guna and thereby leading to agni dushti. Since the more cases were of IBS for this hetu, this can be considered as an etiological factor for IBS.

Intake of water when not thirsty was observed in 62.43%i.e., 113 Cases and in 43.65% i.e., 79 Controls. 113 cases and 79 controls drank water when not thirsty. Observed percentage is more in cases than controls. Hence, this proves that drinking water when not thirsty is an etiological factor of agni dushti. In the Ayurvedic classics trushna (thirst) is a natural physical urge. Unless this urge of drinking water is present one must not drink water. This urge will vary as per season, and physical activity. Unnecessarily

drinking water causes agnimandya and is a hetu of atisara and ajirna which gives rise to grahani.

Intake of water before meal was observed in 90.06%i.e., 163 Cases and in 64.09%i.e., 116 Controls. 163 cases and 116 controls had the habit of drinking water before meals. In the Ayurvedic classics drinking water before meals is a hetu of agnimandya. Observed percentage is more in cases and since it supports the Ayurvedic theory it is considered as an etiological factor of agnidushti and IBS.

Intake of water after meal was observed in 79.01%i.e., 143 Cases and in 35.91%i.e., 65 Controls. 143 cases and 65 controls drank water after meals. Drinking water immediately after meals increases kapha and disturbs the digestive process. It delays the digestion and gives rise to ama. In this research work this is causative factor for agnidushti.

Addictions- Tobacco Chewing was observed in 21.55 % i.e., 39 cases and in 8.29 % i.e., 15 controls. Cases of tobacco chewing are found more than the controls. Tobacco chewing relieves constipation. But, simultaneous because of its tikta and katu rasa, ushna virya and ruksha guna it aggravates vata. Agni dushti is seen in tobacco chewers. Hence, tobacco chewing is considered as a hetu here.

Madhur intake of food was observed in 85.64% i.e., 155cases and 72.38% i.e., 131 controls.
Madhura rasa causes agnimandya. It is guru i.e., heavy to digest. 155 cases ate madhura rasa as compared to 131 controls. Hence, madhura rasa is one of the hetus of agnidushti here.

Viruddha Anna Sevan was observed in 95.58 % i.e., 173 cases and in 81.22% i.e., 147 controls.
Since the number of cases are more than controls in viruddha anna sevan, it can be considered as an etiological factor. Viruddha anna aggravates the doshas, but does not eliminate them from the body. The ill effects of viruddha anna have been described in the Ayurved classics. One them is grahani. Hence, it proves by the collected data, that it is an etiological factor of grahani.

Stress -Chinta at work place was observed in 87.29% i.e., 158 Cases and in 58.56 % i.e., 106 controls. As the observed percentage of stress at work place is more in cases than in controls, it can be considered as an etiological factor for agnidushti and IBS. As per Ayurvedic classics stress or chinta is said to be a vitiating factor of the rasavahasrotas. It leads to ashraddha (no desire to eat), aruchi (no taste), asyavairasya (change in the taste), arasadnyata (cannot identify the taste) for food. It also has many other ill effects on the body. As per Charakasamhita if Chinta (Stress) is associated with food intake results in indigestion

Vata dominant grahani.i. e vataja grahani (IBS) cases were 30 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Malavarodha or constipated dominant IBS Cases are mostly vata dominant.

Pitta dosha was observed in 23.76% i.e., 43 Cases. Pitta dominant grahani i.e pittaja grahani cases (IBS) were 30 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Dravamalapravrutti or diarrhoea dominant cases can be categorized under pitta dominance.

Vata, Pitta dosha was observed in 46.96 % i.e., 85 Cases. Vata-Pitta dominant grahani i.e vata pittaja grahani (IBS) cases were 85 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Dravamalapravrutti (diarrhoea) and or Malavorodha (constipation) dominant cases can be categorized under kapha dominance.

Conclusion

Based on the findings of the study it could be concluded that Vishambhojan (Untimely intake of food) and Ajirnabhojan(Eating during indigestion or when previous eaten food in not digested), Guru bhojan (foods heavy to digest), Vidahibhojan (foods having acidic property), Asatmyabhojan (unhabituated food) Atibhojan (food in excess quantity) and Atyambupana (drinking of excess amount of water than required werefound in 62 % of the cases. Hence, it can be concluded that these are the hetus of agnidushti and irritable bowe syndrome and grahani.

Excess intake of madhura rasa was found in 85.4% cases. Due its guru (heavy to digest) property excess of madhura rasa was found as an agnidushtikara hetu in this study.

The odds ratio and P value for certain factors were found to be significant at 95 % confidence interval with P value less than 0.05. When data was analyzed with a chi

squared test at 95 % confidence interval the calculated Value of Chi square (with Yates correction) was done and p value was found to be less than 0.05 ($p < 0.05$).

The factors or causes which showed p value less than 0.05 were bathing after meals, drinking water before meals, tobacco smoking, tobacco chewing, viruddhaanna sevan (intake of food items aggravating the doshas but not eliminating them out of the body), paryushita annasevan (stale food), stress (chinta). The epidemiological survey concluded that the above discussed factors are the causes of agnidushti, irritable bowel syndrome and grahani vyadhi.

Recommendation for further study

The current study may lead to the opening up of new vistas for conducting study to include participants from other geographical areas, the inclusion of other hetus of irritable bowel syndrome and Grahani vyadhi. The designing of a research model based on the identified hetus in this study for the prevention of irritable bowel syndrome can be undertaken and studies with drugs yet to studied for clinical; management of irritable bowel syndrome could also be taken up as a part of the future scope of the study.

References, Bibliography and Annexure

The references and bibliography have been given at the end of the thesis. Rome III Criteria questionnaire for screening of irritable bowel cases and Ayurvedic case proforma used to assess the agnidushtikara hetus in cases and controls have been attached as annexure. Master charts have been attached.

Table of Contents

Sr. No.	CHAPTER	PAGE NO.
01	INTRODUCTION	1-5
02	AIM and OBJECTIVE	6
03	REVIEW OF LITERATURE	7
	1. Previous work done	7-13
	2. Review of Epidemiology	14-21
	3. Review of Survey Study	22-29
	4. Review of agni and agnidushtikara hetus and grahani vyadhi	30-43
	5. Review of irritable bowel syndrome	44-45
	6. Review of Rome III criteria	46-47
	7. Description of the Ayurvedic Case Proforma	48-59
04	RESEARCH METHODOLOGY	60-65
05	ANALYSIS AND INTERPRETATION	
	Observations	66-163
	Discussion	164--231
06	CONCLUSION	232-233
	RECOMMENDATIONS FOR FURTHER STUDY	234
07	REFERENCES	235-236
08	BIBLIOGRAPHY	237
09	ANNEXURES	
	1. Rome III Diagnostic Questionnaire	238-245
	2. Case Record Proforma	246-253
	3. Written Consent Form	254
	4. Master Charts	255-288

Index of Observations

1) Rome III Criteria

Graph No.	Table No.	Title	Page No.
1.1	1.1	Gender	66
1.2	1.2	Occupation	66
1.3	1.3	Age groups	67
2.41	2.41	Pain or discomfort in the abdomen	68
2.42	2.42	Did you have pain only (Not discomfort or a mixture of discomfort and pain?	69
2.43	2.43	For women, did this discomfort or pain occur only during your menstrual bleeding and not at other times?	70
2.44	2.44	When you had this pain, how often did it limit or restrict your daily activities?	70
2.45	2.45	Have you had this discomfort or pain 6 months or longer?	71
2.46	2.46	How often did this discomfort but or pain get better or stop after you had a bowel movement?	71
2.47	2.47	When this discomfort of pain started did you have more frequent bowel movements?	72
2.48	2.48	When this discomfort all pain started did you have less frequent bowel movements?	73
2.49	2.49	When this discomfort or pain started were your stools looser?	73
2.50	2.50	When this discomfort or pain started how often did you have harder stools?	74
2.51	2.51	How often was this pain or discomfort relieved by moving or changing positions?	74
2.52	2.52	In the past 3 months how often did you have fewer than 3 bowel movements a week?	75
2.53	2.53	In the last 3 months how often did you have hard or lumpy stools?	76
2.54	2.54	In the last 3 months how often did you strain during	77

		bowel movements?	
2.55	2.55	In the last 3 months how often did you have a feeling of incomplete emptying after bowel movements?	78
2.56	2.56	In the last 3 months how often did you have a sensation that the stool could not be passed when having a bowel movement?	78
2.57	2.57	In the last 3 months how often did you press on or around your bottom or remove stool in order to complete a bowel movement?	79
2.58	2.58	In the last 3 months how often did you have difficulty in relaxing or letting go to allow the stool to come out during a bowel movement?	80
2.59	2.59	Did any of the symptoms of constipation begin more than 6 months ago?	81
2.60	2.60	In the last 3 months how often did you have 4 or more bowel movements a day?	81
2.61	2.61	In the last 3 months how often did you have loose, mushy or watery stools?	82
2.62	2.62	In the last 3 months were there at least 3/4th of your stools loose mushy or watery?	83
2.63	2.63	Did you begin having frequent loose motions or watery stools more than 6 months ago?	83
2.64	2.64	In the last 3 months how often did you have to rush to the toilet to have a bowel movement?	84
2.65	2.65	In the last 3 months how often was there mucus or slime in your stools?	84
2.66	2.66	In the last 3 months how often did you have bloating or distention?	85
2.67	2.67	Did your symptoms of bloating or distention begin more than 6 months ago?	86

Index of Observations

2) Ayurvedic Case Record Form

Table No.	Graph No.	Title	Page No.
1	1	Symptoms	87-88
2	2	History of past illness	88-89
3	3	Examination of the vitiated Srotas	89-90
4	4	Information about Agnidushtikara Hetus	90-91
5	5	Time of getting up in the morning	92-93
6	6	Bowel movements	93-94
6.2	6.2	Bowel movements: How many times in a day	95
7 a	7 a	Bladder movements: How many times in a day	96
7 b	7 b	Bladder movements: How many times in night	97
7 c	7 c	Bladder movements with symptoms	98
8	8	Exercise	99
8 a	8 a	Form of Exercise	99-100
9	9	Duration of Exercise	100-101
10	10	Bath On Empty stomach	101-102
11	11	Bath After meals	102-103
12	12	Bath - Type of Water	103-104
13	13	Sleep	104-105
14	14	Sleep - Time of getting up in the morning	105-106
15	15	Sleep (Time of going to bed)	107-108
16	16	Hours of sleep	107-108
17	17	Sleep (Day sleeping)	108-109
18	18	Sleep (Hours of day sleeping)	109-110

19	19	Sleep (Night Awakening)	110-111
20	20	Sleep (Night Awakening hours)	111-112
21	21	Control of Natural Physical Urges	112
22	22	Control of which Natural Physical Urges	112-113
23	23	Hot beverages	114-115
24	24	Milk Intake	116
25	25	Milk Intake (Type)	116-117
26	26	Breakfast	117-118
27	27	Whether hungry at breakfast time	118-119
28	28	Breakfast Items	119-120
29	29	Hungry at Lunch Time	120-121
30	30	Lunch - Food Items	121-122
31	31	Hungry at Dinner Time	122-123
32	32	Dinner - Food Items	123-124
33	33	Intake of Water When Thirsty	125
34	34	Intake of Water When Not Thirsty	126
35	35	Intake of Water Before Meals	127
36	36	Intake of Water during the meals	128
37	37	Intake of Water After Meals	129
38	38	Intake of Type of water	130- 131
39	39	Intake of Other Liquids/Fluids- Arreated Drinks	131 - 132
40	40	Intake of Other Liquids/Fluids- Fruit juices	132-133
41	41	Intake of Other Liquids/Fluids- Sharbat	133- 134
42	42	Addictions- Alcohol	134- 135
43	43	Addictions- Tobacco Smoking	135- 136
44	44	Addictions- Tobacco Chewing	136 - 137

45	45	Intake of Food Items as Per Six Tastes	137- 138
46	46	Intake of Oil	138 – 139
47	47	Intake of Oil - Name	139 - 140
48	48	Intake of Ghee	140- 141
49	49	Viruddha Anna Sevan	141- 142
50	50	Intake of stale Food - Paryushita Anna	142- 143
51	51	Vihara - Contact with Fan	143 - 144
52	52	Vihara - Contact with A.C	144 – 145
53	53	Vihara - Contact with Sunlight/ Fire	145 - 146
54	54	Vihara - Travelling	146 - 147
55	55	Type of work	147 - 148
56	56	Mental Health - Stress -Chinta at work place	148 – 149
57	57	Stress -Chinta at home	149 – 150
58	58	Has a Control over Dharaniya Vegas	150 – 151
59	59	Has no Control over which Dharaniya Vega	151--152
60	60	Memory is Good?	152-153
61	61	Satva	153-154
62	62	Hetus	155 – 156
63	63	Doshic Dominance	157 – 158
64	64	Inherent Property of the dosha	158 – 159
65	65	Adhishthan of Dosha	160 – 161
66	66	Avastha of Dosha	161-- 162
67	67	Avastha of Agni	162– 163

Abbreviations

S.No.	Abbreviation	Long Form
1	AH.Su	Ashtanghridaya Sutrasthana
2	AH. Ni.	Ashtanghridaya Nidansthana
3	Ch. Su	Charaka Samhita Sutrasthana
4	Ch.Chi.	Charaka Samhita Chikitsasthana
5	Ch. Vi.	Charaka Samhita Vimansthana
6	Su. Su	Sushruta Samhita Sutrasthana
7	Ah. Sam. Su.	Ashtang Samgraha Sutrasthana
8	IBS	Irritable Bowel Syndrome
9	ESR	Erythrocyte Sedimentation Rate
10	GI	Gastroinstestinal
11	FGID	Functional Gastro Intestinal disorder
12	CNS	Central Nervous System
13	ENS	Enteric Nervous System

Title: Epidemiological survey for the assessment of agnidushtikar hetus (etiological factors) of irritable bowel syndrome

Introduction

Epidemiology is the basic science of Preventive and Social Medicine alias Swasthavritta. Its ramifications cover not only study of disease distribution and causation (and thereby prevention), but also health related events occurring in human population. By identifying risk factors of chronic diseases, evaluating treatment, planning & improving the effectiveness & efficiency of health services.

Epidemiology has been defined as "the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems". The disease included in the subject matter have increased from those, which occur in epidemics to those infectious diseases, which are endemic in nature and more recently chronic diseases, accidents and mental health. Modern epidemiology has also taken within its scope the study of health-related events & facts of life occurring in human population. Epidemiology like public health itself is often more concerned with the well-being of society as a whole, than with the well-being of the individuals. Very few survey studies have been carried out on the hetus (causes) mentioned in Ayurved for diseases mentioned in modern science. Irritable Bowel Syndrome is one such disease. It can be categorized or correlated to Grahani mentioned in Ayurved. It is a common intestinal condition characterized by abdominal pain and cramps; changes in bowel movements (diarrhea, constipation, or both); gassiness; bloating; nausea; and other symptoms.

The number of people affected by this disease is increasing day by day. It can be termed as a non-communicable life style related disease.

A study conducted by the HCFI, a leading National Health NGO has revealed that about 5-10 per cent of the population surveyed experiences symptoms of irritable bowel syndrome (IBS) such as abdominal pain, diarrhea, constipation or incomplete evacuation.

IBS is a very common disorder and scientific tests show that about 10% to 15% of people in the United States have it. IBS is more common in women with almost twice as many women having it than men.

Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder characterized by abdominal pain and alterations in bowel habits. The global prevalence of IBS is estimated to be 11.2%, and it is the most common functional gastrointestinal disease.

Pain score in Italy, with the least urban population, was significantly higher than six of the seven other countries whereas it was lowest in India and England. Bloating was highest in Italy and constipation was highest in Mexico, both significantly higher than five other countries.

Irritable bowel syndrome (IBS)[i] is a disease described in modern medicine whose symptoms and causative factors need to be studied through Ayurved. There is no cure for irritable bowel syndrome. It is not a life-threatening problem, but it leads to life time morbid status which disturbs the quality of the life of patients. Much about the condition remains unknown or poorly understood. However, dietary changes, drugs, and psychological treatment are often able to eliminate or substantially reduce its symptoms.

The Ayurvedic diagnosis and therapeutics have dealt this disease in a deeper way. There may be many hetus (causes) responsible for the manifestation of irritable bowel syndrome. But, to limit the study, it was decided to do a survey for the Assessment of Agnidushtikar (hetus) of irritable bowel syndrome. Irritable bowel syndrome is a disease of the alimentary tract; hence agnidushti will be a common factor in most of the patients. A survey is method of collecting information about human population hence; survey was selected to collect epidemiological data of irritable bowel syndrome.

The diet (ahara), behavior (vihara) and lifestyle (achara) of selected patients suffering from irritable bowel syndrome was documented. Whether these are practiced as per the principles and rules of maintenance of health as per Ayurveda was assessed. If they were not practiced as per the rules of health maintenance they were primarily considered as causative factors. As per the cause, the dosha was decided. As per the inherent property of the diet, and behavior pattern the dosha was decided and the management can be designed accordingly. Because Ayurveda says, the Dosha is the sole responsible factor for the manifestation of any disease. The hetus of doshas are mentioned in the Ayurvedic literature.

दोषा एव हि सर्वेषां रोगाणामेककारणम्।

(Reference– Ashtanghridaya Sutrasthana Doshabhediya Chapter 12/32)

Dosha is only cause for the manifestation of all diseases. Here, dosha vitiated or aggravated by improper diet and lifestyle is considered to be a cause of the disease.

Every causative factor will act on the whole body including alimentary canal/digestive system and the doshas, as the Ayurvedic text says, 'SamanyamVruddhikaranam'. (Ref. Charaksamhita Sutrasthana 1/) i.e., diet, and life style having the same property as the doshas will aggravate that particular dosha.

Though, Irritable bowel syndrome can be correlated with the disease Grahani mentioned in Ayurved, it was studied as an AnuktaVyadhi; as per the principles mentioned in the Samhitas. The Vikaraprakruti (vata, pitta, and kapha doshas), their Adhisthan (site), and their Hetus (causes) were studied. The hetus of doshas with respect to irritable bowel syndrome were studied.

विकारनामाकुशलोन जिह्रीयात् कदाचन।

न हि सर्व विकाराणांनामतो अस्तिध्रुवास्थितिः।।

स एव कुपितो दोषः समुत्थानविशेषतः।

स्थानान्तरगतश्चैवजनयत्यामयान् बहून्।।

तस्माद्विकारप्रकृतीरधीष्ठानान्तराणि च।

समुत्थानविशेषांश्च बुध्द्वाकर्म समाचरेत्।।

योह्येतत्रितयंज्ञात्वाकर्माण्यारभते भिषक्।

ज्ञानपूर्वं यथान्यायं स कर्मसुन मुह्यति।।

(Reference-Charak Samhita Sutrasthana Trishothiya Chapter18/44-47)

स एव कुपितो दोषः समुत्थानविशेषतः।

स्थानान्तराणि च प्राप्य विकारान्कुरूतेबहून्।।

तस्माद्विकारप्रकृतीरधीष्ठानान्तराणि च।

बुध्द्वाहेतुविशेषांश्च शीघ्रं कुर्यादुपक्रमम्।।

(Reference-Ashtanghridaya Sutrasthana Doshabhediya Chapter 12 /65-66)

It is clearly mentioned in the above sutra from Charakasamhita and Ashtanghridaya that there is no need to feel shy if you cannot name a disease. Every disease need not have a name. The aggravated dosha shows its signs and lodges itself in one site in the body and manifests the disease at that site. One must know the Vikarprakriti (the signs of aggravated vata, pitta or kapha), their hetus – causes and the site of the aggravated dosha. The Vaidya or the physician should identify these in the patient and treat according to the aggravated dosha and its site and hetus found.

Agnidushtikarahetus of irritable bowel syndrome were assessed in this study.

This study has enabled to establish a method of studying modern nomenclature diseases as per the Ayurvedic method.

Hence, it was decided to do a survey study for the assessment of Agnidushtikar hetus of the disease irritable bowel syndrome through Ayurveda.

Relevance of the study:

Irritable bowel syndrome is an increasing non communicable, lifestyle related health problem leading to lifelong morbidity. Ayurved can offer a good clinical & preventive approach to lifestyle related diseases. There was a need of epidemiological studies for AnuktaVyadhis (diseases which are not mentioned in the Ayurvedic Samhitas) through Ayurveda. Irritable Bowel Syndrome is an AnuktaVyadhi. Hence, the subject was taken for study.

Aim and Objectives

Aim: To determine the Agnidushtikar Hetus of Irritable bowel syndrome though an epidemiological survey

Objectives:

To identify the etiological factors and especially the Agnidushtikar Hetus in the life style of patients suffering from irritable bowel syndrome.

REVIEW OF LITERATURE

This will comprise of –

1. Previous work done
2. Review of epidemiology
3. Review of survey
4. Review of agni and agnidushtikara hetus and grahani vyadhi
5. Review of irritable bowel syndrome
6. Review of Rome III criteria
7. Description of the Ayurvedic Case Proforma

1) Review of Previous Work done:

1) Patel, Rutu V et al[i]. in their article "A clinical study of Devadarvyadi-Vati on Grahani Dosha in children."

An interventional study that dealt with aetiopathogenesis and evaluation of efficacy of Devdarvyadi Vati on Grahani with a sample size 32 and the control group being administered Bhunimbadi Vati. Group A (Devadarvyadi-Vati),showed marked improvement in 21.43% of the patients, moderate improvement in 57.14% of patients and mild improvement in 21.43% of patients of the study group.

2) Sorathiya, Alpesh P et al[ii]. "A clinical study on the role of ama in relation to Grahani Roga and its management by Kalingadi Ghanavati and Tryushnadi Ghrita."

An interventional study to **with a sample size of 66 and three interventional groups**

A) Kalingadi Ghanavati, 1500mg with takra twice a day

B) Tryushnadi Ghrita, 10 gm twice a day before meal with lukewarm water

C) Combination of both the drugs for 14 days. It was revealed that combination of both the drugs proved better results than those by administration of individual drugs.

3) Shinde BR, Asati GG, Kodwani GH[iii]. A critical review on role of Panchamrit Parpati in management of Grahani roga with special reference to irritable bowel syndrome. There is a critical evaluation of Grahani roga and its cognizance in relation to irritable bowel syndrome with the rationale of usage of Pancharmrit Parpati for the management of the same.

4) Aswathy M, &Jithesh M. (2021).[iv] Critical Review on Kaidaryadi Kashaya in Irritable Bowel Syndrome w.s.r to Grahani**.**

Kaidaryadikashayam a formulation from Chikitsamanjari- Mahodarachikitsa was observed when administered to patients being diagnosed as Irritable Bowel Syndrome (IBS) with special reference to Grahani.

5) Dr. Jeena George, Dr. Nagalakshmi, &Dr. CV Rajashekhar.[v] (2021). Role of Satvavajaya Chikitsa in Grahani Roga with special reference to Irritable Bowel Syndrome

Grahani Roga with correlation to irritable bowel syndrome (IBS) where the psychological state of an individual plays a major role in prognosis of treatment.

6)Sharma SK, Kala JS, Singh D, Shukla S, Kathait R, Meena R. An approach to Grahani roga through Ayurveda,[vi].

A literature study carried out focused on the etiopathogenesis of Grahani with details of the causative factors, Agni Vitiation and the role of deepan and pachana processes for the betterment of Agni.

7) Pathak AK, Singh KN. A critical review of the anatomical concept of Grahani. [vii] The literary study deals with the explanation of anatomical along with physiological concept of Grahani for the clarity and better understanding of the disease Grahani.

8) Godatwar P, Khan N, Sevatkar B. Epidemiological study of junk food habit as a risk factor for grahanidosha. [viii]

The disease Grahani which is the effect of improper diets and habits has consumption of Junk food as one of the most important etiological factors in the pathogenesis of disease. This epidemiological survey conducted gives evidence of the same concept.

9)Jakhar YO, Patrikar VG, Wankhede SD, Deshpande PP. Association of faulty dietary lifestyle and Grahanidoshavyadhi in school going children with special reference to Irritable Bowel Syndrome. [ix]

A review of the causative factors of Agnidushti, Grahanivyadhi as well as the peer review articles was undertaken for the dietary and lifestyle habits of the school going children. It can be stated that since there is a need to pay better heed to the good dietary habits among school going children

10) Dr. Darshana, &Dr. Amitabh Singh. (2020). Comparative clinical study of Nagradya Churna and Bhunimbadya Churna in management of Grahani w.s.r. To Irritable bowel syndrome. [x]

An interventional study of sample size 40 with two groups was administered formulations Nagradya Churna and Bhunimbadya churna respectively with the yogavahi anupana Madhu for 45 days.

Kaidaryadikashayam a formulation from Chikitsamanjari- Mahodarachikitsa was observed when administered to patients being diagnosed as Irritable Bowel Syndrome (IBS) with special reference to Grahani.

11) Panchal, Kinjal B.; Rajani, Ami, Probable mode of action of rajanyadichurna on grahanidosha in children -a review article[xi]

The article deals with the formulation and ingredients of Rajanyaadichoorna from the Balaroga Adhikar of the Ashtanghrudaya and their action on Agni and their mode of action on the management of Grahanidosha.

12) Sreedas E, Girish KJ. Clinical study on pippalyasava and suranavataka in grahaniroga (irritable bowel syndrome). [xii]

The interventional study was done to evaluate the combined effect of Pippalyasava and Surana Vataka in the management of Grahani Roga with special reference to irritable bowel syndrome. The effect of combined therapies showed that 81.9% improvement in symptoms. The combination of Pippalyasava and SuranaVataka gave statistically highly significant results, which show that these drugs can be effectively used for the management of Grahani Roga.

13) Jaini M, Kumar AS, Kumar SK. A randomized controlled trial to assess the effect of Pathya Ahara in Grahani[xiii]

In this interventional study 60 patients of *Grahani Dosha* of either sex were divided into two groups by random sampling method in Groups A and B. In Group A, patients were given *Bilva* and *Panchakola Churna* without any dietary modification, and patients of Group B were given a diet module to modify their diet along

with *Bilva* and *Panchakola Churna*. All the patients were evaluated for subjective parameters.

14) Dahal, A., Shah, D. M. P.., & Singh, D. P. K. (2021). Management of Grahaniroga in Ayurveda (irritable bowel syndrome) A case report[xiv]
A case from the Ayurveda Teaching Hospital describing the aetiopathogenesis and management of Grahani.

15) Wange, Mangala, from *the proceedings of Insight Ayurveda 2013, Coimbatore. 24th and 25th May 2013*. "PA03.22. Importance of Agni Chikitsa in the management of Grahani Disease w.s.r to Lavanabhaskara Churna.[xv]
15 patients were received 3-to-6-gram Lavanbhaskara churna with water for two times a day for 2 months. The above study showed that nine patients out of fifteen got markedly symptomatic improvement while three got moderately effect, while two patients got mild relief in symptoms, one patient not relief this indicates that lavanbhaskara churna (Agnideepan chikitsa) is highly effective in Grahniroga.

16) Chakraborty S, Das, A management of grahaniroga in ayurveda: a case study, [xvi]
A case from the Ayurveda Teaching Hospital describing the aetiopathogenesis and management of Grahani.
At the end of 60 days of treatment patient got highly significant improvement in symptoms as well as investigation.

17)Jain S, Chawardol SG, Jain J, Dwivedi O. Management of Grahani Roga by Ayurveda principles and life style modification[xvii]
A discussion about the Ayurveda principles described as treatment modalities for the management of Grahaniroga and use of herbs & formulation, *yoga* and life style modification. Have been summarized in the study
.

18) Kulkarni K, Hiremath T. A scientific exploration on role of manasik bhava in grahaniroga: in AyurvedaIn this article an effort has been made to understand the role of manasik bhavas in aetipathogenesis and management of Grahaniroga.[xviii]

19) Vyas, Hitesh A, and R R Dwivedi. “Prevalence of Adhyashana in patients attending IPGT and RA Hospital and its effect on health.”
In the survey study, Adhyashana is a technical term of Ayurveda, which means eating before digestion of previous food was studied. All the ancient classics describe the ill effects of as a prime causative factor for Grahanidosha. [xix]

20) Shirolkar, Sudatta G et al. “Evaluation of prakṛti and quality-of-life in patients with irritable bowel syndrome[xx]
The **e**valuation of the prakṛti of irritable bowel syndrome (IBS) patients and its association with IBS subtypes and quality-of-life (QOL) was done. IBS patients with the consistent subtype in the last 6 months were recruited. Prakṛti assessment with a 24-item questionnaire was performed and depending on the scores the patients were categorized into vāta predominant, pitta predominant, and kapha predominant

21) Lauche, Romy et al. “Efficacy and safety of Ayurvedic herbs in diarrhoea-predominant irritable bowel syndrome: A randomised controlled crossover trial.” [xxi]
This investigated the efficacy and safety of an Ayurvedic herbal compound preparation made from: Murrayakoenigii (curry), P*unica granatum* (pomegranate) and *Curcuma longa* (turmeric), compared to a placebo in patients with diarrhoea predominant IBS.

22) Jeitler, Michael et al. “Ayurvedic vs. Conventional Nutritional Therapy Including Low-FODMAP Diet for Patients with Irritable Bowel Syndrome-A Randomized Controlled Trial.” [xxii]
The interventional study compared the effects of Ayurvedic and conventional nutritional therapy advocated by the German nutritional Society in patients with irritable bowel syndrome (IBS).

23) Tiwari, Ramanand et al. “Clinical evaluation of Bilvadileha in the management of irritable bowel syndrome.” [xxiii] In the clinical trial 51 patients of IBS were registered and administered treatment with Bilvadileha for the duration of 12 weeks. The therapy showed statistically significant improvement in all the clinical features of IBS and in the IBS severity score.

24) Grahaniroga vis-à-vis irritable bowel syndrome: A review [xxiv]

This reviews of Grahaniroga in Ayurveda and current mainstream biomedicine with the key words being Ayurveda, Grahaniroga, Irritable Bowel Syndrome, Agni, Pachak Pitta

25) Irritable bowel syndrome: definition, diagnosis and epidemiology

Nicholas J. Talley MD, PhD (Professor of Medicine)[xxv]

Based on clinical studies, the Rome Criteria for the irritable bowel syndrome (IBS) were developed by consensus. The criteria emphasize the presence of abdominal pain and the link between pain and changes in bowel habit. The reliance on a clinical gold standard rather than a biological marker remains one of the major limitations in refining diagnostic criteria

26) Epidemiology and symptom profile of gastroesophageal reflux in the Indian population: [xxvi]

According to the observational study conducted, 7.6% of Indian subjects have significant GERD symptoms. Consumption of non-vegetarian foods was an independent predictor of GERD. BMI was comparable among subjects with or without GERD

27). Ayurvedic review of grahani w.s.r to IBS[xxvii]

Grahani springs from Dhatu "graha" which suggests "to catch" "to hold" or "to get'. The word Grahani in ayurveda is related to Agni (digestive fire) which helps in the metabolism and digestion of food. This has been discussed in detail in the current article.

28). Epidemiological study of junk food habit as a risk factor for grahanidosha, Khan Nadira, Sevatkar Bal Krishan, Godatwar Pawankumar [xxviii]

The study concluded that the disease Grahani is the effect of improper diets and habits. Now- a-days altered life style has much impact on the patho-physiology of Grahani Dosha. Junk food habit is one of the most important etiological factors in the pathogenesis of Grahani disease as evident from this survey study.

29) Role of Agni in grahaniroga Dr. Sunita Temhunna, Dr. Kamna Singh and Dr. Rashmi Tiwari[xxix] In Ayurveda GrahaniRoga described among the Ashta Mahagadas is dealt with in detail as part of the conceptual study.

30) A review of etiopathology of grahaniroga and their managment according to Ayurved and modern view Dr. PushpaMarkam and 2Dr. NikhilaRanjanNayak [xxx]

Out of the above references of past work done eighteen references were of clinical research done using various Ayurvedic formulations, seven references were of conceptual studies and five are of observational studies done on Grahani and Irritable bowel syndrome.

2. Review of Epidemiology: Need for epidemiological study

The current study is focused mainly on epidemiological study. It includes survey study of agnidushtikarahetus of irritable bowel syndrome. In community medicine the prevalence rates and incidence rates of diseases as per modern nomenclature are studied. There are very few or no studies conducted on the diseases mentioned in AyurvedicSamhitas. For e.g., the prevalence rate of Diabetes Mellitus is known. It is derived based on established diagnostic criteria of Diabetes mellitus. Prevalence and incidence rates of diseases based on modern diagnosis are known and updated every year.

There is no data available on the prevalence rate of diseases identified as per Ayurvedic Diagnostic criteria. For e.g., Prevalence rate of Prameha, Amavata, Amlapitta, Grahanietc are not known. There is no system to document prevalence and incidence rates of diseases as per Ayurved diagnosis. Similarly, there is no data available about etiological factors (Hetus) of diseases as per Ayurvedic terminology. The knowledge of hetus as per Ahara and Vihara of various diseases must be known. Risk factors are identified, but the data of dosha aggravating factors of various diseases is not documented, hence it is unknown.

By identifying risk factors of chronic disease, evaluating treatment modalities and health services, epidemiology has provided new opportunities for prevention, treatment, planning and improving the effectiveness and efficiency of health services. Epidemiology is the basic science of community medicine. Its notifications cover study of disease distribution and isolation (and thereby prevention), and also health and health related events occurring in human population. Modern Epidemiology has entered a new phase of its evolution. The current interest of medical sciences in epidemiology has given rise to newer offshoots such as Infectious disease epidemiology, chronic disease epidemiology, clinical epidemiology, serological epidemiology, cancer epidemiology, malaria epidemiology, genetic epidemiology, occupational epidemiology, psychosocial epidemiology, and so on. This trend will increase in view of the increasing importance given to the pursuit of epidemiological studies. These studies have added substantially to the advancement of medical knowledge is indisputable.

“The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems are defined as Epidemiology.

In the current study agnidushtikara i.e., those factors which vitiate the function of agni (digestive fire) in the body were to be determined as an etiological factor for irritable bowel syndrome.

Modern epidemiology has also taken within its scope the studies of health-related states, events and "facts of life" occurring in human population; viz. study of the health services used by the population and to measure their impact. The well-being of society as a whole, than the well-being of individuals is the main concern of epidemiological studies like public health.

Study of disease frequency, studies of the disease distribution and studies of the disease determinants are three important components of epidemiological studies. Each of these components has its own importance.

Measurement of frequency of disease, disability or death, and summarizing this information in the form of rates and ratios (e.g., prevalence rate, incidence rate, death rate, etc); whichare essential for comparing disease frequency in different populations or subgroups of the same population in relation to suspected causal factors is termed as disease frequency.

Disease and health are not uniformly distributed in human populations. The basic principle of epidemiology is that the distribution of disease occurs in *patterns* ina community and that the patterns may lead to the generation of hypotheses about causative (orrisk) factors. Study these distribution patterns in thevarious sub groups (age, geographical area etc.) of the population by time, place and person is an important function of epidemiology.

Study of these variations in patterns, which leads to measures to control or prevent the disease is a part of epidemiological studies. The important outcome of this study is formation ofetiological hypothesis. This aspect of epidemiology is known as "descriptive epidemiology".

In the current study a description of agnidushtikarahetus (causes) of irritable bowel syndrome was the aim. Study of disease frequency is a part of this current epidemiological survey study.

Epidemiology studies are to test etiological hypotheses and identify the underlying causes (or risk factors) of disease. These are termed as determinants of disease. This is

the real substance of epidemiology. This aspect of epidemiology is known as “analytical epidemiology”.

Aims of epidemiology

According to the International Epidemiological Association (IEA), epidemiology has the following mainaims, which also are reflected in the current study:

a. To describe the distribution and magnitude of health and disease problems in human populations. (Here, irritable bowel syndrome)

b. To identify etiological factors (risk factors) in the pathogenesis of disease; and (here, etiological factors of irritable bowel syndrome)

c. To provide the data essential to the planning, implementation and evaluation of servicesfor the prevention, control and treatment of disease and to the setting up of priorities among those services.

The second part of determining the etiological factors especially the agnidushtikarahetus in the pathogenesis of irritable bowel syndrome are taken here for consideration.

In order to fulfil these aims, three rather different classes of epidemiological studies may be mentioned: descriptive studies, analytical studies and experimental or intervention studies.

The aim of epidemiology is to lead to effective action:

a. To eliminate or lessen the health problem or its consequences; and

b. To promote the well-being and health of society as a whole.

Epidemiology and clinical medicine

In epidemiology the unit of study is a “defined population” or “population at risk”; in clinical medicine, the unit of study is a “case” or “cases”. In clinical medicine, the physician is concerned with disease in the individual patient, whereas the epidemiologist is concerned with disease patterns in the entire population. Epidemiology is thus concerned with both the sick and the healthy.

Epidemiology and Clinical medicine are closely related, co-existent and mutually helpful. Most epidemiological enquiries could never be established without appropriate clinical consideration as to how the disease in question can be identified among individuals comprising the group under scrutiny. Knowledge of prevalence, etiology and prognosis derived from epidemiological research is important to the clinician for the diagnosis and management of individual patients and their families.

In this particular study knowledge of agnidushtikarahetus will be important to the physician for management of irritable bowel syndrome. After the relation of cause and effect is established between agnidushti, its causes in the pathogenesis of irritable bowel syndrome the do's and dont's can be clearly advised to the patients of IBS. .

Epidemiological approach

The two major foundations in an epidemiological approach of health and disease are asking questions and making comparisons.

In this study the health event is irritable bowel syndrome and the questions asked are – What is irritable bowel syndrome, what is its magnitude, who are affected and where it happens and why did it happen**?**

After this study the health-related action would be

a. What can be done to reduce this problem and its consequences?
b. How can it be prevented in the future?
c. What action the community should take? By the health services? By other sectors? Where and for whom these activities are carried out?
d. What resources are required? How are the activities to be organized?
e. What difficulties may arise, and how might they be overcome?

Answer to the above questions may provide clues to disease aetiology, and help the epidemiologist to guide scanning and evaluation. It will help a lot in the public health to reduce the problem of irritable bowel syndrome by advising the affected people to follow a healthy dietary pattern and lifestyle.

The basic approach in epidemiology is to make comparisons and draw inferences. This may be comparison of two or more groups - one group having the disease (or imposed to risk factor) and the other group(s) not having the disease (or not exposed to risk factor), or comparison between individuals. The epidemiologist tries to find out the crucial differences in the host and environmental factors between those affected and not affected by making comparisons. In short, balances and contrasts are weighed by the epidemiologist. Clues to aetiology come from such comparisons.

Epidemiology focuses among other things, on measurement of mortality and morbidity in human populations. The first requirement is therefore definition of what is to be measured and establishment of criteria or standards by which it can be measured.

This is not only a prerequisite of epidemiological studies but also one of its goals. Standardized methods of observation and recording are therefore essential before commencing any epidemiological study.

In the scope of measurements in epidemiology in this particular study includes the Measurement of the presence, absence or distribution of the environmental and other factors suspected of causing the disease, and measurement of demographic variabilities.

The incidence rate, as a health status indicator, is useful for taking action

(a) To control disease

(b) For research into etiology and pathogenesis, distribution of diseases, and efficacy of preventive and therapeutic measures.

Prevalence rate as a health status indicator helps to

(a) to estimate the magnitude of health/disease problems in the community, and identify potential high-risk populations

(b) Prevalence rates are especially helpful for administrative and planning purposes, e.g., hospital beds, manpower needs, rehabilitation facilities, etc.

The primary concern of the epidemiologist is to study disease occurrence in people, who during the course of their cases are exposed to numerous factors and circumstances, some of which may have a role in disease aetiology.

Epidemiological studies can be classified as observational studies and experimental studies with further subdivisions:

1. Observational studies
   a. Descriptive studies
   b. Analytical studies
2. Experimental studies Intervention studies

Descriptive epidemiology

Descriptive studies are the first phase of an epidemiological investigation. These studies are concerned with observing the distribution of disease or health related characteristics in human populations and identifying the characteristics with which the disease in question seems to be associated. Since, irritable bowel syndrome is a lifestyle associated disease; the life style of the person affected was studied with the help of a case record proforma

The various procedures involved in descriptive studies may be outlined as below:

Procedures in descriptive studies

1. Defining the population to be studied, (here persons affected are of irritable bowel syndrome)
2. Defining the disease under study (By screening method –Rome II Criteria)
3. Formulation of an etiological hypothesis (Agnidushtikarahetus of IBS)

Once the population to be studied is defined or specified, one must then define the disease or condition being investigated. Here the needs of the clinician and epidemiologist may differ. The clinician may not need a precise definition of disease (e.g., asthama) for immediate patient care. If the diagnosis is wrong, he can revise it subsequently. But the epidemiologist, whose main concern is to obtain an accurate estimate of disease in a population, needs a definition that is both precise and valid to enable him orthe observers working in field conditions to identify those who have the disease from those who do not. The diagnostic methods for use in epidemiological studies must be acceptable to the population to be studied, and applicable to their use in large populations. For the identification or screening of IBS Patients Rome III criteria for Functional gastrointestinal disorders (FGIDs) was adopted.

In other words, the epidemiologist looks out for an "operational definition", i.e., a definition by which the disease or condition can be identified and measured in the defined population with a degree of accuracy.

Uses of descriptive epidemiology

a) Provide data regarding the magnitude of the disease load and types of disease problems in the community in terms of morbidity and mortality rates and ratios.

b) Provide clues to disease aetiology, and help in the formulation of an etiological hypothesis. That is, the existence of a possible causal association between a factor and a disease is usually recognized in descriptive studies. Thus, if the disease is observed to be more frequent in a particular group than in others, hypotheses are formulated to explain the increased frequency.

In this particular study the association of agnidushtikara factors leading to IBS and leading to some other FGIDs were to be observed.

c) Provide background data for planning, and to contribute to research by describing variations in disease occurrence by time, place and person.

Uses of epidemiology

Study of disease distribution and causation remains central to epidemiology; the techniques of epidemiology have a wider application covering many more important areas relating not only to disease but also health and health services. In more utilitarian terms, epidemiology has been defined as "a means of learning, or asking questions …. and getting answers that lead to further questions". In this context, Morris has identified seven distinct uses of epidemiology beyond the search of causes of disease and getting it closer to day-to-day concerns of modern medicine.

These are:

1. To study historically the rise and fall of disease in the population

Epidemiology provides a means to study disease profiles and time trends in human population. By a study of these trends, we can make useful projections into the nature and identify emerging health problems and their correlates.

2. Community diagnosis

One of the uses of epidemiology is community diagnosis. Community diagnosis generally refers to the identification and quantification of health problems in a community in terms of mortality and morbidity rates and ratios, and identification of their correlates for the purpose of defining those individuals or groups at risk or those in need of health care. By quantification of health problems, we lay down priorities in disease control and prevention. Secondly, quantification of morbidity and mortality can serve as a benchmark for the evaluation of health services at a later date. Thirdly, the quantification of health problems can be a source of new knowledge about disease distribution, causation and prevention. Epidemiology has been described as a "diagnostic tool" of community medicine.

3. Planning and evaluation

Planning is essential for a rational allocation of the limited resources. The application of epidemiological principles to health care constitutes the new "epidemiology". Examples of planning include planning facilities for medical care (e.g., number of hospital beds required for patients with specific diseases, health manpower planning); planning facilities for preventive services (e.g., screening programmes, immunization campaigns, provision of sanitary services); and planning for research.

4. Evaluation of individual's risks and chances

One of the important tasks of epidemiologists is to make a statement about the degree of risk in a population. Besides the incidence rate and specific rates which are measures of absolute risk, the epidemiologists calculate relative risk and attribute risk for a factor related to or believed to be a cause of the disease. Agnidushtikarahetus are considered as an aetiological factor for IBS.

5. Syndrome identification

Observing frequently associated findings in individual patients identifies medical syndromes.

6. Completing the natural history of disease

Epidemiology is concerned with the entire spectrum on disease in a population.

7. Searching for causes and risk factors

Epidemiology by relating disease to interpopulation differences and other attributes of the population or cohorts examined, tries to identify the causes of disease. The contributions of the epidemiology in this regard can be cited that rubella is the cause of congenital defects in the new born, , cigarette smoking is a cause of lung cancer, etc. in the case of chronic disease, hopes of finding a single cause remains unfulfilled, but an important conceptual change has occurred – that is search for risk factors will be a ceaseless effort, as our ignorance about disease aetiology, particularly chronic disease, is profound, not to speak of the "new" diseases which are appearing. Efforts to gather the agnidushtikarahetus of irritable bowel syndrome are to be studied here which may be termed as risk factors for irritable bowel syndrome.

4. Review of Survey: Methods of Data Collection

In this particular study Survey was adopted for assessment of AgnidushtikaraHetus of Irritable Bowel Syndrome. A brief description about Non-Experimental Methods of Data Collection is as follows:

Experimental Methods of data collection are ideal though not always possible because many research problems in the education and social sciences do not lend themselves to experimentalenquiry. Even if we would avoid non-experimental methods, we cannot. The non-experimental methods are:

A. Field Methods which include Field Study, Sample Survey, and Case study

B. Library Methods

Field Methods:

1. Field Study: Any systematic study, which aims at discovering the relations and interactions among variables or testing hypothesis in natural live situations like schools, factories, organizations, communities and institutions, and which is ex-post facto in nature is a field study.

2. Sample Survey: Sample survey is also a form of ex-post facto research in which the researcher simply collects data about certain psychological or sociological characteristics of a sample that represent a known population in natural settings. The researcher is interested in knowing something about the whole population. But rarely does the researcher studies the whole population. He only studies samples drawn from populations. The data are sought directly from respondents by some systematic technique such as questionnaire, interviewing or observation at a certain point or period of time once only. This is unlike an experiment in which repeated observations are made of the effect of certain variables on other variables over time. If the researcher suspects that confounding influences may be present in the data obtained from a survey then the potentially confounding variables may be measured and statistical techniques use to control their effects.

Some of the purposes for which sample survey may be used as a method of data collection are as follows:

i) To test a hypothesis

ii) To predict future conditions (e.g., outcome of a bad habit)

iii) To explore the existence of some phenomenon (e.g., a correlation between accessibility of knowledge in rural areas)

iv) To describe a phenomenon

v) To evaluate social programmes (e.g.to evaluate the usefulness of health education programme)

vi) To develop social indicators e.g., data upon which to base the unemployment rate

Differences between a Field Study and Survey

1) A sample survey is usually extensive in scope. Therefore, both in number of cases included and in the manner of their selection, it has to be adequately and faithfully representative of a larger population. On the other hand, a field study is generally restricted in its scope and is little concerned with the question of sampling.
2) In a sample survey a direct study of the ongoing psychological processes and social is not done. Inferences about these processes are indirectly made through statistical end results. In the field study, however, these factors are observed and measured more directly. Thus, a field study provides more detailed and a more in-depth pictures of the social interrelations of the group than does the survey.

Advantages

1) Use of a large representative sample in a survey reduces problems of sample bias and allows the researcher to generalize his results to the parent population.
2) Data collection can take place in any setting. It is assured that the respondents' replies generally remain uninfluenced by the setting in which they are given. For example, the patients suffering from a disease can be as validly and reliably interviewed for their preferences at the outpatient department or as in any other setting such as clinics
3) Data are obtained directly from the respondent.
4) A variety of data collection techniques (e.g., interviews, questionnaires, and observations) can be used alone or in combination.
5) If mail questionnaire is used to collect data, the cost of collection per respondent is relatively low as compared, for example, to the interview technique.
6) Surveys always yield information that suggests new hypothesis.

Limitations

1) In this method there is initial resistance to being interviewed either because the respondent does not wish to be bothered or because he suspects some trap. If mail

questionnaires are used to collect data the proportion of returned questionnaire is often low.

2) In this method there are possibilities of the information being biased. Bias can both be deliberate and non- deliberate. Non-deliberate bias generally creeps in the form of approximation when the respondents are asked to supply information on some past events, which they do not exactly remember. Deliberate bias creeps in when the respondent distorts his replies purposefully in order to gain some favor or avoid some unpleasant sequences.
3) Use of standardized response formats (e.g., structured interviews and questionnaires) in many sample surveys force respondents to subscribe to statement they do not fully endorse.
4) Most surveys are one-shot studies. This means that they collect data at only one point in time as opposed to longitudinal studies in which repeated measures are taken on the same sample.
5) This method does not involve manipulation of independent variables. As a result, cause and effect relationships between variables cannot be established by this method.
6) The repetitive of job of filling in the same questionnaire or putting the same questions to the informants again and again sometimes causes monotony to an investigator who, like an experimenter in the laboratory setting cannot change his experiments every now and then.

Steps in Conducting a Survey

Important steps in conducting a survey are: planning, collecting of facts, analyzing the facts, and presenting the findings.

1. Planning a survey: The job of planning a survey should preferably be assigned to a committee composed of representatives from various community organizations and agencies.

In health sciences sector it is the responsibility of the researcher to conduct the survey by himself, as the sample is a representation of the population affected. This committee may be changed with drawing up a plan covering the following points:

i) Statement of objectives: A clear statement of objectives should always be the starting point in survey. Objectives guide the investigator in determining the nature and the amount of data to be gathered. They define the area and scope of survey.

ii) Knowledge about similar studies: Once the purpose and nature of the survey has been determined, a search should be undertaken for similar studies, which have been completed in the past. This is necessary to avoid duplication, if any, as well as to gain a fresh method of approach from an assessment of pitfalls already suffered in the previous enquiries and the difficulties connected therewith. It is always economical to learn from others experience.

iii) Preparation of a work schedule and budget.

iv) Arrangement of publicity: people should know about the project and should be kept informed about its progress through newspapers, exhibition, etc.

v) Determination of sample: Two questions need to be answered regarding the survey sample. These are: what should be the universe of the sample? And what should be the size and design of the sample? Universe of the sample is many times implicit in the object of the survey itself. If resources do not permit a study of the whole universe, a representative sample will have to be drawn either randomly or in some other way. In exploratory research purposive selection of the sample is often more appropriate than random selection. To insist on randomness in selecting sample of small size increases the risk of accidental inclusion of deviant cases. Random samples are superior to purposive samples when they are large enough so that the impact of accidental inclusions is minor.

vi) Preparation of a questionnaire: The technique by which each unit of the sample is to be contacted (personal interview, telephone or mail) must be determined, and a questionnaire prepared. The draft of questionnaire should be pre-tested before its actual use.

In this research work a pre-approved and validated Rome III Questionairre was adopted for screening of patients suffering from irritable bowel syndrome. For the collection of agnidushtikarahetus a detailed study of lifestyle of the person having irritable bowel syndrome symptoms was done with the help of an Ayurvedic case proforma.

2. Collecting the facts: When planning is completed the survey team moves “into the field” and undertakes the fieldwork, that is, the collection of facts. The first general

principle of fieldwork is to maintain good rapport with the informants. Misunderstanding of informants should be removed immediately.

3. Analyzing the facts: A survey is not finished with the collection of facts. Experienced researcher must breathe life into the cold data by skilful analysis. But there are three preliminary steps-- editing, classifying and coding the data. The contents of the data obtained in a survey are first of all carefully checked for any possible inconsistencies or incompleteness. This is called editing.

4. Presenting the facts: Presentation of facts is the last stage of a survey. Through good presentation, significant facts and comparisons are highlighted and their intelligent use rendered possible. Presentation of facts can be either formal or informal. Formal presentation is in the form of graphs and tables. Informal presentation is either in the form of running text or is semi tabular.

Pilot survey

A pilot survey is the whole survey operation in miniature. It is a careful empirical checking of all phases of the study from the collection of data to their tabulation and analysis.

In this research a Pilot survey was conducted on 10 % of the sample size taken i.e., on 20 individuals suffering from irritable bowel syndrome were screened using Rome III criteria. They were subjected to the Ayurvedic case proforma and their symptoms, life style was studied. Further analysis of this questionnaire and Ayurvedic case proforma was done. Thus, the tools used were validated.

Survey research:

Survey research is one of the most important areas of measurement in applied social research. The broad area of survey research encompasses any measurement procedures that involve asking questions of respondents. A "survey" can be anything from a short paper-and-pencil feedback form to an intensive one-on-one in-depth interview.

Types of surveys:

Surveys can be divided into two broad categories: the **questionnaire** and the interview**.** Questionnaires are usually paper-and-pencil instruments that the respondent completes. Interviews are completed by the interviewer based on the respondent says. Sometimes, it is difficult to tell the difference between a questionnaire and an interview. Some people

think that questionnaires always ask short closed-ended questions while interviews always ask broad open-ended ones.

Techniques of data collection

The techniques of data collection are: Questionnaire, Interview, Observation, Projective Techniques and Sociometry.

In this research work the Interview technique was used for data collection

Interview

The interview is the oldest and most often used device for obtaining information. It is a 'meeting' in which the interviewer puts questions to the interviewee and records his responses. The meeting is always face-to-face where both the parties communicate with each other not only through words (verbal interaction) but also through gestures, mannerisms, facial expressions, etc. (visual interaction).

Here, the information in structured questions was taken from patients suffering from irritable bowel syndrome. The screening of patients took maximum fifteen minutes to be filled after interviewing the cases suffering from irritable bowel syndrome using the Rome III structured questionnaire.

All interviews are pseudo-conversational in nature. This means that they are conversations "with a purpose" where the interviewer's aim is to elicit as much relevant information as is possible within a specified time.

Type of Interviews

On the basis of the degree of structure present in the questions asked by the interviewer all interviews may be classified into three categories: standardised, unstandardised and semi-standardised.

1. Standardized, structured or formal interview: In this type of interview, the questions and their sequence are determined in advance. The interviewer merely proceeds systematically through the list of questions, noting the replies given by the applicant.

In this particular research the standardized Rome III questionnaire to diagnose Functional gastrointestinal disorders was used. The Ayurvedic case proforma

(2) Unstandardized, unstructured or informal interview: In this type of interview the interviewer is free to develop each situation in whatever ways he deems most appropriate

for the purpose at hand. He can be quite flexible in adapting his approach to whatever appears to be most fruitful for a given respondent. He may change his general line of questioning if important results are not forthcoming or he may- alter the wording of the questions so as to achieve some equivalence in meaning for different kinds of respondents or he may omit certain questions and add new ones, and soon. .

(1) Semi-standardized, semi-structured interview: In this type of interview, the interviewer asks a number of specific major questions but he is also free to probe beyond the answers to these questions. One such interview is the focused interview. In this interview the interviewer though bound by a definite framework of topics to be covered about each respondent is more or less free to frame his questions and to decide their sequence according to his understanding of the situation.

Process of Interview

The entire process of interview may broadly be studied in five parts:

(a) Preparatory thinking, (b*)* developing rapport with the respondent, (c) carrying the interview forward, (d) recording the interview, and (e) closing the interview.

Validating the Interview

The data gathered through interview should always be crosschecked by other means for possible inconsistencies and misrepresentations. This is called 'discerning' or 'validating' the interview.

Advantages and Limitations of Interview Technique

Advantages

1. Interview technique can be used with illiterate respondents.

2. Proportion of the respondents participating in an interview is generally more than the proportion of respondents who return a mail questionnaire.

3. The information secured through an interview is likely to be more correct than that secured by a mail questionnaire. This is because the interviewer can point out the inconsistencies in replies on the spot and correct them. In case of deliberate lies he can probe deeper to find out the truth and can observe and record details of interviewee's behaviour (nervousness, hesitation, etc.) in responding. He can also clarify certain questions, which the interviewee does not fully understand.

4. In an interview the respondent is generally caught off guard, which enables the interviewer to observe his spontaneous reactions (facial expressions, gestures, etc.) to the questions put to him--an advantage not available in the case of mail questionnaires.

5. Discussion on sensitive and emotional subjects can be better approached by an unstructured interview than by any other technique.

6. The interview sometimes proves to be such a stimulating experience to a respondent that he willingly offers a lot of information, which may not be forthcoming in other techniques

Limitations

1) The interview is generally more costly than other techniques.

2) The interviewer may suffer from bias, faulty perception, faulty memory, lack of insight and inability to articulate. He may, while explaining the import of a question, put words in the mouth of respondent or change the whole context of a question.

4) The interviewer may (because of fatigue, decreased task interest, etc.) alter the manner in which questions are put to interviewees or the sincerity with which responses are recorded from one interview to the next, etc. As a consequence, the validity and reliability of obtained data may suffer.

5) Characteristics of the interviewer, the interviewee (e.g., sex, race, socioeconomic status, etc.) and their combination may influence the mastered variables.

4. Review of Agni, agnidushtikara hetus and grahani

Conceptual Study of Agni:

Synonyms of the word Agni: The word Agni has the following 61 synonyms according to the Shabdakalpanadruma.

१.वैश्वानरः	२.वन्हि	३. वीतहोत्रः	४. धनञ्जयः	५. कृपीटयोनिः
६.ज्वलनः	७.जातवेदाः	८.तनूनपात्	९.तनूनपाः	१० वर्हिःशुष्मा
११.वर्हिः	१२.शुष्मा	१३.कृष्णवर्त्मा	१४.शोचिष्केशः	१५.उषर्ब्बुधः
१६.आश्रयाशः	१७.आशयाशः	१८वृहद्भानुः	१९.कृशानुः	२०.पावकः
२१.अनलः	२२रोहिताश्वः	२३.वायुसखा	२४.वायुसखः	२५.शिखावान्
२६.शिखी	२७आशुशुक्षणिः	२८हिरण्यरेताः	२९.हुतभुक्	३०.हव्यभुक्
३१.दहनः	३२हव्यवाहनः	३३.सप्तार्च्चिः	३४.दमुनाः	३५.दमूनाः
३६.शुक्रः	३७.चित्रभानुः	३८.विभावसुः	३९.शुचिः	४०.आप्पित्तं
इत्यमरस्तट्टीका च	४१.वृषाकपिः	४२.जुहूवालः	४३.कपिलः	४४.पिङ्गलः
४५.अरणिः	४६.अगिरः	४७.पाचनः	४८.विश्वप्साः	४९.छागवाहनः
५०.कृष्णार्च्चिः	५१.जुहूवारः	५२.उदर्च्चिः	५३.भास्करः	५४.वसुः
५५.शुष्मः	५६.हिमारातिः	५७.तमोनुत्	५८.सुशिखः	५९.सप्तजिहवः
६०.अपपारिकः	६१.सर्व्वदेवमुखः	इति जटाधरः।।		

Agni in Ayurveda: It is rooted in the concept of *pitta.* The term is derived from the root word ‘tap’ with a meaning ‘to heat’ or ‘to burn’.

This term has varied meanings as follows:

a) *tapsamtape*-generation of heat

b) *tapdahe*- burning of the nutrition consumed

c) *tapaisvarye*- factor which is responsible for achievement of the eight kinds of benefits.

Pitta is described as agni (fire), since it performs fire-like actions i.e., *paka*, which refers to *pacana (*digestion), *dahana* (burning, combustion or oxidation) including

bhinnasamghata (splitting), *tapana* (heat production), *parinamana* (conversion), *paravritti* (transformation), *prabhakara* (to cause luster).

Seat of Agni and Grahani: -

अग्न्यधिष्ठानमन्नस्य ग्रहणाद्ग्रहणीमता।

(Reference-Charakasamhita Chikitsasthan Grahanidoshachikitsitam 15/57)

Grahani, it is located above theUmbilical region is supported and nourished by the strength of *Agni*. It is so called because of its power to restrain (*grahanat*) the downward movement of food.

जाठरो भगवानग्निश्वरो अन्नस्यपाचकः।

सौक्ष्म्याद्रसानाददानो विवेक्तुं नैव शक्यते।।

(Reference-Sushrutsamhita Sutrasthana Aturopakrmaniya Chapter 35/27)

Agni is situated in the abdomen and is all powerful and glorious which digests food and due to subtlety, while assimilating rasas cannot be comprehended directly.

तत्र पक्वामाशयमध्यगम् । पञ्चभूतात्मकत्वे अपि यत्तैजसगुणोदजयात्।।

त्यक्तद्रवत्वं पाकादिकर्मणा अनलशब्दितम्।।

(Reference-Ashtanghridaya Sutrasthana Doshabhediya Chapter12/10-11)

Kayagni (Digestive fire) –is situated between stomach and intestine.
Some portion of itself is present in the *dhatus* also. Their increase and decrease give rise to increase and decrease of dhatus. Digestion, increase and decrease of doshas and malas all there are dependent upon

रोगाः सर्वे अपि मन्दे अग्नौ सुतरामुदराणि तु।

(Reference-Ashtanghridaya Nidansthan Udaranidana Chapter 12/1)

Agnimandya is root cause of all disease.

Sweda, Lasika, rasadhatu, rakta, yakruta, pliha, hrudaya, twak (skin) and nabhi are sthan of Pitta. In Indu commentary of Ashtanga Samgraha it is stated that Antaragni is situated

between Amashaya and Pakwashaya and is placed half angulavama (left) and parshwa (lateral) to nabhi (Reference-Ashtang Sangraha Sutrasthana. 20/6 Indu Commentary).

नाभिमध्येशरीरस्यविज्ञयसोममण्डलम्।।

सोममण्डलमध्यस्थम्विद्यात्त्त सूर्यमण्डलम्।। (Reference-Bhela Samhita)

Bhela Samhita has explained the position of agni in detail. It says that, at the nabhi or umbilicus, there are two mandals or dome like or circle like areas, situated in one inside the other condition. The outer is known as somamandala and the inner as suryamandala. Surrounded by these two, situated at exactly centre of them is the location of agni. Thus it should be taken as centre of nabhi.

1) Agni is located below the level of amashaya.
2) It is located between amashaya and pakvashaya.

Nature of Agni:

There are two opinions about the nature of *agni*. The first as explained by by Acharya Susruta, is that *agni* and *pitta* are the same and there is no separate entity as *agni*. And the second by Charak and Vagbhat, which explains that agni and pitta are separate entities.

तत्र जिज्ञास्यं किं पित्तव्यतिरेकादन्यो अग्निः। आहोस्वित् पित्तमेवाग्निरिति ।

अत्रोच्यते- न खलु पित्तव्यतिरेकादन्यो अग्निरुपलभ्यते, आग्नेयत्वात् पित्ते दहन पचनादिष्वभिप्रवर्तमाने अग्निवदुपचारःक्रियते अंतर्ग्निरिति,

क्षीणेह्यग्निगुणेतत्समानद्रव्योपयोगात्, अतिवृद्धे शीतक्रियोपयोगात्, आगमाच्च पश्यमानो खलु पित्तव्यतिरेकादन्यो अग्निरिति।।

(Reference-Sushruta Sutrasthana Vranaprashnadhyaya Chapter 21/ 9)

Elaboration of the Acharya Sushrut View:

Acharya Sushrut opines that *agni*and *pitta* they are inseparable; hence they are same. It has been argued that pitta performs all the functions of *agni*like *dahana, pachana and also* when *agni* is vitiated, treatment aimed at improving pitta shows good results. Thus, agni is nothing but pitta.

समदोषः समाग्निश्च समधातुमलक्रियः।प्रसन्नात्मेन्द्रियमनाः स्वस्थइत्यभिधीयते।। (Reference-Sushrut Sutrasthan Dosha-dhatu-mala-kshaya-vridhhividnyaniya Chapter 15/41)

Sushrut samhita has defined health as balance in the functioning of the doshas, dhatus, malas and agni and a state of happiness in the sense organs, mind and the soul.

अग्निरेव शरीरेपित्तान्तर्गतःकुपिताकुपितः शुभाशुभानिकरोति, तद्यथा

पक्तिमपक्तिंदर्शनमदर्शनं मात्रामात्रत्वमूष्मणः प्रकृतिविकृतिवर्णौ शौ्र्यं भयं क्रोधं हर्षं मोहं

प्रसादमित्येवमादीनि चापराणिद्वन्द्वानीति ।।

(Reference-Charakasamhita Sutrasthana Vatakalakaliya Chapter 12/11)

Agni in the human body is represented by pitta, which in its non-aggravated and aggravated form performs various good and bad functions including digestion or indigestion, vision or loss of vision, normality or abnormality of body heat and complexion, valour, fear, anger, joy, attachment, happiness and other such pairs of opposing qualities.

Elaboration of the AcharyaCharak View:

कट्वजीर्णविदाह्यमलक्षाराद्यैः पित्तमुल्बणम्।

अग्निमाप्लावयद्धन्ति जलं तप्तमिवानलम्।।

सो अजीर्णंनीलपीताभं पीताभः सार्यतेद्रवम् ।

पूत्यम्लोद्गारहृत्कण्ठदाहारुचितृडर्दितः।।

(Reference-Charakasamhita Chikitsasthana Grahanichikitsitam Chapter 15/65-66)

Due to the over intake of pungent, uncooked, sour, alkaline foods the *pitta* gets aggravated and extinguishes the fire by flooding over due to hot water.

Properties of Ghrita in relation to agni and pitta

स्मृतिबुद्ध्यग्निशुक्रौजःकफमेदोविवर्धनम्।

वातपित्तविषोन्मादशोषालक्ष्मीज्वरापहम्।।

सर्वस्नेहोत्तमं शीतं मधुरं रसपाकयोः।

सहस्त्रवीर्यं विधिभिर्घृतं कर्मसहस्त्रकृत् ।।

मदापस्मारमूर्छायशोषोन्मादगरज्वरान्।

योनिकर्णशिरःशूलं घृतंजीर्णमपोहति।।

(Reference-Charaka Samhita Sutrasthana Annapanavidhi Chapter 27/231-233)

It has been explained with an example that that pitta prakopa is responsible for agninasha and also that ghritawith its inherent properties while increasing *agni*, reducespitta.

Consensus about the *Agni* and *Pitta* Entities: The commentators of the classical treatises help to throw a light on the debate of *Agni* and *Pitta* individuality.

तथा अन्यदपि पित्ताग्नयोर्भेदप्रतिपादकतन्त्रमुच्यते- द्रवंस्निग्धंमधोगंचपित्ंवन्हिरतो अन्यथा इति।।

(Reference-Sushrut Sutrasthana Vranaprashnadhyaya Chapter 21/9 –Dalhana Nibandhasamgraha commentary)

Dalhan has quoted that *agni* has a natural tendency to act in upward direction while pitta works downwards.

तस्मात्धर्मधर्मितरुपतया एव अत्राभेद आचार्यस्य विविक्षितः।।

(Reference-Charaka Samhita Sutrasthana Chapter 21/Chakrapani commentary)

Chakrapanidatta explains the relationship between *agni* and *pitta* similar to *dharma* and *dharmi.* Thus, it can be understood that although they are different, they are inseparable.

एतेन पाचकापेक्षया अग्निपित्तयोरभेदः, रञ्जकाद्यपेक्षया भेद इति मतद्वयं व्यस्थापितम्।

(Reference-Ashtanghridaya Sutrasthana Doshabhediya Chapter12/12- Ayurved Rasayana Commentary by Hemadri)

Hemadri explains that pacaka pitta and being separate is true in cases of other types of pitta. This means that *agni* is nothing but *pacaka pitta* where as other types of *pitta* are separate from *agni*.

From all the above statements, it could be concluded that:

1. *Agni* and *pitta,* basically are separate
2. *Agni* is that power which is beyond the ordinary purview of the explanations in terms of *rasa, virya,* guna etc.
3. Pitta forms the medium for the action of Jatharagni.

The Jatharagni and its prime importance among the 13 types of Agni:

अन्नस्य भुक्तमात्रस्य षड्रसस्य प्रपाकतः।

मधुराद्यात्कफो भावात् फेनभूत उदीर्यते ।।

परं तु पच्यमानस्य विदग्धस्याम्लभावतः।

आशयाच्च्यवमानस्य पित्तमच्छमुदीर्यते।।

पक्वाशयं तु प्राप्तस्य शोषमाणस्य वन्हिना।

परिपिण्डितपक्वस्य वायुःस्यात्कटुभावतः।।

(Reference-Charakasamhita Chikitsasthana Grahanichikitsitam Chapter 15/9-11)

As soon as the food that has all the six tastes is consumed, it undergoes the first stage of digestion known as *madhura* (sweet) state during which kapha is produced which is like froth. Afterwards, while the food undergoing digestion is in its partially digested form, it attains *amla* (sour) state.

When the semi-digested food leaves the stomach, the release of liquid form of pitta known as *accha-pitta* occurs.

When the *pakva* part (the non-absorbable remnant part after the absorption of the nutrients), reaches the *pakvashaya* (the colon), the drying effect of *agni* converts it into a solid mass. There also occurs the release of vata which is *katu* (pungent) state.

The importance of Agni for the sustenance and wellbeing of the body:

आयुर्वर्णो बलं स्वास्थ्यमुत्साहोपचयौ प्रभा।

ओजस्तेजो अग्नयः प्राणाश्चोक्ता देहाग्निहेतुकाः।।

शान्ते अग्नौम्रियते, युक्तेचिरंजीवत्यनामयः।

रोगी स्याद्विकृते, मूलमग्निस्तस्मान्निरुच्यते।।

(Reference-Charakasamhita Chikitsasthana Grahanichikitsitam Chapter 15/3-4)

Dehagni (all the entities in the body that are responsible for digestion and metabolism) is the fundamental causative agent for longevity, normal complexion, normal strength, good health, motivation, normal growth, normal luster, normal *ojas*, normal body temperature and various other forms of *agni*. Even the existence of an individual is said to be because of *dehagni*.

The importance of food for the growth and wellbeing of the body and mind:

अन्नं वृत्तिकराणां श्रेष्ठम्।

(Reference-Charakasamhita SutrasthanaYajjapurushiya Chapter 25/40)

Food is the best and cardinal entity for the sustenance of life.

The process of digestion (from ingestion to the effects of Jatharagni on the food):

अन्नमादानकर्मातु प्राणः कोष्ठं प्रकर्षति ।

तद्द्रवैर्भिन्नसंघातं स्नेहेन मृदुतांगतम्।।

समानेनावघूतो अग्निरुदर्यः पवनोद्वहः।

काले भुक्तं सं सम्यक् पचत्यायुर्विवृद्धये।।

एवं रसमलायान्नमाशयस्थमधःस्थितः।

पचत्यग्निर्यथा स्थाल्यामोदमायाम्बुतण्डुलम्।।

(Reference-Charakasamhita Chikitsasthana Grahanichikitsitam Chapter 15/6-8)

The ingested food is carried to the koshtha by pranavayu. The food disintegrates because of the liquids, and further it becomes soft because of the fatty substances. The samanavata, that has an inherent ability to intensify the agni, intensifies the digestive enzymes and properly digests the food that one consumes timely and in an appropriate quantity, thus leading to longevity. This process of digestion by agni in the gut which leads to the formation of rasa and mala is comparable to the process of cooking of the raw rice kept in an earthen vessel containing water on a fire.

The concept and functions of Grahani:

अग्न्यधिष्ठानमन्नस्य ग्रहणाद्ग्रहणीमता ।

नाभेरुपर्यह्यग्निबलेनोपष्टब्धोपबृंहिता।।

अपक्वं धारत्यन्नं पक्वं सृजति पार्श्वतः।

दुर्बलाग्निबला दुष्टात्वाममेव विमुञ्चति।।

(Reference-Charakasamhita Chikitsasthana Grahanichikitsitam Chapter 15/56-57)

Grahani is seat of agni and it is so called since it holds/retains the food (for proper digestion and assimilation). It holds the food just above the umbilical region and it is supported and nourished by the agni. Grahani with help of agni holds the undigested food and pushes forward digested food, but when agni becomes weak and vitiated due to vidagdha ahara murchita dosha (afflicted by improperly digested food) i.e samadosha(dosha associated with ama) it vitiates the grahani and releases food in the form of ama i.e. undigested form.

अभोजनादजीर्णातिभोजनाद्विषमाशनात्।

असात्म्यगुरुशीतातिरुक्षसन्दुष्टभोजनात्।।

विरेकवमनस्नेहविभ्रमाद्व्याधिकर्षणात्।

देशकालर्तुवैषम्याद्वेगानां च विधारणात्।।

दुष्यत्यग्निः, सदुष्टो अन्नंनतत् पचति लघ्वपि ।

अपच्यमानं शुक्तत्वं यात्यन्नं विषरुपताम्।।

(Reference-Charakasamhita Chikitsasthana Grahanichikitsitam Chapter 15/42-44)

The causes of Agnidushti: Excessive starvation, indulging in food intake although there is indigestion, overeating, irregular habit of eating, eating unwholesome food, indulging in food which is heavy to digest or having excessive nutritional value, food which is having cold qualities or eating chilled or frozen items, food which is dry in nature or food which brings about emaciation, contaminated food, perversion of procedureslike vamana, virechana and sneha, emaciation of body due to disease,sudden migrationtounsuitable place and of time and of season, suppression of natural urges are causes for vitiation of agni. Thus, vitiated agni is unable to digest even the light food. This vitiated digestive agent forms an intermediate substance called ama, which turns sour (shukta) during fermentation and finally turns in poisonous substance (amavisha)

Elaboration of the terminologies of the Hetu of Agnidushti:

1.**Samashana-One of the improper ways of consuming meals**

हिताहितोपसंयुक्तमन्नं समशनं स्मृतम्।

(Reference-Sushrutsamhita Sutrasthana Annapanavidhi Chapter 46/508)

Hita and Ahita food when eaten together is termed as Samashana.

2.Vishamashan-One of the improper ways of consuming meals

बहु स्तोकमकाले वा तज्ज्ञेयं विषमाशनम्।

(Reference-Sushrutsamhita Sutrasthana Annapanavidhi Chapter 46/508)

Untimely intake of food in excess or less quantity is termed as Vishamashana

3. Adhyashanam-One of the improper ways of consuming meals

अजीर्णे भुज्यते यत्तुतदध्यशनमुच्यते ।

त्रयमेतन्निहन्त्याशु बहून्व्याधीन्करोति वा।।

(Reference -Sushruta Sutrasthana Annapanavidhi Chapter 46/509)

Eating when previous food is not digested or eating during indigestion is called Adhyashana.

Details of Vegadharana and Agni dushti

The effects of holding of flatus, stools and urination:

अधोवातस्य रोधेन गुल्मोदावर्तरुक्क्लमाः।वातमूत्रशकृत्संगदृष्ट्यग्निवधहृदगदाः।।

शकृतः.....पूर्वोक्ताश्चामयाःस्मृतः।मूत्रस्य रोधात्पूर्वे च प्रायो रोगाः।।

(Reference-Ashtanghridaya Sutrasthana Roganutpadaniya chapter 4/2-5)

Gulma, udavarta, klama, obstruction of flatus, stools and urine, agnivadha (loss of functioning of agni), hrudroga. These are also the symptoms of purisha and mutra vegavrodha.

The effects of holding of belches:

हिक्का श्वासो अरुचिः कम्पो विबन्धो हृदयोरसोः।

उद्गारनिग्रहात्तत्र हिक्कायास्तुल्यमौषधम्।।

(Reference -Charakasamhita Sutrasthana Navegandharaniya Chapter 7/18)

Hiccups, dyspnoea, aversion (to food), tremors, and feeling of congestion in the cardiac and chest region are caused due to suppression of belching or eructation. It should be treated on similar lines of hikka (hiccups).

The effects of holding of hunger:

कार्श्य दौर्बल्य वैवर्ण्यमंगमर्दो अरुचिर्भ्रमः।

क्षुद्वेगनिग्रहात्तत्र स्निग्धोष्णं लघु भोजनं।।

(Reference -Charakasamhita Sutrasthana Navegandharaniya Chapter 7/20)

Emaciation, weakness, change in body complexion, generalized body ache, aversion (to food) and dizziness are caused by suppressing hunger. In such cases, unctuous, hot and light (easily digestible) food is advised.

The effects of holding back tears:

प्रतिश्यायो अक्षिरोगश्च हृद्रोगश्चारुचिर्भ्रमः।।

बाष्पनिग्रहणात्तत्र स्वप्नो मद्यं प्रिया कथाः।।

(Reference -Charakasamhita Sutrasthana Navegandharaniya Chapter 7/22)

Rhinitis, eye diseases, cardiac diseases, aversion to food consumption and dizziness are caused by holding back tears. The treatment includes sleep, intake of wine and pleasing stories.

Prodromal symptoms of Grahanigada

पूर्वरुपं तु तस्येदं तृष्णा आलस्यं बलक्षयः।

विदाहो अन्नस्य पाकश्च चिरात् कायस्य गौरवम्।।

(Reference -Charakasamhita Chikitsasthana Grahanichikitsitam Chapter 15/55)

The prodromal signs and symptoms are thirst, malaise, diminution of strength, burning sensation; delay in digestion and heaviness in body.

The pathogenesis of Grahanivyadhi.

दुर्बलो विदहत्यन्नं तद्यात्यूर्ध्वमधो अपि वा ।

अधस्तु पक्वामं वा प्रवृत्तं ग्रहणीगदः।।

उच्यते सर्वमेवान्नं प्रायो ह्यस्य विदह्यते ।

अतिसृष्टं विबद्धं वा द्रवं तदुपदिश्यते।।

तृष्णारोचकवैरस्यप्रसेकतमकान्वितः।

शूनपादकरः सास्थिपर्वरुक् छर्दनं ज्वरः।।

लोहामगन्धिस्तिक्ताम्ल उद्गारश्चास्य जायते।।

(Reference -Charakasamhita Chikitsasthana Grahanichikitsitam Chapter 15/51-54)

When partially digested and partially undigested bio substances moves downward in gastrointestinal tract it produces a disorder known as *grahanigada*. In this particular stage the entire food material remains in the state of *vidagdha* state (partially transformed/sour).

In this condition the individual may pass stools in excessive quantity or frequency wherein stools may be loose, with thin consistency or in the form of pellet like stool/bound stool (*vibaddham*) and morbid thirst, anorexia, distaste, excessive watering of mouth, blackout, edema of legs and hands, pain in bones and finger joints, vomiting, fever, eructation having either metallic smell or undigested food and having bitter or sour taste are observed

The three pillars of Ayurveda treatment modality:

हेतुलिंगौषधज्ञानं स्वस्थातुरपरायणम्।।

त्रिसूत्रं शाश्वतं पुण्यं बुबुधे यं पितामहः।।

(Reference -Charakasamhita Sutrasthana Dirghanjivitiya Chapter 1/24)

Ayurveda provides the knowledge of Hetu (etiology), Linga (symptomatology) and Aushadha (therapeutics), best ways for both the healthy and the sick this tri-aphorismic, continuing for the time immemorial and virtuous knowledge which was known to Brahma first.

The definition of Hetu:

तत्र निदानं कारणमित्युक्तमग्रे।

(Reference -Charakasamhita Nidansthana Jwaranidan Chapter 1/7)

Nidana is the cause or etiological factor of any disease.

The definition of Linga/Lakshana:

प्रादुर्भूतलक्षणं पुनर्लिंगम्। तत्र लिंगमाकृतिर्लक्षणं चिन्हं संस्थानं व्यञ्जनं रुपमित्यनर्थान्तरम्।

(Reference -Charakasamhita Nidansthana Jwaranidan Chapter 1/9)

Sign and symptoms when fully manifested are called as *linga*. *Linga, akruti, lakshana, chihna, samsthana, vyanjana* and *rupa* are synonyms of *linga*.

The detailed study of the concept of *Agni, Pitta, Grahani* well as that of the concept of *Hetu* and *Linga* gives an in-depth view of the topic. It also gives an explanation to attribute a certain Causative factor to the diseases (assigning *Hetutva*).

The prime Hetus of Agni Dushti from the Agyrasangraha:

मंदकं दध्यभिष्यन्दकराणां, वेगसंधारणमनारोग्यकराणां, गुरुभोजनं दुर्विपाककराणां, अनशनमायुषोह्रासकराणां, अतिमात्राशनमामप्रदोषहेतूनां, अजीर्णाध्यशनं ग्रहणीदूषणानां, विषमाशनमग्निवैषम्यकराणां, प्रमिताशनंकर्शनीयानाम् ,मिथ्यायोगोव्याधिकराणां , वीरुद्धवीर्याशनं निन्दितव्याधिकराणां

(Reference -Charaksamhita Sutrasthana Yajjapurushiya Chapter25/40)

Mandaka Dadhi: Unfermented yogurt causes abhishyanda –obstruction in the channels of the body

Vega dharana: holding or suppression of natural urges causes ill health, guru bhojan (heavy food): takes time to digest and causes imbalance in the digestion.

Anashana: Fasting for a long-time result in loss of life,

Atimatrashana: Eating over one's capacity causes Ama Dosha (accumulation of toxins)

Ajirna and Adhyshana: Indigestion and eating immediately before the previous meal is digested causes grahani dosha.

Vishamashana: Untimely intake of food results in agni vaishamya (imbalance of the digestive fire)

Pramitashana: Eating in very less quantity than required results in emaciation.

Mithyayoga: Imbalance of seasons (ritu) etc. results in manifestation of diseases,

Viruddhavirya Food intake: Eating of food items having viruddhavirya (foods of opposite virya aggravating the dosha and not eliminating them out of the body) results in manifestation of various diseases.

Food as a cause of health and disease

आहारसंभवंवस्तु रोगश्चाहारसम्भवाः

हिताहितविशेषाच्च विशेषः सुखदुःखयोः।।

(Reference -Charaksamhita Sutrasthana Vividhashitapitiya Chapter 28/45)

Our body is formed from the food we eat and the diseases also occur from the food we eat. One must think of what Hita is (good) and what Ahita is (bad) for the life so as to gain happiness and sorrow.

आहारस्य विधावष्टौ विशेषा हेतुसञ्ज्ञकाः

शुभाशुभसमुत्पत्तौ तान् परीक्ष्य प्रयोजयेत्।।

(Reference -Charaksamhita Sutrasthana Vividhashitapitiya Chapter 28/42)

Aharavidhi vishesha ayatana (eight-fold path of food intake) are causative factors if the food is not taken as per the rules mentioned. Therefore, examination of the dietary pattern of an individual is must to advice te consumer about promotion of health and prevention of disease.

The psychological causes of improper digestion of food:

ईर्ष्याभयक्रोधपरिक्षतेन लुब्धेन शुग्दैन्येननिपीडितेन ।

प्रद्वेषयुक्तेन च सेव्यमानमन्नं न सम्यक् परिणाममेति।।

(Reference -Sushruta Sutrasthana Annapanavidhi Chapter 46/501)

Food is not digested properly when the mind is occupied with jealousy, fear, anger, grief, and hatred during meal consumption.

अत्यम्बुपानाद्विषमाशनाद्वा सन्धारणात् स्वप्नविपर्ययाच्च।।

काले अपि सात्म्यं लघु चापि भुक्तमन्नं न पाकं भजते नरस्य।।

(Reference-Sushruta Sutrasthana Annapanavidhi Chapter 46/500)

Due to excess drinking of water, untimely consumption of food, holding of natural urges, untimely sleeping patterns satmya (habituated daily food) and laghu food (food easy for digestion) is also not digested properly

The definition of Matra:

मात्रा शब्देनसम्यग्योगोलक्ष्यते। सचासम्यग्योगस्य त्यागात्सम्भवति। सपुनः सप्तधा ,

संकीर्णाशनं, विरुद्धाशनं, अमात्राशनं, अजीर्णाशनं, समशनं, अध्यशनं, विषमाशनं च इति।।

(Reference- Ashtanghridaya Sutrasthana Matrashitiya Chapter 8/1- Ayurved Rasayan Commentary by Hemadri)

The word matra means quantity and in specific quantity. The improper matra or quantity should not be consumed. It is of seven types- sankirnashana (All six rasas together), viruddhaasha, amatrashana, ajirnaashana, samashana, adhyashana, vishamashana.

The conversion of Atisar to Grahani

अतिसारेषु यो नातियत्नवान् ग्रहणीगदः।

तस्य स्यादग्निविध्वंसकरैरन्यस्य सेवितैः।।

(Reference- Ashtanghridaya Nidansthana Atisar Grahanidosha Nidan Chapter 8/15)

If atisar is untreated and agni dushuikara hetus are followed then the person suffers from grahani.

The signs and symptoms of Grahani

सामं सान्नमजीर्णे अन्ने जीर्णे पक्वं तु नैव वा।

अकस्माद्वा मुहुर्बद्धमकस्माच्छिथिलं मुहुः।।

चिरकृद्ग्रहणीदोषः, सञ्चयाच्चोपवेशयेत्।।

(Reference-Ashtanghridaya Nidansthana Atisar Grahanidosha Nidan Chapter 8/17-18)

Grahanidosha is a chronic disease with the cardinal signs and symptoms as- sudden constipation or loose motions, the appearance of stools is with ama or with digested or undigested food. This condition is seen after accumulation of vitiated dosha for a very long period.

सामान्यं लक्षणं कार्श्यं धूमकस्तमको ज्वरः।

मूर्च्छा शिरोरुद्विष्टम्भः श्वयथुः करपादयोः।।

(Reference-Ashtanghridaya Nidansthana Atisara Grahanidosha Nidan Chapter 8/21)

General symptoms of grahani vyadhi- Karshya- emaciation, dhumaka- hot flushes in the body, tamaka- darkness in front of the eyes, jwara- fever, murcha- unconsciousness, shiro ruka- headache, vishtambha- constipation, shwayathu- odemaon the hands and feet

Grahani as one of the Ashta Mahagada

वातव्याध्याश्मरीकुष्ठमेहोदरभगन्दराः।

अर्शांसि ग्रहणीत्यष्टौ महारोगाः सुदुस्तराः।।

(Reference-Ashtanghridaya Nidansthana Atisara Grahanidosha Nidan Chapter 8/30)

Vatavyadhi, ashmari, kushtha, prameha, udara, bhagandara, arsha and grahani are the eight mahagada (group of diseases having incurability due to development of complications.)

Thus, the concept of agni, agnidushti kara hetus and grahani vyadhi have been reviewed for this research work.

5. Review of Irritable bowel syndrome

Conceptual Study of Irritable Bowel Syndrome:

IBS is a functional disease having conglomeration of symptoms associated with the lower gastrointestinal tract in the absence of any organic pathology

According to the ROME III criteria of diagnosis, it is characterized by:

At least 6 continuous months or recurring symptoms of abdominal pain AND associated with one of the following symptoms:

●Relief by defaecation

●Change in the consistency of stool

●Change in the frequency of defecation

AND two of the following symptoms

●Altered stool frequency (> 3 times per day or <3 times per week)

●Altered stool form

●Altered stool passage (straining, urgency, incomplete evacuation)

●Passage of mucus

●Abdominal bloating

Diagnostics Tools for IBS

●Full blood count, ESR and sigmoidoscopy in a patient under 40 years of age with classical history of IBS and without significant disturbance of bowel movement or significant weight loss.

●Double contrast barium meal enema or colonoscopy for patients over 40 years with recent onset of the symptoms

●Rectal biopsy in patients with diarrhoea

Review of the causes of irritable bowel syndrome

Irritable bowel syndrome can develop after a severe bout of diarrhea (gastroenteritis) caused by bacteria or a virus. Irritable bowel syndrome might also be associated with a surplus of bacteria in the intestines (bacterial overgrowth).

Stress in early life, exposure to stressful events, especially in childhood, tend to have more symptoms of irritable bowel syndrome.

The exact causes irritable bowel syndrome is not known. Medical experts think that a combination of problems may lead to irritable bowel syndrome. There are different factors which may cause irritable bowel syndrome in different people.

Functional gastrointestinal (GI) disorders such as irritable bowel syndrome are problems with brain-gut interaction—how the brain and gut work together. Experts think that problems with brain-gut interaction may affect how the body works and cause irritable bowel syndrome symptoms. For example, in some people with irritable bowel syndrome, food may move too slowly or too quickly through the digestive tract, causing changes in bowel movements. Some people with irritable bowel syndrome may feel pain when a normal amount of gas or stool is in the gut.

Certain problems are more common in people with irritable bowel syndrome. According to medical experts these problems may play a role in causing irritable bowel syndrome. These problems include

- stressful or difficult early life events, such as physical or sexual abuse
- certain mental disorders, such as depression , anxiety , and somatic symptom disorder
- bacterial infections in the digestive tract
- small intestinal bacterial overgrowth, an increase in the number or a change in the type of bacteria in the small intestine
- food intolerances or sensitivities, in which certain foods cause digestive symptoms

Research suggests that genes may make some people more likely to develop irritable bowel syndrome.

6. Review of Rome III Criteria

The use of the term functional gastrointestinal disorder (FGID): The term ‘functional gastrointestinal disorder (FGID)’ is used to define several variable combinations of chronic or recurrent gastrointestinal (GI) symptoms that do not have an identified underlying pathophysiology.

In the April 2006 issue of Gastroenterology Rome III criteria as a diagnostic questionnaire was made available to the scientific world. The criteria are beneficial for physicians, pharmaceuticals and regulatory agencies world wide, just as the previous Rome II became the standard for clinical practice and research.

The ROME III criteria are based on the principle of symptom-based diagnostic criteria for classification of gastrointestinal disorders. The classification depends on the organs where the symptoms presumably could be produced. They are in order from oesophagus to anus. This classification is maintained in the paediatric child/adolescent classification system too. The Functional Gastrointestinal Disorders include 6 major domains for adults:

●Oesophageal (category A),

●Gastroduodenal (category B),

●Bowel (category C),

●Functional abdominal pain syndrome (category D),

●Biliary (category E),

●Anorectal (category F).

Each category contains several disorders, each with specific clinical features:

This table shows the types in the category of Functional bowel disorders(C)

Functional bowel disorders	**Disorder**	**Designated As**
1	IBS	C1
2	Functional bloating	C2
3	Functional constipation	C3
4	Functional diarrhoea	C4

The symptoms of the functional gastrointestinal disorder are obtained from combinations of

1) Physiological determinants:

2) Increased motor reactivity,

3) Enhanced visceral hypersensitivity,

4) Altered mucosal immune and

5) Inflammatory function (which includes changes in bacterial flora), and

6) Altered CNS-enteric nervous system (ENS) regulation

The contributions of these factors vary across different individuals or within the same individual over time. Therefore, the clinical value of separating the functional GI symptoms into discrete conditions is that they can be reliably diagnosed and better treated. The rationale for classifying the functional GI disorders into symptom-based subgroups are based on the site-specific differences between symptoms, i.e., the fact that symptoms result from multiple influences, from epidemiologic data showing similar frequencies of these disorders across cultures, and finally, out of the need for diagnostic standards in order to conduct clinical care

7. Description of the Ayurvedic Case Proforma

The Ayurvedic case proforma was specially designed for this research work. It was designed for the determination of Hetus (etiological factors). The demographic data was gathered in the beginning viz. Name, address, age, gender and occupation of the patient was documented.

The chief complaints as termed as vedana-vishesha are documented in this proforma. In the history of past illness Ajirna- Indigestion and Atisara – Loose motions were taken for consideration. Since, in the patients suffering from irritable bowel syndrome there are two main categories of patients – diarrhoea dominant and constipation dominant, these symptoms can be correlated to the disease Grahani as quoted in the Ayurvedic compendia. Longstanding or frequent Ajirna (indigestion) or Atisara is a cause of Grahanivyadhi.

अतिसारेषु योनातियत्नवान् ग्रहणीगदः।।

तस्य स्याद्ग्निविध्वंसकरैरन्यस्य सेवितैः।।

(Reference-Ashtanghridaya Nidansthana-8/15)

सर्वांगसुन्दराः- अतिसारेषु यो अतियत्नवान्न भवतितस्य ग्रहणीगदो भवेदिति ग्रहण्या निदानम्। अन्यस्य-अनतिसारिणः, अग्निविध्वंसकरैः-वन्हिमान्द्यहेतुभिरन्नपानैः, शीलीतैर्ग्रहणी रोगःस्यात् ।।(Reference- Ashtanghridaya Nidansthana-8/15- Sarvangasundara-Commentary by Arundatta)

It is clearly said in the above shloka from Ashtanghridaya compendia in the Nidansthana chapter eight on Atisara-Grahani Doshanidana explains that if Atisara is not treated properly or if left untreated and the agnidushtifactors (digestive fire vitiation factors) from the diet are continued then it gives rise to Grahanivyadhi. The cardinal signs/ symptoms of Grahani disease are frequent diarrhoea or constipation with undigested material in the stools. And this is continued for a long time which leads to chronicity (Jirnata) of the disease.

Hence, in the case proformaAjirna and Atisara are taken as past illness in patients suffering from irritable bowel syndrome.

Heredity complaints if any for Kulaja diseases was a point for documentation, just to identify any kulajavikaras.

A common Ashtavidhaparikshan (Eight-point examination) as per Ayurvediccompendia were taken for examination.

In the examination of vitiated srotas mainly the Annavahasrotas and Purishavahasrotas were included. The literature of annavaha and purishavahasrotas explains clearly that there is dushti (vitiation) of agni and purishavahasrotassymptoms are related to symptoms of irritable bowel syndrome. Hence, mainly these two srotas were selected for examination in the case proforma.

अन्नवहानां स्त्रोतसाममाशयोमूलं वामं च पार्श्वं, प्रदुष्टानांतु खलुवेषांमिदं विशेषविज्ञानं भवति, तद्यथा अनन्नाभिलषणमरोचकौ छर्दिं च दृष्ट्वा अन्नवहान्यस्य स्त्रोतांसिप्रदुष्टानीतिविद्यात्।।

(Reference-CharakasamhitaVimanasthana Srotovimanam -Chapter 5/ 8)

Annavaha Srotas Mulasthana is Amashaya and Vamaparshva.
The signs of vitiated Annavaha srotas are: No desire to eat, Tastelessness in the mouth, indigestion and vomiting.

अतिमात्रस्यचाकाले चाहितस्य च भोजनात्।

अन्नवाहीनि दुष्यन्ति वैगुण्यात् पावकस्य च।।

(Reference-CharakasamhitaVimanasthana Srotovimanam Chapter 5/ 12)

Excess intake of food, untimely intake of food, Intake of unwholesome food (Ahitakara) i.e the food which is not good for health and due the vitiation of or low power of agni are the causes (hetus) of the vitiation of Annavahasrotas.

पुरीषवहानां स्त्रोतसां पक्वाशयोमूलं स्थूलगुदं च, प्रदुष्टानांतु खलुवेषांमिदं विशेषविज्ञानं भवति, तद्यथाकृच्छ्रेणाल्पाल्पं सशब्दशूलमतिद्रवमतिग्रथितमतिबहुचोपविशन्तंदृष्ट्वा पुरीषवहान्यस्य स्त्रोतांसि प्रदुष्टानीतिविद्यात्।।

(Reference-Charakasamhita Vimanasthana Srotovimanam Chapter 5/ 8)

Purishavaha Srotas Mulasthana is Pakvashaya and Sthulaguda.

The signs of vitiated Purishavahasrotas are: After a lot of difficulty a small amount of stools passes, the defecation is with lot of flatus, the appearance of the stools may be

loose or constipated, there frequency of loose motions is more and for a long time. Similarly, frequency of constipated stools is more and for a long time.

संधारणादत्यशनादजीर्णाध्यशनात्तथा। वर्चोवाहीनि दुष्यन्ति दुर्बलाग्नेःकृशस्य च।।

(Reference-Charakasamhita Vimanasthana Srotovimanam-Chapter 5/ 21)

Holding the urge of defecation for a long time and continuously for a long period, Excess of food intake, intake of food during indigestion, intake of food before the previously eaten food is digested and low power of Agni results in the vitiation of Purishavahasrotas.

In the information of Agnidushtikara hetus, the hetus described by Charakasamhita are taken for consideration. The commentator of Charakasamhita- Charapanidatta has elaborated these hetus in Ayurved Dipika commentary. These etiological factors include:

अभोजनादजीर्णातिभोजनाद्विषमाशनात्।

असात्म्यगुरुशीतातिरुक्षसन्दुष्टभोजनात्।।

विरेकवमनस्नेहविभ्रमाद्व्यियाधिकर्षणात्।

देशकालर्तुवैष्म्यातद्वेगानां च विधारणात्।।

दुष्यत्ग्निः, सदुष्टोन्नंनतत् पचति लघ्वपि।

अपच्यमानं शुक्तत्वं यात्यन्नं विषरुपताम्।।

(Reference- Charakasamhita Chikitsasthana Grahanidosha Chikitsitam Chapter 15/ 42-44)

आयुर्वेददीपिका व्याख्या

एवं व्यवस्थिते सामान्येन ग्रहणीदोषविकाराणां हेत्वादीन्याह-अभोजनादित्यादि। कालशब्देन च संवसरात्मकःकाल उच्यते। देशवैषम्यं देशव्यापत्, सा च जनपदोद्ध्वंसनीये प्रोक्ता। ऋतुशब्देनतुशिशिराद्यृतुः। कालवैषम्येण सर्वेषामृतुनां वैषम्यं गृह्यते, ऋतुतुवैषम्येण द्व्येकर्तुवैषम्यमिति विशेषः। शुक्तत्वमिति अम्लताम्। विषरुपतामिति यथा विषं

बहुविकारकारि भवतितथातद्रूपताम्, अनेन सर्व एवाजीर्ण भेदा अवरुद्धाज्ञेयाः, येतन्त्रान्तरे आमं विदग्धंविष्टब्धंकफपित्तानिलैःक्रमात्। अजीर्णंकेचिदिच्छन्तिचतुर्थं रसशेषतः (सुश्रुतसूत्रस्थान अध्याय ४६) इत्यनेनोक्ताः।।

(Reference-Charakasamhita Chikitsasthana Grahanidosha Chikitsitam Chapter15/42-44, Ayurved Dipika Commentary of Chakrapanidatta)

Abhojan- Fasting, Ajirna – indigestion, Atibhojanat- excess intake of food, Vishamashanat- untimely intake of food, Asatmya ahara- intake of unhabitual food (e.g. intake of non veg food when the person is not habituated for this food), Guruahara- intake of food which is heavy to digest, Shita ahara- intake of cold food (directly from the refrigerator or a precooked food and eaten after a long time when it becomes cold- tiffin food) , Atiruksha ahara- food devoid of oil and ghee – eating only dry/ roasted food items, Sandushta bhojan- intake of food which is spoilt or the taste, colour, smell , appearance has altered, Vireka-Vamana-Sneha-vibhrama- Improper treatment of virechana (purgation), vamana (emesis) or snehapana (oil/ghee administration), Vyadhi karshanat- Emaciation due to any illness/disease, Desha vaishamya – means deshavyapat- sudden changes in the environment causes changes in the human body and it has an effect on the agni. Deshavaishamya is one of the causes of Janapadaudhwansa -epidemic (e.g., tsunami, earthquake, floodsetc), Ritu vaishamya- change in the seasons (varsharitu- rains during hemant ritu- winter and vice versa etc.), and Kala vaishamya- it meanschanges in all seasons, as is observed nowadays. This desha, ritu and kala vaishamya affects the function of the agni and is a hetu for agnidushti. Suppression or holding of natural urges leads to agnidushti (e.g., adhovata- purisha and mutra vegadharana leads to agnivadha- (Reference-Ashtanghridaya Sutrasthana Roganutpadaniya Chapter 4/ 2-4). When the agni is vitiated, the ingested food is not digested properly, even food items light for digestion are not digested. This undigested food leads to shuktatva- i.e food remains in a fermented state and attains a visharupa. This visharupa food accumulates in the body and leads to a number of diseases. One of them is irritable bowel syndrome.

Separate assessment tables were included in the case paper. These were taken for specific agnidushtikara hetus as follows:

1.Abhojan - If gap between 2 meals is more than 8 hrs and for more than 3 times a week / Daily it was considered as abhojan.

2.Ajirna – If having symptoms of Ajirna like Arochak, Avipak, Angamarda, Shiro ruja, Vishtambha, Trushna etc. before having your meal and for more than 3 times a week it was considered as ajirna.

3. Atibhojana - If having excess food intake - above 5 meals a day and for more than 3 times a week and also excess in quantity it was considered as atibhojan

4. Vishamashana - If having untimely food for more than 3 times a week it was considered as vishamashana.

5. Asatmya Bhojana: Intake of unhabitual food (e.g., intake of non veg food when the person is not habituated for this food) was considered as asatmya bhojana.

6. **Guru Bhojan:** Intake of food which is heavy to digest was considered as guru bhojana.

7. **Shita Bhojan:** Intake of cold food (directly from the refrigerator or a precooked food and eaten after a long time when it becomes cold- tiffin food) was considered as shita bhojana

8. **Atiruksha Bhojan:** Food devoid of oil and ghee – eating only dry/ roasted food items was considered as atiruksha bhojana.

Assessment of any lifestyle related diseases like irritable bowel syndrome is incomplete without the detail study of life style of the person affected. Hence, in the case proforma the details of life style of the person are asked. These details help the researcher to find out the hetus (causative factors), helps to identify vitiated dosha-vata, pitta or kapha. The study of life style in this case record proforma has the following points:

1. Time of getting up in the morning – Ayurved says that one should get up every day at brahma-muhurta. This period is one and half hours before sunrise. A healthy person should get up every day at this time, provided the previous eaten food is digested properly. If this point is not considered then agni gets vitiated. If a person has a habit of getting up every day at brahma muhurta, the effect achieved is longevity.

2. Bowel movements: One should pass the stools every day during the vata time in the early morning. This helps to clear the toxins in the body. If a person gets up late i.e after sunrise, then kapha kala starts and then the person is affected by defecation problems, agni is vitiated and the stool appearance may be loose or constipated or mushy.

3. Bladder Movements: Frequency and type and colour of urination are noted. When there is accumulation of ama (toxin), it may lead to polyuria or burning micturition, which indicates agnidushti or low power of agni.

4. Exercise: Daily exercise enhances the power of the digestive fire. (Reference- Ashtanghridaya Sutrasthana Dinacharya Chapter 2/10). Lack of exercise on regular basis leads to agnimandya.

5. Bath: This is a daily practice for keeping the body clean. Bat should be on empty stomach. Then only the power of digestive fire increases. During bath the pores on the body open up. Sama Vayu is seated in the Swedavahasrotas. Swedavahasrotas is present in the lomakupa present on the skin. Samanavayu present on the pores gets activated and thus the samanavayu near the digestive fire gets activated. It ignites the fire which results in agnidipana. If the bath is taken after food intake, then the agni gets vitiated and causes accumulation of ama leading to many digestive complaints. Irritable bowel syndrome is one such gastrointestinal tract disorder in which agni has to be in a balanced state.
(Reference- Ashtanghridaya Sutrasthana Dinacharya Chapter 2/ 16)
6. Sleep: Proper and improper sleep has effects on health. Pushti (endurance), Sukha (happiness), bala (strength), vrushata (potency) and dnyana (cognitive function) and Jivita(lifespan) depends on proper night's sleep. Improper sleep i.e sleeping during the day, night awakening, sleeping any time in the day (akalashayana) leads to dukkha (unhappiness), karshya (debility), Abalam (weakness), klaibya (impotency), adnyana (poor cognition) and short life span.

निद्रायत्तं सुखं दुःखं पुष्टीकार्श्य बलाबलम्। वृषता क्लीबताज्ञानमज्ञानं जीवितं न च।।

(Reference- Charakasamhita Sutrasthana Ashtouninditiya Chapter 21 / 36)
Bala or strength depends upon the good power of Agni. Agnidushti leads to low strength in the body. (Agnimulam balam punsam- Yogaratnakara)

7. Control of Natural Physical urges: The natural physical urges viz. the urge to defecate, urinate, eat, drink water, sneeze, yawn, cough, sleep, pass the flatus or the burps, vomit, hold the breath after exercise and to pass the shukradhatu are the natural urges.

Out of these urges holding of the urge to pass the flatus, stools, urine results in Agni vadha – Agnidushti (Reference- Ashtanghridaya Sutrasthana Chapter 4/ 2-4)

8. Dietary information: This includes information of intake of:

Hot beverages like tea and coffee; Intake of milk; breakfast timings, food items at breakfast, whether breakfast is before bath or after bath; lunch timings, food items at lunch; dinner timings and food items during dinner, intake of water throughout the day and before, after or during meals, quantity; other liquids like arreated drinks, fruit juices; six tastes- madhura (sweet), amla (sour), lavan (salt), katu (hot), tikta (bitter) , kashaya (astringent); oil, ghee; viruddhaanna and its type and stale food.

Ahara or food is considered as one of the pillars of life.

त्रयउपस्तम्भा इति- आहारः,स्वप्नो, ब्रह्मचर्य़मिति, एभिस्त्रिभिर्युक्तैरुपस्तब्धमुपस्तम्भैः शरीरं बलवर्णोपचयोपचितमनुवर्तते यावदायुःसंस्कारात् संस्कारमहितमनुपसेवमानस्य, य इहैवोपदेक्ष्यते।।

(Reference- Charaksamhita Sutrasthana Tisraishaniya Chapter 11/35)

Ahara (food), Swapna (sleep) and Brahmacharya (celibacy) are the three pillars of life. Bala (strength), Varna (complexion), Upachaya (structure) is continuously being maintained by the properly following the healthy rules of these three pillars of life.

Following an improper diet, improper sleep, and improper rules of brahmacharya leads to agnidusthi and weakness, low strength in the body.

Ahara or food is to be consumed keeping in mind the Ashta aharavidhi vishesha ayatanani and Dwashashana vichara explained by Charaksamhita and Sushrutasamhita.

तत्र खल्विमान्यष्टावाहारविधिविशेषायतनानि भवन्ति,

तद्यथा- प्रकृतिकरमसंयोगराशिदेशकालोपयोगसंस्थाोपयोकेत्रष्मानि (भवन्ति)।।

(Reference- CharaksamhitaVimanasthana Rasavimana Chapter 1/21)

The eight-fold path of aharasevan- food intake includes- Prakruti (Proprties of food items), Karana (, Sanyoga (combination of food items), Rashi (quantity of total food

items and a single food item in one meal), Desha (geographic region- anupa, sadharana, jangala), Kala (Seasons and asvastha of vyadhi), Upayogasanstha (upayoganiyama- specific rules of food intake), Upayokta (one who is consuming food).

उपयोगसंस्थातूपयोगनियमः, स जीर्णलक्षणापेक्षः।।

(Reference- CharaksamhitaVimanasthana Rasavimanana Chapter 1/22(7))

अजीर्णभोजनेतु महांस्त्रिदोषकोपलक्षणो दोषो भवतीत्ययममेवोदाहृतः।।

(Reference- CharaksamhitaVimanasthana Rasavimana Chakrapani Ayurved Dipika commentary Chapter 1/22(7))

In upayogasanstha some specific rules have been included. They have to followed when the previously eaten food. If food is eaten before the previously eaten food, then it caused the vitiation of all three doshas- vata, pitta and kapha. They rules are called as Aharvidhividhana. They are as follows:

तत्रेदमाहारविधिविधानरोगाणामातुराणां चापि केषाञ्चित्काले प्रकृत्यैव हिततमं भुञ्जानानां भवति- उष्णं, स्निग्धं, मात्रावत्, जीर्णे, वीर्याविरुद्धम्, इष्ट देशे, इष्टसर्वोपकरणं, नातिद्रुतं, नातिविलम्बितम्,अजल्पन, अहसन, तन्मना भुञ्जीत्, आत्मानमभिसमीक्ष्य सम्यक्।।(Reference- Charaksamhita Vimanasthana Rasavimana Chapter 1/24)

The Aharavidhividhan (rulesof food intake) are for healthy (aroganam) and diseased (aturanam) persons. As per the prakruti (constitution) a healthy food must be eaten by a healthy and a diseased person.

The food to be eaten must always be Ushna- Freshly cooked and hot; Snigdha- Food must have adequate quantity of oil or ghee; Matravat- Food must be eaten in proper quantity- not in excess neither in less quantity; the quantity depends upon the power of agni (digestive fire); Jirne- food must be eaten after the previously eaten food is digested; Virya avirudhha- Food must not include items of opposite virya; Ishta Deshe- Food must be eaten in a proper clean and hygienic place; Ishta Sarvopakaram- Food must be eaten after it is served in proper plates with bowl, spoon and glass for water intake; Nati drutam- Food must not be eaten hastily or hurriedly; Nati

vilambitam- Food must not be eaten too slowly; Ajalpana- While eating one must not speak when there is a morsel in the mouth; Ahasan- While eating or when there is amorsel in the mouth one must not laugh; Tanmana bhunjita- One must eat with full concentration of the mind in eating; i.e. one must not do other things while eating for e.g. watching television, listening songs or reading etc., Atma nam abhisamikshya bhunjita- one must eat keeping in mind what is good for one's health and what is not good for health.

अतऊर्ध्वद्वादशाशन प्रविचारान् वक्ष्यामः।

तत्र शीतोष्णस्निग्धरुक्षद्रवशुष्कैककालिकद्विकालिकौषधयुक्तमात्राहीनदोषप्रशमनवृत्यर्थाः।।

(Reference- Sushrut Samhita Uttarsthana Swasthavritta Chapter 64/ 56)

The twelve-fold path of aharasevan includes- shita (cold), ushna (hot), snigdha (unctuous), ruksha (dry), drava (liquid), sandra (solid), ekakalika (eating once a day), dwikalika (eating twice daily), aushadhiyukta (food with medicine), matrahinafor a mandagni person (less quantity of food for a person whose power of agni is low), doshaprashamana (dosha pacifying food as per the seasons) and vrutyartha (Food for health maintenance of a healthy –swastha person)

One must keep in mind the above rules mentioned in Charakasamhita and Sushrutasamhita while consuming food.

आहारस्य विधावष्टौ विशेषा हेतुसञ्ज्ञकाः।शुभाशुभसमुत्पत्तौतान् परीक्ष्य प्रयोजयोत्।।

(Reference- Charaksamhita Sutrasthana Vividhashitapitiya Chapter 28/42)

When these rules are not followed properly then diseases occur. Hence, aharavidhivisheshaayatana – eight-fold path of food intake is an etiological factor of many diseases.

यत्किञ्चिद्दोषमास्त्राव्य न निर्हरति कायतः।आहारजातं तत् सर्वमहितायोपपद्यते।।

(Reference- Charaksamhita Sutrasthana Atreyabhadrakapiya Chapter 26/85)

Virudhaanna is that type of food item which aggravates the dosha, but does not eliminate the dosha out of the body. There are eighteen types of VirudhhaAhara. Many people eat food items which are viruddha in nature. Desha, Kal, Agni, Matra,

Satmya, Dosha, Sanskar, Virya, Kostha, Avastha, Krama, Parihar, Upachara, Paka, Sanyoga, Hrud, Sampat, VidhiVirudhha are eighteen types of Virudhhaahara.

षाण्ढ्यान्ध्यवीसर्पदकोदराणां विस्फोटकोन्मादभगन्दराणाम्।

मूर्छामदाध्मानगलग्रहणां पाण्ड्वामस्यामविषस्यचैव।।

किलासकुष्ठग्रहणीगदानां शोथाम्लपित्तज्वरपीनसानाम्।

सन्तानदोषस्य तथैव मृत्योर्विरुद्धमन्नं प्रवदन्ति हेतुम्।।

(Reference- Charaksamhita Sutrasthana Atreyabhadrakapiya Chapter 26/102-103)

Viruddhaahra vitiates the dosha and leads to many diseases and one of them is Grahani.

Stale food (paryushitaanna) leads to vitiation of doshas and in turn vitiation of the agni.

9. Information regards other aspects of vihara (lifestyle):

In this information exposure to fan or air-conditioning, exposure to sunlight, travelling and type of work were taken into consideration. Exposure to cold air aggravatesvata, exposure to sunlight vitiates the raktavahasrotas and frequent travelling causes vata aggravation. Types of work include sedentary work, work in shifts, physical exertion and mental exertion. These lead to vitiation of kapha, vata, pitta.

10. Assessment of Mental Health:

It includes Stress (Chinta), Control of Dharaniya Vegas- Anger, Greed, Jealousy, Lust, fear, Grief.

मात्रयाअप्यभ्यवहृतं पथ्यंचान्नंनजीर्यति।चिन्ताशोकभयक्रोधदुःखशय्याप्रजागरैः।।

(Reference- Charaksamhita Vimanasthana Trividhakukshi Chapter 2/7)

If one is affected by these then even if pathyakara- healthy food is eaten in proper quantity, then the pathyakara food is also not digested properly. It leads to indigestion and many diseases.

गुरुशीतमतिस्निग्धमतिमात्रं समश्नताम् ।रसवाहीनि दुष्यन्ति चिन्त्यानांचातिचिन्तनात् ।।

(Reference- CharaksamhitaVimanasthana Srotovimanam Chapter 5/13)

Guru (Food heavy to digest), Shita (Food cold in nature), Atisnigdha (Food excessively oily), Atimatra (food in excess quantity) and stress or thinking a lot about different things constantly leads to the vitiation of Rasavahasrotas.

अश्रद्धाचारुचिश्चास्यवैरस्यमरसज्ञता ।ह्रल्लासोगौरवंतन्द्रा सा़ंगमर्दोज्वरस्तमः ।।

पाण्डुत्वंत्स्त्रोतसां रोधःक्लैब्यं सादढकृशांगता ।नाशो अग्नेरयथाकालं वलयः पलितानि च ।।
रसप्रदोषजा रोगा,

(Reference- Charaksamhita Sutrasthana Srotovimananam Chapter 28/9-10)

In Rasapradoshaja vikara Charakasamhita has described Agninasha (loss of the power of agni) as one of the symptoms of vitiated Rasavahasrotas.

Satva: Satva means mind. The power of the mind as strong, weak and medium power was assessed. The power of mind was documented as Pravara (strong), Madhya (medium power) and Hina (weak). A strong mind person does not show any reaction to the ailment he/she has, whereas a weak mind person has lot of anxiety and worry about his sickness or symptoms. A strong mind person can face any difficult health situation very bravely. A weak mind person loses his/ her confidence even when suffering from a minor ailment. A medium mind power person faces the health situation with less confidence but not under pressure.

Conclusion:

After a detail study of the life style of the person in cases and controls answers to six concluding points are sought. The hetus (etiological factors), Doshicdominance, Doshaprakruti (characteristic of the vitiated dosha), adhisthana (site) of the dosha, Avastha (stage) as Sama or Nirama (with ama or without ama) and Avastha (condition) of Agni as manda (weak), vishama (irregular) andtikshna (strong) can be concluded. These conclusive points are the necessary points to arrive at a final diagnosis, based upon which the chikitsa or treatment schedule follows.

The Ayurvedic way of diagnosing a case is based on identifying the hetus, vikarprakruti. Once the hetus are identified the dos and dont's – pathya and apathya advice to the cases and controls can be given. When the adhishthanani. e site of the aggravated dosha, status of the dosha and classification of agni is done and the signs symptoms of the case are identified, it becomes easy to diagnose the case and suggest remedial measures as per the observed findings.

Here, in this research work irritable bowel syndrome is studied as an anuktavyadhi by identifying its vikaraprakruti – doshic dominance, site and the hetus. The main aim of this research work is to identify the hetus of irritable bowel syndrome, especially the agnidushtikara hetus.

Thus, the case proforma designed for determination of Agnidushtikara Hetus of Irritable Bowel Syndrome includes all the above points in case taking.

RESEARCH METHODOLOGY

Materials and Methods

Study was conducted in two parts

1. Part I- Conceptual study

Review of Epidemiology and Survey methods was done.

Study of Irritable bowel syndrome was done from the modern science literature. Agnidushtikara hetus and review of Grahani Vyadhi were studied from the Ayurvedic literature.

Review of Rome III diagnostic criteria for functional gastrointestinal disorders was done

2. Part II—Observational Study. This was done by the way of Survey

Agnidushtikara hetus identified in the survey are thoroughly discussed and their conceptual association in the development of irritable bowel syndrome are studied.

3. Study Setting

This was a case control type of study.

Case: Known diagnosed patients of irritable bowel syndrome as per Rome III criteria.

Control: Patients who are not suffering from irritable bowel syndrome.

Today due to change in life style we can observe the etiological factors of agnidushti in almost every individual. If we only consider the patients of irritable bowel syndrome then the association generated will not be confirmative. The control group without symptoms of IBS are taken to find out the etiological factors of agnidushti and are compared with the case group. This has provided an opportunity to evaluate statistically with odds ratio and chi-square test.

4. Sample Size Calculation

Minimum sample size required

- For 80% power, Z_{β}=.84
- For 0.05 significance level, Z_{α}=1.96

- r=1 (equal number of cases and controls)
- The proportion exposed in the control group is 20%
- To get proportion of cases exposed:

$$n = (\frac{r+1}{r}) \frac{(\bar{p})(1-\bar{p})(Z_{\beta} + Z_{\alpha/2})^2}{(p_1 - p_2)^2}$$

$$n = 2 \frac{(.265)(1-.265)(.84+1.96)^2}{(.33-.20)^2} = 181$$

Therefore, n=362 (181 cases, 181 controls).

As per the sample size calculation 181 Adults of either gender (defined as individual aged 18 to 64 years) were registered in each of the groups of Cases and Controls of the study.

5. Inclusion and exclusion criteria

Inclusion Criteria:

1. Diagnosed patients of irritable bowel syndrome as per Rome III criteria from different groups of society

2. Patients who were not suffering from irritable bowel syndrome but having Agnidushti as a hetu

3. Age: Individuals aged 18 to 64 years

4.Gender: adults of either gender male and female were included in the study

Exclusion Criteria-

1.Patients suffering from other gastroinstestinal disorders other than irritable bowel syndrome as per Rome III criteria. viz. disorders related to Oesophagus and stomach, Gastroduodenal disorders, Functional abdominal pain syndrome, Biliary disorders and Anorectal disorders were excluded.

The selected individual's consent was taken and an ID number was assigned.

Criteria for the Diagnosis of Irritable Bowel Syndrome

Irritable Bowel Syndrome was diagnosed on the basis of Rome III criteria, according to which, recurrent abdominal pain or discomfort at least 3 days per month in the last 3 months with onset of symptoms at least 6 months back is essential for suspecting IBS. In addition, to diagnose a person as IBS, the pain needed to be associated with at least 2 out of 3 features which included improvement of pain or discomfort with defecation and onset of pain or discomfort associated with a change in frequency or form (appearance) of stool.

The literature of irritable bowel syndrome was studied and it was found that IBS is classically divided into four groups. The same groups were considered for further analysis of the study. The association between etiological factors and types was determined on the basis of collected data.

6. Questionnaire Based on Rome III Criteria

A simple objective questionnaire based on Rome III IBS module was used in this study for diagnosis of irritable bowel syndrome. Out of the Eight modules based on the Rome III criteria that can be used to screen for the Gastro Intestinal disorders, the questions related to irritable bowel syndrome (IBS) Module and All Functional Bowel Disorders (IBS-Constipation, IBS-Diarrhea, IBS-Mixed, IBS-Unspecified) were included for study and to assess IBS.

7. Data Collection

The pre-designed questionnaire was used. After self-introduction and informing the purpose of filling up of the questionnaire, consent from the respondents for participating in the study was taken.

8. Place of Survey: Survey was conducted in Pune.

9. Quality Control

During the survey study, the screening of the subjects was done.

10. Study of Agnidushtikar Hetus (etiological factors) through Ayurveda on Diagnosed patients through a case record form

Case Record Form: Every person diagnosed as irritable bowel syndrome was subjected to an Ayurvedic case record form. This form was detailed for the assessment of agnidushtikara hetus (causes) related to diet and life style. The case record form included the symptoms of IBS and other related symptoms of the patient.

Method of Assessment of Hetus: Every aspect of the lifestyle/ behavioural pattern of the patient was assessed whether it washitakar (wholesome) or not and the resemblance of its inherent property to a particular dosha(s) will be noted.

This was based on the principles given in the Ayurved samhitas.

11. Ethical Committee Approval: Approval from the ethical committee of the universitywas taken prior to the study work.

12. Consent form: Informed consent was taken from each subject before starting the survey study.

The above-mentioned clinical approach of determination of hetus was based on the following principles as mentioned by Ayurveda.

1]**त्यागात् विषमहेतुनां समानांचोपसेवनात्।**

विषमानानुबध्नन्ति जायन्तेधातवः समाः।। (Reference- Charaksamhita sutrasthana16/36)

विषमानानुबध्नन्तीति हेत्वभावाद्विषमसन्तानस्योत्पादोन भवति।

समानांचोपसेवनादितिसमहेतुनां सेवनात्।

(Reference- Chakrapani commentary Charaksamhita Sutrasthana16/36)

The factors causing an imbalance of the doshas must be avoided and methods maintaining balance of the doshas should be adopted. When the factors causing imbalance are avoided, it means that imbalance of the doshas is prevented. Hence, methods to maintain balance of the doshas must be adopted for prevention of the occurrence of the symptoms and cure of the disease.

2] **रोगस्तु दोषवैषम्यं दोषसाम्यमरोगता।** (Reference-Ashtanghridaya Sutrasthana 1/ 20)

Disease means imbalance of the doshas and health means balance of the doshas.

3]**एवमन्यानपि व्याधीन् स्वनिदानविपर्ययात्।**

चिकित्सेदनुबन्धेतु सतिहेतु विपर्ययम्।।

त्यक्त्वा यथायथं वैद्यो युञ्ज्याद्व्याधिविपर्ययम्।

(Reference-Ashtanghridaya Sutrasthana 8/ 22-23)

Always design the treatment opposite to the hetus(causes) first and then if it does not work then give disease pacifying medicines.

4] **जायन्ते हेतुवैषम्यात् विषमादेहधातवः।**

हेतुसाम्यात् समास्तैषां स्वभावोपरमः सदा।।

प्रवृत्तिर्हेतुभावानां ननिरोधे अस्तिकारणं।

केचित्तत्रापिमन्यन्ते हेतुं हेतोवर्तनम्।। (Reference-Charaksamhita Sutrasthana16/27-28)

When the causative factors are unwholesome (ahitakar) there is imbalance of the doshas in the body. When the causes are wholesome (hitakara) there is balance of the doshas. This is a very common phenomenon occurring naturally and causing balance of the visham doshas. This is theory of Natural destruction.

There is always a cause for the birth of any dravya, but for there is no cause for its destruction. Some people believe that absence of cause itself is responsible for destruction.

5] **आहारस्य विधावष्टौ विशेषा हेतुसंज्ञकाः।**

शुभाशुभसमुत्पत्तौतान् परीक्ष्य प्रयोजयेत्।।

(Reference-Charaksamhita Sutrasthana 28/42)

The presence of good or bad (hita or ahita) in the eight-fold path of aharvidhi is itself is a cause (hetu). One must inspect the hita- ahita part of aharavidhi.

6] There are references to support this principle in Jwara and Pramaeha Nidan-Chikitsa

a) **तस्येमानिलिंगानि भवन्ति, तद्यथा- युगपदेवकेवले शरीरे..... निदानोक्तानुपशयो विपरीतोपशयश्च, इति (वातज्वरस्य, पित्तज्वरस्य, श्लेष्मज्वरस्य लिंगानि भवन्ति) ।।**

(Reference-Charaksamhita Nidanasthana1/21, 24, 27)

The signs- symptoms of vata, pitta, and kaphajwara have been quoted and at the end of every group of sign-symptoms it is said that the causes will increase the symptoms and hence the factors opposite to the causes will give relief.

b) **यस्त्वाहारं शरीरस्य धातुसाम्यकरंनरः।**

सेवते विविधाश्चान्याश्चेष्टाः स सुखम्श्नुते।।

(Reference- Charaksamhita Nidanasthana4/52)

Diet and life style which maintains the balance of the doshas should be adopted for a happy state of life by a person suffering from prameha.

13. Statistical Method:

All the filled questionnaire sheets were entered in computer using Epi info Version 3.4.1 (CDC's database and statistics software for public health professionals, Atlanta, GA, USA). Entered data was analyzed to assess the characteristics of the study population including age and gender distribution. Statistical software is used for data analysis. As this was a case control study, odds ratio for all the etiological factors was calculated. Based on confidence interval, etiological factors are confirmed. Association of etiological factors was determined with the help of Chi-square test. A *P*-value less than 0.05 was considered significant.

14. Observations and Results:

- Symptoms collected from study of IBS were presented
- Agnidushtikar and other Hetus of IBS in patients were presented from survey study
- Demographic observations were presented.

15. Discussion & Interpretation: This has been done after careful analysis of observations related to IBS symptoms and hetus. The conclusions or inferences have been drawn thereafter.

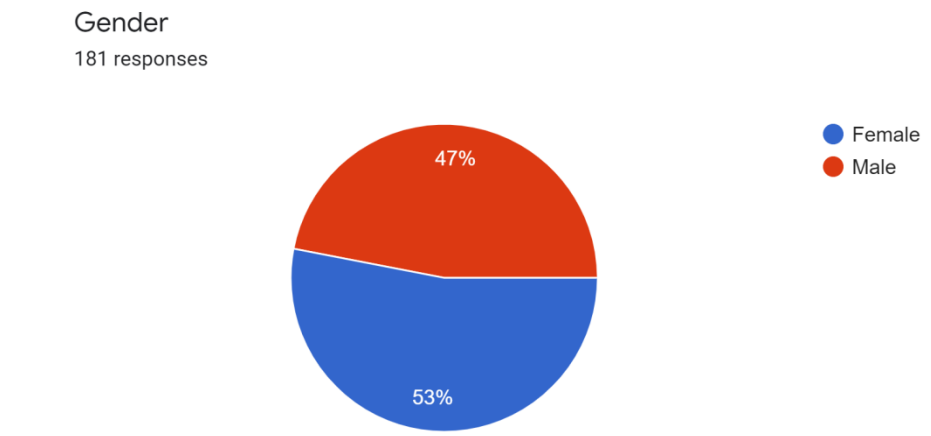
16. Summary:

The report begins with a brief summary of the findings of the study and of the conclusion & recommendations made

Observations from ROME III Diagnostic Criteria for diagnosis of Cases of IBS

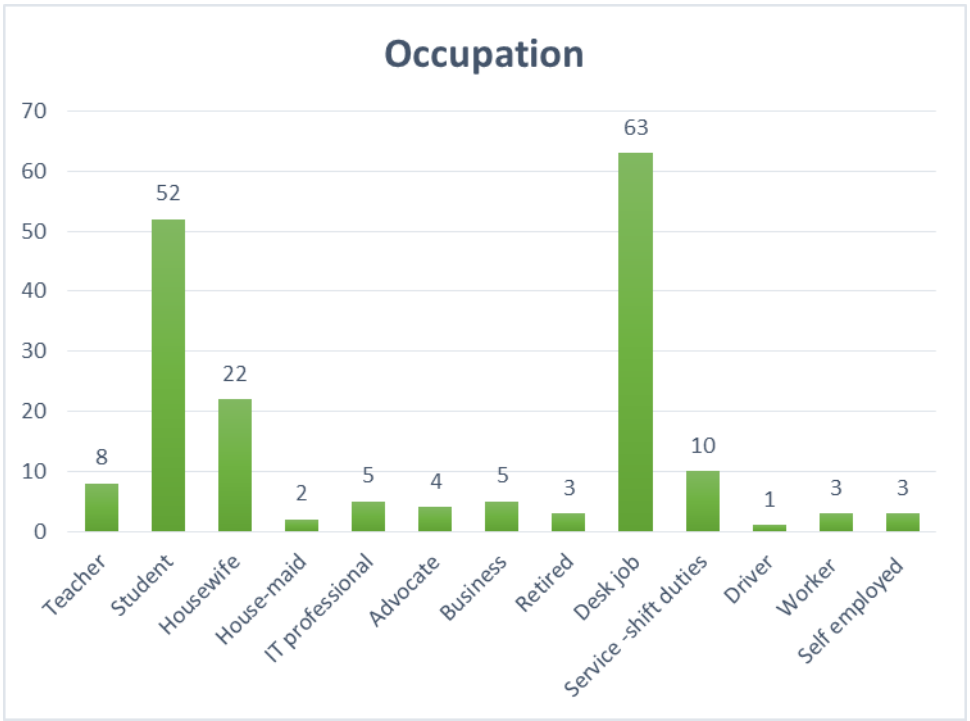
A) The demographic data -

1) Gender (Observation No. 1.1, Graph no.1.1)



There were 53% female and 47% male subjects registered in the epidemiological study.

2) Occupation: (Observation No. 1.2, Graph no. 1.2)



Among the subjects of the study,

34.8 % subjects were doing desk jobs

38.72% were students

12.15% were housewives

5.52% worked in shift duties

4.41% were Teachers

2.76% IT professionals

2.76% were businessmen

2.20% were lawyers

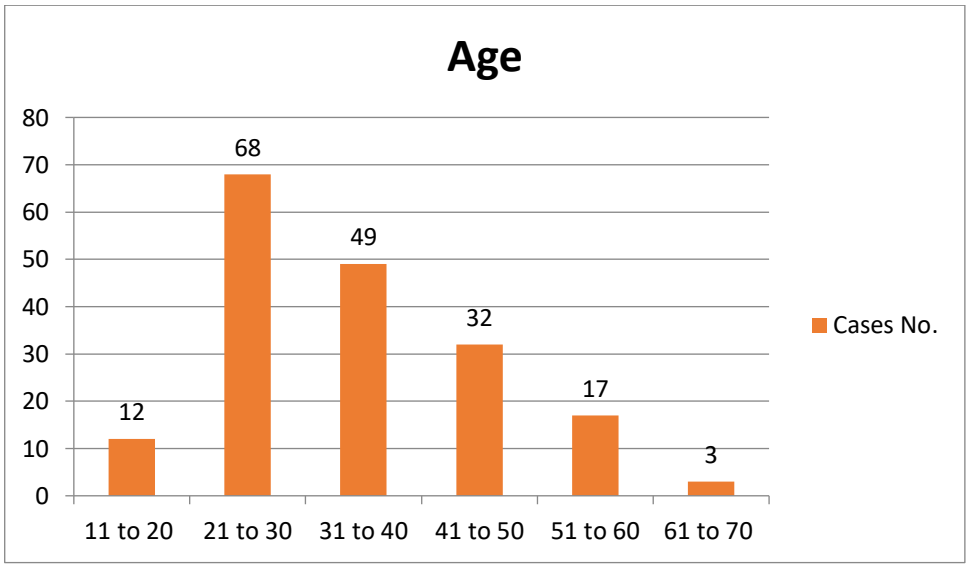
1.65Were retired people

1.65Were workers

1.65Were self employed people

1.1%were housemaids

3) Age groups (Observation No. 1.3, Graph no.1.3)



It was found among the various subjects from different age groups that:6.62%of the subjects were in the age group of 11 to 20 years

37.5%of the subjects were in the age group of 21 to 30 years

27.07%of the subjects were in the age group of 31 to 40 years

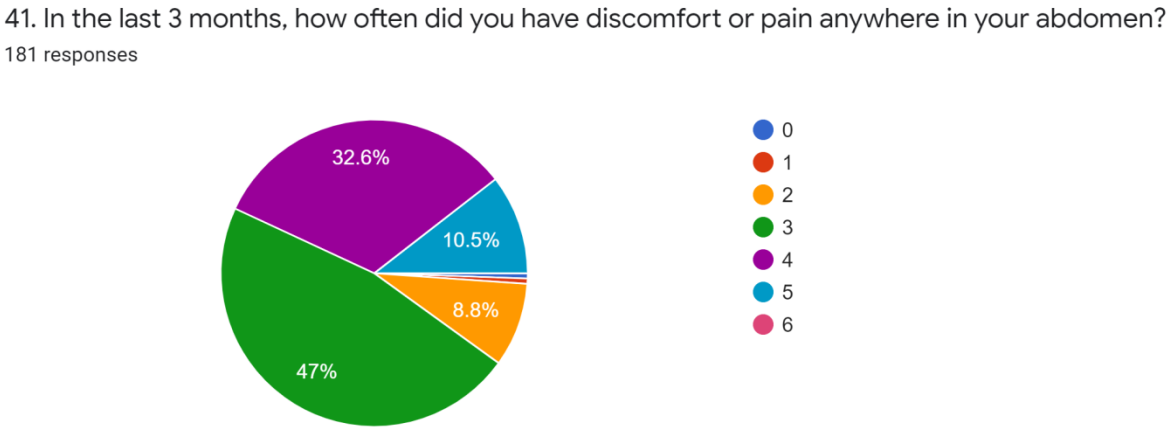
17.67%of the subjects were in the age group of 41 to 50 years

9.39%of the subjects were in the age group of 51 to 60 years

1.65%of the subjects were in the age group of 61 to 70 years

2) Questions related to IBS (The numbering of the observations has been done in accordance to the question number and sequence of the questions as per the ROME III diagnostic criteria)

41) Pain or discomfort in the abdomen (Observation 2.41, Graph no.2.41)



It was observed that

47% of the subjects experienced Abdomen pain two or three days a month.

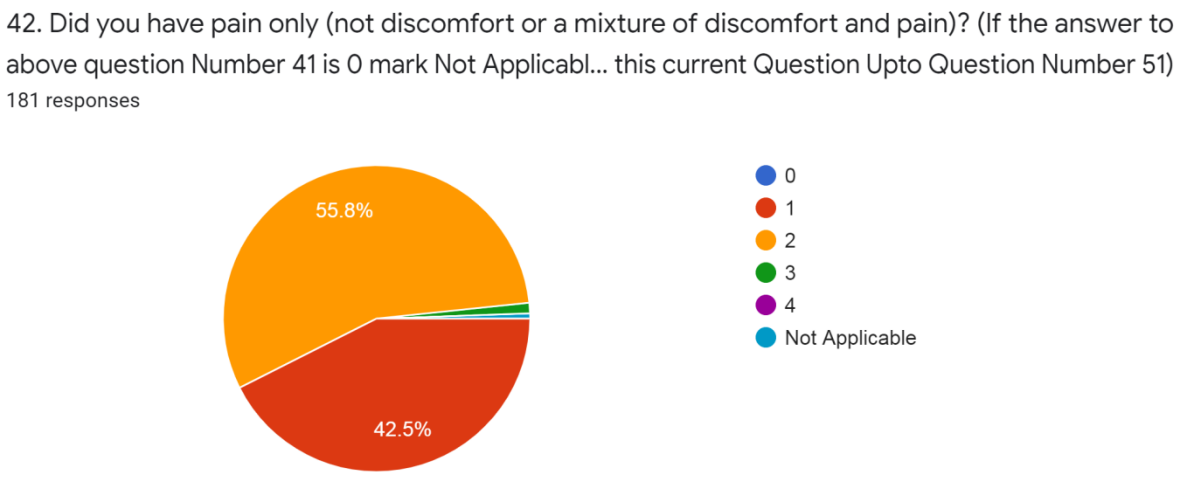
32.6% of the subjects experienced Abdomen pain one day in a week

10.5%of the subjects experienced Abdomen pain more than one day a week

8.8% of the subjects experienced Abdomen pain one day a month.

1.1 %of the subjects experienced Abdomen pain every day.

42) Did you have pain only (Not discomfort or a mixture of discomfort and pain? (Observation 2.42, Graph no. 2.42)



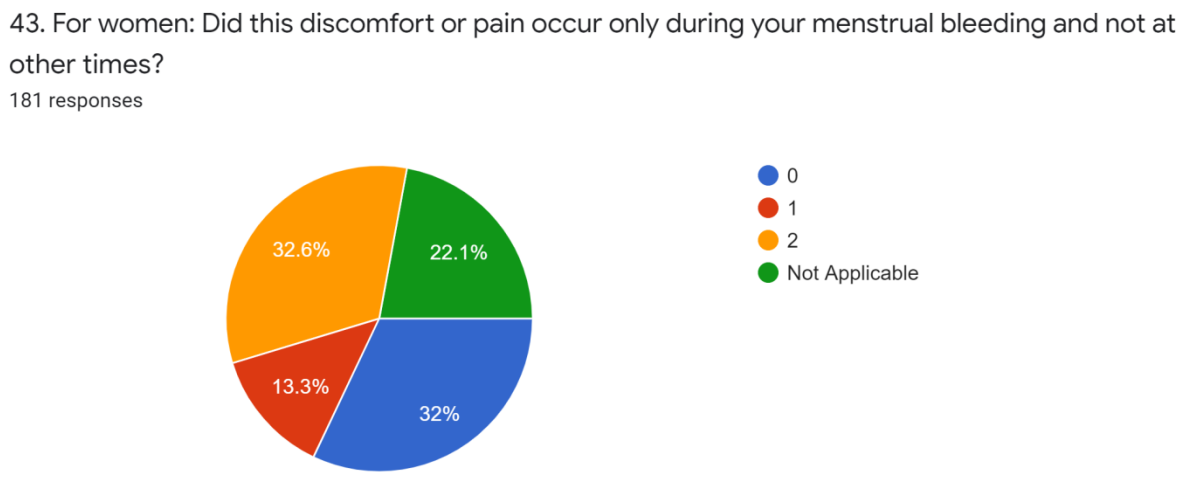
55.8% of the subjects often experienced pain (Not discomfort or a mixture of discomfort and pain)

42. %of the subjects sometimes experienced pain (Not discomfort or a mixture of discomfort and pain)

1.1% of the subjects experienced pain most of the times (Not discomfort or a mixture of discomfort and pain)

For 0.55% of the subjects the question whether experienced pain most of the times (Not discomfort or a mixture of discomfort and pain) was not applicable

43) For women, did this discomfort or pain occur only during your menstrual bleeding and not at other times? (Observation 2.43, Graph no.2.43)



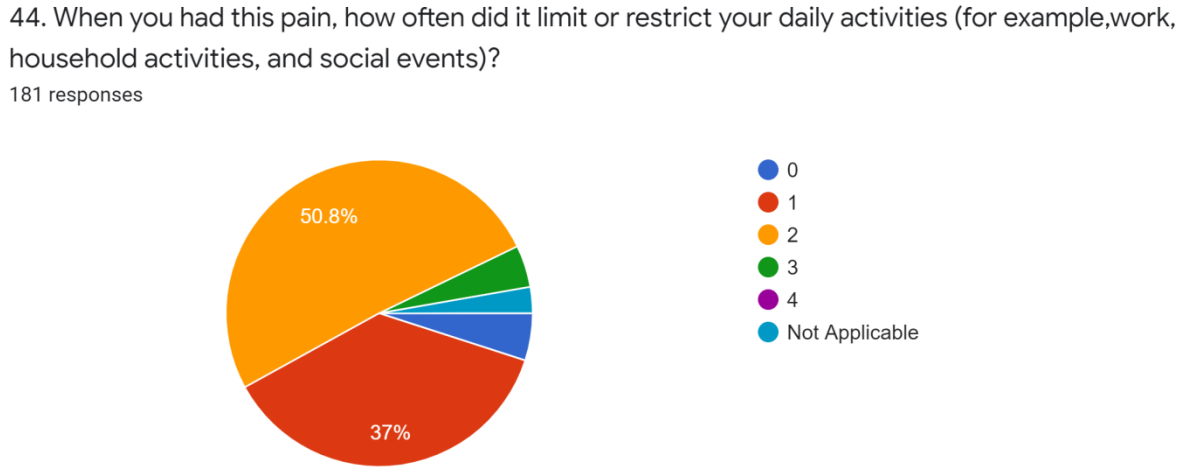
32.6% subjects responded to the question in negation

32% of the women subjects did not experience such type of pain

22.1% the question was nor applicable to of the subjects either because they were males or for the women the menopause had already occurred.

13.3% of the subjects did experience such type of pain.

44) When you had this pain, how often did it limit or restrict your daily activities? (Observation 2.44, Graph no. 2.44)



50.8% of the subjects often experienced such limitations and restrictions in daily activities

37% of the subjects experienced such limitations and restrictions in daily activities sometimes.

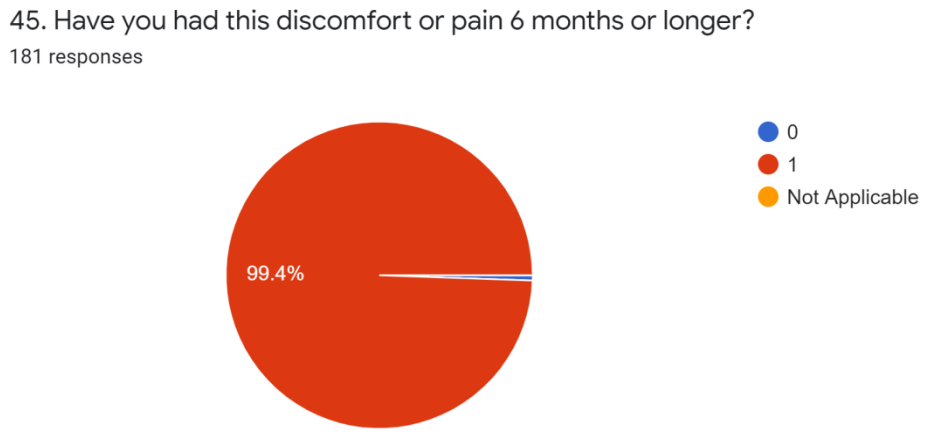
6.6% of the subjects experienced such limitations and restrictions in daily activities most of the times

3.6% of the subjects always experienced such limitations and restrictions in daily activities

2% of the subjects did not experience such limitations and restrictions in daily activities

45) Have you had this discomfort or pain 6 months or longer?

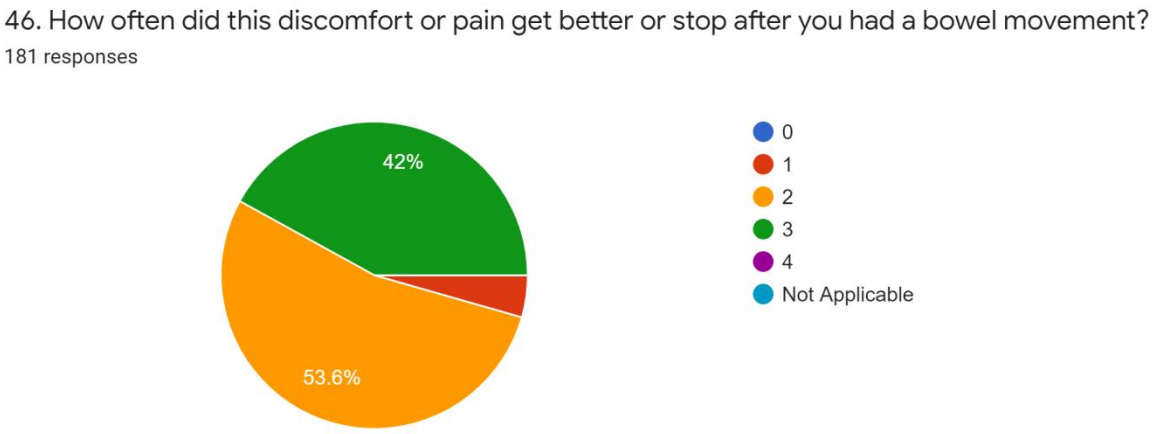
(Observation 2.45, Graph no.2.45)



99.4% of the participants had a positive response to the question.

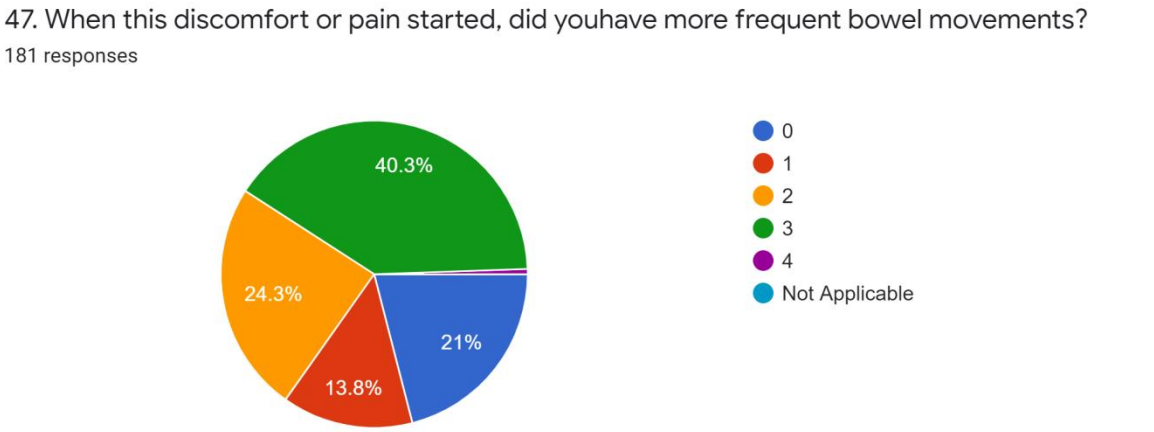
Only 0.6% of the participants had a negative response to the question.

46) How often How often did this discomfort but or pain get better or stop after you had a bowel movement? (Observation 2.46, Graph no.2.46)



For 53.6% of the subjects the pain OFTEN got better or stopped after bowel movement.
For 42% of the subjects the pain got better or stopped after bowel movement most of the times. Of the subjects the pain got better or stopped after bowel movements
For 4.4%of the subjects the pain sometimes got better or stopped after bowel movement.

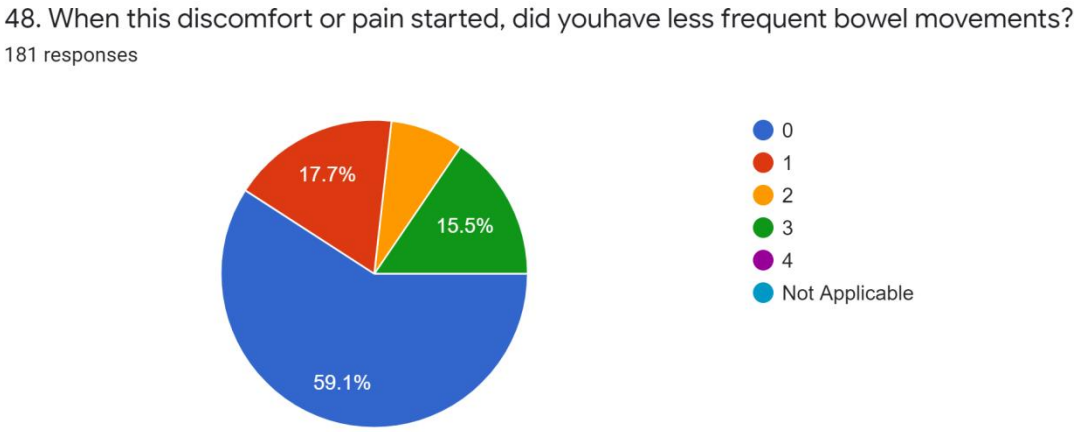
47) When this discomfort of pain started did you have more frequent bowel movements? (Observation 2.47, Graph no. 2.47)



40.3% of the subjects experienced more frequent bowel movements most of the times
24.3% of the subjects often experienced more frequent bowel movements.
21% never or rarely had frequent bowel movements.
13.8% sometimes experienced frequent bowel movements.

1.6% of the subjects always experienced frequent bowel movements.

48) When this discomfort all pain started did you have less frequent bowel movements? (Observation 2.48, Graph no. 2.48)



59.1% never or rarely had less frequent bowel movements.

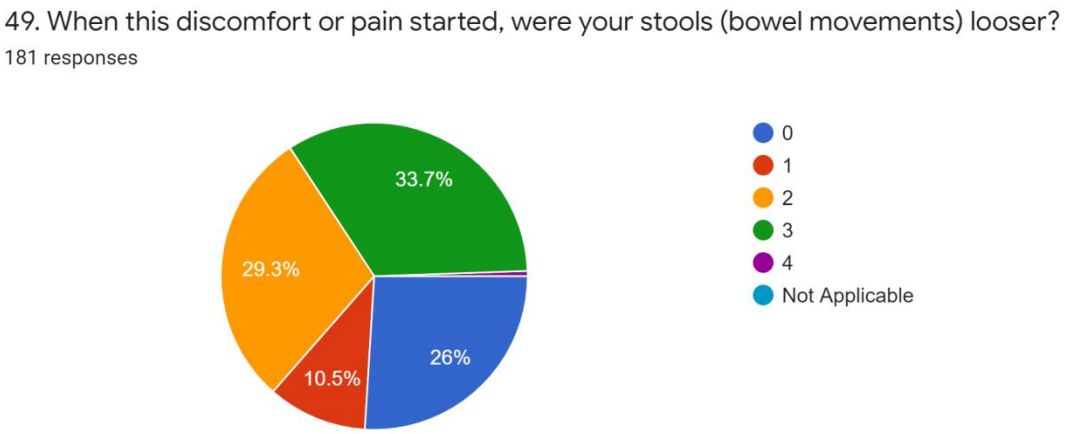
17.7% sometimes had less frequent bowel movements

15.5% had less frequent bowel movements most of the times

7.7% often had less frequent bowel movements.

59.1% of the subjects did not have less frequent bowel movements.

49) When this discomfort or pain started were your stools looser? (Observation 2.49, Graph no. 2.49)



29.3% of the subjects often experienced passing loose stools

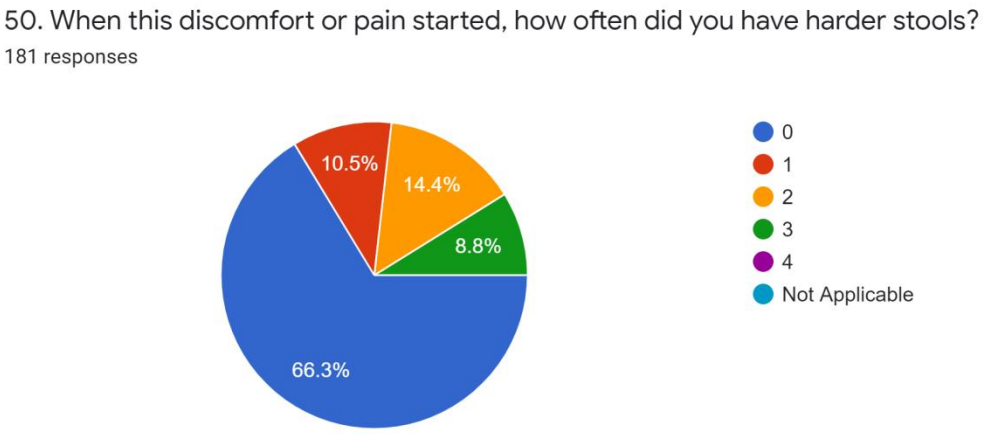
33.7%of the subjects experienced passing loose stools most of the times

26%of the subjects rarely or never experienced passing loose stools

10.5%of the subjects sometimes experienced passing loose stools

0.5%of the subjects always experienced passing loose stools

50)When this discomfort or pain started how often did you have harder stools? (Observation no. 2.50, Graph no.2.50)



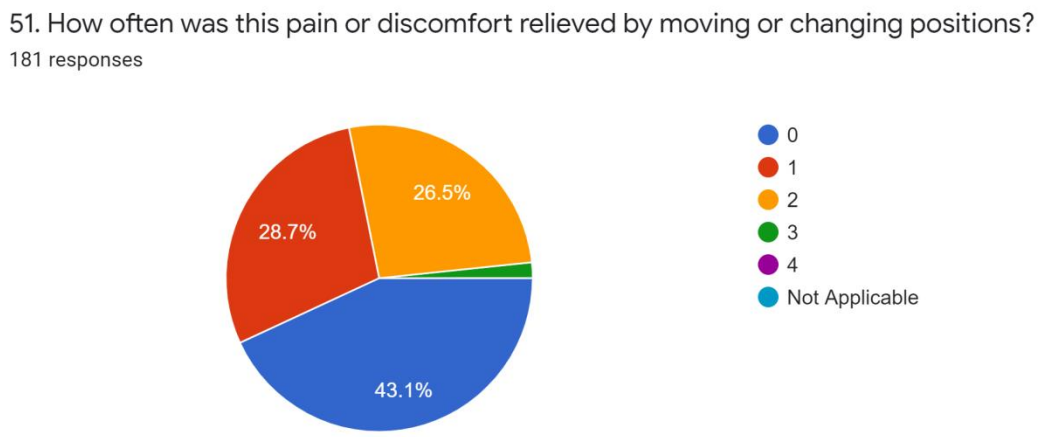
66.3% never or rarely experienced the passing of harder stools

14.4% experienced the passing of harder stools often

10.5% experienced the passing of harder stools sometimes

8.8%experienced the passing of harder stools most of the times

51) How often was this pain or discomfort relieved by moving or changing positions? (Observation 2.51, Graph no. 2.51)



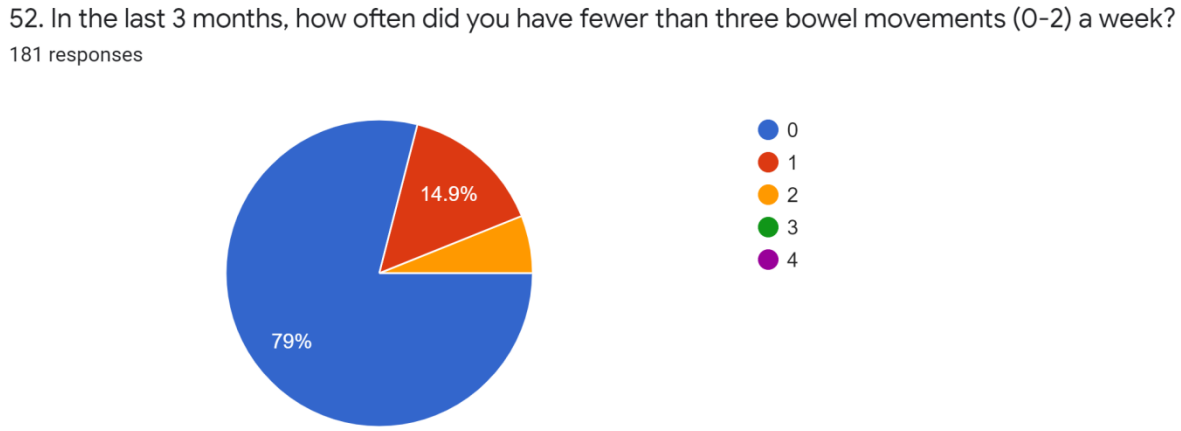
For 43.1% of the subjects the pain did or was rarely relived by moving or changing positions.

For 28.7% of the subjects the pain wassometimes relived by moving or changing positions

For 26.5% of the subjects the pain wasoften relived by moving or changing positions

For 1.7% of the subjects the pain was most of 5he times relived by moving or changing positions

52) In the past 3 months how often did you have fewer than 3 bowel movements a week? (Observation2.52, Graph no. 2.52)

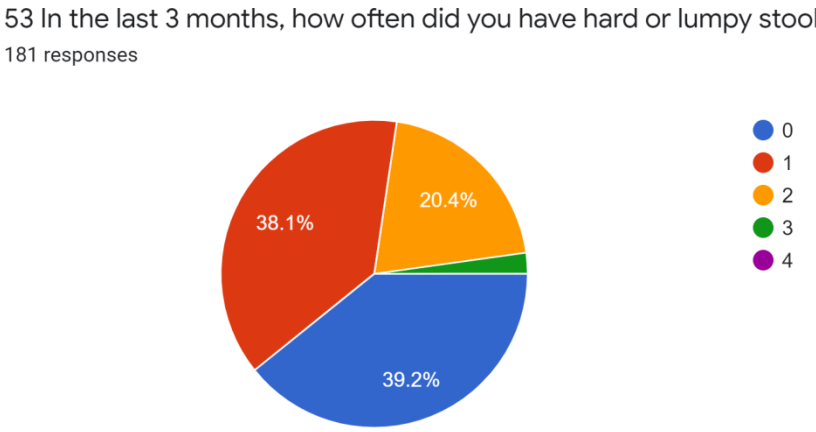


79% of the subjects never or rarely had fewer than 3 bowel movements a week in the past 3 months

14.9%of the subjects sometimes had fewer than 3 bowel movements a week in the past 3 months

6.1%of the subjects often had fewer than 3 bowel movements a week in the past 3 months

53) In the last 3 months how often did you have hard or lumpy stools? (Observation2.53, Graph no. 2.53)



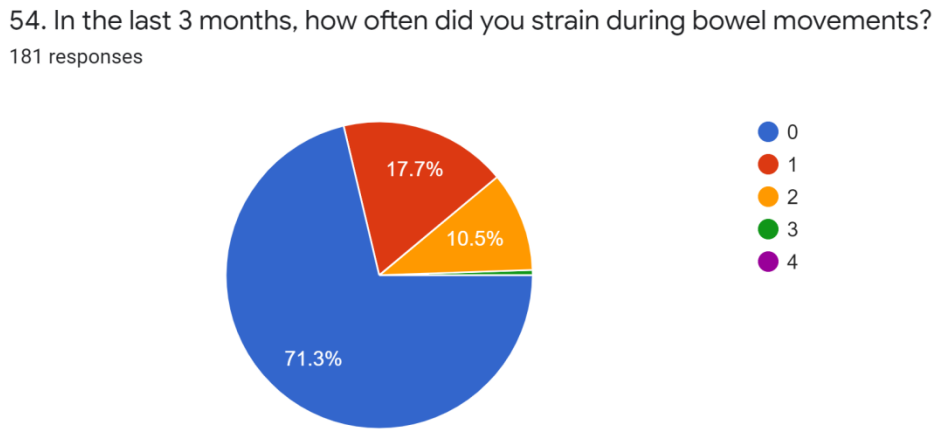
39.2% did not experience the passing of harder or lumpy stools

38.1% sometimes experienced the passing of harder or lumpy stools

20.4% often experienced the passing of harder or lumpy stools

2.3% experienced the passing of harder or lumpy stools most of the times

54) In the last 3 months how often did you strain during bowel movements? (Observation 2.54, Graph no. 2.54)



71.3% of the subjects did not have to or rarely had to strain during bowel movements

17.7% of the subjects sometimes had to strain during bowel movements

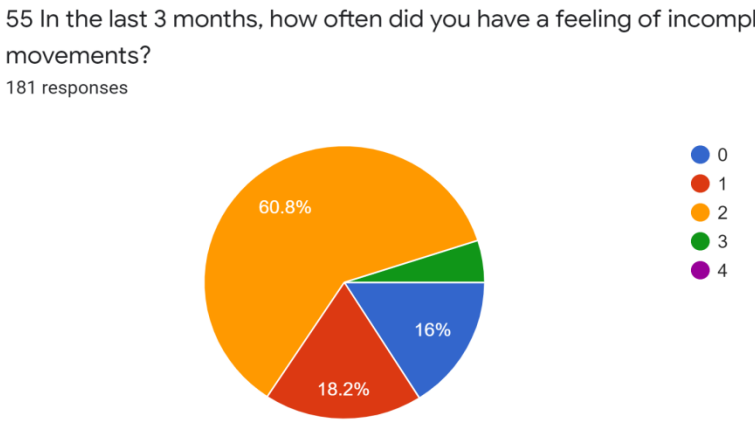
10.5% of the subjects often had to strain during bowel movements

0.5 % of the subjects always had to strain during bowel movements.

Since this questionnaire explores the entire example of the gastrointestinal tract for any functional disorders, such questions help to give a fair idea about the involvement of lower GIT in the disease pathogenesis.

73.1% subjects giving no straining history are testimony to the fact that the cases are representative of the sample of the disease population under study.

55) In the last 3 months how often did you have a feeling of incomplete emptying after bowel movements? (Observation2.55, Graph No. 2.55)



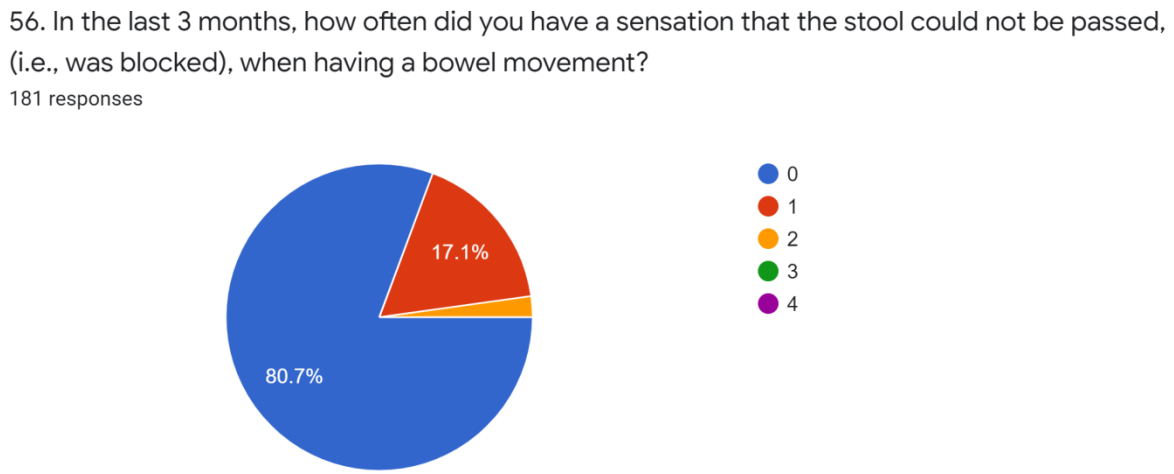
60.8% of the subjects often had a feeling of incomplete emptying after bowel movements

18.2% of the subjects sometimes had a feeling of incomplete emptying after bowel movements

16% of the subjects never or rarely had a feeling of incomplete emptying after bowel movements

5%of the subjects always had a feeling of incomplete emptying after bowel movements.

56) In the last 3 months how often did you have a sensation that the stool could not be passed when having a bowel movement?(Observation 2.56, Graph no. 2.56)

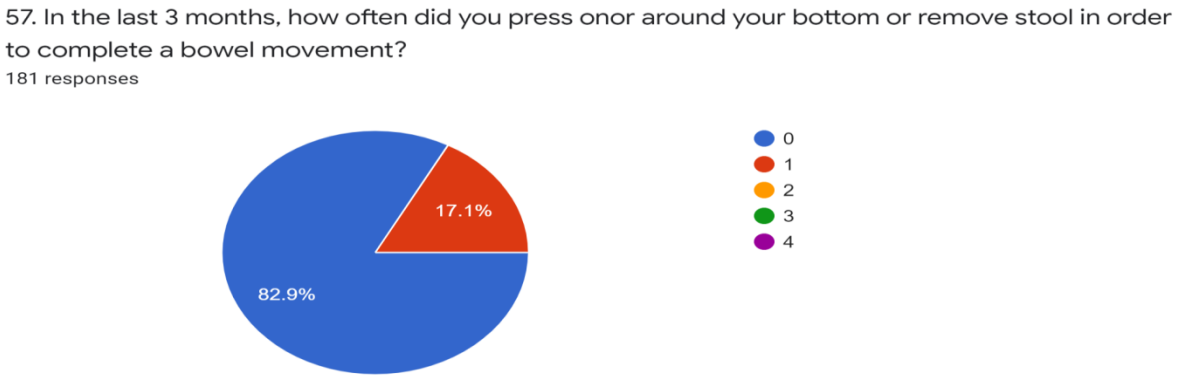


80.7% of the subjects did not or rarely had a sensation that the stool could not be passed when having a bowel movement.

2. 2 % often had a sensation often that the stool could not be passed when having a bowel movement.

17.1% sometimes had a sensation that stool could not be passed when having a bowel movement.

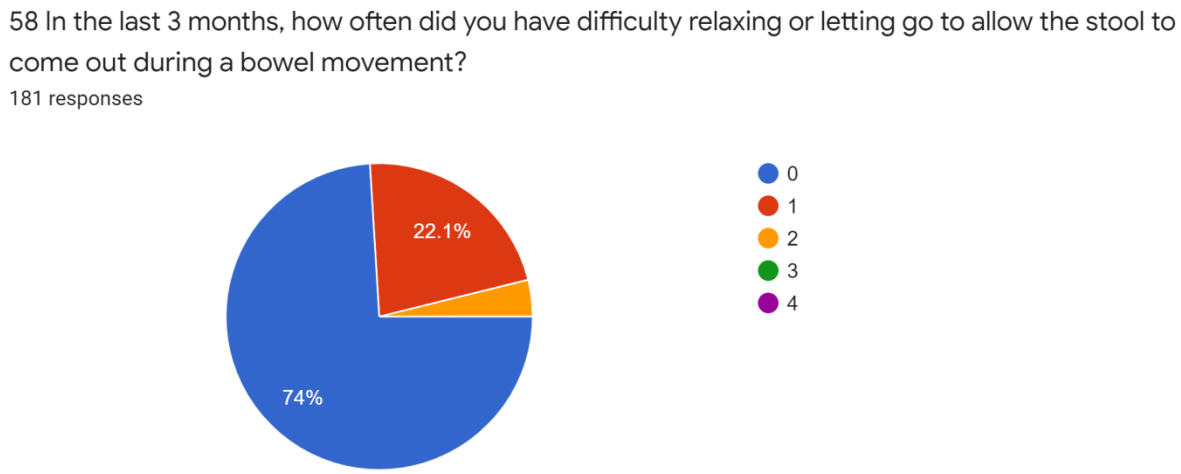
57) In the last 3 months how often did you press on or around your bottom or remove stool in order to complete a bowel movement? (Observation 2.57, Graph no.2.57)



82.9% of the subjects did not have to rarely press on or around the bottom or remove stool in order to complete a bowel movement

17.1% of the subjects sometimes had to press on or around the bottom or remove stool in order to complete a bowel movement

58) In the last 3 months how often did you have difficulty in relaxing or letting go to allow the stool to come out during a bowel movement? (Observation 2.58, Graph no. 2.58)

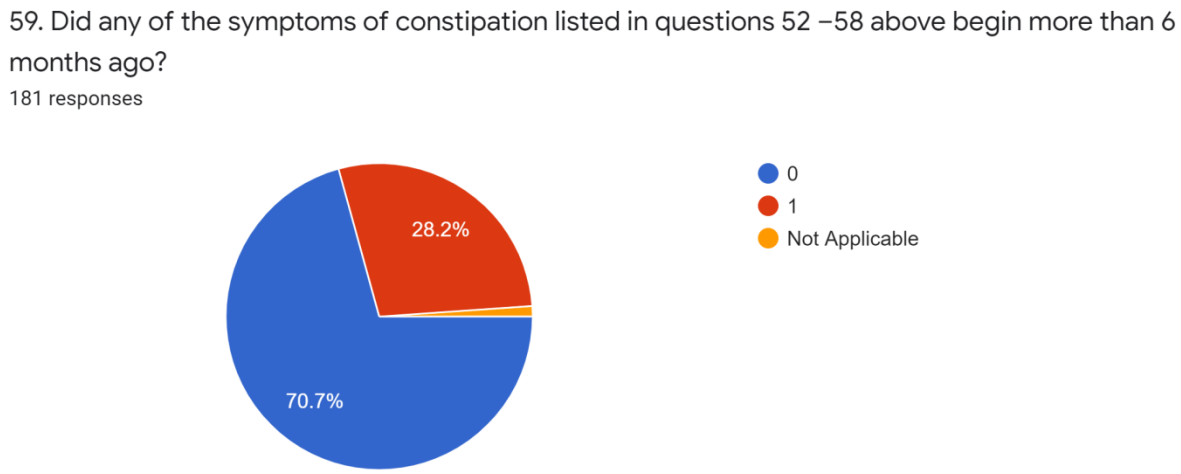


74% subjects did not or rarely had difficulty in relaxing or letting go to allow the stool to come out during a bowel movement

22.1% subjects sometimes had difficulty in relaxing or letting go to allow the stool to come out during a bowel movement

3.9% subjects often had difficulty in relaxing or letting go to allow the stool to come out during a bowel movement

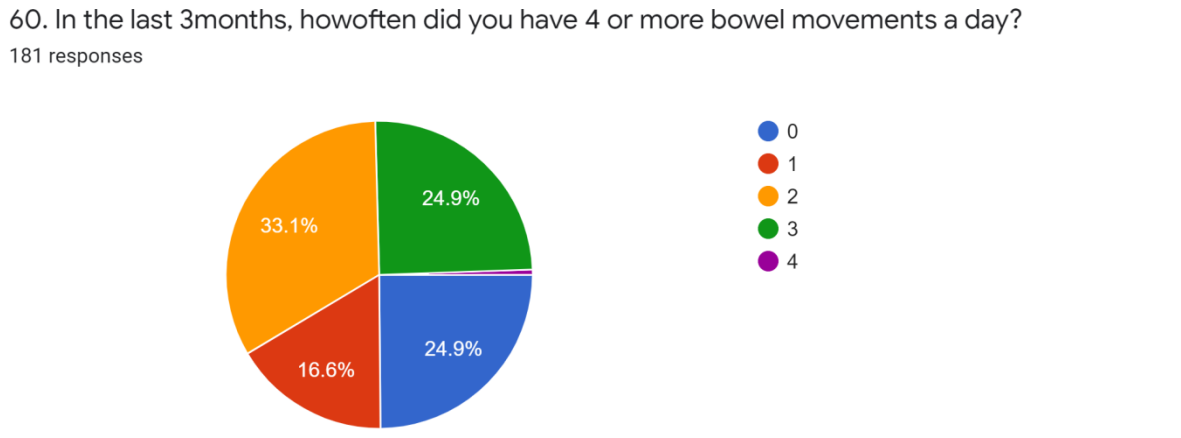
59) Did any of the symptoms of constipation begin more than 6 months ago? (Observation 2.59, Graph no. 2.59)



Among 70.7% of the subjects the symptoms of constipation did begin more than 6 months ago.

Among 28.2% of the subjects the symptoms of constipation did not begin more than 6 months ago.

60) In the last 3 months how often did you have 4 or more bowel movements a day? (Observation 2.60, Graph no. 2.60)



33.1% of the subjects often experienced having 4 or more bowel movements a day

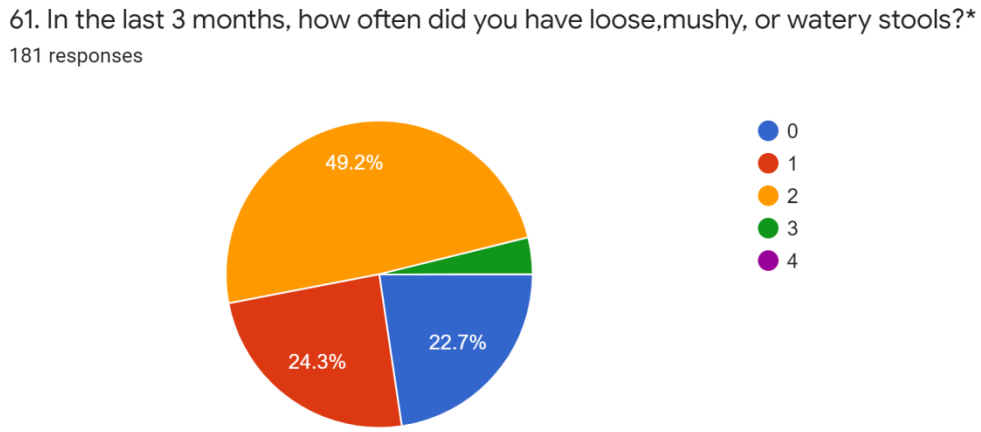
24.9% of the subjects did not or rarely experienced 4 or more bowel movements a day

24.9% of the subjects most of the times experienced 4 or more bowel movements a day

16.6% of the subjects sometimes experienced 4 or more bowel movements a day

0.5% of the subjects always experienced 4 or more bowel movements a day

61) In the last 3 months how often did you have loose, mushy or watery stools? (Observation 2.61, Graph no. 2.61)



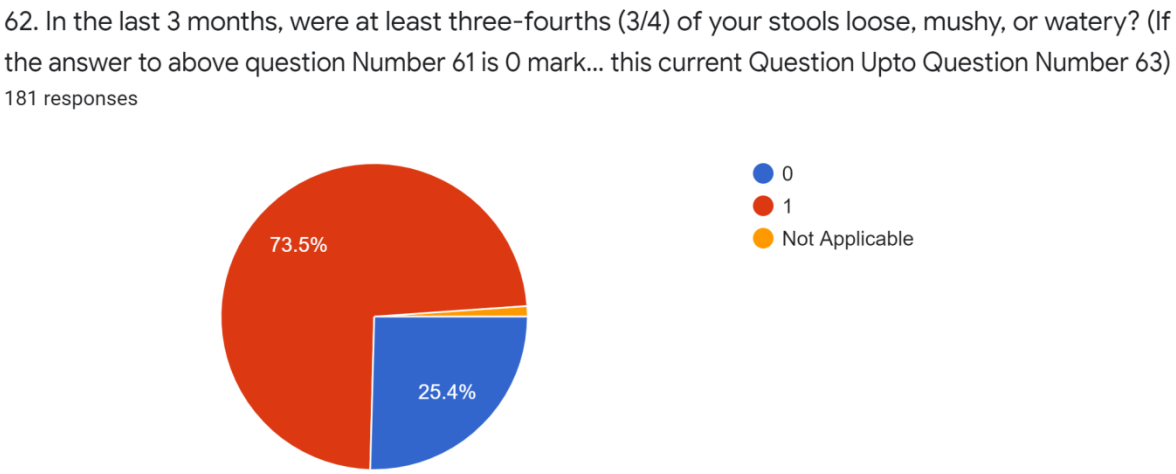
49.2% subjects often passed loose, mushy or watery stools

24.3% subjects sometimes passed loose, mushy or watery stools

22.7% subjects never or rarely passed loose, mushy or watery stools

3.8% subjects always passed loose, mushy or watery stools

62) In the last 3 months were there at least 3/4thof your stools loose mushy or watery? (Observation 2.62, Graph no. 2.62)

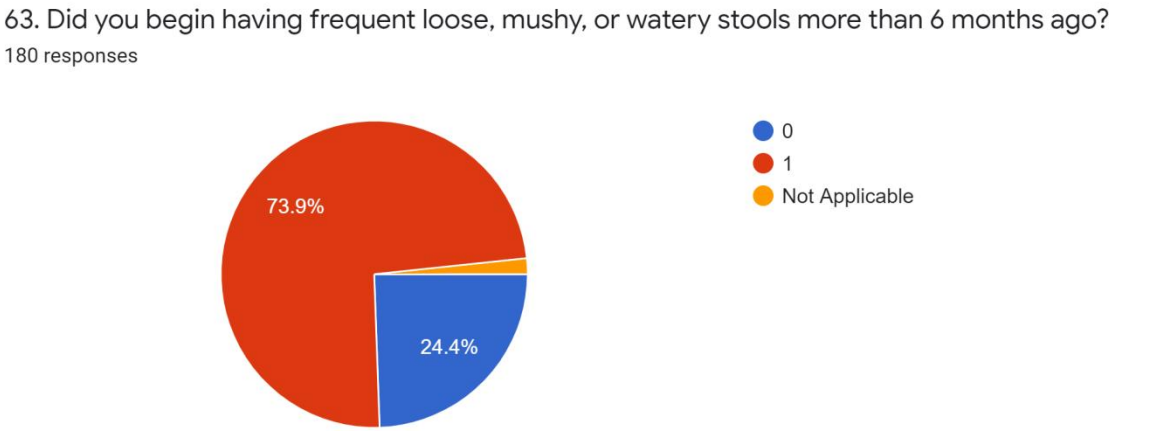


73.5% of the subjects answered the question in affirmation

25.4% of the subjects answered the questions in negation

For 1.1% of the subjects the question was not applicable.

63) Did you begin having frequent loose motions or watery stools more than 6 months ago? (Observation 2.63, Graph no. 2.63)

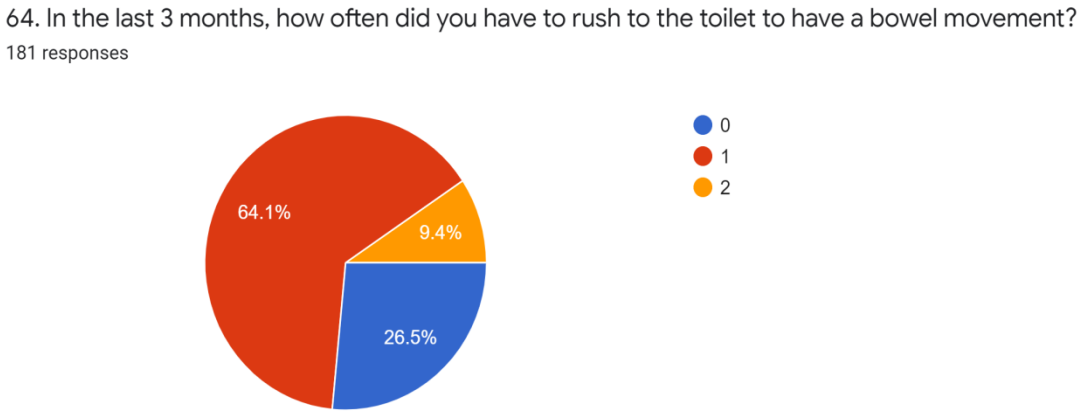


73.9% answered the question in affirmation

24.4% answered the question in negation

For 1.7% of the subjects the question was not applicable.

64) In the last 3 months how often did you have to rush to the toilet to have a bowel movement? (Observation 2.64, Graph no. 2.64)

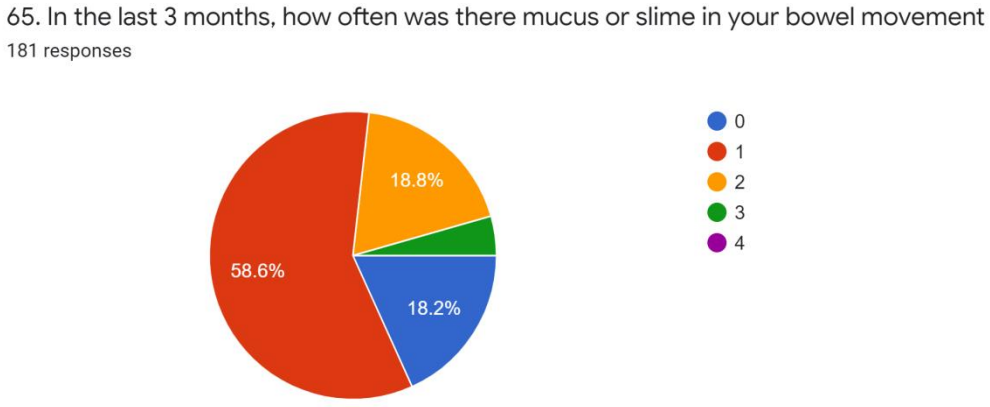


64.1% of the subjects sometimes had to rush to the toilet to have a bowel movement

26.5% of the subjects never or rarely had to rush to the toilet to have a bowel movement

9.4% of the subjects often had to rush to the toilet to have a bowel movement

65) In the last 3 months how often was there mucus or slime in your stools? (Observation 2.65, Graph no. 2.65)



58.6% of the subjects reported having mucus or slime in their stools sometimes

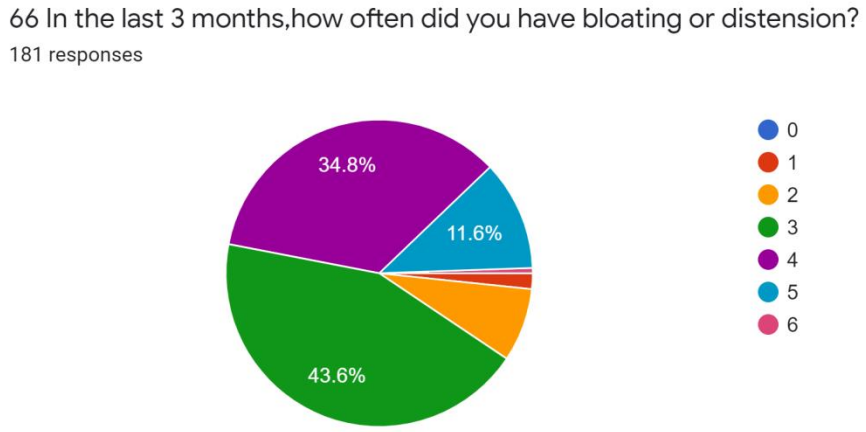
18.8% of the subjects reported to having mucus or slime in their stools often

18.2%of the subjects reported to never or rarely having mucusor slime in their stools often

4.4 % of the subjects reported to having mucusor slime in their stools most of the times.

66) In the last 3 months how often did you have bloating or distention?

(Observation 2.66, Graph no. 2.66)



43.6% of the subjects experienced bloating or distention two or three days a month

34.8% of the subjects experienced bloating or distention one day a week

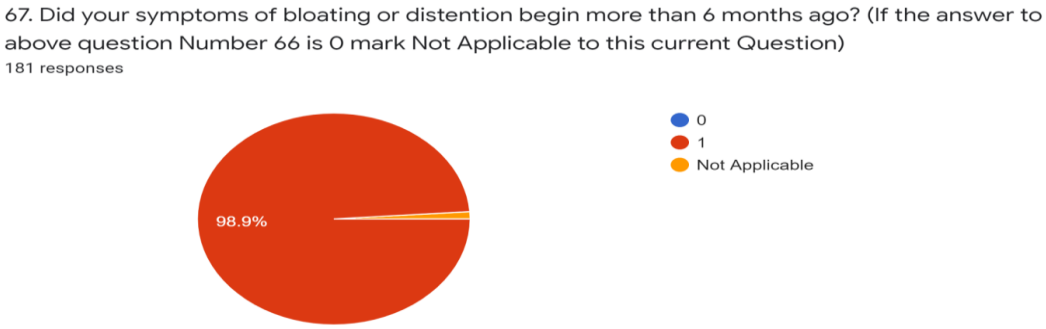
11.6% of the subjects experienced bloating or distention more than one day a week

8.1 % of the subjects experienced bloating or distention forone day a month

1.9% of the subjects experienced bloating or distention for less than one day a month

67) Did your symptoms of bloating or distention begin more than 6 months ago?

(Observation 2.67, Graph no. 2.67)



For 98.9% symptoms of bloating or distention began more than 6 months ago

1.1 % Symptoms of bloating or distention began less than 6 months ago.

2 Observations of Ayurvedic case record proforma for the determination of Agnidushtikar hetu (Etiological factors of irritable bowel syndrome) – Table no. 1.

Sr. No.	Symptoms				
	Title	**Cases**	**Cases %**	**Controls**	**Controls %**
i	Urodaha	19	10.49	9	4.94
ii	Hrullas	17	9.39	21	11.6
iii	Amla asyata	6	3.31	19	10.49
iv	Tiktasyata	4	2.2	3	1.65
v	Adhmana	82	45.3	12	6.62
vi	Atopa	105	58.01	9	4.97
vii	Avipaka	35	19.33	16	8.8
viii	Dravamalapravritti	133	73.48	2	1.1
ix	Malavarodha	48	26.51	1	0.6
x	No symptoms	2	1.1	109	60.22

Observation of Table No. 1

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted -

Urodaha was observed in 10.49% Cases and in 4.94 % Controls.

Hrullas was observed in 9.39 % Cases and in 11.6 % Controls.

Amlasyata was observed in 3.31% Cases and in 10.49% Controls.

Tiksayata was observed in 2.2% Cases and in 1.65% Controls.

Adhmana was observed in 45.3% Cases and in 6.62% Controls.

Atopa was observed in 58.01% Cases and in 4.97% Controls.

Avipaka was observed in 19.33% Cases and in 8.8% Controls.

Dravamalapravritti was observed in 73.48% Cases and in 1.1% Controls.

Malavarodha was observed in 26.51% Cases and in 0.6% Controls.

No symptoms were observed in 1.1 % Cases and 60.22% Controls.

Out of the above symptoms daravamalapravrutti was seen in maximum cases, followed by atopa, adhmana and malavarodha. Amlasyata and tiktasyata were seen in lowest number of cases. In maximum controls there were no symptoms.

Graphical representation of Table no.1

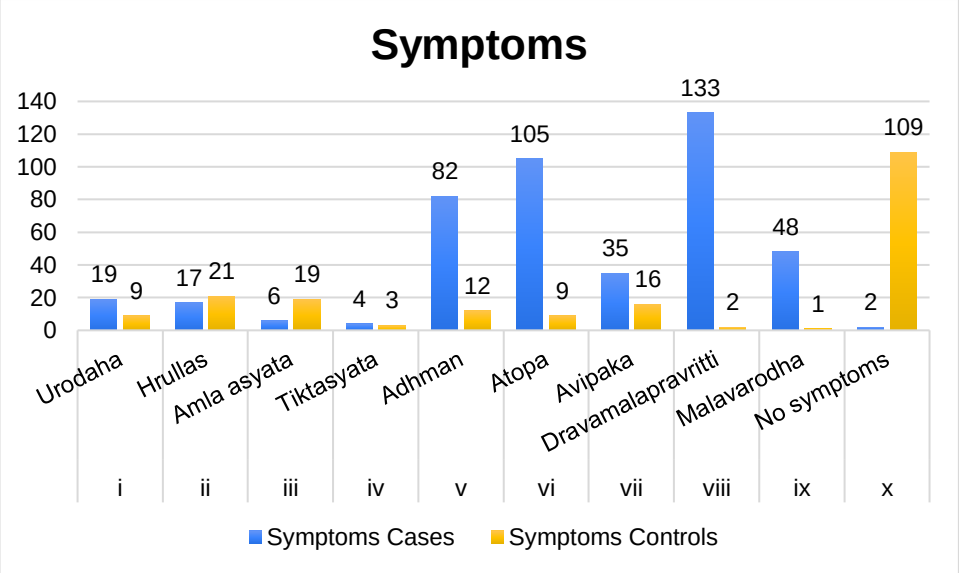


Table no. 2

Observation of Table No. no.2

Q 2	**History of past illness**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Controls %**
i	Ajirna	175	96.7	81	44.75
ii	Atisar	124	68.5	6	3.3

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted -

Ajirna was observed in 96.7% Cases and in 44.75% Controls.

Atisara was observed in 68.5% Cases and in 3.3 % Controls.

Ajirna was found to be present as past illness in maximum patients, followed by cases having history of Atisara.

Graphical representation of Table no. 2

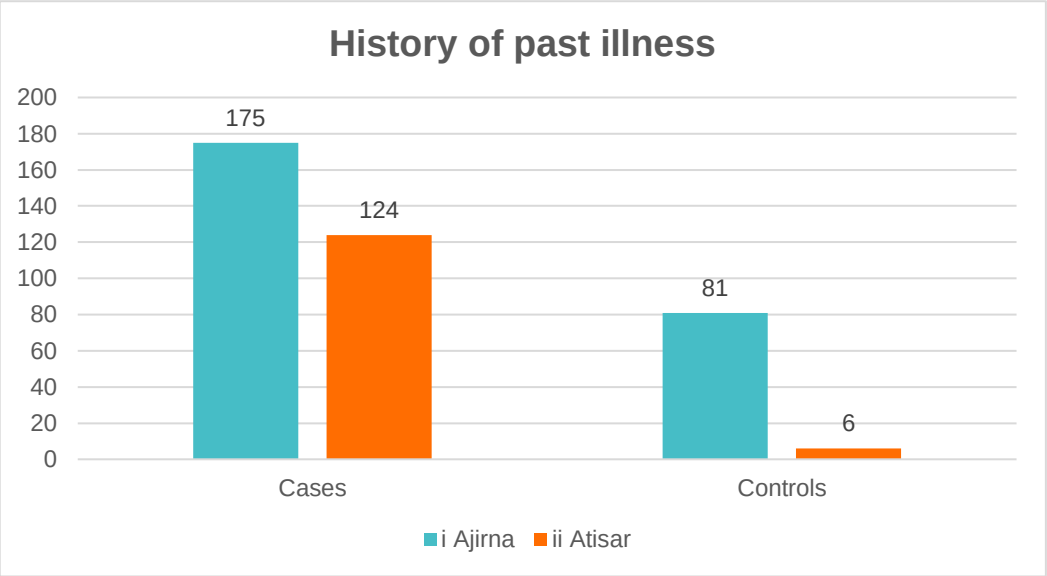


Table no. 3

Observation of Table no.3

Q 3	**Examination of the vitiated Srotas**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Controls %**
i	Annavaha	157	86.7	35	19.33
ii	Purishavaha	174	96.1	48	26.51
iii	Other Srotas	5	2.8	21	11.6
iv	None	2	1.1	86	47.5

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted -

Annavaha srotas vitiation was observed in 86.7% Cases and in 19.33% Controls.

Purishavaha vitiation was observed in 96.1% Cases and in 26.51% Controls.

Other srotas vitiation was observed in 2.8% Cases and in 11.6% Controls.

No srotas vitiation was observed in 1.1% Cases and in 47.5% Controls.

As per the above observation purishvaha srotas has been highly affected followed by annavaha srotas in IBS cases.

Graphical representation of table No. 3

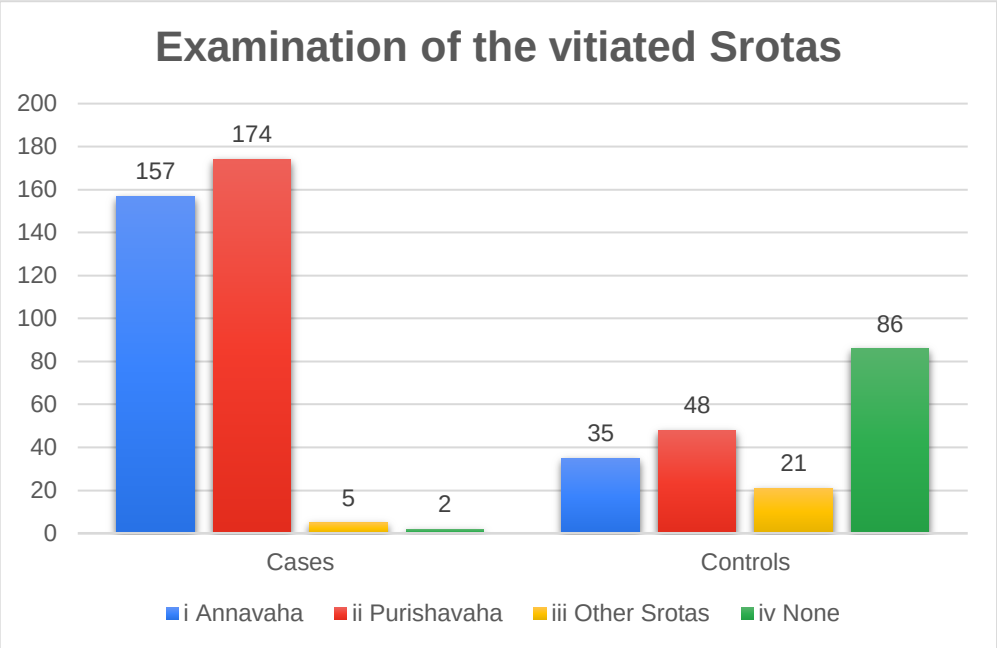


TABLE NO. 4

Observation of table no. 4

4	**Information about Agnidushtikara Hetus**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Controls %**
i	Abhojan	14	7.7	8	4.41
ii	AjirnaBhojan	86	47.5	8	4.41
iii	AtiBhojan	21	11.6	6	3.31
iv	Vishamashana	148	81.8	32	17.67
v	Asatmyabhojan	71	39.2	13	7.18
vi	Guru Bhojan	77	42.5	26	14.36
viii	ShitaBhojan	16	8.8	8	4.41
ix	Atirukshabhojan	11	6.1	4	2.20
x	Vamana, Virechana, SnehaVibhrama	0	0	0	0
xi	Due some other Vyadhis	1	0.6	0	0

xii	Desha Vaishamya	1	0.6	0	0
xiii	RituVaishamya	0	0	0	0
xiv	Kala Vaishamya	2	1.1	0	0
xv	None	0	0	132	72.9

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Abhojan was observed in 7.7% Cases and in 4.41% Controls.

Ajirna Bhojana was observed in 47.5% Cases and in 4.41% Controls.

Ati Bhojan was observed in 11.6% Cases and in 3.31 % Controls.

Vishamashana was observed in 81.8 % Cases and in 17.67% Controls.

Asatmya Bhojan vitiation was observed in 39.2 % Cases and in 7.18 % Controls.

Guru Bhojan was observed in 42.5 % Cases and in 14.36 % Controls.

Shita Bhojan was observed in 8.8 % Cases and in 4.41 % Controls.

Atiruksha Bhojan vitiation was observed in 6.1% Cases and in 2.20 % Controls.

Vamana, Virechana, Sneha Vibhrama was observed in 0 % Cases and in 0 % Controls.

Due to some other vyadhis as a cause was observed in 0.6 % Cases and in 0 % Controls.

Desha vaishamya vitiation was observed in 0.6 % Cases and in 0 % Controls.

Ritu vaishamya was observed in 0 % Cases and in 0 % Controls.

Kala vaishamya was observed in 1.1 % Cases and in 0 % Controls.

None causative factor was observed in 0 % Cases and in 72.9 % Controls.

Out of the above observations Vishamashana, ajirna bhojan and guru bhojan were found to be the main causative factors of IBS.

Graphical representation of table no.4

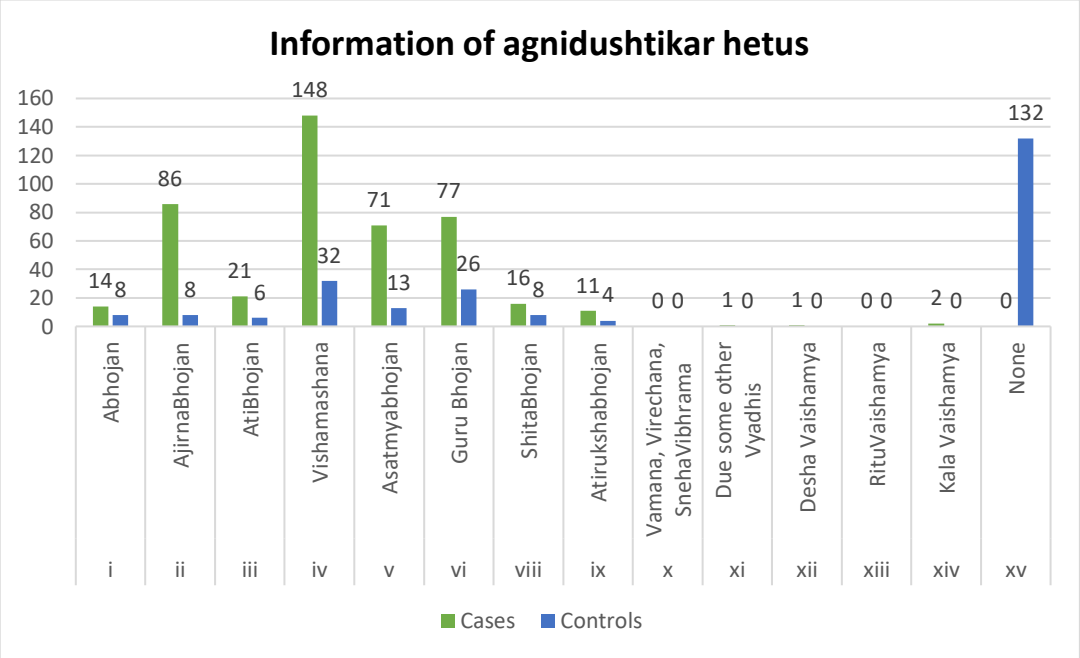


TABLE NO. 5

Observation of table no. 5

5	**Time of getting up in the morning**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Controls %**
i	5 - 6 am	7	3.8	6	3.31
ii	6 - 7 am	87	48.06	72	39.77
iii	7 - 8 am	77	42.54	86	47.51
iv	After 8am	10	5.52	17	9.39

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Time of getting up in the morning between 5-6 am was observed in 3.38 % Cases and in 3.31% Controls.

Time of getting up in the morning between 6-7 am was observed in 48.06 % Cases and in 39.77% Controls.

Time of getting up in the morning between 7-8 am was observed in 42.54 % Cases and in 47.51 % Controls.

Time of getting up in the morning after 8am am was observed in 5.52 % Cases and in 9.39 % Controls.

Most of the cases the time of getting up in the morning is after sunrise as seen in the above data. Very few cases and controls have the habit of getting up before sunrise. Some acses are also seen to be getting up very late i.e., after 8 a.m.

Graphical representation of table no.5

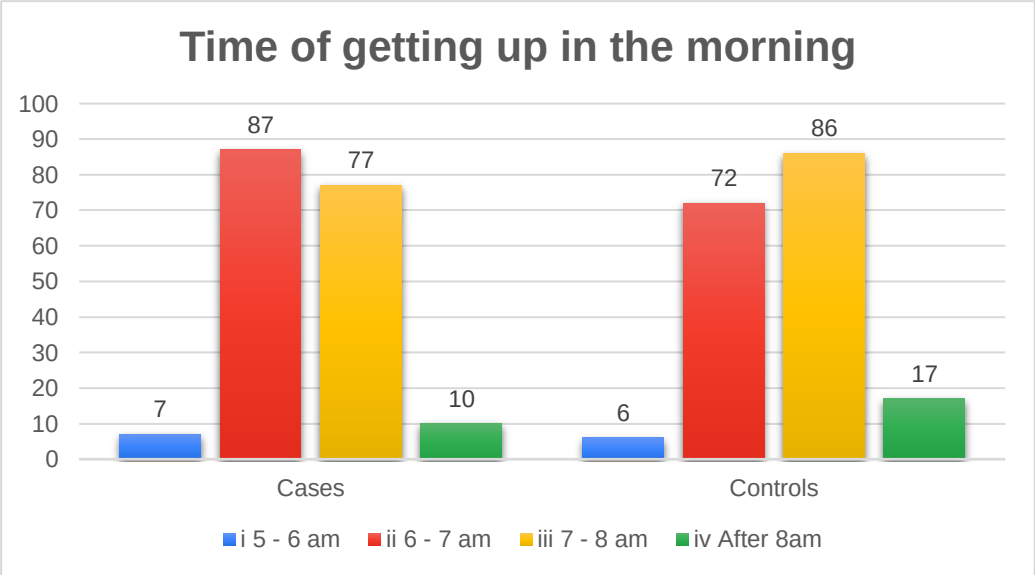


TABLE NO. 6

Observation of table no. 6

6	**Bowel movements**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Controls %**
i	Regular	28	15.5	75	41.4
ii	Irregular	128	70.7	94	51.9
iii	Constipated	46	25.4	31	17.1
iv	Diarrhea	132	72.9	0	0
v	With mucus	5	2.8	0	0
vi	After food	39	21.5	0	0

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Regular bowel movement was observed in 15.5 % Cases and in 41.4 % Controls.

Irregular bowel movement was observed in 70.7 % Cases and in 51.9 % Controls.

Constipated bowel was observed in 25.4 % Cases and in 17.1 % Controls.

Diarrhea was observed in 72.9 % Cases and 0 % Controls.

Stools with mucus were observed in 2.8 % Cases and 0 % Controls.

Bowel movement after food was observed in 21.5 % Cases and in 0 % Controls.

The above observation regarding bowel movements has highest number of diarrhea dominant IBS, followed by irregular bowel movement cases, followed by constipated IBS cases and followed by cases of bowel movements after food

Graphical representation of table no.6

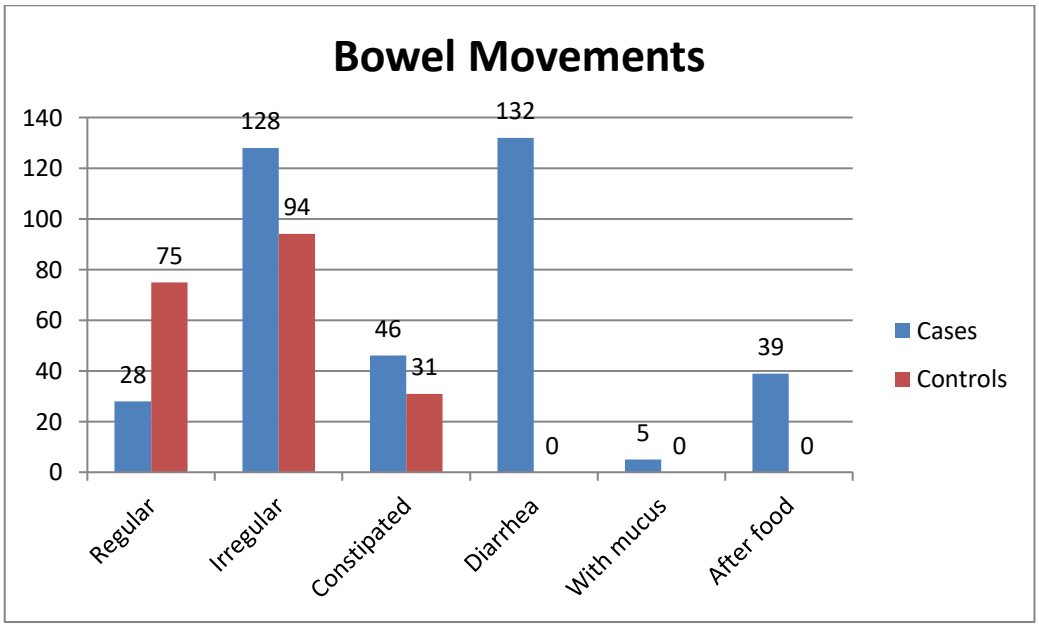


TABLE NO. 6.2

Observation 6.2

6.2	**Bowel movements**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Controls %**
a	**How many times in a day**				
i	1- 2	51	28.18	153	84.53
ii	2-3	66	36.46	23	12.71
iii	3-4	41	22.65	3	1.66
iv	Above 4	23	12.71	2	1.10

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

1 to 2 times was observed in 28.18 % Cases and in 84.53 % Controls.

2 to 3 times was observed in 36.46% Cases and in 12.71 Controls.

3 to 4 times was observed in 22.65 % Cases and in 1.66 % Controls.

Above 4 times was observed in 12.71 % Cases and in 1.10 % Controls.

Out of the above observations 66 cases had 2-3 , 51 cases had 1-2 , 41 cases had 3-4 and 23 cases had more than 4 times bowel movements in a day.

Graphical representation of table 6.2

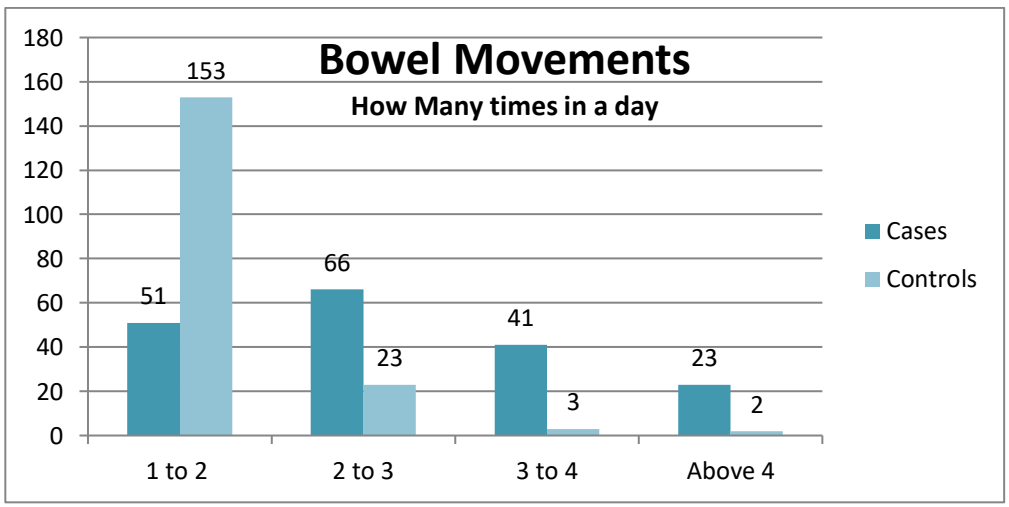


TABLE NO. 7.a

Observations –

7 a	**Bladder movements**				
a	**How many times in a day**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	3 to 4	33	18.23	28	15.47
ii	4 to 5	72	39.78	79	43.65
iii	5 to 6	57	31.49	61	33.7
iv	Above 6	19	10.5	13	7.18

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

3 to 4 times was observed in 18.23 % Cases and in 15.47 % Controls.

4 to 5 times was observed in 39.78% Cases and in 43.65 % Controls.

5 to 6 times was observed in 31.49 % Cases and in 33.7 % Controls.

Above 6 times was observed in 10.5% Cases and in 7.18 % Controls.

Out of the above observation 72 cases had a frequency of 4-5 times of passing the urine, followed by 5-6 times in a day and then by 3-4 times in a day.

Graphical representation of table no.7 a

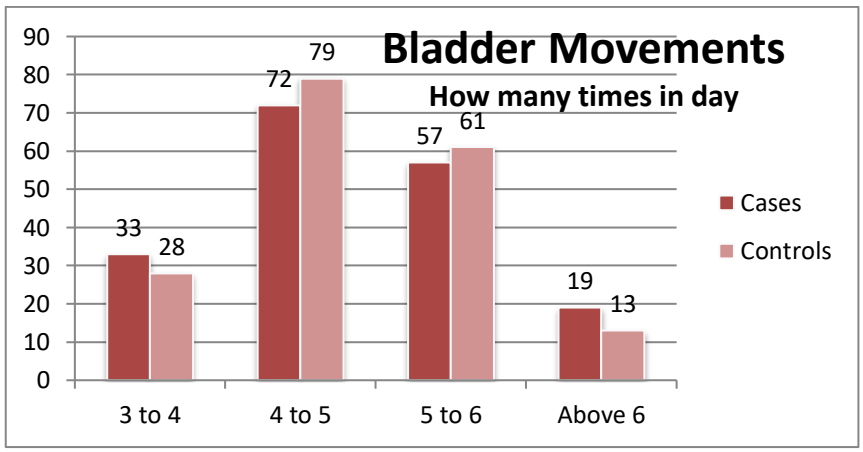


TABLE NO. 7. b

Observations no. 7 b

7 b	How many times in night				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	0	136	75.14	143	79.01
ii	1- 2	43	23.76	37	20.44
iii	2-3	1	0.55	1	0.55
iv	3-4	1	0.55	0	0.00
v	Above 4	0	0.00	0	0.00

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

0 times / No bladder movements at night were observed in 75.14 % Cases and in 73.01 % Controls.

1 to 2 times was observed in 23.76 % Cases and in 20.44 % Controls.

2 to 3 times was observed in 0.55 % Cases and in 0.55 % Controls.

3 to 4 times was observed in 0.55 % Cases and in 0 % Controls.

Above 4 times was observed in 0 % Cases and in 0 % Controls.

No bladder movement during the night in 136 cases followed by 43 cases of 1-2 times in the night is observed from the above data.

Graphical representation of table no.7b

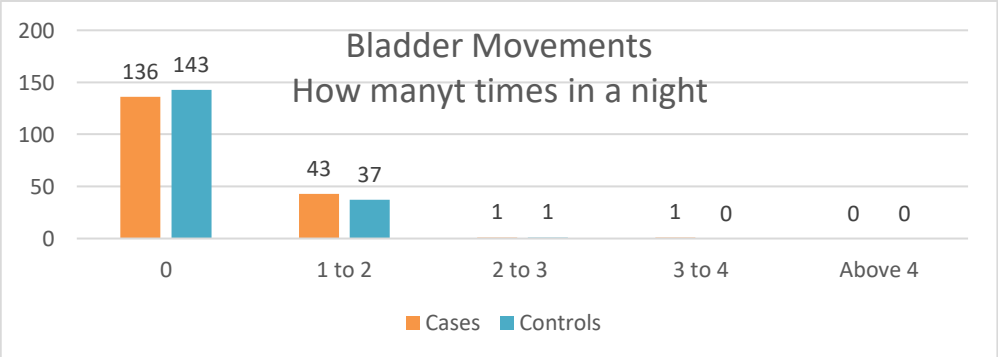


TABLE NO. 7 c

Observation 7c

7 c	Bladder movements				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Burning	0	0.00	0	0.00
ii	Polyuria	3	1.66	0	0.00
iii	Nocturia	2	1.10	2	1.10
iv	No any symptoms	176	97.24	179	98.90

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Burning during urination was observed in 0 % cases and in 0 % cases controls.

Polyuria was observed in 1.66 % and in 0 % cases controls.

Nocturia was observed in 1.1 % cases and in 1.1 % controls.

No symptoms were observed in 97.24 % cases and 98.90 % controls.

There were no symptoms related to urine complaints in maximum 176 cases.

Graphical representation of table no.7c

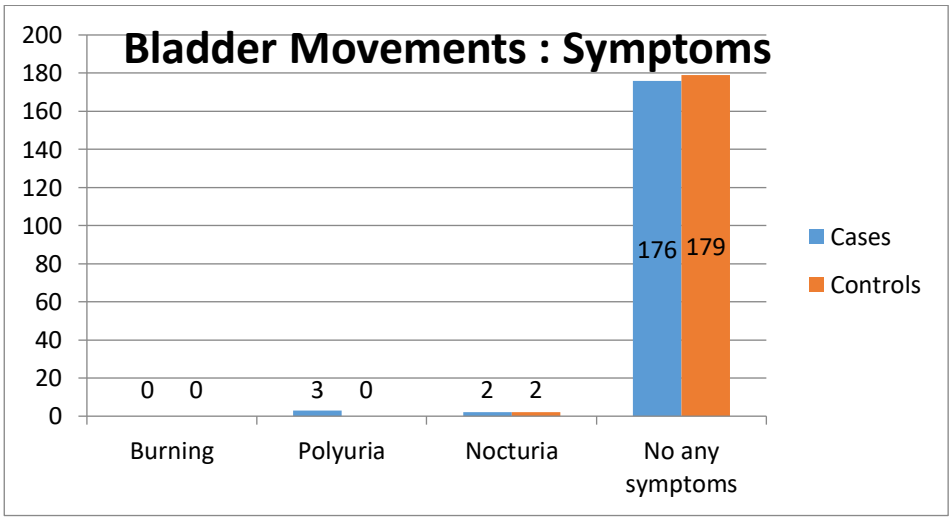


TABLE NO. 8

Observation of table no. 8

8	Exercise				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	40	22.1	69	38.1
ii	No	141	77.9	112	61.9

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Daily exercise was observed in 22.1 % cases and in 38.1 % controls.

No daily exercise was observed in 77.9 % cases and in 61.9 % controls.

Daily exercise was seen in only 40 cases and 69 controls and daily exercise was not practiced by 141 cases and 112 controls.

Graphical representation of table no. 8

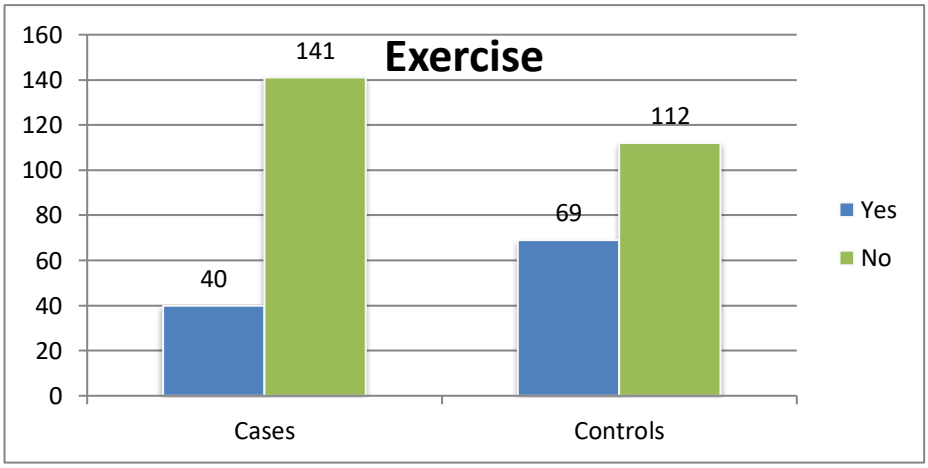


TABLE NO. 8. a

Observation -

9 a	Form of Exercise				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yogasana	23	12.8	39	21.5
ii	Gym	5	2.8	23	25.3
iii	Aerobics	4	2.21	7	7.7
iv	Walking	8	4.41	0	0
v	No Exercise	141	77.9	112	61.9

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Yogasana was observed in 12.8 % cases and in 21.5 % controls.

Gym exercise was observed in 2.8 % cases and in 25.3 % controls.

Aerobic exercise was observed in 2.21 % cases and in 7.7 % controls.

Walking exercise was observed in 4.41 % cases and in 0 % controls.

No exercise was observed in 77.9 % cases and in 61.9 % controls.

Daily exercise of various types as shown above was seen in only 40 cases and 69 controls and daily exercise was not practiced by 141 cases and 112 controls.

Graphical representation of Table No. 8 a

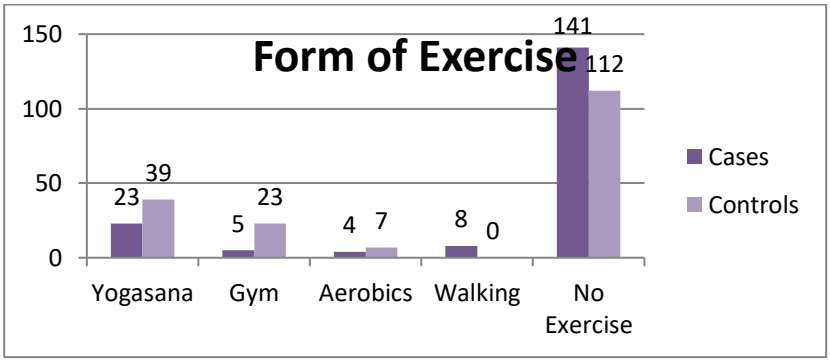


TABLE NO. 9

Observation of table no. 9

9 b	Duration of exercise				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	No exercise	141	77.9	112	61.9
ii	Upto 30 min	33	18.23	6	3.31
iii	1 Hr	7	3.86	63	34.8

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Daily up to 30 minutes of exercise was observed in 18.23 % cases and in 3.31 % controls.

Daily up to one hour of exercise was observed in 3.86 % cases and in 34.8 % controls.

No exercise was observed in 77.9 % cases and in 61.9 % controls.

Daily exercise was not practiced by 141 cases and 112 controls. 33 cases and 2 controls practiced daily exercise for 30 minutes and 7 cases and 63 controls practiced daily exercise for one hour. daily exercise enhances the power of digestive fire. 141 cases did not practice exercise at all, which proves the weakness of agni. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study

Graphical representation of Table No. 9

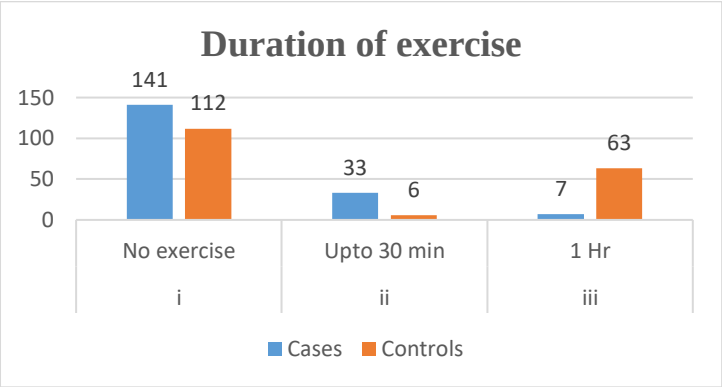


TABLE NO. 10

Observation of table no. 10

10	**Bath On Empty stomach**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	30	16.6	142	78.9
ii	No	151	83.4	39	21.5

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Bath on Empty stomach was observed in 16.6 % cases and in 78.9 % controls.

No Bath on Empty stomach was observed in 83.4 % cases and in 21.5 % controls.

Bath on empty stomach was seen in 30 cases and 142 controls. It is not an etiological factor for IBS, but it enhances the power of agni.i.e. digestive fire.

Graphical representation of table no.10

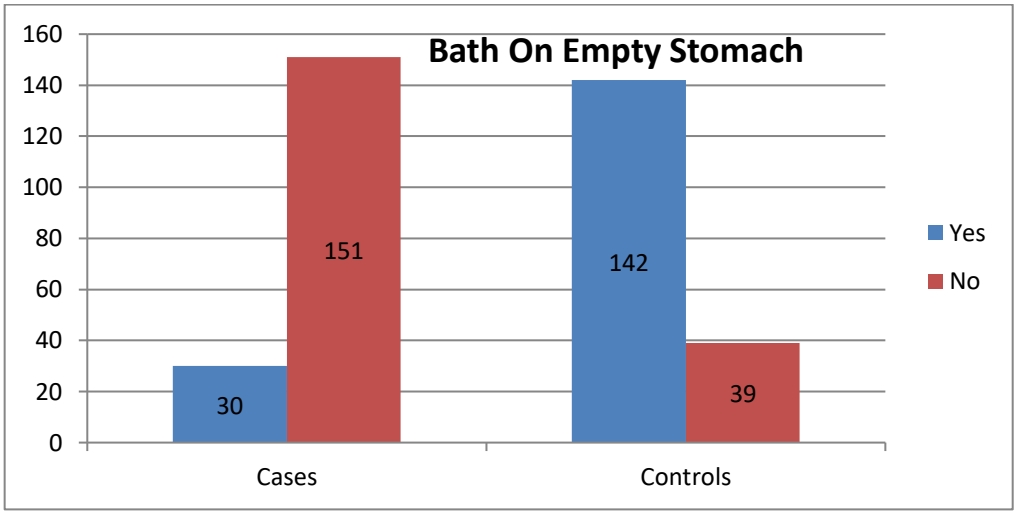


TABLE NO. 11

Observation of table no. 11

11	**Bath After meals**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	151	83.4	39	21.5
ii	No	30	16.6	142	78.9

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Bath after meals was observed in 83.4 % cases and in 21.5 % controls.

No Bath after meals was observed in 16.6 % cases and in 78.9 % controls.

Bath after meals observed in maximum number of cases.

Graphical representation of table no.11

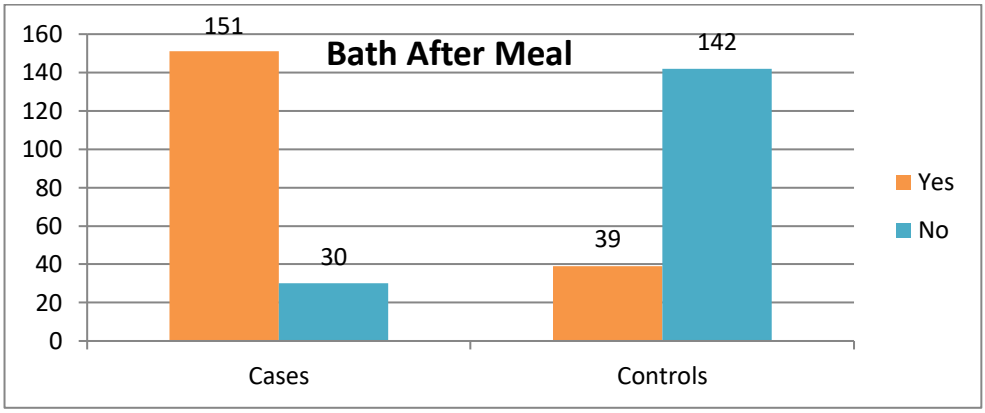


TABLE NO. 12

Observation of table no. 12

12	**Bath - Type of Water**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Cold	34	18.8	56	30.9
ii	Hot	92	50.8	3	1.7
iii	Warm	58	32	170	93.9

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Usage of cold water was observed in 18.8 % cases and in 30.9 % controls.

Usage of hot water was observed in 50.8 % cases and in 1.7% controls.

Usage of warm water was observed in 32 % cases and in 93.9 % controls.

As per the above observation 92 cases used hot water for bath followed by 58 warm water users and 34 cold water users. In controls 170 warm water users were found, followed by 56 cold water users and only 3 hot water users.

Graphical representation of table no.12

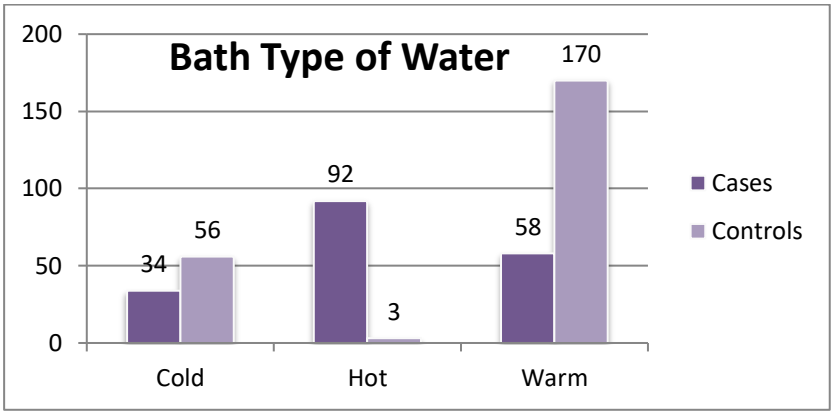


TABLE NO. 13

Observation of table no. 13

13	**Sleep**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Sound Sleep	117	64.64	133	73.48
ii	Not Sound Sleep	64	35.36	48	26.52

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Sound sleep was observed in 64.64 % cases and in 73.48 % controls.

Not Sound Sleep was observed in 35.36 % cases and in 26.52 % controls.

Of the above observation sound sleep was observed in 117 cases and 133 controls. Disturbed sleep was observed in 64 cases and 48 controls.

Graphical representation of table no.13

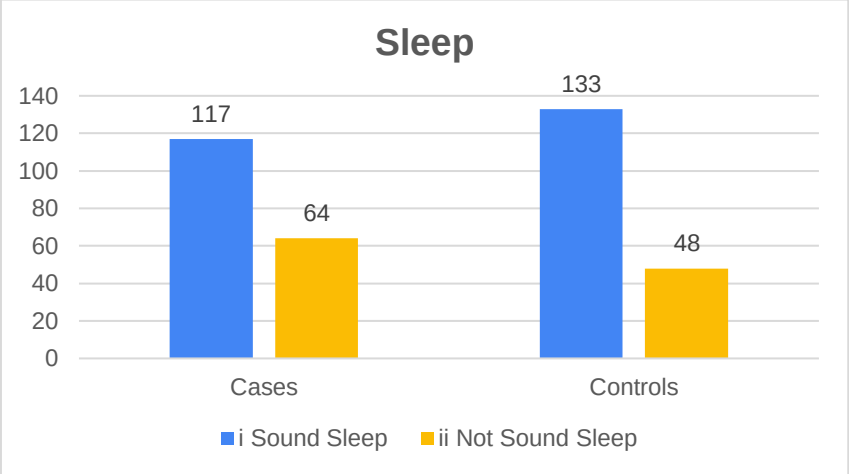


TABLE NO. 14

Observation of table no. 14

14	**Sleep - Time of getting up in the morning**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	5 - 6 am	7	3.8	6	3.31
ii	6 - 7 am	87	48.06	72	39.77
iii	7 - 8 am	77	42.54	86	47.51
iv	After 8am	10	5.52	17	9.39

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Time of getting up in the morning between 5-6 am was observed in 3.38 % Cases and in 3.31% Controls.

Time of getting up in the morning between 6-7 am was observed in 48.06 % Cases and in 39.77% Controls.

Time of getting up in the morning between 7-8 am was observed in 42.54 % Cases and in 47.51 % Controls.

Time of getting up in the morning after 8am am was observed in 5.52 % Cases and in 9.39 % Controls.

Graphical representation of table no.14

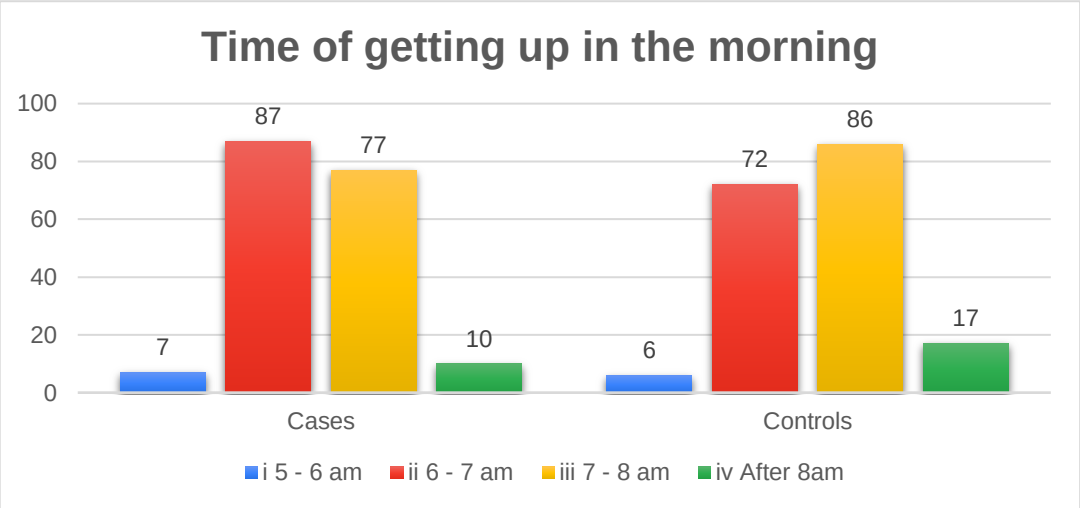


TABLE NO. 15

Observation of table no. 15

15	**Sleep (Time of going to bed)**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	10 pm - 11 pm	4	2.2	25	13.81
ii	11 pm - 12 am	55	30.38	108	59.66
iii	12 am - 1 am	90	49.72	32	17.67
iv	After 1 am	32	17.67	16	8.83

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Time of going to sleep in the night between 10 to 11 pm was observed in 2.2 % Cases and in 13.81% Controls.

Time of going to sleep in the night between 11 pm to 12 am was observed in 30.38 % Cases and in 59.66 % Controls.

Time of going to sleep in the night between 12 to 1am was observed in 49.72 % Cases and in 17.67 % Controls.

Time of going to sleep in the night after 1 am was observed in 17.67 % Cases and in 8.83% Controls.

It was observed that the time of late-night sleep i.e. Between 12- 1 am was found in maximum 92 cases, followed by 11- 12 pm sleep time in 55 patients followed by 32 cases going to sleep after 1 am. Only 4 cases had the habit of sleeping between 10-11 pm. In controls 108 people went to sleep between 10-11pm followed by 32 people in 12-1 am and 16 people sleeping after 1 pam. 25 controls slept between 10-11 pm.

Graphical representation of table no.15

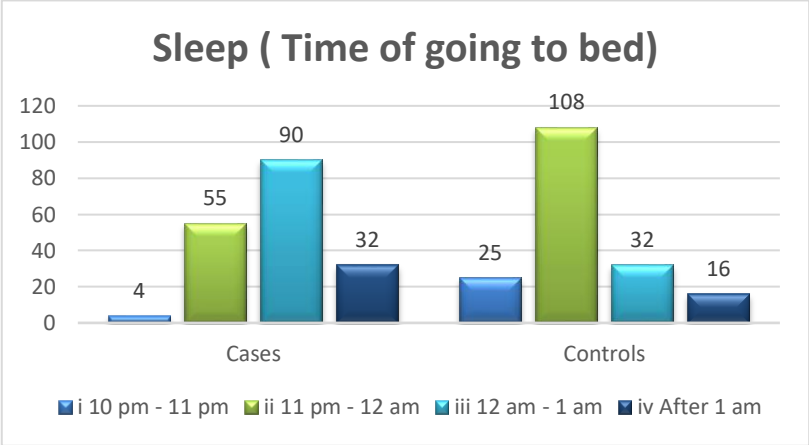


TABLE NO. 16

Observation of table no. 16

16	**Hours of sleep**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	5 - 6	11	6.07	1	0.55
ii	6 - 7	63	34.8	15	8.28
iii	7 - 8	87	48.06	88	48.61
iv	8 - 9	20	11.04	77	42.54

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Sleep hours between 5 to 6 were observed in 6.07 % Cases and in 0.55 % Controls.

Sleep hours between 6 to 7 were observed in 34.8 % Cases and in 8.28 % Controls.

Sleep hours between 7 to 8 were observed in 48.06 % Cases and in 48.61 % Controls.

Sleep hours between 8 to 9 were observed in 11.04 % Cases and in 42.54 % Controls.

Maximum 87 people in cases slept for 7-8 hours daily followed by 63 persons sleeping for 6-7 hours.

Graphical representation of tableno.16

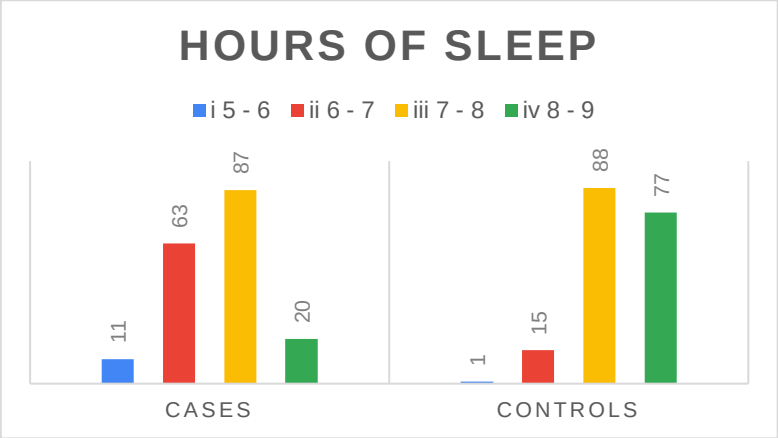


TABLE NO. 17

Observation no.17

17	**Sleep (Day sleeping)**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	46	25.4	25	13.8
ii	No	135	74.6	156	86.2

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Day sleeping was observed in 25.4 % Cases and in 13.8 % Controls.

No day sleeping was observed in 74.06 % Cases and in 86.2 % Controls.

Out of the above observation day sleeping was seen in 46 cases and 25 controls.

Graphical representation of table no.17

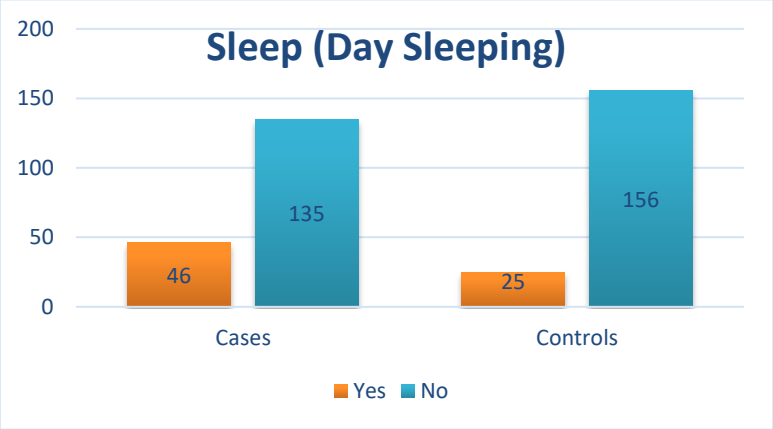


TABLE NO. 18

Observation of table no. 18

18	**Sleep (Hours of day sleeping)**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	0	135	74.58	156	86.2
ii	0 - 1	38	20.99	5	2.76
iii	1 - 2	7	3.86	14	7.73
iv	Above 2	1	0.55	6	3.31

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

No day sleep hours were observed in 74.58 % Cases and in 86.2 % Controls.

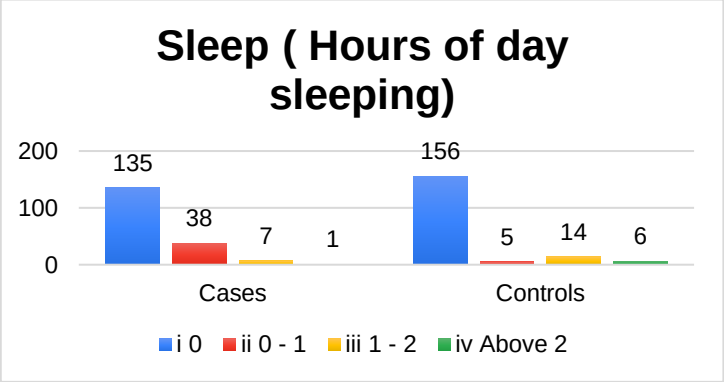
Day sleep hours between 0 to 1 were observed in 20.99 % Cases and in 2.76 % Controls.

Day sleep hours between 1 to 2 were observed in 3.86 % Cases and in 7.73 % Controls.

Day sleep hours above 2 were observed in 0.55 % Cases and in 3.31 % Controls.

Out of the above observation 38 cases slept for one hour in the day, 7 cases slept for more than one hour to 2 hours daily in the day and only one case slept for more than 2 hours daily.

Graphical representation of table no.18



Day sleep hours above 2 were observed in 0.55 % i.e., 1 Cases and in 3.31 % i.e., 6 Controls.

1 case slept for more than 2 hours in the day on daily basis, suffered from IBS and 6 controls slept in this way but did not develop IBS.

The duration of day sleeping only suggests of kapha pitta prakopa with snigdha guna, leading to agni vikriti and many diseases.

TABLE NO. 19

Observation of table no. 19

19	**Sleep (Night Awakening)**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	45	24.9	26	14.36
ii	No	136	75.1	155	85.63

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Night Awakening was observed in 24.9 % Cases and in 14.36 % Controls.

No Night Awakening was observed in 75.1 % Cases and in 85.63 % Controls.

Night awakening is in more cases than controls. Number of people not keeping awake at night is also more in controls than cases.

Graphical representation of table no.19

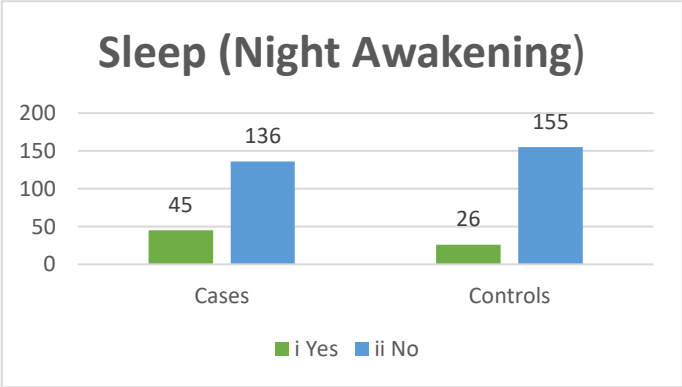


TABLE NO. 20

Observation no. 20

20	**Sleep (Night Awakening hours)**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	0	136	75.13	155	85.63
ii	0 to 1	1	0.55	1	0.55
iii	1 to 2	24	13.25	16	8.33
iv	Above 2	20	11.04	9	4.97

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

No Night awakening hours were observed in 75.13% Cases and in 85.63 Controls.

Night awakening hours between 0 to 1 were observed in 0.55 % Cases and in 0.55 % Controls.

Night awakening hours between 1 to 2 were observed in 13.25% Cases and in 8.33 % Controls.

Night awakening hours above 2 were observed in 11.04 cases and in 4.97% Controls.

Graphical representation of table no. 20

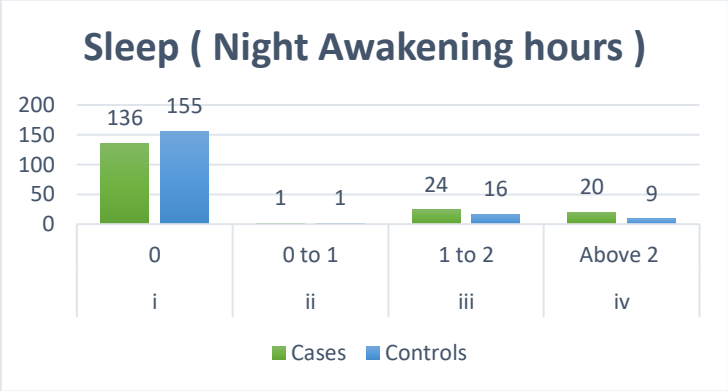


TABLE NO. 21

Observation of table no. 21

21	Control of Natural Physical Urges				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	159	87.85	72	39.78
ii	No	22	12.15	109	60.22

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Control of Natural Physical Urgeswas observed in 87.8 % cases and in 39.77 % cases controls.

Control of Natural Physical Urgeswas not observed in 12.2 % cases and in 59.9 % cases i.e. controls.

Graphical representation of table no.21

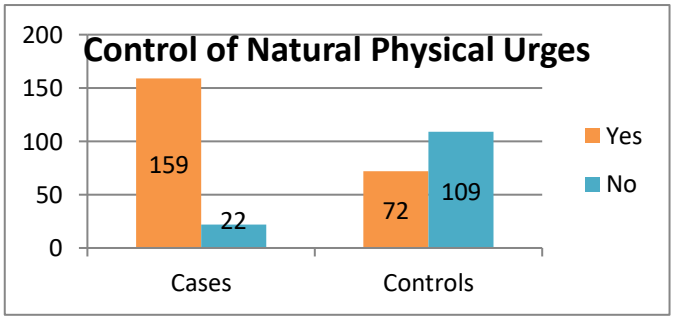


TABLE NO. 22

Observation of table no. 22

22	**Control of which Natural Physical Urges**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Vat	46	25.41	7	3.87
ii	Purisha	32	17.68	21	11.60
iii	Mutra	39	21.55	19	10.50
iv	kshavathu	6	3.31	1	0.55
v	Ksudha	15	8.29	15	8.29
vi	Trushna	4	2.21	10	5.52
vii	Nidra	15	8.29	14	7.73
viii	Kasa	1	0.55	3	1.66
ix	Shramashwas	4	2.21	4	2.21
x	Jrumbha	10	5.52	4	2.21
xi	Ashru	7	3.87	0	0.00
xii	Chardi	3	1.66	0	0.00
xiii	Retas	2	1.10	0	0.00
xiv	NA	22	12.15	109	60.22

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Control of Vat urge was observed in 25.41% cases and in 3.87% controls.

Control of Purisha urge was observed in 17.68% cases in 11.60% controls.

Control of Mutra urge was observed in 21.55% cases and in 10.50 % controls.

Control of Kshavathu urge was observed in 3.31% cases and in 0.55% controls.

Control of Kshudha urge was observed in 8.29% cases and in 8.29% controls.

Control of Trushna urge was observed in 2.21% cases and in 5.52% controls.

Control of Nidra urge was observed in 8.29% cases and in 7.73% controls.

Control of Kasa urge was observed in 0.55% cases and in 1.66% controls.

Control of Shramashwas urge was observed in 2.21% cases and in 2.21% controls.

Control of Jrumbha urge was observed in 5.52% cases and in 2.21% controls.

Control of Ashru urge was observed in 3.87% cases and in 0% controls.

Control of Chardi urge was observed in 1.66% cases and in 0% controls.

Control of Retas urge was observed in 1.10% cases and in 0% controls.

No control of natural physical urges was observed in 12.15% cases and in 60.22% controls.

Out of the above observations maximum 46 cases had the habit of holding adhovata vega followed by 39 cases for mutra vega holding followed by purisha vega holding 32 cases. Hence, it can be concluded that adharaniya vega dharana is an etiological factor for agnidushti and IBS.

Graphical representation of table no. 22

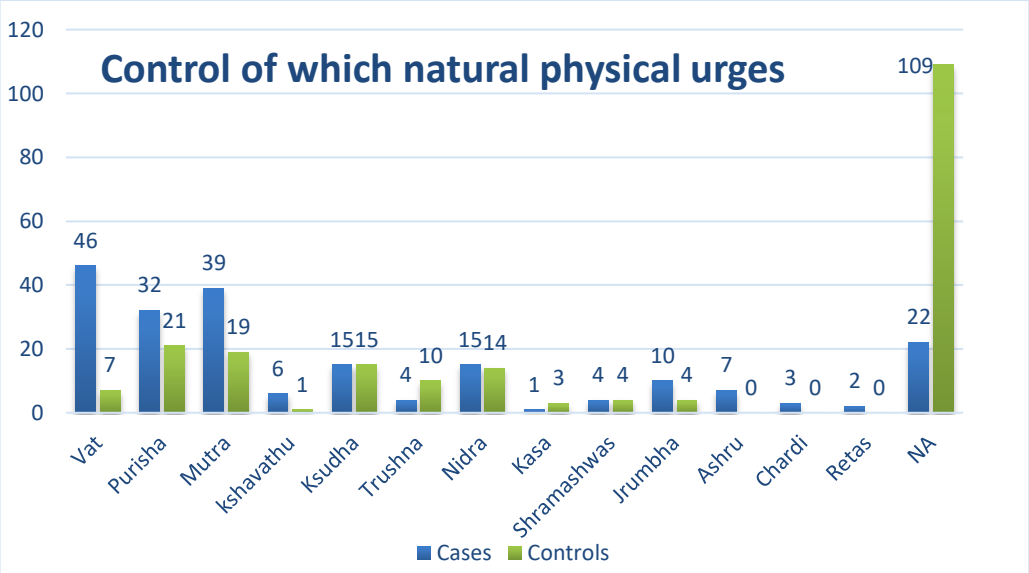


TABLE NO. 23

Observation of table no. 23

23	**Hot beverages**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Tea	162	89.5	147	81.2
ii	Coffee	98	54.1	62	34.2
iii	Green Tea	1	0.6	1	0.6

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Intake of Tea was observed in 89.50 % cases and in 81.22 % controls.

Intake of Coffee was observed in 54.14 % cases and in 34.25 % controls.

Intake of Green tea was observed in 0.55% cases and in 0.55 % controls.

In the above tea was a habit of 162 cases, coffee was a habit of 92 cases and only 1 acse was found to consume green tea. In controls 147 were tea consumers, 62 were coffe consumers and 1 was green tea consumer.

Graphical representation of table no.23

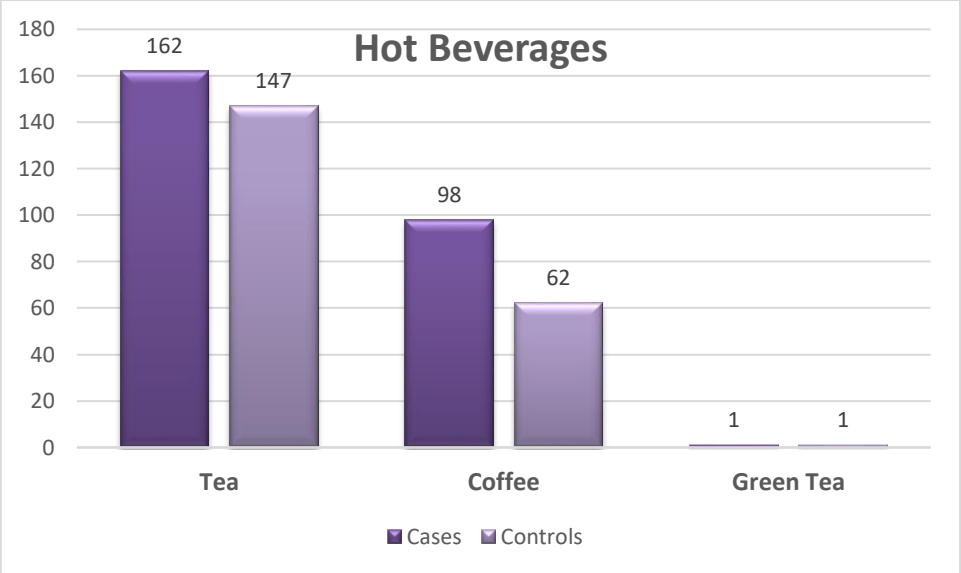


TABLE NO. 24

Observation of table no. 24

24	**Milk Intake**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	130	71.82	117	64.64
ii	No	51	28.18	64	35.36

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Milk Intake was observed in 71.82% Cases and 64.64% Controls.

Milk Intake was not observed in 28.18% Cases and 35.36% Controls.

Milk intake has been found in maximum 130 cases and 117 controls. Cases with no milk intake were 51 and controls were 64.

Graphical representation of table no.24

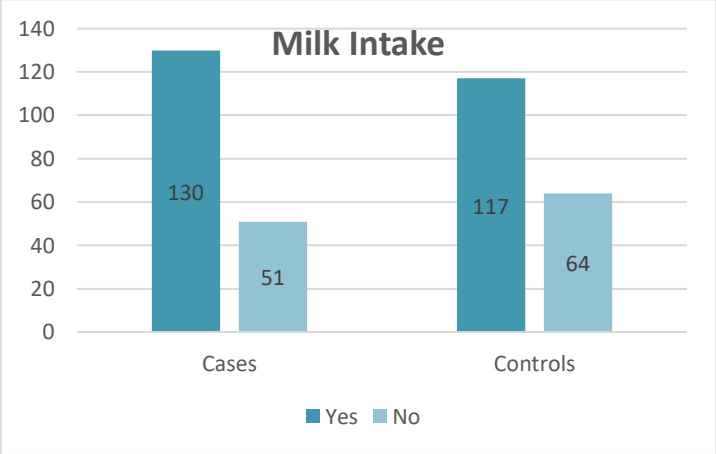


TABLE NO. 25

Observation of table no. 25

25	**Milk Intake (Type)**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Cow	39	21.55	33	18.23
ii	Buffalo	91	50.28	84	46.41
iii	NA	51	28.18	64	35.36

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Cow's milk Intake was observed in 21.55% Cases and 18.23% Controls.

Buffalo's Milk Intake was observed in 50.28% Cases and 46.41% Controls.

No milk intake was observed in 28.18% Cases and 35.36% Controls.

Buffalo milk users in cases were 91 and controls were 84. Cow milk users were 39 in cases and 33 in controls. 51 cases and 64 controls did not consume milk.

Graphical representation of table no. 25

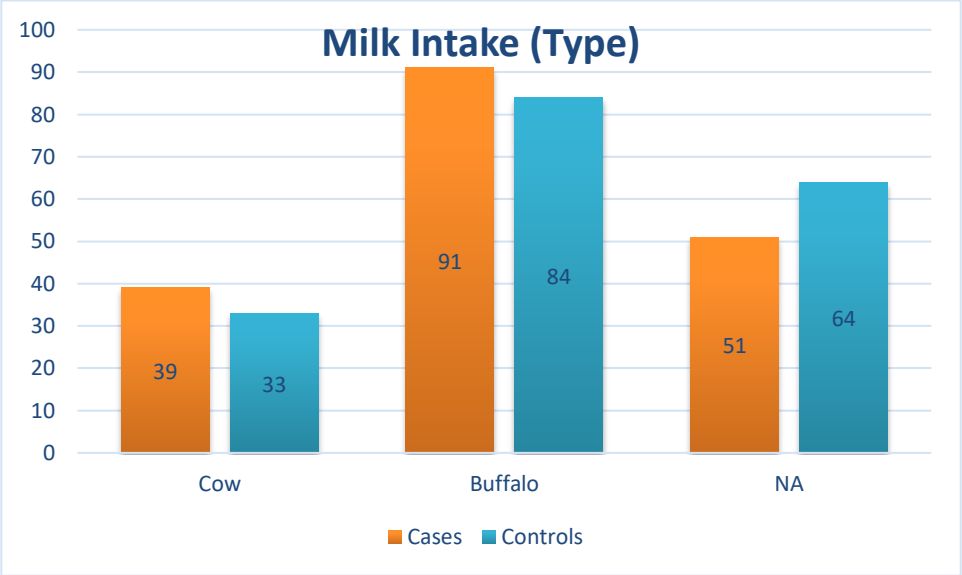


TABLE NO. 26

Observation of table no. 26

26	**Breakfast**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	158	87.29	166	91.71
ii	No	23	12.71	15	8.29

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted -

Having breakfast was observed in 87.29% Cases and in 91.71% Controls.

Not having breakfast was observed in 12.71% Cases and in 8.29% Controls.

158 cases and 166 controls ate breakfast regularly. 23 cases and 15 controls did not eat breakfast

Graphical representation of table no.26

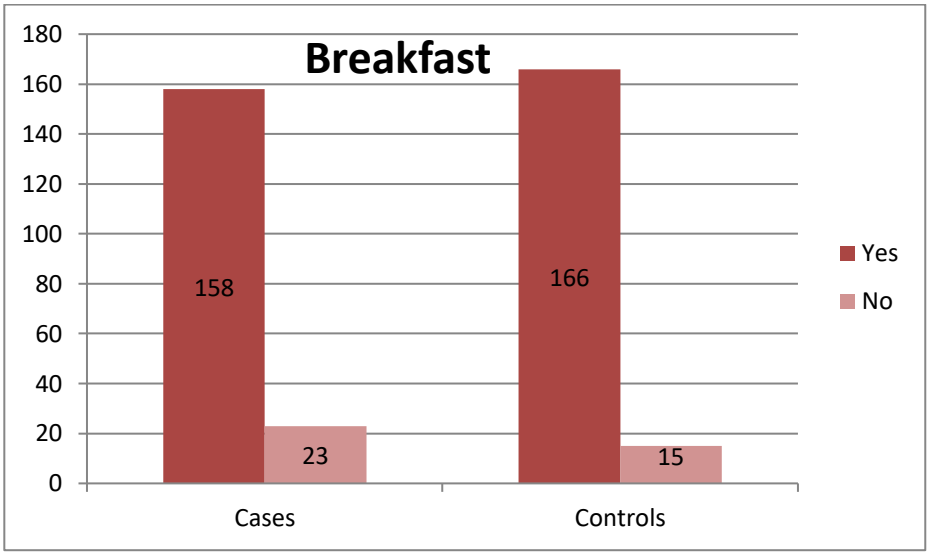


TABLE NO. 27

Observation of Table no. 27

27	Whether hungry at breakfast time				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	113	62.43	133	73.48
ii	No	68	37.57	48	26.52

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Hungry at breakfast time was observed in 62.43% Cases and in 73.48% Controls.

Not hungry at breakfast time was observed in 37.57% Cases and in 26.52% Controls.

The data of hunger at breakfast time suggests that 113 cases were hungry at breakfast time, but 68 cases were not hungry at breakfast time. Similarly, 133 controls were hungry and 48 controls were not hungry at breakfast time.

Graphical representation of table no. 27

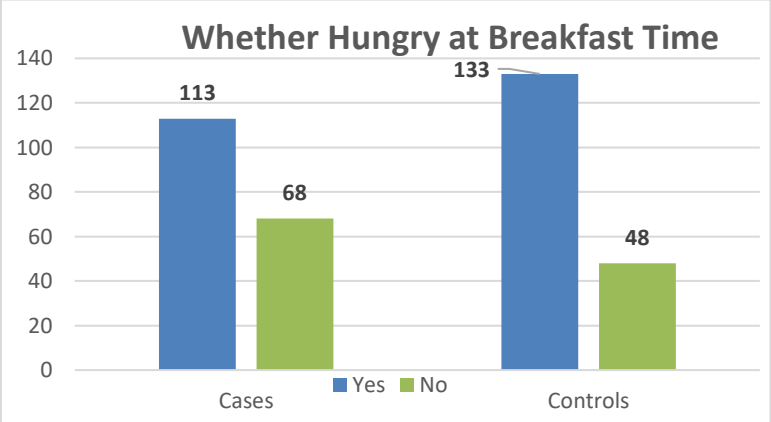


TABLE NO. 28

Observation of Table no. 28

28	**Breakfast Items**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Fried	34	18.78	53	29.28
ii	Junk	72	39.77	46	25.41
iii	Indian snacks	158	87.29	122	67.40
iv	Chapati and Chatnuy	1	0.55	0	0.00
v	cup tea	1	0.55	0	0.00
vi	Honey and water/ toast and tea	1	0.55	0	0.00
vii	Smoothies	1	0.55	0	0.00

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted -

Fried items were observed in 18.78% Cases and in 29.28% Controls.

Junk items were observed in 39.77 % Cases and in 25.41% Controls.

Indian snack items were observed in 87.29% Cases and in 67.40% Controls.

Chapati and chatnuy items were observed in 0.55% Cases and in 0.00% Controls.

Cup tea items were observed in 0.55% Cases and in 0.00% Controls.

Honey and water/toast and tea items were observed in 0.55% Cases and in 0.00% Controls.

Smoothie was observed in 0.55% Cases and in 0.00% Controls.

During breakfast indian snacks eaters were 164, junk food eaters were 78 and fried food eaters were 34 in cases and in controls were 122, 46 and 53 respectively.

Graphical representation of table no. 28

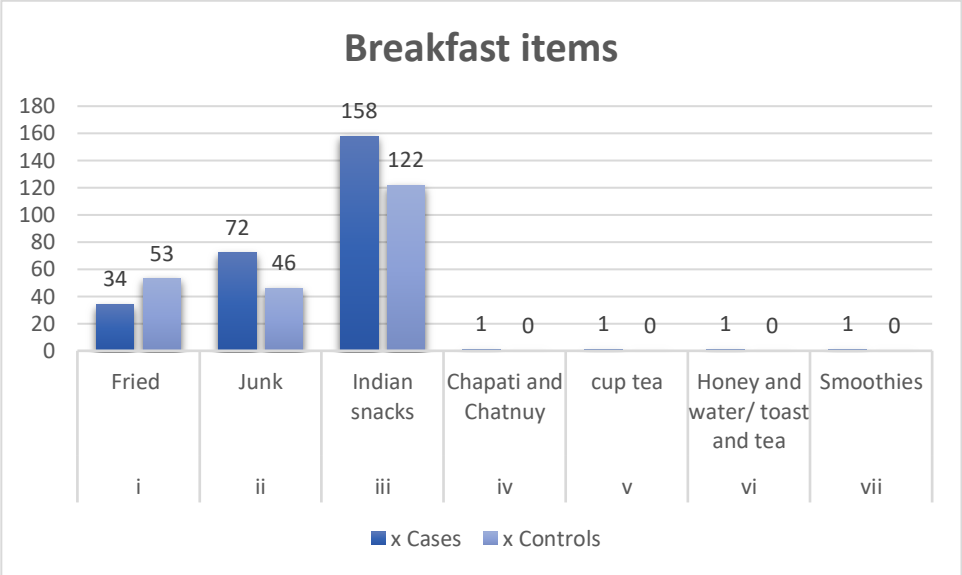


TABLE NO. 29

Observation of Table no. 29

29	**Hungry at Lunch Time**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	144	79.56	169	93.37
ii	No	37	20.44	12	6.63

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted -

Hungry at lunch time was observed in 79.56% Cases and in 93.37% Controls.

Not hungry at lunch time was observed in 20.44% Cases and in 6.63% Controls.

37 cases and 12 controls were not feeling hungry at lunch time, but consuming lunch. Hunger (kshudha) is a natural physical urge. One must eat when hungry and not because it is the time to eat. Eating when not hungry causes agni dushti, resulting in IBS and many other complaints.

Graphical representation of table no. 29

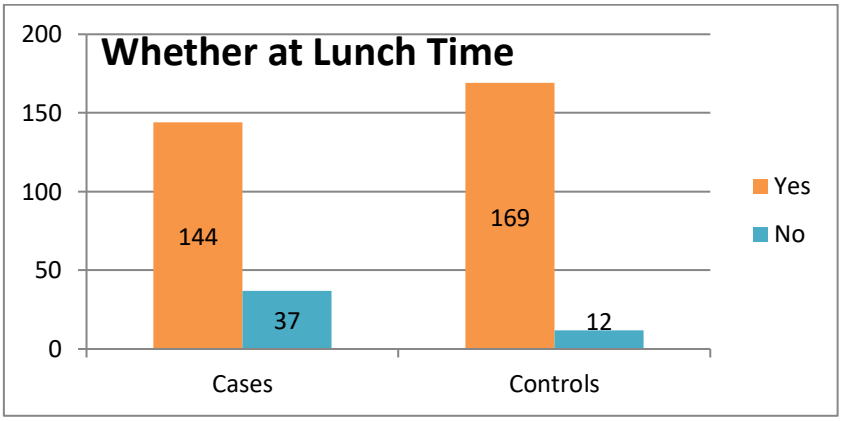


TABLE NO. 30

Observation of Table no. 30

30	**Lunch - Food Items**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Chapati-sabji Dal-rice	104	57.46	103	56.91
ii	Chapati-Sabji	45	24.86	43	23.76
iii	Dal Rice	19	10.50	19	10.50
iv	Dal chapati	2	1.10	1	0.55
v	Khichadi/ Rice / Curd rice	3	1.66	7	3.87
vii	Bhakri - Sabji	5	2.76	6	3.31
vii	Junk food	3	1.66	2	1.10

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted -

Chapati sabji dal rice items were observed in 57.46% Cases and in 56.91% Controls.

Chapati sabji items were observed in 24.86% Cases and in 23.76% Controls.

Dal rice items were observed in 10.50% Cases and in 10.50% Controls.

Dal chapati items were observed in 1.10% Cases and in 0.55% Controls.
Khichadi/rice/curd rice items were observed in 1.66% Cases and in 3.87% Controls.
Bhakri sabji items were observed in 2.76% Cases and in 3.31% Controls.

Junk food items were observed in 1.66% Cases and in 1.10% Controls.
Out of the above observations normal Indian diet of chapati sabaji dal rice eaters were 104 and 103 in cases and controls, followed by only chapati sabji by 45 and 43 cases and controls. Dal rice eaters were 19 in cases and 19 in controls. Lowest numbers were found dal chapati, bhakri sabji, khicadi, rice curds, and junk food.

Graphical representation of Table no. 30

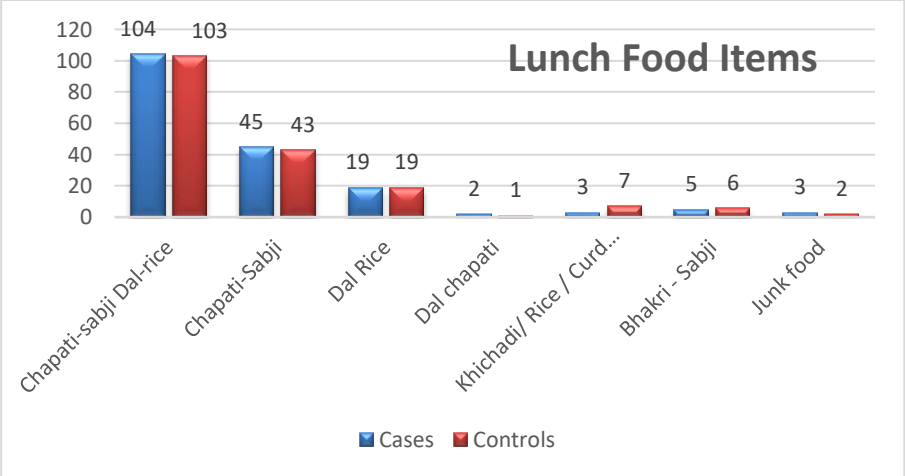


TABLE NO. 31

Observation of table no. 31

31	**Hungry at Dinner Time**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	147	81.22	166	91.71
ii	No	34	18.78	15	8.29

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted -
Hungry at dinner time was observed in 81.22% Cases and in 91.71% Controls.
Not hungry at dinner time was observed in 18.78% Cases and in 8.29% Controls.

Maximum 147 cases and 166 cases were feeling hungry at dinner time. 34 cases and 15 controls were not feeling hungry at dinner time.

Graphical representation of Table no. 31

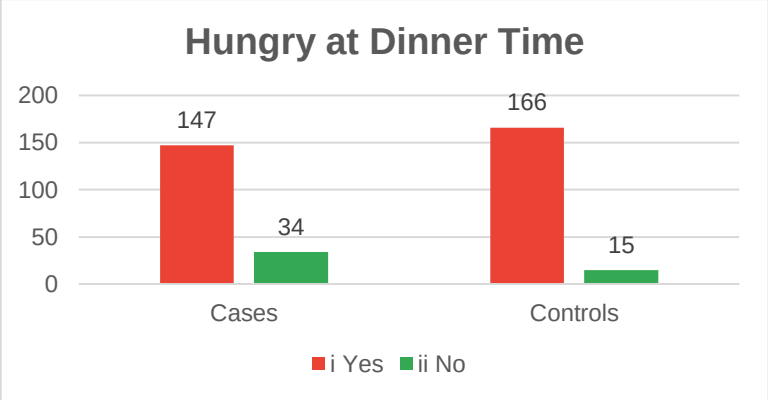


TABLE NO. 32

Observation of table no. 32

32	**Dinner - Food Items**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Chapati-sabji Dal-rice	123	67.96	99	54.70
ii	Chapati-Sabji	21	11.60	45	24.86
iii	Dal Rice	21	11.60	20	11.05
iv	Dal chapati	2	1.10	1	0.55
v	Khichadi/ Rice / Curd rice	5	2.76	16	8.84
vii	Bhakri - Sabji	2	1.10	0	0.00
vii	Junk food	7	3.87	0	0.00

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Chapati sabji dal rice items were observed in 67.96% Cases and in 54.70% Controls.

Chapati sabji items were observed in 11.60% Cases and in 24.86% Controls.

Dal rice items were observed in 11.60% Cases and in 11.05% Controls.
Dal chapati items were observed in 1.10% Cases and in 0.55% Controls.
Khichadi/rice/curd rice items were observed in 2.76% Cases and in 8.84% Controls.

Bhakri sabji items were observed in 1.10% Cases and in 0.00% Controls.
Junk food items were observed in 3.87% Cases and in 0.00% Controls.
Out of the above observations normal Indian diet of chapatti sabji dal rice eaters were 123 and 99 in cases and controls, followed by only chapati sabji by 21 and 45 cases and controls. Dal rice eaters were 21 in cases and 20 in controls. Lowest numbers were found dal chapati, bhakri sabji, khicadi, rice curds, and junk food.

Graphical representation of table no. 32

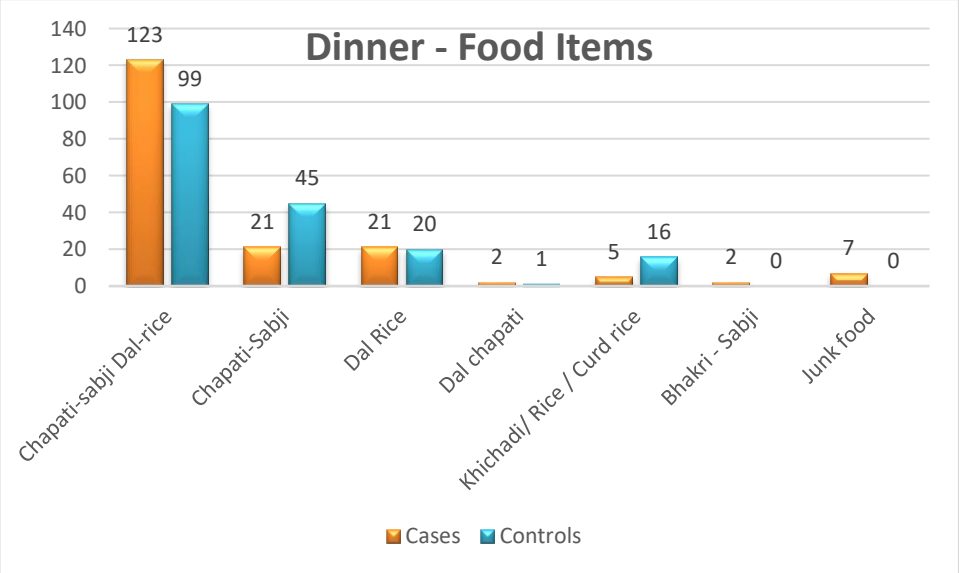


TABLE NO. 33

Observation of table no. 33

33	Intake of Water When Thirsty				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	177	97.79	179	98.90
ii	No	4	2.21	2	1.10

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Intake of water when thirsty was observed in 97.79% Cases and in 98.90% Controls.

Intake of water when thirsty was not observed in 2.21% Cases and in 1.10% Controls.
Out of the above observation 177 cases and 179 controls drank water only when they felt thirsty.
Only 4 cases and 2 controls did not have the habit of drinking water when thirsty.

Graphical representation of table no. 33

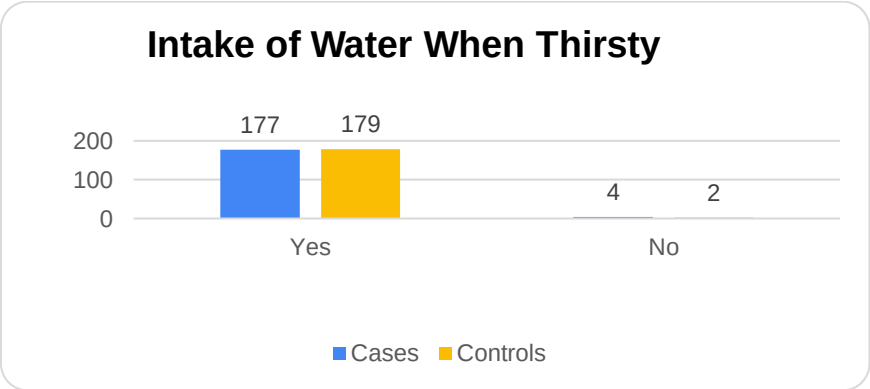


TABLE NO. 34

Observation of table no. 34

34	Intake of Water When Not Thirsty				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	113	62.43	79	43.65
ii	No	68	37.57	102	56.35

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Intake of water when not thirsty was observed in 62.43% Cases and in 43.65% Controls.

Intake of water when not thirsty was not observed in 37.57% Cases and in 56.35% Controls.

Out of the above observation intake of water when not thirsty was observed in 113 cases and 79 controls. 68 cases and 102 controls did not drink water when not thirsty.

Graphical representation of table no. 34

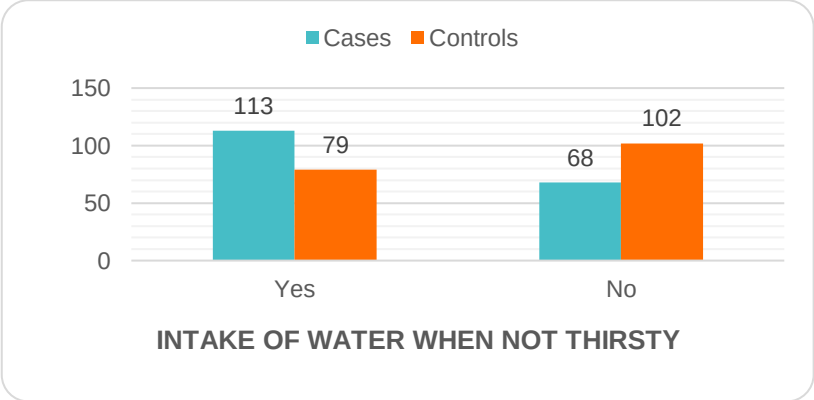


TABLE NO. 35

Observation of table no. 35

35	Intake of Water Before Meals				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	163	90.06	116	64.09
ii	No	18	9.94	65	35.91

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Intake of water before meal was observed in 90.06% Cases and in 64.09% Controls.

Intake of water before meal was not observed in 9.94% Cases and in 35.91% Controls.

Out of the above observation 163 cases and 116 controls drank water before meals.

Graphical representation of table no. 35

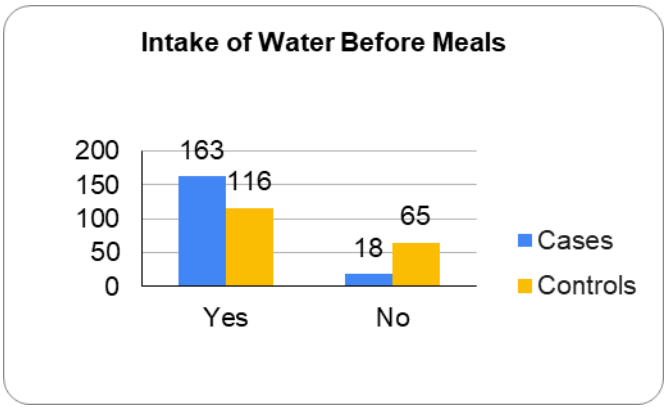


TABLE NO. 36

Observation of table no. 36

36	Intake of Water during the meals				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	136	75.14	118	65.19
ii	No	45	24.86	63	34.81

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Intake of water during meal was observed in 75.14% Cases and in 65.19% Controls.

Intake of water during meal was not observed in 24.86% Cases and in 34.81% Controls.

Intake of water was observed in maximum cases and controls. 45 cases and 63 controls did not drink water during meals.

Graphical representation of table no. 36

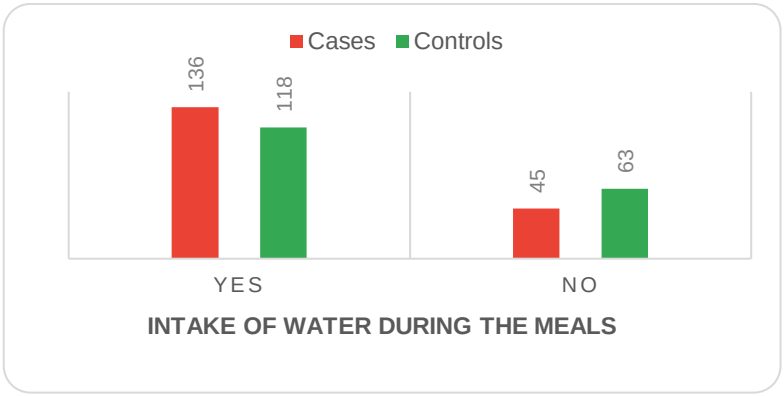


TABLE NO. 37

Observation of 37

37	Intake of Water After Meals				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	143	79.01	65	35.91
ii	No	38	20.99	116	64.09

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Intake of water after meal was observed in 79.01% Cases and in 35.91% Controls.

Intake of water after meal was not observed in 20.99% Cases and in 64.09% Controls.

In the above observation 143 cases and 65 controls drank water after meals. 38 cases and 116 controls did not drink water after meals.

Graphical representation of table no. 37

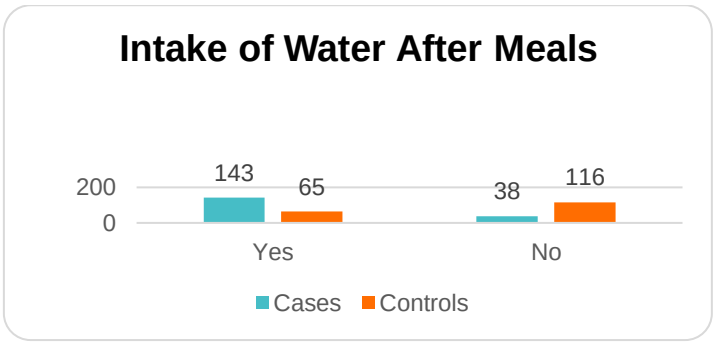


TABLE NO. 38

Observation of table no. 38

38	**Intake of Type of water**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Cold	13	7.18	9	4.97
ii	Hot	0	0.00	1	0.55
iii	Warm	7	3.87	11	6.08
iv	Boiled and cooled	25	13.81	36	19.89
v	Room temperature	136	75.14	124	68.51

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Intake of cold type of water was observed in 7.18% Cases and in 4.97% Controls.

Intake of hot type of water was observed in 0.00% Cases and in 0.55% Controls.

Intake of warm type of water was observed in 3.87% Cases and in 6.08% Controls.

Intake of boiled and cooled type of water was observed in 13.81% Cases and in 19.89% Controls.

Intake of room temperature type of water was observed in 75.14% Cases and in 68.51% Controls.

Out of the above observation intake of room temperature water was observed in maximum 136 cases and controls followed by 25 cases and 36 controls taking boiled and cooled water (shruta shita jala). Low percentage of cases were seen with intake of cold, hot and warm water

Graphical representation of table no. 38

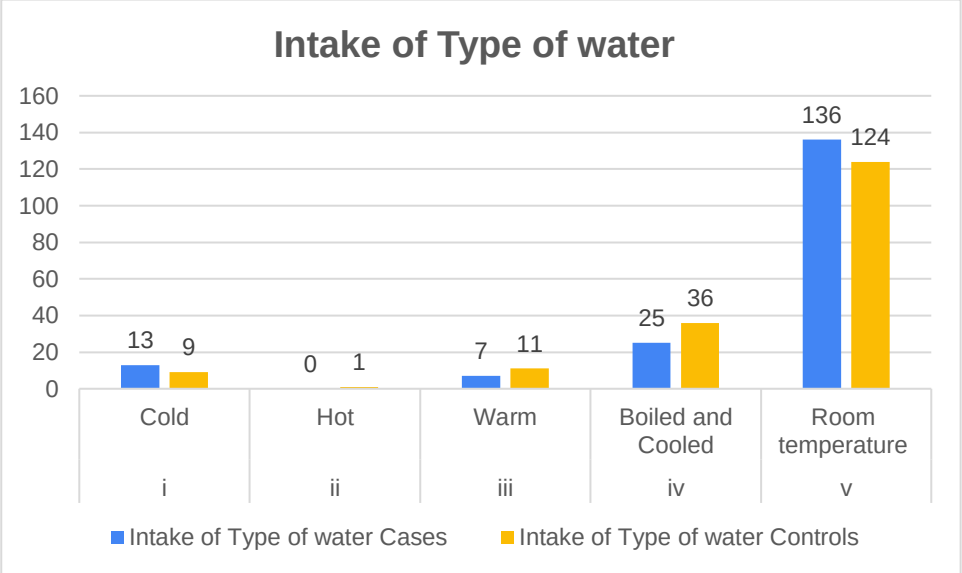


TABLE NO. 39

Observation of table no. 39

Sr. No.	Title	Cases	Cases %	Controls	Control %
39	**Intake of Other Liquids/Fluids- Arreated Drinks**				
i	Yes	56	30.94	27	14.92
ii	No	125	69.06	154	85.08

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Intake of other liquid/fluids- arreated drinks was observed in 30.94% Cases and in 14.92% Controls.

Intake of other liquid/fluids- arreated drinks was not observed in 69.06% Cases and in 85.08% Controls.

Arreated drinks were found to be consumed by 56 cases and 27 controls.

Graphical representation of table no. 39

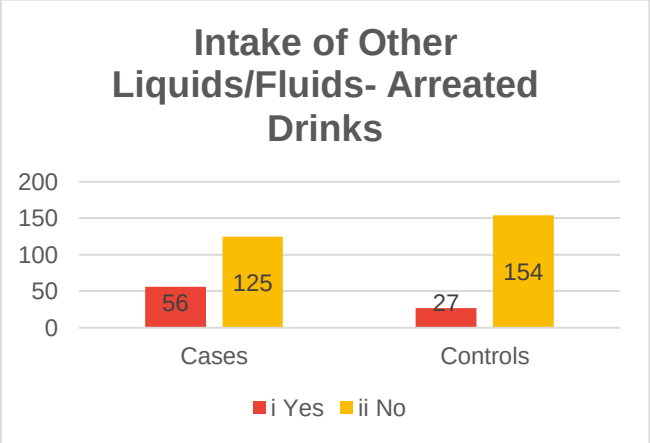


TABLE NO. 40

Observation of table no. 40

40	**Intake of Other Liquids/Fluids- Fruit juices**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	67	37.02	53	29.28
ii	No	114	62.98	128	70.72

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted

Intake of other liquid/fluids- fruit juices was observed in 37.02% Cases and in 29.28% Controls.

Intake of other liquid/fluids- fruit juices was not observed in 62.98% Cases and in 70.72% Controls.

Out of the above observations intake of other liquids / fruit juices was observed in 67b cases and 53 controls. 114 cases and 128 cases did not consume fruit juices.

Graphical representation of table no. 40

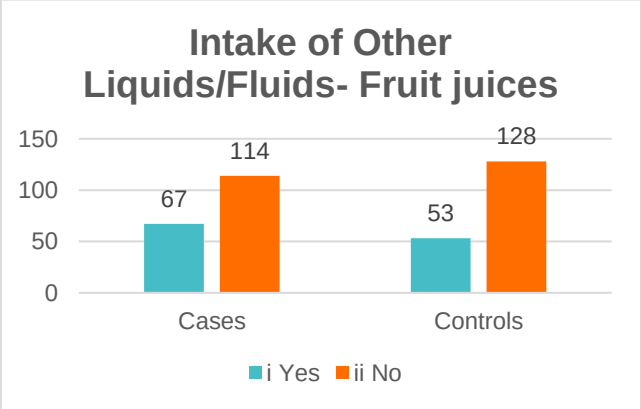


TABLE NO. 41

Observation of question no. 41

41	**Intake of Other Liquids/Fluids- Sharbat**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	117	64.64	100	55.25
ii	No	64	35.36	81	44.75

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted -

Intake of Other Liquids/Fluids-Sharbatwas observed in 64.64 % cases and in 55.25 % controls.

No Intake of Other Liquids/Fluids- Sharbatwas observed in 35.36% cases and in 44.75 % controls.

Out the above observation maximum 117 cases and maximum 100 controls were consuming sharbat.

Graphical representation of table no. 41

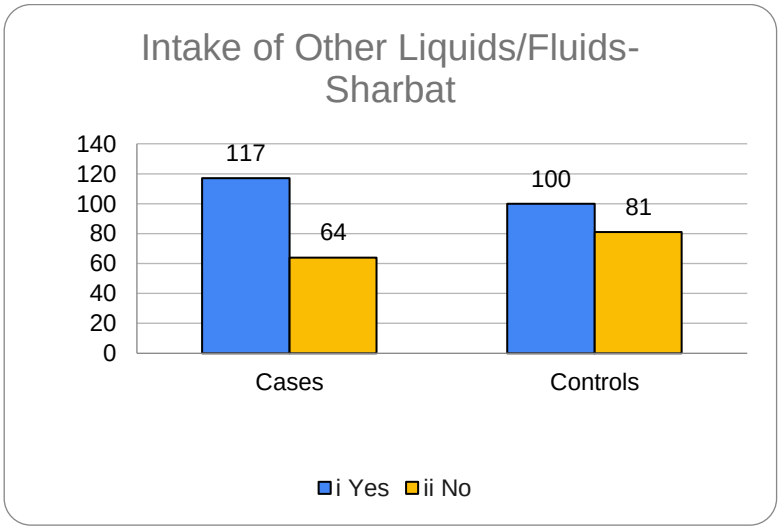


TABLE NO. 42

Observation of question no. 42

42	**Addictions- Alcohol**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	9	4.97	2	1.10
ii	No	172	95.03	179	98.90

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Addictions of Alcohol was observed in 4.97% cases and in 1.10% controls.

No Addiction to alcohol was observed in 95.03% cases and in 98.90% controls.

9 cases and 2 controls were found to be addicted to alcohol. 172 cases and 179 cases were not consuming alcohol

Graphical representation of table no. 42

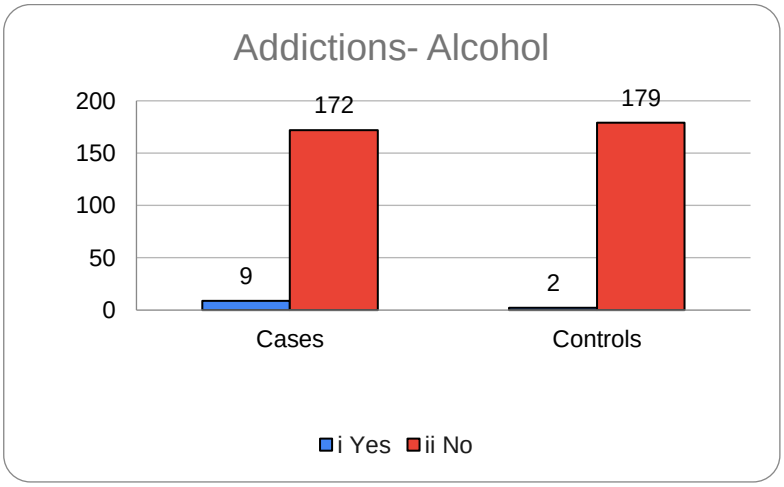


TABLE NO. 43

Observation of question no. 43

43	**Addictions- Tobacco Smoking**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	14	7.73	3	1.66
ii	No	167	92.27	178	98.34

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Addictions- Tobacco Smoking was observed in 7.73% cases and in 1.66% controls.

No Addiction to Tobacco Smoking was observed in 92.27% cases and in 98.34% controls.

14 cases and 3 controls were found to smoke tobacco. 167 cases and 178 controls did not smoke tobacco.

Graphical representation of table no. 43

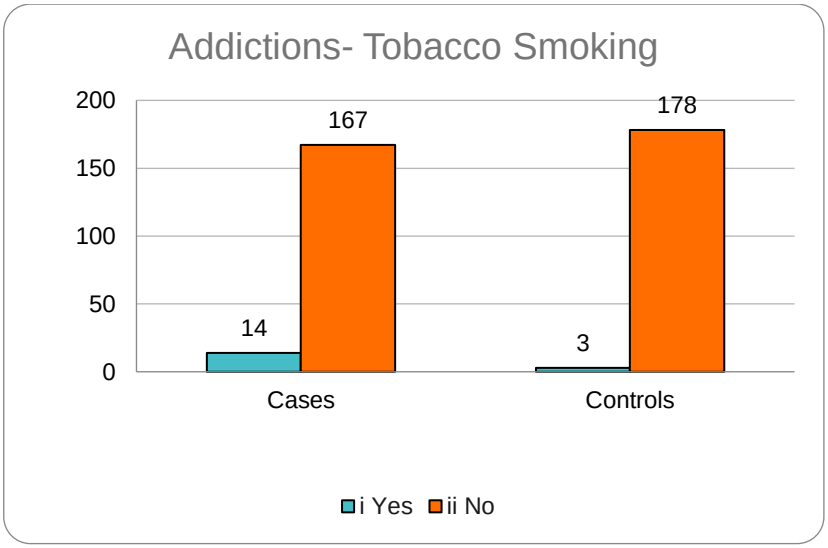


TABLE NO. 44

Observation of question no. 44

44	**Addictions- Tobacco Chewing**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	39	21.55	15	8.29
ii	No	142	78.45	166	91.71

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Addictions- Tobacco Chewing was observed in 21.55% cases and in 8.29 % controls.

No Addiction to Tobacco Chewing was observed in 78.45% cases and in 91.71 % controls.

Observation - Tobacco chewing is more in cases than controls.

Graphical representation of table no. 44

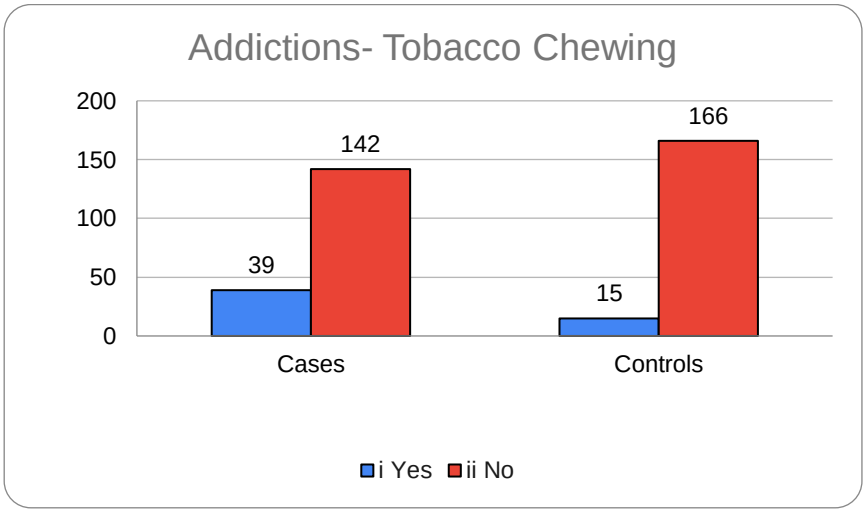


TABLE NO. 45

Observation of question no. 45

45	**Intake of Food Items as Per Six Tastes**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Madhur	155	85.64	131	72.38
ii	Amla	41	22.65	109	60.22
iii	Lavan	42	23.20	126	69.61
iv	Tikta	12	6.63	22	12.15
v	Katu	75	41.44	152	83.98
vi	Kashaya	3	1.66	2	1.10

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Madhura intake of food was observed in 85.64% cases and 72.38% controls.

Amla intake of food was observed in 22.65% cases and 60.22% controls.

Lavan intake of food was observed in 23.20% cases and 69.61% controls.

Tikta intake of food was observed in 6.63 % cases and 12.15% controls.

Katu intake of food was observed in 41.44% cases and 83.98% controls.

Kashaya intake of food was observed in 1.66% cases and 1.10% controls.

155 cases were found to eat madhura rasa more, followed by 75 cases indulging in katu rasa eating, followed by 42 cases of lavana rasa and 41 cases indulging in eating amla rasa. Only 12 cases ate tikta rasa and 3 cases ate kashaya rasa.

Graphical representation of table no. 45

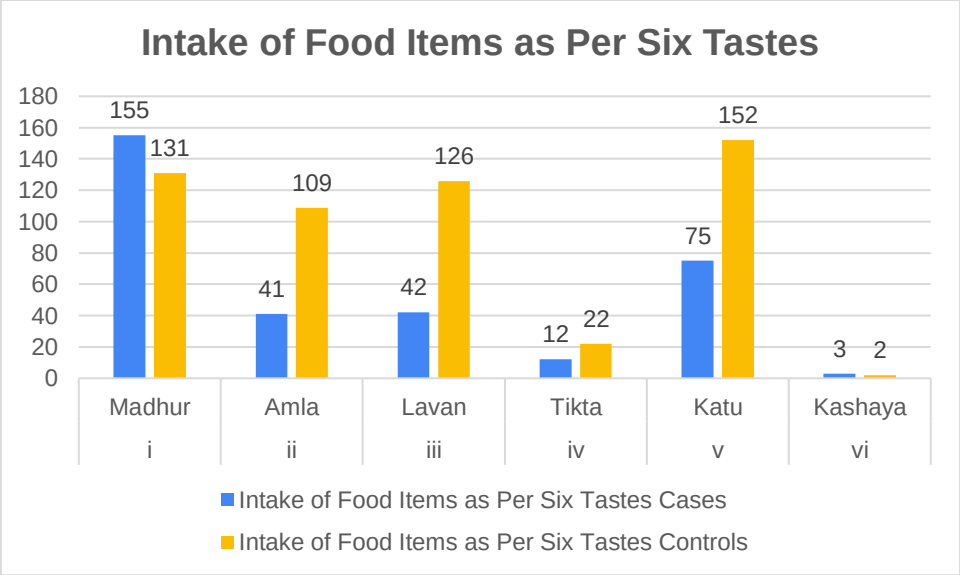


TABLE NO. 46

Observation of question no. 46

46	**Intake of Oil**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	176	97.24	169	93.37
ii	No	5	2.76	12	6.63

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Intake of Oil was observed in 97.24% cases and in 93.37% controls.

No Intake of Oil was observed in 2.76% cases and in 6.63% controls.

176 cases and 169 controls consumed oil. 5 cases and 12 controls did not consume oil.

Graphical representation of table no. 46

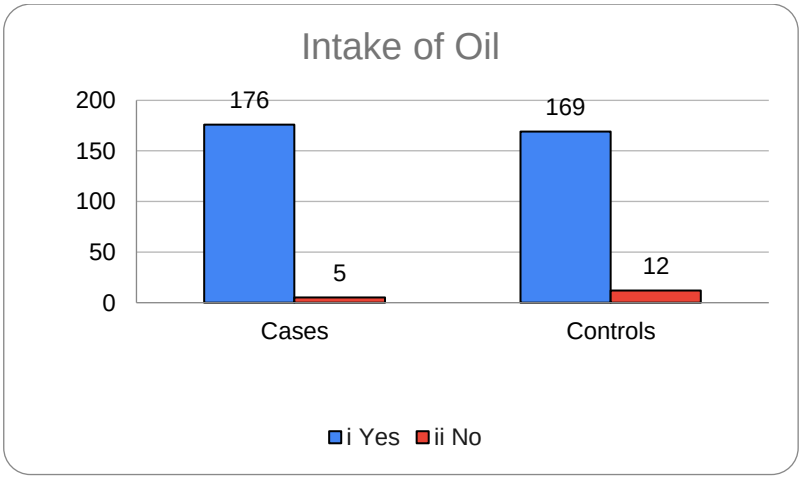


TABLE NO. 47

Observation of question no. 47

47	**Intake of Oil - Name**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Groundnut	49	27.84	23	13.60
ii	Palm	23	13.06	0	0
iii	Sunflower	93	52.84	68	40.23
iv	Olive	3	1.70	2	1.18
v	Sesame	1	0.56	1	0.59
vi	Safflower	1	0.56	0	0
vii	Soyabean	8	4.54	75	44.37
viii	Ricebran	3	1.70	12	7.1

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Groundnut oil intake was observed in 27.84% cases and 13.60% controls.

Palm oil intake was observed in 13.06 % cases and 0% controls.

Sunflower oil intake was observed in 52.84 % cases and 40.23% controls.

Olive oil intake was observed in 1.70 % cases and 1.18 % controls.

Seasame oil intake was observed in 0.56 % cases and 0.59% controls.

Safflower oil intake was observed in 0.56 % cases and 0% controls.

Soyabean oil intake was observed in 4.54 % cases and 44.37% controls.

Ricebran oil intake was observed in 1.70% cases and 7.1 % controls.

Maximum cases were found to be using sunflower oil followed by groundnut oil users and palm oil users. Very less percentage of cases used olive, seasame. Safflower, soyabean and ricebran oil.

Graphical representation of table no. 47

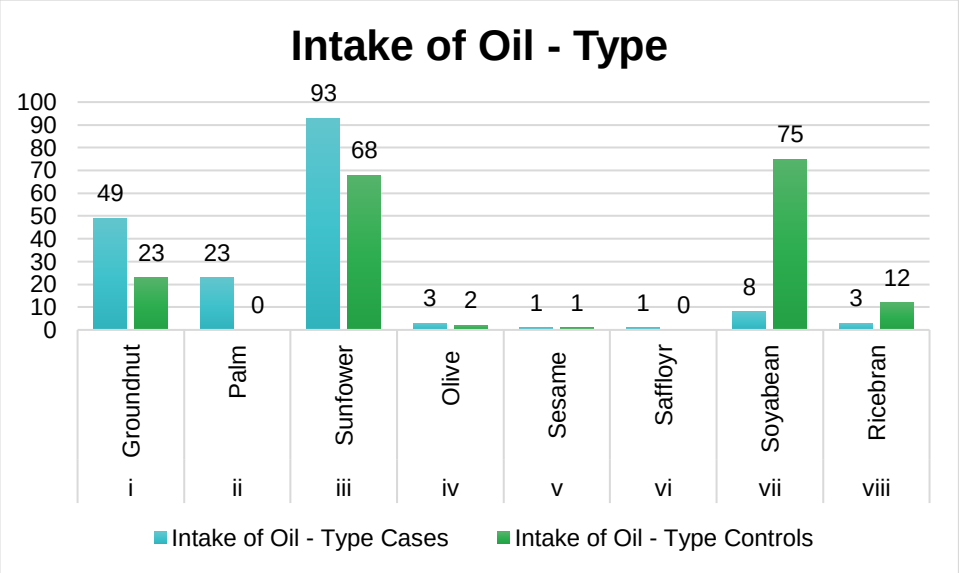


TABLE NO. 48

Observation of question no. 48

48	**Intake of Ghee**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	109	60.22	125	69.06
ii	No	72	39.78	56	30.94

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted -

Intake of Ghee was observed in 60.22 % cases and in 69.06% controls.

No Intake of Ghee was observed in 39.78% cases and in 30.94% controls.

109 cases and 125 controls used ghee in their diet regularly. The number of cases and controls not including ghee in the diet is 72 and 56 respectively.

Graphical representation of table no. 48

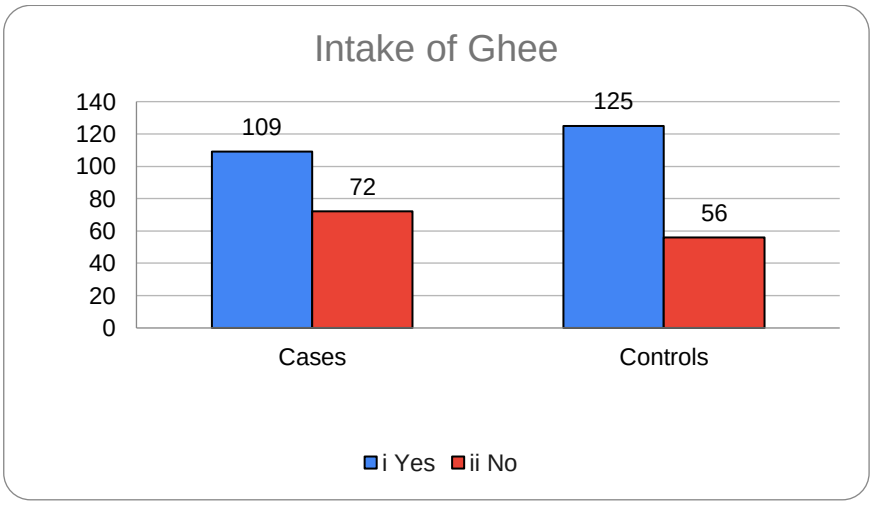


TABLE NO. 49

Observation of question no. 49

49	**Viruddha Anna Sevan**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	173	95.58	147	81.22
ii	No	8	4.42	34	18.78

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Viruddha Anna Sevan was observed in 95.58 % cases and in 81.22% controls.

No Viruddha Anna Sevan was observed in 4.42% cases and in 18.78% controls.

173 cases and 147 controls were found to eat viruddha ahara Very less cases consumed virrudha ahara.

Graphical representation of table no. 49

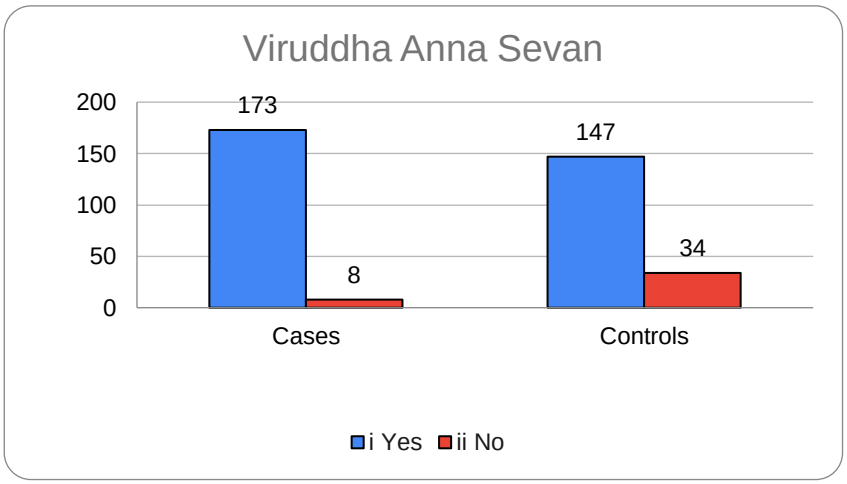


TABLE NO. 50

Observation of question no. 50

50	Intake of stale Food - Paryushita Anna				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	125	69.06	66	36.46
ii	No	56	30.94	115	63.54

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Intake of stale Food - Paryushita Anna was observed in 69.06 % cases and in 36.46% controls.

No Intake of stale Food - Paryushita Anna was observed in 30.94% cases and in 63.54% controls

125 cases were found to eat stale (paryushita) food. 66 controls ate stale food.

Graphical representation of table no. 50

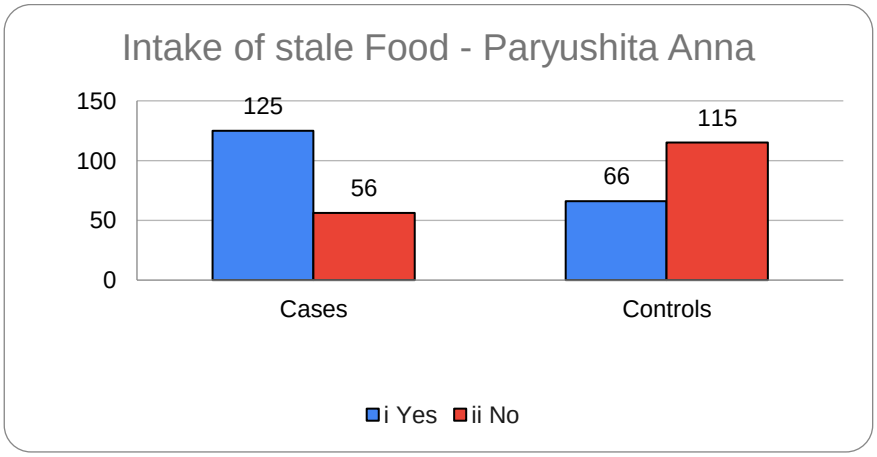


TABLE NO. 51

Observation of question no. 51

51	Vihara - Contact with Fan				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	162	89.50	149	82.32
ii	No	19	10.50	32	17.68

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Vihara - Contact with Fan was observed in 89.50% cases and in 82.32% controls.

No Vihara - Contact with Fan was observed in 10.50% cases and in 17.68% controls.

162 cases and 149 controls had contact with fan on daily basis.

Graphical representation of table no. 51

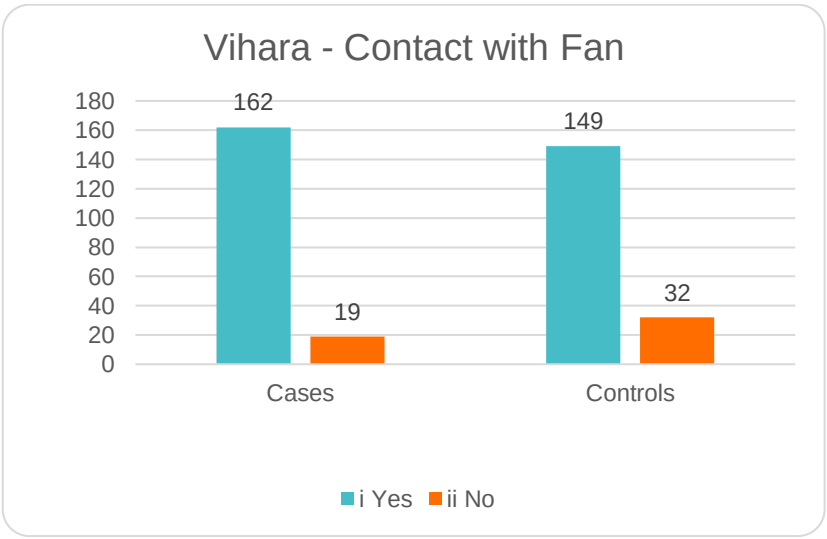


TABLE NO. 52

Observation of question no. 52

52	Vihara - Contact with A.C				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	67	37.02	74	40.88
ii	No	114	62.98	107	59.12

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Vihara - Contact with A.C was observed in 37.02% cases and in 40.88% controls.

No Vihara - Contact with A.C was observed in 62.98% cases and in 59.12% controls.

67 cases and 74 controls were in contact with A.C.

Graphical representation of table no. 52

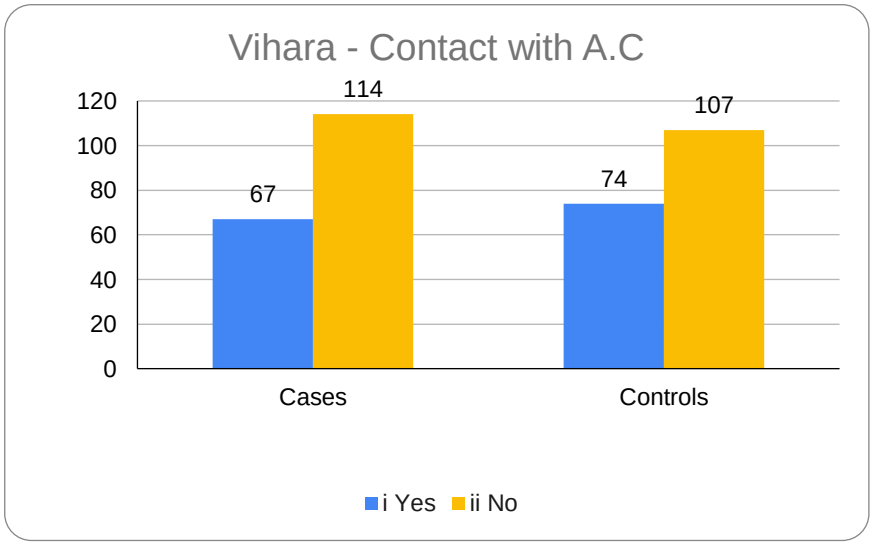


TABLE NO. 53

Observation 53

53	Vihara - Contact with Sunlight/ Fire				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	76	41.99	66	36.46
ii	No	105	58.01	115	63.54

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Vihara - Contact with Sunlight/ Fire was observed in 41.99% cases and in 36.46% controls.

No Vihara - Contact with Sunlight/ Fire was observed in 58.01% cases and in 63.54% controls.

76 cases and 66 contacts had exposure to sunlight for long hours. Some cases were cooks and had contact with fire while cooking.

Graphical representation of table no. 53

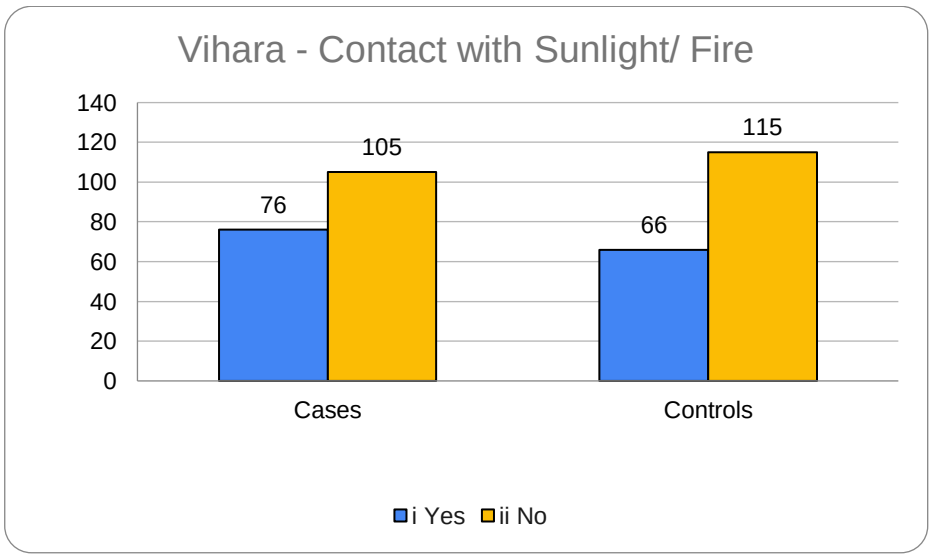


TABLE NO. 54

Observation of question no. 54

54	Vihara - Travelling				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	98	54.14	103	56.91
ii	No	83	45.86	78	43.09

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Vihara - Travelling was observed in 54.14% cases and in 56.91 % controls.

No Vihara - Travelling was observed in 45.86% cases and in 43.09% controls.

98 cases and 103 controls had a history of travelling. 83 cases and 78 controls did not have a history of travelling in their daily routine.

Graphical representation of table no. 54

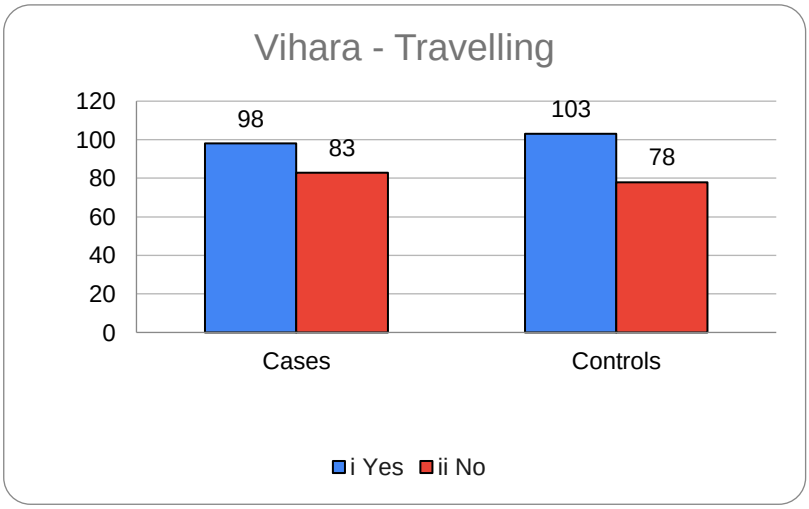


TABLE NO. 55

Observation of question no. 55

55	**Type of work**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Sedentary	42	23.20	41	22.65
ii	Physical Exertion	12	6.63	59	32.60
iii	Mental Exertion	27	14.92	23	12.71
iv	Sedentary and Mental Exertion	59	32.60	27	14.92
v	Physical and Mental Exertion	41	22.65	31	17.13

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Sedentary type of work was observed in 23.20% cases and 22.65% controls.

Physical Exertion type of work was observed in 6.63% cases and 32.60% controls.

Mental Exertion type of work was observed in 14.92% cases and 12.71% controls.

Sedentary and Mental Exertion type of work was observed in 32.60% cases and 14.92% controls.

Physical and Mental Exertion type of work was observed in 22.65% cases and 17.13% controls.

Cases in Sedentary and Mental exertion job people were 59 followed by cases in just sedentary occupation followed by physical and mental exertion and followed by mental exertion and physical exertion occupations

Graphical representation of table no. 55

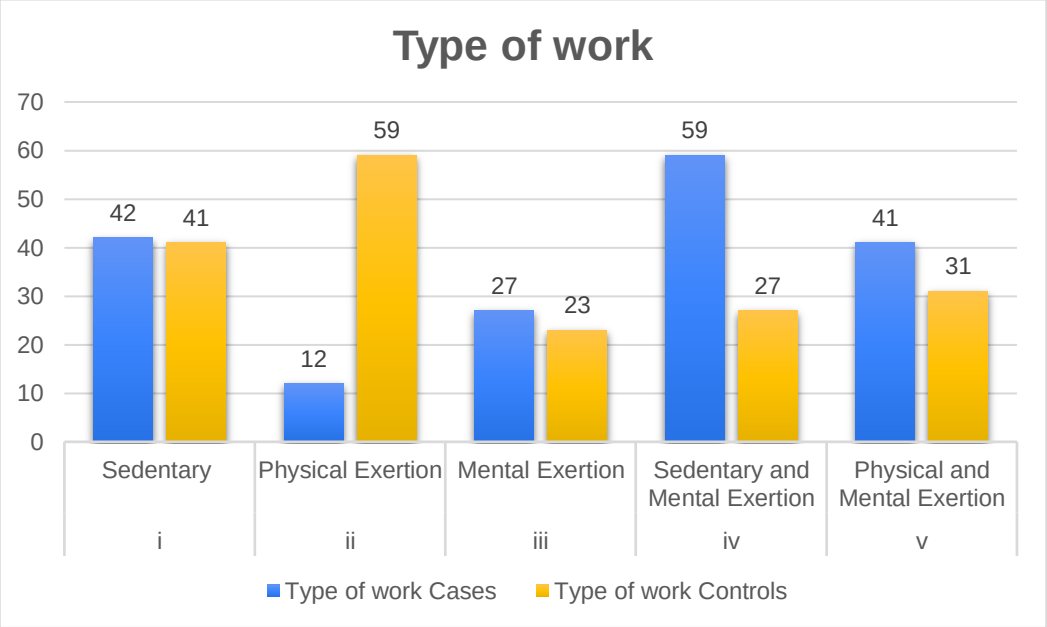


TABLE NO. 56

Observation of question no. 56

56	**Mental Health - Stress -Chinta at work place**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	158	87.29	106	58.56
ii	No	23	12.71	75	41.44

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Stress -Chinta at work place was observed in 87.29% Cases and in 58.56 % controls.

Stress -Chinta at work place was not observed in 12.71 % cases and in 41.44 % controls.

Stress at work place was observed in maximum 158 cases and 106 controls. 23 cases and 75 controls were not stressed at work place

Graphical representation of table no. 56

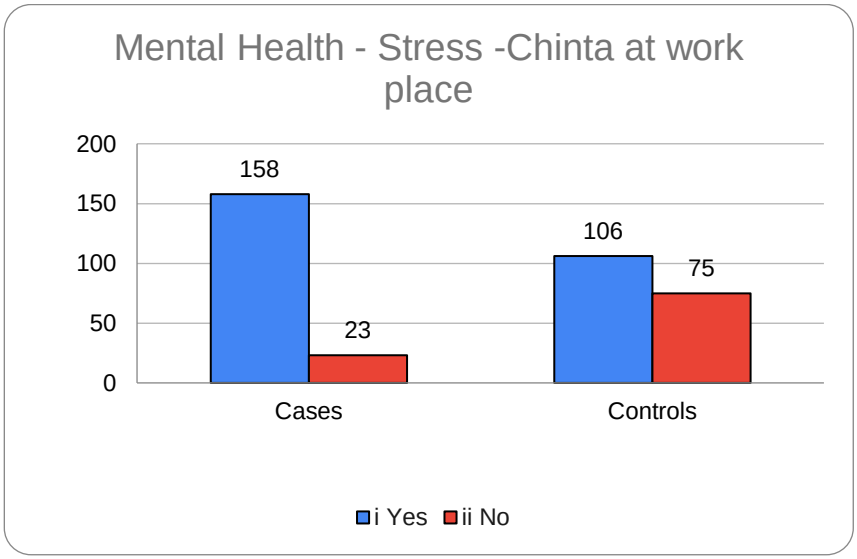


TABLE NO. 57

Observation 57

57	**Stress -Chinta at home**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	140	77.35	115	63.54
ii	No	41	22.65	66	36.46

Equivalent Cases and Controls (n =181) were Analyzed and following observations are noted –

Stress -Chinta at home was observed in 77.35% Cases and in 63.54% controls.

Stress -Chinta at home was not observed in 22.65% cases and in 36.46 % controls.

Stress at home was observed in 140 cases and 115 controls.

Graphical representation of table no. 57

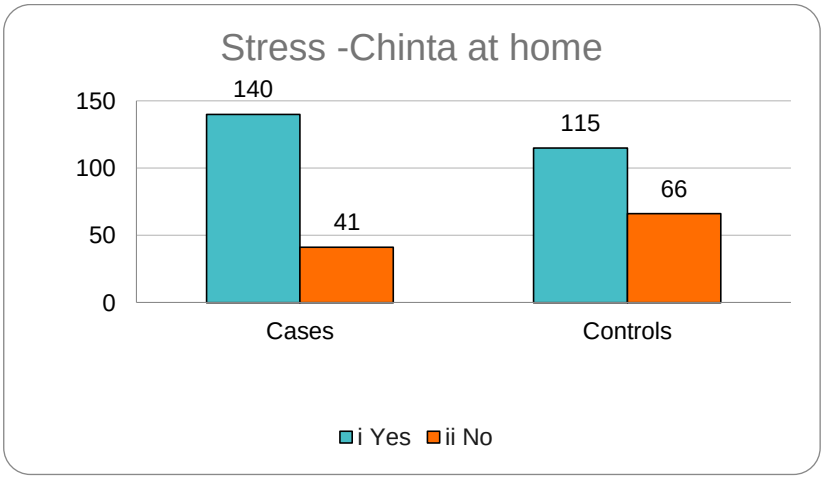


TABLE NO. 58

Observation 58

58	**Has a Control over Dharaniya Vegas**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	109	60.22	125	69.06
ii	No	72	39.78	56	30.94

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Control over Dharaniya Vega was observed in 60.22 % Cases and in 69.06 % controls.

No Control over Dharaniya Vega was observed in 39.78 % cases and in 30.94 % controls.

109 cases and 125 controls had control over dharaniya vegas, the mental urges like greed, fear, anger, jealously, hatred

Graphical representation of table no. 58

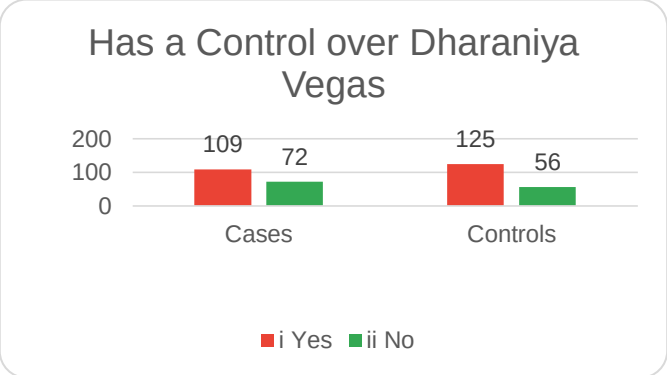


TABLE NO. 59

Observation no. 59

59	**Not Control over which Dharaniya Vega**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Anger	162	89.50	107	59.12
ii	Greed	0	0.00	3	1.66
iii	Jealousy	0	0.00	36	19.89
iv	Lust	0	0.00	0	0.00
v	Fear	13	7.18	35	19.34
vi	Grief	2	1.10	0	0.00
vii	NA	4	2.21	0	0.00

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

No control over Dharaniya Veg Anger was observed in 89.50 % cases and in 59.12 % controls.

No control over Dharaniya Veg Greed was observed in 0 % cases and in 1.66 % controls.

No control over Dharaniya Veg Jealousy was observed in 0 % cases and in 19.89 % controls.

No control over Dharaniya Veg Lust was observed in 0 % cases and in 0 % controls.

No control over Dharaniya Veg Fear was observed in 7.18 % cases and in 19.34 % controls.

No control over Dharaniya Veg Grief was observed in 1.10 % cases and in 0 % controls.

No control over Dharaniya Veg Grief was observed in 1.10 % cases and in 0 % controls.

Control over Dharaniya Vega was observed in 2.21 % cases and 0 % controls

Maximum cases having not control over anger were observed followed by fear. No cases were seen for greed, jealousy, lust. Very few cases reported for grief.

Graphical representation of table no. 59

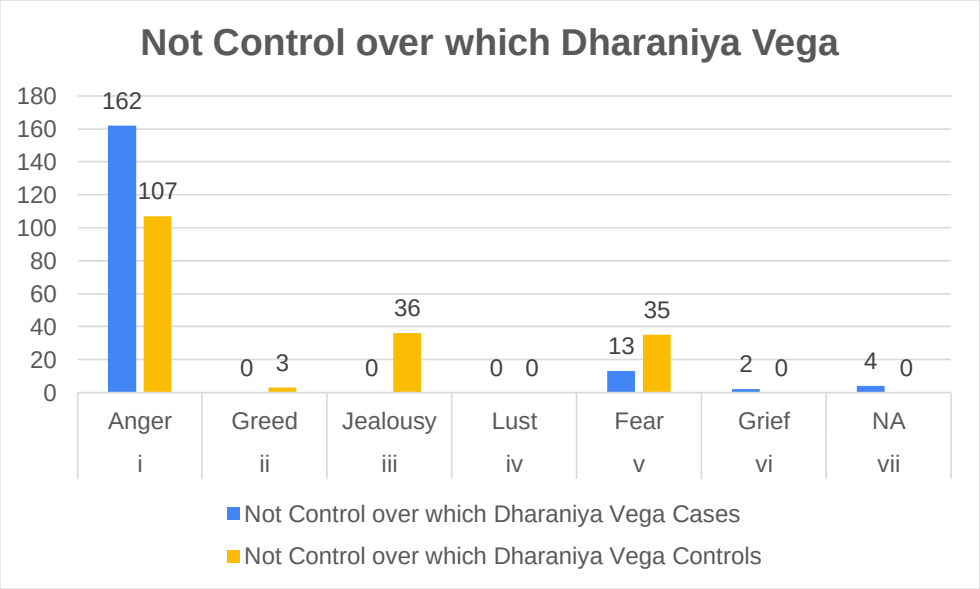


TABLE NO. 60

Observation of question no. 60

60	**Memory is Good?**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Yes	173	95.58	178	98.34
ii	No	8	4.42	3	1.66

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Good memory was observed in 95.58 % cases and in 98.34 % controls.

Good memory was not observed in 4.42 % cases and in 1.66 % controls.

173 cases and 178 controls reported to have good memory.

Graphical representation of table no. 60

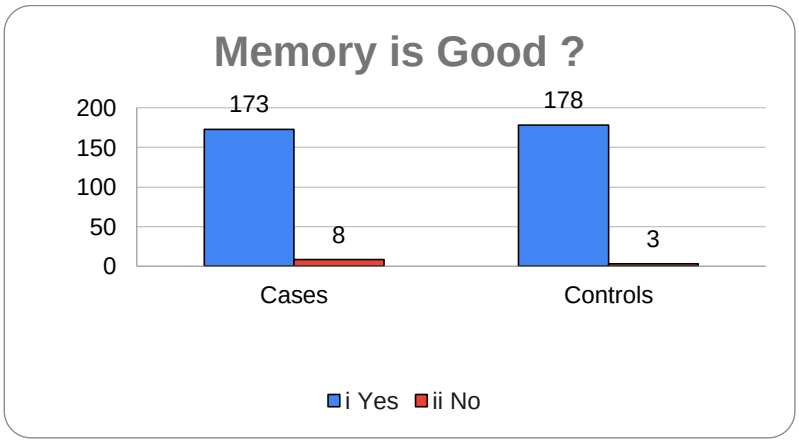


TABLE NO. 61

Observation of question no. 61

61	**Satva**				
Sr. No.	**Title**	**Cases**	**Cases %**	**Controls**	**Control %**
i	Pravar	2	1.10	14	7.73
ii	Avar	18	9.94	15	8.29
iii	Madhya	161	88.95	152	83.98

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

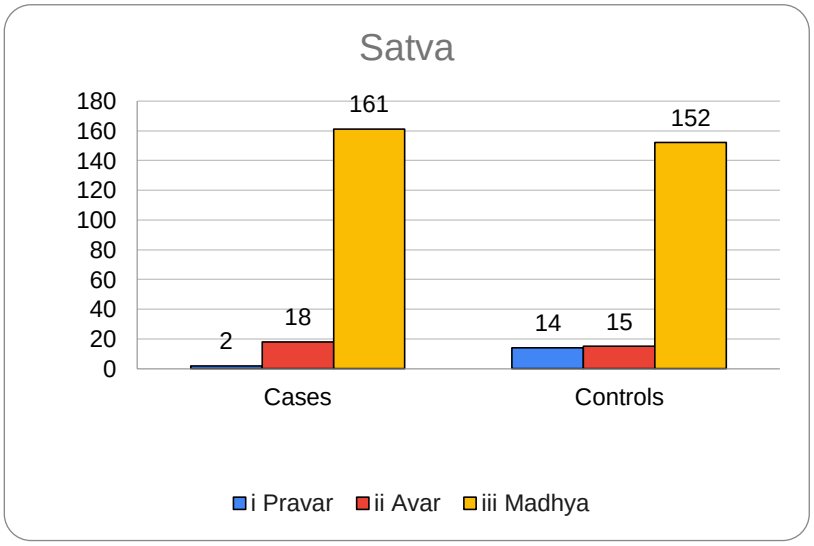
PravarSatva was observed in 1.10 % cases and in 7.73 % controls.

Avar Satva was observed in 9.94% cases and in 8.29 % controls.

Madhya Satva was observed in 88.95% cases and in 152 % controls.

Maximum cases were found as having Madhya stava 18 were of avar stava and only 2 cases were of very good –pravar satva.

Graphical representation of table no. 61



Conclusion points (TABLE NO. 62 to TABLE NO. 67)–

TABLE NO. 62

Observation of question no. 62

62	**Hetus**		
Sr. No.	**Title**	**Cases**	**Cases %**
i	Vishambhojan	26	14.36
ii	Vishambhojan, Ajirnabhojan	34	18.78
iii	Abhojan, Vishambhojan	3	1.66
iv	Atibhojan, Vishambhojan	4	2.21
v	Vishambhojan, Asatmyabhojan	13	7.18
vi	Gurubhojan, Ajirnabhojan	16	8.84
vii	Sheetabhojan	6	3.31
viii	Ajirnabhojan	9	4.97
ix	Rukshabhojan	4	2.21
x	Vidahi, Gurubhojan	11	6.08
xi	Gurubhojan, Atibhojan	9	4.97
xii	Atyambupana	18	9.94
xiii	Chinta and other Manas factors	13	7.18
xiv	Paryushitahar	4	2.21
xv	Both Aharaj and Manas hetu	11	6.08

Equivalent Cases (n =181) were Analysed and following observations are noted –

Vishamabhojan was observed in 14.36 % cases.

Vishamabhojan and Ajirnabhojan were observed in 18.78% cases.

Abhojan and Vishamabhojan were observed in 1.66 % cases.

Atibhojan and Vishamabhojan were observed in 2.21 % cases.

Vishamabhojan andAsatmyabhojan were observed in 7.18 % cases.

Gurubhojan and Ajirnabhojan were observed in 8.84 % cases.

Sheetabhojan was observed in 3.31 % cases.

Rukshabhojan was observed in 2.21 % cases.

Vidahi, Gurubhojan was observed in 6.08 % cases.

Gurubhojan, Atibhojan was observed in 4.97 % cases

Atyambupana was observed in 9.94 % cases.

Chinta and other Manas factors were observed in % 7.18 cases.

Paryushitahar was observed in 2.21% cases.

Both Aharaj and Manashetu were observed in 6.08 % cases

Visham bhojan, ajirna bhojan, guru bhojana, asatmya bhojan, atyambupana, chinta (stress) was found in many cases as an etiological factor. For agni dushti in this study.

Graphical representation of table no. 62

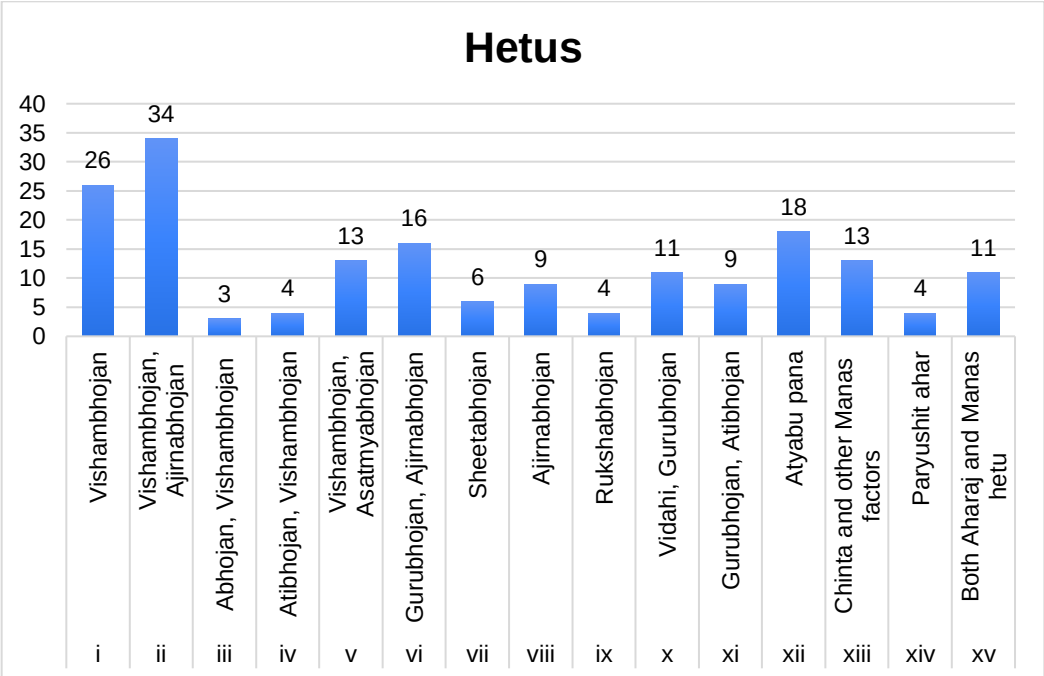


TABLE NO. 63

Observation of question no. 63

63	Doshic Dominance		
Sr. No.	Title	Cases	Cases %
i	Vata	37	20.44
ii	Pitta	43	23.76
iii	Kapha	8	4.42
iv	Vata, Pitta	85	46.96
v	Pitta, Kapha	5	2.76
vi	Vata, Kapha	2	1.10
vii	Vata, Pitta, Kapha	1	0.55

Equivalent Cases (n =181) were Analysed and following observations are noted –

Vatadosha was observed in 20.44% Cases.

Pitta dosha was observed in 23.76% Cases.

Kaphadosha was observed in 4.42% Cases.

Vata, Pitta dosha was observed in 46.96 %Cases.

Pitta, Kaphadosha was observed in 2.76% Cases.

Vata, Kaphadosha was observed in 1.10% Cases.

Tridosha was observed in 0.55 % Cases.

Vata- pitta dominant cases were highest in number i.e. 85. Followed by only pitta dominant 43 cases, 37 cases were of vata dominance. 8 cases were of kapha dominance, 5 cases of pitta-kapha dominance and vata kapha dominant were 2 and one case were of tridosha dominance.

Graphical representation of table no. 63

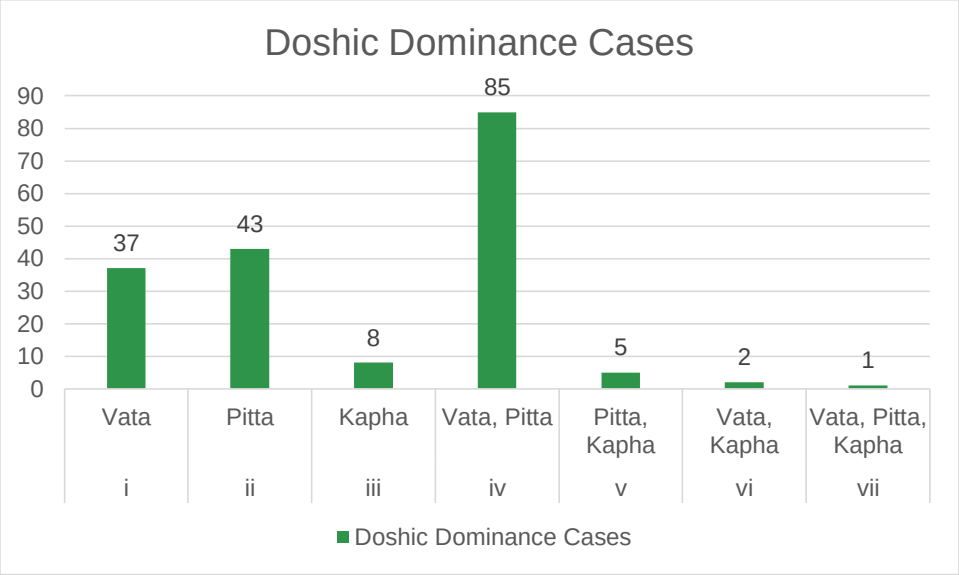


TABLE NO. 64

Observation of question no. 64

64	**Inherent Property of the dosha**		
Sr. No.	**Title**	**Cases**	**Cases %**
i	Ruksha vayu	81	44.75
ii	Laghu vayu	3	1.66
iii	Shita vayu	7	3.87
iv	Drava pitta	122	67.40
v	Ushna pitta	14	7.73
vi	Tikshna pitta	4	2.21
vii	Amla pitta	1	0.55
viii	Guru kapha	10	5.52
ix	Snigdha kapha	2	1.10
x	Pichchhil kapha	1	0.55

Equivalent Cases (n =181) were Analyzed and following observations are noted –

Rukshaguna was observed in 44.75% Cases.

Laghuguna was observed in 1.66% Cases.

Shitaguna was observed in 3.87% Cases.

Drava guna was observed in 67.40% Cases.

Ushnaguna was observed in 7.73% Cases.

Tikshnaguna was observed in 2.21% Cases.

Amlaguna was observed in 0.55% Cases.

Guru guna was observed in 5.52% Cases.

Snigdhaguna was observed in 1.10% Cases.

Pichchhilguna was observed in 0.55% Cases.

Observation of dravapitta, followed by ruksha vayu was in maximum number of cases, followed by ushna pitta and guru kapha. Laghu and shita guna of vata, tikshna and amla guna of pitta, snigdha and picchila guna of kapha was also observed in some cases.

Graphical representation of table no. 64

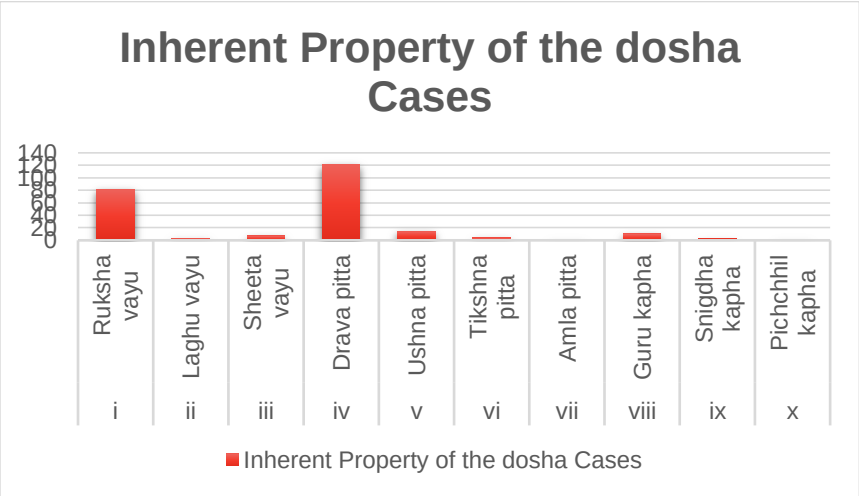


TABLE NO. 65

Observation of question no. 65

65	**Adhishthan of Dosha**		
Sr. No.	**Title**	**Cases**	**Cases %**
i	Amashaya	7	3.87
ii	Grahani	79	43.65
iii	Amashaya and Grahani	83	45.86
iv	Pakwashaya	9	4.97
v	Amashaya and Pakwashaya	1	0.55
vi	Sarvadeha	2	1.10

Equivalent Cases (n =181) were Analyzed and following observations are noted –

Amashaya was observed in 3.87% Cases.

Grahani was observed in 43.65% Cases.

Amashaya and grahaniwas observed in 45.86% Cases.

Pakwashaya was observed in 4.97% Cases.

Amashaya and pakwashayawas observed in 0.55% Cases.

Sarvadehawas observed in 1.10% Cases.

In maximum cases amashaya and grahani aws observed as the adhishthana(site) of the aggravated dosha, followed by grahani. In 9 cases pakwashaya was the adhisthana identified. In 7 cases amashaya was the adhishthana. In one case it was amashaya and pakwashaya and in 2 cases sarvadeha was found as adhishthan.

Graphical representation of table no. 65

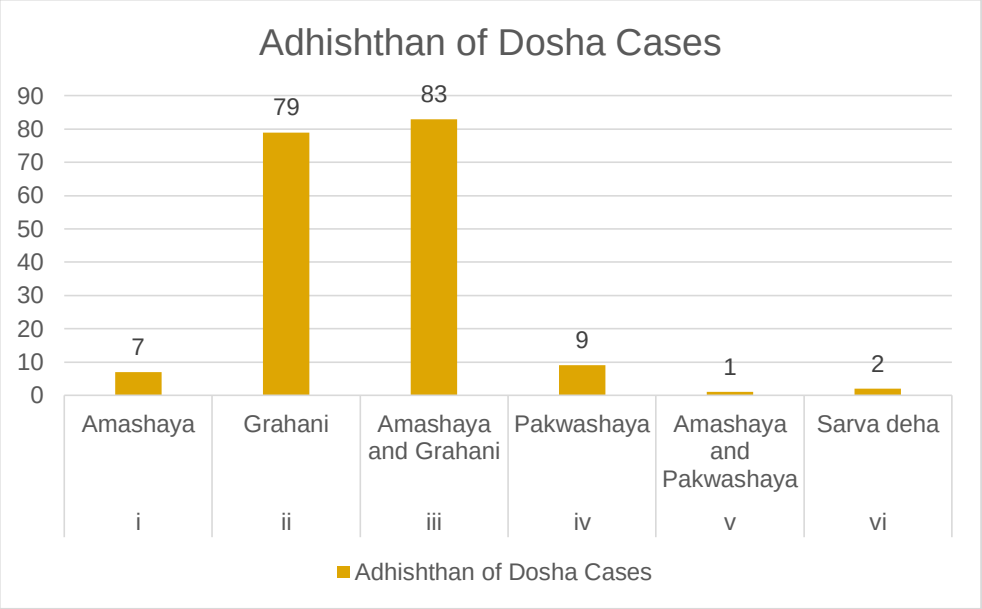


TABLE NO. 66

Observation of question no. 66

66	**Avastha of Dosha**		
Sr. No.	**Title**	**Cases**	**Cases %**
i	Sama	172	95.03
ii	Niram	9	4.97

Equivalent Cases (n =181) were Analysed and following observations are noted –

Samadosha was observed in 95.03% Cases.

Niramdosha was observed in 4.97%Cases.

Maximum of 172 cases were of sama dosha avastha.

Cases with nirama dosha i.e., devoid of ama were 4 in number.

Graphical representation of table no. 66

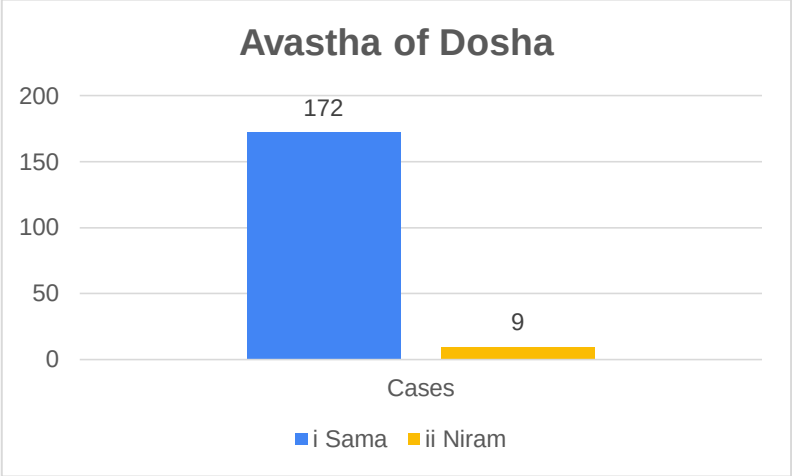


TABLE NO. 67

Observation of question no. 67

67	**Avastha of Agni**		
Sr. No.	**Title**	**Cases**	**Cases %**
i	Manda	76	41.99
ii	Tikshna	2	1.10
iii	Visham	103	56.91

Equivalent Cases (n =181) were Analysed and following observations are noted –

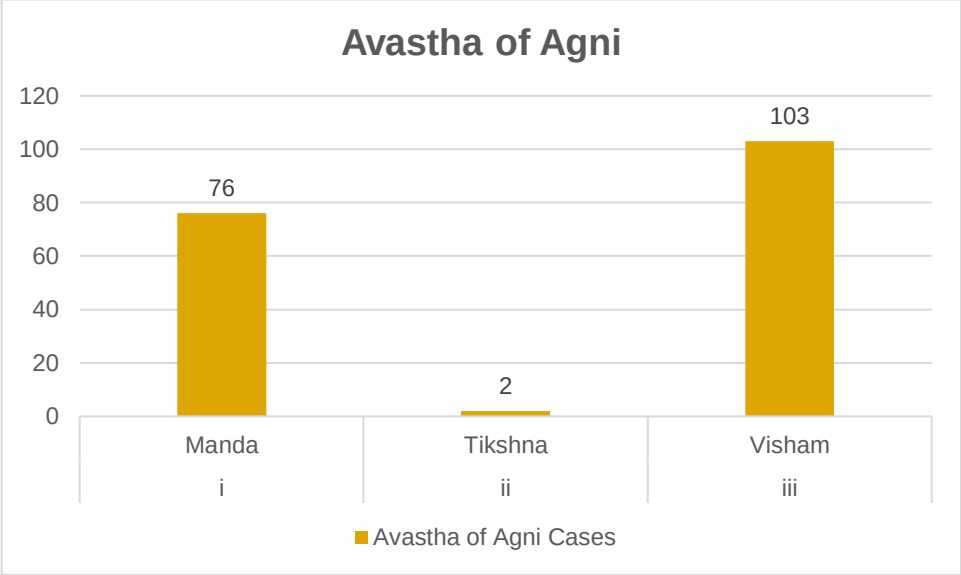
Manda agni was observed in 41.99% Cases.

Vishamagni was observed in 56.91% Cases.

Tikshnaagni was observed in 1.10% Cases.

Visham agni cases were 103, manda cases were 76 and tikshna agni cases were 2 in number

Graphical representation of table no. 67



Discussion -

A) Discussion on Literature Review

Literature review has been taken of the following points:

1 Epidemiology

This point was included in the review as the title of the research work is an epidemiological survey. Review of the work on epidemiological study was done. In Ayurvedic research work there are very few epidemiological studies conducted so far. The principles of Epidemiology in this research work have been taken for consideration. The need for epidemiological studies from Ayurvedic point of view have been elaborated in this point.

In community medicine the prevalence rates and incidence rates of diseases as per modern nomenclature are studied. There are very few or no studies conducted on the diseases mentioned in Ayurvedic Samhitas. There is no data available on the prevalence rate of diseases identified as per Ayurvedic Diagnostic criteria. Similarly, there is no data available about etiological factors (Hetus) of diseases as per Ayurvedic terminology. The knowledge of hetus as per Ahara and Vihara of various diseases must be known. Risk factors are identified, but the data of dosha aggravating factors of various diseases is not documented, hence it is unknown. Epidemiology is the basic science of community medicine. Its notifications cover study of disease distribution and isolation (and thereby prevention), and also health and health related events occurring in human population.

The study of disease frequency, studies of the disease distribution and studies of the disease determinants are three important components of epidemiological studies which have been explained in the review part. Study of etiological factors and formation of etiological hypothesis have been reviewed in context to this research work. Aims of epidemiology, differences between epidemiology and clinical medicine have been reviewed to understand about the epidemiological study in the current research work.

Epidemiological approach about asking questions in this research work have been reviewed. Review of the uses of Incidence and prevalence rates, Classification of epidemiological types, uses of descriptive epidemiology and general uses of

epidemiology have been done. Since these points were relevant to the current study were taken for review from various literature related to epidemiological studies.

2. Survey

Since this research work involved survey as a method of data collection it has been reviewed thoroughly. Methods of data collection life Field study, sample survey study, case study have been reviewed. The explanation of field study, sample survey study and case study have described in detail. It was necessary to about the methods of data collection for such type of observational studies.

The steps in conducting the survey viz. planning, collecting of facts, analyzing the facts, and presenting the findings have been studied in detail and written in this research work. Planning of research work, collection of facts related to agni dushtikara hetus of irritable bowe syndrome have been taken here. Techniques of data collection mailed questionnaire, face to face interview have been done in the review part. This was needed because the data collected for the current research work involved face to face interview through a structured questionnaire Rome III criteria and Ayurvedic case proforma. The process of interview has been reviewed from the relevant literature.

3. Ayurvedic Case Proforma

It was an integral part of this research work to give an elaborate description of the Ayurvedic Case proforma used in this research work for data collection. Since, this research work is related to collect and find out the Agnidushtikara hetus related to cases and controls the review of each point with references from the Ayurvedic compendia have been reviwed in detail. The points taken for data collection for examination included current symptoms, history of past illness, examination of mainly annavaha srotas and purishavaha srotas and searching for the agnidushtikara hetus in the cases and controls, a study of life style of the person i.e. dinacharya of the person from getting up in the morning to bed time at night was explained in literature review part. This dinacharya study of the case and control subjects involved was studied from dietary point of view i.e ahara taken throughout the day with specifications of food items and vihara viz. sleep, exercise and working pattern. These points taken for study have been described in the review part with references from the Ayurvedic Samhitas. Lastly, based on the collected data a conclusion of hetus found, doshic dominance, property (guna) of

the dominant dosha, its adhishthan and avastha- as sama or nirama and the classification of Agni as manda, visham, tikshna has been reviewed. Since, it is an aim of this research work to identify the agnidushtikara hetus and study irritable bowel syndrome as an Anukta vyadhi (disease not mentioned in the Ayurvedic Compendia) in the context of agnidushtikara hetus; the importance of description of Ayurvedic case proforma in literature review art was essential.

4. Rome III Criteria

The ROME III criteria is based on the principle of symptom-based diagnostic criteria for classification of gastrointestinal disorders. The classification depends on the organs where the symptoms presumably could be produced. They are in order from esophagus to anus. This classification is maintained in the pediatric child/adolescent classification system too.

All the functional gastrointestinal disorders can be identified though this screening criteria. The Irritable bowel Syndrome related questions start from question 41 in the Rome II Criteria. The diagnostic criteria is based on recurrent abdominal pain or discomfort at least 3days/month in last 3 months associated with two or more criteria as pain or discomfort getting better after defecation and looser or harder stools with an onset at least six months prior to the diagnosis. A literature review of Rome III criteria was necessary as it was used as tool to screen the cases of irritable bowel syndrome in the current research work.

6. Agni, Agnidushtikara hetus and Grahani

A thorough literature review of the concept of agni has been done from the samhitas. The seat of agni is grahani. It is located above the Umbilical region is supported and nourished by the strength of *agni*. It is so called because of its power to restrain (*grahanat*) the downward movement of food. Irritable bowel syndrome is a disease of the gastrointestinal tract. The symptoms can be correlated with the disease Grahani mentioned in Ayurvedic Samhitas. Hence, in review of literature part the concept of agni and grahani has been studied in detail.

Manda Agni (low power of agni) is the root cause of all diseases. (Reference- Ashtanghridaya Nidansthan Udarnidan Chapter 12/1). Due to manda agni, there is an

occurrence of ajirna, which is included in the history of past illness to assess the cases of irritable bowel syndrome. Importance of agni in health maintenance and disease manifestation is an established fact from the samhitas. The main function of agni is digestion. Jatahragni including seven dhatwagnis, and five bhutagnis are thirteen in number. The process of digestion, functions of agni and grahani in this context are reviewed for this research work.

The agni dushtikara hetus from the Ayurvedic literature, elaboration of the terminologies of the hetus of Agnidushti, pathogenesis of grahani vyadhi, signs and symptoms of agni dushti have been studied from the Ayurvedic literature.

When a patient of irritable bowel syndrome is diagnosed, instead of jumping to the treatment, finding the agnidushtikara hetus will certainly help to treat the patient in a much better and holistic way. For any lifestyle related disease diagnosed by the modern diagnostic way or Ayurvedic methods the details of Ahara (Food) and Vihar (lifestyle) of every case must be understood by the physician before proceeding for the treatment. This will help to identify the exact cause of the disease. As Ayurved has accepted the cause-and-effect theory of Sankhya darshan (Karya Karana Vada), the utility of this principle in clinical medicine stands clear. Every effect has a cause and the physician needs to identify the causes of each case and advice to stop or refrain from the causes generating the pathogenesis (samprapti) of the disease.

B) Discussion on the observations obtained from ROME III diagnostic criteria

1) The demographic data

1. Gender (Discussion on Observation 1.1)

Appropriate representation of the either of the gender is seen among the subjects of the study. This is crucial so as to rule out sampling bias based on issues arising out the questions being gender specific.

2. Occupation (Discussion on Observation 1.1)

It is very important to be acquainted with occupation of the subjects with complaints related to grahani ani irritable bowel syndrome, because it is a disease affecting the annavaha and purishavaha srotas both of which are highly susceptible to being vitiated by various chores in the daily life. The lifestyle and dietary habits of an individual are also governed by the profession. Hence, the importance of occupation in the study of irritable bowel syndrome (Discussion on Observation 1.1)

41) Pain in Abdomen: (Discussion on Observation 4)

Since pain and discomfort in the Abdomen is one of the important symptoms of the disease under study, it is worthwhile to note the manifestation of the symptoms here.

42) Pain only (and not discomfort in the abdomen) (Discussion on Observation 2.42)

In order to rule out the other causes of abdominal pain, questions such as these are incorporated in the questionnaire.

43) For women, did this discomfort or pain occur only during your menstrual bleeding and not at other times?

In order to rule out the cause of pain or discomfort in women due to menstruation, the question is very important. Also, even in women with menopause, the answer to this shall be No.

44) When you had this pain, how often did it limit or restrict your daily activities?

Pain or discomfort causes a lot of issues in the daily life of an individual. Here, it can also be noted that limitations in daily activities are a cause of anxiety and worry among the people thus further adding to the Hetus of grahani. The prevalence of this symptoms

in varying magnitudes the cases indicate the disruption of routine life of the individual. Just 2% of the subjects experienced no limitations and restrictions in the daily activities

45) Have you had this discomfort or pain 6 months or longer?
This signifies the presence of the irritable bowel syndrome in almost the entire population in that is under study.

46) How often did this discomfort but or pain get better or stop after you had a bowel movement?
The pain getting better or stopping after bowel movements is yet another salient feature of the irritable bowel syndrome which is the disease under the study. It is seen to be present in all the cases though in varying magnitudes.

47) When this discomfort of pain started did you have more frequent bowel movements?
Barring the 21% who never or rarely experienced more frequent bowel movements, all the other subjects experienced more frequent bowel movements also with the abdominal pain and/ or discomfort. This combination of symptoms further helps to strengthen the diagnosis if irritable bowel syndrome

48) When this discomfort all pain started did you have less frequent bowel movements?

59.1% of the subjects did not have less frequent bowel movements. This consideration is important because irritable bowel syndrome us characterized by irregular less and more frequent bowel movements.

49) When this discomfort or pain started were your stools looser?
Passing of loose stools is generally attributed to more frequent bowel movements too. Hence, it is worthwhile to consider the presence of this symptoms in unison with each other

50) When this discomfort or pain started how often did you have harder stools?
Passing of hard stools is generally attributed to less frequent bowel movements too. Hence, it is worthwhile to consider the presence of this symptoms in unison with each other.

51) How often was this pain or discomfort relieved by moving or changing positions?
In order to arrive to the diagnosis of IBS, it is imperative to not only look out for the presence the symptoms of IBS but also to rule out the symptoms that may not be attributable to the IBS

52) In the past 3 months how often did you have fewer than 3 bowel movements a week?
The study of fewer/ more frequent, loose / hard in conjunction with the other symptoms is extremely important for the knowledge of the functional derangement of the gastrointestinal system I absence of any organic pathology.

53) In the last 3 months how often did you have hard or lumpy stools?
54) In the last 3 months how often did you strain during bowel movements?
Question 53 and 54 discussed together as following:
Since this questionnaire explores the entire example of the gastrointestinal tract for any functional disorders, such questions help to give a fair idea about the involvement of lower GIT in the disease pathogenesis.
73.1% subjects giving no straining history are testimony to the fact that the cases are representative of the sample of the disease population under study.

55) In the last 3 months how often did you have a feeling of incomplete emptying after bowel movements?
In order to delve into the details of the diagnosis of IBS, the symptoms are studied for their presence in the subject. 60.8% of the subjects often felt incomplete emptying after bowel movements which is significant for the diagnosis.

56) In the last 3 months how often did you have a sensation that the stool could not be passed when having a bowel movement?

57) In the last 3 months how often did you press on or around your bottom or remove stool in order to complete a bowel movement?

Question 56 and 57 discussed together as follows:

Irregular bowel movements with pain / discomfort in the abdomen is a classical symptom of IBS. In the irregularities of bowel movements, if there is the presence of hard stools it is analyzed for the extent to which it is causing strain/ pain in the lower gastrointestinal region

58) In the last 3 months how often did you have difficulty in relaxing or letting go to allow the stool to come out during a bowel movement?

The symptom is crucial for the knowledge of the involvement of the straining mechanism. 74% subjects replied in negation.

59) Did any of the symptoms of constipation begin more than 6 months ago?

For the diagnosis of IBS, the onset of symptoms has to be from a prolonged duration around 3 to 6 months. 70.7% of the subjects reported the manifestation of disease symptoms of the above-mentioned duration, thus reiterating the diagnosis of IBS.

60) In the last 3 months how often did you have 4 or more bowel movements a day?

The symptom is asked so as to assess the dirarrhoea aspect involved in the aetiopathogenesis. Only 24.9% subjects did not have it. The others had the symptom in varying frequencies.

61) In the last 3 months how often did you have loose, mushy or watery stools?

The symptom is asked so as to assess the dirarrhoea aspect involved in the aetiopathogenesis. Only 24.9% subjects did not have it. The others had the symptom in varying frequencies

62) In the last 3 months were there at least 3/4 of your stools loose mushy or watery?

The symptom is asked so as to assess the dirarrhoea aspect involved in the aetiopathogenesis. The hallmark of IBS is the loss, mushy stool which is to be assed.

63) Did you begin having frequent loose motions or water tools more than 6 months ago?

For the diagnostic criteria, the duration of 6 months is important. 73.9% subjects had this symptom.

64) In the last 3 months how often did you have to rush to the toilet to have a bowel movement?

The urgency aspect of bowel movement has been explored. Only 26.5% replied in negation suggesting the presence in the others.

65) In the last 3 months how often was there mucus or slime in your stools?

The type of stools passed is assessed.

58.6% of the subjects Replied in affirmation.

66) In the last 3 months how often did you have bloating or distention?

67) Did your symptoms of bloating or distention begin more than 6 months ago?

Question 66 and 67 discussed together as follows:

The Diagnostic criteria of ROME III is assessed in combination with the help of these questions.

C) Discussion of Ayurvedic case record proforma for the determination of Agnidushtikar hetu (Etiological factors of irritable bowel syndrome) –

Discussion: Table No.1 and Graph no. 1

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Urodaha was observed in 10.49% i.e. 19 Cases and in 4.94% i.e. 9 Controls.

Urodaha is a symptom mainly seen in the upper gastrointestinal disorders viz. amlapitta, hence it was found in very less number of cases i.e.19. Very less controls were having this symptom i.e. 9 controls.

Hrullas was observed in 9.39% i.e. 17 Cases and in 11.6% i.e. 21 Controls

Hrulllas is also seen mainly in urdhwaga amlapitta and vishtabdhajirna. Hence, a very few cases i.e 17 were having this symptom. 21 controls had this symptom as they were exposued to agnidushtikara hetu which leads to ajirna, amlapitta.

Amlasyata was observed in 3.31% i.e., 6 Cases and in 10.49% i.e., 19 Controls.

Amlasyata was seen in only 9 cases and 19 controls as it is not a main symptom of irritable bowel syndrome. But, the agnidushtikara hetus contribute to this symptom in the cases and controls.

Tiksayata was observed in 2.2% i.e., 4 Cases and in 1.65% i.e., 3 Controls

Tiktasyta is due to sama pitta and is observed in urdhwaga amlapitta and vishtabdhajirna, hence it is not seen here in cases and controls. There is no significance of this symptom here.

Adhmana was observed in 45.3% i.e., 82 Cases and in 6.62% i.e., 12 Controls.

Adhman is a symptom stating fullness of abdomen. 82 cases were having this symptom as it is one of the symptoms of irritable bowel syndrome and grahani vyadhi. 12 controls showed this symptom which aws due to agnidushikara hetu.

Atopa was observed in 58.01% i.e., 105 Cases and in 4.97% i.e., 9 Controls

Atopa is a symptom of fullness of abdomen with slight pain which is common in patients of grahani. In irritable bowel syndrome also this symptom is common, hence it is

observed in 105 cases. Only 9 controls had this symptom which is a non conclusive finding because of insufficient data.

Avipaka was observed in 19.33% i.e. 35 Cases and in 8.8% i.e. 16 Controls.

Avipaka is disturbance in the functioning of the agni, hence seen in 35 cases and only 16 controls. It is mainly the symptom of urdhwaga amplapitta. Due to agni dushti is observed in the cases.

Dravamalapravritti was observed in 73.48% i.e., 133 Cases and in 1.1% i.e., 2 Controls.

Dravamlapravritti (loose motions) is a cardinal sign of irritable bowel syndrome. Diarrhea dominant IBS is a type of IBS. Sometimes diarrhea and sometimes constipation is a pratyatma (cardinal) symptom of grahani vyadhi. Hence, it observed in maximum 133 number of cases. Only 2 controls had this symptom which is not a significant data.

Malavarodha was observed in 26.51% i.e., 48 Cases and in 0.6% i.e., 1 Controls.

Sometimes badhha mala pravritti (constipation) is cardinal – pratyatma feature of grahani vyadhi. In this research work 48 cases were found to have this symptom due to aggravated vata and improper dietary habits. Constipated dominant irritable bowel syndrome is a type of IBS. Due to agni dushti and vitiation of vata this symptom was observed.

No symptoms were observed in 1.1 % i.e., 2 Cases and 60.22% i.e., 109 Controls.

Since the controls were not having irritable bowel syndrome the above symptoms were not seen in maximum 109 controls.

Statistical evaluation Table no. 2 and Graph no. 2

Odds ratio - 0.1045

Value of significance P - <0.0001

Confidence interval - 0.0442 - 0.2472

Chi - square value (with Yates's correction) - 34.5364

P value in chi square - <0.00001

When data was analyzed with a chi squared test at 95 % confidence calculated value of Chi square (with Yates's correction) is 34.5364 and p <0.00001value is, which less than 0.05 is. As p value is less than 0.05. ($P < 0.05$) hence, we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor 'History of Past Illness in Cases and Controls. As the observed percentage is more in Cases, it can be considered as an etiological factor in present study.

Discussion: Table no.2 and Graph no.2

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Ajirna-(Indigestion) as a past illness is seen in 96.7% i.e., 175 Cases which proves that ajirna is hetu of grahani as described in the Ayurvedic Samhitas. It is also seen in 44.75 % i.e. 81 Controls because even when the person is not having symptoms of irritable bowel syndrome, but the presence of agnidushtikara hetus, ajirna can be observed as per the Ayurved Samhitas.

Atisara – (Loose motions) as a past illness is seen in 68.5 % i.e., 124 Cases and in 3.3% i.e., 6 Controls. Atisara is mentioned as a hetu of Grahani in the Ayurvedic compendia. Thus, this observation proves that atisara is a hetu (cause) of Grahani. Atisara is also observed in Controls, but they are not cases of IBS, it's not observed here in many Controls. The number six is not very significant data to proves it as a causative factor.

Discussion: Table no. 3 and Graph no.3

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Annavaha srotas vitiation was observed in 86.7% Cases and in 19.33% Controls.

Vitiated Annavahasrotas is due to the imbalance in the functioning of agni. In 157cases it was found to be vitiated. This proves that in irritable bowel syndrome the most affected srotas is the annavaha srotas. Irritable bowel syndrome is disorder of the gastrointestinal tract. Amashaya (the organs between the umbilicus (nabi) and Stana (breasts) lie in amashaya) and vamaparshva (oesophagus) are the roots of annavaha srotas as per Ayurved. Hence, gastrointestinal tract is affected in IBS as per Ayurved also. In 35 controls it aws seen vitiated due to agnidushtikara causes.

Purishavaha vitiation was observed in 96.1% Cases and in 26.51% Controls

Vitiated purishavaha srotas is seen in 174 cases. This is due to atyshana, adhyashan and ajirna and durbala agni as mentioned in Ayurved. Irritable bowel syndrome and grahani have dravmalaparavritti and or malavarodh which is a sign of vitiated purishavah srotas. Thus, this data proves that purishavaha srotas is affected in cases of IBS. 48 controls also had this srotas vitiated which was due to agni dushti.

Other srotas vitiation was observed in 2.8% Cases and in 11.6% Controls

5 cases and 21 controls showed other srotas vitiated which was mainly rasavaha srotas. Guru, shita, atisnigdha, atimatra bhojan and chinta (stress) were the causes for this finding. Since, the finding has very less numbers, it has no etiological role in IBS

No srotas vitiation was observed in 1.1% Cases and in 47.5% Controls.

All cases were of IBS and controls were without IBS. There was no srotas vitiated in 86 controls.

Discussion: Table no. 4 and Graph no. 4 -

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results –

Abhojan was observed in 7.7% i.e., 14 Cases and in 4.41% i.e., 8 Controls.

Fasting was seen in only in 14 cases. Abhojan leads to vata prakopa and disturbance in the functioning aof agni. Hence, the symptom is seen. Abhojan in controls was seen without any major symptoms.

Ajirna Bhojana was observed in 47.5% i.e., 86 Cases and in 4.41% i.e., 8 Controls.

Ajirna bhojan is a contributory cause for IBS, as 86 cases showed this cause. Only 8 controls had this cause which did not give rise to any major symptoms.

Ati Bhojan was observed in 11.6% i.e., 21 Cases and in 3.31 % i.e., 6 Controls.

Ati bhojan was seen as an agnidushtikara hetu in 21 cases. Ati bhojan vitiates purishvaha srotas. All these 21 cases suffered from dravamala pravritti. It was observed in 6 controls, but they showed no symptom.

Vishamashana was observed in 81.8 % i.e., 148 Cases and in 17.67% i.e., 32 Controls.

Vishamashana was observed in 148 cases. Untimely intake of food causes imbalance in the functioning of Agni. Due the occupation it was observed as a habit, which is causative

factor for IBS. In 32 controls also vishamashana was seen, which did not result in IBS. But it leads to agnidushti. Vishamashana is found as a cause of IBS in this research work.

Asatmya Bhojan vitiation was observed in 39.2 % i.e., 71 Cases and in 7.18 % i.e., 13 Controls.

Asatmya bhojan – Food that is not habituated (mess food, hotel food) is observed in 71 cases. There were many students in the cases found. The students eat mess food which can be astamya bhojan and leads to agni dushti. Asatmya bhojan can be considered as a hetu for IBS. It vitiates the annavaha and purishvaha srotas. 13 controls were found to be taking asatmya bhojan, which did not manifest IBS.

Guru Bhojan was observed in 42.5 % i.e., 77 Cases and in 14.36 % i.e., 26 Controls.

77 cases were found to be eating guru bhojan. Guru bhojan leads to agnimandya and hence, it is one of the causes of IBS. 26 controls were also eating guru bhojan and suffered agni dushti, but did not show major symptoms.

Shita Bhojan was observed in 8.8 % i.e., 16 Cases and in 4.41 % i.e., 8 Controls.

Shita bhojan was found in 16 cases and 8 controls. It vitiates the agni, but only few have been affected in this research project. It cannot be considered as a major cause for IBS.

Atiruksha Bhojan vitiation was observed in 6.1% i.e., 11 Cases and in 2.20 % i.e., 4 Controls.

Atiruksha bhojan – food having a dry property or food free from oil and ghee was found to be eaten by 11 cases and 4 controls. It cannot be considered as a major cause of IBS in the current data of patients

Vamana, Virechana, Sneha Vibhrama was observed in 0 % i.e., 0 Cases and in 0 % i.e. 0 Controls.

Since, no case or control was subjected to vamana, virechana and snehapaana, it was not found as a cause in any of the cases and controls.

Vyadhi karshan as a cause was observed in 0.6 % i.e., 1 Cases and in 0 % i.e., 0 Controls.

Vyadhi karshan as a cause was seen in only one case. Chronicity of a disease leads to IBS. This cannot be considered as a significant value; hence it is not a cause of IBS.

Desha vaishamya vitiation was observed in o.6 % i.e., 1 Cases and in 0 % i.e., 0 Controls.

Desha vaishamya leads to agni dushti because of rapid changes in the atmosphere to to natural calamities and further leads to janapadaudhwansa (epidemic). This was not observed in the current samples of the project. Hence, it cannot be considered as an etiological factor of IBS.

Ritu vaishamya was observed in 0 % i.e., 0 Cases and in 0 % i.e., 0 Controls

There no cases or controls recorded for this cause. Hence, it is non conclusive.

Kala vaishamya was observed in 1.1 % i.e., 2 Cases and in 0 % i.e., 0 Controls

Seasonal variations are responsible for agni dusthti. Here only 2 cases were seen, which proves the data is non conclusive.

None causative factor was observed in 0 % i.e., 0 Cases and in 72.9 % i.e., 132 Controls

72.9 controls had no hetu recorded in the case proforma questionnaire. Hence, they did not have any symptom.

Discussion: Table no.5 and Graph no. 5 –

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results –

Time of getting up in the morning between 5-6 am was observed in 3.38 % i.e., 7 Cases and in 3.31% i.e., 6 Controls.

Time of getting up in the morning is brahmamuhurta as per Ayurved. Brahmamuhurta is one and half hours before sunrise. Considering todyas fast life style and screen addictions lead to late night awakening and hence observed in very cases and controls here. Getting up at brahma muhurta maintains life and health.

Time of getting up in the morning between 6-7 am was observed in 48.06 % i.e., 87 Cases and in 39.77% i.e., 72 Controls.

87 cases have the habit of getting up after sunrise. This period is a kapha dominant period which leads to kapha aggravation, in turn leads to agnimandya and many diseases. These cases are suffering from IBS. 72 controls also have this habit of getting up between 6-7 am, hence it can be a cause leading to agnidushti.

Time of getting up in the morning between 7-8 am was observed in 42.54 % i.e., 77 Cases and in 47.51 % i.e., 86 Controls.

77 cases have the habit of getting up late after sunrise. This period is a kapha dominant period which leads to kapha aggravation, in turn leads to agnimandya and many diseases. These cases are suffering from IBS. 86 controls also have this habit of getting up between 6-7 am, hence it can be a cause leading to agnidushti.

Time of getting up in the morning after 8am am was observed in 5.52 % i.e., 10 Cases and in 9.39 % i.e., 17 Controls.

10 cases have the habit of getting up very late after sunrise. This period is a kapha dominant period which leads to kapha aggravation, in turn leads to agnimandya and many diseases. These cases are suffering from IBS. 86 controls also have this habit of getting up between 6-7 am, hence it can be a cause leading to agnidushti.

Time of getting up in the morning between 7-8 am was observed in 42.54 % i.e., 77 Cases and in 47.51 % i.e., 86 Controls.

Time of getting up in the morning after 8am am was observed in 5.52 % i.e., 10 Cases and in 9.39 % i.e., 17 Controls.

Discussion: Table no. 6 and Graph no. 6

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Regular bowel movement was observed in 15.5 % i.e., 28 Cases and in 41.4 % i.e., 75 Controls

28 cases had Regular bowel movements which can be concluded that the level of agnidushti is very minimal, but they showed symptoms other than bowel disturbances (i.e., vitiation of purishavaha srotas). In 75 controls it was found regular as they did not show vitiation of purishvaha srotas.

Irregular bowel movement was observed in 70.7 % i.e., 128 Cases and in 51.9 % i.e., 94 Controls

Irregular bowel movements were seen in 128 cases. This is a common symptom in IBS. The bowel movements are found irregular. In 94 controls also the bowel movements

were irregular. Both the data support the fact that agnidushti leads to such irregular movements.

Constipated bowel was observed in 25.4 % i.e., 46 Cases and in 17.1 % i.e., 31 Controls.

41 cases were of constipated dominant IBS cases. Constipation is one of the cardinal signs of IBS, hence cases having constipation were found. Vata aggravating factor contributes to such symptoms. 31 controls also had constipated bowels. Agni dushti and vata aggravation in controls lead to the symptom.

Diarrhea was observed in 72.9 % i.e., 132 Cases and 0 % i.e., 0 Controls.

Diarrhea dominant 132 cases were seen. This is a type of IBS. Agnidushtikara bhav, history of ajirna bhojana, guru bhojan, vishamashana lead to diarrhea dominant IBS. Pitta dominance led to diarrhea in 132 cases.

Stools with mucus was observed in 2.8 % i.e., 5 Cases and 0 % i.e., 0 Controls.

Stools where mucus were observed in only few 5 cases. Agnidushti leads to ama accumulation in the body.

Bowel movement after food was observed in 21.5 % i.e., 39 Cases and in 0 % i.e., 0 Controls.

Cases are suffering from irritable bowel syndrome. Bowel movements after food are a sign of grahani dosha and IBS. Due to weakness of the organ grahani, the food holding capacity reduces and hence the symptom is seen.

Discussion: Table no. 6.2 and Graph no. 6.2 -

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

1 to 2 times was observed in 28.18 % i.e., 51 Cases and in 84.53 % i.e., 153 Controls.

Bowel movements once or twice a day was seen in 51 cases and 153 controls, which do not suggest abnormality.

2 to 3 times was observed in 36.46% i.e., 66 Cases and in 12.71 % i.e., 23 Controls.

66 cases suffered from 2 to 3 times bowel movements in a day which was abnormal and 23 controls also had the similar problem. This proves a strong agnidushti among cases and controls.

3 to 4 times was observed in 22.65 % i.e., 41 Cases and in 1.66 % i.e., 3 Controls.

41 cases had 3 to 4 times bowel movements in a day. This is an abnormal phenomenon and a common feature of IBS. 23 cases also reported this phenomenon, which was due to agnidushti.

Above 4 times was observed in 12.71 % i.e., 23 Cases and in 1.10 % i.e., 2 Controls.

23 cases and 2 controls reported of bowel movements more than 4 times a day, which proves a strong agnidushti and severe IBS in the cases.

Discussion Table no. 7a and Graph no. 7a

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

3 to 4 times was observed in 18.23 % i.e., 33 Cases and in 15.47 % i.e., 28 Controls.

4 to 5 times was observed in 39.78% i.e., 72 Cases and in 43.65 % i.e., 79 Controls.

5 to 6 times was observed in 31.49 % i.e., 57 Cases and in 33.7 % i.e., 61 Controls.

Above 6 times was observed in 10.5% i.e., 19 Cases and in 7.18 % i.e., 13 Controls.

Since, bladder movement is just an information in this research work, it has no significance as an etiological factor or a symptom in IBS. The data is non conclusive for this research work.

Discussion Table no. 7b and Graph 7b

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results –

0 times / No bladder movements at night were observed in 75.14 % i.e., 136 Cases and in 73.01 % i.e., 143 Controls.

1 to 2 times was observed in 23.76 % i.e., 43 Cases and in 20.44 % i.e., 37 Controls.

2 to 3 times was observed in 0.55 % i.e., 1 Cases and in 0.55 % i.e., 1 Controls.

3 to 4 times was observed in 0.55 % i.e., 1 Cases and in 0 % i.e., 0 Controls.

Above 4 times was observed in 0 % i.e., 0 Cases and in 0 % i.e., 0 Controls.

Maximum 136 cases and 143 controls reported of no bladder movements during night. Since, urine output was not an important observation in this research work, the data is non conclusive

Discussion Table 7c and Graph 7c

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:
Burning during urination was observed in 0 % cases i.e., 0 and in 0 % cases i.e., 0 controls.
Polyuria was observed in 1.66 % i.e., 3 cases and in 0 % cases i.e., 0 controls.
Nocturia was observed in 1.1 % i.e., 2 cases and in 1.1 % i.e., 2 controls.

No symptoms were observed in 97.24 % i.e., 176 cases and 98.90 % i.e., 179 controls.

There were no symptoms related to the urinary tract in maximum 176 cases. Hence, the data is not significant for the research work.

Statistical evaluation table no.8 and graph no.8

Odds ratio - 0.4605

Value of significance P - 0.001

Confidence interval - 0.2902 - 0.7307

Chi - square value (with Yates's correction) - 10.2915

P value in chi square - 0.00136

When data was analyzed with a chi squared test. At 95 % confidence calculated value of Chi square (with Yates's correction) is 10.2915 and p value is 0.00136which is greater than 0.05. As p value is less than 0.05. ($P < 0.05$) hence we reject the null hypothesis of no difference by accepting the alternative hypothesis. There is a difference in observations of the etiological factor Exercise in cases and controls. As the observed percentage of not doing the exercise is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 8, 8a, 9 Graph No. 8, 8a, 9

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:

Q. 8

Daily exercise was observed in 22.1 % i.e., 40 cases and in 38.1 % i.e., 69 controls.

No daily exercise was observed in 77.9 % i.e., 141 cases and in 61.9 % i.e., 112 controls.

Q. 8 a

Yogasana was observed in 12.8 % i.e., 23 cases and in 21.5 % i.e., 39 controls.
Gym exercise was observed in 2.8 % i.e., 5 cases and in 25.3 % i.e., 25.3 controls.
Aerobic exercise was observed in 2.21 % i.e., 7 cases and in 7.7 % i.e., 7controls.
Walking exercise was observed in 4.41 % i.e., 8 cases and in 0 % i.e., 0 controls.

Q. 9

Daily up to 30 minutes of exercise was observed in 18.23 % i.e., 33 cases and in 3.31 % i.e., 6 controls.
Daily up to one hour of exercise was observed in 3.86 % i.e., 7 cases and in 34.8 % i.e., 63 controls.

Daily exercise (vyayama) is necessary to maintain the proper functioning of the agni. The digestive fire (agni) enhances by daily exercise. The observation supports this theory, as only 40 cases were found to be exercising daily and 141 cases were not exercising at all. Hence, maximum cases suffered from agnidushti leading to irritable bowel syndrome. Similarly, 69 controls were found to be exercising and 112 controls were not exercising. Hence, many controls were also having agnidushti leading to other symptoms than IBS. Since, these numbers are not very high in case and control groups, lack of exercise in any form cannot be considered as a hetu of agnidushti.

Statistical evaluation Table no. 10 and Graph no. 10-

Odds ratio - 0.0546
Value of significance P - < 0.0001
Confidence interval - 0.0322 - 0.0925
Chi - square value (with Yates's correction) – 136.4811
P value in chi square - < 0.00001

When data was analyzed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 136.4811 and p value is 0.00001 which is greater than 0.05. As p value is greater than 0.05. (P > 0.05) hence we reject the null hypothesis of no difference. By accepting alternative hypotheses. There is a difference in observations of the etiological factor Bath on Empty stomach in cases and controls. As the observed percentage is more in controls, it cannot be considered as an etiological factor in present study.

Discussion Table no. 10 and Graph no. 10

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results - Bath on Empty stomach was observed in 16.6 % i.e., 30 cases and in 78.9 % i.e., 142 controls.

The observation percentage is more in controls than cases it cannot be considered as a hetu here.

No Bath on Empty stomach was observed in 83.4 % i.e., 151 cases and in 21.5 % i.e., 39 controls.

Statistical evaluation Table No 11 and Graph no.11

Odds ratio – 18.3265

Value of significance P - < 0.0001

Confidence interval – 10.8059 – 31.0811

Chi - square value (with Yates's correction) – 136.4811

P value in chi square - < 0.00001

When data was analyzed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 136.4811 and p value is 0.00001 which is greater than 0.05. As p value is greater than 0.05. (P < 0.05) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor Bath After meals in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 11 and Graph no. 11

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Bath after meals was observed in 83.4 % i.e., 151 cases and in 21.5 % i.e., 39 controls.

No Bath after meals was observed in 16.6 % i.e., 30 cases and in 78.9 % i.e., 142 controls.

Immediate bath after meals leads to agni vikriti. Snana is said to be agnidipana. But, when bath is taken immediately after meals, jatharagni instead of enhancing, it is digesting the ingested food and this may lead to ama dosha in the body.

Discussion Table no.12 and Graph no.12

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Usage of cold water was observed in 18.8 % i.e., 34 cases and in 30.9 % i.e., 56 controls.

Usage of hot water was observed in 50.8 % i.e., 92 cases and in 1.7% i.e., 3 controls.

Usage of warm water was observed in 32 % i.e., 58 cases and in 93.9 % i.e.,170 controls.

When hot water is used for bath, it should be taken below the neck region. Hot water should not be poured on the head and face while bathing. If hot water is used above the neck during bath, it decreases the strength of the hair roots and eyes. In this research work there was no data related to hair and eyes. Hence, to conclude this finding is non conclusive for the research work.

Statistical evaluation Table no. 13 and Graph no. 13

Odds ratio – 0.6598

Value of significance P - 0.0696

Confidence interval – 0.4210 - 111339

Chi - square value (with Yates's correction) – 2.9089

P value in chi square – 0.08809

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) is 2.9089 and p value is 0.08809 which is greater than 0.05. As p value is greater than 0.05. (P > 0.05) hence we accept the null hypothesis of no difference by rejecting alternative hypotheses. There is a no difference in

observations of the etiological factor ‘Sleep’ in cases and controls. As the observed percentage is same in cases and control, it cannot be considered as an etiological factor in present study.

Discussion Table no.13 and Graph no.13

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Sound sleep was observed in 64.64 % i.e., 117 cases and in 73.48 % i.e., 133 controls.

Proper or sound Sleep (Nidra) is responsible for happiness, growth of the body, strength, potency, knowledge and life. The data found here is more or less same in cases and controls.

Not Sound Sleep was observed in 35.36 % i.e., 64 cases and in 26.52 % i.e., 48 controls.

Improper or not sound sleep is responsible for sorrow, emaciation, low body strength, impotency, lack of knowledge and loss of life. The data found here is more or less same in cases and controls and hence cannot be considered as an etiological factor in this research work.

Discussion: Table no.14 and Graph no.14

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:

Time of getting up in the morning between 5-6 am was observed in 3.38 % i.e., 7 Cases and in 3.31% i.e., 6 Controls.

Time of getting up in the morning between 6-7 am was observed in 48.06 % i.e., 87 Cases and in 39.77% i.e., 72 Controls.

Time of getting up in the morning between 7-8 am was observed in 42.54 % i.e., 77 Cases and in 47.51 % i.e., 86 Controls.

Time of getting up in the morning after 8am am was observed in 5.52 % i.e., 10 Cases and in 9.39 % i.e., 17 Controls.

Discussion Table no.15 and Graph no.15

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:

Time of going to sleep in the night between 10 to 11 pm was observed in 2.2 % i.e., 4 Cases and in 13.81% i.e., 25 Controls.

Only 4 cases and 25 controls slept at proper timing.

Time of going to sleep in the night between 11 pm to 12 am was observed in 30.38 % i.e., 55 Cases and in 59.66 % i.e., 108 Controls.

55 cases and 108 controls slept between 11pm -12 am. This is a faulty habit leading to vata prakopa as night awakening aggravates vata and by ruksha guna.

Time of going to sleep in the night between 12 to 1am was observed in 49.72 % i.e., 90 Cases and in 17.67 % i.e., 32 Controls.

90 cases and 32 controls slept after 12 am till 1 am. This late-night awakening led to vata prakopa and ruksha guna aggravation in the body.

Time of going to sleep in the night after 1 am was observed in 17.67 % i.e., 32 Cases and in 8.83% i.e., 16 Controls.

32 cases and 16 controls also were prone to vata aggravation and increase in the ruksha guna in the body.

When vata is aggravated, it can lead to agni vikriti leading to diseases like IBS. But since the data is more or less same in cases and controls it cannot be concluded as an etiological factor. But if this late-night awakening habit continues for a long period it is considered as risk factor for vata diseases.

Discussion Table no.16 and Graph no.16

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:

Sleep hours between 5 to 6 were observed in 6.07 % i.e., 11 Cases and in 0.55 % i.e., 1 Controls.

Sleep hours between 6 to 7 were observed in 34.8 % i.e., 63 Cases and in 8.28 % i.e., 15 Controls.

Sleep hours between 7 to 8 were observed in 48.06 % i.e., 87 Cases and in 48.61 % i.e., 88 Controls.

Sleep hours between 8 to 9 were observed in 11.04 % i.e., 20 Cases and in 42.54 % i.e., 77 Controls.

The hours of sleep also depend upon the prakriti of an individual. Vata prakriti persons require less sleep than pitta and kapha prakriti individuals. Duration of hours of sleep is same for maximum cases and controls; hence it cannot be concluded as an etiological factor in IBS.

Statistical evaluation table no.17 and Graph no.17 –

Odds ratio - 2.1262

Value of significance P -0.0061

Confidence interval - 1.2406 - 3.6441

Chi - square value (with Yates's correction) - 7.0084

P value in chi square - <0.00001

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) is 7.0084 and p value is 0.008113 which is less than 0.05. As p value is less than 0.05. ($P < 0.05$) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Sleep (Day sleeping)' in cases and controls. As the observed percentage is more in cases, it may be considered as an etiological factor in present study.

Discussion table no.17 and Graph no.17

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:

Day sleeping was observed in 25.4 % i.e., 46 Cases and in 13.8 % i.e., 25 Controls.

Day sleeping or diwaswapa is a contributing factor for kapha and pitta aggravation in the body with snigdha guna. The aggravated kapha and pitta overpowers the agni and causes agnimandya, alasya (lethargy) and kapha- pitta diseases. Since the cases are more than controls, diwa swapa can be considered as a hetu for agnidushti and IBS.

No day sleeping was observed in 74.06 % i.e., 135 Cases and in 86.2 % i.e., 156 Controls.

In maximum cases and controls diwaswapa –day sleeping was not observed, which had no effect on the symptoms of the cases.

Discussion Table no.18 and Graph no.18

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:

No day sleep hours were observed in 74.58 % i.e., 135 Cases and in 86.2 % i.e., 156 Controls.

Day sleep hours between 0 to 1 were observed in 20.99 % i.e., 38 Cases and in 2.76 % i.e., 5 Controls.

38 cases slept for 1 hour daily in the day, leading to kapha and pitta vitiation increasing the snigdha property in the body, leading to agnimandya and agni dushti acusing IBS. Only 5 controls slept in the day for 1 hour and were not having IBS.

Day sleep hours between 1 to 2 were observed in 3.86 % i.e., 7 Cases and in 7.73 % i.e., 14 Controls.

7 cases slept for more than an hour up to two hours in the day again leading to agni dushti and IBS. 14 controls also slept in this pattern, but did not suffer from IBS.

Statistical evaluation Table no.19 and Graph no.19 –

Odds ratio – 1.8199

Value of significance P - 0.0254

Confidence interval – 1.0764 – 3.0768

Chi - square value (with Yates's correction) – 4.5007

P value in chi square – 0.033881

When data was analyzed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 4.5007 and p value is 0.033881which is less than 0.05. As p value is less than 0.05. ($P < 0.05$) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Sleep (Night Awakening)' in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no.19 and Graph no.19

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Night Awakening was observed in 24.9 % i.e., 45 Cases and in 14.36 % i.e., 26 Controls.

Night awakening leads to vata aggravation with ruksha guna and thereby leading to agni dushti. Since the more cases were of IBS for this hetu, this can be considered as an etiological factor for IBS.

No Night Awakening was observed in 75.1 % i.e., 136 Cases and in 85.63 % i.e., 155 Controls.

136 cases and 155 controls did not keep awake till late night. 136 cases suffered from IBS, means night wakening is not the only criteria or cause for agnidushti.

Discussion table no.20 and Graph no.20

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:

No Night Awakening hours were observed in 85.63 % i.e., 155 controls and in 75.13 % i.e., 136 cases.

Night awakening was not seen in 155 controls and 136 cases. This was not a hetu for the 136 cases.

Night Awakening hours between 0 to 1 were observed in 0.55 % i.e., 1 Cases and in 0.55 % i.e., 1 Controls.

The duration of night awakening was seen for one hour in only one case and control, it cannot be concluded as a hetu due to insufficient data for that duration of awakening.

Night Awakening hours between 1 to 2 were observed in 8.33 % i.e., 16 Controls and in 13.25 % i.e., 24 Cases.

24 cases kept awake for 2 hours and developed agni dushti and vata aggravation. 16 controls also kept awake for this duration, did not develop IBS.

Night Awakening hours above 2 were observed in 4.97 % i.e., 9 Controls and in 11.04 % i.e., 20 Cases.

In 20 cases the duration of awakening was more than 2 hours which can be concluded as an aggravating or contributing factor for agni dushti and IBS. 9 controls kept awake for this duration but did not develop IBS.

Statistical evaluation Table no.21 and Graph no.21 –

Odds ratio - 10.9413

Value of significance P - <0.0001

Confidence interval - 6.4011 - 78.708

Chi - square value (with Yates's correction) - 88.4753

P value in chi square - <0.00001

When data was analyzed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 88.4753 and p <0.00001 value is, which is less than 0.05. As p value is less than 0.05. (P < 0.05) hence, we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor Control of Natural Physical Urges in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

The control of physical urges (adharaniya vega) for observed in maximum 159 cases and 72 controls. 22 cases and 109 controls reported of not controlling or holding of the natural physical urges.

Discussion Table no. 21 and Graph no.21

Equivalent Cases and Controls (n =181) were Analysed and following are the Results

Control of Natural Physical Urges was observed in 87.8 % cases i.e., 159 and in 39.77 % cases i.e., 72 controls.

Adharaniya vega are not supposed to be suppressed for a long time. If this happens in an individual, then number of diseases manifest in a person (Reference Ashtanghridaya

Sutrasthan –Chapter 4/ 22). 155 cases are having the habit of holding these natural urges which is cause of agni dushti in many urges.

Control of Natural Physical Urges was not observed in 12.2 % cases i.e., 22 and in 59.9 % cases i.e., 109 controls.

22 cases and 109 controls did not have the habit of holding the natural physical urges.

Discussion Table no.22 and Graph no.22

Equivalent Cases and Controls (n =181) were Analysed and following are the Results:

Control of Vat urge was observed in 25.41% i.e.,46 cases and in 3.87% i.e., 7 controls.

46 cases had the habit of adhovata vegadharana which results in agnivadha as per Ayurved Samhitas. It can be considered as a hetu in this research work.

Control of Purisha urge was observed in 17.68% i.e.,32 cases and in 11.60% i.e., 21 controls.

32 cases were observed for purisha vega dharana. Purisha vega dharan results in agni vadha which can be considered as a hetu here.

Control of Mutra urge was observed in 21.55% i.e., 39 cases and in 10.50% i.e., 19 controls.

39 cases were having the habit of mutra vega dhanrana and suffered from agni dushti. Agnivadha is an effect of mutravega dharana as per samhitas.

Control of Kshavathu urge was observed in 3.31% in 6 cases and in 0.55% in 1 control.

This data of kshavathu vegadharana is insufficient to draw any conclusion.

Control of Kshudha urge was observed in 8.29% i.e.,15 cases and in 8.29% i.e.,15 controls

15 cases had the habit ogf holding the kshudha vega.

Control of Trushna urge was observed in 2.21% i.e.,4 cases and in 5.52% i.e.,10 controls.

Control of Nidra urge was observed in 8.29% i.e.,15 cases in 7.73% i.e.,14 controls.

Control of Kasa urge was observed in 0.55% i.e.,1 case in 1.66% i.e.,3controls.

This data of kasa vegadharana is insufficient to draw any conclusion.

Control of Shramashwas urge was observed in 2.21% i.e.,4 cases in 2.21% i.e.,4 controls.

This data of shramashwasa vegadharana is insufficient to draw any conclusion.

Control of Jrumbha urge was observed in 5.52% i.e.,10 cases in 2.21% 4 controls.

Data of Jhrumbha vegadharana is insufficient to draw any conclusion.

Control of Ashru urge was observed in 3.87% i.e.,7 cases in 0% in 0 controls.
Data is unavailable for ashru vega dharana, chardi vega dharana and shukra vega dharana.
Control of Chardi urge was observed in 1.66% i.e.,3 cases in 0% in 0 controls.
Control of Retas urge was observed in 1.10% i.e.,2 cases in 0% controls.
No control of natural physical urges was observed in 12.15% i.e.,22 cases and 60.22% i.e.,109 controls.

Holding of physical natural urges was not found in 22 cases and 109 controls.

Discussion Table no.23 and Graph no.23

Equivalent Cases and Controls (n =181) were Analysed and following are the Results –
Intake of Tea was observed in 89.50 % i.e., 162 cases and in 81.22 % i.e., 147 controls.

Intake of Coffee was observed in 54.14 % i.e., 98 cases and in 34.25 % i.e., 62 controls.

Intake of Green tea was observed in 0.55% i.e., 1 case and in 0.55 % i.e., 1 control.

Intake of hot beverages is a daily routine nowadays in peoples' lives. Since the users in cases and controls are more or less same, it cannot be considered as hetu here. If the quantity and frequency of tea or coffee is more then it leads to agnimandya and pitta aggravation.

Statistical evaluation Table no.24 and Graph no.24–

Odds ratio - 1.3943
Value of significance P - 0.1429
Confidence interval - 0.8938 - 2.1751
Chi - square value (with Yates's correction) - 1.8352
P value in chi square - 0.17551

When data was analysed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) is 1.8352 and p value is 0.17551. As p value is greater than 0.05. ($P > 0.05$) hence we accept the null hypothesis of no difference by rejecting the alternative hypothesis. There is no difference in observations of the

etiological factor ‘Milk Intake’ in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion Table no.24 and Graph no.24

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -

Milk Intake was observed in 71.82% i.e. 130 Cases and 64.64% i.e. 117 Controls.

Milk Intake was not observed in 28.18% i.e. 51 Cases and 35.36% i.e. 64 Controls.

Percentage of milk intake amongst cases and controls is same, so it cannot be considered as a hetu here.

Discussion Table no. 25 and Graph no.25

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -

Cow’s milk Intake was observed in 21.55% i.e., 39 Cases and 18.23% i.e., 33 Controls.

Buffalo’s Milk Intake was observed in 50.28% i.e., 91 Cases and 46.41% i.e., 84 Controls.

No milk intake was observed in 28.18% i.e., 51 Cases and 35.36% i.e., 64 Controls.

The cases and controls of cow and buffalo milk users are almost same. Buffalo milk is guru and creates agnimandya. Data for this theory was not found in the current research work. Milk also has a purgative action. Diarrhoea dominant cases of IBS are maximum in this research work. Milk can be a factor for diarrhoea for these cases.

Statistical evaluation Table no. 26 and Graph no. 26 –

Odds ratio – 0.6207

Value of significance P - 0.1731

Confidence interval – 0.3126 – 1.2326

Chi - square value (with Yates’s correction) – 1.4407

P value in chi square – 0.230025

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) 1.4407 is and p value is 0.230025 which is greater than 0.05. As p value is greater than 0.05. (P > 0.05) hence we accept the null hypothesis of no difference by rejecting alternative hypotheses. There is no difference in observations of the etiological factor 'Having breakfast' in cases and controls. As the observed percentage is same in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion Table no. 26 and Graph no. 26

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Having breakfast observed in 87.29% i.e., 158 Cases and in 91.71%i.e., 166 Controls.

Not having breakfast was observed in 12.71% i.e., 23 Cases and in 8.29% i.e., 15 Controls.

158 cases and 166 controls had regular breakfast. Since, the percentage is same it cannot be considered as an etiological factor for IBS.

Statistical evaluation Table no. 27 and Graph no. 27 –

Odds ratio - 0.5997

Value of significance P - 0.0248

Confidence interval – 0.3837 – 0.9373

Chi - square value (with Yates's correction) – 4.5795

P value in chi square – 0.032356

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) 4.5795 is and p value is 0.032356 which is less than 0.05. As p value is less than 0.05. (P < 0.05) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Whether hungry at breakfast time' in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion: Table no. 27 and Graph no. 27

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Hungry at breakfast time was observed in 62.43% i.e., 113 Cases and in 73.48 %i.e., 133 Controls.

Not hungry at breakfast time was observed in 37.57% i.e., 68 Cases and in 26.52% i.e., 48 Controls.

Number of cases and controls hungry at breakfast time is almost same. But, 68 cases are not feeling hungry and 48 controls do not feel hungry at breakfast time. There is a difference in this data, hence a person when not hungry, should not consume breakfast just because it is the time for breakfast. Hence, this a hetu for agni dushti. Kshudha is a natural vega. One must indulge in eating when there are real hunger pangs or kshudha vega.

Discussion Table no. 28 and Graph no. 28

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -
Fried items were observed in 18.78% i.e., 34 Cases and in 29.28% i.e., 53 Controls.
Fried foods are guru, heavy to digest which causes more agni dushti in cases. This should be advised to avoid by the cases.
Junk items was observed in 39.77 % i.e., 72 Cases and in 25.41% i.e., 46 Controls.
Junk foods have very low nutritive value. 72 cases consumed junk food even though having IBS. It should be asked to avoid by all cases.
Indian snack items were observed in 87.29 % i.e., 158 Cases and in 67.40% i.e., 122 Controls.

Indian snacks included poha, upma, paratha, dosa, idli, uttapa. Since all these items are also guru in nature, they must be replaced by food items light for digestion viz. mudga yusha, mung dosa etc.

122 controls indulge in eating Indian snacks, but they are not suffering from IBS.
Chapati and chatuny items was observed in 0.55% i.e., 1 Cases and in 0.00%i.e., 0 Controls.
No significant data is observed here

Cup tea items was observed in 0.55%i.e., 1 Cases and in 0 % i.e., 0 Controls.
Honey and water/toast and tea items was observed in 0.55% i.e., 1 Cases and in 0% i.e., 0 Controls.
No significant data is observed here
Smoothies was observed in 0.55% i.e., 1 Cases and in 0 %i.e., 0 Controls.
No significant data is observed here

Statistical evaluation table no. 29 and Graph no. 29

Odds ratio – 0.2763
Value of significance P - 0.0002
Confidence interval – 0.1389 – 0.5499
Chi - square value (with Yates's correction) – 13.5954
P value in chi square – 0.000227

When data was analysed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) 13.5954 is and p value is 0.000227 which is less than 0.05. As p value is less than 0.05. ($P < 0.05$) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Hungry at Lunch Time' in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion: table no. 29 and Graph no. 29

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -
Hungry at lunch time was observed in 79.56% i.e., 144 Cases and in 93.37%i.e., 169 Controls.
Hunger at lunch time is a normal phenomenon .and observed in 144 cases and 169 controls.
Not hungry at lunch time was observed in 20.44%i.e., 37 Cases and in 6.63%i.e., 12 Controls.
37 cases and 12 controls were not feeling hungry at lunch time, but consuming lunch. Hunger (kshudha) is a natural physical urge. One must eat when hungry and not because it is the time to eat. Eating when not hungry causes agni dushti, resulting in IBS and many other complaints.

Discussion: Table no. 30 and Graph no. 30

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Chapati sabji dal rice items were observed in 57.46%i.e., 104 Cases and in 56.91%i.e., 103 Controls.

A routine indian diet was followed by 104 cases and 103 controls. The cases and controls are showing equal numbers; hence the data is non conclusive.

Chapati sabji items were observed in 24.86% i.e., 45 Cases and in 23.76%i.e., 43 Controls.

45 cases and 43 controls were observing Chapati bhaji. Since, this data is showing equal number of cases and controls the data is non conclusive

Dal rice items were observed in 10.50% i.e., 19 Cases and in 10.50%i.e., 19 Controls.

19 cases and 19 controls were observing Chapati bhaji. Since, this data is showing equal number of cases and controls the data is non conclusive

Dal chapati items were observed in 1.10%i.e., 2 Cases and in 0.55%i.e., 1 Controls.

Dal chapatti eaters is very less and non-significant.

Khichadi/rice/curd rice items were observed in 1.66%i.e., 3 Cases and in 3.87%i.e., 7 Controls.

Khichadi and curd rice were observed in 3 cases and 7 controls. The data is insufficient and hence, non-conclusive.

Bhakri sabji items was observed in 2.76%i.e., 5 Cases and in 3.31% i.e., 6 Controls.

Bhakri sabji items were observed in 5 cases and 6 controls. Data is insufficient to conclude.

Junk food items was observed in 1.66% i.e., 3 Cases and in 1.10%i.e., 2 Controls.

Junk food items were in the lunch item of 3 cases and 2 controls. Hence, data being insufficient, it is non conclusive.

Statistical evaluation Table no. 31 and graph no. 31

Odds ratio - 0.3907

Value of significance P -0.0044

Confidence interval - 0.2046 - 0.7460

Chi - square value (with Yates's correction) - 7.6474

P value in chi square - 0.005685

When data was analyzed with a chi squared test at 95 % confidence, calculated Value of Chi square (with Yates's correction) is 7.6474 and p value is 0.005685, which is less than 0.05. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor Hungry at Dinner Time in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study

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Discussion Table no. 31 and graph no. 31

Hungry at dinner time was observed in 81.22%i.e., 147 Cases and in 91.71%i.e., 166 Controls.

Not hungry at dinner time was observed in 18.78%i.e., 34 Cases and in 8.29%i.e., 15 Controls.

147 cases and 166 controls were feeling hungry at dinner time. 34 cases and 15 controls were not feeling hungry at dinner time, but still ate meals. The number of cases is more in number and percentage than the controls this point is considered as an etiological factor for agnidushti and IBS.

Discussion table no. 32 and Graph no. 32

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Chapati sabji dal rice items were observed in 67.96%i.e., 123 Cases and in 54.70%i.e., 99 Controls.

A routine indian diet were followed by 123 cases and 99 controls. The cases and controls are showing equal numbers; hence the data is non conclusive.

Chapati sabji items were observed in 11.60%i.e., 21 Cases and in 24.86%i.e., 45 Controls.

21 cases and 45 controls were observing Chapati bhaji. Since, this data is showing equal number of cases and controls the data is non conclusive

Dal rice items were observed in 11.60%i.e., 21 Cases and in 11.05%i.e., 20 Controls.

21 cases and 20 controls were observing Chapati bhaji. Since, this data is showing equal number of cases and controls the data is non conclusive

Dal chapati items were observed in 1.10%i.e., 2 Cases and in 0.55%i.e., 1 Controls.

Dal chapati eaters are very less and data was non significant

Khichadi/rice/curd rice items were observed in 2.76%i.e., 5 Cases and in 8.84%i.e., 16 Controls.

Khichadi and curd rice were observed in 5 cases and 16 controls. The data is insufficient and hence, non conclusive.

Bhakri sabji items was observed in 1.10% i.e., 2 Cases and in 0.00%i.e., 0 Controls.

Bhakri sabji items were observed in 2 cases and 0 controls. Data is insufficient to conclude

Junk food items was observed in 3.87% i.e., 7 Cases and in 0% i.e., 0 Controls.

Junk food items were in the lunch item of 7 cases and 0 controls. Hence, data being insufficient, it is non conclusive.

Statistical evaluation –Table no.33 and graph no.33

Odds ratio -0.4944
Value of significance P - 0.41031
Confidence interval - 0.0894 - 2.733
Chi - square value (with Yates's correction) - 0.1695
P value in chi square - 0.680578

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) is 0.1695 and p value is 0.680578. As p value is greater than 0.05.($p > 0.05$) hence we accept the null hypothesis of no difference by rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Intake of Water When Thirsty' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion: Table no. 33 and Graph no. 33

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -
Intake of water when not thirsty was observed in 97.79% i.e., 177 Cases and in 98.90% i.e., 179 Controls.
Intake of water when not thirsty was not observed in 2.21% i.e., 4 Cases and in 1.10% i.e., 2 Controls.
Data of drinking water when not thirsty is insufficient, hence, it is non conclusive. Intake of water by 177 cases and 179 cases were found when thirsty. since, the cases and controls are almost equal, this data in not significant.

Statistical evaluation Table no. 34 and Graph no. 34

Odds ratio - 2.1456
Value of significance P - 0.0004
Confidence interval - 1.4091 - 3.2670
Chi - square value (with Yates's correction) - 12.0778
P value in chi square - 0.00051

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) is 12.0778 and p value is 0.00051, which is less than 0.05. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor Intake of Water When Not Thirsty in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 34 and Graph no. 34

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Intake of water when not thirsty was observed in 62.43%i.e., 113 Cases and in 43.65% i.e., 79 Controls.

113 cases and 79 controls drank water when not thirsty. Observed percentage is more in cases than controls. Hence, this proves that drinking water when not thirsty is an etiological factor of agni dushti. In the Ayurvedic classics trushna (thirst) is a natural physical urge. Unless this urge of drinking water is present one must not drink water. This urge will vary as per season, and physical activity. Unnecessarily drinking water causes agnimandya and is a hetu of atisara and ajirna which gives rise to grahani.

Intake of water when not thirsty was not observed in 37.57%i.e., 68 Cases and in 56.35% i.e., 102 Controls.

68 cases and 102 controls were not observed of drinking water when not thirsty.

Statistical evaluation Table no. 35 and Graph no. 35–

Odds ratio - 5.0742

Value of significance P - < 0.0001

Confidence interval - 2.8588 - 9.0065

Chi - square value (with Yates's correction) - 33.0782

P value in chi square - < 0.00001

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) is 33.0782 and p value is < 0.00001, which is less than 0.05. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor Intake of Water before Meals in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 35 and Graph no. 35

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Intake of water before meal was observed in 90.06% i.e., 163 Cases and in 64.09%i.e., 116 Controls.

163 cases and 116 controls had the habit of drinking water before meals. In the Ayurvedic classics drinking water before meals is a hetu of agnimandya. Observed percentage is more in cases and since it supports the Ayurvedic theory it is considered as an etiological factor of agnidushti and IBS.

Intake of water before meal was not observed in 9.94%i.e., 18 Cases and in 35.91%i.e., 65 Controls.

Drinking of water before meals was seen in 18 cases and 65 controls.

Statistical evaluation Table no. 36 and Graph no. 36

Odds ratio - 1.6136
Value of significance P - 0.0394
Confidence interval - 1.0236 - 2.543
Chi - square value (with Yates's correction) - 3.8137
P value in chi square - 0.050834

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) is 3.8137 and p value is 0.050834. As p value is greater than 0.05.($p > 0.05$) hence we accept the null hypothesis of no difference by rejecting the alternative hypothesis. There is no difference in observations of the etiological factor in cases and controls. As the observed percentage is similar in Intake of water during the meals in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion Table no. 36 and Graph no. 36

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Intake of water during meal was observed in 75.14% i.e., 136 Cases and in 65.19% i.e., 118 Controls.

Intake of water during meals is healthy habit as per Ayurved. It helps in the digestion process. As it observed in similar number of cases and controls it cannot be considered as a hetu for disease.

Intake of water during meal was not observed in 24.86% i.e., 45 Cases and in 34.81% i.e.,63 Controls.

Drinking water during meals was not seen in 45 cases and 63 controls.

Statistical evaluation Table no. 37 and Graph no. 37

Odds ratio - 6.7158
Value of significance P - < 0.0001
Confidence interval - 4.2006 - 10.7370
Chi - square value (with Yates's correction) -67.0048
P value in chi square - < 0.00001

When data was analyzed with a chi squared test. At 95 % confidence calculated value of Chi square (with Yates's correction) is 67.0048 and p value is < 0.00001, which is less than 0.05. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor Intake of Water after Meals in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 37 and Graph no. 37

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Intake of water after meal was observed in 79.01% i.e., 143 Cases and in 35.91% i.e., 65 Controls.

143 cases and 65 controls drank water after meals. Drinking water immediately after meals increases kapha and disturbs the digestive process. It delays the digestion and gives rise to ama. In this research work this is causative factor for agnidushti.

Intake of water after meal was not observed in 20.99% i.e., 38 Cases and in 64.09% i.e., 116 Controls.

Discussion : Table no. 38 and Graph no. 38

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Intake of cold type of water was observed in 7.18% i.e.,13 Cases and in 4.97% i.e.,9 Controls.

Intake of hot type of water was observed in 0.00% i.e.,0 Cases and in 0.55% i.e.,1 Controls.

Intake of warm type of water was observed in 3.87%i.e.,7 Cases and in 6.08%i.e.,11 Controls.

Intake of cold, hot and warm a water was observed in very low percentage of cases and controls, hence the data is non conclusive.

Intake of boiled and cooled type of water was observed in 13.81%i.e.,25 Cases and in 19.89%i.e.,36 Controls.

25 cases and 36 controls ahd the habit of drinking boiled and cooled water. This is termed as kwathita shita jala. Ashtanghridaya describes the property of this water as anabhishyandi, laghu and it pacifies pitta and piitakapha or pittavata dosha dushti.

Intake of room temperature type of water was observed in 75.14%i.e.,136 Cases and in 68.51%i.e.,124 Controls.

Room temperature water aws consumed by 136 cases and 124 controls and there is no difference beteween the percentage of cases and controls , this data was non conclusive.

Statistical evaluation –Table no. 39 and Graph no. 39

Odds ratio - 2.5553
Value of significance P - 0.0004
Confidence interval - 1.5248 - 4.2821
Chi - square value (with Yates's correction) - 12.2558
P value in chi square - 0.000464

When data was analyzed with a chi squared test. At 95 % confidence calculated Value of Chi square (with Yates's correction) is 12.2558 and p value is 0.000464, which is less than 0.05. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference by accepting alternative hypotheses. There is a difference in observations of the etiological factor Intake of Other Liquids / Fluids- Aerated Drinks in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 39 and Graph no. 39

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Intake of other liquid/fluids- arreated drinks was observed in 30.94%i.e., 56 Cases and in 14.92%i.e., 27 Controls.

Intake of arreated drinks was more in cases than controls. Arreated drinks contain kshar, which is not to be consumed frequently. It aggravates vata and pitta and causes agnidushti. Kshar have ushna and tikshna property. It causes vikriti in kesha (hair), akshi (eyes), hridaya (heart) and leads to impotency. The percentage of intake is more in cases than controls and hence, it is considered as an etiological factor here.

Intake of other liquid/fluids- arreated drinks was not observed in 69.06%i.e., 125 Cases and in 85.08%i.e., 154 Controls.

Arreated drinks consumption was not seen in 125 cases and 154 controls. Since, the percentage of not consuming arreated drinks is more in controls; they are not affected by agnidushti due to arreated drinks.

Statistical evaluation Table no. 40 and Graph no. 40

Odds ratio -1.4194
Value of significance P - 0.1187
Confidence interval - 0.9142 - 2.2037
Chi - square value (with Yates's correction) - 2.1067
P value in chi square -0.146657

When data was analyzed with a chi squared test. At 95 % confidence calculated value of Chi square (with Yates's correction) is 2.1067 and p value is 0.146657. As p value is greater than 0.05.($p > 0.05$) hence we accept the null hypothesis of no difference by rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Intake of Other Liquids/Fluids- Fruit juices' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion: Table no. 40 and Graph no. 40

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -

Intake of other liquid/fluids- fruit juices was observed in 37.02%i.e., 67 Cases and in 29.28% i.e., 53 Controls.

67 cases and 53 controls had the habit of drinking other liquids or fruit juices. The percentage is almost same in cases and controls, data is non conclusive.

Intake of other liquid/fluids- fruit juices was not observed in 62.98%i.e., 114 Cases and in 70.72%i.e., 128 Controls.

114 cases and 128 controls did not drink fruit juices. This percentage was also equal; hence the data is non conclusive.

Statistical evaluation Table no. 41 and Graph no. 41

Odds ratio -1.4808
Value of significance P - 0.0687
Confidence interval - 0.9703 - 2.2599
Chi - square value (with Yates's correction) - 2.9452
P value in chi square -0.086131

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 2.9452 and p value is 0.086131. As p value is greater than 0.05. ($P > 0.05$) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Intake of Other Liquids/Fluids- Sharbat' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion Table no. 41 and Graph no. 41

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -

Intake of Other Liquids/Fluids-Sharbatwas observed in 64.64 % i.e.,117 cases and in 55.25 % i.e., 100 controls.

There is no difference between cases and controls, hence this is a non conclusive data and it cannot be considered as a hetu.

No Intake of Other Liquids/Fluids- Sharbatwas observed in 35.36% i.e.,64 cases and in 44.75 % i.e.,81 controls.

64 cases and 81 controls did not consume ant sharbat or other liquids.

Statistical evaluation Table no. 42 and Graph no. 42

Odds ratio – 4.6831
Value of significance P - 0.0504
Confidence interval –0.9975 – 21.9858
Chi - square value (with Yates's correction) –3.3753
P value in chi square – 0.066181

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 3.3753 and p value is 0.066181. As p value is greater than 0.05. (P > 0.05) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Addictions- Alcohol' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study. But the data is insufficient to reach up to any conclusion.

Discussion Table no. 42 and Graph no. 42

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Addictions of Alcohol was observed in 4.97% i.e., 9 cases and in 1.10% i.e.,2 controls.

No Addictions Alcoholwas observed in 95.03% i.e.,172 cases and in 98.90% i.e.,179 controls.

As the observed percentage is similar in cases and controls it cannot be considered as a hetu here.

Statistical evaluation table no. 43 and graph no. 43

Odds ratio – 4.9741

Value of significance P - 0.0129

Confidence interval –1.4043 – 17.6186

Chi - square value (with Yates's correction) –6.1722

P value in chi square –0.012977

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 6.1722 and p value is 0.012977, which is less than 0.05. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference. By accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Addictions- Tobacco Smoking' in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study. But the data is insufficient to reach up to any conclusion.

Discussion table no. 43 and graph no. 43

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Addictions- Tobacco Smokingwas observed in 7.73% i.e., 14 cases and in 1.66% i.e.,3 controls.

There is a difference in percentage in the tobacco smokers in cases and controls. Hence, it is an etiological factor for agnimandya. Tobacco smoking relieves a person of constipation. Many people who are tobacco smokers they have this habit

No Addictions- Tobacco Smokingwas observed in 92.27% i.e.,167 cases and in 98.34% i.e.,178 controls.

Statistical evaluation Table no. 44 and Graph no. 44

Odds ratio – 3.0394

Value of significance P - 0.0006

Confidence interval –1.6087 – 5.7426

Chi - square value (with Yates's correction) –11.5138

P value in chi square –0.000691

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 11.5138 and p value is 0.000691, which is less than 0.05. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference. By accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Addictions- Tobacco Chewing'in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 44 and Graph no. 44

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -

Addictions- Tobacco Chewingwas observed in 21.55 % i.e., 39 cases and in 8.29 % i.e., 15 controls.

Cases of tobacco chewing are found more than the controls. Tobacco chewing relieves constipation. But, simultaneous because of its tikta and katu rasa, ushna virya and ruksha guna it aggravates vata. Agni dushti is seen in tobacco chewers. Hence, tobacco chewing is considered as a hetu here.

No Addictions- Tobacco Chewing was observed in 78.45% i.e., 142 cases and in 91.71 % i.e., 166 controls.

Discussion table no. 45 and Graph no. 45

Equivalent Cases and Controls (n =181) were Analysed and following observations are noted –

Madhur intake of food was observed in 85.64% i.e., 155cases and 72.38% i.e., 131 controls.

Madhura rasa causes agnimandya. It is guru i.e., heavy to digest. 155 cases ate madhura rasa as compared to 131 controls. Hence, madhura rasa is one of the hetus of agnidushti here.

Amla intake of food was observed in 22.65% i.e., 41cases and 60.22% i.e., 109 controls.

41 cases and 109 controls ate amla rasa. Amla rasa is agni dipana. It was beneficial in controls and 41 cases.

Lavan intake of food was observed in 23.20% i.e., 42cases and 69.61% i.e., 126 controls.

42 cases and 126 controls ate more lavana rasa. Lavana rasa is also agnikrut. It enhances the digestive fire.

Tikta intake of food was observed in 6.63 % i.e., 12cases and 12.15% i.e., 22controls.

Very less cases and controls were found to have intake of tikta rasa. The data is very less to conclude the etiological role of tikta rasa.

Katu intake of food was observed in 41.44% i.e., 75cases and 83.98% i.e., 152 controls.

75 cases and 152 controls are fond of eating katu rasa items. Katu rasa is dipana and pachana. The data reveals that in cases no etiological importance can be given to katu rasa.

Kashaya intake of food was observed in 1.66% i.e., 3cases and 1.10% i.e., 2controls.

Data is very less to conclude any statement about kashaya rasa in this study.

Statistical evaluation table no. 46 and Graph no. 46

Odds ratio -2.4994
Value of significance P - 0.0916
Confidence interval - 0.8621 - 7.2463
Chi - square value (with Yates's correction) - 2.222
P value in chi square -0.136057

When data was analysed with the chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 2.222 and p value is 0.136057. As p value is greater than 0.05. ($P > 0.05$) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Intake of oils' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion table no. 46 and Graph no. 46

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -

Intake of Oilwas observed in 97.24% i.e., 176cases and in 93.37% i.e., 169 controls.

There is no difference in the cases and controls in the intake of oils. Hence, it cannot be considered as an etiological factor.

No Intake of Oil was observed in 2.76 % i.e., 5 cases and in 6.63% i.e., 12 controls.

Discussion table no. 47 and Graph no. 47

Equivalent Cases and Controls (n =181) were Analysed and following are the Results:

Groundnut oil intake was observed in 27.84% i.e., 49 cases and 13.60% i.e.,23 controls.

Groundnut oil was used more by cases than controls. It is ushna, guru and snigdha guna. Essential amount of oil is necessary for cooking and maintain snigha property in the body.

Palm oil intake was observed in 13.06% i.e., 23 cases and 0% i.e., 0 controls.

Palm oil was used more by cases than controls. It is ushna and snigdha guna. Essential amount of oil is necessary for cooking and maintain snigha property in the body.

Sunflower oil intake was observed in 52.84% i.e., 93cases and 40.23% i.e., 68 controls.

Sunflower oil was used more by cases than controls. It is ushna and snigdha guna. It aggravates pitta to a certain extent. Essential amount of oil is necessary for cooking and maintain snigha property in the body.

Olive oil intake was observed in 1.70% i.e., 3cases and 1.18% i.e., 2 controls.

Very less cases and controls consumed olive oil. It has omega three fatty acids which are good for health.

Seasame oil intake was observed in 0.56% i.e., 1cases and 0.59% i.e., 1 control.

Almost nil users were found of sesame oil. Sesame oil was used for cooking in the olden days. Ayurved classics have mentioned sesame oil as ushna, snigdha, vata, kapha

pacifying. Sesame oil is used for all external purposes. Viz. Abhyanga, gandusha, basti etc.

Safflower oil intake was observed in 0.56 % i.e.,1cases and 0% i.e., 0 controls.

There were almost no users of safflower oil.

Soyabean oil intake was observed in4.54 % i.e., 8 cases and 44.37% i.e.,75controls.

Soyabean oil users were more in controls than cases.

Ricebran oil intake was observed in 1.70% i.e., 3 cases and 7.1 % i.e.,12 controls.

Ricebran oil was observed in few cases and controls.

Oils are essential part of cooking. In general, all oils are ushna, snigdha and vata-kapha pacifying. As per the geographical region oil is used for cooking in various places. Basically, groundnut was used in middle India, coconut was used in south India and mustard oil was used for cooking in north India previously. Now, because of availability of various other oils, it is the choice and affordability of people which oil is to be used for cooking.

Statistical evaluation Table no. 48 and graph no. 48

Odds ratio - 0.6782
Value of significance P - 0.0792
Confidence interval - 0.4396 - 1.0463
Chi - square value (with Yates's correction) - 2.7194
P value in chi square - 0.099138

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 2.7194 and p value is 0.099138. As p value is greater than 0.05. ($P > 0.05$) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Intake of ghee' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion Table no. 48 and graph no. 48

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -

Intake of Ghee was observed in 60.22 % i.e.,109cases and in 69.06% i.e., 125 controls.

There is almost no difference in the intake of ghee by the cases and controls. Hence, it cannot be considered as a hetu.

No Intake of Ghee was observed in 39.78% i.e., 72cases and in 30.94% i.e., 56 controls.

Ghee, especially cow ghee is advocated by Ayurved classic to be used in cooking and eating on daily basis. Ghee is vata pitta pacifying. By sanskar it also pacifies kapha in the body. Cow ghee enhances memory, intellect. It is good for the eyes; skin and it lubricates the body and reduces ruksha guna.

Statistical evaluation Table no. 49 and Graph no. 49

Odds ratio -5.0017
Value of significance P - 0.0001
Confidence interval - 2.2453 - 11.1421
Chi - square value (with Yates's correction) -16.8341
P value in chi square -0.000041

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 16.8341 and p value is 0.000041. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference. By accepting alternative hypotheses. There is a difference in observations of the etiological factor Viruddha Anna Sevan in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 49 and Graph no. 49

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Viruddha Anna Sevan was observed in 95.58 % i.e., 173 cases and in 81.22% i.e., 147 controls.

Since the number of cases are more than controls in viruddha anna sevan, it can be considered as an etiological factor. Viruddha anna aggravates the doshas, but does not eliminate them from the body. The ill effects of viruddha anna have been described in

the Ayurved classics. One them is grahani. Hence, it proves by the collected data, that it is an etiological factor of grahani.

No Viruddha Anna Sevan was observed in 4.42% i.e., 8 cases and in 18.78% i.e., 34 controls.

Statistical evaluation table no. 50 and Graph no. 50

Odds ratio - 3.8893
Value of significance P - < 0.0001
Confidence interval - 2.5125 - 6.0207
Chi - square value (with Yates's correction) -37.2851
P value in chi square - < 0.00001

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 37.2851 and p value is < 0.00001. As p value is less than 0.05 ($p < 0.05$) hence we reject the null hypothesis of no difference. By accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Intake of stale Food - Paryushita Anna' in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion table no. 50 and Graph no. 50

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Intake of stale Food - Paryushita Annawas observed in 69.06 % i.e., 125 cases and in 36.46% i.e. 66 controls.

The cases are more than controls for the use of stale food in their diet. Hence, statistically it can be considered as an etiological factor. Stale food is food kept overnight after cooking. Now adays refrigerator is used to keep leftover cooked food. It is eaten after 24 hours or even more by heating it again. Heating the food again after cooking is a type of viruddha anna. Stale food aggravates the doshas as per the property of the food items. It weakens the digestion, causes agnidushti.

No Intake of stale Food - Paryushita Annawas observed in 30.94% i.e.,56 cases and in 63.54% i.e., 115 controls.

Statistical evaluation Table no. 51 and Graph no. 51

Odds ratio - 1.8312

Value of significance P - 0.0518

Confidence interval - 0.9953 - 3.3691

Chi - square value (with Yates's correction) - 3.2866

P value in chi square - 0.06985

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 3.2866 and p value is 0.06985. As p value is greater than 0.05. (P > 0.05) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Vihara - Contact with Fan' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion Table no. 51 and Graph no. 51

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Vihara - Contact with Fan was observed in 89.50% i.e., 162 cases and in 82.32% i.e., 149 controls. There is no difference between cases and controls and hence it cannot be considered as an etiological factor.

No Vihara - Contact with Fanwas observed in 10.50% i.e., 19cases and in 17.68% i.e., 32controls.

Statistical evaluation Table no. 52 and Graph no. 52

Statistical evaluation –

Odds ratio - 0.8498

Value of significance P - 0.4507

Confidence interval - 0.5567 - 1.2971

Chi - square value (with Yates's correction) - 0.4182

P value in chi square - 0.5178

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 0.4182 and p value is 0.5178. As p value is greater than 0.05. (P > 0.05) hence we accept the null hypothesis of no difference. By

rejecting the alternative hypothesis. There is no difference in observations of the etiological factor ‘Vihara - Contact with AC’ in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion Table no. 52 and Graph no. 52

Equivalent Cases and Controls (n =181) were Analysed and following are the Results:

Vihara - Contact with A.C was observed in 37.02% i.e., 67cases and in 40.88% i.e., 74 controls.

There is no difference between cases and controls and hence it cannot be considered as an etiological factor.

No Vihara - Contact with A.C was observed in 62.98% i.e.,114 cases and in 59.12% i.e., 107 controls.

Statistical evaluation table no. 53 and Graph no. 53

Odds ratio - 1.2612

Value of significance P - 0.282

Confidence interval - 0.8264 - 1.9248

Chi - square value (with Yates’s correction) - 0.9386

P value in chi square - 0.3326

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates’s correction) is 0.9386 and p value is 0.3326. As p value is greater than 0.05. (P > 0.05) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor ‘Vihara - Contact with Sunlight/ Fire’ in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion table no. 53 and Graph no. 53

Equivalent Cases and Controls (n =181) were Analysed and following are the Results - Vihara - Contact with Sunlight/ Firewas observed in 41.99% i.e., 76cases and in 36.46% i.e., 66 controls.

There is no difference between cases and controls and hence it cannot be considered as an etiological factor.

No Vihara - Contact with Sunlight/ Firewas observed in 58.01% i.e., 105 cases and in 63.54% i.e., 115 controls.

Statistical evaluation table no. and Graph no. 54

Odds ratio - 0.8941

Value of significance P - 0.597

Confidence interval - 0.5906 - 1.3537

Chi - square value (with Yates's correction) - 0.179

P value in chi square - 0.6722

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 0.179 and p value is 0.6722. As p value is greater than 0.05. ($P > 0.05$) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Vihara - Traveling' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion table no. and Graph no. 54

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results -

Vihara – Travelling was observed in 54.14% i.e., 98cases and in 56.91 % i.e., 103 controls.

There is no difference between cases and controls and hence it cannot be considered as an etiological factor.

No Vihara – Travelling was observed in 45.86% i.e., 83 cases and in 43.09% i.e., 78 controls.

Discussion Table no. 55 and Graph no. 55

Equivalent Cases and Controls (n =181) were Analysed and following are the Results -

Sedentary type of work was observed in 23.20% i.e.,42 cases and 22.65% i.e.,41 controls.

Sedentary work style aggravates kapha and causes agni mandya. Here cases and controls are in equal numbers.

Physical Exertion type of work was observed in 6.63% i.e.,12cases and 32.60% i.e.,59 controls.

Physical exertion was seen in very less cases than controls.

Mental Exertion type of work was observed in 14.92% i.e.,27 cases and 12.71% i.e., 23 controls.

Mental exertion was more in cases than controls.

Sedentary and Mental Exertion type of work was observed in 32.60% i.e., 59 cases and 14.92% i.e.,27 controls.

Sedentary and mental exertion was observed more in cases than controls.

Physical and Mental Exertion type of work was observed in 22.65% i.e.,41 cases and 17.13% i.e.,31controls.

Physical and mental exertion type was observed more in cases than controls.

In general, mental exertion causes fatigue, rasa kshaya, and vata aggravation. It may lead to agni dushti, if food is improper. i.e. guru, ushna, tikshna etc.

Statistical evaluation Table NO. 56 and graph no. 56

Odds ratio - 4.8605

Value of significance P - < 0.0001

Confidence interval - 2.8666 - 8.2414

Chi - square value (with Yates's correction) - 36.3931

P value in chi square - < 0.00001

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 36.3931 and p value is< 0.00001, which is less than 0.05. As p value is less than 0.05. (P< 0.05) hence we reject the null hypothesis of no difference. By accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Mental Health - Stress -Chinta at work place' in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 56 and graph no. 56

Equivalent Cases and Controls (n =181) were Analysed and following are the Results:

Stress -Chinta at work place was observed in 87.29% i.e., 158 Cases and in 58.56 % i.e., 106 controls.

As the observed percentage os stress at work place is more in cases than in controls, it can be considered as an etiological factor for agnidushti and IBS. As per Ayurvedic classics stress or chinta is said to be a vitiating factor of the rasavahasrotas. It leads to ashraddha (no desire to eat), aruchi (no taste), asyavairasya (change in the taste), arasadnyata (cannot identify the taste) for food. It also has many other ill effects on the body.

Stress -Chinta at work place was not observed in 12.71 % i.e., 23 cases and in 41.44 % i.e., 75 controls.

Statistical evaluation Table no. 57 and graph no. 57

Odds ratio - 1.9597
Value of significance P - 0.0043
Confidence interval - 1.2356 - 3.1082
Chi - square value (with Yates's correction) - 7.642
P value in chi square - 0.005702

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 7.642 and p value is

0.005702, which is less than 0.05. As p value is less than 0.05. (P < 0.05) hence we reject the null hypothesis of no difference. By accepting alternative hypotheses. There is a difference in observations of the etiological factor 'Stress -Chinta at home' in cases and controls. As the observed percentage is more in cases, it can be considered as an etiological factor in present study.

Discussion Table no. 57 and Graph no. 57

Equivalent Cases and Controls (n =181) were Analysed and following are the Results:

Stress -Chinta at home was observed in 77.35% i.e., 140 Cases and in 63.54% i.e., 115 controls.

The cases were found more than controls for this hetu; hence it is an etiological factor for agnidushti. There were many housewives enrolled in the study. As per Ayurvedic classics stress or chinta is said to be a vitiating factor of the rasavahasrotas. As explained in the previous table and graph it is affecting the agni and food intake of a person, thus resulting in amny diseases viz. IBS. As per Charakasamhita if Chinta (Stress) is associated with food intake results in indigestion

Stress -Chinta at home was not observed in 22.65% i.e., 41 cases and in 36.46 % i.e., 66 controls.

Statistical evaluation Table no. 58 and Graph no. 58

Odds ratio - 0.6782
Value of significance P – 0.0792
Confidence interval –0.4396 – 1.0463
Chi - square value (with Yates's correction) –2.7194
P value in chi square –0.099138

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 2.7194 and p value is 0.099138. As p value is greater than 0.05. (P > 0.05) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Control over Dharaniya Vega' in cases and controls. As the

observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study.

Discussion Table no. 58 and Graph no. 58

Equivalent Cases and Controls (n =181) were Analysed and following are the Results:

Control over Dharaniya Vegas was observed in 60.22 % i.e., 109 Cases and in 69.06 % i.e., 125 controls.

There is no difference in the collected data of control over dharaniya vegas in cases and controls, hence it cannot be an etiological factor.

No Control over Dharaniya Vegas was not observed in 39.78 % i.e., 72 cases and in 30.94 % i.e., 56 controls.

Discussion Table no. 59 and Graph no. 59

Equivalent Cases and Controls (n =181) were Analysed and following are the Results:

No control over Dharaniya Veg Anger was observed in 89.50 % i.e., 162 cases and in 59.12 % i.e 107 controls.

Anger was seen more in cases than controls. Anger leads to pitta vriddhi. It can lead to many pitta dominant diseases viz. Amlapitta, raktapitta etc.

No control over Dharaniya Veg Greed was observed in 0 % i.e., 0 cases and in 1.66 % i.e., 3 controls.

Cases were not found for this factor

No control over Dharaniya Veg Jealousy was observed in 0 % i.e., 0 cases and in 19.89 % i.e 36 controls.

Cases were not found for this factor, but there were 36 controls.

No control over Dharaniya Veg Lust was observed in 0 % i.e., 0 cases and in 0 % i.e., 0 controls.

Cases and controls were not found for this factor

No control over Dharaniya Veg Fear was observed in 7.18 % i.e., 13 cases and in 19.34 % i.e., 35 controls.

13 cases and 35 controls for fear were observed. Fear aggravates vata and disturbs the digestion. There can be bhayaja atisara as mentioned in the Ayurved Samhitas.

No control over Dharaniya Veg Grief was observed in 1.10 % i.e., 2 cases and in 0 % i.e., 0 controls.

2 cases suffering from grief were observed. Ayurved Samhita ahs classified Shokaja Atisara as a type of Atisara (loose motions)

Control over Dharaniya Vega was observed in 2.21 % i.e., 4 cases and 0 % i.e., 0 controls

In general, there has to be control over the dharaniya vegas by action, words and mind (kayika, vachika, and mansika) for a proper mental happiness and health.

Statistical evaluation no. 60

Odds ratio –0.3645
Value of significance P - 0.1408
Confidence interval –0.0951 – 1.3965
Chi - square value (with Yates's correction) –1.5001
P value in chi square - 0.22065

When data was analysed with a chi squared test. At 95 % confidence. Calculated Value of Chi square (with Yates's correction) is 1.5001 and p value is 0.22065. As p value is greater than 0.05. ($P > 0.05$) hence we accept the null hypothesis of no difference. By rejecting the alternative hypothesis. There is no difference in observations of the etiological factor 'Memory' in cases and controls. As the observed percentage is similar in cases and controls, it cannot be considered as an etiological factor in present study. But the data is insufficient to reach up to any conclusion.

Discussion Table no. 60 and Graph no. 60

Equivalent Cases and Controls (n =181) were Analysed and following are the Results:
Good memory was observed in 95.58 % i.e., 173 cases and in 0 % cases i.e., 178 controls.
There is no difference statistically in the data on cases and controls for this factor, hence poor or good memory cannot be considered as an etiological factor here.
Good memory was not observed in 4.42 % i.e., 8 cases and in 1.66 % i.e., 3 controls.

Discussion Table no. 61 and Graph no. 61

Equivalent Cases and Controls (n =181) were Analyzed and following are the Results:
Pravar Satva was observed in 1.10 % i.e 2 cases and in 7.73 % i.e 14 controls.
In today's era person of pravar satva is rare. Satva is the power of the mind. Highest power of mind denotes that a person is mentally very strong.

Avar Satva was observed in 9.94% i.e 18 cases and in 8.29 % i.e 15 controls.

In today's era person of avara satva are found. In this study the number is 18 in cases and 15 in controls. Satva is the power of the mind. Lowest power of mind is avara and it denotes that a person is mentally very weak.
Madhya Satva was observed in 88.95% i.e 161 cases and in 83.98 % i.e 152 controls.
In today's era person of Madhya satva are found more. In this study the number is 161 in cases and 152 in controls. Satva is the power of the mind. Madhya (not weak neither strong) power of mind is madhya and it denotes that a person is mentally not very weak, but not very strong. He or she stands in between the two.

Conclusion points (TABLE NO. 62 to TABLE NO. 67)–

Discussion: Table no. 62 and Graph no. 62

Equivalent Cases (n =181) were Analysed and following are the Results –

Vishamabhojan was observed in 14.36% i.e., 26 cases.

This was observed in maximum cases. Untimely intake of food is common phenomenon observed today. It leads to agni dushti and many gastro intestinal problems. One of them is IBS.

Vishama bhojan and ajirna bhojan was observed in 18.78% i.e., 34 cases.

Untimely intake and intake during indigestion is observed io toadys era. This collected data supports the theory that both vishamashana and ajirna bhojan are agni dushti kara hetus and they were found to be cause for IBS

Abhojan, Vishambhojan was observed in 1.66% i.e., 3 cases.

Abhojan leads to vata prakopa. 3 cases were observed for abhojan sometimes and visham bhojan sometimes. Both are agni dushtikara factors leading to IBS.

Atibhojan, Visham bhojanwas was observed in 2.21% i.e., 4 cases.

Atibhojan is dosha prakopaka factor. It aggravates vata, pitta and kapha as per the property of the food items. It leads to ajirna, visuchika, alasaka etc. this leads to atisara or chardi. Atisara turns into grahani.

Vishambhojan, Asatmyabhojan was observed in 7.18% i.e.,13 cases.

Untimely and unhabituated food intake causes agnivaishamya. It leads to many gastrointestinal disorders. Astamya bhojan is a common hetu amongst hostel students. As they are habituated for home food and not accustomed to mess food, they suffer from agnidushti and here starts the pathogenesis of grahani or IBS at a very young age. If not treated properly it leads to lifelong morbidity due to grahanidushti or IBS. Getting habituated (satmya) to mess food takes a long time in many individuals.

Gurubhojan, Ajirnabhojan was observed in 8.84% i.e., 16 cases.

Guru bhojan is heavy to digest food items. Continous intake of non vegetarian foods, milk and milk products, heavy carbohydrate intake viz. Wheat and oily food iems acn be categorised under guru property. Masha (black gram or urad) is guru and fermented items prepared from masha viz. idli, meduwada, uttapa can be considered guru and agnidushtikara if eaten very frequently. Even poha, sabudana khichadi, all types of

sweets prepared from milk, ghee and sugar, fried foods like batata wada, samosa are guru in nature. One must judge one's digestive capacity and then indulge in eating such foods. In 16 cases this was observed as a hetu along with ajirna bhojan for IBS. In the don'ts list of dietary items for IBS, these foods must be included and asked to avoid till the digestive capacity does not become strong with treatment.

Shita bhojan was observed in 3.31% i.e.,6 cases.

Shita bhojan causes delayed digestion. It is a pre cooked food eaten later after it cools down and also those food items whose property is shita. Viz. Ice creams or foods taken directly from the fridge like cold milk etc.

Ajirna bhojan was observed in 4.97% i.e., 9 cases.

Ajirna bhojan is eating during indigestion or before the previously eaten food is digested. It is responsible for agni dushti and IBS.

Ruksha bhojan was observed in 2.21% i.e., 4 cases. Ruksha bhojan is food which is roasted, dried, and free from oil and ghee. Many roasted foods are available over the counter nowadays. Too much intake of such foods aggravates vata

Vidahi, Guru bhojan was observed in 6.08% i.e., 11 cases.

Vidahi and guru food items are fried foods heavy to digest. Wada pav and samosa are examples of vidahi and guru foods. It is observed in 11 cases.

Guru bhojan, Ati bhojan was observed in 4.97% i.e., 9 cases. Heavy foods and in excess causes agnimandya and agni dushti. It is observed as hetu in 9 cases.

Atymabupana was observed in 9.94% i.e., 18 cases. Unnecessary intake of water, intake of water when not thirsty is a contributing factor for agnimandya. It was observed in 18 cases.

Chinta and other Manas factors was observed in 7.18% i.e., 13 cases. Chinta or stress ia an aggravating factor for rasavahasrotas. Other manas factors like anger, fear, and grief also contribute to indigestion. When rasavaha srotas is affected, it gives rise to many disorders like loss of desire to eat, tastelessness, change of taste, no taste at all.

Paryushit ahar was observed in 2.21% i.e.,4 cases. Paryushita ahara (stale food) delays the digestive process. Reults in agni vaishamya. Food item kept overnight after cooking is paryushita or stale. Due to refrigeration stale food intake has increased in all households. If this occurs frequently it disturbs the digestion and gives rise to conditions like IBS.

Both Aharaj and Manas hetu were observed in 6.08% i.e., 11 cases.

Faulty dietary habits as mentioned above and psychological causes together hamper the functioning of agni. It disturbs the alimentary canal and gives rise to gastrointestinal disorders like IBS.

Discussion: table no. 63 and Graph no. 63

Equivalent Cases (n =181) were Analysed and following are the Results –

Vatadosha was observed in 20.44% i.e.,30 Cases.

Vata dominant grahani.i. e vataja grahani (IBS) cases were 30 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Malavarodha or constipated dominant IBS Cases are mostly vata dominant.

Pitta dosha was observed in 23.76% i.e., 43 Cases.

Pitta dominant grahani i.e pittaja grahani cases (IBS) were 30 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Dravamalapravrutti or diarrhoea dominant cases can be categorized under pitta dominance.

Kapha dosha was observed in 4.42 % i.e., 8 Cases.

Kapha dominant grahani i.e kaphaja grahani (IBS) cases were 8 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Dravamalapravrutti or constipation dominant cases can be categorized under kapha dominance.

Vata, Pitta dosha was observed in 46.96 % i.e., 85 Cases.

Vata-Pitta dominant grahani i.e vata pittaja grahani (IBS) cases were 85 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Dravamalapravrutti (diarrhoea) and or Malavorodha (constipation) dominant cases can be categorized under kapha dominance.

Pitta, Kaphadosha was observed in 2.76% i.e., 5 Cases.

Pitta Kapha dominant grahani i.e pitta- kaphaja grahani (IBS) cases were 5 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Dravamalapravrutti or constipation dominant cases can be categorized under kapha dominance.

Vata, Kaphadosha was observed in 1.10% i.e., 2 Cases.

Vata- kapha dominant grahani i.e vata- kaphaja grahani (IBS) cases were 02 in number. The dominance is dependent on the hetus and symptoms observed in the cases. Dravamalapravrutti or constipation dominant cases can be categorized under kapha dominance.

Tridosha was observed in 0.55 % i.e., 1 Case. All the three doshas were found to be present in the case. It may be because of chronicity of the disease and hetus that all three doshas were found. Trodoshaja grahani was observed.

Discussion Table no. 64 and Graph no. 64

Equivalent Cases (n =181) were Analysed and following are the Results –

Ruksha guna was observed in 44.75% i.e., 81 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Vata aggravated by ruksha guna was observed in 81cases. Cases of malavarodha or constipated were found.

Laghuguna was observed in 1.66% i.e., 3 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Vata aggravated by laghu guna was observed in 3 cases.

Shitaguna was observed in 3.87% i.e., 7 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Vata aggravated by shita guna was observed in 81cases.

Drava guna was observed in 67.40% i.e., 122 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Pitta aggravated by drava guna was observed in 81cases. Maximum cases were having diarrhoea or dravamalapravrutti as a symptom.

Ushnaguna was observed in 7.73% i.e., 14 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Pitta aggravated by ushna guna was observed in 14 cases.

Tikshnaguna was observed in 2.21% i.e., 4 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Pitta aggravated by tikshna guna was observed in 81cases.

Amlaguna was observed in 0.55% i.e., 1 Case.

The dietary factors and symptoms in the patient contribute to this observation. Pitta aggravated by amla guna was observed in 01cases. Maximum cases were having diarrhoea or dravamalapravrutti as a symptom

Guru guna was observed in 5.52% i.e., 10 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Kapha aggravated by guru guna was observed in 81cases.

Snigdhaguna was observed in 1.10% i.e., 2 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Kapha aggravated by snigdha guna was observed in 81cases. Maximum cases were having diarrhoea or dravamalapravrutti as a symptom

Picchhila guna was observed in 0.55% i.e., 1 Cases.

The dietary factors and symptoms in the patient contribute to this observation. Pitta aggravated by picchila guna was observed in 81cases.

Discussion: table no. 65 and graph no. 65

Equivalent Cases (n =181) were Analysed and following are the Results –

Amashaya as adhisthana was observed in 3.87% i.e., 7 Cases.

7 Cases were showing symtoms related to amshaya. Heaviness in the stomach, stomach pain.

Grahani as adhisthana was observed in 43.65% i.e., 79 Cases.

In 79 cases grahani was the site of dosha manifestation. Sometimes drava mala, sometimes baddha mala pravrutti was observed

Amashaya and grahani as adhisthana was observed in 45.86% i.e., 83 Cases.

Amashaya and grahani dushti and related symptoms were seen in 83 cases. Dravamalpravrutti with slight pain in the abdomen was observed in these cases

Pakwashaya as adhisthana was observed in 4.97% i.e., 9 Cases.

Dravamalaprautti or constipation was seen in these cases

Amashaya and pakwashayawas observed in 0.55% i.e., 1 Case.

Pain in abdomen with badhha mala pravritti was seen in 1 case

Sarvadehawas observed in 1.10% i.e., 2 Cases.

Sarvadehika symptoms were seen in 2 cases. Hence, sarvadeha adhisthan of dosha is mentioned here.

Discussion: Table no. 66 and Graph no. no. 66

Equivalent Cases (n =181) were Analysed and following are the Results –

Sama dosha was observed in 95.03% i.e., 172 Cases.

Sama dosha is a condition where dosha is with ama. Ama is a toxin in the body. Based upon the mushy or dravamalapravritti, appetite, and other symptoms sama dosha is identified. When the mala is floating in the water it is sama mala. When the tongue is coated, it is sama mala.

Nirama dosha was observed in 4.97% i.e., 9 Cases.

These cases did not show ama dosha. Mala pravrutii and other symtoms were of nirama dosha

Discussion: Table no. 67 and Graph no. 67

Equivalent Cases were analysed and following are the Results –

Manda agni was observed in 41.99% i.e., 76 Cases.

76 cases showed manda agni. The power of agni was low in these cases, Agni dushtikara hetus like guru bhojan, ajirna bhojana, shita bhojan are responsible for this avastha of agni.

Vishamagni was observed in 56.91% i.e., 103 Cases.

Visham bhojan, ajirna bhojan, mental stress gives rise to viasham agni. Visham means sometimes the power of agni is good sometimes it is weak. This phenomenon was observed in maximum 103 cases

Tikshna agni was observed in 1.10% i.e., 2 Cases.

Capacity of agni to digest fast results in tikshna agni. It also depends on agnidushtikara hetus. It was observed in 2 cases.

Conclusion

After completion of the observational study on Epidemiological survey for the assessment of agnidushtikar hetus (etiological factors) of irritable bowel syndrome the research work can be concluded as follows:

A literary study of Agni dushtikara hetus, irritable bowel syndrome and Grahani vyadhi was done. It was found that the symptoms of irritable bowel syndrome and grahani vyadhi are similar. Irritable bowel syndrome can be correlated with grahani vyadhi described in Ayurved Classics.

The etiological factors and especially the Agnidushtikar Hetus in the life style of patients suffering from irritable bowel syndrome were identified as ahara (dietary causes), vihar (life style related) and psychological causes.

Observational study shows that Vishambhojan (Untimely intake of food) and Ajirna bhojan (Eating during indigestion or when previous eaten food in not digested), Guru bhojan (foods heavy to digest), Vidahibhojan (foods having acidic property), Asatmyabhojan (unhabituated food) Atibhojan (food in excess quantity) and Atyambupana (drinking of excess amount of water than required were found in 62 % of the cases. Hence, it can be concluded that these are the hetus of agnidushti and irritable bowel syndrome and grahani.

Excess intake of madhura rasa was found in 85.4% cases. Due its guru (heavy to digest) property excess of madhura rasa was found as an agnidushtikara hetu in this study.

The odds ratio and P value for certain factors were found to be significant at 95 % confidence interval with P value less than 0.05. When data was analysed with a chi squared test at 95 % confidence interval the calculated Value of Chi square (with Yates's correction) was done and p value was found to be less than 0.05 ($p < 0.05$).

The factors or causes which showed p value less than 0.05 were bathing after meals, drinking water before meals, tobacco smoking, tobacco chewing, viruddhaanna sevan (intake of food items aggravating the doshas but not eliminating them out of the body), paryushita annasevan (stale food), stress (chinta). Hence it is concluded that these are the causes of agnidushti and irritable bowel syndrome and grahani vyadhi.

Time of getting up in the morning, sleep analysis, hot beverages, milk intake, intake of arreated drinks or sharbat or fruit juices, type of work, memory and satva examination factors were not significant as p value was greater than 0.05 ($p > 0.05$)

Abhojan (fasting), shitabhojan (eating foods having shita property), rukshabhojan (foods having dry property) were not found significant in this study due insufficient data.

Recommendation for further Study

1. This survey study was limited to the population of Pune district. It can be extended to include subjects from other geographical regions.
2. The study was conducted to find out specifically the Agnidushtikara Hetus of Irritable Bowel Syndrome. The other hetus can be studied in the further research on this topic.
3. Designing of a research model based on the identified hetus in this study for the prevention of irritable bowel syndrome can be undertaken.
4. Studies with drugs yet to studied for clinical management of irritable bowel syndrome can be undertaken.

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Annexure 1

Rome III Diagnostic Questionnaire for the Adult Functional GI Disorders as a part of the **PhD** work Titled: Epidemiological Survey for the Assessment of Agnidushtikar Hetus (Etiological factors) of Irritable Bowel Syndrome

Name: Case No. Date:

Address:

Age: Gender:

Occupation:

Out of the Eight modules based on the Rome III criteria that can be used to screen for the Gastro Intestinal disorders, the questions related to Irritable Bowel Syndrome (IBS) Module and All Functional Bowel Disorders (IBS-Constipation, IBS-Diarrhea, IBS-Mixed, IBS-Unspecified) are included for study and to assess IBS.

S.No.	**Symptoms in the Stomach and Intestines**		
17	In the last 3 months, howoften did you have pain orburning in the middle ofyour abdomen, above yourbelly button but not in your chest?	0 Never → 1 Less than one day a month 2 One day a month 3Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	Skip to question 26
18	Have you had this painor burning 6 months or longer?	0 No 1Yes	
19	Did this pain or burning occur and then completely disappear during the sameday?	0 Never or rarely 1Sometimes 2Often 3Most of the time 4 Always	
20	Usually, how severe wasthe pain or burning in themiddle of your abdomen, above your belly button?	0 Very mild 1 Mild 2 Moderate 3 Severe 4 Very severe	
21	Was this pain or burning affected by eating?	0 Not affected by eating 1 Worse pain after eating 2 Less pain after eating	

22	Was this pain or burning relieved by taking Antacids?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
23	Did this pain or burning usually get better or stop after a bowel movement or passing gas?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
24	When this pain or burning started, did you usually have a change in the number of bowel movements (either more or fewer)?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
25	When this pain or burning started, did you usually have softer or harder stools?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
26	In the last 3months, how often did you have bothersome nausea?	0 Never → 1 Less than one day a month 2 One day a month 3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	***Skip to question 28***
27	Did this nausea start more than 6 months ago?	0 No 1Yes	
28	In the last 3 months, how often did you vomit?	0 Never → 1 Less than one day a month 2 One day a month 3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	***Skip to question 33***
29	Have you had this vomiting 6 months or longer?	0 No 1Yes	
30	Did you make yourself vomit?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	

31	Did you have vomiting in the last year that occurred in separate episodes of a few days and then stopped?	0 Never or rarely → 1 Sometimes 2 Often 3 Most of the time 4 Always	***Skip to question 33***
32	Did you have at least three episodes during the past year?	0 No 1Yes	
33	In the last 3 months, how often did food come back up into your mouth?	0 Never → 1 Less than one day a month 2 One day a month 3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	***Skip to question 39***
34	Have you had this problem (food coming back up into your mouth) 6 months or longer?	0 No 1Yes	
35	When food came back up into your mouth, did itusually stay in your mouth for a while before youswallowed it or spit it out?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
36	Did you have retching (heaving) before food came into your mouth?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
37	When food came into your mouth, how often did you vomit or feel sick to your stomach?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
38	Did food stop coming back up into your mouth when it turned sour or acidic?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
39	In the last 3 months, how often did you experience bothersome belching?	0 Never → 1 Less than one day a month 2 One day a month 3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	***Skip to question 41***

40	Did this bothersome belching start more than 6 months ago?	0 No 1Yes	
41	In the last 3 months, how often did you have discomfort or pain anywhere in your abdomen?	0 Never ⟶ 1 Less than one day a month 2 One day a month 3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	***Skip to question 52***
42	Did you have pain only (not discomfort or a mixture of discomfort and pain)?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
43	For women: Did this discomfort or pain occur only during your menstrual bleeding andnot at other times?	0 No 1 Yes 2Does not apply because I have had the change in life (menopause) or I am a male	
44	When you had this pain, how often did it limitor restrict your daily activities (for example, work, household activities, and social events)?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
45	Have you had this discomfort or pain 6 months or longer?	0 No 1Yes	
46	How often did this discomfort or pain get better or stop after you had a bowel movement?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
47	When this discomfort or pain started, did you have more frequent bowel movements?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
48	When this discomfort or pain started, did you have less frequent bowel movements?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
49	When this discomfort or pain started, were yourstools (bowel movements) looser?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	

50	When this discomfort or pain started, how often did you have harder stools?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
51	How often was this pain or discomfort relievedby moving or changing positions?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
52	In the last 3 months, how often did you have fewer than three bowel movements (0-2) a week?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
53	In the last 3 months, how often did you have hard or lumpy stools? *	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
Those who wish to use the new criteria for subclassifying IBS patients into subtypes based on stool consistency may substitute the following response scale in Questions 53 and 61		0 Never or rarely 1 About 25% of the time 2 About 25% of the time 3 About 25 % of the time 4 Always,25 % of the time	
54	In the last 3 months, how often did you strain during bowel movements?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
55	In the last 3months, how often did you have a feeling of incomplete emptying after bowel movements?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
56	In the last 3 months, how often did you have a sensation that the stool could not be passed, (i.e., was blocked), when having a bowel movement?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
57	In the last 3 months, how often did you press onor around your bottom or remove stool in orderto complete a bowel movement?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
58	In the last 3months, how often did you have difficulty relaxing or letting go to allow the stool to come out during a bowel movement?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	

59	Did any of the symptoms of constipation listed inquestions 52 –58 above begin more than 6 months ago?	0 No 1Yes	
60	In the last 3 months, howoften did you have 4 ormore bowel movements aday?	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
61	In the last 3 months, how often did you have loose, mushy, or watery stools? *	0 Never or rarely → 1 Sometimes 2 Often 3 Most of the time 4 Always	***Skip to question 64***
62	In the last3 months, wereat least three-fourths (3/4) of your stools loose, mushy, or watery?	0 No 1Yes	
63	Did you begin having frequent loose, mushy, orwatery stools more than 6 months ago?	0 No 1Yes	
64	In the last 3months, howoften did you have torush to the toilet to have a bowel movement?	0 Never or rarely 1 Sometimes 2 Often3 Most of the time 4 Always	
65	In the last 3months, howoften was there mucusor slime in your bowel movement	0 Never or rarely 1 Sometimes 2 Often 3 Most of the time 4 Always	
66	In the last 3months, how often did you have bloating or distension?	0 Never → 1 Less than one day a month 2 One day a month 3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	***Skip to question 68***
67	Did your symptoms ofbloating or distention begin more than 6 months ago?	0 No 1Yes	
	Symptoms in the Rectum or Anal Canal		
75	In the last 3 months, howoften have you accidentally leaked liquid or solid stool?	0 Never → 1 Less than one day a month 2 One day a month	***Skip to question 78***

		3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	
76	In the last 3months, whenthis leakage occurred, about what amount was leaked?	1 A small amount (stainingonly) 2 Moderate amount (morethan staining, but less thana full bowel movement) 3 Large amount (a full bowelmovement)	
77	In the *last year*, when thisleakage occurred, whatwas the composition ofleakage?	1 Liquid/mucus only 2 Stool only 3 Both liquid/mucus andstool	
78	In the last 3months, howoften have you had aching, pain, or pressure in theanus or rectum when youwere not having a bowelmovement?	0 Never ⟶ 1 Less than one day a month 2 One day a month 3 Two to three days a month 4 One day a week 5 More than one day a week 6 Every day	***Skip to question 82***
79	How long did the aching, pain or pressure last?	1 From seconds to up to 20 minutes and disappearedcompletely 2 More than 20 minutes andup to several days or longer	
80	Did the pain in your anusand rectum occur andthen completely disappear during the same day?	0 No 1Yes	
81	Did the aching, pain, orpressure in the anal canalor rectum begin more than 6 months ago?	0 No 1Yes	

Signature of the Researcher and Guide

SCORING ALGORITHM: ROME III DIAGNOSTIC QUESTIONNAIRE FOR THE ADULT FGIDS

C. Functional Bowel Disorders

C1. Irritable Bowel Syndrome

*Diagnostic Criterion**

Recurrent abdominal pain or discomfort** at least 3days/month in last 3 monthsassociated with *two or more* of criteria #1 – #3 below

Pain or discomfort at least 2 to 3 days/month (question 41 > 2)

For women, does pain occur only during menstrual bleeding? (Question 43=0 or 2)

1. Improvement with defecation

Pain or discomfort gets better after defecation at least sometimes (question46 > 0)

2.Onset associated with a change in frequency of stool

Onset of pain or discomfort associated with more stools at least sometimes (question 47 > 0), OROnset of pain or discomfort associated with fewer stools at least sometimes

(Question 48 > 0)

3. Onset associated with a change in form (appearance) of stool

Onset of pain or discomfort associated with looser stools at least sometimes (question 49 > 0), OROnset of pain or discomfort associated with harder stools at least sometimes (question 50 > 0)

* Criterion fulfilled for the last 3 months with symptom onset at least 6 months prior toDiagnosis***Yes. (Question 45=1)***

**"*Discomfort" means an uncomfortable sensation not described as pain*.

In pathophysiology research and clinical trials, a pain/discomfort frequency of at least 2 days a week during screening evaluation is recommended for subject eligibility.

Annexure 2

Case Record Proforma for the Determination of Agnidushtikara Hetus (etiological factors)

as a part of the **PhD** work Titled

Epidemiological Survey to determine the Agnidushtikara Hetus (Etiological factors) of Irritable Bowel Syndrome

Name of the Patient:

Address:

Age: Gender:

Occupation:

Chief complaints:

History of Past illness: 1) H/O Ajirna: Yes/No H/O Atisara: Yes/ No

Heredity complaints:

Examination:

1) Nadi:
2) Mutra:
3) Mala:
4) Jivha
5) Shabda
6) Sparsha
7) Druk
8) Akruti

Examination of the vitiated Srotas:

1) Annavaha:

2) Purishavaha:

3) Other Srotas:

4) Other Clinical Examination:

Information about Agni DushtakaraHetus: (Tick ✔ the Appropriate)

Abhojan /AjirnaBhojan / AtiBhojan / Vishamashana / Asatmyabhojan / Guru Bhojan / ShitaBhojan / Atirukshabhojan / Vamana, Virechana, SnehaVibhrama / Due some other Vyadhis / Desha Vaishamya / RituVaishamya / Kala Vaishamya

Abhojan - (If gap between 2 meals is more than 8 hrs and for more than 3 times a week / Daily.)

Sr. No.	Gap between 2 meals			Frequency				
	Title	Yes	No	Daily	3 to 5 times a week	1 to 3 times a week	Occasionally	Rarely
i	Upto 3 hrs							
ii	3 to 5 hrs							
iii	5 to 8 hrs							
iv	More than 8 hrs							

Ajirna – (If having symptoms of Ajirna like Arochak, Avipak, Angamarda, Shiro ruja, Vishtambha, Trushna etc. before having your meal and for more than 3 times a week.)

Sr. No.	Do you have symptoms of Ajirna before having your meal?				
	Daily	3 to 5 times a week	1 to 3 times a week	Occasionally	Rarely
i					
ii					

Atibhojana - (If having excess food intake - above 5 meals a day and for more than 3 times a week and also excess in quantity.)

Sr. No.	a. **Frequency of meals in a day**					
	Title	**Daily**	**3 to 5 times a week**	**1 to 3 times a week**	**Occasionally**	**Rarely**
i	**1 to 3**					
ii	**3 to 5**					
iii	**Above 5**					

Sr. No.	b. **Quantity** (determined on the basis of description given by the cases and controls regarding their meals.)					
	Title	**Daily**	**3 to 5 times a week**	**1 to 3 times a week**	**Occasionally**	**Rarely**
i	**Excess**					
ii	**Moderate**					
iii	**Less**					

Vishamashana - (If having untimely food for more than 3 times a week.)

Sr. No.	**Do you have your meals at proper timings?** (Especially when you feel hungry)					
	Title	**Daily**	**3 to 5 times a week**	**1 to 3 times a week**	**Occasionally**	**Rarely**
i	**Yes**					
ii	**No**					

Asatmya Bhojana: Intake of unhabitual food (e.g., intake of non veg food when the person is not habituated for this food)

Sr. No.	Title	Quantity	Frequency				
	Having food which is not habitual	**Meal / Breakfast / Starters**	**Daily**	**3 to 5 times a week**	**1 to 3 times a week**	**Occasionally**	**Rarely**
	Food Items:						
i.	Non-Veg						
ii.	Spicy Food						
iii.	Oily Food						
iv.	Bakery Products						
v.	Stale Food						
vi.	Fermented food						
vii.	Dried Food items						

Guru Bhojan: Intake of food which is heavy to digest

Sr. No	Title	Quantity	Frequency				
	Having food when not at all hungry	**Meal / Breakfast / Starter**	**Daily**	**3 to 5 times a week**	**1 to 3 times a week**	**Occasionally**	**Rarely**
	Food Items:						
i.	Milk and milk products						
ii.	Rice and its types						
iii.	Fine Wheat flour (Maida) and its products						
iv.	Chocolate and other recipies made of it						
v.	Sweets						

Shita Bhojan: Intake of cold food (directly from the refrigerator or a precooked food and eaten after a long time when it becomes cold- tiffin food)

Sr. No	Title	Quantity	Frequency				
		Meal / Breakfast / Starters	Daily	3 to 5 times a week	1 to 3 times a week	Occasionally	Rarely
i.	Food kept for long time						
ii.	Refrigerated food						
iii.	Refrigerated water						
iv.	Ice-cream						
v.	Cold Drinks						
vi.	Aerated cold soft drinks						

Atiruksha Bhojan: Food devoid of oil and ghee – eating only dry/ roasted food items

	Title	Quantity	Frequency				
		Meal / Breakfast / Starters	Daily	3 to 5 times a week	1 to 3 times a week	Occasionally	Rarely
	Food Items:						
i.	Oil free food						
ii.	Kulattha, Chana						
iii.	Fried items						
iv.	Vegetables with very less or no oil						
v.	Chapatis with very less oil						
vi.	Sprouts without oil						

Information regarding Life Style:

1. Time of getting up in the morning:
2. Bowel movements: regular / irregular/ constipated/ diarrhea/ with mucus
   How nay times in a day/ after food
3. Bladder movement: ___ times in the day. ---- times in the night.
   Burning/ polyuria/ nocturia
4. Exercise: daily- Yes/ No. Form of Exercise: Aerobics/ Yogasana/ Gym exercises
   Duration of exercise:
5. Bath: On Empty stomach: Yes/No, Type of Water: Cold/Hot/Warm
   After meals: Yes/No
6. Sleep: Sound/ not sound. Time of going to bed: __ time of getting up___
   Hours of sleep: _____
   Day sleeping: yes/ no. no. of hours of day sleeping_____
   Night Awakening: Yes/No No. of hours_____
7. Control of Natural Physical Urges: Yes/No, If Yes which urges
   Vat/ Purisha/ Mutra/ Ksudha/Trushna/Nidra/ Kasa/ Shramashwas/ Jrumbha/ Ashru/ Chardi/ Retas
8. Dietary information:

i) Hot beverages: Tea/ Coffee. Yes/No Quantity:

ii) Milk Intake: Yes/ No If Yes, Quantity: Cow/ Buffalo milk,
Time of milk intake:

iii) Breakfast: Yes/No, Whether hungry at breakfast time : Yes/No
Time of Breakfast: Items:
Quantity:

iv) Lunch Time: ____Whether hungry at this time: Yes/No /
Not Hungry at this time: Yes/No
Food Items:

v) Dinner Time: ____ Whether hungry at this time: Yes/No
Not Hungry at this time: Yes/No
Food items:

vi) Intake of water: When thirsty: Yes/No,

Even when not thirsty: Yes/No

Before Meals: Yes/No During Meals: Yes /No

After Meals: Yes/No

Type of Water: Cold/ Hot/ Warm/Boiled

vii) Other Liquids/Fluids:

Arreated Drinks: Yes/No, If Yes, Frequency and Quantity

Fruit Juices: Yes/No, If Yes, Frequency and Quantity

Sharbat: Yes/No, If Yes, Frequency and Quantity

viii) Addictions:

Alcohol Intake: Yes/No If Yes, Frequency and Quantity:

Tobacco Smoking: Yes/No, If Yes Frequency and Quantity:

Tobacco Chewing: Yes No, If Yes, Frequency and Quantity:

ix) Intake of Food Items as per the Six Tastes:

Madhura (Sweet):

Amla (Sour):

Lavana (Salty):

Katu (Hot-Pungent):

Tikta (Bitter):

Kashaya (Astringent):

x) Intake of oil: Yes/No, Name of Oil: Quantity:

xi) Intake of Ghee: Yes/No, Name of the Ghee: Cows/buffaloes, Quantity:

xii) Virudhha Anna sevan: Yes/No, Which Type:

xiii) Intake of Stale Food(paryushitaanna): Yes/No, Frequency and Quantity

9. Information regarding other aspects of vihara:

i) Contact with Fan/A.C. (Anila Sevan): Yes/No, Frequency:

ii) Contact with sunlight/Fire (Atapa Sevan): Yes/No, Frequency:

iii) Travelling: Yes/No

By own vehicle: Yes/No, Four-wheeler/two-Wheeler, No. of Hours of Driving:

iv) Type of work: Sedentary: Yes/No

Physical Exertion: Yes/No

Mental Exertion: Yes/No

10. Assessment of Mental Health:

i) Stress (Chinta): At work place: Yes /No

At Home: Yes/No

ii) Control of Dharaniya Vegas: Anger/ Greed/ Jealousy/ Lust/ Fear/ Grief

Has control over these urges; Yes/No

iii) Memory is Good: Yes/No

iv) Satva: Pravar/Avar/Madhya

Conclusion:

1. Hetus (causes): Inherent Property:

2. Doshic Dominance:

3. Inherent property of the dosha in relation to the hetus:
(Doshaprakruti)

4. Adhisthan of the Dosha:

5. Avastha of the Dosha: Sama/Nirama

6. Avastha of Agni: Manda/ Visham/Tikshna

Sign of the Student Sign of the guide

Annexure 3

Consent Form /अनुमति पत्र

Topic of Research/ संशोधनाचा विषयः: Epidemiological Survey to determine the Hetus (Etiological factors) of Irritable bowel Syndrome

Name of the person/ व्यक्तिचेनावः: Age/वयः

1. I am aware of the above research project undertaken by Vd. Mihir Surendra Hajarnavis. I am voluntarily participating in this research project. Vd. Mihir Surendra Hajarnavis has given me a full knowledge about the project and whether it may be beneficial to me or not.
2. I am giving my consent to answer all the questions being asked in this research project. I have no objection to publish or use this data for scientific purpose.
3. I am aware that this information will be kept confidential.

१.वैद्य मिहीर सुरेंद्र हजरनवीस राबवित असलेल्या वरील अनुसंधानाकरीता माझा सहभाग ऐच्छिक असून ह्या प्रकल्पाबाबत व त्यातील प्रश्नांबाबत .वैद्य मिहीर सुरेंद्र हजरनवीस यांनी मला संपूर्णकल्पनादिली आहे. ह्या प्रकल्पाचा मला फायदा होइल किंवा नाही या बद्दल मला संपूर्णकल्पनादिली आहे.

२. या प्रकल्पातविचारलेल्या प्रश्नांची उत्तरे सांगण्यास माझी अनुमति असून, सदर माहिती किंवा निष्कर्ष इतर कोणत्याहि वैज्ञानिक हेतुसाठी छापण्यासकिंवा वापरण्यास माझी हरकत नसेल.

३. ही माहिती गुप्त ठेवली जाईल याची मला खात्री आहे.

Signature/Thumb impression of the Person/व्यक्तीची स्वाक्षरी। अंगठा:

Name of the person/नावः:

Signature of the Investigator/अनुसंधानकाची स्वाक्षरीः:

Date/ दिनांक

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
1	Female	Student	20	Atopa,	Atisar	Purishava	)AjirnaBh	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	Yes	No	Hot
2	Female	Student	22	Adhman,	Atisar	Purishava	Bhojan	########	irregular,	1 to 2	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
3	Female	Student	20	Malavaro	Atisar	Annavaha	ashana,	########	constipat	1	3 to 4	2 to 3	Nocturia	No	NA	NA	No	Yes	Warm
4	Female	Student	21	Avipaka,	Atisar	Purishava	ashana,	########	diarrhea,	3 to 5	3 to 4	0	NA	Yes	exercises	1 Hour	No	Yes	Cold
5	Male	Student	21	Dravamal	Atisar	Purishava	AtiBhoja	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	No	No	Warm
6	Male	Student	22	Atopa,	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	6 to 7	0	NA	No	NA	NA	No	Yes	Cold
7	Male	Student	21	Adhman,	Atisar	Annavaha	ashana	########	irregular,	1	4 to 5	0	NA	No	NA	NA	No	Yes	Warm
8	Male	Student	21	Avipaka,	Atisar	Purishava	ashana	########	d)	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
9	Female	Student	23	Atopa,	Atisar	Purishava	)AjirnaBh	########	d)	3 to 4	3 to 4	0	NA	No	NA	NA	No	Yes	Warm
10	Female	Student	21	Avipaka,	Atisar	Annavaha	ashana,	########	d)	2 to 3	3 to 4	0	NA	No	NA	NA	No	No	Hot
11	Male	Student	21	Adhman,	Atisar	Purishava	)AjirnaBh	########	irregular,	1	3 to 4	0	NA	Yes	exercises	1 Hour	No	Yes	Hot
12	Female	Student	20	Avipaka,	Atisar	Annavaha	)AjirnaBh	########	diarrhea,	3 to 4	3 to 4	1	NA	No	NA	NA	No	Yes	Hot
13	Female	Student	21	Dravamal	Atisar	Purishava	)AjirnaBh	########	irregular,	3 to 4	3 to 4	0	NA	No	NA	NA	No	Yes	Cold
14	Female	Student	28	Atopa,	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	3 to 4	1	NA	No	NA	NA	Yes	No	Warm
15	Female	Student	24	Avipaka,	Atisar	Purishava	)AjirnaBh	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
16	Female	Student	28	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
17	Female	Student	26	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
18	Female	Student	20	Atopa,	Atisar	Annavaha	)AjirnaBh	########	d)	3 to 4	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
19	Female	Student	21	Adhman,	Atisar	Annavaha	ashana	########	c)	2 to 3	3 to 4	0	NA	No	NA	NA	No	Yes	Hot
20	Female	Student	21	Adhman,	Atisar	Annavaha	ashana,	########	irregular,	2 to 3	3 to 4	0	NA	Yes	NA	0	No	Yes	Hot
21	Female	Student	22	Atopa,	Atisar	Annavaha	ashana,	########	irregular,	3 to 5	3 to 4	0	NA	No	NA	0	No	Yes	Warm
22	Female	Student	21	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1 to 2	6 to 7	3 to 4	Nocturia	No	NA	0	No	Yes	Hot
23	Female	Student	21	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1 to 2	3 to 4	0	NA	No	NA	0	No	Yes	Cold
24	Female	Student	20	Atopa,	Atisar	Annavaha	ashana,	########	d)	3 to 4	3 to 4	1 to 2	NA	No	NA	0	No	Yes	Cold
25	Female	Student	20	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	d)	3 to 5	5 to 6	1 to 2	NA	No	NA	0	No	Yes	Hot
26	Female	Student	20	Atopa,	Atisar	Annavaha	ashana,	########	d)	3 to 5	5 to 6	1 to 2	NA	No	NA	0	No	Yes	Hot
27	Female	Student	21	Atopa,	Atisar	Annavaha	ashana,	########	c)	1	4 to 5	1 to 2	NA	Yes	NA	0	No	Yes	Hot
28	Female	Student	20	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	6 to 7	0	NA	No	NA	0	No	Yes	Warm
29	Male	Student	21	Malavaro	Atisar	Annavaha	ashana,	########	irregular,	1 to 2	3 to 4	1 to 2	NA	No	NA	0	No	No	Hot
30	Male	Service	60	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1	4 to 5	0	NA	Yes	Yogasana	1 Hour	No	Yes	Warm
31	Female	e	48	Malavaro	Atisar	Purishava	ashana,	########	c)	1 to 2	4 to 5	0	NA	No	NA	0	No	Yes	Warm
32	Female	Service	32	asyata,	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	6 to 7	0	NA	No	NA	0	No	Yes	Cold
33	Male	Service	31	Atopa,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1 to 2	4 to 5	0	NA	No	NA	0	No	Yes	Hot
34	Male	Student	20	Dravamal	Atisar	Annavaha	)AjirnaBh	########	d)	3 to 5	4 to 5	0	NA	No	NA	0	No	Yes	Hot
35	Male	Student	19	Dravamal	Atisar	Annavaha	)AjirnaBh	########	regular	1 to 2	3 to 4	0	NA	No	NA	0	No	Yes	Warm
36	Male	Student	22	Dravamal	Atisar	Annavaha	ashana,	########	d)	3 to 5	4 to 5	0	NA	No	NA	0	No	Yes	Hot
37	Male	Student	19	Avipaka,	Atisar	Annavaha	ashana,	########	c)	1	3 to 4	0	NA	No	NA	0	No	No	Hot
38	Male	Student	21	Atopa,	Atisar	Annavaha	ashana,	########	irregular,	3 to 4	5 to 6	0	NA	Yes	Yogasana	30 min	No	Yes	Hot
39	Male	Student	21	Adhman,	Atisar	Purishava	ashana,	########	irregular,	1 to 2	6 to 7	0	NA	No	NA	0	No	Yes	Hot
40	Male	Student	23	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	1 to 2	4 to 5	0	NA	Yes	Yogasana	30 min	No	Yes	Hot
41	Male	Student	22	Avipaka,	Atisar	Annavaha	ashana,	########	irregular,	3 to 4	4 to 5	0	NA	No	NA	0	No	Yes	Hot
42	Male	Student	21	Dravamal	Atisar	Annavaha	)AjirnaBh	########	d)	3 to 4	4 to 5	0	NA	No	NA	0	No	Yes	Cold
43	Male	Student	21	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	3 to 5	6 to 7	0	NA	No	NA	0	No	No	Warm
44	Male	Student	38	Atopa,	Atisar	Annavaha	)AjirnaBh	########	irregular,	3 to 4	4 to 5	0	NA	No	NA	0	No	Yes	Hot
45	Male	Retired	60	Avipaka,	Atisar	Annavaha	)AjirnaBh	########	c)	1 to 2	4 to 5	0	NA	No	NA	0	No	Yes	Hot
46	Male	Retired	77	Malavaro	Atisar	Annavaha	)AjirnaBh	########	irregular,	1	6 to 7	0	NA	No	NA	0	No	Yes	Hot

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
1	Sound	12.00am	7.00am	7	No	0	Yes	0	Yes	u	i) Tea	Yes	Cow	No	No	NA	NA	Yes	Vegetable	Yes	Chapati,
2	Sound	11.00pm	7.00am	8	No	0	Yes	0	Yes	Jrumbha	Coffee	Yes	Buffalo	Yes	Yes	9.30am	Indian	No	Chapati,	No	Chapati,
3	Sound	12.00am	7.00am	7	No	0	Yes	4	Yes	Vata	ii) Coffee	Yes	Cow	No	No	NA	NA	No	Chapati,	Yes	Chapati,
4	Sound	12.00am	6.00am	6	No	0	Yes	0	Yes	Chhardi	Coffee	Yes	Cow	Yes	Yes	9.00am	Indian	Yes	Chapati,	No	Chapati,
5	Sound	1.00am	8.00am	7	No	0	Yes	0	Yes	Vata	Coffee	Yes	Cow	Yes	Yes	10.00am	snacks	Yes	3	Yes	Chapati,
6	Sound	1.00am	7.00am	6	Yes	1	Yes	0	No	NA	Tea	No	NA	Yes	Yes	9.30am	Indian	Yes	Dal, Rice,	Yes	2
7	Sound	11.00pm	7.00am	8	No	0	Yes	1 - 2	Yes	Kshudha	i) Tea	Yes	Cow	Yes	No	9.00am	snacks	No	Chapatis,	Yes	3
8	Sound	12.00am	6.00am	6	No	0	Yes	0	Yes	Jrumbha	i) Tea	Yes	Buffalo	Yes	Yes	9.00am	snacks	Yes	1 Chapati	Yes	Chapatis,
9	Sound	11.00pm	6.00am	7	No	0	Yes	0	Yes	Vata	i) Tea	Yes	Cow	Yes	No	10am	snacks	No	Chapati,	Yes	chapatis,
10	Sleep	12.00am	7.00am	7	No	0	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.00am	snacks	Yes	Chapatis,	Yes	Chapatis,
11	Sleep	11.00pm	7.00am	8	No	NA	No	1 - 2	Yes	Mutra	i) Tea	Yes	Buffalo	No	No	NA	NA	Yes	to 2	Yes	2
12	Sleep	11.00pm	`6.30am	hours	No	0	No	0	Yes	Vata	i) Tea	Yes	Cow	Yes	Yes	8	Indian	Yes	to 2	No	2
13	Sleep	12.00 am	8.00am	8	No	NA	No	0	Yes	Ashru	Coffee	Yes	Buffalo	Yes	No	9.00am	snacks	Yes	Chapati,	Yes	Chapatis,
14	Sleep	11.00pm	6	7	No	0	Yes	0	Yes	Purisha	i) Tea	Yes	Buffalo	Yes	Yes	9.00am	Junk,	No	chapati,	Yes	Chapati
15	Sleep	11.00 pm	6.00am	7	No	0	Yes	3	Yes	Purisha	ii) Coffee	Yes	Buffalo	No	No	NA	NA	Yes	chapatis,	Yes	Rice Dal
16	Sleep	11.00pm	7.00am	8	No	0	Yes	0	Yes	Vata	ii) Coffee	Yes	Cow	Yes	No	9.00am	Junk,	No	Salad	No	Chapati,
17	Sleep	11.00pm	6.30am	7 and half	Yes	1	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.00am	Junk,	No	Chapati,	Yes	Vegetable
18	Sleep	12.00am	7.00am	7	No	0	Yes	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	No	9.00am	snacks	Yes	Chapatis,	Yes	Chapati
19	Sound	12.00am	6.00am	6	Yes	1	Yes	2.5	Yes	Vata	ii) Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	Yes	Rice Dal	No	Chapati,
20	Sleep	1.00am	7.00am	6	No	0	No	0	Yes	Chhardi	Coffee	Yes	Buffalo	No	No	NA	NA	Yes	Chapati,	Yes	Chapatis,
21	Sleep	12.00am	7.00am	7	No	0	No	0	Yes	Mutra	ii) Coffee	Yes	Buffalo	No	No	NA	NA	Yes	chapati,	Yes	Chapati,
22	Sleep	1.00am	8.00am	7	No	0	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	No	9.30am	Junk,	No	Dal Rice	Yes	Chapati,
23	Sleep	12.00am	7.00 am	7	No	0	No	1 - 2	Yes	Mutra	i) Tea	Yes	Buffalo	No	No	NA	NA	Yes	Chapati.	Yes	Chapati,
24	Sleep	Sleep	Sleep	Sleep	No	0	No	0	Yes	Purisha	ii) Coffee	Yes	Buffalo	No	No	NA	NA	Yes	Chapati,	Yes	Chapati
25	Sleep	12.00am	7.00am	7	No	0	No	3	Yes	Mutra	i) Tea	Yes	Cow	No	No	NA	NA	Yes	Chapati,	No	Chapati,
26	Sleep	12.00am	7.00am	7	No	NA	No	0	Yes	Vata	i) Tea	Yes	Buffalo	No	No	NA	NA	Yes	Chapati,	Yes	Chapatis,
27	Sleep	1.00am	8.00am	7	Yes	1	No	1	Yes	Vata	ii) Coffee	Yes	Buffalo	Yes	Yes	10am	Indian	Yes	Chapati,	No	chapati,
28	Sleep	12.00am	6.00am	6	No	0	No	0	Yes	Ashru	Coffee	Yes	Buffalo	No	No	NA	NA	No	Chapatis,	No	Chapati,
29	Sleep	1.00am	7.00am	6	Yes	1	No	1 - 2	Yes	Kshudha	i) Tea	Yes	Buffalo	Yes	No	9.00am	Junk,	Yes	Chapati,	Yes	Chapati,
30	Sleep	11.00pm	6.00am	7	No	0	No	2.5	Yes	Mutra	Coffee	Yes	Cow	Yes	Yes	9.00am	snacks	No	Chapati,	No	Chapati,
31	Sleep	11.00pm	5.30am	Half hour	Yes	1	No	0	Yes	Mutra	i) Tea	Yes	Cow	No	No	NA	NA	No	Chapati,	Yes	Chapatis,
32	Sleep	11.00pm	6.30am	hours	No	NA	No	0	Yes	Purisha	ii) Coffee	Yes	Buffalo	Yes	No	9.00am	snacks	Yes	Chapatis,	No	Chapatis,
33	Sleep	12.00am	7.00am	7	No	0	No	0	Yes	Purisha	Coffee	Yes	Buffalo	No	No	NA	NA	Yes	Chapati,	Yes	chapati,
34	Sound	2.00am	8.00am	6	Yes	1	No	0	Yes	Purisha	Coffee	Yes	Buffalo	Yes	No	10.00am	Junk,	No	Chapatis,	Yes	Chapatis,
35	Sleep	12.00am	7.00am	7	Yes	1	No	1 - 2	Yes	Mutra	Coffee	Yes	Buffalo	No	No	NA	NA	Yes	Chapatis,	Yes	Chapatis,
36	Sleep	1.00am	7.00am	6	Yes	1	No	0	Yes	Purisha	i) Tea	Yes	Buffalo	Yes	Yes	9.30am	Junk,	Yes	Chapati,	Yes	Chapati,
37	Sleep	12.00am	6.00am	6	No	0	No	0	Yes	Jrumbha	i) Tea	Yes	Buffalo	Yes	No	9.00am	snacks	No	Chapati,	No	Chapatis,
38	Sleep	12.30am	6.30am	6	Yes	1	No	0	Yes	Ashru	ii) Coffee	Yes	Buffalo	Yes	No	9.30am	snacks	Yes	Chapati,	Yes	Chapati,
39	Sound	12.00am	7.00am	7	No	0	No	3	Yes	Mutra	ii) Coffee	Yes	Buffalo	Yes	No	9.30am	Indian	Yes	Chapatis,	Yes	Chapatis,
40	Sound	12.00am	6.00am	6	No	0	No	1 - 2	Yes	Purisha	ii) Coffee	No	NA	No	No	NA	NA	Yes	Chapati,	Yes	Chapatis,
41	Sound	12.00am	6.00am	6	No	0	No	0	Yes	Mutra	Coffee	Yes	Buffalo	No	No	NA	NA	Yes	Chapati,	No	Chapati,
42	Sound	12.00am	6.00am	6	No	0	No	0	Yes	Vata	Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	Yes	Chapati,	Yes	Chapati,
43	Sound	11.00pm	7.00am	8	No	0	No	1 - 2	Yes	was	Coffee	Yes	Buffalo	Yes	No	9.00am	Indian	Yes	Chapatis,	Yes	Chapatis,
44	Sound	11.00pm	6.00am	7	No	0	No	0	Yes	Retas	Coffee	Yes	Buffalo	Yes	No	9.00am	Indian	No	Chapati,	Yes	chapatis,
45	Sound	12.00am	7.00am	7	Yes	1	No	0	Yes	Ashru	Coffee	Yes	Cow	No	No	NA	NA	Yes	Dal, Rice	No	chapatis,
46	Sound	11.00pm	6.00am	7	Yes	1	No	1 - 2	Yes	Mutra	Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	Yes	Chapati,	Yes	Chapatis,

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
1	Yes	Yes	YES	YES	YES	temperatu	YES	month	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	YES
2	Yes	Yes	YES	NO	YES	Cold	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	YES
3	Yes	Yes	NO	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	r	YES
4	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	NO	applicabl	YES
5	Yes	Yes	YES	NO	NO	Cold	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Sunflowe	YES
6	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	YES	times a	Amla,	YES	r	YES
7	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	YES	month	YES	day	YES	day	Amla,	YES	t	YES
8	Yes	Yes	NO	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Kashaya	YES	Soyabean	YES
9	Yes	Yes	YES	NO	YES	and	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	YES
10	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Palm	YES
11	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	YES	times a	YES	times a	Amla,	YES	r,	NO
12	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	t	NO
13	Yes	No	YES	NO	YES	Cold	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	r	NO
14	Yes	No	YES	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	t	NO
15	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	NO	applicabl	NO
16	Yes	Yes	YES	NO	YES	Warm	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	Palm	YES
17	Yes	Yes	NO	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	YES
18	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	t	YES
19	Yes	Yes	YES	NO	NO	Cold	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	Soyabean	YES
20	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	t	YES
21	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
22	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	t	YES
23	Yes	Yes	YES	NO	YES	Cold	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
24	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	Palm	YES
25	Yes	Yes	YES	YES	YES	temperatu	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	t	YES
26	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	t	YES
27	Yes	Yes	YES	NO	YES	Cold	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	Palm	YES
28	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	NO
29	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	YES	month	YES	times a	NO	applicabl	Amla,	YES	r	NO
30	Yes	Yes	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	al	Katu	YES	r	NO
31	Yes	Yes	YES	NO	YES	Cold	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	Palm	YES
32	Yes	Yes	YES	YES	YES	temperatu	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	Soyabean	YES
33	Yes	Yes	YES	NO	YES	and	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r,	YES
34	Yes	Yes	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	times a	Lavan,	YES	r	YES
35	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	YES	week	YES	day	Amla,	NO	applicabl	YES
36	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
37	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	YES	times a	Katu	YES	Soyabean	NO
38	Yes	Yes	NO	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	NO
39	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	YES	week	YES	days	YES	al	Amla,	YES	t	YES
40	Yes	Yes	YES	YES	NO	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
41	Yes	Yes	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	Soyabean	YES
42	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	YES	times a	Katu	YES	r	YES
43	Yes	Yes	YES	NO	YES	Cold	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
44	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	YES	weeks	YES	al	YES	day	Amla,	YES	r	YES
45	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Soyabean	NO
46	Yes	Yes	YES	YES	YES	temperatu	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
1	day	YES	viruddha	YES	month	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	and other	Vata	Drava	a and	Sama	Visham
2	a day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	and	YES	YES	YES	Fear	YES	Madhya	hojan	Pitta	Ushna	Grahani	Sama	Visham
3	day	YES	viruddha	YES	times a	YES	YES	NO	YES	Exertion	YES	YES	YES	NO any	YES	Madhya	hojan	Kapha	Guru	a and	Sama	Visham
4	a day	NO	applicabl	YES	days	YES	NO	YES	NO	Exertion	YES	YES	YES	Anger	NO	Avar	pana	Vata	Drava	a and	Sama	Visham
5	a day	YES	viruddha	YES	week	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	Gurubhoj	Pitta	Amla	a and	Sama	Visham
6	a day	YES	viruddha	YES	month	YES	YES	NO	YES	Exertion	YES	YES	YES	Grief	YES	Madhya	an,	Pitta	Ruksha	Grahani	Niram	Manda
7	a day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	ahar	Pitta	Ruksha	Grahani	Sama	Manda
8	a day	YES	viruddha	YES	times a	YES	NO	YES	NO	Exertion	YES	NO	NO	Anger	YES	Madhya	jan	Vata	Sheeta	Grahani	Sama	Manda
9	day	YES	viruddha	NO	applicabl	NO	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Vata	Drava	a and	Sama	Visham
10	a day	YES	viruddha	YES	days	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	pana	Pitta,	Ushna,	Grahani	Sama	Manda
11	applicabl	YES	viruddha	NO	applicabl	YES	YES	NO	YES	Exertion	YES	YES	YES	Fear	YES	Madhya	ojan	Pitta	Ushna	a and	Sama	Visham
12	applicabl	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
13	applicabl	YES	viruddha	NO	applicabl	YES	NO	YES	NO	Exertion	YES	YES	YES	Anger	YES	Madhya	an,	Kapha	Guru	a	Sama	Visham
14	applicabl	YES	viruddha	NO	applicabl	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
15	applicabl	YES	viruddha	NO	applicabl	NO	NO	YES	NO	Exertion	YES	YES	YES	Fear	YES	Madhya	pana	Pitta	Drava	Grahani	Sama	Manda
16	a day	YES	viruddha	YES	week	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Pravar	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
17	day	NO	applicabl	YES	month	YES	NO	YES	NO	Exertion	YES	YES	NO	Anger	YES	Madhya	and other	Vata	Sheeta	Grahani	Sama	Manda
18	a day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	hojan	Pitta	Drava	Grahani	Sama	Manda
19	day	YES	viruddha	NO	applicabl	NO	NO	YES	NO	Exertion	YES	YES	YES	Anger	YES	Madhya	Gurubhoj	Vata	Drava	a and	Sama	Visham
20	a day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	NO	Anger	NO	Avar	and other	Kapha	Guru	a and	Sama	Visham
21	applicabl	YES	viruddha	NO	applicabl	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	pana	Pitta	Ruksha	Grahani	Sama	Manda
22	a day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	Sedentary	YES	NO	NO	Anger	YES	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
23	day	YES	viruddha	YES	times a	YES	YES	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	,	Pitta	Drava	a and	Sama	Visham
24	a day	YES	viruddha	YES	days	YES	NO	NO	YES	Exertion	YES	YES	YES	Fear	YES	Madhya	and other	Kapha	Drava	a and	Sama	Visham
25	a day	NO	applicabl	YES	week	NO	NO	YES	NO	Exertion	YES	YES	YES	Anger	YES	Madhya	jan	Pitta	Drava	Grahani	Sama	Manda
26	day	YES	viruddha	YES	month	YES	YES	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
27	a day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	Exertion	YES	YES	NO	Anger	YES	Madhya	pana	Pitta	Ushna	a and	Sama	Visham
28	applicabl	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Exertion	YES	YES	NO	Anger	YES	Madhya	hojan,	Vata	Drava	a and	Niram	Visham
29	applicabl	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	pana	Vata	Sheeta	Grahani	Sama	Manda
30	applicabl	YES	viruddha	YES	times a	YES	NO	YES	NO	Sedentary	NO	NO	NO	Anger	YES	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
31	a day	YES	viruddha	YES	days	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	an,	Pitta	Ruksha	Grahani	Sama	Manda
32	day	YES	viruddha	YES	week	YES	NO	YES	NO	and	YES	YES	YES	NO any	YES	Madhya	ojan	Pitta	Ushna	a and	Sama	Visham
33	a day	YES	viruddha	YES	month	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	and other	Pitta	Drava	Grahani	Sama	Manda
34	a day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan	Pitta	Drava	a and	Sama	Visham
35	day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Exertion	YES	YES	NO	Anger	YES	Madhya	and other	Vata	Laghu	Grahani	Sama	Manda
36	a day	YES	viruddha	NO	applicabl	NO	NO	YES	NO	and	YES	YES	YES	Fear	YES	Madhya	and other	Pitta	Ruksha	Grahani	Sama	Manda
37	applicabl	YES	viruddha	YES	times a	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	NO	Avar	pana	Pitta	Ushna	a and	Sama	Visham
38	applicabl	YES	viruddha	YES	days	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	ahar	Pitta	Drava	Grahani	Sama	Manda
39	a day	YES	viruddha	YES	week	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	an,	Pitta	Ruksha	Grahani	Sama	Manda
40	day	YES	viruddha	YES	month	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Tikshna	a and	Sama	Visham
41	a day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Exertion	YES	YES	NO	Anger	YES	Madhya	hojan,	Vata	Drava	Grahani	Niram	Tikshna
42	a day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Ushna	a and	Sama	Visham
43	day	YES	viruddha	YES	times a	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Visham
44	a day	YES	viruddha	YES	days	YES	NO	YES	NO	Exertion	YES	YES	YES	Anger	YES	Madhya	pana	Vata	Drava	a and	Sama	Visham
45	applicabl	YES	viruddha	NO	applicabl	NO	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	,	Pitta	Ruksha	Grahani	Sama	Manda
46	applicabl	NO	applicabl	YES	week	YES	NO	YES	NO	Sedentary	YES	NO	YES	Anger	YES	Madhya	jan	Pitta	Drava	a and	Sama	Visham

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
47	Female	Student	27	Atopa,	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	5 to 6	0	NA	Yes	Yogasana	30 min	No	Yes	Hot
48	Female	Student	26	Dravamal	Atisar	Annavaha	)AjirnaBh	########	d)	2 to 3	4 to 5	0	NA	Yes	Yogasana	30 min	No	No	Hot
49	Female	Student	27	Dravamal	Atisar	Annavaha	)AjirnaBh	########	d)	2 to 3	3 to 4	0	NA	No	NA	0	No	Yes	Hot
50	Female	Service	29	Atopa,	Atisar	Annavaha	ashana,	########	d)	3 to 5	4 to 5	0	NA	No	NA	0	No	Yes	Hot
51	Female	Teacher	69	apravritti	Atisar	Annavaha	ashana,	########	diarrhea	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Warm
52	Female	Student	23	Malavaro	Atisar	Annavaha	Abhojan,	########	constipat	1	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
53	Female	Student	23	apravritti	Atisar	Annavaha	AtiBhoja	########	diarrhea	2 to 3	4 to 5	0	NA	No	NA	NA	Yes	No	Cold
54	Female	Student	24	apravritti,	Atisar	Annavaha	ashana,	########	diarrhea,	2 to 3	6 to 7	0	NA	Yes	Yogasana	30 min	Yes	No	Warm
55	Male	Service	55	apravritti	Atisar	Annavaha	ashana,	########	diarrhea,	2 to 3	4 to 5	1	NA	No	NA	NA	Yes	No	Cold
56	Female	e	32	apravritti,	Atisar	Annavaha	ashana,	########	diarrhea	2 to 3	5 to 6	0	NA	No	NA	NA	Yes	No	Cold
57	Female	Teacher	46	dha	Atisar	Annavaha	)AjirnaBh	########	constipat	2 to 3	5 to 6	0	NA	Yes	Yogasana	1 hr	Yes	No	Warm
58	Female	e	68	Malavaro	Atisar	Annavaha	AtiBhoja	########	constipat	1	4 to 5	1	NA	No	NA	NA	No	Yes	Warm
59	Female	e	43	dha ,	Atisar	Annavaha	ashana	########	constipat	1	3 to 4	0	NA	No	NA	NA	No	Yes	Hot
60	Female	Service	26	apravritti	Atisar	Annavaha	ashana,	########	diarrhea	2 to 3	4 to 5	0	NA	No	NA	NA	Yes	No	Warm
61	Female	maid	40	Malavaro	Atisar	Annavaha	)AjirnaBh	########	constipat	0 to 1	4 to 5	0	NA	No	NA	NA	Yes	No	Cold
62	Female	Teacher	59	apravritti	Atisar	Annavaha	ashana,	########	diarrhea	2 to 3	6 to 7	1	NA	Yes	Yogasana	30min	No	Yes	Warm
63	Male	Security	51	Malavaro	Atisar	Annavaha	ashana	########	constipat	1	3 to 4	0	NA	No	NA	NA	No	Yes	Hot
64	Female	d	41	Malavaro	Atisar	Annavaha	)AjirnaBh	########	constipat	1	6 to 7	0	NA	No	NA	NA	Yes	No	Cold
65	Female	e	67	Dravamal	Atisar	Annavaha	ashana,	########	diarrhea	3 to 4	3 to 4	1	NA	No	NA	NA	No	Yes	Hot
66	Female	Student	25	apravritti	Ajirna	Annavaha	Abhojan,	########	diarrhea,	2 to 3	3 to 4	0	NA	No	NA	NA	No	Yes	Warm
67	Female	e	55	Atopa,	Ajirna	Annavaha	ashana,	########	irregular,	1	3 to 4	0	NA	No	NA	NA	No	Yes	Warm
68	Female	e	53	Dravamal	Ajirna	Annavaha	Abhojan,	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
69	Female	e	48	Dravamal	Ajirna	Purishava	ashana,	########	irregular,	2 to 3	5 to 6	0	NA	Yes	Walking	30 min	No	Yes	Hot
70	Female	employed	47	Atopa,	Ajirna	Annavaha	)AjirnaBh	########	irregular,	0 to 1	5 to 6	1 to 2	NA	No	NA	NA	No	Yes	Warm
71	Male	Desk job	59	Dravamal	Ajirna	Annavaha	ashana,	########	irregular,	2 to 3	3 to 4	1 to 2	NA	No	NA	NA	No	Yes	Warm
72	Female	e	28	Avipaka,	Ajirna	Annavaha	ashana,	########	irregular,	3 to 4	3 to 4	1 to 2	NA	No	NA	NA	No	Yes	Hot
73	Female	Teacher	55	Atopa,	Ajirna	Annavaha	AtiBhoja	########	irregular,	1	4 to 5	1 to 2	NA	No	NA	NA	Yes	No	Warm
74	Male	Service	51	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	2 to 3	3 to 4	1 to 2	NA	No	NA	NA	No	Yes	Hot
75	Female	e	52	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	2 to 3	3 to 4	1	NA	Yes	Walking	30 min	No	Yes	Hot
76	Male	professio	30	Dravamal	Ajirna	Annavaha	ashana,	########	irregular,	2 to 3	3 to 4	0	NA	No	NA	NA	No	Yes	Hot
77	Female	employed	50	Dravamal	Ajirna	Annavaha	ashana,	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
78	Male	Advocate	35	Malavaro	Ajirna	Annavaha	AtiBhoja	########	irregular,	0 to 1	5 to 6	0	NA	Yes	Walking	30 min	No	Yes	Hot
79	Male	Desk job	36	Dravamal	Ajirna	Annavaha	ashana,	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
80	Female	Desk job	42	apravritti	Ajirna	Annavaha	Abhojan,	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
81	Male	Desk job	32	Dravamal	Atisar	Annavaha	ashana,	########	diarrhea,	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Warm
82	Male	Business	45	apravritti	Atisar	Annavaha	ashana,	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
83	Female	e	40	Malavaro	Atisar	Annavaha	Abhojan,	########	irregular,	0 to 1	4 to 5	0	NA	Yes	Yogasana	20 min	No	Yes	Warm
84	Female	e	48	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
85	Male	Floor job	24	apravritti	Atisar	Annavaha	ashana,	########	irregular,	2 to 3	3 to 4	0	NA	No	NA	NA	No	Yes	Hot
86	Female	Desk job	54	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Warm
87	Female	shift	22	Malavaro	Atisar	Annavaha	ashana,	########	irregular,	0 to 1	4 to 5	0	NA	No	NA	NA	No	Yes	Warm
88	Female	Desk job	28	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	3 to 4	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
89	Male	Desk job	42	apravritti	Atisar	Annavaha	ashana,	########	irregular,	3 to 4	3 to 4	0	NA	Yes	Yogasana	20 min	No	Yes	Warm
90	Female	Desk job	40	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	3 to 4	3 to 4	0	NA	No	NA	NA	No	Yes	Warm

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
47	Sound	1.00am	7.00am	6	No	0	No	5	Yes	Purisha	Coffee	Yes	Buffalo	Yes	No	9.00am	Indian	Yes	Chapatis,	Yes	Chapatis,
48	Sleep	12.00am	7.00am	7	Yes	1	No	0	Yes	Kshudha	Coffee	Yes	Cow	Yes	No	9.00am	Junk,	Yes	Chapati,	Yes	Chapatis,
49	Sleep	11.00pm	7.00am	8	No	0	No	0	Yes	Mutra	Coffee	No	NA	Yes	No	9.00am	Junk,	Yes	Chapati,	No	Chapatis,
50	Sleep	1.00am	6.00am	5	No	0	No	1 - 2	Yes	Purisha	Coffee	Yes	Cow	Yes	No	9.00am	Junk,	No	Chapati,	Yes	Chapati,
51	Sleep	11.30pm	6.00am	7	Yes	1	No	1 - 2	Yes	Ashru	i) Tea	Yes	Cow	No	No	NA	NA	Yes	chapati,	Yes	Rice, Dal
52	Sleep	12am	7.15am	7	No	0	No	0	Yes	Mutra	i) Tea	No	NA	Yes	Yes	9.30am	Indian	Yes	chapati,	Yes	chapati,
53	Sleep	12.30am	7.30am	6	No	0	Yes	0	Yes	Jrumbha	i) Tea	No	NA	Yes	Yes	9.00 am	Indian	Yes	chapati,	Yes	Vegetable
54	Sleep	12.00am	6.45am	6.5	No	0	No	0	Yes	Ashru	i) Tea	No	NA	Yes	Yes	9.00am	snacks	Yes	chapati,	No	chapati,
55	Sound	11.00 pm	6.30am	8	No	0	Yes	1 - 2	Yes	Mutra	i) Tea	No	NA	No	No	NA	NA	Yes	Vegetable	Yes	chapati,
56	Sleep	11.30pm	6.00am	7	Yes	1	No	0	Yes	Purisha	i) Tea	No	NA	Yes	Yes	9.00am	snacks	Yes	Vegetable	Yes	Dal ,Rice
57	Sleep	11.00pm	6.00am	7	No	0	No	3	Yes	Purisha	i) Tea	Yes	Cow	Yes	Yes	9.00 am	snacks	Yes	Vegetable	Yes	chapati,
58	Sleep	11.00pm	6.00am	7	Yes	1	No	0	Yes	Purisha	i) Tea	Yes	Buffalo	Yes	Yes	8.30am	snacks	Yes	chapati,	Yes	Dal ,Rice
59	Sound	11.30pm	6.30am	6	Yes	1	No	0	Yes	was	Coffee	No	NA	Yes	Yes	9.00am	snacks	Yes	Vegetable	No	Dal ,Rice
60	Sound	11.30pm	6.30am	7	No	0	No	1 - 2	Yes	Mutra	Coffee	Yes	Cow	Yes	No	8.30am	snacks	Yes	chapati,	Yes	Vegetable
61	Sound	12.00am	6.00am	6	No	0	No	2.5	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	8.30am	and	Yes	Vegetable	Yes	Vegetable
62	Sound	11.00pm	7.00am	8	No	0	No	0	Yes	Chhardi	Coffee	Yes	Buffalo	Yes	Yes	9.00am	snacks	Yes	chapati,	Yes	Dal ,Rice
63	Sound	11.30pm	6.30am	7	No	0	No	0	Yes	Kshudha	i) Tea	Yes	Cow	Yes	Yes	9.00 am	snacks	Yes	Vegetable	Yes	Vegetable
64	Sound	12.00 am	6.00 am	6	No	0	No	0	Yes	Purisha	i) Tea	No	NA	Yes	Yes	7.30am	snacks	Yes	Vegetable	No	Vegetable
65	Sleep	11.00 pm	6.30 am	7.5	Yes	2	No	0	Yes	Purisha	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	chapati,	Yes	Dal ,Rice
66	Sleep	12.00 am	7.00 am	7	No	0	No	4	Yes	was	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	chapati,	Yes	Vegetable
67	Sleep	11.00 pm	6.00 am	7	Yes	1	No	1 - 2	Yes	Mutra	Coffee	No	NA	Yes	Yes	9.00am	snacks	Yes	Vegetable	Yes	Dal ,Rice
68	Sleep	11.00 pm	6.30 am	7.5	Yes	2	No	0	Yes	Nidra	Coffee	Yes	Cow	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
69	Sleep	12.00 am	7.00 am	7	Yes	1	No	0	Yes	Kasa	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Vegetable	No	Dal ,Rice
70	Sleep	12.00 am	7.00 am	7	No	0	No	1 - 2	Yes	Jrumbha	Coffee	Yes	Buffalo	Yes	No	8.30 am	snacks	Yes	chapati,	No	Dal ,Rice
71	Sleep	12.00 am	7.00 am	7	No	0	No	0	Yes	Purisha	i) Tea	Yes	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
72	Sound	12.00 am	7.00 am	7	Yes	1	No	1 - 2	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.00 am	snacks	Yes	Vegetable	Yes	Vegetable
73	Sound	12.00am	6.00am	6	No	0	No	3	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	9.00am	snacks	Yes	Vegetable	Yes	Vegetable
74	Sound	12.00 am	7.00 am	7	No	0	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Vegetable	No	Vegetable
75	Sound	12.00 am	7.00 am	7	Yes	1	No	0	Yes	was	i) Tea	Yes	Buffalo	Yes	Yes	10.00 am	snacks	Yes	Vegetable	Yes	Vegetable
76	Sound	12.00 am	7.00 am	7	No	0	No	1 - 2	Yes	Retas	Coffee	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Chapatis,	Yes	Chapatis,
77	Sound	11.30 pm	6.30 am	7	No	0	Yes	1 - 2	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Dal ,Rice
78	Sleep	12.00 am	7.00 am	7	No	0	No	0	Yes	Purisha	Coffee	No	NA	Yes	Yes	9.00 am	Indian	Yes	Vegetable	Yes	Vegetable
79	Sleep	12.00 am	6.30 am	6.5	No	0	No	0	Yes	Ashru	Coffee	Yes	Buffalo	Yes	Yes	9.00 am	snacks	Yes	Vegetable	No	Vegetable
80	Sound	12.00 am	6.00 am	6	No	0	No	0	Yes	Purisha	Coffee	Yes	Cow	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Dal ,Rice
81	Sound	12.00 am	7.00 am	7	No	0	No	2.5	Yes	Purisha	Coffee	No	NA	Yes	Yes	9.300 am	Indian	Yes	Vegetable	Yes	Vegetable
82	Sound	1.00 am	7.30 am	6.5	No	0	Yes	0	Yes	Purisha	Coffee	Yes	Buffalo	Yes	Yes	10.00 am	Indian	Yes	Vegetable	Yes	Vegetable
83	Sound	11.30 pm	6.30 am	7	Yes	1	No	1 - 2	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Vegetable	No	Vegetable
84	Sound	12.00 am	6.00 am	6	Yes	1	No	0	Yes	Jrumbha	i) Tea	No	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
85	Sound	12.00 am	7.00 am	7	No	0	No	3	Yes	Mutra	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	No	Vegetable
86	Sleep	12.00 am	6.00 am	6	No	0	No	0	Yes	Purisha	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	chapati,	Yes	Dal ,Rice
87	Sleep	11.30 pm	6.30 am	7	No	0	No	0	Yes	u	i) Tea	Yes	Cow	Yes	Yes	9.30 am	Indian	Yes	Vegetable	No	Vegetable
88	Sleep	12.00 am	7.00 am	7	No	0	No	1 - 2	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable
89	Sound	12.00 am	7.00 am	7	No	0	No	0	Yes	Kshudha	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	No	Vegetable
90	Sound	12.00 am	6.00 am	6	No	0	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
47	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	NO	applicabl	NO
48	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Palm	YES
49	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
50	Yes	Yes	YES	YES	NO	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
51	Yes	Yes	NO	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
52	Yes	Yes	YES	NO	YES	and	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t,	YES
53	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	Palm	YES
54	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	t	NO
55	Yes	Yes	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	t	NO
56	Yes	Yes	YES	NO	YES	and	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	NO
57	Yes	Yes	YES	NO	YES	Warm	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Palm	YES
58	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Sesame	YES
59	Yes	Yes	YES	YES	YES	temperatu	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
60	Yes	Yes	YES	NO	YES	Cold	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
61	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	YES	al	Amla,	YES	Palm	YES
62	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	t	YES
63	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Palm	NO
64	Yes	No	YES	YES	NO	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	Palm	NO
65	Yes	No	YES	YES	NO	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	NO
66	Yes	No	YES	NO	NO	Cold	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
67	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	t	YES
68	Yes	Yes	NO	YES	NO	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Palm	YES
69	Yes	Yes	YES	NO	NO	and	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
70	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	t	YES
71	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	t	YES
72	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	Palm	NO
73	Yes	Yes	YES	NO	NO	and	YES	week	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
74	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	t	YES
75	Yes	Yes	YES	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	t	YES
76	Yes	Yes	NO	YES	NO	temperatu	YES	month	NO	applicabl	NO	YES	month	YES	day	YES	day	Madhur	YES	Safflower	YES
77	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
78	Yes	Yes	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	Ricebran	YES
79	Yes	Yes	YES	NO	YES	and	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	NO
80	Yes	No	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	NO
81	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	Palm	NO
82	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	YES	al	Lavan,	YES	r	YES
83	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
84	Yes	Yes	YES	NO	YES	and	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
85	Yes	Yes	NO	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	YES
86	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
87	Yes	Yes	YES	NO	YES	Warm	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Palm	YES
88	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	r	NO
89	Yes	Yes	YES	NO	YES	and	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r,	NO
90	Yes	Yes	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	Palm	NO

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
47	applicabl	YES	viruddha	YES	month	YES	NO	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	Gurubhoj	Kapha	Picchil	ya	Sama	Visham
48	a day	YES	viruddha	YES	2 weeks	NO	NO	NO	YES	Exertion	YES	YES	NO	Anger	YES	Madhya	and other	Pitta	Ushna	a and	Sama	Visham
49	day	YES	viruddha	NO	applicabl	YES	NO	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	and other	Vata	Drava	a and	Sama	Visham
50	a day	YES	viruddha	YES	times a	YES	NO	NO	YES	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan	Pitta	Ruksha	Grahani	Sama	Manda
51	a day	YES	viruddha	YES	days	YES	NO	NO	YES	and	YES	YES	YES	Fear	YES	Avar	and other	Pitta	Ruksha	Grahani	Sama	Manda
52	day	YES	viruddha	YES	week	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
53	a day	YES	viruddha	YES	month	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	Aharaj	Pitta	Tikshna	a and	Niram	Visham
54	applicabl	YES	viruddha	NO	applicabl	YES	YES	NO	YES	Sedentary	NO	NO	NO	Anger	YES	Madhya	hojan,	Vata	Drava	a and	Sama	Visham
55	applicabl	YES	viruddha	NO	applicabl	YES	NO	NO	YES	and	YES	YES	NO	Anger	YES	Avar	hojan	Pitta	Drava	Grahani	Sama	Manda
56	applicabl	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Sedentary	NO	NO	NO	Anger	YES	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
57	a day	YES	viruddha	YES	times a	YES	YES	NO	YES	and	YES	YES	YES	NO any	YES	Madhya	hojan,	Pitta	Drava	a	Sama	Visham
58	day	YES	viruddha	YES	days	YES	YES	NO	YES	Sedentary	NO	NO	YES	Anger	NO	Avar	hojan	Pitta	Drava	a	Sama	Visham
59	a day	NO	applicabl	YES	week	YES	YES	NO	YES	Sedentary	YES	NO	YES	Anger	YES	Madhya	an,	Pitta	Drava	a and	Sama	Visham
60	a day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	pana	Vata	Sheeta	Grahani	Sama	Manda
61	day	YES	viruddha	YES	month	NO	NO	NO	YES	Exertion	YES	NO	YES	Anger	YES	Madhya	an,	Pitta	Ushna	a and	Sama	Visham
62	a day	YES	viruddha	NO	applicabl	YES	NO	NO	YES	and	YES	YES	NO	Anger	YES	Pravar	ojan	Pitta	Ruksha	Grahani	Sama	Manda
63	applicabl	YES	viruddha	YES	2 weeks	YES	NO	NO	YES	Exertion	YES	NO	NO	Anger	YES	Madhya	ojan	Pitta	Drava	Grahani	Sama	Manda
64	applicabl	YES	viruddha	YES	times a	YES	NO	YES	NO	Exertion	YES	YES	YES	Anger	YES	Madhya	hojan	Vata	Drava	a and	Sama	Visham
65	applicabl	YES	viruddha	NO	applicabl	YES	NO	YES	NO	Sedentary	NO	NO	NO	Anger	YES	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
66	a day	YES	viruddha	YES	days	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Ruksha	ya	Sama	Visham
67	day	YES	viruddha	YES	week	YES	NO	YES	NO	Sedentary	NO	NO	NO	Grief	YES	Avar	hojan,	Kapha	Ushna	a and	Sama	Visham
68	a day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	Sedentary	YES	NO	YES	Anger	YES	Madhya	hojan,	Pitta	Ushna	Grahani	Sama	Manda
69	a day	YES	viruddha	YES	month	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	jan	Kapha	Guru	a and	Sama	Visham
70	day	YES	viruddha	YES	2 weeks	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
71	a day	NO	applicabl	YES	times a	YES	NO	YES	NO	and	YES	YES	YES	Fear	YES	Madhya	Gurubhoj	Pitta	Drava	a and	Sama	Visham
72	applicabl	YES	viruddha	YES	days	YES	NO	YES	NO	Sedentary	YES	NO	NO	Anger	YES	Madhya	ahar	Vata	Drava	a and	Sama	Visham
73	a day	YES	viruddha	NO	applicabl	NO	NO	YES	NO	and	YES	YES	YES	Anger	NO	Avar	pana	Pitta	Drava	Grahani	Sama	Manda
74	day	YES	viruddha	YES	week	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	Aharaj	Pitta	Ruksha	a	Sama	Visham
75	a day	YES	viruddha	YES	month	YES	YES	NO	YES	Sedentary	NO	NO	NO	Anger	YES	Madhya	hojan	Pitta	Ushna	a and	Niram	Visham
76	a day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	Vishamb	Vata	Drava	a and	Sama	Visham
77	a day	YES	viruddha	YES	times a	YES	YES	NO	NO	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Ushna	Grahani	Sama	Manda
78	day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	an,	Pitta	Drava	ya	Sama	Visham
79	applicabl	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan	Kapha	Drava	a and	Sama	Visham
80	applicabl	YES	viruddha	YES	days	YES	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	ojan	Pitta	Drava	Grahani	Sama	Manda
81	applicabl	YES	viruddha	YES	week	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	an,	Vata	Drava	a and	Sama	Visham
82	a day	YES	viruddha	NO	applicabl	NO	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
83	a day	NO	applicabl	YES	month	YES	YES	NO	YES	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan	Pitta	Drava	a and	Sama	Visham
84	day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Sedentary	YES	NO	NO	Anger	YES	Madhya	hojan,	Pitta	Ushna	Grahani	Sama	Manda
85	a day	YES	viruddha	NO	applicabl	YES	NO	NO	YES	Exertion	YES	NO	NO	Anger	YES	Madhya	jan	Pitta	Drava	Grahani	Sama	Manda
86	day	YES	viruddha	YES	times a	YES	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	pana	Pitta	Ruksha	ya	Sama	Visham
87	a day	YES	viruddha	YES	days	NO	NO	NO	YES	and	YES	YES	NO	Anger	NO	Avar	hojan	Pitta	Drava	a and	Sama	Tikshna
88	applicabl	YES	viruddha	YES	week	YES	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
89	applicabl	YES	viruddha	NO	applicabl	YES	NO	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	Gurubhoj	Pitta	Drava	a and	Sama	Visham
90	applicabl	YES	viruddha	YES	month	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	and other	Vata	Drava	a and	Sama	Visham

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
91	Male	Teacher	59	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	3 to 4	3 to 4	0	NA	No	NA	NA	No	Yes	Warm
92	Female	e	46	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	5 to 6	0	NA	Yes	Yogasana	30 min	Yes	No	Hot
93	Female	e	52	Atopa,	Atisar	Annavaha	ashana,	########	irregular,	0 to 1	5 to 6	0	NA	Yes	Walking	30 min	No	Yes	Warm
94	Male	Service	46	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Hot
95	Male	consultan	33	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	3 to 4	5 to 6	0	NA	Yes	Yogasana	20 min	No	Yes	Hot
96	Male	Teacher	59	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	2 to 3	5 to 6	0	NA	Yes	Yogasana	30 min	Yes	No	Cold
97	Male	Desk job	55	apravritti	Atisar	Annavaha	ashana,	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Warm
98	Male	Student	22	Malavaro	Atisar	Purishava	Abhojan,	########	irregular,	0 to 1	4 to 5	0	NA	No	NA	NA	No	Yes	Warm
99	Male	Desk job	34	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Cold
100	Male	Desk job	31	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	5 to 6	0	NA	Yes	Yogasana	20 min	No	Yes	Warm
101	Female	Desk job	33	Hrullas,	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3 to 5	5	1 to 2	NA	Yes	Walking	minutes	No	Yes	Warm
102	Male	Student	20	a,	Atisar	Annavaha	Abhojan,	########	irregular,	1 to 2	4	1 to 2	NA	Yes	exercises	1 hour	Yes	Yes	Cold
103	Male	Student	20	Hrullas,	Ajirna	Annavaha	)AjirnaBh	########	diarrhea	3	5	1 to 2	NA	No	NA	NA	Yes	Yes	Hot
104	Female	Self	30	Atopa,	Atisar	Annavaha	Abhojan,	########	constipat	1	5	1	NA	Yes	Walking	minutes	No	No	Warm
105	Female	Teacher	33	a,	Ajirna	Annavaha	)AjirnaBh	########	irregular,	2 to 3	4	1 to 2	NA	Yes	Yogasana	minutes	Yes	No	Warm
106	Female	Service	25	Amla	Atisar	Annavaha	ashana,	########	irregular,	4	3	1 to 2	NA	No	NA	NA	Yes	No	Hot
107	Male	Teacher	34	a,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1	4	1 to 2	NA	Yes	Aerobics	minutes	Yes	No	Cold
108	Male	Teacher	34	Hrullas,	Ajirna	Annavaha	)AjirnaBh	########	irregular,	2 to 3	4	1 to 2	NA	No	NA	NA	Yes	Yes	Cold
109	Female	Service	28	asyata,	Atisar	Annavaha	)AjirnaBh	########	irregular,	3 to 5	4	1 to 2	NA	Yes	Aerobics	minutes	Yes	Yes	Cold, Hot
110	Male	Service	46	Atopa,	Atisar	Annavaha	Abhojan,	########	irregular,	2 to 3	6 to 7	1 to 2	Polyuria	No	NA	NA	Yes	No	Cold, Hot
111	Female	Service	30	Hrullas,	Ajirna	Annavaha	)AjirnaBh	########	irregular,	4	4	1 to 2	NA	No	NA	NA	Yes	No	Warm
112	Male	Service	45	Amla	Ajirna	Annavaha	)AjirnaBh	########	irregular,	4	5	1 to 2	NA	Yes	Yogasana	minutes	Yes	Yes	Cold
113	Female	Service	37	Atopa,	Atisar	Annavaha	)AjirnaBh	########	constipat	1	4	1 to 2	NA	No	NA	NA	Yes	Yes	Cold
114	Male	cebtre	26	Hrullas,	Ajirna	Annavaha	)AjirnaBh	########	irregular,	4	5	1 to 2	NA	No	Aerobics	minutes	Yes	No	Hot
115	Male	gas	45	Adhman,	Atisar	Annavaha	Abhojan,	########	irregular,	3 to 5	4	1	NA	No	NA	NA	Yes	Yes	Cold
116	Male	Business	36	Atopa,	Ajirna	Annavaha	)AjirnaBh	########	irregular,	4	4	1 to 2	NA	No	NA	NA	No	Yes	Warm
117	Male	Service	35	Avipaka,	Ajirna	Annavaha	)AjirnaBh	########	diarrhea	3 to 5	5	1 to 2	NA	No	NA	NA	Yes	No	Hot
118	Female	Service	31	Avipaka,	Atisar	Annavaha	AtiBhoja	########	irregular,	3 to 5	6 to 7	1 to 2	Polyuria	No	Aerobics	minutes	Yes	No	Cold, Hot
119	Female	shift dutie	33	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3	4	1 to 2	NA	No	NA	NA	No	Yes	Cold
120	Female	Service	32	apravritti	Ajirna	Annavaha	AtiBhoja	########	irregular,	2 to 3	4	1 to 2	NA	No	NA	NA	No	Yes	Cold
121	Female	Studentsl	26	Avipaka,	Atisar	Annavaha	ashana,	########	irregular,	1 to 2	5 to 6	0	NA	No	NA	0	No	Yes	Hot
122	Female	Service	46	Amla	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	6 to 7	0	NA	No	NA	0	No	Yes	Cold
123	Male	Service	46	Avipaka,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1	4 to 5	0	NA	Yes	Yogasana	60 min	No	Yes	Hot
124	Male	Employe	44	Atopa,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1 to 2	4 to 5	0	NA	No	NA	0	No	Yes	Hot
125	Female	Student	26	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1 to 2	6 to 7	0	NA	No	NA	0	No	Yes	Hot
126	Female	e	40	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	3 to 4	4 to 5	0	NA	Yes	Yogasana	30 min	No	Yes	Hot
127	Male	Employe	33	Avipaka,	Ajirna	Annavaha	)AjirnaBh	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	0	No	Yes	Hot
128	Female	Service	33	Atopa,	Ajirna	Annavaha	)AjirnaBh	########	d)	3 to 4	5 to 6	0	NA	No	NA	0	No	Yes	Hot
129	Male	Service	46	Atopa,	Ajirna	Annavaha	ashana,	########	d)	3 to 4	5 to 6	0	NA	No	NA	0	No	Yes	Warm
130	Male	duties	35	Atopa,	Ajirna	Annavaha	ashana,	########	c)	2 to 3	5 to 6	0	NA	No	NA	0	No	Yes	Cold
131	Female	consultan	38	Malavaro	Atisar	Purishava	)AjirnaBh	########	irregular,	0 to 1	4 to 5	0	NA	No	NA	NA	No	Yes	Cold
132	Female	n	38	Dravamal	Ajirna	Annavaha	Abhojan,	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
133	Male	Student	23	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3 to 4	4 to 5	0	NA	Yes	Yogasana	15 min	No	Yes	Warm
134	Male	job	32	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
135	Male	IT	33	Dravamal	Ajirna	Annavaha	Abhojan,	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
136	Female	keeper	35	Malavaro	Ajirna	Annavaha	AtiBhoja	########	irregular,	0 to 1	4 to 5	0	NA	Yes	Yogasana	20 min	No	Yes	Hot

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
91	Sound	11.30 pm	6.30 am	7	No	0	No	1 - 2	Yes	u	Coffee	No	NA	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable
92	Sound	11.00 pm	6.00 am	7	Yes	1	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
93	Sound	11.30 pm	6.30 am	7	No	0	No	0	Yes	Mutra	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
94	Sleep	12.30 am	6.30 am	6	No	0	Yes	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9.00 am	snacks	Yes	Vegetable	Yes	Vegetable
95	Sleep	1.00 am	7.00 am	6	No	0	Yes	0	Yes	Vata	i) Tea	Yes	Cow	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable
96	Sleep	11.00 pm	6.30 am	6.5	No	0	No	0	Yes	Kshudha	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable
97	Sleep	1.00 am	7.00 am	6	No	0	Yes	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable
98	Sleep	12.30 am	7.30 am	7	No	0	Yes	0	Yes	Jrumbha	i) Tea	No	NA	Yes	Yes	10.00 am	Indian	Yes	Vegetable	Yes	Vegetable
99	Sound	11.30 pm	6.30 am	7	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable
100	Sound	12.00 am	7.00 am	7	No	0	No	0	Yes	Vata	i) Tea	No	NA	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable
101	Sleep	11:30pm	06:30 am	7 Hours	No	0	No	0	Yes	Purisha	ii) Coffee	Yes	Buffalo	Yes	Yes	9 am	snacks	Yes	bhaji	No	meal -
102	Sound	01:00am	07;30am	7	Yes	1 hour	Yes	0	Yes	Jrumbha	i) Tea	No	NA	Yes	No	8:30am	Indian	Yes	Bhaji/Par	Yes	Bhali Dal
103	Sleep	11:30pm	7:30 am	7 hours	No	NA	Yes	0	Yes	Kshudha	Coffee	Yes	Buffalo	Yes	No	9am	Indian	No	Paratha/	Yes	Bhaji and
104	Sound	12:30 am	05:30	6	Yes	2 hours	Yes	0	Yes	Purisha	i) Tea	No	NA	Yes	Yes	9 am	Indian	Yes	bhaji	No	gravies
105	Sleep	10:30	06:30 am	8	No	NA	Yes	0	Yes	Purisha	ii) Coffee	No	NA	Yes	Yes	8:30 am	snacks	Yes	sslad	Yes	sweets /
106	Sleep	11	07:00 am	8 hours	No	NA	No	0	Yes	Kshudha	ii) Coffee	No	NA	Yes	Yes	9am	Junk,	Yes	dal	Yes	pizza/
107	Sound	11 pm	06pm	7	No	NA	No	0	Yes	Purisha	Coffee	No	NA	Yes	No	8 am	Junk,	Yes	bhaji	Yes	bhakari
108	Sleep	10:00	06:00	8 hours	Yes	1 hour	No	0	Yes	Mutra	i) Tea	No	NA	Yes	Yes	8am	snacks	Yes	chutney	Yes	midal/
109	Sound	11 30	07:00 am	7. 5 hours	No	NA	No	0	Yes	Mutra	Coffee	Yes	Cow	Yes	Yes	9am	snacks	Yes	noodle/	Yes	chaoati
110	Sleep	10pm	5am	7 hours	No	NA	No	4	No	NA	Coffee	No	NA	No	No	NA	NA	Yes	poli bgaji	Yes	bhaji
111	Sound	11 pm	06am	7	No	NA	Yes	0	Yes	Vata	Coffee	No	Cow	Yes	Yes	9am	Indian	Yes	subji dal	Yes	soups
112	Sound	midnight	8am	8 hours	No	NA	Yes	3	Yes	Kshudha	Coffee	No	NA	No	No	NA	NA	Yes	sandwich	Yes	, salads
113	Sound	11 pm	6am	7	No	NA	Yes	0	Yes	Mutra	Coffee	No	NA	No	No	NA	NA	Yes	kanda	Yes	es soups
114	Sound	3am	1pm	8 hours	Yes	6 hours	Yes	0	Yes	Vata	ii) Coffee	No	NA	Yes	Yes		s/ Indian	Yes	/ roti	Yes	sandwich
115	Sound	11:30 pm	05am	5.5 hours	No	NA	Yes	0	Yes	Vata	i) Tea	No	NA	Yes	Yes	8 am	Junk,	Yes	Roti Sabji	Yes	Dal rice
116	Sound	12pm	9am	9 hours	Yes	2 hours	Yes	0	Yes	Kshudha	i) Tea	No	NA	Yes	No	10 am	Indian	Yes	rice Roti	Yes	salad with
117	Sleep	11 pm	7am	8 hours	No	NA	Yes	1 - 2	Yes	Mutra	Coffee	No	NA	Yes	No	8 am	Junk,	Yes	Roti sabji	No	Rice /
118	Sleep	11pm	7 qm	8 hours	No	NA	Yes	0	Yes	Vata	Coffee	No	NA	Yes	Yes	9am	snacks	Yes	and dahi	Yes	dal chwal
119	Sound	11.00pm	7:00 am	8	No	NA	No	0	Yes	Mutra	i) Tea	No	NA	Yes	Yes	9am	snacks	Yes	dal rice	Yes	h, dosa,
120	Sound	midnight	6 am	6 hours	No	NA	Yes	0	No	NA	Coffee	No	NA	Yes	Yes	9am	snacks	Yes	salad	Yes	Upama/
121	Sound	12.00am	7.00am	7	Yes	1	No	3	Yes	Kshudha	Coffee	Yes	Buffalo	Yes	No	9.00am	Indian	No	Chapatis,	Yes	Chapatis,
122	Sound	1.00am	5.00am	4	Yes	1	No	0	Yes	Kshudha	Coffee	Yes	Buffalo	Yes	Yes	8.00am	snacks	Yes	Chapati,	Yes	Chapatis,
123	Sleep	12.00am	6.00am	6	No	0	No	0	Yes	Vata	Coffee	Yes	Cow	Yes	No	8.00am	Indian	Yes	Chapatis,	Yes	Chapatis,
124	Sleep	1.00am	7.00am	6	No	0	No	0	Yes	Vata	Coffee	Yes	Buffalo	Yes	Yes	9.00am	and	Yes	Chapatis,	Yes	Chapatis,
125	Sleep	12.00am	8.00am	8	No	0	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	No	9.00am	Indian	No	Chapati,	Yes	Chapati,
126	Sleep	12.00am	7.00am	7	No	0	No	0	Yes	Vata	Coffee	Yes	Cow	Yes	No	9.00am	Indian	No	Chapati,	Yes	Chapatis,
127	Sleep	1.00am	6.00am	5	No	0	No	0	Yes	Vata	Coffee	Yes	Cow	Yes	No	9.00am	Junk,	Yes	1	Yes	2
128	Sleep	12.00am	6.00am	6	No	0	No	0	Yes	Mutra	Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	Yes	Chapati,	Yes	Chapatis,
129	Sleep	11.00pm	6.00am	7	No	0	No	0	No	NA	Coffee	Yes	Buffalo	Yes	No	10.00am	Indian	No	Chapati,	Yes	Chapatis,
130	Sleep	12.00am	6.00am	6	No	0	No	0	Yes	Mutra	Coffee	Yes	Buffalo	Yes	No	9.00am	Indian	Yes	Vegetable	Yes	2
131	Sleep	12.30 am	7.30 am	7	No	0	No	0	Yes	Mutra	i) Tea	No	NA	Yes	Yes	9.30 am	Indian	Yes	Vegetable	Yes	Vegetable
132	Sleep	11.30 pm	6.30 am	7	No	0	No	0	Yes	Purisha	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Dal ,Rice
133	Sleep	12.00 am	7.00 am	7	No	0	No	2.5	Yes	Mutra	i) Tea	No	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
134	Sleep	12.00 am	6.00 am	6	No	0	No	0	Yes	u	Coffee	No	NA	Yes	Yes	9.00 am	snacks	Yes	Vegetable	Yes	Vegetable
135	Sound	2.00 am	8.00 am	6	Yes	2	Yes	0	Yes	Vata	Coffee	Yes	Cow	Yes	Yes	10.00 am	snacks	No	Vegetable	Yes	Vegetable
136	Sleep	12.00 am	7.00 am	7	Yes	1	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Dal ,Rice

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
91	Yes	No	YES	YES	NO	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	YES
92	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
93	Yes	Yes	YES	NO	YES	and	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
94	Yes	Yes	NO	YES	NO	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	t	YES
95	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	YES	month	YES	times a	YES	day	Amla,	YES	r	YES
96	Yes	No	YES	NO	YES	and	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
97	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	YES	week	YES	times a	YES	times a	Lavan,	YES	r	NO
98	Yes	No	YES	YES	NO	temperatu	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	YES
99	Yes	Yes	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Olive	YES
100	Yes	Yes	NO	YES	NO	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	YES	al	Amla,	YES	r	YES
101	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	t	NO
102	Yes	Yes	YES	NO	YES	Warm	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	t	NO
103	Yes	No	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	t	NO
104	No	No	YES	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	NO	applicabl	YES
105	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
106	Yes	No	YES	NO	YES	and	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
107	Yes	No	NO	YES	NO	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	r	YES
108	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	YES
109	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
110	Yes	No	YES	NO	YES	and	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	YES	al	Madhur	YES	r	NO
111	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
112	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	r	NO
113	Yes	Yes	YES	NO	YES	Cold	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	NO
114	Yes	Yes	YES	NO	YES	and	YES	weeks	NO	applicabl	NO	YES	month	YES	al	YES	times a	Amla	YES	r	NO
115	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	Palm	NO
116	Yes	Yes	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	day	Madhur	YES	r	NO
117	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	r	NO
118	Yes	No	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	YES
119	Yes	No	YES	NO	YES	Warm	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Kashaya	YES	r	YES
120	Yes	No	NO	YES	NO	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	r	YES
121	Yes	No	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
122	No	No	YES	NO	YES	and	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
123	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	YES	week	YES	times a	Lavan,	YES	r	NO
124	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
125	Yes	No	YES	NO	YES	and	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	NO
126	Yes	No	YES	YES	NO	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	r	NO
127	Yes	No	YES	YES	YES	temperatu	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	day	Amla,	YES	r	YES
128	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
129	Yes	No	YES	NO	YES	Warm	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	t	YES
130	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	t	YES
131	Yes	Yes	NO	YES	NO	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Ricebran	YES
132	Yes	Yes	YES	NO	YES	and	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	NO
133	Yes	No	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	t	NO
134	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	r	NO
135	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
136	Yes	No	YES	NO	YES	and	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
91	a day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	YES	Fear	YES	Madhya	an,	Pitta	Ruksha	a	Sama	Visham
92	day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Sedentary	YES	NO	NO	Anger	YES	Madhya	Aharaj	Pitta	Tikshna	a and	Niram	Visham
93	day	YES	viruddha	YES	times a	YES	YES	NO	YES	Sedentary	YES	YES	NO	Anger	YES	Madhya	pana	Vata	Drava	a and	Sama	Visham
94	day	YES	viruddha	YES	days	NO	NO	YES	NO	Sedentary	YES	YES	YES	Anger	YES	Madhya	ojan	Pitta	Drava	a and	Sama	Visham
95	a day	YES	viruddha	YES	week	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	,	Pitta	Ushna	a and	Sama	Visham
96	a day	YES	viruddha	YES	month	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
97	applicabl	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Avar	Vishamb	Pitta	Drava	a and	Sama	Visham
98	a day	YES	viruddha	YES	times a	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	hojan,	Kapha	Guru	a and	Sama	Visham
99	day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
100	a day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	ojan	Pitta	Drava	a and	Sama	Visham
101	applicabl	YES	viruddha	NO	applicabl	YES	NO	NO	NO	and	YES	YES	YES	Anger	YES	Madhya	pana	Pitta	Drava	Grahani	Sama	Manda
102	applicabl	YES	viruddha	YES	2 weeks	YES	NO	NO	YES	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
103	applicabl	YES	viruddha	YES	times a	YES	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	Gurubhoj	Vata	Drava	a and	Sama	Visham
104	a day	YES	viruddha	YES	days	YES	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan	Pitta	Drava	a	Sama	Visham
105	a day	YES	viruddha	YES	week	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	ojan	Pitta	Ruksha	Grahani	Sama	Manda
106	day	YES	viruddha	YES	month	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Kapha	Guru	a and	Sama	Visham
107	day	YES	viruddha	YES	2 weeks	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	Aharaj	Vata	Sheeta	Grahani	Sama	Manda
108	day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	hojan	Pitta	Drava	Grahani	Sama	Manda
109	day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	pana	Pitta	Drava	Grahani	Sama	Manda
110	applicabl	YES	viruddha	YES	times a	YES	YES	NO	NO	Sedentary	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
111	applicabl	YES	viruddha	YES	days	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	jan	Pitta	Ruksha	Grahani	Sama	Manda
112	applicabl	YES	viruddha	YES	week	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	ahar	Pitta	Drava	a and	Sama	Visham
113	applicabl	YES	viruddha	YES	month	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	Aharaj	Vata	Drava	a and	Sama	Visham
114	applicabl	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	Vishamb	Pitta	Drava	Grahani	Sama	Manda
115	applicabl	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	Exertion	YES	YES	YES	Anger	YES	Madhya	hojan	Vata	Drava	a and	Sama	Visham
116	applicabl	YES	viruddha	YES	times a	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	Aharaj	Pitta	Ruksha	Grahani	Sama	Manda
117	applicabl	YES	viruddha	YES	days	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
118	a day	YES	viruddha	NO	applicabl	NO	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	pana	Pitta	Drava	a and	Sama	Visham
119	a day	YES	viruddha	YES	week	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Vata	Laghu	Grahani	Sama	Manda
120	a day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	Gurubhoj	Kapha	Guru	a and	Sama	Visham
121	a day	YES	viruddha	YES	days	YES	YES	NO	YES	Exertion	YES	YES	NO	Anger	YES	Madhya	pana	Pitta	Drava	ya	Sama	Visham
122	day	YES	viruddha	YES	week	YES	YES	NO	YES	and	YES	YES	NO	Fear	YES	Madhya	hojan	Pitta	Drava	a and	Sama	Visham
123	applicabl	YES	viruddha	YES	month	YES	NO	YES	NO	and	YES	YES	NO	Anger	NO	Avar	an,	Vata	Sheeta	Grahani	Sama	Manda
124	applicabl	YES	viruddha	YES	2 weeks	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
125	applicabl	YES	viruddha	YES	times a	YES	NO	YES	NO	Exertion	YES	YES	NO	Anger	YES	Madhya	Aharaj	Pitta	Ruksha	Grahani	Sama	Manda
126	applicabl	YES	viruddha	YES	days	YES	NO	YES	NO	Sedentary	NO	NO	NO	Anger	YES	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
127	a day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan	Kapha	Drava	a and	Sama	Visham
128	day	YES	viruddha	YES	week	NO	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Vata	Laghu	Grahani	Sama	Visham
129	a day	YES	viruddha	YES	month	YES	YES	NO	NO	Sedentary	NO	NO	NO	Anger	YES	Madhya	an,	Pitta	Drava	a and	Niram	Manda
130	day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	NO	Anger	YES	Avar	an,	Pitta	Drava	ya	Sama	Visham
131	day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	and other	Pitta	Drava	a and	Sama	Visham
132	applicabl	YES	viruddha	YES	times a	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	and other	Pitta	Drava	Grahani	Sama	Manda
133	applicabl	YES	viruddha	YES	days	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	Gurubhoj	Vata	Drava	a and	Sama	Visham
134	applicabl	YES	viruddha	YES	week	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	ojan	Pitta	Tikshna	Grahani	Sama	Manda
135	a day	YES	viruddha	NO	applicabl	YES	YES	NO	NO	and	YES	YES	YES	Anger	YES	Madhya	jan	Kapha	Guru	a and	Sama	Visham
136	day	YES	viruddha	YES	month	YES	YES	NO	YES	Exertion	YES	NO	NO	Anger	YES	Madhya	hojan,	Pitta	Drava	ya	Sama	Visham

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
137	Male	gas	23	Dravamal	Ajirna	Purishava	ashana,	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
138	Male	Advocate	36	apravritti	Ajirna	Annavaha	ashana,	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
139	Male	Worker	36	apravritti	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
140	Male	BPO	30	Dravamal	Ajirna	Annavaha	ashana,	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
141	Male	employee	43	Malavaro	Atisar	Purishava	)AjirnaBh	########	irregular,	0 to 1	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
142	Female	Service	48	Dravamal	Ajirna	Annavaha	ashana,	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
143	Male	Service	25	Dravamal	Ajirna	Annavaha	abhojan,	########	irregular,	2 to 3	5 to 6	0	NA	Yes	Walking	30 min	No	Yes	Hot
144	Male	guard	25	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
145	Female	e	50	Dravamal	Ajirna	Purishava	Abhojan,	########	irregular,	3 to 4	6 to 7	0	Polyuria	No	NA	NA	No	Yes	Warm
146	Female	e	44	Avipaka,	Atisar	Annavaha	)AjirnaBh	########	d)	1 to 2	6 to 7	0	NA	No	NA	0	No	Yes	Hot
147	Male	employed	42	Adhman,	Atisar	Annavaha	)AjirnaBh	########	irregular,	1 to 2	4 to 5	0	NA	No	NA	0	No	Yes	Hot
148	Male	Service	23	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	d)	2 to 3	3 to 4	0	NA	No	NA	0	No	Yes	Hot
149	Female	e	30	Malavaro	Ajirna	Annavaha	)AjirnaBh	########	d)	2 to 3	4 to 5	0	NA	No	NA	0	No	Yes	Warm
150	Female	e	30	asyata,	Atisar	Annavaha	)AjirnaBh	########	d)	3 to 4	4 to 5	0	NA	No	NA	NA	No	Yes	Cold
151	Male	Service	35	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
152	Male	IT	40	Dravamal	Ajirna	Purishava	ashana,	########	irregular,	2 to 3	6 to 7	0	NA	Yes	Yogasana	15 min	No	Yes	Warm
153	Female	e	41	apravritti	Atisar	Annavaha	ashana,	########	irregular,	3 to 5	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
154	Male	engineer	25	Malavaro	Atisar	Annavaha	)AjirnaBh	########	irregular,	0 to 1	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
155	Female	Service	24	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
156	Male	engineer	26	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	NA	No	Yes	Warm
157	Female	e	35	Dravamal	Atisar	Annavaha	ashana,	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
158	Female	employed	35	apravritti	Atisar	Purishava	)AjirnaBh	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Hot
159	Male	Service	29	Malavaro	Ajirna	Annavaha	AtiBhoja	########	irregular,	3 to 4	5 to 6	0	NA	Yes	exercises	30 min	No	Yes	Hot
160	Female	parlor	40	Dravamal	Ajirna	Purishava	ashana,	########	irregular,	2 to 3	4 to 5	0	NA	Yes	Yogasana	20 min	No	Yes	Warm
161	Female	e	33	apravritti	Atisar	Annavaha	Abhojan,	########	irregular,	3 to 4	5 to 6	0	NA	No	NA	NA	No	Yes	Warm
162	Female	Service	34	Dravamal	Ajirna	Annavaha	ashana,	########	irregular,	3 to 4	5 to 6	1 to 2	NA	No	NA	NA	No	Yes	Warm
163	Male	traveling	39	Malavaro	Atisar	Annavaha	ashana,	########	irregular,	4	5 to 6	1	NA	Yes	Walking	30 min	No	Yes	Hot
164	Male	Caterer	34	Dravamal	Ajirna	Purishava	)AjirnaBh	########	irregular,	3 to 4	5 to 6	1 to 2	NA	No	NA	NA	No	Yes	Warm
165	Female	Advocate	34	Dravamal	Ajirna	Annavaha	ashana,	########	irregular,	3 to 4	5 to 6	1 to 2	NA	Yes	Yogasana	20 min	No	Yes	Hot
166	Male	Service	42	Atopa,	Atisar	Annavaha	ashana,	########	irregular,	1 to 2	4 to 5	1 to 2	NA	No	NA	0	No	Yes	Cold
167	Male	Service	38	Adhman,	Ajirna	Annavaha	ashana,	########	irregular,	2 to 3	4 to 5	1 to 2	NA	No	NA	0	Yes	No	Cold
168	Male	Service	33	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3 to 4	6 to 7	0	NA	Yes	exercises	60 min	No	Yes	Warm
169	Female	Service	29	Dravamal	Atisar	Purishava	ashana,	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	0	No	Yes	Hot
170	Male	Service	28	Hrullas,	Atisar	Annavaha	)AjirnaBh	########	irregular,	3 to 5	4 to 5	0	NA	No	NA	0	No	Yes	Cold
171	Male	Service	45	Atopa,	Atisar	Purishava	)AjirnaBh	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	0	No	Yes	Hot
172	Female	Service	27	Dravamal	Atisar	Annavaha	ashana,	########	d)	1 to 2	4 to 5	0	NA	No	NA	0	No	Yes	Hot
173	Female	Service	30	Dravamal	Atisar	Annavaha	ashana,	########	diarrhea	2 to 3	4 to 5	0	NA	No	NA	0	No	Yes	Hot
174	Female	Service	50	Atopa,	Atisar	Annavaha	)AjirnaBh	########	c)	3 to 4	4 to 5	0	NA	No	NA	0	No	Yes	Hot
175	Female	Service	27	Avipaka,	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	0	No	Yes	Hot
176	Male	Service	45	Dravamal	Ajirna	Purishava	)AjirnaBh	########	irregular,	3 to 4	4 to 5	0	NA	No	NA	0	No	Yes	Hot
177	Male	Service	25	Adhman,	Atisar	Annavaha	ashana,	########	irregular	1 to 2	6 to 7	0	NA	No	NA	0	No	Yes	Hot
178	Male	Service	33	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3 to 5	4 to 5	0	NA	No	NA	0	No	Yes	Hot
179	Male	Service	33	a, Atopa,	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	5 to 6	0	NA	No	NA	0	No	Yes	Hot
180	Male	Service	39	Dravamal	Ajirna	Annavaha	)AjirnaBh	########	irregular,	3 to 5	5 to 6	0	NA	No	NA	0	No	Yes	Cold
181	Male	Service	49	Dravamal	Atisar	Annavaha	)AjirnaBh	########	irregular,	2 to 3	4 to 5	0	NA	No	NA	0	Yes	No	Cold

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
137	Sleep	12.30 am	6.30 am	6	No	0	No	0	Yes	u	i) Tea	No	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
138	Sound	12.30 am	6.30 am	6	No	0	Yes	0	Yes	Mutra	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
139	Sleep	12.00 am	6.00 am	6	No	0	No	0	Yes	Vata	i) Tea	Yes	Cow	Yes	Yes	9.00 am	snacks	Yes	Vegetable	Yes	Vegetable
140	Sleep	12.30 am	6.30 am	6	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
141	Sleep	12.00 am	7.00 am	7	No	0	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
142	Sleep	12.30 am	6.30 am	6	No	0	No	0	Yes	Vata	i) Tea	No	NA	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
143	Sleep	12.00 am	7.00 am	7	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
144	Sleep	12.00 am	6.00 am	6	No	0	Yes	0	No	NA	i) Tea	Yes	Cow	Yes	Yes	9.30 am	snacks	Yes	Vegetable	Yes	Vegetable
145	Sleep	12.00 am	6.00 am	6	Yes	1	No	4	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.00 am	snacks	Yes	Vegetable	Yes	Dal ,Rice
146	Sleep	12.00am	6.00am	6	No	0	No	0	No	NA	Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	No	Chapati,	Yes	Chapati,
147	Sleep	11.00pm	7.00am	8	No	0	Yes	0	Yes	Vata	i) Tea	Yes	Cow	No	No	NA	NA	Yes	Chapati,	Yes	Vegetable
148	Sleep	12.00am	6.00am	6	No	0	No	0	No	NA	Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	No	Chapati,	No	Chapati,
149	Sleep	1.00am	6.00am	5	No	NA	No	0	No	NA	Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	Yes	Chapati,	No	Chapatis,
150	Sleep	1.00am	6.00am	5	Yes	1	No	4	No	NA	Coffee	Yes	Buffalo	Yes	No		Junk,	No	Chapati,	Yes	Chapatis,
151	Sleep	11.30 pm	6.30 am	7	No	0	No	0	Yes	Vata	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
152	Sleep	1.00 am	7.00 am	6	No	0	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
153	Sleep	11.00 pm	11.00 pm	6	Yes	1	No	0	No	NA	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
154	Sleep	1.00 am	7.00 am	6	No	0	Yes	0	No	NA	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
155	Sleep	11.30 pm	6.30 am	7	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Chapati,	Yes	Chapati,
156	Sleep	12.30 am	6.30 am	6	No	0	No	0	No	NA	i) Tea	Yes	Cow	Yes	Yes	9.30 am	Indian	Yes	Chapati,	Yes	Chapati,
157	Sleep	11.30 pm	6.30 am	7	Yes	1	No	0	No	NA	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
158	Sleep	12.00 am	7.00 am	7	No	0	No	0	No	NA	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
159	Sleep	1.00 am	7.00 am	6	No	0	Yes	0	Yes	u	i) Tea	No	NA	Yes	Yes	9.30 am	Indian	Yes	Chapati,	Yes	Chapati,
160	Sleep	12.30 am	6.30 am	6	Yes	1	No	0	No	NA	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
161	Sleep	12.00 am	6.00 am	6	Yes	1	No	0	No	NA	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Indian	Yes	Chapati,	No	Dal, Rice
162	Sleep	1.00 am	7.00 am	6	No	0	Yes	0	No	NA	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
163	Sleep	11.30 pm	6.30 am	7	No	0	No	0	Yes	Purisha	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Chapati,
164	Sleep	12.00 am	7.00 am	7	No	0	No	1 - 2	No	NA	i) Tea	Yes	Buffalo	Yes	Yes	9.00 am	Indian	Yes	Chapati,	Yes	Chapati,
165	Sleep	12.00 am	6.00 am	6	No	0	No	0	Yes	Purisha	Coffee	No	NA	Yes	Yes	9.30 am	snacks	Yes	Chapati,	Yes	Dal, Rice
166	Sleep	12.30am	6.30am	6	No	NA	No	0	No	NA	Coffee	Yes	Cow	Yes	Yes	9.00am	snacks	No	Chapati,	Yes	Chapatis,
167	Sleep	1.00am	7.00am	6	No	NA	No	0	No	NA	Coffee	Yes	Buffalo	Yes	Yes	9.00am	Junk,	No	Chapatis,	Yes	Chapatis,
168	Sleep	1.00am	6.00am	5	Yes	1	No	0	Yes	Vata	i) Tea	Yes	Buffalo	Yes	Yes	8.00am	Indian	No	Chapati,	Yes	Chapatis,
169	Sleep	10.00pm	5.00am	7	No	0	No	1 - 2	Yes	Purisha	ii) Coffee	Yes	Cow	Yes	Yes	8.00am	snacks	No	Chapati,	No	Chapati,
170	Sound	12.00am	7.00am	7	No	0	No	2.5	No	NA	Coffee	Yes	Cow	Yes	Yes	9.00am	Indian	No	2	Yes	Chapatis,
171	Sleep	12.00am	7.00am	7	Yes	1	No	0	Yes	Purisha	ii) Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	No	Chapatis,	No	Chapatis,
172	Sleep	1.00am	7.00am	6	No	0	Yes	0	No	NA	i) Tea	Yes	Buffalo	Yes	Yes	9.00am	Indian	No	Chapati,	Yes	Chapati,
173	Sleep	1.00am	6.00am	5	Yes	2	No	0	Yes	Kshudha	Coffee	Yes	Buffalo	Yes	Yes	8.00am	Junk,	No	Chapatis,	Yes	Chapatis,
174	Sleep	1.00am	7.00am	6	No	0	No	0	Yes	Kshudha	Coffee	Yes	Buffalo	Yes	Yes	9.30am	Junk,	Yes	Chapati,	Yes	Chapatis,
175	Sleep	12.00am	5.00am	5	No	0	No	1 - 2	Yes	Mutra	Coffee	Yes	Buffalo	Yes	No	9.00am	Junk,	No	Chapatis,	Yes	Chapatis,
176	Sleep	12.00am	7.00am	7	No	0	No	0	Yes	Jrumbha	Coffee	Yes	Buffalo	Yes	Yes	9.00am	Indian	No	Dal Rice	Yes	Chapatis,
177	Sleep	1.00am	6.00am	5	Yes	1	No	0	Yes	Purisha	Coffee	Yes	Cow	Yes	No	8.00am	Indian	No	Vegetable	No	Rice Dal
178	Sleep	12.00am	7.00am	7	No	0	Yes	0	Yes	Kshudha	Coffee	Yes	Buffalo	Yes	No	9.00am	snacks	Yes	Chapati,	Yes	Dal, Rice
179	Sleep	12.00am	6.00am	6	No	0	No	0	Yes	Purisha	Coffee	Yes	Cow	Yes	Yes	9.00am	Indian	Yes	Chapati,	Yes	Chapati,
180	Sleep	2.00am	7.00am	5	Yes	2	Yes	0	Yes	Jrumbha	Coffee	Yes	Cow	Yes	Yes	9.00am	Indian	No	Vegetable	Yes	Chapatis,
181	Sound	12.30am	6.30am	7	No	NA	No	0	Yes	Mutra	ii) Coffee	Yes	Cow	Yes	No	9.00am	Indian	No	Chapati,	Yes	chapatis,

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
137	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Palm	YES
138	Yes	No	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	al	Amla,	YES	Olive	YES
139	Yes	No	NO	YES	NO	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	Palm	YES
140	Yes	No	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	Palm	NO
141	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	NO
142	Yes	No	YES	NO	YES	and	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
143	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
144	Yes	No	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	YES	days	YES	day	Kashaya	YES	Palm	YES
145	Yes	No	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	YES
146	Yes	No	YES	NO	YES	and	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	t	NO
147	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
148	No	Yes	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
149	Yes	No	YES	NO	YES	Warm	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	YES
150	No	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	t	YES
151	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	t	NO
152	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
153	Yes	No	NO	YES	NO	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	NO
154	Yes	Yes	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	NO
155	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Katu	YES	r	NO
156	Yes	No	YES	NO	NO	and	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	t	NO
157	Yes	No	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
158	Yes	No	YES	YES	NO	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	NO
159	Yes	Yes	YES	NO	YES	and	NO	applicabl	NO	applicabl	YES	YES	weeks	YES	al	YES	al	Amla,	YES	r	YES
160	Yes	No	YES	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	r	YES
161	Yes	No	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
162	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
163	Yes	Yes	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	Palm	NO
164	Yes	Yes	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	r	NO
165	Yes	Yes	YES	NO	YES	and	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Ricebran	NO
166	Yes	No	NO	YES	NO	temperatu	NO	applicabl	NO	applicabl	YES	NO	applicabl	NO	applicabl	YES	times a	Katu	YES	r	NO
167	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
168	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	day	Tikta	YES	r	NO
169	Yes	No	YES	NO	YES	Cold	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Lavan,	YES	r	NO
170	Yes	No	YES	YES	YES	temperatu	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
171	Yes	No	YES	YES	YES	temperatu	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	YES
172	Yes	No	NO	YES	NO	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Tikta	YES	r	YES
173	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	times a	YES	NO	applicabl	NO	applicabl	NO	applicabl	Amla,	YES	r	YES
174	Yes	No	NO	NO	NO	and	NO	applicabl	YES	weeks	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	Olive	YES
175	Yes	No	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
176	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	YES	times a	Madhur	YES	r	NO
177	Yes	No	YES	NO	YES	and	YES	month	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	al	Tikta	YES	r	NO
178	Yes	No	YES	YES	YES	temperatu	NO	applicabl	NO	applicabl	NO	NO	applicabl	YES	days	YES	times a	Madhur	YES	r	NO
179	Yes	No	YES	YES	YES	temperatu	NO	applicabl	YES	week	YES	NO	applicabl	NO	applicabl	NO	applicabl	Madhur	YES	r	NO
180	Yes	No	YES	YES	YES	temperatu	YES	week	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	day	Katu	YES	r	NO
181	Yes	No	YES	NO	YES	Cold	YES	weeks	NO	applicabl	NO	NO	applicabl	NO	applicabl	YES	times a	Katu	YES	r	YES

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
137	day	YES	viruddha	NO	applicabl	NO	NO	YES	NO	Exertion	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
138	a day	YES	viruddha	YES	2 weeks	YES	YES	NO	YES	and	YES	YES	NO	Anger	YES	Avar	an,	Pitta	Drava	Grahani	Sama	Manda
139	day	YES	viruddha	YES	times a	NO	NO	YES	NO	Exertion	YES	NO	YES	NO any	YES	Madhya	Aharaj	Pitta	Drava	a and	Sama	Visham
140	applicabl	YES	viruddha	YES	days	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
141	applicabl	YES	viruddha	NO	applicabl	YES	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
142	applicabl	YES	viruddha	YES	week	YES	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Vata	Drava	a	Sama	Visham
143	applicabl	YES	viruddha	YES	month	YES	NO	NO	YES	and	YES	YES	NO	Fear	YES	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
144	day	YES	viruddha	YES	2 weeks	YES	NO	NO	YES	Exertion	YES	NO	YES	Anger	YES	Avar	an,	Pitta	Drava	a and	Sama	Visham
145	a day	YES	viruddha	NO	applicabl	YES	NO	NO	YES	Sedentary	YES	YES	NO	Anger	YES	Madhya	hojan	Pitta	Ruksha	Grahani	Sama	Manda
146	applicabl	YES	viruddha	YES	times a	YES	NO	NO	YES	Sedentary	YES	NO	NO	Anger	YES	Madhya	pana	Pitta	Drava	a and	Sama	Visham
147	a day	YES	viruddha	NO	applicabl	YES	YES	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan	Pitta	Ushna	a and	Niram	Visham
148	day	YES	viruddha	YES	days	YES	NO	NO	NO	Sedentary	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
149	a day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	Sedentary	YES	YES	NO	Anger	NO	Avar	Gurubhoj	Vata	Drava	a and	Sama	Visham
150	day	YES	viruddha	YES	week	YES	NO	YES	NO	Sedentary	YES	YES	YES	Anger	YES	Madhya	hojan	Pitta	Drava	ya	Sama	Visham
151	applicabl	YES	viruddha	YES	month	NO	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	an,	Pitta	Drava	a and	Sama	Visham
152	applicabl	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	Aharaj	Pitta	Drava	Grahani	Sama	Manda
153	applicabl	YES	viruddha	YES	2 weeks	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	an,	Vata	Sheeta	Grahani	Sama	Manda
154	applicabl	YES	viruddha	YES	times a	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
155	applicabl	YES	viruddha	YES	days	YES	NO	YES	NO	and	YES	YES	YES	Fear	YES	Madhya	hojan,	Kapha	Guru	a and	Sama	Visham
156	applicabl	YES	viruddha	YES	week	YES	NO	YES	NO	Exertion	YES	YES	NO	Anger	YES	Madhya	hojan	Pitta	Ruksha	a	Niram	Visham
157	a day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	Sedentary	YES	YES	NO	Anger	YES	Madhya	hojan	Pitta	Drava	a and	Sama	Visham
158	applicabl	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
159	day	YES	viruddha	YES	month	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Avar	hojan,	Pitta	Drava	a and	Sama	Visham
160	day	YES	viruddha	YES	2 weeks	YES	NO	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	,	Vata	Drava	a and	Sama	Visham
161	a day	YES	viruddha	NO	applicabl	YES	NO	NO	YES	Sedentary	YES	NO	NO	Anger	YES	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
162	applicabl	YES	viruddha	YES	times a	YES	NO	NO	YES	Sedentary	YES	YES	NO	Anger	YES	Madhya	Gurubhoj	Pitta	Drava	a and	Sama	Visham
163	applicabl	YES	viruddha	YES	days	YES	NO	NO	YES	Exertion	YES	NO	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
164	applicabl	YES	viruddha	NO	applicabl	YES	NO	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Drava	a	Sama	Visham
165	applicabl	YES	viruddha	NO	applicabl	NO	NO	NO	YES	and	YES	YES	NO	Anger	YES	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
166	applicabl	YES	viruddha	YES	week	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	Aharaj	Pitta	Drava	Grahani	Sama	Manda
167	applicabl	YES	viruddha	YES	month	YES	NO	YES	NO	and	YES	YES	NO	Fear	YES	Madhya	hojan	Vata	Drava	a and	Sama	Visham
168	applicabl	YES	viruddha	YES	2 weeks	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	pana	Pitta	Drava	a and	Sama	Visham
169	applicabl	YES	viruddha	YES	times a	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
170	day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	ojan	Pitta	Drava	Grahani	Sama	Manda
171	a day	YES	viruddha	YES	days	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	Gurubhoj	Pitta	Drava	a and	Sama	Visham
172	day	YES	viruddha	YES	week	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Avar	hojan	Vata	Drava	a and	Sama	Visham
173	a day	NO	applicabl	NO	applicabl	NO	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	jan	Vata	Drava	ya	Sama	Visham
174	day	YES	viruddha	YES	month	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	Aharaj	Pitta	Ruksha	Grahani	Sama	Manda
175	applicabl	YES	viruddha	YES	2 weeks	YES	NO	YES	NO	Sedentary	NO	NO	YES	Anger	YES	Madhya	hojan,	Kapha	Ushna	a and	Sama	Visham
176	applicabl	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	NO	Anger	YES	Madhya	hojan	Pitta	Drava	Grahani	Sama	Manda
177	applicabl	YES	viruddha	YES	times a	YES	NO	NO	NO	and	YES	YES	YES	Anger	YES	Madhya	jan	Pitta	Drava	Grahani	Sama	Manda
178	applicabl	YES	viruddha	YES	days	YES	NO	NO	YES	and	YES	YES	YES	Anger	YES	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
179	applicabl	YES	viruddha	YES	week	YES	NO	NO	YES	and	YES	YES	YES	Fear	YES	Madhya	an,	Pitta	Ruksha	Grahani	Sama	Manda
180	applicabl	YES	viruddha	YES	month	YES	NO	NO	YES	Sedentary	YES	NO	YES	Anger	YES	Avar	hojan	Vata	Drava	a and	Sama	Visham
181	day	YES	viruddha	NO	applicabl	YES	NO	YES	NO	and	YES	YES	YES	Anger	YES	Madhya	an,	Vata	Drava	a and	Sama	Visham

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting Con	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
Control 1	Male	Service	28	Urodaha	Ajirna	Srotas	None	########	irregular,	1	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 2	Male	Service	34	asyata,	Ajirna	Annavaha	ana,	########	irregular,	1-2	5-6	1 - 2	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Cold
Control 3	Male	Service	42	asyata	No history	None	None	########	regular	1	7	2 - 3	Nocturia	No	exercise	exercise	No	Yes	Cold
Control 4	Male	Service	34	Atopa	Atisar	a,	an	########	b) irregular	2-3	5-6	1 - 2	symptom	Yes	Gym		Yes	No	Warm
Control 5	Male	Service	54	pravritti	Atisar	a,	Vishamash	########	regular	1	5-6	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 6	Male	Service	30	symptoms	No history	Srotas	None	########	b) irregular	1-2	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 7	Male	Service	35	Avipaka	Ajirna	a	an,	########	regular	1	3 - 4	1 - 2	symptom	Yes	Aerobics		Yes	No	Warm
Control 8	Male	Business	42	Tiktasyata	Ajirna	Annavaha	n	########	regular	1	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 9	Female	Housewife	57	symptoms	No history	None	None	########	b) irregular	2-3	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 10	Female	Service	36	symptoms	No history	None	None	########	regular	1	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 11	Male	Service	32	ha	Atisar	a	an,	########	regular	1	4-5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 12	Female	Profession	27	symptoms	No history	None	None	########	regular	1	5-6	0	symptom	Yes	Gym		Yes	No	Warm
Control 13	Female	Service	30	symptoms	No history	None	None	########	regular	1	3 - 4	0	symptom	Yes	Yogasana	30 min	Yes	No	Warm
Control 14	Male	Service	44	asyata	Ajirna	Srotas	None	########	regular	1	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 15	Male	Service	33	Adhman	Ajirna	a	Vishamash	########	regular	1	3 - 4	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 16	Female	Service	56	symptoms	No history	None	None	########	regular	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Cold
Control 17	Male	Service	52	symptoms	No history	Srotas	None	########	regular	1	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 18	Male	Service	25	Avipaka	Ajirna	a	ana,	########	regular	1	5-6	0	symptom	Yes	Gym		Yes	No	Warm
Control 19	Female	service	40	symptoms	No history	None	None	########	regular	1	4-5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 20	Female	Service	28	symptoms	No history	None	None	########	b) irregular	1	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 21	Male	Service	41	symptoms	Ajirna	Annavaha	None	########	regular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 22	Male	Service	52	Hrullas	Ajirna	a	None	########	regular	1	4-5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 23	Female	job	42	symptoms	No history	None	None	########	regular	1	7	1 - 2	Nocturia	No	exercise	exercise	Yes	No	Warm
Control 24	Female	IT Job	34	symptoms	No history	None	None	########	b) irregular	1	3 - 4	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 25	Female	Shift duty	49	symptoms	No history	None	None	########	b) irregular	1-2	4-5	0	symptom	No	exercise	exercise	Yes	No	Cold
Control 26	Female	Service	31	Urodaha	Ajirna	a	ana,	########	regular	1	4 - 5	0	symptom	No	exercise	exercise	No	Yes	Cold
Control 27	Male	Service	37	symptoms	No history	None	None	########	b) irregular	2-3	4 - 5	1-2	symptom	Yes	Gym		Yes	No	Warm
Control 28	Female	Service	38	symptoms	No history	None	None	########	b) irregular	1	5-6	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 29	Male	Service	27	asyata	Ajirna	Srotas	None	########	irregular,	1-2	5-6	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 30	Female	job	51	Atopa	Ajirna	a,	ana	########	b) irregular	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 31	Female	Service	33	symptoms	No history	None	None	########	b) irregular	1-2	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 32	Male	Service	50	Tiktasyata	Ajirna	a	ana	########	b) irregular	1	5 - 6	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 33	Female	Service	45	symptoms	No history	None	None	########	b) irregular	2-3	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 34	Male	Service	34	symptoms	No history	None	None	########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 35	Female	Service	45	symptoms	No history	Srotas	None	########	b) irregular	1-2	3 - 4	0	symptom	No	exercise	exercise	No	Yes	Cold
Control 36	Female	Service	34	Hrullas	Ajirna	a	None	########	irregular,	1-2	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 37	Male	Service	30	symptoms	No history	None	None	########	irregular,	2-3	5-6	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 38	Male	Service	36	Avipaka	Ajirna	Annavaha	ana	########	irregular,	1	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 39	Male	Service	59	symptoms	No history	None	None	########	irregular,	1	4-5	1 - 2	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 40	Male	judge	44	asyata	Ajirna	a	ana,	########	irregular,	1-2	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 41	Male	Service	31	Adhman	Ajirna	a,	an	########	irregular,	1	4-5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
Control																					
Control 1	Not sound	12:00 AM	7:30 AM	7 - 8	Yes	1 - 2	No	0	Yes	Mutra	Tea, ii) Coft	No	No any	No	No	No breakfas	Fried	Yes	pati-sabji Da	Yes	di/Dal-rice/
Control 2	Not sound	10:00 PM	6:00 AM	7 - 8	No	0	No	0	No	No	Tea, ii) Coft	No	No any	Yes	No	9AM	ndian snack	Yes	Chapati-Sab	Yes	Dal-rice
Control 3	Not sound	1:00 AM	6:30 AM	5 - 6	No	0	Yes	4	Yes	Shramashwa	Tea, ii) Coft	No	No any	Yes	Yes	8:30AM	ndian snack	No	pati-sabji Da	Yes	rice chapati-
Control 4	Not sound	12:00 AM	7:00 AM	7 - 8	Yes	1 - 2	No	0	Yes	Trushna	i) Tea	Yes	Cow	Yes	Yes	10AM	ndian snack	Yes	pati-sabji Da	Yes	Dal-rice
Control 5	Not sound	12:00 AM	7:30 AM	7 - 8	No	0	No	0	Yes	Kasa	Tea, ii) Coft	Yes	Buffalo	Yes	Yes	8:30AM	ndian snack	Yes	Chapati-Sab	Yes	rice chapati-
Control 6	Sound	12:00 AM	8:30 AM	8 - 9	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9:00AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
Control 7	Not sound	2:00 AM	9:00 AM	6 - 7	No	0	Yes	1 - 2	Yes	Kshudha	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
Control 8	Sound	10:30 PM	6:30 AM	7 - 8	No	0	No	0	Yes	Purisha	i) Tea	Yes	Cow	Yes	Yes	8:30AM	ndian snack	Yes	Chapati-Sab	Yes	rice chapati-
Control 9	Sound	11:00 PM	8:00 AM	8 - 9	Yes	0 - 1	No	0	Yes	Nidra	Tea, ii) Coft	Yes	Buffalo	Yes	Yes	9:00AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
Control 10	Sound	12:00 AM	8:00 AM	8 - 9	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
Control 11	Not sound	12:00 AM	8:30 AM	8 - 9	No	0	Yes	1 - 2	Yes	Trushna	i) Tea	No	No any	Yes	Yes	9:00AM	ndian snack	Yes	Chapati-Sab	Yes	rice chapati-
Control 12	Sound	10:45 PM	6:00 AM	7 - 8	No	0	No	0	Yes	Kshudha	i) Tea	Yes	Cow	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
Control 13	Sound	10:00 PM	6:00 AM	8 - 9	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9:00AM	ndian snack	Yes	pati-sabji Da	Yes	-rice chapati
Control 14	Sound	12:00 AM	8:00 AM	8 - 9	No	0	No	0	Yes	Kshudha	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
Control 15	Not sound	1:00 AM	8:30 AM	6 - 7	No	0	Yes	3	Yes	Jrumbha	ii) Coffee	Yes	Cow	Yes	Yes	9:00AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
Control 16	Sound	11:30 PM	7:00 AM	7 - 8	No	0	No	0	Yes	Mutra	Tea, Green T	No	No any	Yes	Yes	8:30AM	ndian snack	Yes	Chapati-Sab	Yes	rice chapati-
Control 17	Not sound	11:45 PM	7:30 AM	8 - 9	No	0	No	0	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
Control 18	Not sound	10:00 PM	6:30 AM	8 - 9	No	0	No	0	Yes	Trushna	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	No	Chapati-Sab	Yes	rice chapati-
Control 19	Not sound	2:00 AM	9:00 AM	7 - 8	Yes	1 - 2	Yes	2.5	Yes	Kshudha	i) Tea	No	No any	Yes	No	9:00AM	Fried	Yes	Chapati-Sab	No	rice chapati-
Control 20	Not sound	10:30 PM	7:00 AM	7 - 8	No	0	No	0	Yes	Nidra	i) Tea	No	No any	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
Control 21	Not sound	11:15 PM	7:30 AM	7 - 8	No	0	No	0	Yes	Mutra	i) Tea	Yes	Cow	Yes	Yes	9:30AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
Control 22	Sound	10:45 PM	7:00 AM	7 - 8	No	0	No	0	Yes	Mutra	i) Tea	Yes	Cow	Yes	Yes	9:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
Control 23	Not sound	10:00 PM	7:30 AM	6 - 7	No	0	Yes	1 - 2	Yes	Kshudha	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
Control 24	Sound	11:00 PM	7:30 AM	7 - 8	No	0	No	0	Yes	Kshavathu	Tea, ii) Coft	Yes	Buffalo	Yes	Yes	8:30AM	ndian snack	Yes	pati-sabji Da	Yes	pati sabji dal
Control 25	Not sound	1:00 AM	8:00 AM	7 - 8	Yes	3	Yes	3	Yes	Trushna	Tea, ii) Coft	No	No any	Yes	No	8.30 am	ndian snack	No	pati-sabji Da	Yes	pati sabji dal
Control 26	Sound	10:00 PM	8:30 AM	7 - 8	No	0	No	0	Yes	Mutra	Tea, ii) Coft	No	No any	Yes	Yes	9.00 am	ndian snack	Yes	pati-sabji Da	Yes	rice, chapati,
Control 27	Sound	12:00 AM	8:00 AM	7 - 8	Yes	1 - 2	No	1	Yes	Mutra	i) Tea	Yes	Cow	Yes	Yes	10.00 am	ndian snack	Yes	pati-sabji Da	Yes	dal rice,
Control 28	Not sound	10:30 PM	8:30 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	Yes	No	9AM	ndian snack	Yes	pati-sabji Da	No	Dal chapati
Control 29	Not sound	11:45 PM	8:00 AM	8 - 9	No	0	No	1 - 2	Yes	Shramashwa	i) Tea	Yes	Buffalo	Yes	Yes	8.00 am	ndian snack	Yes	Dal Rice	Yes	Rice
Control 30	Not sound	2:00 AM	9:00 AM	6 - 7	No	0	Yes	2.5	Yes	Purisha	i) Tea	No	No any	Yes	Yes	9AM	ndian snack	Yes	pati-sabji Da	No	Rice
Control 31	Not sound	12:00 AM	8:00 AM	7 - 8	No	0	No	0	Yes	Nidra	ii) Coffee	Yes	Cow	Yes	Yes	10.30 am	ndian snack	Yes	Dal Rice	Yes	rice chapati
Control 32	Not sound	10:45 PM	6:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9AM	ndian snack	No	Bhakri - Sab	Yes	Chapati sabj
Control 33	Sound	10:00 PM	6:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 34	Sound	10:00 PM	6:30 AM	7 - 8	No	0	No	0	No	No	Tea, ii) Coft	No	No any	Yes	Yes	9AM	ndian snack	Yes	pati-sabji Da	No	pati sabji dal
Control 35	Sound	10:30 PM	7:00 AM	7 - 8	No	0	No	1 - 2	No	No	Tea, ii) Coft	Yes	Cow	Yes	Yes	8.30 am	ndian snack	Yes	Dal Rice	Yes	Dal Rice
Control 36	Sound	11:00 PM	8:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9.00 am	ndian snack	Yes	pati-sabji Da	Yes	Dal rice
Control 37	Sound	10:45 PM	6:00 AM	7 - 8	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	10.00 am	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 38	Sound	10:00 PM	6:30 AM	7 - 8	No	0	No	0	No	No	i) Tea	No	No any	Yes	Yes	9AM	ndian snack	No	pati-sabji Da	Yes	Chapati sabj
Control 39	Not sound	12:30 AM	7:00 AM	6 - 7	No	0	Yes	3	No	No	i) Tea	Yes	Cow	Yes	Yes	8.00 am	ndian snack	Yes	pati-sabji Da	Yes	Dal rice
Control 40	Not sound	10:00 PM	6:00 AM	8 - 9	No	0	No	1 - 2	No	No	Tea, ii) Coft	Yes	Buffalo	Yes	Yes	8AM	ndian snack	Yes	pati-sabji Da	Yes	Dal rice
Control 41	Not sound	10:30 PM	6:30 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Cow	Yes	Yes	10.30 am	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
Control																					
Control 1	Yes	Yes	Yes	Yes	No	m Temperat	Yes	30-50ml	Yes	80ml	Yes	No	NA	No	NA	Yes	7 - 2 to 3 / D	), Katu (He	Yes	Sunflower o	Yes
Control 2	Yes	No	Yes	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	Yes	7/7 once	n (Salty), K	Yes	Soyabean o	No
Control 3	Yes	Yes	Yes	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	Yes	7/7 4 -5 time	mla (Sour),	Yes	Sunflower o	Yes
Control 4	Yes	Yes	Yes	No	No	m Temperat	No	NA	Yes	100ml	No	No	NA	No	NA	No	NA	n (Salty), K	Yes	Soyabean o	No
Control 5	Yes	No	No	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	mla (Sour),	Yes	Sunflower o	Yes
Control 6	Yes	No	No	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Rice Bran o	Yes
Control 7	Yes	No	No	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Soyabean o	No
Control 8	Yes	No	No	No	No	m Temperat	Yes	60ML	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Soyabean o	No
Control 9	Yes	No	No	Yes	No	iled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	mla (Sour),	Yes	Sesame Oil	Yes
Control 10	Yes	No	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	No
Control 11	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	Yes	Once in day	y), Katu (H	Yes	Sunflower o	No
Control 12	No	Yes	Yes	No	No	m Temperat	No	NA	Yes	70ML	Yes	No	NA	No	NA	No	NA	y), Katu (H	Yes	Ground nut	No
Control 13	Yes	No	No	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	u (Hot-Pung	Yes	Ground nut	Yes
Control 14	Yes	No	Yes	No	No	Warm	No	NA	No	NA	No	No	NA	No	NA	Yes	o 3 times a d	u (Hot-Pung	Yes	Soyabean o	No
Control 15	Yes	No	No	Yes	No	m Temperat	Yes	100ML	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Rice Bran o	No
Control 16	Yes	No	No	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Rice Bran o	No
Control 17	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Soyabean o	Yes
Control 18	Yes	No	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	Yes	Once in day	u (Hot-Pung	Yes	Soyabean o	No
Control 19	Yes	Yes	No	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	u (Hot-Pung	Yes	Sunflower o	No
Control 20	Yes	No	No	Yes	No	m Temperat	Yes	60ML	Yes	70ML	Yes	No	NA	No	NA	No	NA	van (Salty),	Yes	Ground nut	No
Control 21	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	van (Salty),	Yes	Soyabean o	No
Control 22	Yes	No	Yes	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	Yes	o 4 times a d	(Sweet), Lav	Yes	Soyabean o	Yes
Control 23	Yes	Yes	Yes	No	No	m Temperat	Yes	100ML	No	NA	Yes	No	NA	No	NA	No	NA	van (Salty),	Yes	Ground nut	No
Control 24	Yes	No	No	Yes	No	m Temperat	Yes	80ml	Yes	60ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabeen o	No
Control 25	Yes	No	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
Control 26	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	n (Salty), K	Yes	Olive oil	Yes
Control 27	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	Yes	100ml	No	No	NA	No	NA	No	NA	(Hot-Pung	Yes	soyabean oi	Yes
Control 28	Yes	Yes	No	Yes	No	Warm	No	NA	No	NA	No	No	NA	No	NA	No	NA	, Amla (So	Yes	sunflower o	Yes
Control 29	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	n (Salty), K	Yes	Soyabean o	No
Control 30	Yes	Yes	No	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	mla (Sour),	Yes	Sunflower o	No
Control 31	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	mla (Sour),	Yes	Sunflower o	Yes
Control 32	Yes	No	No	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	Yes	o 4 times a d	our), Lavan	Yes	Groundnut	Yes
Control 33	Yes	No	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	n (Salty), K	Yes	Sunflower o	No
Control 34	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Sunflower o	Yes
Control 35	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	Yes	00ml in a da	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Soyabean o	No
Control 36	Yes	Yes	Yes	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 37	Yes	Yes	No	No	No	Warm	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	No
Control 38	Yes	Yes	Yes	Yes	No	Warm	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 39	Yes	Yes	Yes	Yes	No	Warm	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	No
Control 40	Yes	Yes	No	Yes	No	Warm	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 41	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	No	NA	No

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
										Control												
Control 1	2tsp	No	NA	No	NA	Yes	Yes	No	No	Sedentary	Yes	Yes	Anger	Yes	Yes	Madhya	and other	Vata	Drava	a and	Sama	Visham
Control 2	NA	No	NA	Yes	es in a week	Yes	Yes	No	No	Mental Exe	No	Yes	Fear	Yes	Yes	Madhya	hojan	Pitta	Ushna	Grahani	Sama	Visham
Control 3	2tsp	Yes	ruddha, Kal	Yes	mes ina wee	Yes	Yes	No	No	Sedentary,	Yes	Yes	Anger	No	Yes	Avar	hojan	Kapha	Guru	a and	Sama	Visham
Control 4	NA	Yes	nyoga Virud	No	NA	Yes	Yes	No	No	Physical Ex	Yes	Yes	Anger	No	Yes	Madhya	pana	Vata	Drava	a and	Sama	Visham
Control 5	2tsp	No	NA	No	NA	Yes	Yes	Yes	No	Sedentary	No	Yes	Fear	No	Yes	Madhya	Gurubhoj	Pitta	Amla	a and	Sama	Visham
Control 6	1-2tsp	No	NA	No	NA	Yes	Yes	No	No	Sedentary	Yes	Yes	Fear	No	Yes	Madhya	an,	Pitta	Ruksha	Grahani	Niram	Manda
Control 7	NA	No	NA	No	NA	No	No	No	No	Sedentary	Yes	Yes	Anger	Yes	Yes	Madhya	ahar	Pitta	Ruksha	Grahani	Sama	Manda
Control 8	NA	No	NA	No	NA	Yes	Yes	No	No	Sedentary	No	Yes	Anger	Yes	Yes	Madhya	jan	Vata	Sheeta	Grahani	Sama	Manda
Control 9	1-2tsp	Yes	ddha Matra	Yes	7Days-2Bov	Yes	No	No	No	Physical Ex	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Vata	Drava	a and	Sama	Visham
Control 10	NA	Yes	Kal viruddha	Yes	2/7- 2Bowl	No	Yes	No	Yes	Sedentary	Yes	No	Greed	No	Yes	Madhya	pana	Pitta,	Ushna,	Grahani	Sama	Manda
Control 11	NA	Yes	rruddha Vir	No	NA	Yes	No	No	Yes	Mental Exe	No	No	Jealousy	Yes	Yes	Madhya	ojan	Pitta	Ushna	a and	Sama	Visham
Control 12	NA	Yes	irya Virrudd	No	NA	Yes	Yes	No	No	Sedentary,	Yes	No	Jealousy	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
Control 13	1-2tsp	Yes	yoga Virrud	No	NA	Yes	No	No	Yes	Mental Exe	Yes	Yes	Jealousy	Yes	Yes	Avar	an,	Kapha	Guru	a	Sama	Visham
Control 14	NA	Yes	ddha Matra	No	NA	Yes	Yes	Yes	Yes	Sedentary	No	Yes	Jealousy	No	Yes	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
Control 15	NA	Yes	latra viruddl	No	NA	Yes	Yes	No	Yes	Sedentary,	Yes	No	Jealousy	Yes	Yes	Avar	pana	Pitta	Drava	Grahani	Sama	Manda
Control 16	NA	No	NA	No	NA	Yes	No	No	No	Sedentary	Yes	No	Jealousy	No	Yes	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
Control 17	1tsp	No	NA	No	NA	Yes	No	No	Yes	Sedentary	No	Yes	Jealousy	Yes	Yes	Madhya	and other	Vata	Sheeta	Grahani	Sama	Manda
Control 18	NA	Yes	irya Viruddl	No	NA	No	Yes	Yes	Yes	Sedentary	No	No	Fear	No	Yes	Madhya	hojan	Pitta	Drava	Grahani	Sama	Manda
Control 19	NA	Yes	l viruddha ,	Yes	7/7- 1-2Bow	Yes	No	No	Yes	Physical Ex	Yes	Yes	Fear	No	Yes	Avar	Gurubhoj	Vata	Drava	a and	Sama	Visham
Control 20	NA	Yes	rruddha, Vir	No	NA	Yes	Yes	No	No	Sedentary	Yes	Yes	Jealousy	No	Yes	Madhya	and other	Kapha	Guru	a and	Sama	Visham
Control 21	NA	Yes	irya Viruddl	No	NA	Yes	Yes	No	Yes	Sedentary	No	Yes	Anger	No	Yes	Madhya	pana	Pitta	Ruksha	Grahani	Sama	Manda
Control 22	1tsp	Yes	irya Viruddl	No	NA	Yes	Yes	Yes	Yes	Sedentary	Yes	Yes	Jealousy	Yes	Yes	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
Control 23	NA	Yes	al viruddha,	No	NA	Yes	No	No	No	Physical Ex	Yes	No	Jealousy	Yes	Yes	Madhya	,	Pitta	Drava	a and	Sama	Visham
Control 24	NA	Yes	ruddha,Kal	Yes	days and 1b	No	No	Yes	Yes	Sedentary,	Yes	Yes	Jealousy	No	Yes	Madhya	and other	Kapha	Drava	a and	Sama	Visham
Control 25	1tsp	Yes	ldha, Matra	Yes	3/7days	Yes	Yes	No	Yes	Mental Exe	Yes	Yes	Anger	Yes	Yes	Avar	jan	Pitta	Drava	Grahani	Sama	Manda
Control 26	1tsp in a day	Yes	ruddha, kalv	Yes	es in a week	Yes	Yes	No	No	Mental Exe	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
Control 27	1tsp	Yes	ruddha, matı	No	NA	Yes	No	No	Yes	Physical Ex	Yes	Yes	Anger	No	Yes	Madhya	pana	Pitta	Ushna	a and	Sama	Visham
Control 28	1tsp	Yes	ruddha, kalv	No	NA	Yes	No	No	Yes	Sedentary,	Yes	Yes	Fear	Yes	Yes	Avar	hojan,	Vata	Drava	a and	Niram	Visham
Control 29	NA	No	NA	No	NA	Yes	Yes	No	No	Mental Exe	No	Yes	Fear	Yes	Yes	Madhya	pana	Vata	Sheeta	Grahani	Sama	Manda
Control 30	NA	Yes	ddha, matrav	No	NA	Yes	Yes	Yes	No	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
Control 31	1tsp in a day	Yes	, matraviruc	No	NA	Yes	No	No	No	Physical Ex	Yes	Yes	Fear	No	Yes	Madhya	an,	Pitta	Ruksha	Grahani	Sama	Manda
Control 32	1tsp	Yes	iruddha kalv	No	NA	No	No	No	Yes	Physical Ex	Yes	Yes	Anger	No	Yes	Madhya	ojan	Pitta	Ushna	a and	Sama	Visham
Control 33	NA	Yes	ddha, sanyo	No	NA	Yes	Yes	No	Yes	Sedentary,	No	No	Fear	No	No	Madhya	and other	Pitta	Drava	Grahani	Sama	Manda
Control 34	1tsp	Yes	iruddha kalv	No	NA	Yes	Yes	Yes	No	Physical Ex	Yes	Yes	Anger	No	Yes	Madhya	hojan	Pitta	Drava	a and	Sama	Visham
Control 35	NA	Yes	kalviruddha	No	NA	Yes	No	Yes	No	Sedentary,	Yes	Yes	Anger	No	Yes	Madhya	and other	Vata	Laghu	Grahani	Sama	Manda
Control 36	NA	Yes	kalviruddha	No	NA	No	No	Yes	No	Physical, M	Yes	No	Anger	No	Yes	Madhya	and other	Pitta	Ruksha	Grahani	Sama	Manda
Control 37	NA	Yes	iruddha kalv	No	NA	Yes	Yes	Yes	Yes	Physical, M	No	No	Anger	Yes	Yes	Madhya	pana	Pitta	Ushna	a and	Sama	Visham
Control 38	NA	No	NA	No	NA	Yes	No	Yes	Yes	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	ahar	Pitta	Drava	Grahani	Sama	Manda
Control 39	NA	Yes	ddha matrav	No	NA	Yes	Yes	Yes	No	Mental Exe	Yes	Yes	Anger	Yes	Yes	Madhya	an,	Pitta	Ruksha	Grahani	Sama	Manda
Control 40	NA	Yes	traviruddha	No	NA	No	Yes	Yes	No	Sedentary,	Yes	Yes	Anger	No	Yes	Avar	hojan,	Pitta	Tikshna	a and	Sama	Visham
Control 41	NA	Yes	ddha matrav	No	NA	Yes	Yes	Yes	No	Physical Ex	Yes	Yes	Fear	Yes	Yes	Madhya	hojan,	Vata	Drava	Grahani	Niram	Tikshna

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
Control 42	Female	Service	34	symptoms	Ajirna	a	None	#########	irregular,	1	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 43	Female	Service	28	asyata,	Ajirna	Annavaha	Vishamash	#########	b) irregular	1-2	3 - 4	1 - 2	symptom	Yes	Gym		No	Yes	Cold
Control 44	Male	Service	31	symptoms	No history	None	None	#########	irregular,	2-3	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 45	Female	designer	31	Urodaha	Ajirna	a	an,	#########	b) irregular	1-2	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 46	Male	Service	49	symptoms	No history	None	None	#########	irregular,	1	3 - 4	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 47	Male	DIT	33	symptoms	No history	Srotas	None	#########	b) irregular	2-3	4-5	0	symptom	No	exercise	exercise	Yes	No	Cold
Control 48	Female	Service	50	symptoms	No history	None	None	#########	irregular,	1-2	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 49	Female	Service	52	Hrullas	Ajirna	Annavaha	None	#########	irregular,	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 50	Female	job	39	symptoms	No history	None	None	#########	irregular,	2-3	4-5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 51	Female	Housewife	44	Hrullas	Ajirna	a	n	#########	b) irregular	1-2	3 - 4	0	symptom	Yes	Gym		Yes	No	Warm
Control 52	Female	Service	30	symptoms	No history	Srotas	None	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Cold
Control 53	Female	Service	31	symptoms	No history	None	None	#########	b) irregular	1	4-5	1 - 2	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 54	Female	Service	27	asyata	No history	None	None	#########	b) irregular	1	4-5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 55	Female	Service	32	Avipaka	Ajirna	a	an,	#########	irregular,	1	4 - 5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 56	Female	Service	36	symptoms	No history	None	None	#########	b) irregular	2-3	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 57	Female	Housewife	49	asyata,	Ajirna	Annavaha	Vishamash	#########	b) irregular	1	4 - 5	1 - 2	symptom	Yes	Gym		Yes	No	Warm
Control 58	Female	Housewife	59	symptoms	Ajirna	a	None	#########	b) irregular	2-3	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 59	Male	Service	31	symptoms	No history	None	None	#########	constipated	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 60	Male	Service	42	symptoms	No history	None	None	#########	constipated	1	4 - 5	0	symptom	No	exercise	exercise	No	Yes	Cold
Control 61	Female	Housewife	37	symptoms	No history	None	None	#########	regular	1	4 - 5	0	symptom	Yes	Aerobics		Yes	No	Warm
Control 62	Female	Housewife	40	symptoms	No history	None	None	#########	b) irregular	2-3	4 - 5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 63	Female	Service	35	symptoms	No history	None	None	#########	constipated	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 64	Male	Business	59	Atopa	Ajirna	a,	ana,	#########	b) irregular	2-3	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 65	Male	Service	59	asyata	Ajirna	Annavaha	ana,	#########	constipated	1	4 - 5	1 - 2	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 66	Male	Service	29	symptoms	No history	None	None	#########	constipated	1	4 - 5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 67	Female	Service	47	Avipaka	Ajirna	a	ana	#########	b) irregular	1-2	4 - 5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 68	Female	Service	46	symptoms	No history	None	None	#########	b) irregular	2-3	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 69	Male	Student	21	pravritti	Atisar	a, Other	ana	#########	b) irregular	1-2	4 - 5	1 - 2	symptom	No	exercise	exercise	Yes	No	Cold
Control 70	Male	Service	46	symptoms	Ajirna	a	None	#########	b) irregular	1	4 - 5	1 - 2	symptom	No	exercise	exercise	No	Yes	Cold
Control 71	Male	Service	36	Urodaha	Ajirna	Annavaha	None	#########	b) irregular	2-3	4 - 5	0	symptom	Yes	Gym		Yes	No	Warm
Control 72	Male	consultant	33	symptoms	No history	None	None	#########	b) irregular	2-3	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 73	Male	Service	59	Hrullas	Ajirna	a	ana	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 74	Male	Service	55	symptoms	Ajirna	a	None	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 75	Male	Student	22	Adhman	Ajirna	Srotas	None	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 76	Male	Service	43	Hrullas	Ajirna	a	ana,	#########	b) irregular	1	4 - 5	1 - 2	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 77	Female	Service	30	symptoms	No history	None	None	#########	irregular,	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Hot
Control 78	Male	Student	24	symptoms	No history	Srotas	None	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
Control 42	Not sound	11:30 PM	7:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Fried	Yes	pati-sabji Da	Yes	Dal rice
Control 43	Not sound	12:00 AM	7:00 AM	7 - 8	No	0	No	1 - 2	No	No	i) Tea	No	No any	Yes	Yes	8AM	ndian snack	Yes	Dal Rice	Yes	Chapati sabj
Control 44	Sound	10:45 PM	6:30 AM	7 - 8	No	0	No	0	No	No	Tea, ii) Cofl	Yes	Cow	Yes	Yes	9AM	Fried	No	pati-sabji Da	Yes	Dal rice
Control 45	Sound	10:00 PM	7:00 AM	7 - 8	Yes	1 - 2	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 46	Sound	11:45 PM	7:30 AM	7 - 8	No	0	No	1 - 2	No	No	Tea, ii) Cofl	Yes	Cow	Yes	Yes	9AM	ndian snack	No	pati-sabji Da	Yes	pati sabji dal
Control 47	Not sound	1:00 AM	8:00 AM	6 - 7	No	0	Yes	5	No	No	Tea, ii) Cofl	Yes	Buffalo	Yes	Yes	9AM	ndian snack	No	pati-sabji Da	Yes	Dal Rice
Control 48	Sound	12:00 AM	7:30 AM	7 - 8	No	0	No	0	Yes	Trushna	i) Tea	No	No any	Yes	Yes	8AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 49	Sound	10:00 PM	7:00 AM	7 - 8	No	0	No	0	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	8.30 am	Fried	Yes	pati-sabji Da	Yes	Chapati sabj
Control 50	Not sound	2:00 AM	9:30 AM	8 - 9	No	0	Yes	1 - 2	No	No	Tea, ii) Cofl	Yes	Cow	Yes	Yes	8AM	ndian snack	Yes	pati-sabji Da	Yes	Dal rice
Control 51	Sound	10:30 PM	7:00 AM	8 - 9	Yes	0 - 1	No	1 - 2	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10 AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 52	Sound	11:15 PM	8:00 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	Yes	Cow	Yes	Yes	9.00 am	Fried	Yes	Chapati-Sab	No	Dal rice
Control 53	Sound	12:00 AM	6:00 AM	8 - 9	No	0	No	0	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	9AM	ndian snack	Yes	Dal Rice	Yes	Dal rice
Control 54	Sound	10:45 PM	6:30 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10.00 am	Fried	Yes	pati-sabji Da	Yes	Chapati sabj
Control 55	Not sound	10:00 PM	7:00 AM	7 - 8	No	0	No	1 - 2	Yes	Mutra	i) Tea	Yes	Cow	Yes	Yes	8.00 am	Fried	Yes	pati-sabji Da	Yes	Rice
Control 56	Not sound	11:00 PM	7:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	8AM	ndian snack	Yes	Bhakri - Sab	Yes	Rice
Control 57	Not sound	11:45 PM	6:30 AM	6 - 7	Yes	1 - 2	Yes	3	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10AM	ndian snack	Yes	Chapati-Sab	Yes	Dal rice
Control 58	Not sound	11:00 PM	7:00 AM	7 - 8	Yes	4	No	0	No	No	i) Tea	Yes	Cow	Yes	Yes	10.30 am	Junk	Yes	pati-sabji Da	Yes	Dal rice
Control 59	Not sound	11:30 PM	7:30 AM	7 - 8	No	0	No	0	No	No	ii) Coffee	No	No any	No	No	No breakfas	ndian snack	Yes	pati-sabji Da	No	hapati dal ri
Control 60	Sound	12:00 AM	8:00 AM	7 - 8	No	0	No	1 - 2	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9.30 am	Junk	Yes	Chapati-Sab	Yes	pati sabji dal
Control 61	Not sound	10:00 PM	7:30 AM	7 - 8	Yes	1 - 2	Yes	2.5	Yes	Jrumbha	i) Tea	Yes	Buffalo	Yes	Yes	10AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 62	Sound	11:45 PM	7:00 AM	7 - 8	No	0	No	0	Yes	Kshudha	i) Tea	Yes	Cow	Yes	Yes	9AM	ndian snack	Yes	Dal Rice	No	al rice chapa
Control 63	Sound	12:00 AM	9:30 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	Yes	Yes	8.30 am	Junk	Yes	pati-sabji Da	Yes	Chapati sabj
Control 64	Sound	11:15 PM	7:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	Yes	No	9.00 am	Junk	Yes	Chapati-Sab	Yes	Dal rice
Control 65	Sound	11:00 PM	8:00 AM	8 - 9	No	0	No	0	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	9AM	ndian snack	Yes	pati-sabji Da	No	Rice
Control 66	Not sound	1:00 AM	8:00 AM	6 - 7	No	0	Yes	4	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9AM	Fried	No	pati-sabji Da	Yes	Rice
Control 67	Sound	11:45 PM	7:30 AM	7 - 8	No	0	No	1 - 2	No	No	ii) Coffee	Yes	Cow	Yes	Yes	8AM	ndian snack	Yes	Chapati-Sab	No	Rice
Control 68	Sound	12:00 AM	8:30 AM	7 - 8	No	0	No	0	No	No	Tea, ii) Cofl	No	No any	Yes	No	10.00 am	Junk	Yes	pati-sabji Da	Yes	Chapati sabj
Control 69	Sound	11:00 PM	7:00 AM	7 - 8	Yes	1 - 2	No	0	No	No	ii) Coffee	No	No any	Yes	No	10AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 70	Not sound	2:00 AM	9:00 AM	7 - 8	No	0	Yes	1 - 2	No	No	i) Tea	No	No any	Yes	No	8.00 am	Junk	Yes	Chapati-Sab	Yes	Dal rice
Control 71	Sound	11:30 PM	7:00 AM	7 - 8	No	0	No	0	Yes	Trushna	i) Tea	Yes	Buffalo	Yes	Yes	10AM	ndian snack	Yes	Bhakri - Sab	Yes	Rice
Control 72	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	1 - 2	No	No	ii) Coffee	No	No any	Yes	Yes	9AM	Junk	Yes	pati-sabji Da	Yes	Rice
Control 73	Not sound	11:15 PM	7:00 AM	6 - 7	No	0	Yes	3	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 74	Sound	11:00 PM	8:00 AM	8 - 9	No	0	No	0	No	No	Tea, ii) Cofl	No	No any	No	No	No breakfas	ndian snack	Yes	Dal Rice	No	Rice
Control 75	Sound	11:45 PM	8:00 AM	8 - 9	Yes	1 - 2	No	0	No	No	ii) Coffee	No	No any	Yes	No	11AM	Fried	Yes	pati-sabji Da	No	Rice
Control 76	Sound	11:00 PM	8:00 AM	8 - 9	No	0	No	1 - 2	No	No	i) Tea	No	No any	No	No	No breakfas	Junk	Yes	Chapati-Sab	Yes	pati sabji dal
Control 77	Not sound	11:30 PM	7:00 AM	6 - 7	No	0	Yes	1 - 2	No	No	Tea, ii) Cofl	No	No any	Yes	No	10AM	ndian snack	Yes	pati-sabji Da	No	Rice
Control 78	Sound	11:45 PM	8:00 AM	8 - 9	Yes	0 - 1	No	0	No	No	ii) Coffee	No	No any	Yes	No	10AM	Fried	Yes	pati-sabji Da	Yes	Chapati sabj

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
Control 42	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Olive oil	No
Control 43	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	No	NA	No
Control 44	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 45	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	Yes	100ml	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 46	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Katu (	Yes	Soyabean o	No
Control 47	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	Yes	200ml	No	No	NA	No	NA	Yes	Day- 10Gm	alty), Katu (	Yes	Sunflower o	No
Control 48	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	No
Control 49	Yes	Yes	No	No	No	m Temperat	No	NA	Yes	200ml	No	No	NA	No	NA	No	NA	our), Katu (	Yes	Soyabean o	No
Control 50	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 51	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 52	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	Yes	200ml	No	No	NA	No	NA	No	NA	(Hot-Pung	No	NA	Yes
Control 53	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	Yes	250ml	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 54	Yes	Yes	No	Yes	No	iled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	No	NA	No
Control 55	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	avan (Salty),	Yes	Soyabean o	No
Control 56	Yes	No	No	Yes	No	iled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
Control 57	Yes	No	No	Yes	No	iled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sunflower o	Yes
Control 58	Yes	No	Yes	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	avan (Salty),	Yes	Soyabean o	Yes
Control 59	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	Yes	200ml	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
Control 60	Yes	No	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	avan (Salty),	Yes	Soyabean o	Yes
Control 61	Yes	No	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Katu (	Yes	Soyabean o	Yes
Control 62	Yes	No	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	alty), Katu (	Yes	Sunflower o	Yes
Control 63	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	mla (Sour),	No	NA	Yes
Control 64	Yes	No	Yes	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	No
Control 65	Yes	No	Yes	Yes	No	m Temperat	No	NA	Yes	100ml	Yes	No	NA	No	NA	Yes	o 5 times a	our), Katu (	Yes	Sunflower o	No
Control 66	Yes	Yes	Yes	Yes	No	iled and Coo	No	NA	Yes	100ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
Control 67	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Katu (	Yes	Sunflower o	Yes
Control 68	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Katu (	Yes	Sunflower o	Yes
Control 69	Yes	Yes	Yes	No	No	iled and Coo	Yes	100ml	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sunflower o	No
Control 70	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
Control 71	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	Yes	Once in day	our), Lavan	Yes	Rice bran o	Yes
Control 72	Yes	Yes	No	Yes	No	m Temperat	Yes	200ml	Yes	100ml	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 73	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 74	Yes	Yes	No	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	(Salty), Kat	Yes	Sunflower o	No
Control 75	Yes	Yes	No	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Rice bran o	No
Control 76	Yes	No	No	No	No	m Temperat	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
Control 77	Yes	No	Yes	No	No	iled and Coo	Yes	100ml	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Soyabean o	Yes
Control 78	Yes	No	Yes	No	No	m Temperat	Yes	100ml	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
Control 42	NA	Yes	latraviruddh	No	NA	Yes	No	No	No	Physical, M	No	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Ushna	a and	Sama	Visham
Control 43	NA	Yes	ddha matrav	No	NA	Yes	No	No	No	Physical Ex	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Visham
Control 44	NA	Yes	ddha matrav	No	NA	No	No	No	No	Physical, M	Yes	Yes	Fear	Yes	Yes	Madhya	pana	Vata	Drava	a and	Sama	Visham
Control 45	NA	No	NA	No	NA	Yes	Yes	Yes	No	Physical Ex	Yes	No	Anger	Yes	Yes	Madhya	,	Pitta	Ruksha	Grahani	Sama	Manda
Control 46	NA	Yes	traviruddha	No	NA	Yes	Yes	No	No	Physical Ex	Yes	No	Anger	Yes	Yes	Madhya	jan	Pitta	Drava	a and	Sama	Visham
Control 47	NA	Yes	ddha matrav	No	NA	Yes	Yes	Yes	No	Physical, M	No	No	Anger	Yes	Yes	Pravar	Gurubhoj	Kapha	Picchil	ya	Sama	Visham
Control 48	NA	Yes	iruddha kalv	No	NA	Yes	No	Yes	No	Physical Ex	Yes	No	Anger	No	Yes	Madhya	and other	Pitta	Ushna	a and	Sama	Visham
Control 49	NA	Yes	uddha sanyo	No	NA	Yes	Yes	Yes	Yes	Physical, M	Yes	No	Fear	Yes	Yes	Madhya	and other	Vata	Drava	a and	Sama	Visham
Control 50	NA	No	NA	No	NA	No	Yes	Yes	No	Physical Ex	No	No	Anger	Yes	Yes	Pravar	hojan	Pitta	Ruksha	Grahani	Sama	Manda
Control 51	NA	Yes	uddha sanyo	No	NA	Yes	No	Yes	No	Physical Ex	No	No	Fear	Yes	Yes	Madhya	and other	Pitta	Ruksha	Grahani	Sama	Manda
Control 52	1tsp in a day	Yes	anyogviruddl	No	NA	Yes	Yes	Yes	Yes	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
Control 53	NA	Yes	ruddha matr	Yes	2 times a w	Yes	No	Yes	Yes	Sedentary	No	No	Anger	No	Yes	Madhya	Aharaj	Pitta	Tikshna	a and	Niram	Visham
Control 54	NA	Yes	iruddha kalv	No	NA	Yes	No	Yes	Yes	Sedentary	Yes	Yes	Anger	No	Yes	Pravar	hojan,	Vata	Drava	a and	Sama	Visham
Control 55	NA	Yes	latraviruddh	Yes	2 times a w	Yes	No	Yes	No	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	hojan	Pitta	Drava	Grahani	Sama	Manda
Control 56	1tsp	Yes	uddha, matra	No	NA	Yes	No	Yes	Yes	Physical, M	No	No	Anger	Yes	Yes	Avar	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
Control 57	1-2tsp	No	NA	Yes	bowl in a w	Yes	No	Yes	No	Physical Ex	No	No	Fear	Yes	Yes	Madhya	hojan,	Pitta	Drava	a	Sama	Visham
Control 58	1-2tsp	Yes	latraviruddh	No	NA	Yes	No	No	No	Physical, M	No	No	Anger	No	Yes	Madhya	hojan	Pitta	Drava	a	Sama	Visham
Control 59	1-2tsp	Yes	ruddha virya	Yes	2-3/week	No	No	Yes	Yes	Physical, M	Yes	No	Anger	Yes	Yes	Madhya	an,	Pitta	Drava	a and	Sama	Visham
Control 60	1tsp in a day	No	NA	No	NA	Yes	No	No	Yes	Physical Ex	Yes	No	Anger	Yes	Yes	Madhya	pana	Vata	Sheeta	Grahani	Sama	Manda
Control 61	1tsp in a day	Yes	latraviruddh	No	NA	Yes	No	No	Yes	Physical Ex	No	Yes	Fear	Yes	Yes	Madhya	an,	Pitta	Ushna	a and	Sama	Visham
Control 62	1tsp	No	NA	Yes	2-3/week	Yes	No	Yes	No	Physical Ex	No	Yes	Anger	No	Yes	Madhya	ojan	Pitta	Ruksha	Grahani	Sama	Manda
Control 63	1tsp	Yes	iruddha kalv	No	NA	Yes	No	No	No	Physical Ex	Yes	No	Anger	Yes	Yes	Madhya	ojan	Pitta	Drava	Grahani	Sama	Manda
Control 64	NA	Yes	ruddha virya	Yes	2-3/week	Yes	No	Yes	Yes	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	hojan	Vata	Drava	a and	Sama	Visham
Control 65	NA	Yes	uddha matra	Yes	2-3/week	Yes	No	Yes	Yes	Sedentary	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
Control 66	7/7days	No	NA	No	NA	Yes	No	No	Yes	Sedentary	No	Yes	Anger	No	Yes	Avar	hojan,	Pitta	Ruksha	ya	Sama	Visham
Control 67	1-2tsp	Yes	uddha matra	Yes	2 times a w	Yes	Yes	Yes	Yes	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	hojan,	Kapha	Ushna	a and	Sama	Visham
Control 68	7/7days	Yes	kalviruddha	No	NA	Yes	No	No	Yes	Physical Ex	Yes	Yes	Fear	Yes	Yes	Madhya	hojan,	Pitta	Ushna	Grahani	Sama	Manda
Control 69	NA	Yes	ruddha kalvi	No	NA	Yes	No	No	Yes	Sedentary	Yes	No	Anger	Yes	Yes	Avar	jan	Kapha	Guru	a and	Sama	Visham
Control 70	7/7days	Yes	latraviruddh	No	NA	Yes	Yes	No	Yes	Physical Ex	Yes	No	Anger	No	Yes	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
Control 71	1tsp in a day	Yes	traviruddha	No	NA	Yes	Yes	No	Yes	Physical Ex	No	Yes	Anger	No	Yes	Madhya	Gurubhoj	Pitta	Drava	a and	Sama	Visham
Control 72	NA	No	NA	Yes	2-3/week	Yes	Yes	No	Yes	Sedentary,	Yes	Yes	Anger	Yes	Yes	Madhya	ahar	Vata	Drava	a and	Sama	Visham
Control 73	NA	Yes	ddha matrav	No	NA	Yes	No	No	Yes	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	pana	Pitta	Drava	Grahani	Sama	Manda
Control 74	NA	Yes	ruddha matr	No	NA	Yes	Yes	Yes	Yes	Sedentary	No	Yes	Anger	Yes	Yes	Pravar	Aharaj	Pitta	Ruksha	a	Sama	Visham
Control 75	NA	Yes	matravirud	No	NA	Yes	Yes	No	Yes	Sedentary	No	No	Anger	Yes	Yes	Madhya	hojan	Pitta	Ushna	a and	Niram	Visham
Control 76	1tsp in a day	Yes	latraviruddh	No	NA	Yes	Yes	No	Yes	Physical Ex	Yes	Yes	Anger	No	Yes	Madhya	Vishamb	Vata	Drava	a and	Sama	Visham
Control 77	1tsp in a day	Yes	ddha matrav	No	NA	Yes	Yes	No	Yes	Sedentary	No	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Ushna	Grahani	Sama	Manda
Control 78	7/7days	No	NA	No	NA	Yes	Yes	No	No	Sedentary	No	No	Fear	No	Yes	Madhya	an,	Pitta	Drava	ya	Sama	Visham

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
Control 79	Female	employed	30	asyata,	Ajirna	Annavaha	an	#########	b) irregular	1	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
Control 80	Female	Student	20	Avipaka	Ajirna	a	Vishamash	#########	b) irregular	1	4 - 5	0	symptom	Yes	Gym		Yes	No	Warm
Control 81	Male	Student	26	symptoms	No history	None	None	#########	b) irregular	1	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 82	Female	maid	50	symptoms	Ajirna	a	None	#########	constipated	1-2	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 83	Male	Service	42	asyata	Ajirna	a	None	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 84	Female	employed	34	symptoms	No history	None	None	#########	constipated	1	4 - 5	0	symptom	No	exercise	exercise	No	Yes	Cold
Control 85	Female	Service	33	symptoms	No history	None	None	#########	b) irregular	1	4 - 5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 86	Female	Student	25	symptoms	No history	None	None	#########	b) irregular	1	5 - 6	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 87	Female	employed	36	asyata,	Ajirna	Annavaha	an,	#########	b) irregular	1	4 - 5	0	symptom	Yes	Aerobics		Yes	No	Warm
Control 88	Female	Housewife	23	symptoms	No history	None	None	#########	b) irregular	1	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 89	Male	Service	41	symptoms	No history	None	None	#########	regular	1	4 - 5	0	symptom	Yes	Gym		Yes	No	Warm
Control 90	Male	Service	53	symptoms	No history	None	None	#########	b) irregular	2-3	4 - 5	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 91	Male	Student	24	symptoms	No history	None	None	#########	b) irregular	2-3	5 - 6	1 - 2	symptom	No	exercise	exercise	Yes	No	Warm
Control 92	Male	Teacher	26	Urodaha	Ajirna	a	n	#########	b) irregular	1	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
Control 93	Male	Student	24	Avipaka	Ajirna	a	an,	#########	regular	1	4 - 5	0	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
Control 94	Male	Service	29	symptoms	Ajirna	Srotas	None	#########	b) irregular	1-2	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 95	Female	Service	33	asyata	Ajirna	Annavaha	None	#########	b) irregular	2-3	7	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 96	Male	Service	31	symptoms	No history	None	None	#########	b) irregular	1-2	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 97	Male	Service	49	symptoms	No history	Srotas	None	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
Control 98	Male	professiona	34	symptoms	No history	None	None	#########	b) irregular	1	5 - 6	0	symptom	Yes	Gym		Yes	No	Warm
Control 99	Female	Teacher	35	Hrullas	Ajirna	a	None	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Cold
100	Male	Gym	30	symptoms	No history	None	None	#########	constipated	1	4 - 5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
101	Male	journalist	44	symptoms	No history	None	None	#########	b) irregular	2-3	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
102	Male	Service	28	symptoms	No history	None	None	#########	constipated	1	7	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
103	Female	Service	50	asyata	Ajirna	Annavaha	Vishamash	#########	b) irregular	1	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
104	Female	Service	56	symptoms	No history	None	None	#########	b) irregular	1	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
105	Male	Marketing	54	Avipaka	Ajirna	a	ana,	#########	b) irregular	1	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Cold
106	Female	HouseMai	22	Avipaka	Ajirna	Annavaha	ana,	#########	b) irregular	1	7	0	symptom	No	exercise	exercise	Yes	No	Warm
107	Male	Service	28	symptoms	No history	None	None	#########	b) irregular	1	5 - 6	0	symptom	Yes	Gym		Yes	No	Warm
108	Female	Bank	42	Hrullas	Ajirna	Annavaha	ana	#########	irregular,	2-3	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
109	Female	Service	38	symptoms	Ajirna	a	None	#########	regular	1	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
110	Female	Service	43	Atopa	Ajirna	Annavaha	ana	#########	b) irregular	1	4 - 5	0	symptom	No	exercise	exercise	Yes	No	Warm
111	Male	Service	45	Urodaha	Ajirna	Srotas	None	#########	b) irregular	1-2	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
112	Female	call center	26	symptoms	No history	None	None	#########	constipated	1	4 - 5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
113	Female	Service	39	symptoms	No history	None	None	#########	b) irregular	1	5 - 6	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
114	Female	Student	20	asyata	Ajirna	a	None	#########	b) irregular	1	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
Control 79	Sound	11:15 PM	8:00 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	Yes	Cow	Yes	Yes	9AM	ndian snack	Yes	di/ Rice / Cu	Yes	Chapati sabj
Control 80	Sound	11:00 PM	8:00 AM	8 - 9	No	0	No	0	Yes	Mutra	ii) Coffee	No	No any	Yes	No	10AM	ndian snack	Yes	Dal Rice	Yes	Rice
Control 81	Not sound	1:00 AM	8:00 AM	7 - 8	Yes	1 - 2	Yes	2.5	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	9AM	ndian snack	Yes	Chapati-Sabj	Yes	pati sabji dal
Control 82	Sound	11:45 PM	8:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	No	No any	No	No	No breakfas	Junk	Yes	pati-sabji Da	Yes	Chapati sabj
Control 83	Sound	11:00 PM	7:30 AM	7 - 8	No	0	No	1 - 2	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9AM	ndian snack	No	pati-sabji Da	Yes	Chapati sabj
Control 84	Sound	12:00 AM	7:30 AM	7 - 8	No	0	No	0	No	No	i) Tea	No	No any	Yes	Yes	9AM	Fried	Yes	Chapati-Sabj	Yes	Chapati sabj
Control 85	Not sound	2:00 AM	8:00 AM	6 - 7	No	0	Yes	3	No	No	i) Tea	Yes	Cow	Yes	Yes	9AM	ndian snack	Yes	Dal chapati	Yes	Dal rice
Control 86	Sound	11:30 PM	7:30 AM	7 - 8	No	0	No	0	No	No	ii) Coffee	No	No any	Yes	No	10.30 am	Junk	Yes	pati-sabji Da	Yes	Chapati sabj
Control 87	Sound	11:45 PM	7:30 AM	7 - 8	Yes	3	No	0	No	No	i) Tea	No	No any	Yes	No	9.30 am	k, Indian sna	Yes	Chapati-Sabj	Yes	Chapati sabj
Control 88	Not sound	12:00 AM	7:30 AM	7 - 8	Yes	3	Yes	1 - 2	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
Control 89	Sound	11:15 PM	7:30 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	10AM	ndian snack	Yes	pati-sabji Da	Yes	pati sabji dal
Control 90	Sound	11:00 PM	8:30 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	Yes	No	8.30 am	k, Indian sna	Yes	Chapati-Sabj	Yes	pati sabji dal
Control 91	Sound	11:45 PM	9:00 AM	8 - 9	Yes	0 - 1	No	1 - 2	No	No	ii) Coffee	No	No any	Yes	No	9.00 am	k, Indian sna	Yes	pati-sabji Da	Yes	Chapati sabj
Control 92	Sound	12:00 AM	8:00 AM	8 - 9	No	0	No	0	No	No	Tea, ii) Cofl	No	No any	Yes	No	10.00 am	k, Indian sna	Yes	Dal Rice	Yes	Chapati sabj
Control 93	Sound	11:00 PM	9:00 AM	8 - 9	Yes	4	No	0	Yes	Kshudha	ii) Coffee	No	No any	No	No	No breakfas	k, Indian sna	Yes	pati-sabji Da	Yes	Dal rice
Control 94	Sound	11:30 PM	9:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	Yes	No	9AM	ndian snack	Yes	Chapati-Sabj	Yes	Chapati sabj
Control 95	Sound	12:00 AM	8:30 AM	8 - 9	No	0	No	0	No	No	Tea, ii) Cofl	No	No any	Yes	No	8.00 am	k, Indian sna	Yes	pati-sabji Da	Yes	Chapati sabj
Control 96	Sound	11:45 PM	9:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	No	No	No breakfas	k, Indian sna	Yes	pati-sabji Da	Yes	pati sabji dal
Control 97	Sound	11:15 PM	7:30 AM	7 - 8	No	0	No	0	No	No	i) Tea	No	No any	Yes	No	10.30 am	k, Indian sna	Yes	Chapati-Sabj	Yes	Chapati sabj
Control 98	Sound	11:00 PM	8:30 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	Yes	Yes	9AM	Fried	No	pati-sabji Da	Yes	Chapati sabj
Control 99	Sound	11:45 PM	8:30 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	No	No any	No	No	No breakfas	k, Indian sna	Yes	pati-sabji Da	Yes	Chapati sabj
100	Sound	11:00 PM	8:30 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	No	No any	Yes	No	9AM	Junk	Yes	Chapati-Sabj	Yes	Chapati sabj
101	Sound	11:30 PM	8:30 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	Yes	Cow	Yes	Yes	9AM	Junk	Yes	pati-sabji Da	Yes	Rice
102	Sound	11:45 PM	8:30 AM	7 - 8	No	0	No	0	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	10AM	Junk	Yes	pati-sabji Da	Yes	Chapati sabj
103	Sound	11:15 PM	8:30 AM	7 - 8	No	0	No	0	No	No	Tea, ii) Cofl	Yes	Buffalo	Yes	Yes	9AM	ndian snack	Yes	Chapati-Sabj	No	Chapati sabj
104	Sound	11:00 PM	7:30 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Cow	Yes	Yes	8AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
105	Sound	11:45 PM	8:30 AM	8 - 9	No	0	No	0	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	10AM	ndian snack	Yes	Bhakri - Sab	Yes	Chapati sabj
106	Sound	11:00 PM	8:30 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Cow	Yes	Yes	8AM	ndian snack	Yes	Dal Rice	Yes	Rice
107	Sound	11:30 PM	8:30 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	10AM	ndian snack	Yes	di/ Rice / Cu	Yes	Chapati sabj
108	Sound	11:45 PM	8:30 AM	8 - 9	No	0	No	0	Yes	Nidra	ii) Coffee	Yes	Buffalo	Yes	Yes	9AM	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
109	Sound	11:15 PM	7:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	No	No any	Yes	No	9.30 am	k, Indian sna	Yes	Junk food	Yes	al rice chapa
110	Not sound	11:00 PM	7:00 AM	6 - 7	No	0	Yes	4	Yes	Mutra	ii) Coffee	Yes	Cow	Yes	Yes	9AM	ndian snack	Yes	Chapati-Sabj	Yes	Chapati sabj
111	Sound	11:45 PM	7:00 AM	7 - 8	No	0	No	0	Yes	Trushna	ii) Coffee	No	No any	Yes	No	8.30 am	k, Indian sna	Yes	pati-sabji Da	Yes	Chapati sabj
112	Not sound	12:30 AM	7:00 AM	6 - 7	No	0	Yes	3	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	9AM	Junk	Yes	pati-sabji Da	Yes	Chapati sabj
113	Sound	12:00 AM	8:30 AM	7 - 8	No	0	No	0	Yes	Kasa	ii) Coffee	No	No any	Yes	No	9.00 am	k, Indian sna	Yes	Chapati-Sabj	Yes	Chapati sabj
114	Sound	11:00 PM	7:00 AM	7 - 8	No	0	No	0	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	10AM	Junk	Yes	pati-sabji Da	Yes	Chapati sabj

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
Control 79	Yes	Yes	Yes	No	No	m Temperat	No	NA	Yes	100ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
Control 80	Yes	No	No	No	No	iled and Coo	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	lty), Katu (	Yes	Sunflower o	Yes
Control 81	Yes	No	Yes	No	No	m Temperat	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Rice bran o	Yes
Control 82	Yes	No	No	Yes	No	iled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Sunflower o	No
Control 83	Yes	No	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Katu (	Yes	Sunflower o	No
Control 84	Yes	No	Yes	No	No	m Temperat	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
Control 85	Yes	No	Yes	Yes	No	iled and Coo	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	No	NA	Yes
Control 86	Yes	No	Yes	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
Control 87	Yes	No	Yes	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
Control 88	Yes	No	Yes	No	No	m Temperat	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
Control 89	Yes	Yes	No	Yes	No	m Temperat	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	), Katu (He	Yes	Sunflower o	No
Control 90	Yes	Yes	No	Yes	No	iled and Coo	No	NA	No	NA	Yes	No	NA	No	NA	Yes	Once in day	our), Lavan	Yes	Sunflower o	Yes
Control 91	Yes	No	No	No	No	iled and Coo	Yes	200ml	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
Control 92	Yes	No	No	Yes	No	m Temperat	No	NA	Yes	100ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
Control 93	Yes	No	Yes	Yes	No	m Temperat	Yes	200ml	Yes	100ml	Yes	No	NA	No	NA	No	NA	our), Lavan	No	NA	No
Control 94	Yes	No	Yes	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	Yes	Once in day	n (Salty), K	Yes	Soyabean o	Yes
Control 95	Yes	No	Yes	Yes	No	iled and Coo	No	NA	Yes	100ml	Yes	No	NA	No	NA	No	NA	van (Salty),	Yes	Rice bran o	Yes
Control 96	Yes	Yes	No	No	No	iled and Coo	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
Control 97	Yes	Yes	Yes	No	No	m Temperat	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
Control 98	Yes	Yes	Yes	Yes	No	m Temperat	No	NA	Yes	100ml	Yes	No	NA	No	NA	No	NA	), Katu (He	Yes	Sunflower o	Yes
Control 99	Yes	Yes	No	Yes	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Katu (	Yes	Sunflower o	Yes
100	Yes	No	Yes	Yes	No	m Temperat	Yes	200ml	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
101	Yes	Yes	Yes	No	No	m Temperat	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
102	Yes	Yes	No	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
103	Yes	No	Yes	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
104	Yes	Yes	Yes	No	No	Warm	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
105	Yes	Yes	Yes	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
106	Yes	No	Yes	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
107	Yes	No	Yes	No	No	m Temperat	No	NA	Yes		Yes	No	NA	No	NA	No	NA	van (Salty),	Yes	Sunflower o	Yes
108	Yes	No	Yes	No	No	m Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	No	NA	Yes
109	Yes	No	Yes	No	No	m Temperat	No	NA	Yes	200ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
110	Yes	No	Yes	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
111	Yes	No	Yes	No	No	m Temperat	No	NA	Yes	100ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	No
112	Yes	No	Yes	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Soyabean o	Yes
113	Yes	No	Yes	No	No	m Temperat	No	NA	Yes		Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
114	Yes	No	Yes	No	No	m Temperat	Yes	100ml	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
Control 79	7/7days	Yes	uddha matra	No	NA	Yes	No	Yes	Yes	Physical Ex	Yes	Yes	Anger	Yes	Yes	Madhya	hojan	Kapha	Drava	a and	Sama	Visham
Control 80	7/7days	No	NA	No	NA	Yes	No	No	No	Sedentary,	No	No	Fear	Yes	Yes	Pravar	ojan	Pitta	Drava	Grahani	Sama	Manda
Control 81	1tsp in a day	Yes	kalviruddha	Yes	2-3/week	Yes	Yes	Yes	No	Sedentary	No	No	Fear	Yes	Yes	Madhya	an,	Vata	Drava	a and	Sama	Visham
Control 82	NA	Yes	iruddha kalv	No	NA	Yes	No	Yes	No	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
Control 83	NA	Yes	iruddha kalv	No	NA	Yes	Yes	No	No	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	hojan	Pitta	Drava	a and	Sama	Visham
Control 84	1tsp in a day	Yes	matraviruddl	No	NA	Yes	No	No	Yes	Physical Ex	Yes	Yes	Fear	Yes	Yes	Madhya	hojan,	Pitta	Ushna	Grahani	Sama	Manda
Control 85	7/7days	Yes	viryaviruddl	Yes	2 times a w	Yes	Yes	Yes	No	Sedentary,	Yes	Yes	Anger	No	Yes	Madhya	jan	Pitta	Drava	Grahani	Sama	Manda
Control 86	1tsp in a day	Yes	matraviruddl	No	NA	Yes	No	Yes	No	Sedentary	No	No	Anger	No	Yes	Madhya	pana	Pitta	Ruksha	ya	Sama	Visham
Control 87	1-2tsp	Yes	kalviruddha	No	NA	Yes	Yes	Yes	No	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	hojan	Pitta	Drava	a and	Sama	Tikshna
Control 88	1-2tsp	Yes	matraviruddl	No	NA	Yes	Yes	Yes	Yes	Sedentary	No	No	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
Control 89	NA	Yes	matraviruddl	Yes	2-3/week	Yes	Yes	Yes	Yes	Sedentary	No	Yes	Anger	Yes	Yes	Madhya	Gurubhoj	Pitta	Drava	a and	Sama	Visham
Control 90	7/7days	Yes	iruddha kalv	No	NA	Yes	Yes	Yes	Yes	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	and other	Vata	Drava	a and	Sama	Visham
Control 91	NA	Yes	ruddha kalvi	Yes	2-3/week	Yes	Yes	No	No	Sedentary	No	No	Anger	Yes	Yes	Madhya	an,	Pitta	Ruksha	a	Sama	Visham
Control 92	1-2tsp	Yes	ruddha kalvi	No	NA	Yes	No	No	Yes	Physical Ex	Yes	Yes	Anger	Yes	Yes	Madhya	Aharaj	Pitta	Tikshna	a and	Niram	Visham
Control 93	NA	Yes	ruddha kalvi	No	NA	Yes	No	No	No	Sedentary	No	No	Fear	Yes	Yes	Madhya	pana	Vata	Drava	a and	Sama	Visham
Control 94	1tsp in a day	Yes	iruddha kalv	No	NA	Yes	No	Yes	No	Sedentary	Yes	Yes	Anger	Yes	Yes	Madhya	ojan	Pitta	Drava	a and	Sama	Visham
Control 95	1-2tsp	Yes	matraviruddl	No	NA	Yes	Yes	Yes	No	Physical Ex	Yes	Yes	Anger	Yes	Yes	Pravar	,	Pitta	Ushna	a and	Sama	Visham
Control 96	7/7days	Yes	ruddha kalvi	No	NA	Yes	No	Yes	No	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
Control 97	1-2tsp	No	NA	Yes	2 times a w	No	No	Yes	No	Physical, M	No	No	Anger	No	Yes	Madhya	Vishamb	Pitta	Drava	a and	Sama	Visham
Control 98	1tsp in a day	Yes	matraviruddl	No	NA	Yes	Yes	No	No	Sedentary,	Yes	Yes	Anger	No	Yes	Madhya	hojan,	Kapha	Guru	a and	Sama	Visham
Control 99	1-2tsp	Yes	matraviruddl	No	NA	Yes	No	No	No	Physical Ex	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
100	7/7days	Yes	ruddha kalvi	No	NA	Yes	Yes	No	No	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	ojan	Pitta	Drava	a and	Sama	Visham
101	1-2tsp	Yes	ruddha kalvi	Yes	Once a week	Yes	No	Yes	No	Mental Exe	Yes	Yes	Fear	Yes	Yes	Madhya	pana	Pitta	Drava	Grahani	Sama	Manda
102	1tsp in a day	Yes	ruddha kalvi	Yes	2-3/week	Yes	Yes	Yes	No	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
103	1-2tsp	Yes	iruddha kalv	Yes	2 times a w	No	No	No	Yes	Physical Ex	Yes	Yes	Fear	Yes	Yes	Madhya	Gurubhoj	Vata	Drava	a and	Sama	Visham
104	1tsp in a day	Yes	uddha matra	Yes	Once a week	Yes	No	No	Yes	Physical Ex	Yes	Yes	Anger	Yes	Yes	Madhya	hojan	Pitta	Drava	a	Sama	Visham
105	7/7days	Yes	kalviruddha	Yes	Once a week	Yes	No	No	Yes	Physical Ex	Yes	No	Anger	Yes	Yes	Madhya	ojan	Pitta	Ruksha	Grahani	Sama	Manda
106	1-2tsp	Yes	ddha sanyog	Yes	Daily 2 bow	Yes	No	No	Yes	Physical Ex	No	Yes	Fear	Yes	Yes	Madhya	hojan,	Kapha	Guru	a and	Sama	Visham
107	1-2tsp	Yes	ruddha kalvi	Yes	Once a week	Yes	Yes	Yes	Yes	Sedentary	No	Yes	Anger	Yes	Yes	Madhya	Aharaj	Vata	Sheeta	Grahani	Sama	Manda
108	1tsp in a day	Yes	ruddha virya	Yes	2 times a w	Yes	Yes	No	No	Sedentary	Yes	Yes	Anger	Yes	Yes	Pravar	hojan	Pitta	Drava	Grahani	Sama	Manda
109	1tsp in a day	Yes	ruddha kalvi	No	NA	Yes	Yes	Yes	Yes	Physical Ex	Yes	Yes	Fear	Yes	Yes	Madhya	pana	Pitta	Drava	Grahani	Sama	Manda
110	1-2tsp	No	NA	No	NA	Yes	No	No	Yes	Physical, M	No	Yes	Fear	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
111	NA	Yes	ruddha kalvi	No	NA	Yes	No	No	Yes	Physical Ex	Yes	Yes	Anger	Yes	Yes	Avar	jan	Pitta	Ruksha	Grahani	Sama	Manda
112	1tsp in a day	Yes	ruddha kalvi	Yes	Once a week	Yes	No	No	No	Sedentary	Yes	Yes	Anger	Yes	Yes	Madhya	ahar	Pitta	Drava	a and	Sama	Visham
113	7/7days	Yes	ruddha kalvi	No	NA	Yes	Yes	Yes	Yes	Physical, M	No	Yes	Anger	No	Yes	Madhya	Aharaj	Vata	Drava	a and	Sama	Visham
114	7/7days	Yes	ruddha kalvi	Yes	2 times a w	Yes	Yes	No	No	Sedentary,	No	No	Fear	Yes	Yes	Madhya	Vishamb	Pitta	Drava	Grahani	Sama	Manda

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
115	Male	Advocate	54	symptoms	No history	Srotas	None	#########	b) irregular	2-3	7	0	symptom	No	exercise	exercise	No	Yes	Cold
116	Male	Service	43	symptoms	No history	None	None	#########	b) irregular	1-2	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
117	Female	Service	25	Hrullas	Ajirna	Annavaha	ana	#########	b) irregular	1	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
118	Female	Student	26	symptoms	Ajirna	a	None	#########	b) irregular	Above 4	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
119	Female	Employed	46	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Cold
120	Male	Service	53	symptoms	No history	None	None	#########	regular	1	8	0	symptom	Yes	Gym		Yes	No	Warm
121	Female	Housewife	48	symptoms	No history	None	None	#########	regular	1	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
122	Male	Service	55	symptoms	No history	None	None	#########	regular	1	3 - 4	1 - 2	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
123	Female	Housewife	50	symptoms	No history	None	None	#########	regular	1	4-5	1 - 2	symptom	Yes	Aerobics		Yes	No	Hot
124	Male	Service	24	Atopa	Ajirna	a,	ana,	#########	regular	1	5-6	0	symptom	Yes	Gym		Yes	No	Warm
125	Female	Service	29	asyata	Ajirna	Annavaha	an	#########	regular	1	5-6	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
126	Female	Service	54	Hrullas	No history	None	None	#########	regular	1	4-5	0	symptom	Yes	Gym		Yes	No	Warm
127	Female	Service	40	symptoms	Ajirna	a	None	#########	regular	1	5-6	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
128	Male	Service	38	symptoms	No history	None	None	#########	regular	1	3 - 4	0	symptom	No	exercise	exercise	No	Yes	Cold
129	Female	Housewife	45	symptoms	No history	None	None	#########	regular	1	7	0	symptom	No	exercise	exercise	Yes	No	Warm
130	Female	Teacher	42	Tiktasyata	Ajirna	Annavaha	Vishamash	#########	regular	1	5 - 6	0	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
131	Male	Marketing	43	symptoms	Ajirna	a	None	#########	regular	1	4-5	0	symptom	No	exercise	exercise	Yes	No	Warm
132	Female	Maid	41	symptoms	No history	None	None	#########	regular	1	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
133	Male	Service	50	Urodaha	Ajirna	Srotas	None	#########	regular	1	5-6	0	symptom	Yes	Gym		No	Yes	Cold
134	Male	Service	33	symptoms	No history	None	None	#########	regular	1	8	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
135	Male	Service	53	asyata	Ajirna	Annavaha	None	#########	regular	1	5 - 6	0	symptom	Yes	Aerobics		No	Yes	Cold
136	Male	Service	46	Hrullas	Ajirna	Annavaha	an,	#########	regular	1	5-6	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Cold
137	Male	Service	53	symptoms	No history	None	None	#########	regular	2-3	5-6	0	symptom	Yes	Gym		No	Yes	Cold
138	Female	Service	50	symptoms	No history	Srotas	None	#########	regular	1-2	5-6	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Cold
139	Male	Service	42	symptoms	No history	None	None	#########	b) irregular	2-3	5-6	0	symptom	Yes	Gym		No	Yes	Cold
140	Male	Service	46	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	No	exercise	exercise	No	Yes	Cold
141	Male	Service	35	symptoms	No history	None	None	#########	b) irregular	1	5-6	0	symptom	Yes	Yogasana	30 min	Yes	No	Warm
142	Female	Service	38	symptoms	Ajirna	a	None	#########	regular	1	5-6	0	symptom	Yes	Aerobics		No	Yes	Cold
143	Male	Service	24	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Warm
144	Male	Service	32	Atopa	Ajirna	a	n	#########	regular	1	4-5	0	symptom	No	exercise	exercise	No	Yes	Cold
145	Male	Night shift	33	Hrullas	Ajirna	Annavaha	None	#########	b) irregular	Above 4	3 - 4	1 - 2	symptom	No	exercise	exercise	Yes	No	Cold
146	Male	Gas	23	symptoms	No history	None	None	#########	b) irregular	1	4-5	1 - 2	symptom	No	exercise	exercise	No	Yes	Cold
147	Male	Advocate	36	symptoms	No history	None	None	#########	b) irregular	1	5-6	0	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
148	Male	Service	55	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	No	exercise	exercise	No	Yes	Cold
149	Male	Cook	36	asyata	Ajirna	a	None	#########	regular	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Warm
150	Male	BPO	30	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	Yes	Gym		No	Yes	Cold
151	Female	Service	38	Avipaka	Ajirna	Annavaha	an,	#########	regular	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Warm

Master Chart

EPIDEMIOLOGICAL SURVEY FOR THE ASSESSMENT OF AGNIDUSHTIKAR HETUS (ETIOLOGICAL FACTORS) OF IRRITABLE BOWEL SYNDROME

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
115	Sound	11:30 PM	6:30 AM	7 - 8	No	0	No	0	No	No	ii) Coffee	No	No any	No	No	No breakfas	ndian snack	Yes	pati-sabji Da	Yes	Chapati sabj
116	Sound	11:45 PM	6:30 AM	7 - 8	No	0	No	0	Yes	Trushna	Tea, ii) Coff	Yes	Cow	Yes	Yes	9:00AM	ndian snack	Yes	Dal Rice	Yes	Dal-rice
117	Not sound	1:00 AM	9:00 AM	8 - 9	No	0	Yes	1 - 2	No	No	Tea, ii) Coff	No	No any	Yes	No	9:00AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
118	Sound	12:00 AM	8:00 AM	7 - 8	No	0	No	0	Yes	Shramashwa	Tea, ii) Coff	No	No any	Yes	No	9:30AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
119	Sound	11:15 PM	6:30 AM	7 - 8	No	0	No	0	No	No	i) Tea	No	No any	No	No	No breakfas	k, Indian sna	Yes	pati-sabji Da	Yes	rice chapati-
120	Sound	12:00 AM	9:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	ndian snack	Yes	Chapati-Sab	Yes	rice chapati-
121	Not sound	2:00 AM	8:30 AM	8 - 9	Yes	1 - 2	Yes	3	No	No	i) Tea	No	No any	Yes	No	10.00 am	k, Indian sna	Yes	pati-sabji Da	Yes	rice chapati-
122	Sound	11:00 PM	8:30 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	No	No	No breakfas	k, Indian sna	Yes	Dal Rice	Yes	Chapati-Sab
123	Sound	11:45 PM	8:30 AM	8 - 9	Yes	3	No	0	No	No	i) Tea	No	No any	Yes	No	8.00 am	k, Indian sna	Yes	pati-sabji Da	Yes	rice chapati-
124	Sound	11:00 PM	8:30 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	Yes	No	10:00AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
125	Sound	11:30 PM	7:00 AM	8 - 9	No	0	No	0	Yes	Kshudha	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	ndian snack	Yes	di/ Rice / Cu	Yes	rice chapati-
126	Sound	11:45 PM	8:00 AM	7 - 8	No	0	No	0	No	No	Tea, ii) Coff	Yes	Cow	Yes	Yes	8:30AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
127	Sound	11:15 PM	7:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	No	No any	Yes	Yes	9:30AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
128	Sound	11:00 PM	7:30 AM	7 - 8	No	0	No	0	No	No	Tea, ii) Coff	Yes	Buffalo	Yes	Yes	9:30AM	ndian snack	Yes	Chapati-Sab	Yes	rice Chapati-
129	Sound	11:45 PM	8:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	No	No any	No	No	No breakfas	k, Indian sna	Yes	pati-sabji Da	Yes	rice chapati-
130	Sound	12:00 AM	9:00 AM	8 - 9	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
131	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
132	Sound	11:30 PM	7:00 AM	7 - 8	Yes	1 - 2	No	0	No	No	i) Tea	Yes	Cow	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
133	Not sound	12:00 AM	7:00 AM	6 - 7	No	0	Yes	2.5	No	No	i) Tea	Yes	Buffalo	Yes	Yes	09:00AM	ndian snack	Yes	Dal Rice	Yes	rice chapati-
134	Sound	11:45 PM	8:00 AM	7 - 8	No	0	No	0	Yes	Kshudha	ii) Coffee	Yes	Buffalo	Yes	Yes	9:30AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
135	Sound	12:00 AM	7:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Cow	Yes	Yes	10AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
136	Sound	11:15 PM	7:00 AM	7 - 8	No	0	No	0	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	Bhakri - Sab	Yes	rice chapati-
137	Sound	11:00 PM	7:00 AM	7 - 8	No	0	No	0	No	No	Tea, ii) Coff	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
138	Sound	11:45 PM	8:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	Chapati-Sab	Yes	rice chapati-
139	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Cow	Yes	Yes	10:00AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
140	Sound	11:30 PM	7:30 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	pati-sabji Da	Yes	-rice chapati
141	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9:00AM	ndian snack	Yes	di/ Rice / Cu	Yes	rice chapati-
142	Sound	11:15 PM	7:00 AM	8 - 9	No	0	No	0	Yes	Jrumbha	ii) Coffee	Yes	Cow	Yes	Yes	9:30AM	Fried	Yes	Chapati-Sab	Yes	-rice chapati
143	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	No	Chapati-Sab	Yes	rice chapati-
144	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	9:30AM	Fried	Yes	pati-sabji Da	Yes	-rice chapati
145	Not sound	1:00 AM	9:00 AM	8 - 9	Yes	1 - 2	Yes	4	No	No	i) Tea	No	No any	Yes	No	10.30 am	k, Indian sna	Yes	Dal Rice	Yes	rice chapati-
146	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Cow	Yes	Yes	10:00AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
147	Sound	11:30 PM	7:00 AM	8 - 9	No	0	No	0	No	No	ii) Coffee	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
148	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	0	Yes	Trushna	i) Tea	Yes	Buffalo	Yes	Yes	09:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
149	Sound	11:15 PM	7:00 AM	7 - 8	Yes	0 - 1	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	Chapati-Sab	No	rice chapati-
150	Not sound	2:00 AM	8:30 AM	6 - 7	No	0	Yes	4	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
151	Sound	11:00 PM	7:30 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
115	Yes	Yes	Yes	No	No	m Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	No
116	Yes	No	Yes	Yes	No	m Temperat	Yes	70ML	Yes	100ML	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
117	Yes	No	No	Yes		Room Temperat	Yes	50-100ml	Yes	60-100ml	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
118	Yes	No	No	Yes		Boiled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
119	Yes	No	Yes	Yes		Room Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Ground nut	Yes
120	Yes	No	Yes	Yes		Boiled and Coo	No	NA	Yes	70ML	No	No	NA	No	NA	Yes	Day- 10Gm/	Katu (Hot-	Yes	Soyabean o	Yes
121	Yes	No	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
122	Yes	No	Yes	Yes		Boiled and Coo	No	NA	No	NA	No	Yes	/Week-60M	No	NA	No	NA	van (Salty),	Yes	Ground nut	Yes
123	Yes	No	Yes	No		Boiled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Ground nut	Yes
124	Yes	No	Yes	Yes		Room Temperat	Yes	70Ml	Yes	60ML	No	No	NA	No	NA	No	NA	r), Katu (H	Yes	Ground nut	Yes
125	No	No	No	Yes		Boiled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Soyabean o	Yes
126	Yes	No	Yes	Yes		Cold	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Soyabean o	Yes
127	Yes	Yes	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Ground nut	Yes
128	Yes	No	Yes	No		Room Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	our), Lavan	Yes	Ground nut	Yes
129	Yes	Yes	Yes	Yes		Boiled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	mla (Sour),	No	NA	Yes
130	Yes	No	No	Yes		Room Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	mla (Sour),	Yes	Sun Flower	Yes
131	Yes	No	Yes	Yes		Boiled and Coo	No	NA	No	NA	No	No	NA	Yes	7/7 - 5-6/Da	No	NA	van (Salty),	Yes	Ground nut	Yes
132	Yes	No	Yes	Yes		Boiled and Coo	No	NA	No	NA	No	No	NA	No	NA	Yes	7- 2-3times/d	an (Salty), K	Yes	Soyabean o	Yes
133	Yes	No	Yes	Yes		Room Temperat	Yes	70ML	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Ground nut	Yes
134	Yes	No	Yes	Yes		Room Temperat	Yes	80ML	Yes	100ML	No	No	NA	No	NA	No	NA	y), Katu (H	Yes	Rice Bran o	Yes
135	Yes	No	Yes	No		Cold	Yes	60ML	Yes	100ML	Yes	No	NA	No	NA	No	NA	an (Salty), K	Yes	Soyabean o	Yes
136	Yes	Yes	Yes	Yes		Room Temperat	No	NA	No	NA	No	No	NA	Yes	7/7 2-3/Day	No	NA	, Amla (So	Yes	Soyabean o	Yes
137	Yes	No	Yes	Yes		Room Temperat	No	NA	Yes	70ML	Yes	No	NA	No	NA	No	NA	van (Salty),	Yes	Soyabean o	Yes
138	Yes	No	Yes	Yes		Boiled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	mla (Sour),	Yes	Ground nut	Yes
139	Yes	No	Yes	No		Cold	No	NA	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Soyabean o	Yes
140	Yes	Yes	Yes	Yes		Room Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	, Amla (So	Yes	Soyabean o	Yes
141	Yes	Yes	Yes	No		Room Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	y), Katu (H	Yes	Soyabean o	Yes
142	Yes	No	Yes	Yes		Room Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	van (Salty),	Yes	Ground nut	Yes
143	Yes	Yes	Yes	Yes		Boiled and Coo	Yes	100ML	Yes	80ML	Yes	No	NA	No	NA	No	NA	adhura (Swe	Yes	Ground nut	Yes
144	Yes	Yes	Yes	Yes		Room Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	y), Katu (H	Yes	Ground nut	Yes
145	Yes	Yes	Yes	Yes		Cold	Yes	100ML	No	NA	No	No	NA	Yes	/7 - 4 -5/ Da	No	NA	y), Katu (H	Yes	Rice Bran o	No
146	Yes	Yes	Yes	Yes		Room Temperat	No	NA	Yes	100ML	Yes	No	NA	No	NA	No	NA	mla (Sour),	Yes	Soyabean o	Yes
147	Yes	No	Yes	Yes		Room Temperat	No	NA	Yes	100ML	Yes	No	NA	No	NA	No	NA	a (Hot-Pung	No	NA	Yes
148	Yes	No	Yes	Yes		Boiled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	eet), Katu (	Yes	Ground nut	Yes
149	Yes	Yes	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Soyabean o	Yes
150	Yes	Yes	Yes	Yes		Room Temperat	No	NA	Yes	100ML	Yes	No	NA	No	NA	No	NA	an (Salty), K	Yes	Soyabean o	Yes
151	Yes	No	Yes	Yes		Boiled and Coo	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	an (Salty), K	Yes	Ground nut	Yes

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
115	NA	Yes	kalviruddha	Yes	Once a week	Yes	Yes	Yes	Yes	Mental Exe	No	Yes	Anger	No	Yes	Madhya	hojan	Vata	Drava	a and	Sama	Visham
116	1tsp in a day	Yes	Kal viruddha	Yes	2 times a w	No	Yes	Yes	Yes	Sedentary,	Yes	Yes	Anger	Yes	Yes	Madhya	Aharaj	Pitta	Ruksha	Grahani	Sama	Manda
117	7/7days	Yes	Kal viruddha	Yes	Once a week	Yes	No	No	Yes	Physical Ex	Yes	Yes	Jealousy	Yes	Yes	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
118	7/7days	Yes	Kal viruddha	Yes	week &50-(	Yes	No	Yes	No	Mental Exe	No	No	Anger	No	Yes	Madhya	pana	Pitta	Drava	a and	Sama	Visham
119	1tsp in a day	Yes	ldha, Matra	Yes	/Week-1-2B	Yes	No	No	Yes	Physical Ex	No	No	Anger	Yes	Yes	Pravar	hojan,	Vata	Laghu	Grahani	Sama	Manda
120	1tsp in a day	Yes	ddha Matra	Yes	Once a week	No	No	Yes	Yes	Sedentary	Yes	No	Fear	No	Yes	Madhya	Gurubhoj	Kapha	Guru	a and	Sama	Visham
121	7/7days	Yes	irya Viruddl	Yes	/Week-1-2B	Yes	No	Yes	Yes	Physical Ex	Yes	No	Anger	No	Yes	Madhya	pana	Pitta	Drava	ya	Sama	Visham
122	7/7day	No	NA	Yes	Once a week	No	No	No	No	Mental Exe	Yes	Yes	Fear	Yes	Yes	Madhya	hojan	Pitta	Drava	a and	Sama	Visham
123	7/7Day	No	NA	Yes	2 times a w	Yes	No	No	No	Physical Ex	No	No	Anger	No	Yes	Madhya	an,	Vata	Sheeta	Grahani	Sama	Manda
124	1tsp in a day	Yes	Kal viruddha	Yes	Once a week	Yes	No	No	Yes	Sedentary,	No	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
125	7/7Day	No	NA	No	NA	Yes	No	No	Yes	Mental Exe	Yes	Yes	Anger	No	Yes	Madhya	Aharaj	Pitta	Ruksha	Grahani	Sama	Manda
126	1tsp in a day	No	NA	Yes	2/7-2 Bowl	Yes	No	No	Yes	Sedentary,	No	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
127	7/7	Yes	ruddha, Kal	No	NA	Yes	No	Yes	No	Sedentary	Yes	Yes	Anger	Yes	Yes	Pravar	hojan	Kapha	Drava	a and	Sama	Visham
128	1tsp in a day	No	NA	No	NA	Yes	No	Yes	Yes	Mental Exe	Yes	No	Anger	Yes	Yes	Madhya	hojan,	Vata	Laghu	Grahani	Sama	Visham
129	7/7	No	NA	Yes	3/7-2 Bowl	Yes	No	No	No	Physical Ex	No	No	Jealousy	Yes	Yes	Madhya	an,	Pitta	Drava	a and	Niram	Manda
130	7/7	Yes	irya Viruddl	No	NA	No	No	No	Yes	Physical, M	Yes	No	Anger	No	Yes	Madhya	an,	Pitta	Drava	ya	Sama	Visham
131	1 to 2 tsp	Yes	tra viruddha	Yes	Once a week	No	No	No	Yes	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	and other	Pitta	Drava	a and	Sama	Visham
132	1tsp in a day	Yes	tra viruddha	Yes	3/7 - 2Bowl	No	No	No	No	Physical, M	Yes	Yes	Anger	Yes	Yes	Madhya	and other	Pitta	Drava	Grahani	Sama	Manda
133	7/7	No	NA	No	NA	No	No	No	No	Sedentary	No	No	Jealousy	No	Yes	Madhya	Gurubhoj	Vata	Drava	a and	Sama	Visham
134	1tsp in a day	Yes	ruddha, Kal	Yes	Once a week	No	No	No	No	Sedentary	No	Yes	Anger	Yes	Yes	Madhya	ojan	Pitta	Tikshna	Grahani	Sama	Manda
135	7/7	Yes	irya Viruddl	No	NA	No	No	No	No	Mental Exe	Yes	Yes	Anger	No	Yes	Madhya	jan	Kapha	Guru	a and	Sama	Visham
136	7/7	Yes	irya Viruddl	No	NA	Yes	No	No	No	Physical, M	Yes	No	Greed	Yes	Yes	Pravar	hojan,	Pitta	Drava	ya	Sama	Visham
137	1 to 2 tsp	Yes	Kal viruddha	No	NA	Yes	No	Yes	No	Sedentary,	No	Yes	Greed	Yes	No	Madhya	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
138	7/7	Yes	Kal viruddha	No	NA	Yes	No	No	No	Sedentary	Yes	Yes	Anger	Yes	Yes	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
139	1tsp in a day	Yes	irya Viruddl	No	NA	Yes	No	No	Yes	Sedentary	Yes	Yes	Anger	No	Yes	Madhya	Aharaj	Pitta	Drava	a and	Sama	Visham
140	7/7	Yes	Kal viruddha	No	NA	Yes	No	No	Yes	Sedentary	Yes	No	Anger	No	Yes	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
141	1tsp in a day	Yes	irya Viruddl	Yes	Once a week	No	Yes	No	Yes	Sedentary	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
142	1tsp in a day	Yes	ddha Matra	No	NA	Yes	No	Yes	Yes	Physical Ex	Yes	No	Anger	Yes	Yes	Madhya	hojan,	Vata	Drava	a	Sama	Visham
143	7/7	Yes	ruddha Kal	No	NA	Yes	No	Yes	Yes	Mental Exe	Yes	Yes	Anger	No	Yes	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
144	7/7days	Yes	latra viruddl	No	NA	Yes	No	Yes	Yes	Mental Exe	Yes	No	Jealousy	No	No	Madhya	an,	Pitta	Drava	a and	Sama	Visham
145	NA	Yes	ruddha Kal	No	NA	Yes	No	No	Yes	Sedentary,	Yes	Yes	Anger	Yes	Yes	Madhya	hojan	Pitta	Ruksha	Grahani	Sama	Manda
146	1-2tsp	Yes	ldha, Matra	Yes	2 times a w	Yes	No	No	Yes	Physical, M	Yes	Yes	Fear	Yes	Yes	Madhya	pana	Pitta	Drava	a and	Sama	Visham
147	1tsp in a day	Yes	yoga Virrud	No	NA	Yes	No	No	Yes	Sedentary,	Yes	No	Anger	No	Yes	Madhya	hojan	Pitta	Ushna	a and	Niram	Visham
148	1-2tsp	Yes	ruddha , Vir	Yes	Once a week	Yes	Yes	No	Yes	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
149	1-2tsp	No	NA	Yes	-3/7 2-3Bov	No	No	No	No	Physical Ex	No	No	Fear	No	Yes	Pravar	Gurubhoj	Vata	Drava	a and	Sama	Visham
150	1tsp in a day	Yes	irya Viruddl	No	NA	Yes	No	No	Yes	Physical, M	No	Yes	Anger	Yes	Yes	Madhya	hojan	Pitta	Drava	ya	Sama	Visham
151	7/7	Yes	ruddha, Vir	No	NA	Yes	Yes	No	Yes	Physical Ex	No	No	Jealousy	Yes	Yes	Avar	an,	Pitta	Drava	a and	Sama	Visham

Case No.	Gender	on	Age	ms	History	nation of	Informat	of getting	Bowel	Bowel	Bladder	Bladder	Bladder	Exercise	Form of	Duration	Bath On	Bath	Bath -
152	Male	Service	40	symptoms	No history	None	None	#########	regular	1	5-6	1 - 2	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
153	Male	Service	37	Urodaha	Ajirna	a	Vishamash	#########	regular	1	5 - 6	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Cold
154	Male	Student	24	symptoms	Ajirna	Annavaha	None	#########	regular	3- 4	4-5	0	symptom	Yes	Gym		No	Yes	Cold
155	Male	Service	26	symptoms	No history	Srotas	None	#########	regular	1	3 - 4	0	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
156	Female	Housewife	41	Atopa	Ajirna	a	ana,	#########	regular	1	5-6	0	symptom	No	exercise	exercise	No	Yes	Cold
157	Female	Service	58	symptoms	No history	None	None	#########	regular	1	7	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
158	Female	Profession	32	symptoms	No history	None	None	#########	regular	1	5 - 6	0	symptom	No	exercise	exercise	No	Yes	Cold
159	Female	Service	30	asyata	Ajirna	Annavaha	ana,	#########	regular	3 - 4	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
160	Female	Service	47	symptoms	No history	None	None	#########	regular	1	4-5	0	symptom	No	exercise	exercise	No	Yes	Cold
161	Male	Service	26	symptoms	Ajirna	a	None	#########	b) irregular	1	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Cold
162	Female	Service	32	symptoms	No history	None	None	#########	constipated	1	5 - 6	0	symptom	No	exercise	exercise	No	Yes	Cold
163	Female	Service	51	Hrullas	Ajirna	Annavaha	None	#########	regular	1	3 - 4	0	symptom	No	exercise	exercise	No	Yes	Cold
164	Male	Service	40	symptoms	No history	None	None	#########	constipated	1	8	0	symptom	No	exercise	exercise	Yes	No	Cold
165	Female	Teacher	45	Hrullas	Ajirna	Srotas	None	#########	regular	1	5-6	0	symptom	Yes	Gym		No	Yes	Cold
166	Male	Service	45	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
167	Female	Service	45	symptoms	No history	None	None	#########	irregular,	1	4-5	0	symptom	No	exercise	exercise	Yes	No	Hot
168	Male	Service	25	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
169	Female	Service	49	Atopa	Ajirna	a	ana	#########	regular	1	5-6	0	symptom	No	exercise	exercise	No	Yes	Cold
170	Female	Service	46	symptoms	No history	None	None	#########	regular	1	7	0	symptom	Yes	Gym		Yes	No	Warm
171	Female	Service	52	Urodaha	Ajirna	Annavaha	ana	#########	regular	1	5-6	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
172	Male	Service	50	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Cold
173	Male	Service	52	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	No	exercise	exercise	Yes	No	Warm
174	Male	Service	52	Avipaka	Ajirna	a	ana	#########	regular	1	5 - 6	0	symptom	No	exercise	exercise	Yes	No	Warm
175	Female	Nurse	43	symptoms	No history	None	None	#########	regular	1	3 - 4	0	symptom	No	exercise	exercise	Yes	No	Warm
176	Male	Service	45	symptoms	Ajirna	Annavaha	None	#########	regular	1	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	Yes	No	Warm
177	Male	Service	27	symptoms	No history	Srotas	None	#########	regular	1	4-5	0	symptom	Yes	Yogasana	Upto 1 hr	No	Yes	Cold
178	Female	Service	30	symptoms	No history	None	None	#########	regular	1	5-6	0	symptom	Yes	Gym	Upto 1 hr	Yes	No	Cold
179	Female	Service	44	symptoms	No history	None	None	#########	b) irregular	3 - 4	7	0	symptom	No	exercise	exercise	No	Yes	Cold
180	Female	Service	50	Atopa	Ajirna	a	ojan,	#########	regular	1	3 - 4	0	symptom	No	exercise	exercise	No	Yes	Cold
181	Male	Service	47	Hrullas	Ajirna	Purishavah	None	#########	regular	1	5 - 6	0	symptom	Yes	Aerobics	Upto 1 hr	No	Yes	Cold

Case No.	Sleep	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Sleep (	Control	Control	Hot	Milk	Milk	Breakfas	Whether	Time of	Items:	Hungry	Lunch	Hungry	Food
152	Sound	11:45 PM	8:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
153	Sound	11:00 PM	7:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
154	Sound	11:30 PM	7:00 AM	7 - 8	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
155	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	Dal Rice	Yes	rice chapati-
156	Sound	12:00 AM	9:00 AM	8 - 9	Yes	1 - 2	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	ndian snack	Yes	pati-sabji Da	Yes	ati-sabji Dal
157	Sound	11:15 PM	7:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	Chapati-Sab	Yes	ati-sabji Dal
158	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	ati-sabji Dal
159	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	No	No	No breakfast	k, Indian sna	Yes	pati-sabji Da	Yes	ati-sabji Dal
160	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	Fried	Yes	Chapati-Sab	Yes	ati-sabji Dal
161	Sound	11:30 PM	7:30 AM	7 - 8	No	0	No	0	Yes	Kshudha	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	pati-sabji Da	Yes	ati-sabji Dal
162	Sound	11:45 PM	8:00 AM	7 - 8	No	0	No	0	Yes	Kshudha	i) Tea	No	No any	Yes	No	10:00AM	Fried	Yes	pati-sabji Da	Yes	ati-sabji Dal
163	Sound	11:15 PM	7:00 AM	8 - 9	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	ndian snack	Yes	di/ Rice / Cu	Yes	ati-sabji Dal
164	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	1 - 2	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	Chapati-Sab	Yes	ati-sabji Dal
165	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	0	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	8:30AM	ndian snack	Yes	pati-sabji Da	Yes	ati-sabji Dal
166	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	0	Yes	Kshudha	i) Tea	No	No any	Yes	Yes	9:00AM	Fried	Yes	Dal Rice	Yes	rice chapati-
167	Sound	11:30 PM	7:00 AM	7 - 8	No	0	No	0	Yes	Mutra	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	ndian snack	Yes	di/ Rice / Cu	No	rice chapati-
168	Sound	11:45 PM	8:00 AM	7 - 8	No	0	No	0	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	10AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
169	Sound	11:15 PM	7:00 AM	7 - 8	No	0	No	1 - 2	Yes	Kshudha	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	Dal Rice	Yes	rice chapati-
170	Not sound	11:00 PM	7:30 AM	8 - 9	No	0	Yes	2.5	No	No	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	ndian snack	Yes	Bhakri - Sab	Yes	rice chapati-
171	Sound	12:00 AM	7:00 AM	7 - 8	No	0	No	0	Yes	Kshudha	i) Tea	No	No any	Yes	No	9:30AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
172	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	0	Yes	Trushna	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	ndian snack	Yes	pati-sabji Da	Yes	rice chapati-
173	Sound	11:00 PM	7:00 AM	8 - 9	No	0	No	0	Yes	Kasa	i) Tea	Yes	Buffalo	Yes	Yes	9:30AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
174	Sound	12:00 AM	7:00 AM	7 - 8	No	0	No	0	Yes	Mutra	i) Tea	No	No any	Yes	No	9.30 am	k, Indian sna	Yes	Dal Rice	Yes	rice chapati-
175	Sound	11:30 PM	7:00 AM	7 - 8	No	0	No	1 - 2	Yes	Nidra	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-
176	Sound	11:45 PM	8:00 AM	8 - 9	No	0	No	0	Yes	Kshudha	i) Tea	No	No any	No	No	No breakfast	k, Indian sna	Yes	Dal Rice	Yes	rice chapati-
177	Sound	11:15 PM	7:00 AM	8 - 9	No	0	No	0	Yes	Shramashwa	i) Tea	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
178	Sound	11:00 PM	8:00 AM	8 - 9	No	0	No	0	No	No	i) Tea	No	No any	No	No	No breakfast	k, Indian sna	Yes	pati-sabji Da	Yes	rice chapati-
179	Sound	12:00 AM	9:00 AM	8 - 9	No	0	No	0	Yes	Nidra	Tea, ii) Coff	Yes	Buffalo	Yes	Yes	10:00AM	Fried	Yes	pati-sabji Da	Yes	rice chapati-
180	Sound	11:45 PM	6:00 AM	7 - 8	No	0	No	0	Yes	Jrumbha	i) Tea	Yes	Buffalo	Yes	Yes	10AM	ndian snack	Yes	di/ Rice / Cu	Yes	rice chapati-
181	Sound	12:00 AM	7:00 AM	7 - 8	No	0	No	0	Yes	Mutra	i) Tea	Yes	Cow	Yes	Yes	10:00AM	Fried	Yes	Chapati-Sab	Yes	rice chapati-

Case No.	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake of	Intake	Intake of	Intake	Intake of	Addictio	Addictio	Addictio	)	Addictio	a)	Intake of	Intake of	Intake of	Intake of
152	Yes	No	Yes	No		Boiled and Coo	Yes	100ML	No	NA	No	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sun Flower	Yes
153	Yes	No	Yes	No		Warm	Yes	100ML	No	NA	Yes	No	NA	No	NA	No	NA	r), Katu (H	Yes	Soyabean o	Yes
154	Yes	No	No	Yes		Warm	No	NA	Yes	100ML	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Sunflower o	Yes
155	Yes	Yes	Yes	Yes		Boiled and Coo	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	, Amla (So	Yes	Ground nut	Yes
156	Yes	No	Yes	Yes		Warm	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Sunflower o	Yes
157	Yes	No	Yes	Yes		Warm	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sunflower o	Yes
158	Yes	Yes	Yes	Yes		Cold	No	NA	Yes	100ML	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sunflower o	Yes
159	Yes	No	Yes	Yes		Boiled and Coo	No	NA	No	NA	No	No	NA	No	NA	No	NA	avan (Salty),	Yes	Rice Bran o	Yes
160	Yes	Yes	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Sunflower o	Yes
161	Yes	No	Yes	Yes		Cold	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Soyabean o	Yes
162	Yes	Yes	Yes	No		Boiled and Coo	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	u (Hot-Pung	Yes	Soyabean o	Yes
163	Yes	No	Yes	No		Hot	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Soyabean o	Yes
164	Yes	No	No	Yes		Room Temperat	Yes	100ML	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sunflower o	Yes
165	Yes	No	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	our), Lavan	Yes	Rice Bran o	Yes
166	Yes	No	No	Yes		Cold	No	NA	Yes		Yes	No	NA	No	NA	No	NA	mla (Sour),	Yes	Soyabean o	Yes
167	Yes	No	No	Yes		Boiled and Coo	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	u (Hot-Pung	No	NA	Yes
168	Yes	No	Yes	No		Cold	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	r), Katu (H	Yes	Ground nut	Yes
169	Yes	No	No	Yes		Room Temperat	No	NA	Yes	80ML	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Sunflower o	Yes
170	Yes	Yes	Yes	Yes		Boiled and Coo	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Soyabean o	Yes
171	Yes	No	No	Yes		Boiled and Coo	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Ground nut	Yes
172	Yes	No	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sunflower o	Yes
173	Yes	No	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	Yes	Sunflower o	Yes
174	Yes	No	Yes	No		Room Temperat	No	NA	No	NA	No	No	NA	No	NA	No	NA	eet), Katu (	Yes	Soyabean o	Yes
175	Yes	No	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Soyabean o	Yes
176	Yes	Yes	Yes	No		Room Temperat	No	NA	No	NA	Yes	Yes	1/30-60ML	No	NA	No	NA	avan (Salty),	Yes	Ground nut	Yes
177	Yes	No	Yes	No		Cold	Yes	100ML	No	NA	Yes	No	NA	No	NA	No	NA	eet), Katu (	No	NA	No
178	Yes	No	Yes	No		Boiled and Coo	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sunflower o	Yes
179	Yes	No	Yes	Yes		Warm	No	NA	Yes	50-70ML	Yes	No	NA	No	NA	No	NA	lty), Katu (	Yes	Soyabean o	Yes
180	Yes	No	Yes	Yes		Boiled and Coo	Yes	70ML	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Sunflower o	Yes
181	Yes	Yes	Yes	Yes		Room Temperat	No	NA	No	NA	Yes	No	NA	No	NA	No	NA	avan (Salty),	Yes	Soyabean o	No

Case No.	Intake of	Viruddh	Viruddh	Intake of	Intake of	Vihara -	Vihara -	Vihara -	Vihara -	Type of	Assessme	Assessme	Assessme	Assessme	Assessme	Assessme	Conclusi	Doshic	Inherent	Adhishth	Avastha	Avastha
152	1 to 2 tsp	Yes	irya Viruddl	Yes	Once a week	Yes	No	No	Yes	Sedentary,	No	No	Fear	Yes	Yes	Madhya	Aharaj	Pitta	Drava	Grahani	Sama	Manda
153	1 to 2 tsp	No	NA	Yes	2 times a w	Yes	Yes	No	Yes	Mental Exe	Yes	No	Fear	No	Yes	Madhya	an,	Vata	Sheeta	Grahani	Sama	Manda
154	7/7days	Yes	, Virya Viru	Yes	2 times a w	Yes	No	No	Yes	Sedentary,	Yes	No	Jealousy	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
155	7/7	Yes	ruddha Kal	Yes	2 times a w	No	Yes	No	Yes	Physical Ex	No	Yes	Jealousy	No	Yes	Madhya	hojan,	Kapha	Guru	a and	Sama	Visham
156	1 to 2 tsp	Yes	latra viruddl	Yes	7/7 -2Bowl	No	No	No	No	Physical, M	No	Yes	Anger	Yes	Yes	Madhya	hojan	Pitta	Ruksha	a	Niram	Visham
157	7/7days	Yes	Kal viruddha	Yes	2/7 2-3Bow	No	Yes	No	Yes	Physical Ex	Yes	Yes	Jealousy	Yes	Yes	Madhya	hojan	Pitta	Drava	a and	Sama	Visham
158	1tsp in a day	Yes	latra viruddl	No	NA	Yes	No	No	Yes	Physical Ex	Yes	Yes	Jealousy	Yes	Yes	Avar	an,	Pitta	Drava	Grahani	Sama	Manda
159	1 to 2 tsp	Yes	Kal viruddha	No	NA	Yes	No	No	Yes	Physical Ex	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
160	7/7days	Yes	latra viruddl	No	NA	No	No	No	No	Sedentary,	No	No	Anger	Yes	Yes	Pravar	,	Vata	Drava	a and	Sama	Visham
161	7/7	No	NA	Yes	2 times a w	Yes	Yes	No	Yes	Physical Ex	Yes	Yes	Jealousy	No	Yes	Madhya	an,	Pitta	Drava	Grahani	Sama	Manda
162	7/7days	Yes	ldha, Matra	Yes	2 times a w	Yes	No	No	Yes	Physical, M	Yes	Yes	Jealousy	Yes	Yes	Pravar	Gurubhoj	Pitta	Drava	a and	Sama	Visham
163	1 to 2 tsp	Yes	Kal viruddha	Yes	2/7- 2Bowl	Yes	No	No	Yes	Mental Exe	Yes	Yes	Anger	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
164	7/7days	Yes	latra viruddl	Yes	2 times a w	No	No	No	Yes	Mental Exe	No	No	Fear	Yes	Yes	Madhya	hojan,	Pitta	Drava	a	Sama	Visham
165	7/7	Yes	yoga Virrud	No	NA	Yes	No	No	No	Physical, M	No	No	Jealousy	Yes	Yes	Pravar	hojan,	Pitta	Ruksha	Grahani	Sama	Manda
166	1tsp in a day	Yes	irya Viruddl	No	NA	Yes	No	No	Yes	Sedentary,	Yes	Yes	Jealousy	Yes	Yes	Madhya	Aharaj	Pitta	Drava	Grahani	Sama	Manda
167	1 to 2 tsp	Yes	irya Viruddl	No	NA	No	No	No	Yes	Physical, M	Yes	Yes	Jealousy	Yes	Yes	Madhya	hojan	Vata	Drava	a and	Sama	Visham
168	1tsp in a day	Yes	yoga Virrud	Yes	2 times a w	Yes	Yes	No	Yes	Mental Exe	No	Yes	Jealousy	No	Yes	Madhya	pana	Pitta	Drava	a and	Sama	Visham
169	7/7	Yes	ruddha, Vir	Yes	2/7-2Bowl	Yes	Yes	No	No	Physical, M	Yes	Yes	Jealousy	Yes	Yes	Madhya	hojan,	Pitta	Drava	Grahani	Sama	Manda
170	1 to 2 tsp	Yes	Kal viruddha	No	NA	No	No	No	Yes	Sedentary,	Yes	No	Jealousy	No	Yes	Avar	ojan	Pitta	Drava	Grahani	Sama	Manda
171	7/7	No	NA	No	NA	Yes	No	Yes	Yes	Mental Exe	Yes	No	Jealousy	Yes	Yes	Madhya	Gurubhoj	Pitta	Drava	a and	Sama	Visham
172	1tsp in a day	No	NA	No	NA	Yes	No	No	Yes	Physical, M	No	No	Anger	Yes	Yes	Avar	hojan	Vata	Drava	a and	Sama	Visham
173	1 to 2 tsp	Yes	Kal viruddha	No	NA	No	Yes	Yes	Yes	Physical Ex	Yes	Yes	Jealousy	Yes	Yes	Madhya	jan	Vata	Drava	ya	Sama	Visham
174	7/7days	No	NA	Yes	2 times a w	Yes	No	No	Yes	Sedentary,	Yes	Yes	Jealousy	Yes	Yes	Madhya	Aharaj	Pitta	Ruksha	Grahani	Sama	Manda
175	7/7days	Yes	Kal viruddha	No	NA	Yes	No	Yes	No	Mental Exe	No	Yes	Jealousy	No	Yes	Madhya	hojan,	Kapha	Ushna	a and	Sama	Visham
176	1 to 2 tsp	Yes	latra viruddl	Yes	2 times a w	Yes	No	No	Yes	Physical Ex	No	Yes	Anger	Yes	Yes	Madhya	hojan	Pitta	Drava	Grahani	Sama	Manda
177	NA	Yes	al viruddha,	No	NA	Yes	Yes	Yes	Yes	Mental Exe	No	No	Fear	Yes	Yes	Madhya	jan	Pitta	Drava	Grahani	Sama	Manda
178	7/7days	Yes	yoga Virrud	No	NA	Yes	Yes	No	No	Sedentary,	No	No	Jealousy	Yes	Yes	Madhya	hojan,	Pitta	Drava	a and	Sama	Visham
179	1 to 2 tsp	Yes	ruddha, Kal	No	NA	Yes	Yes	No	Yes	Sedentary,	No	No	Jealousy	Yes	Yes	Madhya	an,	Pitta	Ruksha	Grahani	Sama	Manda
180	7/7	Yes	Kal viruddha	Yes	2/7-2Bowl	No	Yes	Yes	Yes	Sedentary	No	Yes	Jealousy	Yes	Yes	Madhya	hojan	Vata	Drava	a and	Sama	Visham
181	NA	Yes	yoga Virrud	No	NA	Yes	Yes	No	Yes	Physical Ex	Yes	No	Jealousy	Yes	Yes	Madhya	an,	Vata	Drava	a and	Sama	Visham