

ASSOCIATION OF AHARAJA, VIHARAJA AND MANASIKA NIDANAS WITH
DISEASE DISTRIBUTION ACCORDING TO AGE AND GENDER: A CROSS-
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ABSTRACT

Ahara and Nidra are considered as pillars of Life. Acharya Charaka says that “The body is sustained by food, and diseases also arise from food” i.e., improper food habits along with lack of physical activity and the psychological factors such as stress and anxiety will lead to disease. **Aim:** To study the association of Aharaja, Viharaja and Manasika Nidanans with disease distribution according to age and gender among the OPD patients of AMC, Nagarur. **Materials and Methods:** Survey study has been done on 59 subjects visiting the OPD of AMC for 1 day. **Results:** About 40.70% of subjects had Vata Vyadhi.

KEYWORDS: Aharaja Nidana, Viharaja Nidana, Manasika Nidana, Observational Studies.**INTRODUCTION**

Health, according to Ayurveda, is a state of equilibrium of Doshas, Dhatus, Malas and Agni along with a balanced state of mind and senses.^[1] This equilibrium is maintained only when an individual follows proper dietary habits, a healthy lifestyle and appropriate mental conduct. Disturbance of any of these factors leads to Dosha vitiation and ultimately results in disease. Therefore, Ayurveda gives great importance to Nidana (causative factors), as understanding the cause of a disease is considered the first step in its prevention and management.^[2]

The concept of Nidana forms one of the most important principles in Ayurvedic diagnosis. Acharyas have explained that disease does not occur suddenly but develops gradually due to continuous exposure to various etiological factors.^[3,4]

These factors mainly includes Aharaja Nidanans (dietary causes), Viharaja Nidanans (lifestyle-related causes) and Manasika Nidanans (psychological causes). Improper dietary practices such as overeating, irregular meal

timings, excessive intake of heavy, oily, spicy or incompatible foods, and frequent consumption of processed foods may disturb the Doshas. Similarly, unhealthy lifestyle practices such as lack of exercise, prolonged sitting, suppression of natural urges, inadequate sleep, day sleep, excessive physical exertion and irregular daily routine also contribute to disease development.

Mental factors including stress, anxiety, grief, anger, fear and excessive emotional disturbances have also been described as important causes of disease in Ayurvedic classics. In recent years, lifestyle disorders have become increasingly common because of rapid urbanization, changing food habits, sedentary occupations and psychological stress. Musculoskeletal disorders, metabolic diseases and chronic inflammatory conditions are frequently encountered in clinical practice of Ayurveda Setup. Many of these disorders show a close resemblance to diseases described in Ayurveda and are believed to result from long-term exposure to multiple Nidanans.

Therefore, identifying the commonly associated Nidanas may help in understanding disease patterns and planning preventive strategies. Age is another important factor influencing disease occurrence. According to Ayurveda, childhood is Kapha-dominant, adulthood is Pitta-dominant and old age is Vata-dominant. As age advances, Vata naturally increases, making elderly individuals more susceptible to degenerative and musculoskeletal disorders. Likewise, physiological differences, hormonal variations and occupational responsibilities may influence disease occurrence differently in males and females. Hence, studying disease distribution according to age and gender provides useful information regarding susceptibility and possible etiological factors.

Although the importance of Nidana has been extensively described in Ayurvedic literature, clinical documentation regarding the distribution of different Nidanas among various diseases is comparatively limited. The present observational study was therefore undertaken to analyse the distribution of diseases in relation to age and gender and to identify the commonly associated Aharaja, Viharaja and Manasika Nidanas among the study population.

AIM

To study the association of Aharaja, Viharaja and Manasika Nidanas with disease distribution according to age and gender among the OPD patients of AMC, Nagarur

OBJECTIVES

1. To analyse the age-wise distribution of patients included in the study.
2. To study the gender-wise distribution of diseases.
3. To identify the commonly observed Aharaja Nidanas among the study population.
4. To identify the commonly observed Viharaja Nidanas among the study population.
5. To identify the commonly observed Manasika Nidanas among the study population.
6. To observe the distribution of various diseases in relation to demographic characteristics.

MATERIALS AND METHODS

The patients of outpatient department of Adichunchangiri Ayurvedic Hospital for 1 day (on the occasion of World Health Day 2026) have been surveyed using questionnaire with the help of student volunteers. The present study was a cross-sectional observational

study conducted on fifty nine patients. The participants were selected irrespective of gender and belonged to different age groups. Demographic details including age, gender, occupation and other relevant information were collected using a structured case record form. Detailed history regarding dietary habits, lifestyle practices and psychological factors was obtained from each participant. Dietary factors assessed included meal pattern, quantity of food intake, consumption of heavy, oily, spicy and incompatible foods, irregular eating habits and other Aharaja Nidanas described in Ayurvedic literature. Lifestyle-related factors such as exercise, sleep pattern, daily routine, addictions, physical activity and occupational habits were recorded under Viharaja Nidanas. Psychological factors including stress, anxiety, anger, grief, fear, irritability and other emotional disturbances were documented under Manasika Nidanas. Based on clinical examination and Ayurvedic principles, the probable diagnosis was recorded for each patient.

The collected data were entered into Microsoft Excel for compilation and descriptive analysis was done. Frequencies and percentages were calculated to understand the distribution of demographic characteristics, diseases and various Nidanas.

RESULTS

A total of fifty-nine patients were included in the study. Patients belonged to different age groups ranging from young adults to elderly individuals. The majority of patients were found to belong to the middle-aged group, indicating a greater occurrence of chronic diseases during this period of life. Females constituted the majority of the study population (39 participants; 65.0%), while males accounted for 21 participants (35.0%), suggesting a higher participation of women in the present study.

With respect to occupation, the participants represented diverse occupational backgrounds. Homemakers formed the largest occupational group (26 participants; 43.3%), followed by individuals engaged in business (7; 11.7%), agriculture/farming (3; 5.0%), teaching (3; 5.0%), students (3; 5.0%), engineering/IT-related professions (4; 6.7%), and various other occupations such as driver, banker, accountant, conductor, security personnel, attender, retired employees, and installation workers. The predominance of homemakers may reflect a relatively sedentary lifestyle, which is a recognized risk factor for various disorders.

Table 1. Frequency Distribution of Aharaja Nidana among Study Participants (n = 59).

Sl. No.	Aharaja Nidana	Yes n (%)	No n (%)
1	Atimatra Bhojana	8 (13.6)	51 (86.4)
2	Vishama Ashana	21 (35.6)	38 (64.4)
3	Adhyashana	15 (25.4)	44 (74.6)
4	Ratri Bhojana	13 (22.0)	46 (78.0)
5	Guru Ahara	41 (69.5)	18 (30.5)
6	Snigdha Ahara	27 (45.8)	32 (54.2)

7	Madhura Rasa	27 (45.8)	32 (54.2)
8	Ati Lavana	7 (11.9)	52 (88.1)
9	Ati Amla	9 (15.3)	50 (84.7)
10	Viruddha Ahara	35 (59.3)	24 (40.7)
11	Fast Food Intake	20 (33.9)	39 (66.1)
12	Processed Food	23 (39.0)	36 (61.0)
13	Reheated Food	31 (52.5)	28 (47.5)
14	Low Fibre Diet	15 (25.4)	44 (74.6)
15	Fried/Dairy Excess	35 (59.3)	24 (40.7)
16	Eating Under Stress	16 (27.1)	43 (72.9)
17	Eating Too Fast	17 (28.8)	42 (71.2)
18	Screen Usage While Eating	32 (54.2)	27 (45.8)

The present analysis shows that most participants were exposed to a combination of unhealthy dietary habits, inappropriate lifestyle practices, and psychological stress, all of which are well-recognized risk factors for metabolic disorders. Among the dietary factors, frequent

consumption of Guru Ahara, Viruddha Ahara, fried and dairy-rich foods, reheated foods, and foods predominantly having Madhura Rasa reflects a calorie-dense dietary pattern rich in saturated fats and refined carbohydrates.

Table 2. Frequency Distribution of Viharaja Nidana (n = 59).

Sl. No.	Viharaja Nidana	Yes n (%)	No n (%)
1	Sedentary Lifestyle	42 (71.2)	17 (28.8)
2	Lack of Dinacharya	42 (71.2)	17 (28.8)
3	Lack of Vyayama	39 (66.1)	20 (33.9)
4	Walking Habit	29 (49.2)	30 (50.8)
5	Regular Exercise	18 (30.5)	41 (69.5)
6	Day Sleep	32 (54.2)	27 (45.8)
7	Irregular Routine	19 (32.2)	40 (67.8)
8	Late-night Waking	16 (27.1)	43 (72.9)
9	Inadequate Sleep	18 (30.5)	41 (69.5)
10	Excess Sleep	10 (16.9)	49 (83.1)

Lifestyle assessment also revealed that a large proportion of participants led sedentary lives, did not follow Dinacharya, and lacked regular physical activity.

Table 3. Frequency Distribution of Manasika Nidana (n = 59).

Sl. No.	Manasika Nidana	Yes n (%)	No n (%)
1	Krodha	39 (66.1)	20 (33.9)
2	Chinta	35 (59.3)	24 (40.7)
3	Irritability	28 (47.5)	31 (52.5)
4	Sleep Disturbance due to Stress	25 (42.4)	34 (57.6)
5	Poor Concentration	18 (30.5)	41 (69.5)
6	Shoka	18 (30.5)	41 (69.5)
7	Bhaya	15 (25.4)	44 (74.6)
8	Depressive Symptoms	6 (10.2)	53 (89.8)
9	Emotional Eating	5 (8.5)	54 (91.5)

Psychological factors were also commonly observed in the study population. Krodha, Chinta, and stress-related sleep disturbances were among the most frequently reported Manasika Nidanas, Ayurvedic texts describe

such Manasika Nidanas as important contributors to Dosha imbalance, particularly of Vata and Pitta, which subsequently affect Agni and influence both physical and mental health.

Table 4. Addictive Habits (n = 59).

Habit	Yes n (%)	No n (%)
Alcohol Consumption	6 (10.2)	53 (89.8)
Smoking	4 (6.8)	55 (93.2)
Tobacco Consumption	3 (5.1)	56 (94.9)

Overall, the findings indicate that the participants were exposed to multiple interconnected risk factors rather than a single causative factor. The combined influence of unhealthy dietary practices, physical inactivity, and psychological stress creates a favourable environment for the development and progression of various disorders.

Table 5. Frequency Distribution of Diseases (n = 59).

Disease	Frequency (n)	Percentage (%)
Sandhigata Vata / Sandhivata	10	16.9
Janu Sandhigata Vata	5	8.5
Gridhrasi	5	8.5
Katigraha	4	6.8
Vata Vyadhi (general)	2	3.4
Dushta Vrana	2	3.4
Pandu	2	3.4
Pratishyaya	2	3.4
Ardita	2	3.4
Others (each one case)	25	42.4
Total	59	100.0

The study population predominantly consisted of patients suffering from Vata Vyadhi, with Sandhigata Vata and its variants accounting for nearly one-fourth of all cases. Other important disorders included Gridhrasi, Katigraha, Ardita, Pandu, Dushta Vrana, Pratishyaya and a few metabolic and inflammatory disorders.

DISCUSSION

The present study included patients with a wide spectrum of diseases; however, disorders belonging to the category of Vata Vyadhi constituted the largest proportion of the study population. Sandhigata Vata, Janu Sandhigata Vata, Gridhrasi and Katigraha were the most frequently encountered conditions, indicating that degenerative and musculoskeletal disorders formed the major clinical burden among the participants. This pattern is consistent with the increasing prevalence of musculoskeletal disorders observed in modern society due to ageing, sedentary occupations, altered dietary practices and psychosocial stress.

Analysis of the dietary habits revealed that Guru Ahara, Viruddha Ahara, fried and dairy-rich foods, reheated foods and excessive intake of Madhura Rasa were commonly consumed by the participants. Although these dietary factors are classically described as Kapha- and Meda-promoting, their long-term consumption results in Agnimandya and Ama formation. Persistent Ama obstructs the normal movement of Vata (Margavarana), eventually leading to painful musculoskeletal disorders such as Sandhigata Vata, Gridhrasi and Katigraha. In addition, regular consumption of processed foods, fast foods and nutritionally poor diets may impair Dhatu Poshana, accelerate cartilage degeneration and promote chronic low-grade inflammation, thereby increasing the risk of osteoarthritis and other degenerative joint diseases.^[5]

Lifestyle assessment demonstrated that sedentary behaviour, lack of Dinacharya and inadequate physical activity were highly prevalent. Reduced physical activity contributes to muscle weakness, decreased joint flexibility, poor postural stability and gradual degeneration of weight-bearing joints. According to Ayurveda, regular Vyayama enhances Agni, reduces Meda, and improves the stability and strength of the

body.^[6] Conversely, Avyayama promotes Kapha and Meda accumulation.^[7] The accumulated Kapha, Meda, or Ama may obstruct the normal movement of Vata (Avarana), a well-described mechanism in Vata Vyadhi.^[8] and this pathological process contributes to disorders such as Sandhigata Vata. Modern research similarly recognizes prolonged sitting and physical inactivity as important contributors to osteoarthritis, chronic low back pain, cervical spondylosis and sciatica.^[9]

The psychological profile of the participants also deserves attention. High frequencies of Krodha, Chinta and stress-related sleep disturbances indicate that emotional stress was common in the study population. Chronic psychological stress alters neuroendocrine regulation, increases cortisol secretion and promotes persistent muscle tension and pain sensitization. Consequently, stress is recognized as an important aggravating factor in chronic musculoskeletal pain syndromes. Ayurveda similarly considers Manasika Nidanas to influence Dosha equilibrium, particularly Vata, thereby worsening pain, stiffness, restricted movements and functional disability.

The coexistence of unhealthy dietary practices, sedentary lifestyle and psychological stress among the majority of participants suggests that Vata Vyadhi develops through the cumulative effect of multiple interacting Nidanas rather than a single causative factor. The predominance of Sandhigata Vata, Gridhrasi and Katigraha observed in the present study reflects this multifactorial pathogenesis. These findings emphasize that successful management of musculoskeletal disorders should not be limited to symptomatic treatment alone. Equal importance should be given to Nidana Parivarjana, adoption of Pathya Ahara, regular Vyayama, adherence to Dinacharya, maintenance of healthy body weight, ergonomic correction, adequate sleep and stress management. Such a comprehensive approach addresses the underlying pathogenesis, improves functional outcomes and may delay the progression of degenerative musculoskeletal diseases.

The study also demonstrates the relevance of classical Ayurvedic concepts in the present-day scenario. Many

dietary and lifestyle practices commonly observed today closely resemble the Nidanas described in Ayurvedic texts. This emphasizes the need for greater awareness regarding healthy dietary practices, regular physical activity, stress management and adherence to Dinacharya and Ritucharya for disease prevention.

CONCLUSION

The present study suggests that Aharaja, Viharaja and Manasika Nidanas are commonly observed among patients suffering from chronic diseases, particularly Vata-dominant musculoskeletal disorders. Middle-aged and elderly individuals constituted the majority of the study population and females were more frequently represented than males. The coexistence of multiple dietary, lifestyle and psychological factors highlights the multifactorial nature of disease development. These findings underscore the importance of Nidana Parivarjana, appropriate dietary regulation, regular physical activity, adherence to Dinacharya, and stress management as essential components in the prevention and comprehensive management of Vata Vyadhi and other musculoskeletal disorders.

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