



Review Article

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A CRITICAL REVIEW ON DIET (PATHYA- APATHYA) IN DYSLIPIDAEMIA

Pratibha Bhatt^{1*}, DK Goyal²

¹ PG Scholar, PG Department of Kayachikitsa, Uttarakhand Ayurved University, Gurukul Campus, Haridwar, Uttarakhand, India

² Professor & HOD, PG Department of Kayachikitsa, Uttarakhand Ayurved University, Gurukul Campus, Haridwar, Uttarakhand, India

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*Corresponding author

E-mail: drbhatt696@gmail.com

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ABSTRACT

Ayurveda's principal focus is on maintaining health and resolving existing conditions. The greatest method to maintain good health is to follow a regular exercise and healthy eating schedule. In order to effectively treat lifestyle illnesses like hyperlipidemia, healthy eating habits and lifestyle modifications are essential. Pathya is a wholesome diet that is beneficial to the body and the mind. The unwholesome routine, often referred to as Apathya, is miserable. Ahara Vidhi Visesayatana like Prakriti, Karana, Samyoga, Rashi, Desha, Kala, Upayogasamstha, and Upabhokta should be taken into account when recommending Pathya Ahara. The greatest strategy for addressing hyperlipidemia is to use Pathya and avoid Apathya Ahara and Vihara. Items like Guru, Snigdha, Kaphamedokara, and Abhishyandhi should be avoided, but Laghu, Ruksha, and Kaphamedohara and Srotoshodhana foods should be taken. A balanced diet rich in complex carbohydrates, vegetables, and fruits, spiced in moderation, and low in oils and fats is preferred for the management and prevention of hyperlipidemia or Medodushti. Exercises and yogic practises help to lower psychological stress factors and Meda, both of which are causes of hyperlipidemia.

Keywords: Pathya, Apathya, Ahara Vidhi Visheshayatan, Dyslipidemia

INTRODUCTION

The presence of elevated or abnormal amounts of lipids and/or lipoproteins in the blood is a simple definition of dyslipidemia. Currently, hypercholesterolemia, hypertriglyceridemia, and mixed hyperlipidemia are the three kinds of dyslipidemia (due to elevation of both Cholesterol and Triglycerides).¹ Each of them causes atherosclerosis, a condition that precedes ischemic heart disease. Numerous diseases, including cardiovascular disease, the metabolic syndrome, and hypertension have all been related to it.²

The most vital necessity for all living things is food. As one of the three upastambhas of life, food is seen as a phenomenon that reflects life (pranah), implying that life cannot exist without it. According to Acharya Charaka, the greatest thing that keeps life alive is anna, or food. There are two types of Ahara: Ahitahara (unwholesome) and Hitahara (wholesome). Food that is both healthful and unhealthy causes enjoyment and suffering, respectively. Thus, food shapes the body and causes illnesses.³

Although symptoms of dyslipidemia reported in contemporary books resemble those of Aam and numerous Ras dushti, Rakta Dushti, and Medo dushti janya symptoms, we are unable to establish a direct correlation between these symptoms and a specific illness from the Ayurvedic classics. The Acharya Chakrapani's concept of Abaddha Meda is akin to dyslipidemia. The abnormal buildup of Medadhatu in the body is referred to as Medodushti. The term "medodushti" refers to a variety of various Medovikaras, collectively known as medoroga. By portraying a different chapter of medoroga, Madhukoshkara and Bhavmishra reinforce this viewpoint. By taking into account all of the circumstances, it is feasible to conclude that pathology is associated with Kapha Karaka Nidana, or Santarpana Ahara

Vihara, which includes a sedentary lifestyle, a high calorie diet, and a lack of exercise, all of which contribute to the morbidity of Medo Dhatu. Medodhatvagni Dushti causes an excessive buildup of aberrant Aam Kapha and Meda in multiple bodily Srotasa. Dyslipidemia is frequently related to the state of Apakva Meda and its excessive presence, Margavarodha in Rasa-Raktavaha Srotasa, and only dusht medo dhatu vridhhi.

Pathya-Apathya (Do's and Don'ts) in Dyslipidemia

The term Pathya is used to describe foods, medicines, and regimens that do not negatively affect the body or mind, whereas the term Apathya is used to describe those that do.⁴ The application of appropriate Pathya Apathya in combination with medical therapy is one of the distinctive features of Ayurvedic science. It's crucial to keep in mind that whenever Ahara Kalpa is made, it must include both Vatahara and Kaphahara when it comes to the Pathya Ahara of Medodushti.

Proper nutrition, Ashta Aahara Vidhi visheshayatan, and Aaharavidhividhana (dietary limits) are three of the several Medodushti preventative elements that are of major significance. Patients with medodushti must adhere to a particular eating plan to prevent the condition. The best foods to consume are those that are Katu (pungent), not overly sweet, not oily, and have the capability of balancing Kapha and Meda.

Shaktu⁵, Yava, Purana Shali, Priyangu, Laja, Mudga, Rajmasha, Kulatha, Chanaka, Masur, Patol, Patrashaka, Shigru Vrutaka, Trapusha Vartaka, Ervaruka, Adraka, Mulaka, Grajjan, Kapitha, Jambu, Amalaki, Bibhitaki, Haritaki, Maricha, Pippali, Bilvaphala, Erandakarkati, Anko, Takra, Madhu, Ushnodaka, Til, Sarshapa taila, Asava Arishta, Jeerna Madya, Rohit Matsya and others.

Aharaja Apathya: Sweet-tasting foods and beverages, such as dairy products, Ikshu (sugarcane), sugar goods, etc. Sheeta and Guru (heavy) quality foods (cold) Madya (alcohol), quality (such as ice cream, drinks and wines), Masha, Tila, Navanna Shali, Navanna Shali, Navanna Shali, Navanna Shali, Kanda Shaka, Madhura Phala, Dugdha, Dahi, and Sarpi are all varieties of Kanda Shaka. Ikshuvikara, Aanupa, Audaka (milk preparations) Gramya Mamsa and other similar dishes must be avoided as they aggravate Kapha and Meda much further.⁶

Viharaaja Pathya and Apathya: Dietary and lifestyle control are the hallmarks of Ayurvedic therapy for Medodushti. How to handle Medodushti's way of life is covered in length in the Ayurvedic literature. Acharya Sushruta emphasises regular exercise, such as running, brisk walking, athletics, wrestling, fencing, riding horses, and so on. For patients, being idle and leading a sedentary lifestyle are discouraged. Physical exercise, such as walking or jogging, is required to burn off extra calories in the body. Exercise makes the patient feel lighter, aids in weight loss, and improves its functional abilities. Additionally, Acharya Charaka recognised the value of exercise in treating over eating/over nutrition-related illnesses. This condition is often called as the Nidana Viparita Chikitsa of Hyperlipidaemia. The HDL (good cholesterol) values of physically active people are greater, and regular aerobic exercise may help increase HDL levels according to research. Activity, even light exercise, reduces the risk of a heart attack or stroke. According to recent study, those who lead an active lifestyle have a 45 percent reduced risk of developing heart disease than those who have a sedentary one.⁷

Viharaaja pathya: Shrama, Vyayama, Ushnodaka Sevan, Prajagaran, Bhramana, Rohan, Upavasa, and other.

Viharaaja Apathya: Sheetal Jala Sevana, Diwaswapna, Aavyavaya, Aavyayama, Ati Ashana Sukha Shaiya, and more.

In the modern world, meals enriched with plant sterols or stanols, fatty fish, fish oil, walnuts, oats, and oat bran are recommended to lower cholesterol. According to some research, a diet including these "superfoods" may help lower blood levels of "bad cholesterol," or LDL cholesterol. A golden rule was promoted by the American Diabetes Association: Nuts kill LDL-cholesterol and raise HDL-cholesterol; fish high in omega-3 fatty acids (salmon, tuna, and sardines) lower triglycerides and total cholesterol; oat meal lowers LDL-cholesterol; soy protein lowers LDL-cholesterol and triglycerides without lowering HDL cholesterol; and plant sterols lower dietary cholesterol absorption.

Less than 7% of calories from saturated fat, and less than 200 mg of cholesterol i.e., limited trans fatty acids should be consumed by patients with elevated LDL cholesterol, according to national guidelines. Supplementing with monounsaturated omega 3 fatty acids, stanol-rich margarine, soy products, and cereals with vegetables is also advised. To manage dyslipidemia and prevent atherogenesis and diabetes, a key target is to specifically reduce LDL cholesterol, increase HDL cholesterol, and restrict blood triglycerides (representing very low-density lipoprotein [VLDL]).⁸

Dietary recommendations include: Eat lots of fruits, veggies, and whole grains. Choose unsaturated fats over saturated and trans fats. Use non-tropical oils (canola, olive, avocado). Include low-fat dairy, poultry, fish, legumes, unsalted nuts. Limit red meat, sodium, sugar-sweetened drinks (SSB), and sweets. Include low-fat dairy, chicken, fish, legumes, and unsalted nuts.⁹

In Ayurveda, The Effect of Wholesome Diet (Pathya)

- It nourishes the human body (shareera upachaya)

- It gives you strength, a good complexion, and a good mood (bala varna sukha ayusha)
- Encourage tissue growth (shareera dhatu urjayathi)
- Ensure that the body is healthy and capable of working (prashadan)
- Enhances vocal quality (sausvaryam)
- Help people live longer (jivitham)
- Provide sustenance and strength (Tusti pushtirbalam)
- Enhances intelligence (Medha)¹⁰

DISCUSSION

Human development is significantly influenced by diet. Poor dietary practises, in accordance with Ayurveda, are to blame for the bulk of ailments. In Ayurveda, Nidana is the first stage of pathogenesis, and the majority of them are based on Pathya or eating habits. Nidana parivarjana, or avoiding the cause, is the primary line of therapy for the majority of disorders. To stop the onset and progression of disease, it's crucial to understand both Nidana and Pathya. With each passing moment and each individual, the idea of pathya changes. One person's apathya may not be another person's apathya. A person's pathya can also alter due to a variety of factors, including ageing, psychiatry, Dosha and Dhatus conditions, and habit changes.

It is simple to see how crucial Pathya (wholesome) and Apathya (unwholesome) are in Ayurveda since Acharya Charaka coined Pathya (wholesome) as a synonym for treatment. According to him, Pathya (wholesome) helps smooth out Srotasa (circulation channels) and ease Dosha when it gets too strong because of vitiated and aggravated Dosha.¹¹ The terms "Pathya" (wholesome) and "Apathya" (unwholesome) were also covered in great detail. He gave a general list of "Pathya" and "Apathya Dravya" (unwholesome) as well as "Pathya" and "Apathya Dravya" (unwholesome) that are "specific" for patients and "Sansarjana Karma" (a specific diet schedule) for those who have had Panchakarma Therapy.¹² Acharya Susruta had specifically written a chapter in the Sutra Sthan called Hita-Ahitiya Aadhyay. Acharya Harita emphasised the importance of Pathya (wholesome) and Apathya (unwholesome), stating that sickness will never leave the body if someone consumes Apathya (unwholesome) and ignores the idea of Pathya-Apathya.¹³

The Sutrasthana of the Bhela Samhita also discusses the advantages of Pathya and the disadvantages of Apathya. Pathya Ahara nourishes all Dhatus (body parts) and Srotasa (circulation channels), giving the body complete sustenance. It also facilitates the body's detoxification process by eliminating vitiated Doshas. On the other hand, Apathya Ahara vitiates Vatadi Doshas, leading to a range of ailments. As a result, eating Pathya Ahara can help restore and preserve health.¹⁴

Pathya's primary job is to encourage healthy bodily development, nutrition, and vitality while also repairing ongoing harm. A healthy diet called pathya should be consumed every day if a person wants to be healthy and free from disease. Ahara-vihara for healthy and ill persons, as well as Pathya-Apathya, are comprehensively discussed by the Acharyas in Ritucharya and Dincharya.

CONCLUSION

Ayurveda emphasises preserving the physical and mental well-being of individuals. Ahara is both necessary for life to continue and is in charge of purushupati. Pathya is a substance that maintains health, wards off sickness, and shields the body from abnormalities and bad consequences. Doshas that have gotten

vitiated are restored by Pathya. Incorporating pathya throughout everyday life can help control illness since it supports nidana parivarjana. Everyone should avoid apathya and engage in pathya since prevention is superior to treatment. Because Ayurveda promotes health as a valued communal asset, it may make a substantial contribution to all programmes of lifestyle problems.

REFERENCES

1. Mushtaq M, U Sadique, N Chand, I Ahmed, SSA Shah, I Ahmad, Imran-Ullah and M Shah. Biochemical effect of water-based infusion of *Withania somnifera* in broiler production. *Meat Sciences and Veterinary Public Health*, 2016;1(1): 17-20.
2. Lilly, Leonard S. Pathophysiology of heart disease: A collaborative project of medical students and faculty. Lippincott Williams & Wilkins, 2012.
3. Jadhav Kalpana K and Archana Suresh Ingole Patil. Concept of diet (ahara) according to Ayurvedic perspectives: A Review. *Int. J. Res. Ayurveda Pharm.* 2023;14(6):9-14 DOI: <http://dx.doi.org/10.7897/2277-4343.1406158>
4. Yadavji Trikamji Acharya, editor. Caraka Samhita. Varanasi: Chaukhamba Surbharati Prakashana, 2017.
5. Brahmasankar Misra, Rupalalaji Vaisya, editor. Bhavaprakasa of Bhava Misra. First Part. Varanasi: Chaukhamba Sanskrit Sansthan, Eighth Ed. 1997. Purvakhand, Haritakyadi varga, verse 62-64. p. 16.
6. Gyanendra Pandeya, editor. Madanapala Nighantu. Varanasi: Chaukhamba Orientalia. First Ed. 2012. Chapter 2 Shunthyadi Varg, p. 266
7. Miller TD, Balady GJ, Fletcher GF. Exercise and its role in the prevention and rehabilitation of cardiovascular disease. *Ann Behav Med.* 1997 Summer;19(3):220-9. DOI: 10.1007/BF02892287. PMID: 9603697.
8. Sharma, Rakesh & Moffatt, Robert. (2012 Jan). Diet and Nutrition Therapy in Dyslipidemia Management, Pages 1-40, isbn = {978-1-62100-917-7}
9. Eckel RH, Jakicic JM, Ard JD, de Jesus JM, Houston Miller N, Hubbard VS, Lee IM, Lichtenstein AH *et al.* American College of Cardiology/American Heart Association Task Force on Practice Guidelines. 2013 AHA/ACC guideline on lifestyle management to reduce cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation.* 2014 Jun 24;129(25 Suppl 2):S76-99. DOI: 10.1161/01.cir.0000437740.48606.d1. Epub 2013 Nov 12. Erratum in: *Circulation.* 2014 Jun 24;129(25 Suppl 2):S100-1. Erratum in: *Circulation.* 2015 Jan 27;131(4):e326. PMID: 24222015.
10. Charaka Samhita, Savimarsh Vidhyotinee Hindi commentary by Pandit Kashinath Pandey and Dr. Gorakhnath Chaturvedi, Chaukhamba Bharati Academy, Varanasi part-1 Sutra Sthana, vividhashitpeetiyam Adhyaya, 28/3, Reprint 2008 P 568
11. Obesity [Internet]. Mayo Clinic; © 1998-2020 Mayo Foundation for Medical Education and Research (MFMER). Available from: <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742#>
12. Type 2 Diabetes [Internet]. Web MD LLC; ©2005-2020. Available from: <https://www.webmd.com/diabetes/type-2-diabetes>.
13. Is liver disease the next major lifestyle disease of India after diabetes and BP? [Internet]. Entertainment Times; © 2020 Bennett, Coleman & Co. Ltd. Updated: 2017 Apr 15. Available from: <https://timesofindia.indiatimes.com/lifestyle/health-fitness/health-news/is-liver-disease-the-next-major-lifestyle-disease-of-india-after-diabetes-and-bp/articleshow/58122706.cms>.
14. Agnivesh. Matrashitiya Adhyaay, Sutra Sthana, Charak Samhita with Chakrapani Teeka. In: Yadavji Trikam Ji, ed. 1st edition. Varanasi: Chaukhamba Surbharati Prakashan; 2014. p. 38.

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