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ROLE OF AAHARA VIDHI VISHESHAYATANA IN THE ETIOPATHOGENESIS OF ANORECTAL DISORDERS: AN AYURVEDIC PERSPECTIVE

Review Article | Ayurveda – Samhita Siddhant |

Abstract

Background: Aahara (diet) is considered one of the fundamental factors responsible for the maintenance of health and the development of disease in Ayurveda. Acharya Charaka has described Ashta Aahara Vidhi Visheshayatana, comprising eight factors that determine the proper utilization and effects of food. Improper dietary practices may influence Agni, Dosha equilibrium and physiological bowel functions, thereby contributing to the development or aggravation of anorectal disorders.

Aim: To explore the role of Aahara Vidhi Visheshayatana in understanding the etiopathogenesis of anorectal disorders, particularly Arsha, Parikartika and Bhagandara, from an Ayurvedic perspective.

Materials and Methods: A narrative review of classical Ayurvedic literature, including Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya, was undertaken conceptually, along with relevant contemporary scientific literature. Classical concepts related to dietary factors, Agni, Dosha, Apana Vata and anorectal disorders were examined. Contemporary evidence concerning dietary fibre, hydration, constipation, stool consistency and defecation habits was considered for correlation.

Discussion: The eight factors of Aahara Vidhi Visheshayatana provide a comprehensive framework for understanding dietary behaviour. Improper food selection, processing, combination, quantity, timing and consumption practices may adversely influence digestive functions and bowel habits. From an Ayurvedic perspective, these disturbances may contribute to Agni Dushti, Dosha Prakopa and altered Apana Vata functions. Such disturbances may be relevant to the manifestation or aggravation of Arsha and Parikartika. In Bhagandara, dietary factors may influence associated bowel symptoms and general health, although its primary pathological mechanisms require separate consideration.

Conclusion: Aahara Vidhi Visheshayatana offers a classical Ayurvedic framework for understanding the relationship between dietary practices and anorectal health. Its integration with contemporary nutritional knowledge may provide a useful perspective for preventive healthcare and further research.

Keywords: Aahara Vidhi Visheshayatana, Anorectal Disorders, Agni Dushti, Apana Vata, Mithya Ahara, Adhyashana, Vishamashana, Arsha, Parikartika, Bhagandara.

1. Introduction

Aahara is one of the three Upastambhas (supporting pillars) of life described in Ayurveda, along with Nidra and Brahmacharya. It plays an important role in maintaining the equilibrium of Dosha, proper functioning of Agni, nourishment of Dhatu and maintenance of overall health. The quality, quantity, timing and method of food consumption influence the physiological processes of the body.

Acharya Charaka has described eight specific factors responsible for determining the proper utilization of food, collectively known as Ashta Aahara Vidhi Visheshayatana. These include Prakriti, Karana, Samyoga, Rashi, Desha, Kala, Upayoga Samstha and Upayokta. These factors emphasize that the health effects of food depend not merely on its nutritional composition but also on its preparation, combination, quantity, timing and the individual consuming it. [1]

In contemporary life, changes in dietary habits, irregular meal timings, excessive consumption of processed foods, inadequate dietary fibre and insufficient fluid intake have become important concerns in digestive health. Such factors may contribute to constipation, altered stool consistency and abnormal defecation habits.

Anorectal disorders are conditions affecting the anal canal and surrounding tissues. Among the commonly encountered disorders are:

Arsha: Corresponding broadly to haemorrhoidal disease.

Parikartika: An Ayurvedic condition characterized by cutting or tearing pain in the anal region, commonly correlated with anal fissure.

Bhagandara: A condition involving an abnormal tract in the anorectal and perianal region, commonly correlated with fistula-in-ano.

Ayurveda explains these conditions through the involvement of Dosha, Agni, Srotas and specific pathological processes. Dietary and lifestyle factors may contribute to their manifestation or aggravation through disturbances in digestion and bowel functions.

Therefore, understanding Aahara Vidhi Visheshayatana may provide a useful approach to exploring the relationship between dietary practices and anorectal disorders.

2. Aim and Objectives

Aim: To evaluate the role of Aahara Vidhi Visheshayatana in the etiopathogenesis of anorectal disorders from an Ayurvedic perspective.

Objectives

- To review the concept of Ashta Aahara Vidhi Visheshayatana described in classical Ayurvedic literature.
- To understand the influence of improper dietary practices, including Mithya Ahara, Adhyashana and Vishamashana.
- To explore the relationship between dietary disturbances, Agni Dushti and Apana Vata.
- To examine the Ayurvedic etiopathogenesis of Arsha, Parikartika and Bhagandara.
- To correlate classical Ayurvedic principles with contemporary nutritional and clinical evidence.

3. Materials and Methods

The present article is designed as a narrative review based on classical Ayurvedic literature and relevant contemporary scientific publications.

Classical Ayurvedic sources:

- Charaka Samhita
- Sushruta Samhita
- Ashtanga Hridaya

Relevant sections dealing with Aahara Vidhi Visheshayatana, Ahara Vidhi Vidhana, Agni, Vata Dosha, Apana Vata and the Nidana and Samprapti of Arsha, Parikartika and Bhagandara are considered.

Contemporary literature:

Scientific publications and clinical guidelines concerning dietary fibre, hydration, constipation, bowel habits, haemorrhoids, anal fissures and fistula-in-ano are considered.

The findings are discussed through a conceptual correlation between Ayurvedic principles and contemporary knowledge. No original patient data or experimental observations are included.

4. Classical Ayurvedic Concepts

This section presents the principal classical concepts relevant to the present review. Their interpretation and possible relationship with anorectal disorders are examined separately in the Discussion.

4.1 Ashta Aahara Vidhi Visheshayatana

Acharya Charaka has described Ashta Aahara Vidhi Visheshayatana in Vimanasthana, Chapter 1, verses 21–22. These eight factors provide a systematic understanding of the characteristics of food and its appropriate consumption. [1]

Prakriti (Natural characteristics of food)

Prakriti refers to the inherent properties of a food substance, such as Guru (heavy), Laghu (light), Snigdha (unctuous) and Ruksha (dry). Different food substances possess different properties and exert different effects on digestion and Dosha equilibrium. Relevance to anorectal disorders: Regular consumption of foods that are difficult to digest or unsuitable for an individual's digestive capacity may contribute to disturbed digestion and bowel irregularities. Inadequate dietary fibre may also contribute to hard stool and constipation.

Karana (Processing of food)

Karana refers to the processing or transformation of food through different methods, such as cooking, roasting, washing and other procedures. Processing may alter the properties, digestibility and suitability of food. Relevance to anorectal disorders: Improper food preparation and excessive dependence on highly processed, nutritionally unbalanced foods may adversely affect dietary quality. A diet deficient in fibre may contribute to constipation and difficult defecation.

Samyoga (Combination of food)

Samyoga refers to the combination of two or more food substances and the effects produced by their combination. Acharya Charaka emphasizes the importance of appropriate food combinations and their effects on the body. Relevance to anorectal disorders: Inappropriate food combinations, when unsuitable in terms of quantity, properties or individual digestive capacity, may contribute to digestive disturbances. However, a direct causal relationship between specific food combinations and anorectal disorders has not been established.

Rashi (Quantity of food)

Rashi refers to the quantity of food consumed. It includes the total quantity of food as well as the quantity of individual food substances. Acharya Charaka emphasizes the importance of consuming food in an appropriate quantity according to digestive capacity. Relevance to anorectal disorders: Excessive food intake may produce digestive discomfort and heaviness in susceptible individuals. Inadequate intake may compromise nutritional adequacy. Both situations require consideration while evaluating dietary habits and bowel health.

Desha (Habitat and geographical region)

Desha refers to the geographical region and the habitat associated with the individual and food substances. It influences the suitability of food according to environmental and individual characteristics. Relevance to anorectal disorders: Food habits may vary according to geographical region, climate, food availability and cultural practices. Assessment of Desha may help understand dietary patterns and their suitability for an individual.

Kala (Time)

Kala includes seasonal considerations and the appropriate timing of food consumption. Ayurveda emphasizes the importance of consuming food at an appropriate time, particularly after the digestion of the previously consumed meal. Relevance to anorectal disorders: Irregular meal timings, frequent eating without considering previous digestion and disturbed daily routines may affect digestive regularity and bowel habits.

Upayoga Samstha (Rules of dietary consumption)

Upayoga Samstha refers to the prescribed rules and methods of consuming food. Charaka Samhita describes specific guidelines for proper food consumption, including consumption of warm food; food with appropriate unctuousness;

taking food in proper quantity; eating after digestion of the previous meal; avoiding excessively rapid or excessively slow eating; and eating with concentration and without unnecessary talking or laughing. These principles are further explained in Charaka Vimanasthana 1/24. [1] Relevance to anorectal disorders: Irregular eating practices and disregard for proper dietary routines may influence digestion and bowel regularity.

Upayokta (Consumer)

Upayokta refers to the individual consuming the food. The digestive capacity, constitution, habituation, age and individual requirements of the consumer determine the suitability of a particular food. Relevance to anorectal disorders: The same food may produce different effects in different individuals. Dietary assessment should therefore consider individual digestive capacity, bowel habits and existing disease conditions.

4.2 Improper Dietary Practices

Apart from the eight factors of Aahara Vidhi Visheshayatana, Ayurveda describes several improper dietary practices that may disturb normal digestive functions. Among these, Adhyashana, Vishamashana and other forms of Mithya Ahara are relevant to the present discussion.

Mithya Ahara

Mithya Ahara refers to improper or unsuitable dietary practices that are contrary to the principles of healthy food consumption. It may involve consumption of food unsuitable to individual digestive capacity, irregular meal timings, excessive or insufficient food intake, inappropriate food combinations and frequent consumption of nutritionally unbalanced food. Possible relevance: Such practices may contribute to disturbances in Agni and normal bowel functions. Depending on the nature of dietary disturbance, constipation, irregular defecation and altered stool consistency may occur.

Adhyashana

Adhyashana refers to consuming food before the previously ingested food has been properly digested. This practice may interfere with normal digestive processes and contribute to Agni Dushti. Possible relevance to anorectal disorders: Repeated Adhyashana may be associated with digestive discomfort, abdominal heaviness, irregular bowel habits and disturbances in normal digestion. Its relevance to anorectal disorders should be understood as an indirect dietary association rather than an established independent cause.

Vishamashana

Vishamashana refers to irregular or improper eating practices involving inappropriate timing and quantity of food consumption. It may include taking food at irregular intervals or consuming food in quantities unsuitable for digestive capacity. Possible relevance: disturbance in digestive regularity, irregular bowel evacuation, altered dietary patterns and possible aggravation of existing digestive complaints.

Other improper dietary habits

Other dietary factors that may be considered include excessive consumption of Ruksha Ahara, inadequate intake of fibre-rich foods, insufficient fluid consumption, excessive dependence on processed foods and frequent consumption of food unsuitable for individual digestive capacity. These factors should be evaluated individually rather than considered universally causative.

4.3 Agni

Agni is one of the fundamental concepts of Ayurveda and is responsible for the digestion and transformation of ingested food. Acharya Charaka describes Agni as an essential factor for maintaining health. Its normal functioning is necessary for proper digestion, nourishment and physiological activities.

Disturbance in Agni may be understood through different functional states, including:

- Mandagni: Diminished digestive capacity.
- Tikshnagni: Excessively intensified digestive activity.
- Vishamagni: Irregular digestive functioning.
- Samagni: Balanced digestive functioning.

4.4 Apana Vata

Vata Dosha is responsible for various physiological activities, particularly movement and regulation of bodily functions. Apana Vata is one of the five subdivisions of Vata Dosha. It is predominantly located in the Pakvashaya and is responsible for the downward movement and elimination of bodily substances, including Mala, Mutra, Shukra and Artava. Normal functioning of Apana Vata is therefore essential for proper defecation.

The physiological function of Apana Vata includes proper downward movement of Mala, regulation of defecation, elimination of bodily waste products and maintenance of normal evacuation processes. Disturbance in its normal functioning may be associated with altered bowel evacuation and difficulty in passing stool.

4.5 Classical Descriptions of Selected Anorectal Disorders

Arsha

Arsha is described as an important disorder in classical Ayurvedic literature. It affects the Guda region and may be associated with pain, bleeding, swelling, discomfort and difficulty during defecation. Acharya Sushruta has described Arsha under the group of Mahagada, indicating its clinical significance.

Parikartika

Parikartika is characterized by severe cutting or tearing pain in the anal region, particularly during or after defecation. Bleeding may also be present. The term Parikartika indicates a characteristic cutting sensation and is described in Ayurvedic literature in association with specific pathological and procedural contexts.

Bhagandara

Bhagandara is an important anorectal disorder described in Sushruta Samhita. It involves the development of an abnormal tract in the Guda and surrounding region and may present with pain, swelling and discharge. Acharya Sushruta has described different types of Bhagandara according to their characteristic clinical features.

5. Discussion

Aahara Vidhi Visheshayatana should be understood as a multidimensional framework for dietary assessment rather than as a list of isolated dietary rules. Its eight factors consider the intrinsic properties of food, processing, combinations, quantity, habitat, time, rules of consumption and the characteristics of the consumer. In the context of anorectal health, these factors may be examined through their potential influence on digestion, stool formation, bowel habits and defecation. The relationship is conceptual and should not be interpreted as proof that any single dietary factor directly causes an anorectal disorder.

5.1 Aahara Vidhi Visheshayatana and Dietary Behaviour

Prakriti and Karana may guide consideration of food properties and methods of preparation; Samyoga draws attention to combinations; Rashi concerns the adequacy or excess of quantity; Desha and Kala emphasize suitability according to place, season and time; Upayoga Samstha concerns the manner of eating; and Upayokta places the individual at the centre of dietary assessment. These factors can be applied together when examining dietary patterns in individuals with altered bowel habits.

For anorectal health, the practical relevance of these factors lies less in assigning a direct disease-specific effect to each one and more in evaluating whether the overall dietary pattern supports regular digestion and comfortable evacuation. Individual digestive capacity, food tolerance, meal timing, quantity and consistency of dietary intake should therefore be considered together.

Table 1. Possible relevance of Aahara Vidhi Visheshayatana to bowel and anorectal health

Factor	Possible relevance to Arsha
Prakriti	Suitability and digestibility of food
Karana	Effect of food processing on dietary quality
Samyoga	Appropriateness of food combinations
Rashi	Excessive or inadequate food quantity

Desha	Regional and individual dietary suitability
Kala	Irregular timing of food intake
Upayoga Samstha	Improper methods of eating
Upayokta	Individual digestive capacity and habituation

5.2 Mithya Ahara, Adhyashana and Vishamashana

Improper dietary practices may influence the regularity and comfort of digestion. Adhyashana, described as intake before the previously consumed food has been digested, and Vishamashana, involving inappropriate timing or quantity, can be discussed as patterns that may disturb routine eating and digestive function. Their possible consequences should be assessed in relation to the individual, food type and overall dietary pattern rather than assumed to produce the same bowel response in every person.

Inadequate intake of fibre-containing foods, insufficient fluid intake, irregular meals and unsuitable food choices may coexist with these patterns. In contemporary terms, these factors may be relevant when they contribute to constipation, hard stool, loose stool or irregular defecation. The classical categories and modern nutritional descriptions are complementary interpretative perspectives, not interchangeable diagnostic terms.

5.3 Agni Dushti and Altered Bowel Functions

Agni provides an Ayurvedic framework for understanding digestion and transformation of food. Disturbed Agni may be considered in relation to symptoms such as irregular digestion, altered appetite, abdominal discomfort and changes in bowel habits. Mandagni and Vishamagni may be particularly relevant to discussions of sluggish or irregular digestive functioning; however, these states should not be equated directly with specific modern gastrointestinal diagnoses.

From the perspective of anorectal health, the clinically relevant bridge is the effect that altered digestion and bowel patterns may have on stool consistency and evacuation. Constipation, hard stool, excessive straining and repeated irritation may aggravate symptoms in conditions such as Arsha and Parikartika. The pathway is contributory and multifactorial rather than a single linear cause.

5.4 Apana Vata and Malapravritti

Apana Vata is described in Ayurveda in relation to the downward movement and elimination of Mala and other bodily substances. Its role offers a classical framework for discussing the act of defecation and the regularity of evacuation. Dietary disturbances may be considered among the factors that influence bowel habits and may be associated with Vata-related symptoms.

A comparative discussion with colonic motility and defecation physiology may be useful, but Apana Vata should not be presented as identical to a modern anatomical or physiological structure. The comparison is conceptual and should retain the distinct theoretical basis of each system.

5.5 Arsha

The relationship between dietary practices and Arsha can be discussed particularly through constipation, hard stool and straining. Dietary patterns that support regular bowel movements may help reduce avoidable straining and may contribute to symptom management. Contemporary guidance for symptomatic haemorrhoids emphasizes dietary and behavioural measures, including adequate fibre and fluid intake, as part of first-line management [2]. These associations support the relevance of dietary assessment but do not imply that all cases of Arsha arise from dietary causes.

5.6 Parikartika

In Parikartika, stool consistency and the ease of defecation are especially relevant. Passage of hard stool may produce or aggravate local trauma, while frequent loose stools may also irritate the anal region. The practical objective is to maintain soft, formed stool that can be passed without excessive straining. Contemporary guidance for anal fissure similarly emphasizes bowel regulation, fibre and hydration, while avoiding diarrhoea [3].

5.7 Bhagandara

Bhagandara requires a distinct discussion because its pathogenesis should not be reduced to constipation or dietary error. Contemporary cryptoglandular fistula-in-ano is generally understood in relation to anal gland infection and abscess

formation [4]. Dietary assessment may still be useful to support bowel regularity, nutritional adequacy and general health, but improper diet should not be represented as the primary cause of fistula formation.

5.8 Contemporary Scientific Correlation

Contemporary evidence supports the importance of dietary fibre, adequate hydration and healthy bowel habits in the prevention or management of constipation and in the symptomatic management of some anorectal conditions. Fibre contributes to stool bulk and may improve bowel regularity; fluid intake is relevant to maintaining appropriate stool consistency, particularly when fibre intake is increased. The clinical relevance of these measures is strongest for constipation-associated symptoms, haemorrhoids and anal fissures [2,3,7].

The evidence should be interpreted carefully. Association between constipation, straining and anorectal symptoms does not establish that all anorectal disorders share one aetiology. In particular, fistula-in-ano has a distinct infective pathogenesis, and dietary measures are supportive rather than definitive treatment [4].

5.9 Integrated Conceptual Framework

The following framework integrates the Ayurvedic concepts with the clinical pathway discussed above. It is a proposed explanatory model for review and research, not a validated causal sequence.

Figure 1. Classical Ayurvedic framework

Aahara (food and dietary practices)

↓

Agni (digestion and transformation)

↓

Dosha equilibrium / Vaishamya

↓

Apana Vata and Malapravritti

↓

Normal or altered bowel evacuation

Figure 2. Integrated conceptual framework for anorectal health

Dietary factors: food quality, quantity, timing, processing and individual suitability

↓

Possible digestive and bowel disturbances: constipation, hard stool, loose stool or irregular evacuation

↓

Mechanical or symptomatic consequences: straining, local irritation and painful defecation

↓

Potential relevance to Arsha and Parikartika; bowel-health support in Bhagandara

Note: The framework does not establish direct causation. Disease-specific Samprapti and other aetiological factors must be considered independently.

5.10 Preventive and Practical Implications

Aahara Vidhi Visheshayatana may be used as a structured approach to dietary history-taking and individualized counselling. Its practical application can be considered alongside the following bowel-health measures:

- Adequate intake of dietary fibre according to individual tolerance.
- Sufficient fluid intake, particularly when increasing fibre.
- Regular meal patterns and appropriate food quantity.
- Attention to food preparation, suitability and individual digestive capacity.
- Avoidance of prolonged straining and maintenance of regular bowel habits.

- Clinical assessment when bleeding, persistent pain, discharge or other warning symptoms occur.

These measures are supportive and do not replace appropriate medical or surgical evaluation and treatment.

5.11 Critical Analysis and Research Gaps

The strength of this framework is its holistic consideration of food, the individual and the circumstances of eating. However, direct clinical evidence linking each of the eight Aahara Vidhi Visheshayatana factors with specific anorectal disorders remains limited. The proposed links between Agni, Apana Vata and contemporary gastrointestinal physiology are interpretative and should not be presented as exact physiological equivalences.

Future observational studies may examine dietary practices, meal timing, fibre and fluid intake, bowel movement frequency, stool form (including the Bristol Stool Form Scale) and clinically confirmed diagnoses of Arsha, Parikartika and Bhagandara. Disease-specific analysis is essential, particularly to distinguish constipation-associated conditions from disorders with a different primary pathogenesis.

6. Conclusion

Aahara Vidhi Visheshayatana, as described by Acharya Charaka, provides a systematic approach to understanding the role of dietary factors in maintaining health and preventing disease. Improper dietary practices may influence Agni, Dosha equilibrium and normal bowel functions, which may contribute to the manifestation or aggravation of certain anorectal conditions.

The concepts of Agni Dushti and Apana Vata provide an important Ayurvedic framework for understanding altered digestion and defecation. Their relevance is particularly evident when discussing the relationship between constipation, hard stool, straining and disorders such as Arsha and Parikartika.

In Bhagandara, dietary practices may support bowel regularity and general health but should not be considered the primary cause of fistula formation.

Integrating the classical principles of Aahara Vidhi Visheshayatana with contemporary nutritional knowledge may provide a useful perspective for preventive healthcare and further scientific research in anorectal disorders.

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Editorial Note Before Journal Submission

Draft status: This manuscript is a preliminary structured draft and requires reference verification before submission.

- Add exact Sanskrit quotations and verse numbers for Adhyashana, Vishamashana, Agni, Apana Vata, Arsha, Parikartika and Bhagandara. The Charaka Vimanasthana 1/21–24 reference is identified, but other verse-level citations need edition-wise verification.
- Expand the bibliography with original research and systematic reviews, rather than relying mainly on clinical guidelines.
- The 2026 review on Pathya-Apathya in anorectal diseases already covers some overlapping territory. The present article should distinguish itself through a detailed analysis of all eight Aahara Vidhi Visheshayatana factors.
- Add author details, affiliation, corresponding author, declarations and a structured literature-search strategy according to the target journal.