

JUNK FOOD CONSUMPTION AS HETU OF ANNAVAHASROTAS DUSHTI - A SURVEY STUDY

Mayurnathan M^{1*}, Anand B More²

1. Associate Professor, Dept. of Roganidana, Govt. Ayurveda Medical College & Hospital, Nagercoil, Tamil Nadu, India.
2. Professor & Head, Dept. of Roganidana, BVDU's College of Ayurveda, Pune, Maharashtra, India.

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Abstract

In the present era a lot junk foods are in market and simultaneously a lot diseases related to gastro intestinal are noted. The various junk foods are the snacks like Potato wedges, Pancakes, Biscuits, Cookies, Crisps, Popcorn, Sweets, Biscuits and Desserts, Carbonated beverages etc. Foods prepared from maida like bread, various rolls, samosa, stuffed foods are junk foods. As the junk foods are free of nutritional value it has a lot of impact on annavaha srothu dusti. The study was carried out to correlate the survey study on Study of junk food consumption as hetu of Annavaahasrotas Dushti. The present survey study shows intake of junk food in a long run definitely hampers the annavaha srotas, causes dushti and produces symptoms such as Loss of appetite, Aversion towards food, Frequent belching, Indigestion problem, Feeling of nausea, Frequent vomiting, Stomach pain frequently, Abdominal discomfort frequently, Burning sensation over the chest and stomach region, Abdominal distension (gas problem) frequently, Constipation frequently, Pass loose stools frequently and most of the volunteers had the above mentioned Gastro-intestinal tract problems (Annavaaha srotas dushti).

Keywords: Junk foods; Annavaaha srotas dushti; Annavaaha srotas.

*Address for correspondence:

Dr. Mayurnathan M,
Associate Professor,
Govt. Ayurveda Medical College & Hospital,
Nagercoil, Tamil Nadu, India – 629 002
E-mail: m.mayur82@gmail.com

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INTRODUCTION

The food habits, food, life style are changing very rapidly in present scenario and these changes are the main cause for Annava srotodushti. Aahara (food) is most important one which maintains our health. If healthy aahara is in taken annapachana kriya will be perfect and the assimilation of food will be in a proper systemic way. On the other hand if the Aahara is not a healthy one it hampers the annapachana kriya and leads to annapachana vikruti and the persistence of the same factor leads to diseases and finally permanent damage of the organ. Junk foods are at peak in the present era which hampers the agni which in turn is a cause for various diseases of GI tract.

Annava srotas is one of the most important srotas in body explained well with srotodushti hetu, lakshan, moolsthan by Ayurvedic seers. In present scenario, to control all diseases, early diagnosis and elimination of etio-pathological causative factors of the disease are needed to prevent the pathology and to maintain the health of the society. Now-a-days the number of patients with annava srotas dushti is increasing rapidly because of junk foods and fast foods. It is observed that, the frequency of annava srotas dushti in a patient is also increased despite of the awareness of life style disorders by various medias.

An Ayurvedic view behind annava srotodushti and the relation with its pathology is extremely important for early diagnosis and treatment of major diseases which after a certain time period is a major cause of global morbidity and mortality even in developing countries. Ayurveda sastra explains well all diagnostic tools with proper symptoms for early diagnosis. Ayurveda focuses on hetu (cause) which plays very major role in measuring a control for the particular srotodushti. Here in the present study an analysis was carried out to find junk

food as hetu for annava srotodushti. Hence the present study was carried out to correlate the survey study on junk food consumption as hetu of Annava srotas Dushti.

MATERIALS AND METHODS

For survey study 500 volunteers from in and around of Bharat Vidyapeeth Medical Foundations Ayurvedic Hospital, Pune were included. No any medicine was given by scholar to volunteers, only survey analysis.

Inclusion criteria

Volunteers having the habit of junk food consumption since past 1 year or above and consuming junk food for 3 times or above in a week. Indian citizens, Irrespective of age, sex, marital status and socio-economic status were included in the study.

Exclusion criteria

No exclusion of volunteers from the study, as it does not deal with any treatment

Assessment criteria

Datas was collected from survey and the Proforma made with Ayurvedic and modern aspect was used as assessment criteria.

Statistical analysis

The present study is single group survey research with qualitative data, so descriptive statistics was adopted. The findings were mentioned in Frequency distribution table and narrated in Frequency distribution bar chart.

OBSERVATION AND RESULTS

500 volunteers were registered in the study. Totally 500 volunteers were completed. No volunteers were excluded from the study as it does not deal with any treatment.

Age wise distribution shows that 31% volunteers belongs to the age group of 12-16 years, 36% volunteers to age group 17-30 years, 16% volunteers to age group 31-40 years, 12.20% volunteers to age group 41-50 years, 3.20% volunteers to age group 51-50 years and 1.60% volunteers to age group Above 60. Sex wise distribution shows that Majority of the volunteers i.e. 55% were males, while 45% volunteers were females. As per the data the Religion wise distributions shows maximum number of volunteers i.e. 60% were belonging to Hindu community, while 12% were of Muslim community, 19% were Christians and 9% were other religions. The data shows that 47% volunteers were married while 37% volunteers were unmarried, 11% volunteers were widow and 5% of divorce. The data reveals that only 13% volunteers were uneducated, 25% volunteers were Higher Secondary and 27% volunteers were graduate and 35% volunteers had gone to primary school. Data shows that Maximum 37% volunteers were students, 24% doing Field work, while 3% were Driver and 17% were doing desk work (working in offices) and 19% was house wives. The table reveals that, maximum number volunteers i.e. 42% belongs to middle class categories, while 23%, 16%, 12% and 7% volunteers belong to upper middle class, lower middle class, rich and poor respectively.

The data reveals that, maximum volunteers 74% and 81% were eating snacks in the morning and evening respectively. 36% and 25% were drinking tea in the morning and evening respectively. 33% volunteers were drinking tea in the morning and evening respectively. 31% and 42% were drinking milk in the morning and evening respectively. 36% and 79% were taking breakfast and lunch respectively. The present study shows that 86% volunteers consuming excessive than their hunger. 14% and 7% of volunteers were consuming appropriate to hunger and lesser than their hunger.

The data in the present study reveals that 64% of volunteers had the habit of taking food at irregular timings. 57% of volunteers skip the food for 1-2 times a day and only 7% of volunteers skipping the food for more than 2 times a day.

Total number of i.e. 100% of volunteers had the habit of junk food eating. Only 45% of volunteers had the habit of vegetarian food and 55% of volunteers use to take mixed type of food.

The study reveals most of the volunteers had the Gastro-intestinal tract problems (Annavaha srotas dushti). 86%, 69%, 79%, 86%, 7% 9%, 13%, 75%, 77%, 58%, 62%, 6%, 95.40% and 90.20% of volunteers had the problems such as Loss of appetite, Aversion towards food, Frequent belching, Indigestion problem, Feeling of nausea, Frequent vomiting, Stomach pain frequently, Abdominal discomfort frequently, Burning sensation over the chest and stomach region, Abdominal distension (gas problem) frequently, Constipation frequently, Pass loose stools frequently, Above symptoms started after starting the habit of eating junk food and Feeling the above symptoms increases on the day when you eat junk food respectively.

The data shows that 45% volunteers had the Habit of junk food eating last 3 years. 28% and 27% of volunteers had the habit of junk food consuming for 4-6 years and more than 6 years respectively. 45% of volunteers had 3-6 times of junk food consumption per week. 28% and 27% of volunteers had 7-10 times and more tahn 10 times of junk food consumption per week.

13% of volunteers had taken Pizza 1-2 times a day and 3-6 times per week. All the 13% of volunteers consumed medium quantity of pizza. 12.20% of volunteers had taken Burger 1-2 times a day and only 0.20% of volunteers taken more than 2 times a day. While calculating per week 11.80% of volunteers had

taken 3-6 times and only 0.60% of volunteers had taken 7-10 times. 5.40% of volunteers consumed less quantity and 7% of volunteers taken medium quantity of burger.

30% of volunteers had taken Chinese noodles 1-2 times a day and 26% of volunteers taken more than 2 times a day. While calculating per week 22% of volunteers had taken 3-6 times, 17% of volunteers had taken 7-10 times and 17% of volunteers had taken more than 10 times in a week. 7% of volunteers consumed less quantity, 40% of volunteers taken medium quantity and 9% of volunteers taken more quantity of Chinese noodles.

27% of volunteers had taken sandwich 1-2 times a day and 23% of volunteers taken more than 2 times a day. While calculating per week 22% of volunteers had taken 3-6 times, 14% of volunteers had taken 7-10 times and 14% of volunteers had taken more than 10 times in a week. 7% of volunteers consumed less quantity, 34% of volunteers taken medium quantity and 9% of volunteers taken more quantity of sandwich.

27.60% of volunteers had taken Roll 1-2 times a day and 24.40% of volunteers taken more than 2 times a day. While calculating per week 22% of volunteers had taken 3-6 times, 19% of volunteers had taken 7-10 times and 19% of volunteers had taken more than 10 times in a week. 18% of volunteers consumed less quantity, 20% of volunteers taken medium quantity and 14% of volunteers taken more quantity of Roll.

36% of volunteers had taken Pav bhaji 1-2 times a day and 33% of volunteers taken more than 2 times a day. While calculating per week 12% of volunteers had taken 3-6 times, 30% of volunteers had taken 7-10 times and 27% of volunteers had taken more than 10 times in a week. 20% of volunteers consumed less quantity, 31% of volunteers taken medium quantity and 18% of volunteers taken more quantity of Pav bhaji.

33.80% of volunteers had taken Vada Pav 1-2 times a day and 32.40% of volunteers taken more than 2 times a day. While calculating per week 11.40% of volunteers had taken 3-6 times, 29.20% of volunteers had taken 7-10 times and 25.60% of volunteers had taken more than 10 times in a week. 18.40% of volunteers consumed less quantity, 30.40% of volunteers taken medium quantity and 17.40% of volunteers taken more quantity of Vada Pav.

33.60% of volunteers had taken Masala Pav 1-2 times a day and 32% of volunteers taken more than 2 times a day. While calculating per week 11.40% of volunteers had taken 3-6 times, 28.60% of volunteers had taken 7-10 times and 25.60% of volunteers had taken more than 10 times in a week. 18.80% of volunteers consumed less quantity, 29.80% of volunteers taken medium quantity and 17% of volunteers taken more quantity of Masala Pav.

35.60% of volunteers had taken Chat items 1-2 times a day and 33% of volunteers taken more than 2 times a day. While calculating per week 12% of volunteers had taken 3-6 times, 29.80% of volunteers had taken 7-10 times and 26.80% of volunteers had taken more than 10 times in a week. 19.80% of volunteers consumed less quantity, 30.80% of volunteers taken medium quantity and 18% of volunteers taken more quantity of Chat items.

27% of volunteers had taken Pastry / Cake 1-2 times a day and 24.40% of volunteers taken more than 2 times a day. While calculating per week 21.40% of volunteers had taken 3-6 times, 19% of volunteers had taken 7-10 times and 11% of volunteers had taken more than 10 times in a week. 18% of volunteers consumed less quantity, 19.40% of volunteers taken medium quantity and 40% of volunteers taken more quantity of Pastry / Cake.

30% of volunteers had taken Chocolates 1-2 times a day and 26.60% of volunteers taken more than 2 times a day. While calculating per

week 22% of volunteers had taken 3-6 times, 17.60% of volunteers had taken 7-10 times and 17% of volunteers had taken more than 10 times in a week. 7% of volunteers consumed less quantity, 40% of volunteers taken medium quantity and 9.60% of volunteers taken more quantity of Chocolates.

34.20% of volunteers had taken Cookies / Biscuits 1-2 times a day and 32.60% of volunteers taken more than 2 times a day. While calculating per week 11% of volunteers had taken 3-6 times, 50% of volunteers had taken 7-10 times and 25.80% of volunteers had taken more than 10 times in a week. 19% of volunteers consumed less quantity, 30.20% of volunteers taken medium quantity and 17.60% of volunteers taken more quantity of Cookies / Biscuits.

39% of volunteers had taken Ice creams 1-2 times a day and 26.40% of volunteers taken more than 2 times a day. While calculating per week 15.80% of volunteers had taken 3-6 times, 27.60% of volunteers had taken 7-10 times and 22% of volunteers had taken more than 10 times in a week. 22.60% of volunteers consumed less quantity, 29% of volunteers taken medium quantity and 13.80% of volunteers taken more quantity of Ice creams.

33.80% of volunteers had taken Cold drinks 1-2 times a day and 32.40% of volunteers taken more than 2 times a day. While calculating per week 11.40% of volunteers had taken 3-6 times, 29.20% of volunteers had taken 7-10 times and 25.60% of volunteers had taken more than 10 times in a week. 18.40% of volunteers consumed less quantity, 30.40% of volunteers taken medium quantity and 17.40% of volunteers taken more quantity of cold drinks.

The data reveals that all volunteers are having *asamyak* (abnormal) sleep. Among them 61% of volunteers were having *alpa nidra* (less sleep). 12% and 39% were having *prabhuta* and *khandita* sleep respectively. The data

reveals that 38% of volunteers were having *Vata dosha* vitiation and 62% volunteers having *pitta dosha* vitiation and all the 100% of volunteers were showing *kaphja dosha* vitiation predominantly. The data reveals that *rasa* of all the volunteers were vitiated. 28%, 60%, 63%, 19%, 49% and 9% of volunteer's *rakta*, *mamsa*, *medas*, *asthi*, *majja* and *shukra* are vitiated respectively.

The data reveals that 27% of volunteers had *santushta* and 73% of volunteers had the *asantushta mala*. 86% of volunteers were having *sama* and only 14% of volunteers are having *nirama* type of *mala*. 47% of volunteers were having *Katina* and 6% of volunteers are having *drava mala*. 47% of volunteers were having *susamhata*. While seeing the *pramana*, only 33% of volunteers are having *samyak pramana* and 67% are having *bahu pramana*. Only 14% of volunteers are having *samyak varna* and 86% are having *bahu vivarna*. Only 14% of volunteers are having *prakrit gandha* and 86% are having *durgandha*.

The study shows no body is having *mridu koshta*. Only 14% volunteers were found *Madhyama koshta* and 86% volunteers were found have *krurakoshta*. Data shows that 49% of volunteers are having *samyak mootra pravriti*. 15% of volunteers are having *alpa* and *prabhuta mootra pravriti*. 21% of volunteers are having *kruchha*. While seeing the colour, 63% of volunteers are having *samyak varna*. 22% and 15% of the volunteers are having *pita* and *sweta varna* respectively.

16% of female volunteers are having regular menstruation and 11% of volunteers are having irregular menstruation cycle. 59% of volunteer's *agni* was *mandagni*. Only 11% of volunteers are having *samagni*. About 30% and 11% of volunteers *agni* was *vishamagni* and *Tiksnagni* respectively. Data shows about 86% of volunteers are having *avarajarana Shakti* while 14% of volunteers were *madhayama jarana Shakti*. The data reveals

that 51% of volunteers were of Pittakaphaja Prakriti while 49% volunteers were of vatakaphaja prakriti. Data shows about 60%, 26% and 14% volunteers are having Rajasa, Tamasa satvika prakriti respectively. Data shows about 74% of volunteers are having madhyama satva while 26% of volunteers were avara satva. Data shows about 73% of volunteers are having avara satmya while 27% of volunteers were madhayama satmya. Therefore the above data shows junk food hampers agni which in lead disturbs digestion and showily causes annavahasrotho dusti.

DISCUSSION

For the proper functioning of the digestive process two factors are responsible, food and digestive fire. Eight considerations are laid down relating to the ordinances about food and drink. They are: Prakriti (nature), Karana (transmutation), Samyoga, (combination), Rasi (measure), Desa (place of origin etc), Kala (season and age), Upayoga-Samstha (conditions of use) and Upayoktri (taker himself of food and drink). The digestive fire is situated in the 'Grahani'. It is of four fold in strength viz., Tikсна (hyper), Manda (hypo), Sama (normal) and Visama (intermittent). Its strength closely depends on the nature of the food taken, and the vitiation of the Dosas produced. Madhava, in his Nidana says that the digestive fire is Manda (mild) with the increase of Kapha; it is Tikсна (keen) if Pitta is increased and Visama (uneven) if Vayu is increased. Except the agni (fire) called 'Sama agni' the three others, viz., Tikсна, Manda and Visama are called 'Grahani' Dosas. When the digestive fire becomes unequal in its strength and cooks the food taken equally and produces inequality between the Dhatus. If agni's strength is more (Tikсна) and the food taken is not sufficient, it consumes the Dhatus. The fire, which is normal (Sama) in person who eats judiciously and cooks the food equally, causes harmony of the Dhatus. The fire that is

mild (Manda) simply scorches the food and causes amatvam. Junk foods are those which have little or no nutritional value. The junk foods are those which have plenty of calories, salt, and fats. What about fast foods. Fast foods are also junk foods but not all.^[1] Junk food hampers agni which in turn causes various Gastro-intestinal tract problems (Annavaaha srotas dushti) the present study reveals most of the volunteers are had the Gastro-intestinal tract problems (Annavaaha srotas dushti). 86%, 69%, 79%, 86%, 7% 9%, 13%, 75%, 77%, 58%, 62%, 6%, 95.40% and 90.20% of volunteers had the problems such as Loss of appetite, Aversion towards food, Frequent belching, Indigestion problem, Feeling of nausea, Frequent vomiting, Stomach pain frequently, Abdominal discomfort frequently, Burning sensation over the chest and stomach region, Abdominal distension (gas problem) frequently, Constipation frequently, Pass loose stools frequently respectively. 95.40% and 90.20% of volunteers says the above symptoms started after starting the habit of eating junk food and Feeling such as the above symptoms increases on the day when you eat junk food.

CONCLUSION

Junk foods causes agnimandya, which in turn run a long samprapti over a long period of time and results in disease. The main issue is the functional loss of the agni to perform the function of digestion properly, leading to improper digestion. Therefore Junk foods are a cause or hetu to produce annavahasrotho dushti lakshana or Gastro-intestinal tract problems

REFERENCES

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