

# Viruddhahara in Ayurveda: Conceptual Framework, Classification and its Role in the Pathogenesis of Disease

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## Abstract:

Ayurveda places paramount importance on Ahara (diet) as one of the three fundamental pillars sustaining life, alongside Nidra (sleep) and Brahmacharya (regulated conduct). Proper dietary practices are essential for the maintenance of health and prevention of disease, while deviations from prescribed dietary principles act as significant contributors to morbidity. Among various unwholesome dietary practices described in classical Ayurvedic literature, Viruddhahara—dietary incompatibility—occupies a crucial position due to its potent disease-producing potential. Viruddhahara refers to food substances, combinations, methods of preparation, quantity, or timing of intake that are antagonistic to bodily tissues and physiological balance, leading to Dosha vitiation without facilitating their elimination.

The present article aims to comprehensively review the concept of Viruddhahara as described in classical Ayurvedic texts, with special emphasis on its definition, classification, etiological significance, and role in disease pathogenesis. The eighteen types of Viruddhahara described by Acharya Charak are systematically analyzed and correlated with Asta Ahara Vidhi Visesayatana, while comparative references from Sushruta Samhita, Ashtanga Hridaya, and Ashtanga Sangraha are critically examined. The article further elucidates the mechanism by which Viruddhahara acts as an etiological factor through Prajnaparadha, leading to both Sharirika and Manasika Dosha vitiation.

Additionally, factors that mitigate or neutralize the adverse effects of Viruddhahara—such as Satmya, Teekshna Agni, youthfulness, and physical strength—are discussed. The variability in disease manifestation based on the type, intensity, and duration of Viruddhahara intake is highlighted, emphasizing its relevance in both acute and chronic disease processes. This conceptual review underscores the contemporary relevance of Viruddhahara in understanding lifestyle-related and non-communicable diseases and reinforces the need for greater awareness and research into Ayurvedic dietary principles for holistic health promotion.

**Keywords:** Viruddhahara; Ahara Vidhi; Prajnaparadha; Dietetics in Ayurveda; Pathogenesis; Non-communicable Diseases; Dosha Vitiation; Classical Ayurveda

## INTRODUCTION

Ayurveda is fundamentally the science of life and provides comprehensive principles for maintaining

health and preventing disease. It prescribes a complete regimen for both healthy individuals and those suffering from illness, with the objective of protecting and promoting health at all stages of life. According to classical Ayurvedic doctrine, food, sleep, and regulated conduct are regarded as the three fundamental supports that sustain the human body. <sup>[1]</sup>

Among these three, food is given primary importance, indicating its central role in the maintenance of life. Food plays a decisive role in growth, sustenance, reproduction, and the eventual cessation of life. <sup>[2]</sup> Throughout human history, food has been recognized as a critical determinant of health and disease, and a significant part of human struggle has been devoted to securing adequate nourishment.

Food supplies biological energy to the body through proper and sufficient nutrition in the form of essential components such as proteins, carbohydrates, fats, minerals, vitamins, and water. The principles of dietetics described in Ayurveda represent an ancient, empirical, and refined system. However, it was only in the early twentieth century that nutrition and dietetics emerged as independent scientific disciplines. Nutrition is defined as the science of food and its relationship to health, focusing primarily on the role of nutrients in growth, development, and maintenance of the body. <sup>[3]</sup>

Dietetics is the practical application of nutritional principles and involves planning appropriate diets for both healthy individuals and patients. Ayurveda has identified and prescribed a set of well-defined dietary codes. The benefits of food can be fully realized only when it is consumed judiciously and in accordance with these dietary principles. Any deviation in food selection, combination, quantity, or method of preparation can result in adverse health effects. <sup>[4]</sup>

Unfortunately, only a very small proportion of individuals in India adhere strictly to these dietary guidelines. Similar patterns of non-compliance are observed in other countries as well. Multiple factors may be responsible for this lack of adherence. Numerous disease conditions have been associated with improper dietary habits, particularly those driven by sensory gratification or aversion. Although Ayurveda has elaborately described the role of diet in health and disease, only in recent decades has modern science begun to emphasize the importance of dietary factors in the pathogenesis of non-communicable diseases. A substantial body of scientific evidence now supports the view that diet is a fundamental determinant in the development of chronic degenerative disorders and cardiovascular diseases. <sup>[5]</sup> Furthermore, there is increasing recognition that in many chronic and non-emergency conditions, individuals should minimize drug dependence and adopt natural and lifestyle-based approaches.

### **VIRUDDHAHARA: A MAJOR DETERMINANT OF DISEASE**

Human beings naturally tend to modify their lifestyle and dietary habits at different stages of life. However, due to ignorance or negligence, little attention is paid to the harmful or beneficial effects of these changes. Consequently, individuals may suffer adverse outcomes resulting from inappropriate dietary practices. In Ayurveda, non-beneficial or harmful food is described as unwholesome diet, which encompasses a wide range of dietary errors. <sup>[6]</sup>

Ayurveda introduces the unique concept of Viruddhahara, which refers to food substances or food combinations that are unsuitable for the body. Since the effects of Viruddhahara are similar to those of unwholesome food, it is considered a subset of unwholesome dietary practices. Classical texts state that any food which disturbs the bodily regulatory mechanisms without facilitating their elimination from the body should be regarded as unwholesome. It is further explained that dietary substances antagonistic to body tissues are incompatible with physiological balance. <sup>[7]</sup>

Viruddhahara is considered a powerful causative factor for numerous diseases. Its consumption may lead

to disturbances ranging from mild to severe and can result in acute or chronic disorders, including major systemic diseases, hereditary abnormalities, and, in extreme cases, death. <sup>[8]</sup> This underscores the potent and potentially lethal effects of Viruddhahara practices. Despite its significant implications, insufficient research has been conducted on the causative role of Viruddhahara and its management, both in Ayurveda and modern medical science. As a result, this issue has emerged as a critical concern for healthcare systems as well as for individuals who frequently consume incompatible food combinations. Considering these factors, the present study has been undertaken.

### TYPES OF VIRUDDHA AHARA

According to Charaka Samhita (Sutra Sthana, Chapter 26), incompatible diet is classified into eighteen distinct types based on factors related to place, time, physiology, preparation, and method of consumption.

<sup>[9]</sup> These types are as follows:

1. **Climate-related incompatibility (Desa Viruddha):** Consumption of food that is unsuitable for a particular geographical region or climatic condition.
2. **Seasonal or time-related incompatibility (Kala Viruddha):** Intake of food that is inappropriate for a specific season, time of day, or stage of life.
3. **Digestive capacity-related incompatibility (Agni Viruddha):** Consumption of food without considering the individual's digestive strength or metabolic capacity.
4. **Quantity-related incompatibility (Matra Viruddha):** Intake of food in improper quantity, either excessive or insufficient, or in unsuitable proportions.
5. **Habitual suitability-related incompatibility (Satmya Viruddha):** Consumption of food that is not compatible with the individual's habitual adaptation or tolerance.
6. **Condition-related incompatibility (Avastha Viruddha):** Intake of food unsuitable to the physiological or pathological condition of the individual, such as disease state, age, or physical exertion.
7. **Sequence-related incompatibility (Krama Viruddha):** Improper order of food intake, such as consuming heavy food before light food or violating recommended meal sequence.
8. **Post-consumption incompatibility (Parihara Viruddha):** Adoption of inappropriate activities or substances immediately after food intake.
9. **Therapeutic incompatibility (Upacara Viruddha):** Consumption of food that interferes with or contradicts ongoing therapeutic measures.
10. **Preparation-related incompatibility (Paka Viruddha):** Improper cooking methods, such as undercooking, overcooking, or cooking with unsuitable fuel or utensils.
11. **Regulatory-factor-related incompatibility (Vataadi Viruddha):** Intake of food that aggravates already predominant physiological regulatory factors in the body.
12. **Combination-related incompatibility (Samyoga Viruddha):** Incompatible combinations of food substances that produce adverse effects when taken together.
13. **Processing-related incompatibility (Samskara Viruddha):** Incompatibility arising due to improper processing, refinement, fermentation, or storage of food.
14. **Psychological aversion-related incompatibility (Hridaya Viruddha):** Consumption of food that is disliked or causes mental discomfort to the individual.
15. **Potency-related incompatibility (Virya Viruddha):** Combination of food substances having mutually contradictory energetic properties.

16. **Quality or maturity-related incompatibility (Sampada Viruddha):** Intake of food lacking proper quality, freshness, maturity, or nutritional completeness.
17. **Gastrointestinal nature-related incompatibility (Kostha Viruddha):** Consumption of food unsuitable for the individual's bowel nature or intestinal response.
18. **Method-related incompatibility (Vidhi Viruddha):** Violation of prescribed rules regarding eating posture, speed, mindfulness, and hygienic practices during meals.

The eighteen types of Viruddhahara described by Charak can be systematically correlated with Asta Ahara Vidhi Visayatana. <sup>[10]</sup> The manner in which these eighteen types of Viruddha can be accommodated within the framework of Asta Ahara Vidhi Visayatana is illustrated in the following diagram. Detailed discussion and interpretation of this correlation will be presented in subsequent sections.

Charak has also mentioned Guna viruddha and Svabhava viruddha in Ca. Su. 26/112. However, these two types need not be considered separately, as they can be logically included within the already described eighteen types of Viruddhahara. Guna viruddha may be included under Samyoga viruddha and Virya viruddha, while Svabhava viruddha can be incorporated under Vatadi viruddha. Therefore, there is no contradiction or inconsistency in Charak's description regarding the types of Viruddhahara. A detailed explanation of this classification will be provided later. <sup>[11]</sup>

Susruta has enumerated four types of Viruddhahara (Su. Su. 20/15), namely: <sup>[12]</sup>

1. Samyoga viruddha
2. Krama viruddha (Samskara viruddha)
3. Mana viruddha (Matra viruddha)
4. Rasa, Virya and Vipaka viruddha

Although Susruta has not explicitly described other types of Viruddhahara, certain statements and verses indirectly indicate the presence of additional forms. For example:

अचोक्षं दुष्टसृष्टं स्वादु न लक्ष्यते ॥ (Su. Su. 46/483)

This verse indirectly includes Hridaya viruddha, Paka viruddha, Parihara viruddha, and Samskara viruddha. <sup>[13]</sup>

Similarly, the following verse states:

न चैकरससेवायां शाकावरान्तं सदा ॥ (Su. Su. 46/498)

This passage indicates Kala viruddha and Matra viruddha. <sup>[14]</sup>

The author of Astanga Hridaya has not classified Viruddhahara into distinct types; however, he has provided various examples, which are largely compiled from the works of Charak and Susruta. These examples implicitly reflect multiple forms of Viruddhahara (A. H. Su. 7). <sup>[15]</sup>

The author of Astanga Sangraha has placed greater emphasis on the concept of Viruddhahara by dedicating an entire chapter in Sutrasthana entitled "Viruddhanna vignaniyam" (Chapter 9). He has described additional examples beyond those mentioned by Charak and Susruta. In one verse (Su. 9/26), he has referred to "Sanskaradi" types of Viruddhahara. <sup>[16]</sup> The commentator Indu has clarified that the term Sanskaradi should be understood as encompassing all types of Viruddhahara, including Desa, Kala, Samyoga, and others.

Thus, it can be concluded that although different Acharyas have described Viruddhahara with varying classifications and emphases, all fundamentally follow the conceptual framework laid down by Acharya Charak. The variations among the classical texts represent differences in elaboration rather than contradiction

## VIRUDDHAHARA AS AN AETIOLOGICAL FACTOR

Charakcharya has clearly stated that both types of Doshas, namely Sharirika (somatic) and Manasika (psychic), are vitiated by three principal aetiological factors: <sup>[17]</sup>

तत्र खल्वेषा द्वयानामपि दोषाणां त्रिविधं प्रकोपणं तद्यथा असात्म्येन्द्रियार्थसंयोग, प्रज्ञापराध, परिणामश्चेति । (Ca. Vi. 6/6)

This statement indicates that both somatic and psychic Doshas are aggravated by the following three factors:

1. Asatmya indriyārtha samyoga – improper or non-homologatory contact of sense organs with their respective objects.
2. Prajnaparadha – intellectual or volitional transgression.
3. Parinama – the effect of time, including seasonal and age-related changes.

Charak has also mentioned a fourth aetiological factor, namely Karma (Ca. Su. 1/97). <sup>[18]</sup> Karma is stated to be a cause of Dukha (disease). However, the following statement clarifies that Karma operates through Prajnaparadha:

प्रज्ञापराधात् संभूते व्याधौ कर्मज आत्मनः । (Ca. Ni. 7/21)

Therefore, Karma is not considered an independent aetiological factor but is included under Prajnaparadha. <sup>[19]</sup>

At this stage, a question arises as to how Viruddhahara can be considered an aetiological factor when Charak has mentioned only three principal causes of disease. This apparent contradiction can be explained through the concept of Prajnaparadha, as described below:

धीधृतिस्मृतिविभ्रष्टः कर्म यत्कुरुतेऽशुभम् ।

प्रज्ञापराधं तं विद्यात् सर्वदोषप्रकोपणम् ॥ (Ca. Su. 1/101)

Prajnaparadha is defined as the derangement of Dhi (intellect), Dhrti (self-control), and Smrti (memory). <sup>[20]</sup>

Due to Dhi vibhramsha, an individual perceives Ahitakara ahara as Hitakara ahara and consumes unwholesome food while avoiding wholesome food.

In Dhrti vibhramsha, the individual becomes incapable of restraining himself from indulgence in undesirable objects, including Ahitakara ahara and vihara, despite being aware of their harmful effects.

Similarly, when Smrti vibhramsha occurs, the ability to retain correct knowledge is lost. As a result, the individual becomes unable to differentiate between Hita ahara and Ahita ahara and consumes them indiscriminately. This indiscriminate intake is termed Samasana, which is considered a type of Vidhiviruddha ahara.

Thus, Viruddhahara does not function as an independent aetiological factor but acts through Prajnaparadha, leading to the vitiation of Doshas and initiation of disease processes.

## FACTORS PACIFYING THE ILL EFFECTS OF VIRUDDHAHARA

Charak has stated that Viruddhahara does not always produce harmful effects. Under certain conditions, the adverse impact of dietary incompatibility becomes neutralized or remains unexpressed. These conditions are as follows:

1. When the incompatible diet is Satmya (habitually suitable) to the individual.
2. When the degree of dietary incompatibility is very mild, either in quality or quantity.
3. When the individual possesses strong digestive power (Teekshna Agni).
4. When the individual is young in age.
5. When the individual regularly consumes unctuous substances (Snigdha Ahara).

6. When the individual is physically strong due to regular exercise.

These factors indicate that the strength of digestion, tissue status, age, and habitual adaptation play a significant role in counteracting the harmful effects of Viruddhahara. The same pacifying factors have also been mentioned by Susruta, Astanga Hrdaya, and Astanga Sangraha (Su. Su. 20/22; A. H. Su. 7/47; A. S. Su. 9/31), thereby confirming the uniformity of classical opinion.

### **PATHOGENESIS DEPENDS ON THE TYPE AND DURATION OF VIRUDDHAHARA**

As described earlier, Viruddhahara has been classified into eight or eighteen types. The nature of disease manifestation depends upon both the type of Viruddhahara and the duration of its intake.

Certain types of Viruddhahara are capable of producing disease immediately. For example, intake of Samskara viruddha or Svabhava viruddha substances (such as poisonous items) may lead to the sudden onset of conditions like diarrhoea, vomiting, constipation, and other acute gastrointestinal disturbances. In severe cases, such conditions may even result in death.

On the other hand, all forms of Viruddhahara do not produce disease instantaneously. Some types, such as Kala viruddha, Desa viruddha, and Vidhi viruddha, usually do not cause immediate illness. Instead, their pathological effects manifest gradually after prolonged and repeated consumption.

Thus, the pathogenic outcome of Viruddhahara varies depending on its nature, intensity, and duration of exposure. Considering these variations in disease manifestation, an important question arises: by what mechanism does Viruddhahara initiate the process of pathogenesis? This aspect will be discussed in detail in the subsequent section.

### **DISCUSSION:**

Ayurveda recognizes Ahara as the foremost factor in the maintenance of health and prevention of disease. Among various dietary deviations, Viruddhahara occupies a distinctive position due to its strong pathogenic potential. The present discussion highlights that Viruddhahara is not merely an incompatible food combination but a comprehensive concept encompassing errors related to place, time, quantity, preparation, sequence, psychological acceptance, and method of consumption. The detailed classification of eighteen types of Viruddhahara by Acharya Charak reflects the depth and scientific approach of Ayurvedic dietetics.

Although different Acharyas such as Sushruta and Vagbhata have presented varied classifications, a critical analysis reveals that all descriptions are conceptually aligned with Charak's framework. The variations represent differences in elaboration rather than contradiction. Correlation of Viruddhahara with Asta Ahara Vidhi Visesayatana further strengthens its systematic understanding and practical applicability.

Viruddhahara does not act as an independent etiological factor but operates through Prajnaparadha, leading to vitiation of both Sharirika and Manasika Doshas. The impairment of intellect, memory, and self-control results in the repeated intake of incompatible diet, initiating pathological processes. The manifestation of disease depends on the type, intensity, and duration of Viruddhahara intake, with some forms producing acute effects and others leading to chronic disorders over time.

Classical texts also emphasize that the harmful effects of Viruddhahara are not inevitable and may be mitigated by factors such as strong digestive power, habitual adaptation, youth, physical strength, and regular intake of unctuous food. This highlights the individualized nature of Ayurvedic pathogenesis. In the present era, where dietary indiscretions are common and lifestyle disorders are increasing, the concept

of Viruddhahara holds significant relevance and offers valuable insights for preventive and promotive healthcare.

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