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AN OBSERVATIONAL STUDY ON THE ROLE OF DIETARY AND LIFESTYLE HABITS IN BHAGANDARA

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ABSTRACT

Fistula in Ano is a chronic abnormal communication lined by granulation tissue which runs outwards from ano-rectal lumen to an external opening on perianal skin. In *Ayurvedic* classics, it was mentioned as *Bhagandara*, meaning '*Darana*' around *Bhaga, Guda* and *Basthi pradesha*. Nowadays, everyone is bound by a busy and stressful schedule that leads to disruption of lifestyle, which harms the quality of life. Due to a lack of exercise and a sedentary life, most people suffer from various lifestyle diseases. The most common among them is anorectal diseases due to erect posture and habitat. Anorectal disorders are slowly progressing because of regular intake of junk food, low fibre diet and different lifestyle habits. *Arshas* (Piles), *Bhagandara* (Fistula in Ano) and *Parikartika* (Fissure in Ano) are the most common diseases among anorectal diseases. Among them, *Bhagandara* is considered under *Ashtamahagada (*eight major diseases) by *Acharya Sushruta* due to its callous and chronic attitude. In *Ayurveda, Ksharasutra* ligation is the most effective treatment of *Bhagandara*; apart from that *Acharya*s also mentioned the concept of *Pathya* (wholesome foods and activities) and *Apathya (*unwholesome foods and activities) as a part of the treatment of this disease. Patients must have a diet that will keep their *dhatus* in good condition and not allow them to get vitiated. So, one should follow a healthy diet (*Pathya*) and lifestyle habits (*vihara*). Therefore, the retrospective cross-sectional observational study is reliable in finding the association between Fistula in Ano and dietary and lifestyle habits. Hence, looking forward to better management with harmony of food

and lifestyle of a patient can prevent the incidence of *Bhagandara* without causing much effort to physician and inconvenience to patient.

The study's objective was to find the prevalence of everyday dietary and lifestyle habits with Bhagandara, create awareness of the necessity to adopt healthy nutritional and lifestyle habits, and break the chain of causation of *Bhagandara.* Also, I want to find out whether dietary and lifestyle habits have any significant role in the causation of the disease *bhagandara*. A detailed literature review was compiled from relevant modern medical books.

Ayurvedic literature and the Internet on the disease, management, *Nidanas, Pathyas* and *Apathyas.*

A retrospective cross-sectional observational study with 69 participants of the age group 18-80 years who had fistula in Ano from O.P, Department of Salyatantra, satisfying inclusion and exclusion criteria was carried out. The participants were selected based on a purposive sampling technique. Then they were provided with the questionnaire, which was framed incorporating common Ahara and Vihara, which have been mentioned under Nidana of *Bhagandara*. Selected subjects having *Bhagandara* were provided with the questionnaire, and data was collected on the basis of a retrospective cross-sectional observational study.

The result was analysed based on the responses to questions framed based on Nidanas, Pathya Aahara, and Vihara. Since the data evaluated was based on the interpretation of the connection between two categorical variables, such as the cause and the disease, the Chi-square test is an ideal choice for aiding in understanding and used to compare observed and expected results according to an assumed hypothesis.

The present study noticed a significant relation of Bhagandara with Nidanas and Pathya Aahara Viharas. Dietary and lifestyle habits both have important roles in the causation of disease. Each subject in the whole sample followed more than half of the lifestyle regimens incorporated in the study compared to dietary regimens.

Overall, both dietary and lifestyle habits have a significant role in the causation of Bhagandara, with a slight predominance of lifestyle regimen over dietary regimen in Bhagandara noted. Considering all observations, statistical analysis was done, and conclusions were drawn. The study results assessed statistically reveals that the dietary and lifestyle habits already mentioned in Ayurvedic classics have a significant role in causation of the disease *Bhagandara*.

Key words: *Bhagandara, vihara, Ksharasutra, Ashtamahagada*

INTRODUCTION

A fistula can be defined as an abnormal communication between two epithelial-lined surfaces. Anorectal abscess and fistula can be considered two phases of the same disease, with abscess in the acute phase and fistula as a chronic condition. Approximately 40-50 % of patients treated with incision of an acute anorectal abscess develops or has an underlying anal fistula (Vasilevsky and Gordon 1984). The true prevalence of Fistula-in Ano is unknown. The incidence of Fistula-in-Ano developing from an anal abscess range from 26% to 38%. Anal fistula disease is now common among adults and has its maximum incidence between the third and fifth decades (Seow-Choen and Nicholls 1992). It is more common among men, and the male-to-female ratio is at least 2:1. Sainio demonstrated an overall annual incidence of 8.6 / 100000 in a defined population over ten years (Sainio 1984). The majority of anal fistulas are of non-specific origin and are usually termed idiopathic or Crypto glandular. The crypto glandular hypothesis states that infection arises in the anal glands at the dentate line, as an intern sphincteric infection, and from there may progress by different routes (Parks1961). There is not much information available in the literature about risk factors for the development of idiopathic anal fistula. Among the specific causes of anal fistula, in-

flammatory bowel disease, Crohn's disease, ulcerative colitis are major ones. In several reported series, the incidence of anorectal disease is 40-50 % in patients with Crohn's disease and the incidence of anal fistula in Crohn's disease is 10-30 % (Gordon and Nivatvongs 1999) [1]. Other specific causes of fistula are trauma, including surgery and obstetric events, particular infections such as tuberculosis, pelvic inflammatory diseases, foreign bodies and malignant diseases.

The *Pidaka* developed at peri anal region which after suppuration bursts and turns to *Bhagandara*. Exposure to aetiological factors causes vitiation of *Raktha* and *Mamsa dhathu* in the rectum, followed by Pidaka formation. If not appropriately treated, this condition turns to discharging opening either to the interior or exterior around the perianal region and is named *Bhagandara*. *Bhagandara* means a papule developing on either side of the Anus, within a radius of two *angulas* along with pain and exudation [2]. In the perianal region, when any Pidaka is less painful and inflamed but subsides soon, it should be regarded as Simple Pidaka, which is quite different from *Bhagandara*, which has contrary features. *Acharya Sushruta* has described *Chedana karma* as the prime treatment in managing *Bhagandara. Acharya Charaka* described the treatment of *Bhagandara through ksharasutra* ligation [3]. Almost all the types of *Bhagandara* yield to medicine after a prolonged course of treatment and are hard to cure, except the Sannipataj and Kshataja types, which are incurable. The clinical features of *Bhagandara* described in *Ayurvedic* texts perfectly resemble 'Fistula in Ano' as defined in modern science. A Fistula-in-Ano is a track lined by granulation tissue that connects deeply in the anal canal or rectum and superficially on the skin around the anus. It usually results from an anorectal abscess which bursts spontaneously.

Aetiologies of fistula in Ano's are multifactorial, including chronic constipation and prolonged straining. Thus, there is evidence to support the idea that lifestyle habits play a significant role in the causation of fistula. Lifestyle is a major modifiable risk factor that is important in preventing fistula. Habits like diet, frequency of bowel movements, toilet habits, cleaning habits, and time spent in the toilet are a few aetiological points included in the present study. Also, the Economic burden of Fistula in India is one of the significant factors in the treatment of fistula. It costs about 5% to 20% of the average annual income of a family, enough to push low-income families below the poverty line [4]. Medical and surgical options are available, and the choice of treatment depends on the stage and severity of the disease. Also, after the surgery or other treatments, the recurrence of the fistula is expected; to avoid such situations and treatment expenses, we can follow certain dietary and lifestyle habits at the beginning. Various causes for *Bhagandara* and *Arshas* are already enumerated in our classics; by following those modalities, we can avoid these diseases to some extent with fewer complications.

In today's era of rapid economic development, irregular and inappropriate dietary habits and lifestyles are increasing, which are significant reasons for disturbed digestion (Mandagni), leading to Gudagada Rogas. Even surgical interventions are solutions for such diseases; the recurrence of the disease is expected due to *Apathya Aahara Vihaara* of patients. So, raising awareness about the proper dietary and lifestyle regimen in society is essential, thereby reducing the incidence of Bhagandara and other anorectal diseases.

The present study was conducted on 69 participants diagnosed with Bhagandara following inclusion criteria. The subjects were purposively selected, provided with the questionnaire, and data was collected using a retrospective cross-sectional observational study. The results were statistically analysed, and conclusions were drawn.

AIMS AND OBJECTIVES

- To assess the association of dietary and lifestyle habits in the causation of the disease *Bhagandara*.
- To find the prevalence of everyday dietary and lifestyle habits with *Bhagandara*.
- This campaign aims to create awareness of the necessity of adopting healthy dietary and lifestyle

habits and breaking the chain of causation of *Bhagandara.*

MATERIALS AND METHODS

Based on the information collected from all sources, a semi-structured questionnaire with two parts was prepared following oral consent. The first part contained questions about everyday dietary habits, and the second part included questions about everyday lifestyle habits, which are believed to be associated with the causation of *Bhagandara.*

A questionnaire was prepared, including food and lifestyle habits mentioned under *Nidana, Pathya* and *Apathya* for *Bhagandara*. While preparing the questionnaire, the processing of food was also considered. The prepared questionnaire was presented before the scientific and ethical committee, and the approved questionnaire was taken for the study. During the study, the individual participants diagnosed with *Bhagandara* were personally interviewed and enquired about their dietary and lifestyle habits. Then, the questionnaires were marked with their respective answers, and finally, the informed consent was taken from each participant. The parameters were tabulated based on the questionnaire.

Participants eligible for the study were selected from the study setting as per inclusion criteria. A set of questionnaires was framed to incorporate common Ahara and Vihara, which were mentioned under Nidana of Bhagandara. Selected subjects having Bhagandara were provided with the questionnaire, and data was collected based on a retrospective cross-sectional observational study.

It was decided to conduct the study as a retrospective cross-sectional observational study. Participants of both genders aged 18-80 years who satisfy the inclusion criteria will be subjected to sampling. A total of 69 subjects will be selected and allotted for the study.

The data will be collected through a semi-structured questionnaire by personally interviewing each participant. The data will be assessed based on the participant's responses to each dietary and lifestyle habit mentioned in the questionnaire. The data thus obtained were properly tabulated and statistically analysed.

INCLUSION CRITERIA

- All diagnosed cases of *Bhagandara* and *Bhagandara Pidaka*
- Participants aged 18 to 80 years, irrespective of gender, religion, economic status, and occupation.

SUBJECT EXCLUSION CRITERIA

Participants having *Bhagandara* secondary to any systemic diseases and Malignancy.

DIAGNOSTIC CRITERIA

- Clinical symptoms of Fistula in ano
- Per Rectal examination.
- Probing

CRITERIA FOR ASSESSMENT

The association of dietary and lifestyle habits with *Bhagandara* were assessed based on the responses given by the participants. The responses were collected based on the questionnaire prepared.

STATISTICAL ANALYSES

All dietary and lifestyle habits data were arranged in a master sheet, and statistical tables were constructed. Statistical constants of frequency and percentage were calculated to determine the association of dietary and lifestyle habits with Bhagandara and draw conclusions. The Chi-Square Test was used to calculate the association between what is observed through the data and what is expected according to the hypothesis, with the level of significance p value < 0.05 was considered statistically significant.

RESULTS AND ANALYSIS

In the present study, 69 participants who fulfilled inclusion criteria were selected purposively from the study setting. The selected participants were provided with the previously prepared questionnaire, and based on their responses, observations were made, which were statistically presented as follows.

The collected data were subjected to statistical analysis using appropriate statistical methods. Frequency and percentages were calculated for qualitative variables. Chi-square test (χ^2) for proportion was used to find significant percentage differences in each class based on study variables; $p<0.05$ is considered statistically significant. All analyses were carried out with

the help of software SPSS version 23 for WINDOWS.

In this present observational study, we can assess whether the *Nidanas, Pathyaahara Vihara* of *Bhagandara* have any significant role in the disease as it was already mentioned in our classics. The questionnaire of the present study included the Nidana of Bhagandara, which in turn focus on the *Nidana* of *Arshas* in it. When *Arsho Roga Nidana* was considered the leading cause of the disease, it was indeed enumerated as the vitiation of respective *Tridoshas.* The vitiation of respective *doshas* was mentioned elaborately in Sarva Roga Nidana of Ashtanga Hridaya, in which *Acharya* concentrated in *Aaharaja Nidanas.*

While going through the survey results, which were done on 69 participants, after interviewing each participant about their daily dietary and lifestyle habits, the respective answers to each question were noted. From all the information, it is seen that both dietary and lifestyle habits play a specific role in the causation of Bhagandara, which certainly confirms that Bhagandara is a lifestyle disorder as well as a dietary one in which sedentary lifestyle and use of junk foods contribute a central portion to the disease for sure.

Evaluating the dietary regimens, the *Ahara*-related *Nidanas* included in the study are consuming excessive *Guru Aaharaas* (heavy to digest), *Madhura* (sweet), *Sheetha (*cold), *Abhishyandi* (which obstructs srotas), *Vidahi* (burning sensation), *Ajeerna bhojana* (eating again before *previous meal get digested), Pramithaasana (intake of small quantity of food), Virudhaahara* or *Asaatmya Aahara* (unwholesome food), excess intake of *Maasha* (black gram), *Ikshu Rasa* or *Guda Vikriti (*sugar cane juice or jaggery), *Kilata* (cheese or paneer), *Sankeerna Anna* (food prepared by the mixture of different items like rice and meat*), Mandaka* (immature thick curd), drinking less water throughout the day etc..

While considering the *Vihara, Nidanas* included in the study are *Ativyaayaama* (excessive exercise), *Avyaayaama* (lack of training) , *Ati Vyavaaya* (excessive sexual activity*), Divaswapna* (sleeping during the time) , *Utkatukaasana* (sitting in improper posture), *vishama* and *kathina aasana (* sitting on irregular and hard surfaces) , *Sukha asana* (habitually resorting of seating) , frequent application of cold water, *Trunadi Gharshanata* (use of rags, clods of grass etc for rubbing after defaecation) , *Ati Pravahana (*excessive straining during defaecation) , forcible attempts for passing flatus, urine and stool, *Vega Vinigrahata (*suppression of natural urges). Other than *Viharaja Nidanas,* factors such as excess intake of Sneha, Asamshodana (persons not undergoing shodhana karma), and *Basti Vibhramata (*wrong application of *Basthi Karma*) also lead to the disease.

When the questionnaire on dietary habits was concerned, the processing of each food item, such as boiling, frying, and roasting, was also mentioned. The idea of including the processing was based on the *Aahara Vidhi Visheshaayathana* mentioned by *Charaka Acharya*, the improper way of following *Aahara Vidhi Visheshayathana* adds adverse reaction to the *Nidana,* which is already a cause for the disease. The *Ashta Aahara Vidhi Visheshaayathana* includes *Prakriti* (natural qualities of food), *Karana (*processing of food), *Samyoga (*combination of food), *Rashi* (quantity of food), *Desha* (habitat), *Kala (*time and seasonal variation), *Upayoga Samstha* (rules for eating), *Upayoktha (*consumer). The above eight factors mentioned under *Aahara Vidhi Visheshayathana* are ignored by people nowadays, leading to the manifestation of various disorders.

When the results of the dietary and lifestyle habits were considered, the whole Nidana analysis can be classified into three categories.

Significant question/ *Nidana* has less association with *Bhagandara*.

Significant question/ *Nidana is highly associated with* Bhagandara.

Non-significant question/*Nidana* with partial association to *Bhagandara*.

Significant question/ *Nidana* with less association to *Bhagandara* indicates the participants' response in the study is 'No' with higher frequency than 'Yes' to that particular *Nidana*. So, it can be considered as not a strong case for the disease even though it is one among the Nidana said in the classics. Here, the p-

value is < 0.05, which implies a significant question with much difference in the response of 'No' and 'Yes'.

Significant question/ *Nidana* with high association to *Bhagandara* indicates the participants' response in the study is 'Yes' with higher frequency than 'No' to that particular *Nidana*. So, it can be considered a substantial cause of the disease. Here, the p-value is <0.05 due to the significant difference between the response of 'Yes' and 'No'.

Non-significant question/*Nidana* with partial association to *Bhagandara* implies that the responses 'Yes' and 'No' are almost equally frequent among the participants in the study to that particular Nidana. So, it can be considered a strong case for the causation or non-causation of the disease. Here, the p-value is >0.05 due to the proportional distribution of responses 'Yes' and 'No' among the sample. So, the particular *Nidana* that comes under this category might equally influence the incidence of *Bhagandara.*

DISCUSSION

The patients with fistula in Ano were always late to approach for treatment. It may be due to shyness, busy schedules or due to less severity of pain. According to classical references, Mithyahara Viharas led to the vitiation of Doshas, and this vitiated Dosha was localised in Guda, leading to the formation of *Pidakas*. If these Pidakas are left untreated, it will result in *Bhagandara*. As we consider the Nidana of Bhagandara, Vagbhata Acharya mentioned that Arshonidana is one of the causes of Bhagandara and while going through the Nidana of Arshas, the reference in classical texts substantiate that the causes of aggravation of each *Doshas* which have been enumerated in *Sarva Roga Nidana* of *Ashtanga Hridaya* also cause the disease.

When considering the *Nidanas, it is most relevant in the present era; the use of junk food, meat, and different beverages, along with a sedentary lifestyle, led to obese condition or Sthoulya,* which is undoubtedly a *Vishishta Nidana* of *Bhagandara* already told by *Vagbhata* and *Bhavmisra*. When consuming meat along with small bones (*Asthi Salyayukta Aahara), the faeces become hard and pushed down by Apana Vata which may cause injury to the anal canal.* Later, it may suppurate and develop as *Bhagandara.* The whole *Nidanas* may adversely affect a person's digestive fire, leading to malabsorption of essential nutrients and minerals; thereby, the improper nutrition of subsequent *Dhathus* leads to different lifestyle disorders like *Bhagandara.*

Dietary habits

The observed dietary *Nidanas* with less association to *Bhagandara* are *Ajeerna Bhojana, Akala Bhojana, Abhishyandhi aahara, Vidahi Anna, Apakwa aahara, Amla rasa, tiktha rasa, lavana rasa, kasaya rasa, Sura, Madya, Saakahara, Pishtanna, Paramanna, Mandaka, Guda vikriti, Tila vikriti, Pindaluka, Lashuna, Viruda Dhanya, Nava Dhanya, Baala Mulaka, Vimardaka, Kilata,* Eggs, *Gavya, Aja, Maahisha, Varaaha Maamsa.* The Dietary habits such as *Pramitha Ashana, Mixed diet, Masha, and Matsya Maamsa* with p-value < 0.05 implies the respective dietary habit is found to be a substantial cause for the disease due to the significant difference between 'yes' or 'no'; here the frequency of 'Yes' is more critical when compared to 'No'. Hence, these Nidanas have a high association with *Bhagandara*. By statistically analysing dietary habits such as *Langhana, Sankeerna Aahara, Upadamsha, Ksheera, Dadhi, Madhura rasa, and Katu rasa are non-significant Nidana in which the respondents of the* sample almost equally answered 'Yes' and 'No'; which indicates either it may be a cause or not a cause for *Bhagandara.* Hence, these Nidanas have a partial association with *Bhagandara.*

Lifestyle habits

When the observed result of lifestyle habits was concerned, a significant part of the sample responded positively to each Nidana, which implies that they are following most of the causes already mentioned as *Nidana* under *Bhagandara Adhyaya.* Nowadays, most of the population is following a sedentary lifestyle, which demands long sitting, stressful working environment, improper sleep cycle, and bowel habits. These habits are indeed a part of life; these unhealthy

habits lead to the imbalance of all Dhathus and Doshas, which then further manifests as disease.

When going through the responses of lifestyle habits such as *Basti Karma Vibhramata (*injury to perineal region by enema treatment), *Trinadi gharshanata* (trauma to perineal region by any external means), *Sheetambu samsparshana* (using cold water for cleansing after defaecation) here the frequency of 'no' is more significant than 'yes' which implies the respective lifestyle habit is not found to be a substantial cause for the disease besides the other *Nidanas*. Hence, these Nidanas have less association with *Bhagandara.*

While analysing the lifestyle habits such as *Vishama Aasana* (need to sit for a more extended period on a surface without changing the position), *katina utkatuka Aasana* (habit of travelling longer distances in public transport by sitting), *Ati Pravaahana* (straining more while passing stools), *Asamshodhana (*persons not undergoing *Shodana Karma*), *Vyavaya* (excessive sexual intercourse), *Ama Garbha Bhramsha (*miscarriage) and *Vishama Prasootha* (abnormal delivery) it is clear that the respective lifestyle habits are found to be a substantial cause for the disease. Hence, these Nidanas have a high association with *Bhagandara.*

The Nidanas mentioned above are very important as far as fistula is concerned. Also, it was mentioned by all *Acharyas* as the classical *Nidanas* of *Bhagandara.* Among the *Nidanas* such as *Hasthiprishtagamana*, *Katina Utkatuka Aasana* can be correlated with prolonged sitting as nowadays people spend most of time in doing their office works in continued sitting posture and then travelling in public transport through uneven surfaces also using two-wheelers as vehicle for travelling long distances, which in turn exert direct pressure over perineal region leading to the obstruction and blockage of anal glands. This accounts development of anal sepsis further abscess and anal fistula.

On account of other lifestyle habits such as *Vyayama* (proper exercise), *Divaswapna* (sleeping during daytime), *Pureesha Vega Vinigrahata* (suppression of defaecation urges), Preference of western toilet than Indian toilet, *Ratri Prajaagara* (keeping awake at night), *Ucha Bhashana* (speaking in high pitch voice) were found to be a cause for *Bhagandara* with partial association due to proportional responses of 'Yes' and 'No' among the sample. Hence, these Nidanas have a partial association with *Bhagandara.*

In the present study, dietary and lifestyle habits, which were said to be the main reasons for the occurrence of Bhagandara, were statistically analysed. The study showed similar effects in Nidana, while lifestyle habits showed a slight predominance over dietary habits.

The survey was conducted on 69 subjects, with 33 questions on dietary habits and 16 on lifestyle habits. Among the participants, when dietary habits were concerned, about 50% of the sample followed 17 causative dietary habits among 33 causative nutritional habits. More than 50% of the sample followed almost ten among 16 causative factors in the lifestyle habits of *Bhagandara*. Also, among the 69 participants in the sample when each subject was concerned, each one indulged in more than 20 causative dietary and lifestyle habits. From all the data collected and analysed, the present study gives a clear-cut picture of the role of dietary and lifestyle habits in the causation of *Bhagandara.*

CONCLUSION

About 80% of the male population is prone to the Bhagandara disease when the total sample is considered. Most of the participants in the sample belong to the Hindu religion, which may be due to the geographical preponderance of the Hindu religion. Occupation is essential to the disease; it is more common among salaried office workers, government employees, and drivers, whose job demands prolonged sitting. When socio-economic status is considered, it is common among the middle-class population. When marital status was considered, 86.96% were married individuals. As per age distribution status, it is commonly found in the middle-aged group.

The dietary habits with less association to *Bhagandara* are *Ajeerna bhojana, Akala bhojana, Abhishyandi aahara, Vidahi anna, Apakwa aahara*, the *rasa* such

as *Amla, Thiktha, Lavana* and *Kashaya rasa, Sura, Madya, Saakaahaara, Pishtanna, Paramanna, Mandaka, Guda vikriti, Tila vikriti, Pindaluka, Lashuna, Viruda dhanya, Nava dhanya, Baala mulaka, Vimardaka, Kilata,* Eggs, *Gavya, Aja, Mahisha, Varaaha Maamsa.* When the whole sample is considered, below half of the sample follows the above factors even if they are regarded as a substantial cause of the disease. When dietary habits are concerned, the causative nutritional habits, which are statistically significant with less association with Bhagandara with p-value < 0.05, are considered a cause. Still, being not a substantial cause among 69 subjects, it is said to have less association with *Bhagandara.* When *Pathya Aahara* such as *Godhuma, Vartaka, Navaneeta, Raktha shali, Kulatha, Patola, Surana Khanda, and Takra* are considered, the participants don't show interest in following as their daily diet.

Among the participants, the dietary habits, which have high association to *Bhagandara* are *Pramitha Ashana*, following mixed diet (veg and nonveg), *Masha, Matsya maamsa.* Almost all the participants are following this diet as their daily dietary regimen. Hence, they are considered a vital cause for *Bhagandara*. When the nutritional habits such as Langhana, *Sankeerna Aahara, Upadamsha, Ksheera, Dadhi, Madhura* and *Katu Rasa* were concerned, they are equally distributed among the sample, hence it may or may not be considered as a cause for *Bhagandara*.

The lifestyle habits with less association with Bhagandara are Basthi Karma Vibhramata, Trunadi Gharshanata, and Sheetambu Samsparshana due to the high frequency of 'No' as the response. So, the Nidana mentioned above can't be considered a strong cause. The lifestyle habits with high association with *Bhagandara* are *Vishama Aasana, Katina Utkatuka Aasana, Ati Pravaahana, Asamshodhana, Vyavaya, Garbha Bhramsha* and *Vishama Prasootha* as the majority responded 'Yes'. Hence, it may be considered a vital cause. The equal distribution of lifestyle habits such as *Vyayama, Divaswapna, Pureesha Vegavinigrahata,* preference for western toilet, Ratri Prajaagara, and *Uccha Bhashana* among the sample implies they may or may not be a cause for *Bhagandara*.

Aahara is said as "*Preenana Sadyobalakruth Deha Dharaka"* and one among *Trayoupasthambha;* it is responsible for the maintenance of *Tridosha* in its normalcy by providing health, strength, and all nourishments. It is also responsible for the causation of various ailments if it is misused by vitiating respective doshas. Hence, the role of Aahara in the manifestation of different Vyadhi is essential, especially in this modern era where urbanisation and sedentary life often lead to the incidence of various disorders compared to ancient times.

Also, "*Balam Aarogyam Aayushcha Prannashcha Agnou Prathishtitha*" states that strength, health, longevity, and vital breath depend upon digestion's power, including metabolism. Mandagni is the root cause of all diseases caused by faulty food and lifestyle habits [5].

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