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Physiological Effect of Seasonal Variations with Special Reference to Different Daihik Prakriti

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ABSTRACT

Background : Ayurveda - "science of life and longevity" is considered as the traditional system of medicine of India. It is the oldest health care system on the earth. It is holistic & qualitative science of health and longevity, which include person as a whole, body and mind. The aim of this system is to prevent illness, heal the sick and preserve life. Since origin of *Ayurveda*, philosophy and medicine were not separated. Therefore, philosophical views have strongly incorporated in the *Ayurvedic* way of thinking. Nine matters (*dravya*) has been described in *Ayurveda* [*panchmahabhuta* (5 basic elements), *aatma* (soul), *mana* (psyche), *kala* (time) and *disha* (direction)]. They all have close relationship with body.

Methods: *Prakriti* of the subjects were determined by the proforma as described in various classics of *Ayurveda* (Annexure no.II) and were categorized into 1.***Vataja*** (*vata-pittaja* and *vata-kaphaja*), 2. ***Pittaja*** (*pitta-vataja* and *pitta-kaphaja)* and 3.***Kaphaja*** (*kapha-vataja* and *kapha-pittaja*) *prakriti*. The volunteers were provided detailed information about purpose and methods used in the study, before written consent was obtained.

Results: On the basis of above mentioned facts as observed by the investigator that seasons have different level of impact on our body in different types of the *prakriti* (personality) persons. In last we can conclude that day and night (*dincharya*), and seasonal regime (*ritucharya*) should be followed for maintenance of healthy life and doses of different drugs may also be determined as per seasons and their *prakriti* in different diseases.

Conclusions: The most important principle of *Ayurvedic* system of medicine is preventive aspect, which can be achieved by the minor change in diet and life style activities in response to change in season. This is a very important aspect of prevention of diseases by maintaining the physiological activities in our body

Keywords: *Ayurveda, prakriti, dincharya, Vataja, Pittaja Kaphaja, panchmahabhuta*

1. INTRODUCTION

Since origin of Ayurveda, philosophy and medicine were not separated. Therefore, philosophical views have strongly incorporated in the Ayurvedic way of thinking. Nine matters (dravya) has been described in Ayurveda [panchmahabhuta (5 basic elements), aatma (soul), mana (psyche), kala (time) and disha (direction)]. They all have close relationship with body.

Daihik Prakriti means individual human constitution which is decided in the womb of the mother and is formed by the peculiarity of three Doshas viz. Vata, Pitta & Kapha. Each Dosha is having specific effect on anatomical, physiological and mental activities of an individual. And sucheffects of qualities of Doshas may vary from person to person. The Dosha which is having more qualities is supposed to be predominant in that particular individual. Prakriti plays very important role in health, emotions, disease and every aspect of life. According to Ayurveda every individual is unique. Not only each individual has different size and shape, it's physiological and even psychological characters are different.

Living body and environment have close relationship between them. Different activities of human beings alter or affect the surroundings or environment. In the same way environmental factors also influence/alter the normal function of our body. Normally the surroundings/ environment changes with the effect of time known as season

Kala literally means time, have neither a beginning nor an end. Everything in this universe is constantly undergoing changes. The change from previous condition to its succeeding condition is called Kala or in other words 'parinama'. This transformation follows some order which can be recognized. The change in the atmosphere is known as **season**. It follows a definite order and also the physical body of all living beings. Kala is the cause for the birth and death of all living beings, for the disorders, properties of substances such as taste and potency, the strength of Dosha and the body.

2. METHODS

The study has been done in young healthy individuals. 88 volunteers were registered for the study. **70 subjects** were participated in the study, regularly. Out of which 27 were female and 43 were male. Their age were ranging from 18 to 30 years. Subjects were not using any medication. They were nonsmokers and not addicted to any bad habits which interfere in physiological functions during study. Most subjects were students spending average time on sports or daily living activities; none of them were extreme athletes or extremely active in outdoor activities.

STUDY DESIGN-

For the purpose of present study, one calendar year has been divided into three main seasons-shishir ritu as **S1** (jan-feb), greeshma ritu as **S2** (may-june) and sharada ritu **S3** (Sep-oct). Experiments were started in the month of january-february (shishira ritu), and all measurements were repeated with the same subjects in the month of may-june (greeshma ritu) and september-october (sharada ritu) to assess the seasonal influence on various prakriti individuals.

Assessment of Health Status-

Subjects were screened to understand their health status by using standard proforma (Annexure no.I) designed by Pramod et al., 2011 to exclude the persons who are suffering from any chronic illness. During study period if any volunteer suffered from any minor/seasonal health problems, their blood sample for the examination was taken after one week or when they became free from illness.

Assessment of Prakriti-

Subjects were assessed to understand their prakriti by using prakriti assessment proforma (Annexure no.II) designed by **Department of Kriya Sharir, Ayurveda,** Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Bewar Road, Fatehgarh, Farrukhabad (U.P.).

Collection of Venous Blood-

For all the biochemical parameters regarding this study, 5ml. of venous blood was collected from the subjects. Subjects were visited in the Kriya Sharir Dept. during 4-5 PM. for the collection of blood sample. Serum was separated from the blood. Separation of serum was done by centrifuging the blood sample at 3000 r.p.m. for 5-6 min. and preserved in deep fridge at -40^{0}C till the estimation done in Department of Kriya Sharir, Ayurveda, Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Bewar Road, Fatehgarh, Farrukhabad (U.P.).

3. MEASUREMENTS-

All the biochemical parameters were measured in Dept of Kriya Sharir, Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Bewar Road, Fatehgarh, Farrukhabad (U.P.).

Serum Urea Estimation-

Span diagnostic kit was used for the estimation of serum urea, which followed end point colorimetry enzymatic test in priest touch robonik biochemistry semi auto analyzer at 578nm with urease/Berthelot method.

Serum Creatinine Estimation-

Span diagnostic kit was used for the estimation of serum creatinine, which followed kinetic colorimetry enzymatic test in priest touch robonik biochemistry semi auto analyzer at 505nm with Modified Jaffe's Reaction.

Serum Total Protein Estimation-

AGAPPE diagnostic kit was used for the estimation of serum total protein, which followed end point colorimetry enzymatic test in priest touch robonik biochemistry semi auto analyzer at 546nm with Direct Biuret method.

Serum Alk. Phosphatase Estimation-

AGAPPE diagnostic kit was used for the estimation of serum alk. phosphatase, which followed kinetic colorimetry enzymatic test in priest touch robonik biochemistry semi auto analyzer at 405nm.

Serum Triglyceride Estimation-

Span diagnostic kit was used for the estimation of serum triglyceride, which followed end point colorimetry enzymatic test in priest touch robonik biochemistry semi auto analyzer at 505nm with lipase/GPO-PAP method.

Serum Total Cholesterol Estimation-

Beacon diagnostic kit was used for the estimation of serum total cholesterol, which followed end point colorimetry enzymatic test in Priest touch robonik biochemistry semi auto analyzer at 505nm with cholesterol oxidase/peroxidase (CHOD/POD) method.

Serum Low Density Lipoprotein (LDL) Estimation-

Beacon diagnostic kit was used for the estimation of serum low density lipoprotein cholesterol, which followed end point colorimetry enzymatic test in Priest touch robonik biochemistry semi auto analyzer at 546nm. The reagent kit was intended for the direct "in vitro" quantitative determination of LDL cholesterol in serum or Plasma samples.

Serum High Density Lipoprotein (HDL) Estimation-

Beacon diagnostic kit was used for the estimation of serum high density lipoprotein cholesterol, which followed end point colorimetry enzymatic test in Priest touch robonik biochemistry semi auto analyzer at 610nm. The reagent kit was intended for the direct "in vitro" quantitative determination of HDL cholesterol in serum or Plasma samples.

Statistical Analysis

The data collected had been transferred on master chart showing various items/variables in columns and subjects in rows.

The items on demographic profile and personal characteristics were summarized using uni-variate and bi-variate frequency tables, percentage, graphs and for continuous variables mean and standard deviation (SD) were determined.

4. RESULTS

The present study has been done in young healthy individuals. **70 volunteers** were participated in the study, regularly. Out of which 27 were female and 43 were male. Their age were ranging from 18 to 30 years. Subjects were categorized into three groups as per their Daihik Prakriti and in two groups as per their gender.

As per Daihik Prakriti

Group 1 (V) Vata Daihik Prakriti 20 Subjects

Group 2 (P) Pitta Daihik Prakriti 20 Subjects

Group 3 (K) Kapha Daihik Prakriti 30 Subjects

As per Gender

Group 1 Male 43 Subjects

Group 2 Female 27 Subjects

Blood Samples for the estimation of all the biochemical parameters were taken in three seasons.

Season 1 (S1) Shishir Ritu Jan - Feb

Season 2 (S2) Greeshma Ritu May - Jun

Season 3 (S3) Sharad Ritu Sep - Oct

Blood sampling and assessment of the health for the purpose of present study was taken place in above mentioned three seasons. Blood sample (serum) was examined for S. urea, S. creatinine, S. total protein, S. alk. phosphatase, S. triglyceride, S. total cholesterol, S. LDL and S. HDL.

Table No.1 (a) Showing variation of serum urea in three different seasons as per Daihik Prakriti group

Daihik Prakriti Group	**Serum Urea (mg/dl) Mean ± SD**			**Within Daihik Prakriti Group Comparison Paired t-Test**		
	S1	**S2**	**S3**	**S1 - S2**	**S1 - S3**	**S2 - S3**
Group 1 **V** (n=20)	31.193 ± 8.464	23.754 ± 5.428	25.15 ± 6.59	7.439 ± 7.712 t = 4.313 p < 0.01 **(H.S.)**	6.038 ± 7.787 t = 3.468 p < 0.05 **(S.)**	-1.400 ± 4.224 t = -1.483 p > 0.05 (N.S.)

Group 2 **P** (n=20)	28.456 ± 7.921	23.120 ± 5.433	22.483 ± 5.364	5.336 ± 5.113 t = 4.667 p < 0.01 **(H.S.)**	5.973 ± 7.468 t = 3.577 p < 0.05 **(S.)**	0.637 ± 5.746 t = 0.496 p > 0.05 (N.S.)
Group 3 **K** (n=30)	26.651 ± 7.153	21.770 ± 4.956	21.856 ± 5.185	4.881 ± 5.760 t = 4.641 p < 0.01 **(H.S.)**	4.795 ± 6.121 t = 4.290 p < 0.01 **(H.S.)**	-0.085 ± 5.426 t = -0.086 p > 0.05 (N.S.)
Between Daihik Prakriti comparison One-Way ANOVA	F = 2.05 p > 0.05 (N.S.)	F = 0.94 p > 0.05 (N.S.)	F = 2.13 p > 0.05 (N.S.)			
Post-Hoc Boneferroni test Significant pairs	_	_	_			

Table No. 1(a) reveals statistically highly significant change of the S. Urea concentration between the S1 (31.193 mg/dl) vs S2 (23.754 mg/dl) and significant change between S1 (31.193 mg/dl) vs S3 (25.150 mg/dl) in vata Daihik Prakriti persons. Statistically not significant change was also observed between S2 (23.754 mg/dl) and S3 (25.150 mg/dl) in vata Daihik Prakriti persons.

This table shows highly significant change of S. Urea concentration between S1 (28.456 mg/dl) and S2 (23.120 mg/dl) and significant change between S1 (28.456 mg/dl) and S3 (22.483 mg/dl). Statistically not significant change was also seen between S2 (23.120 mg/dl) and S3 (22.483 mg/dl) in pitta Daihik Prakriti persons.

Highly significant change of S. Urea concentration was observed among S1 (26.651 mg/dl) vs S2 (21.770 mg/dl) and S1 (26.651 mg/dl) vs S3 (21.856 mg/dl) in kapha Daihik Prakriti persons, whereas statistically not significant change was observed between S2 (21.770 mg/dl) and S3 (21.856 mg/dl) in kapha Daihik Prakriti persons.

Intergroup comparison of Daihik Prakriti via one way ANOVA and Post-Hoc Boneferroni test shows statistically not significant change of S. Urea concentration in all seasonal groups.

Table No.1 (b) Showing variation of serum urea in three different seasons as per Gender group

Gender Group	**Serum Urea (mg/dl) Mean ± SD**			**Within Gender Comparison Paired t-Test**		
	S1	**S2**	**S3**	**S1 - S2**	**S1 - S3**	**S2 - S3**
Group 1 **Male** (n = 43)	30.525 ± 7.850	23.994 ± 5.465	24.830 ± 5.263	6.531 ± 6.695 t = 6.162 p < 0.01 **(H.S.)**	5.694 ± 6.454 t = 5.785 p < 0.01 **(H.S.)**	-0.837 ± 4.294 t = -1.278 p > 0.05 (N.S.)

Group 2 **Female** (n = 27)	25.183 ± 6.859	20.698 ± 4.159	20.026 ± 5.348	4.484 ± 4.699 t = 4.959 p < 0.01 **(H.S.)**	5.157 ± 7.768 t = 3.449 p < 0.01 **(H.S.)**	0.672 ± 6.357 t = 0.550 p > 0.05 (N.S.)
Between Gender Group comparison **Independent t-Test**	t = 2.905 p < 0.01 **(H.S.)**	t = 2.680 p < 0.01 **(H.S.)**	t = 3.695 p < 0.01 **(H.S.)**			

Table 1(b) shows highly significant change of S. Urea concentration among S1 (30.525 mg/dl) vs S2 (23.994 mg/dl) and S1 (30.525 mg/dl) vs S3 (24.830 mg/dl). Statistically not significant change was observed between S2 (23.994 mg/dl) vs S3 (24.830 mg/dl) in male.

Comparative study of S. Urea concentration shows statistically highly significant change among S1 (25.183 mg/dl) vs S2 (20.698 mg/dl) and S1 (25.183 mg/dl) vs S3 (20.026 mg/dl). Statistically not significant result was also found between S2 (20.698 mg/dl) vs S3 (20.026 mg/dl) in female.

Intergroup comparison of gender via Independent test shows statistically highly significant change between males & females in all seasonal groups for S. Urea.

Table No.2 (a) Showing variation of Serum Creatinine in three different seasons as per Daihik Prakriti group

Daihik Prakriti Group	**Serum Creatinine (mg/dl) Mean ± SD**			**Within Daihik Prakriti Group Comparison Paired t-Test**		
	S1	**S2**	**S3**	**S1 - S2**	**S1 - S3**	**S2 - S3**
Group 1 **V** (n = 20)	0.813 ± 0.109	0.859 ± 0.122	0.907 ± 0.144	-0.046 ± 0.062 t = -3.288 p < 0.01 **(H.S.)**	-0.094 ± 0.100 t = -4.175 p < 0.01 **(H.S.)**	-0.047 + 0.100 t = -2.119 p < 0.05 **(S.)**
Group 2 **P** (n = 20)	0.834 ± 0.177	0.882 ± 0.159	0.935 ± 0.156	-0.047 ± 0.068 t = -3.135 p < 0.01 **(H.S.)**	-0.100 ± 0.111 t = -4.049 p < 0.01 **(H.S.)**	-0.052 ± 0.094 t = -2.503 p < 0.05 **(S.)**
Group 3 **K** (n = 30)	0.763 ± 0.153	0.784 ± 0.140	0.800 ± 0.126	-0.021 ± 0.070 t = -1.649 p > 0.05 (N.S.)	-0.037 ± 0.071 t = -2.874 p < 0.01 **(H.S.)**	-0.016 ± 0.089 t = -0.995 p > 0.05 (N.S.)
Between Daihik Prakriti	F = 1.49	F = 3.31	F = 6.48			

comparison **One-Way** **ANOVA**	p > 0.05 (N.S.)	p < 0.05 **(S.)**	p < 0.01 **(H.S.)**	
Post-Hoc **Boneferroni test** **Significant pairs**	––	(P, K)	(V, K) (P, K)	

Table No. 2(a) shows highly significant change of S. Creatinine concentration among S1 (0.813 mg/dl) vs S2 (0.859 mg/dl) and S1 (0.813 mg/dl) vs S3 (0.907 mg/dl), but significant change was observed between S2 (0.859 mg/dl) and S3 (0.907 mg/dl) in vata Daihik Prakriti group.

Highly significant change of S. Creatinine concentration was observed among S1 (0.834 mg/dl) vs S2 (0.882 mg/dl) and S1 (0.834 mg/dl) vs S3 (0.935 mg/dl). Significant change was observed between S2 (0.882 mg/dl) and S3 (0.935 mg/dl) in pitta Daihik Prakriti group.

Highly significant change of S. Creatinine concentration was observed between S1 (0.763 mg/dl) vs S3 (0.800 mg/dl). Statistically not significant changes were observed among S1 (0.763 mg/dl) vs S2 (0.784 mg/dl) and S2 (0.784 mg/dl) vs S3 (0.800 mg/dl) in kapha Daihik Prakriti group.

Intergroup comparison of Daihik Prakriti via One way ANOVA and Post-Hoc Boneferroni test shows highly significant change of S. Creatinine in S3 among vata vs kapha and pitta vs kapha Daihik Prakriti group, whereas significant change was observed in S2 between pitta and kapha Daihik Prakriti. Statistically not significant change was found in S1.

Table No.2 (b) Showing variation of Serum Creatinine in three different seasons as per Gender group

Gender Group	**Serum Creatinine (mg/dl) Mean ± SD**			**Within Gender Comparison Paired t-Test**		
	S1	**S2**	**S3**	**S1 - S2**	**S1 - S3**	**S2 - S3**
Group 1 **Male** (n = 43)	0.890 ± 0.104	0.919 ± 0.102	0.943 ± 0.134	-0.029 ± 0.074 t = -2.553 p < 0.05 **(S.)**	-0.053 ± 0.098 t = -3.513 p < 0.01 **(H.S.)**	-0.023 ± 0.096 t = -1.612 p > 0.05 (N.S.)
Group 2 **Female** (n = 27)	0.649 ± 0.077	0.696 ± 0.088	0.751 ± 0.087	-0.046 ± 0.055 t = -4.416 p < 0.01 **(H.S.)**	-0.101 ± 0.085 t = - 6.204 p < 0.01 **(H.S.)**	-0.054 ± 0.088 t = -3.211 p < 0.01 **(H.S.)**
Between Gender Group comparison **Independent t-Test**	t = 10.378 p < 0.01 **(H.S.)**	t = 9.343 p < 0.01 **(H.S.)**	t = 6.593 p < 0.01 **(H.S.)**			

Table No. 2(b) shows statistically highly significant changes of S. Creatinine between S1 (0.890 mg/dl) vs S3 (0.943 mg/dl) and significant change was observed between S1 (0.890 mg/dl) vs S2 (0.919 mg/dl). Statistically not significant result was also found between S2 (0.919 mg/dl) vs S3 (0.943 mg/dl) in males. Highly significant changes in S. Creatinine were observed among S1 (0.649 mg/dl) vs S2 (0.696 mg/dl), S1 (0.649 mg/dl) vs S3 (0.751 mg/dl) and S2 (0.696 mg/dl) vs S3 (0.751 mg/dl) in females.

Statistically highly significant difference in the mean S. Creatinine between male & female was found in all three seasons. Mean S. Creatinine was higher for males as compare to females in all the three seasons.

Intergroup comparison of gender reveals statistically highly significant change in greeshma ritu and significant change in sharad ritu between males & females group. Statistically not significant change was seen between males & females in shishir ritu.[Table No. 3(a)(b)]

Table No. 3(a) Showing variation of overall health status in three different seasons as per Daihik Prakriti group.

Daihik Prakriti Group	**Health Status in Different Seasons**						**Within Daihik Prakriti Comparison Cochran's Q-test**
	S1		**S2**		**S3**		
	MSHP	**H**	**MSHP**	**H**	**MSHP**	**H**	
Group 1 **V** (n = 20)	3 15%	17 85%	18 90%	2 10%	8 40%	12 60%	Q = 17.50 p < 0.01 **(H.S.)**
Group 2 **P** (n = 20)	2 10%	18 90%	14 70%	6 30%	13 65%	7 35%	Q = 11.70 p < 0.01 **(H.S.)**
Group 3 **K** (n = 30)	16 53.3%	14 46.7%	21 70%	9 30%	19 63.3%	11 36.7%	Q = 1.46 p > 0.05 (N.S.)
Between Daihik Prakriti comparison Chi square Test	$X^2 = 13.73$ p < 0.01 **(H.S.)**		$X^2 = 3.11$ p > 0.05 (N.S.)		$X^2 = 2.64$ p > 0.05 (N.S.)		

Table No. 3(a) shows the comparative study of health status in three different seasons, it revealed statistically highly significant change in vata and pitta Daihik Prakriti persons among all the seasonal groups. Whereas in kapha Daihik Prakriti group it was not statistically significant.

Intergroup comparison of Daihik Prakriti in S1 reveals statistically highly significant change among all three Daihik Prakriti groups, whereas it was statistically not significant in S2 and S3.

Table No.3 (b) Showing variation of overall health status in three different seasons as per Gender group.

Gender Group	**Health Status in Different Seasons**						**Within Gender Comparison Cochran's Q-test**
	S1		**S2**		**S3**		
	MSPH	**H**	**MSPH**	**H**	**MSPH**	**H**	

Group 1 **Male** (n = 43)	14 32.6%	29 67.4%	40 93.0%	3 7.0%	19 44.2%	24 55.8%	Q = 27.85 p < 0.01 **(H.S.)**
Group 2 **Female** (n = 27)	7 25.9%	20 74.1%	13 48.1%	14 51.9%	19 70.4%	8 29.6%	Q = 8.64 p < 0.05 **(S.)**
Between Gender comparison Chi square Test	$X^2 = 0.35$ p > 0.05 (N.S.)		$X^2 = 18.16$ p < 0.01 **(H.S.)**		$X^2 = 4.58$ p < 0.05 **(S.)**		

Table No. 3(b) shows the comparative study of health status in three different seasons, it revealed statistically highly significant change in males among all three seasonal groups. In females it was statistically significant among all seasons.

Intergroup comparison of gender reveals statistically highly significant change in S2 and significant change in S3 between males & females. Statistically not significant change was seen between males & females in S1.

Comparative study of variation in health status revealed that minor health problems were maximum in greeshma ritu and minimum in shishir ritu irrespective of prakriti group. It may be due to the influence of physiological body humor in respective seasons. So it may be advisable to take appropriate diet and life style activities in greeshma ritu.

5. DISCUSSION

Kala have neither a beginning nor an end. Everything in this universe is constantly undergoing changes with the effect of time. The change from previous condition to its succeeding condition is called Kala or in other words 'parinama'. This transformation follows some order which can be recognized. The change in the atmosphere is known as season. It follows a definite order and also the physical body of all living beings. Kala is the cause for the birth and death of all living beings, for the disorders, properties of substances such as taste and potency, the strength of dosha and the body.

Daihik prakriti of all the volunteers were determined by the proforma based on various classics of ayurveda. All the volunteers were categorized into 1.vataja (vata-pittaja and vata-kaphaja), 2.pittaja (pitta-vataja and pitta-kaphaja) and 3.kaphaja (kapha-vataja and kapha-pittaja) daihik prakriti, based on the fulfilment of predominant criteria mentioned against each prakriti. The importance of knowledge of daihik prakriti has been explained to a great extent in Ayurveda. The Ayurvedic system of diagnosing daihik prakriti offers a unique approach in understanding and assessing one's health. Different strategies have been mentioned according to various prakriti, to overcome the effect of season. Season also indirectly serve as an important factors for the determination of prakriti as well as it also aggravate the diseases.

6. CONCLUSION

For the maintenance of the health, Ayurveda has depicted various rules and regimens regarding diet and behaviour to adopt seasonal variation easily without altering body homeostasis. The most important principle of Ayurvedic system of medicine is preventive aspect, which can be achieved by the minor change in diet and life style activities in response to change in season. This is a very important aspect of prevention of diseases by maintaining the physiological activities in our body.

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