



ISSN (O): 2320-5407
ISSN (P): 3107-4928

Journal Homepage: www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/23980
DOI URL: <http://dx.doi.org/10.21474/IJAR01/23980>



RESEARCH ARTICLE

MAJJAVAHA SROTODUSHTI CAUSED BY VIRUDDHA AHARA: A NARRATIVE REVIEW WITH CONTEMPORARY APPROACH

Mrunmayee Diwakar Deshmukh¹, Yogita A. Jamdade², Sangita U.Thombre³, Swati K.Dhamdhare⁴, Komal K. Khairnar⁵, N.Pooja⁶ and Pallavi P.Naphade⁷

- 1.PG scholar, Department of Samhita Siddhant and Sanskrit, PDEAs College of Ayurved and Research Center, Nigdi, Pune.
2. Professor and HOD, Department of Samhita Siddhant and Sanskrit, PDEAs College of Ayurved and Research Center, Nigdi, Pune.
3. Associate Professor, Department of Samhita Siddhant and Sanskrit, PDEAs College of Ayurved and Research Center, Nigdi, Pune.
4. Assistant Professor, Department of Samhita Siddhant and Sanskrit, PDEA's College of Ayurved and Research Center, Nigdi, Pune.
5. Assistant Professor, Department of Samhita Siddhant and Sanskrit, PDEA's College of Ayurved and Research Center, Nigdi, Pune.
6. Assistant Professor, Department of Samhita Siddhant and Sanskrit, PDEA's College of Ayurved and Research Center, Nigdi, Pune.
7. Assistant Professor, Department of Samhita Siddhant and Sanskrit, PDEA's College of Ayurved and Research Center, Nigdi, Pune.

Manuscript Info

Manuscript History

Received: 10 June 2026
Final Accepted: 12 July 2026
Published: August 2026

Key words:-

Viruddha Ahara; Majjavaha Srotas;
Majja Dhatu; Srotodushti; Ama; Agni
Dushti; Vata Vyadhi; Guillain-Barré
syndrome; Gut-brain axis; Ayurveda.

Abstract

Background: Viruddha Ahara, the Ayurvedic concept of dietary incompatibility, is recognised in the Bruhatrayee as an important yet to be searched out as a cause of chronic and acute disease. Among the thirteen Srotas described by Acharya Charaka, Majjavaha Srotas, responsible for the formation, nourishment, and transport of Majja Dhatu (marrow and neural tissue), is specifically described as being vitiated by habitual consumption of incompatible food. Contemporary evidence linking diet, gut dysbiosis, neuroinflammation, and the gut-brain axis provides an opportunity to reinterpret this classical concept in the context of neurological disorders.

Objective: To narratively review the Bruhatrayee on Viruddha Ahara-induced Majjavaha Srotodushti, reconstruct its pathogenesis (Samprapti), and explore its relevance in light of contemporary neuroimmunological and gut-brain axis research.

Methods: A review of classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Ashtanga Sangraha, was done.

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Corresponding Author:- Mrunmayee Diwakar Deshmukh

Address:- PG scholar, Department of Samhita Siddhant and Sanskrit, PDEAs College of Ayurved and Research Center, Nigdi, Pune.

Relevant descriptions of Viruddha Ahara, MajjavahaSrotas, Majja Dhatu, Agni, Ama, and disease pathogenesis were synthesised and interpreted alongside contemporary biomedical literature on neuroimmunology, lipid metabolism, oxidative stress, advanced glycation end-product (AGE–RAGE) signalling, and the gut–brain axis published in English language available in English language. The contemporary data was reviewed from open access journals available from search engines like google scholar and databases like Pubmed Central and Researchgate available till February 2026.

Results: The reviewed literature suggests a sequential pathogenesis whereby habitual intake of Viruddha Ahara leads to Dosha vitiation without proper elimination, Agni impairment, Ama formation, and dysfunction of Pittadhara-Majjadhara Kala, ultimately resulting in Majja Dhatu vitiation and Majjavaha Srotodushti. This process manifests as MajjaKshaya, Majja Vriddhi, MajjaPradoshajaVikara leading to tridoshaj disorders predominantly, Vata disorders along with other disorders. Contemporary evidence supports plausible correlations through gut–brain axis dysregulation, lipid peroxidation, AGE–RAGE-mediated inflammation, and neuroimmune mechanisms, with Guillain–Barré syndrome representing a potential clinical correlate.

Conclusion: MajjavahaSrotodushti provides a physiologically coherent framework for understanding diet-related neurological disorders by integrating classical Ayurvedic principles with modern neuro-nutritional science. The available evidence highlights the need for structured experimental and clinical studies to validate these conceptual associations while reinforcing the preventive significance of Ahara Vidhi in maintaining neurological health.

Introduction:-

Ahara (food) occupies a foundational place in Ayurvedic physiology. Charak Samhita states that wholesome food is that which maintains equilibrium among the Dhatus and corrects deviation from the natural state, whereas food that disturbs this equilibrium is termed unwholesome.⁽¹⁾ Food is eulogised as the very prana of living beings and the substratum of Varna, Bala, Buddhi and Ayu.⁽²⁾ Conversely, Charaka states plainly that the origin of both life and disease lies in Ahara, and that the wholesomeness or unwholesomeness of food is what separates health from disease. Sushrut similarly grounds Bala, Varna and Ojas in Ahara.⁽³⁾ Within this framework, Viruddha Ahara (incompatible or antagonistic food) is singled out as an especially insidious cause of disease because it vitiates the Doshas from their natural seats without expelling them from the body,⁽³⁾ so that the vitiated Doshas continue to corrupt successive Dhatus. Its effects range from minor digestive disturbance to grave, even fatal, systemic disease, and it is explicitly named among the causative factors of MajjavahaSrotodushti⁽⁴⁾ (vitiation of the channel that carries Majja Dhatu) the tissue translated as bone marrow and, importantly, with mastishka⁽⁵⁾ or the neural substance.

Recent advances in neuroscience and immunology have renewed interest in understanding how dietary factors, gut dysfunction and immune responses contribute to neurological disorders.⁽⁶⁾ This provides a relevant context for exploring the Ayurvedic concept of Viruddha Ahara as a potential initiator of MajjavahaSrotodushti. Guillain–Barré syndrome (GBS) is a striking example: an acute, immune-mediated polyradiculoneuropathy frequently preceded by gastrointestinal or respiratory infection,⁽⁷⁾ mostly with *Campylobacter jejuni* acquired through contaminated or improperly prepared food.⁽⁸⁾ The clinical overlap between GBS and the classical descriptions of Majjagata Vata and Majja Dhatu Dushti is notable and forms an important illustrative correlate used throughout this review, without being its exclusive focus. The study was planned to narratively review the bruhatrayee on Viruddha Ahara-induced Majjavaha Srotodushti, reconstruct its pathogenesis (Samprapti), and explore its relevance in light of contemporary neuroimmunological and gut–brain axis research. The present review synthesizes classical Ayurvedic literature to construct an integrated Samprapti of MajjavahaSrotodushti caused by Viruddha Ahara and systematically correlates each pathological step with contemporary biomedical evidence, thereby providing a translational framework for future research in neuro-nutritional disorders.

Research Question:-

How does viruddhaahara cause majjavahasrotodushti?

Methodology:-

1. Charak Samhita, Sushrut Samhita, Ashtanghridya and Ashtangsangraha were reviewed for the concepts – viruddhaahara, majjavahasrotodushti, majja dhatu, aama and agnidushti. Total 73 references from Sushrut Samhita with Dalhan commentary, 142 references from Charak Samhita with Chakrapani commentary and 82 and 53 references from Ashtanga Hridaya and Ashtanga Sangraha respectively with their respective commentaries of Viruddha were considered.

2. The contemporary biomedical literature on neuroimmunology, lipid metabolism, oxidative stress, advanced glycation end-product (AGE–RAGE) signalling, and the gut–brain axis was reviewed from open access journals

available from search engines like google scholar and databases like Pubmed Central and Researchgate. The published articles found were observational and narrative reviews

Concept of ViruddhaAhara:-

Etymology:-

Ahara is derived from aa (towards) + hri (to carry/convey), denoting that which is taken in or from which Rasa (nutrient essence) is drawn. Viruddha is derived from vi + rudh, meaning that which is characterised by opposition, obstruction or contradiction (virodha). In dietetics, therefore, Viruddha Ahara denotes food or a food-practice that stands in opposition to the body's physiological requirements.^[9]

Definition:-

Charak defines Viruddha as any substance that is antagonistic to the Deha-Dhatu, this antagonism arising through opposed properties (guna), improper combination (samyoga), incorrect processing (samskara), or considerations of place, time, dose and inherent nature (desha, kala, matra, swabhava).^[10] Elsewhere Charak states more concisely that any food or drug which excites and dislodges the Doshas from their natural seat, yet fails to expel them from the body, is harmful. Sushrut concurs, defining Viruddha Ahara as food that vitiates the Doshas without eliminating them, or whose properties are opposite to those of the Dhatus, thereby generating disease. Vagbhata in Ashtanga Sangraha is concordant with these definitions.^[12] The unifying thread across the Acharyas is that the danger of Viruddha Ahara lies not merely in dosha excitation which unwholesome food may also cause transiently but in the failure of the vitiated Doshas to be eliminated, so that they persist and progressively corrupt tissue.

Mode of Action:-

SushrutSutrasthan articulates a clear pathological sequence:-

incompatible diet vitiates Doshas from their natural sites

these Doshas are not expelled

they vitiate the RasadiDhatu

vitiated Dhatus fail to nourish successive tissues

the combination of deranged Doshas and Dhatus manifests as disease



Types of ViruddhaAhara:-

The classical Samhitas differ in their classification of Viruddha, reflecting analytic emphases. Charak lists multiple types including desha, kala, agni, matra, satmya, dosha, samskara, veerya, krama, koshttha, avastha, parihara, paaka, upachara, samyoga, hrit, sampat, vidhi; Sushruta emphasises Rasa-Veerya-Vipaka based categories; Vagbhata provides related classifications. Of these, the categories with the closest bearing on MajjavahaSrotodushti are samyogaviruddha (incompatible combination — e.g., sour fruit with milk, fish with milk), samskara viruddha (faulty processing — e.g., repeated reheating of oils, improperly cooked meat), matraviruddha (incompatible proportion — e.g., honey and ghee in equal quantity), kala/deshaviruddha (seasonal/regional mismatch) and sampatviruddha (stale/putrefied ingredients), since these are the forms of incompatibility most readily linked, in both classical description and modern biochemistry, to obstruction (sanga) and channel-blocking (abhishyanda) properties. Ashtanga Sangraha additionally notes that regular exercise, habitual unctuous food, robust Agni, youth, physical strength and small quantity of the incompatible item can lessen the harm of occasional dietary incompatibility. The classical Samhitas differ considerably in their classification of Viruddha, reflecting different analytic emphases (Table 1).

Table 1. Types of Viruddha across the classical Samhitas

Charaka Samhita — 18 types ^[13]	Sushruta Samhita — 5 (Rasa-Veerya-Vipaka based) types ^[14]	Ashtanga Hridaya — 7 types ^[15]	Ashtanga Sangraha — 3 broad categories ^[16]
Desha, Kala, Agni, Matra, Satmya, Dosha, Samskara, Veerya, Krama, Koshttha, Avastha, Parihara, Paaka, Upachara,	Rasa Viruddha, Rasa-Veerya Viruddha, Vipaka Viruddha, Sarvatah (complete)	Samyoga, Samskara, Matra, Desha, Kala, Avastha, Swabhava (Samyoga further sub-	Dissimilarity of properties, similarity of properties (excess amplification), and

Samyoga, Hrit, Sampat, Vidhi	Viruddha, and gradation-based (Tar-tama) Viruddha	classified into Guna Samanya, Guna Vaishamya, Guna Samanya-Vaishamya)	combined similarity–dissimilarity
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Systemic Effects of Viruddha Ahara:-

Viruddha Ahara is likened in the Ashtang Hridaya to an artificial poison (garavisha)^[17] because, like a toxin, it vitiates the internal milieu without being eliminated. Its consequences range from localised digestive disturbance to grave systemic disease and, in extreme forms, death. Ashtanga Sangraha lists it among the causes of the AshtauMahagada (eight grave diseases): Vatavyadhi, Ashmari, Prameha, Kushtha, Udara, Bhagandara, Arsha and Grahani^[18]. Charaka additionally attributes Shandhya (infertility), Andhya (blindness), Unmada (insanity), Pandu, Amavisha, Kushtha, Grahani, Jwara and Mrutyu, among others, to habitual Viruddha Ahara seva.^[19] Most pertinently for the present review, Viruddha Ahara is explicitly identified as a dushtikarana (causative factor of vitiation) of both MajjavahaSrotas and RaktavahaSrotas — establishing the direct textual bridge between incompatible diet and marrow/neural channel pathology that this review develops further.

Concept of Srotas and General Etiology of Srotodushti^[20]:-

Charaka derives Srotas from the root sru (to flow/ooze), denoting the channels through which nutrient Rasa is transported to and from the Dhatus. Charaka states that as many kinds of corporeal structures exist in the body, so many kinds of Srotas exist, and that all Dhatus are formed and undergo decay only through the functioning of Srotas. Sushruta complements this with a structural definition: Srotas possess a moolasthan (root), a kha (lumen), and are anatomically distinct from sira and dhamani. Charaka enumerates thirteen principal Srotas, Sushruta eleven, and Ashtanga Hridaya thirteen AbhyantaraSrotas along with 8 BahirmukhaSrotas in male and 11 in females. Charaka classifies the clinical presentation of Srotodushti into four patterns — atipravrutti (excessive flow/hypersecretion), sanga (obstruction/stagnation), siragranthi (nodule/cyst formation) and vimargagamana (abnormal or reversed flow). General etiology of Srotodushti is summarised concisely: dietary and behavioural factors that share qualities with the aggravated Doshas while being antagonistic to the Dhatus are the principal causes of channel dysfunction — a description that applies directly to Viruddha Ahara. Charaka further tabulates specific causes for each Srotas; for MajjavahaSrotas these are utpeshana (crushing/grinding), atyabhishyandiahara (channel-obstructing food), abhighata (trauma), prapedana (compression), and repeated consumption of Viruddha Ahara.

MajjavahaSrotas:-

Definition and Classification:-

MajjavahaSrotas is one of the thirteen AbhyantaraSrotas described in Charaka Samhita, defined functionally as the channel that carries and transports Majja Dhatu as it matures and forms the precursor for shukra dhatu. In contemporary nomenclature it is recognised as the physiological channel-system responsible for marrow formation, transport and nourishment.

Moola (Root):-

Charaka states that asthi (bones) and sandhi (joints) constitute the moolasthan of Majjavaha Srotas, since Majja resides within the bony cavities and governs joint lubrication and stability. Charaka further elaborates that Vata Dosha creates porosity (Sushira) within bone, into which Meda settles to form Majja — a three-way interaction of Dosha (Vata), Dhatu (Meda) and structural substrate (Asthi)

Structure:-

Charaka describes Srotas in general as tubular, of variable calibre, long and tendril-like in morphology, and similar in colour to the Dhatu they transport — implying, for MajjavahaSrotas specifically, a branching network intimately associated with the medullary cavities of bone and, by extension of the mastishka–majja equivalence, with neural tissue.

Function:-

The primary function of MajjavahaSrotas is Majja Dhatu Poshana — carrying nutrient material for the formation, maintenance and transport of Majja, and thereby, secondarily, for the nourishment of Shukra Dhatu, since Majja is the Dhatu immediately antecedent to Shukra in the sequential Dhatu Poshana chain.

Table 2. Sequential formation (Dhatu Poshana Krama) and function of the seven Dhatus

Sequence	Dhatu	Formed from	Principal function
1	Rasa	Ahara Rasa	Nutrition
2	Rakta	Rasa	Vitality
3	Mamsa	Rakta	Muscular structure
4	Meda	Mamsa	Lubrication
5	Asthi	Meda	Structural support
6	Majja	Asthi	Filling of bone cavities; nourishment of neural tissue
7	Shukra	Majja	Reproduction

Physiology:-

Majja is classically described as one of the chatu-sneha (four natural unctuous substances, along with ghrita, taila and vasa), predominantly composed of jalamahabhuta, and possessing snigdha and guru gunas. Its karma includes asthi purana (filling of bone cavities), conferring bala (strength), snehana (lubrication of joints and tissues) and shukrapushti. Individuals with Majja sara (optimal quality of Majja Dhatu) are described as possessing a strong, well-lubricated physique, well-developed joints, superior intellect and longevity, a constitutional description consistent with healthy neuromuscular coordination and well-nourished neural tissue.

Majja and the Nervous System:-

Chakrapani commentaries explicitly equate mastishka with a form of Majja. This extends the classical concept of Majja beyond bone marrow to encompass the central nervous system, providing the conceptual basis for correlating Majja Dhatu pathology with neurological disease.

Majjavaha Srotodushti: Classical Pathology:-

Like other Srotas, MajjavahaSrotas manifests the four classical patterns of Srotodushti: atipravrutti (correlating with Majja Vriddhi), sanga (correlating with MajjaKshaya), siragranthi and vimargagamana, collectively giving rise to MajjaPradoshajaVikara.

Clinical features of Majja Dhatu Dushti:-

- Majja Dushti (general): Parva Ruk (joint/bone pain), Bhrama (vertigo), Murchha (syncope), Tama Darshana (visual dimming/blackout), progressive weakness and bony porosity.^[21]
- MajjaKshaya (depletion): Sensation of bones crumbling/fracturing, progressive bony lightness and weakness, predisposition to Vata disorders.^[22]
- Majja Vriddhi (excess): Heaviness of eyes and body; furuncles at the base of small joints.^[23]
- Majja Avrita Vata: Flexing/bending posture, yawning, sensation of being wrapped up, pain relieved by pressure.^[24]
- Majjagata Vata: Cracking-type pain in bones/small joints, MamsaKshaya, Bala Kshaya, insomnia, continuous pain.^[25]
- Sushrut accounta largely concurs but additionally notes sthulamularuja (pain in large joints) and netra-abhishyanda (ocular discharge).^[26]

Table 3. Clinical features of Majja Dhatu Dushti

Condition	Classical clinical features
Majja Dushti (general)	Parva Ruk (joint/bone pain), Bhrama (vertigo), Murchha (syncope), Tama Darshana (visual dimming/blackout), progressive weakness and bony porosity
MajjaKshaya (depletion)	Sensation of bones crumbling/fracturing, progressive bony lightness and weakness, predisposition to Vata disorders
Majja Vriddhi (excess)	Heaviness of eyes and body; furuncles at the base of small joints
Majja Avrita Vata	Flexing/bending posture, yawning, sensation of being wrapped up, pain relieved by pressure
Majjagata Vata	Cracking-type pain in bones/small joints, MamsaKshaya, Bala Kshaya, insomnia, continuous pain

Table 4. Majjavaha Sroto dushti Lakshanas (Charaka and Sushruta)

Lakshana	Clinical correlate
Parvaruk	Small-joint pain
Bhrama	Vertigo
Murcha	Syncope/unconsciousness
Tamadarshana	Transient visual blackout
Arumsha in Sandhi Mula	Deep painful lesions at joint roots
Sthulamula Ruja (Sushruta)	Large-joint pain
Netra-Abhishyanda (Sushruta)	Ocular discharge

Samprapti of Majjavaha Sroto dushti Caused by Viruddha Ahara:-

Integrating the etiological, pathological and physiological material reviewed above, the Samprapti linking Viruddha Ahara to Majjavaha Srotodushti may be constructed as a sequential cascade:-

Viruddha Ahara Sevana (vitiated Doshas from natural seat; Doshas not expelled — artificial-poison-like action) → Agni Dushti (impaired digestive and metabolic fire) Ama Nirmana (formation of incompletely metabolised, toxic residue) and derangement of Pittadhara Kala, which is regarded as synonymous with Majjadhara Kala, lining the pakvashaya where Agni resides → Rasadi Dhatu Dushti — progressive, sequential corruption of the Dhatu Poshana chain, since vitiated Dhatus cannot adequately nourish the Dhatu that follows them (Rasa → Rakta → Mamsa → Meda → Asthi → Majja). Majjavaha Srotodushti direct channel vitiation, since Viruddha Ahara is a specifically named dushtikarana of Majjavaha Srotas, acting alongside utpeshana, atyabhishyandiahara, abhighata and prapeedana causes majjadhatudushti, expressed through the four Srotodushti patterns as MajjaKshaya (Sanga-type depletion), Majja Vriddhi (Atipravrutti-type excess) and MajjaPradoshajaVikaracasuing Vata Prakopalocalising in Majja Dhatu (Majjagata Vata, MajjaAvrita Vata), because MajjaKshaya in particular predisposes strongly to Vata aggravation. Manifesting any of the eighty Vatavyadhis described in Charaka Sutrasthana, those most relevant here include Padasuptata, Gulphagraha, Urustambha, Ekanga/SarvangaRoga, Bahushosha, Mamsashosha, Kriyakashta, Kriyahani, Timira, Akshishula and Ardita, with Vakshauparodha, Vishada, Hridrava and Moha as upadravas (complications) in severe presentations.^[27]

This Samprapti is summarised as Hetu → Purvarupa → Rupa → Upadrava.

Table 5. Samprapti Ghatakas of Majjavaha Srotodushti due to Viruddha Ahara

Samprapti stage	Ayurvedic correlate
Nidana (cause)	Viruddha Ahara Sevana (Samyoga, Samskara, Matra, Sampat Viruddha, etc)
Dosha involved	Vata (primary, especially in Majjagata/MajjaAvrita stage), with secondary Pitta (Agni/Pittadhara Kala derangement), kapha (due to ama formation)
Dushya	Majja Dhatu (primary); Rasa–Rakta–Mamsa–Meda–Asthi (sequentially, as antecedent Dhatus)
Srotas	Majjavaha Srotas (primary), Raktavaha Srotas (associated)
Srotodushtiprakara	Sanga (→ MajjaKshaya), Atipravrutti (→ Majja Vriddhi)
Adhishthana	Asthi and Sandhi (Moola of Majjavaha Srotas); Mastishka (Majja-equivalent)
VyadhiSwabhava	Chirakari (chronic, cumulative)
Sadhyasadyata	Variable; dependent on Bala, Agni, Vaya and quantum/duration of Viruddha Ahara exposure

Modern Correlates: Neuroscience, Immunology and Nutritional Pathology:-**Biochemical Parallel Between Majja Dhatu and Nervous Tissue:-**

Nervous tissue is among the most lipid-rich tissues in the body; lipids constitute a large fraction of its dry weight, with sphingolipids and cholesterol essential for neuronal membranes and myelin. This lipid-dominant, snigdha–guru biochemical character of nervous tissue corresponds closely with the Ayurvedic description of Majja as sneha-pradhana and jalamahabhuta-dominant, lending biochemical plausibility to the classical mastishka–majja equivalence.

Gut Dysbiosis and the Gut–Brain Axis:-

The gut–brain axis denotes bidirectional communication between the enteric and central nervous systems, substantially mediated by gut microbiota,^[28] such that dysbiosis of the gut microbial ecosystem has been implicated in the pathogenesis of several neurological disorders. Since agni-mandya and improperly processed or incompatible food are well recognised precipitants of gastrointestinal dysbiosis, this axis provides a plausible mechanistic bridge

between Viruddha-Ahara-induced Agni Dushti/Ama formation on one hand, and downstream neural dysfunction (Majja Dushti) on the other — conceptually paralleling the description of pittadhara/majjadhara kala vitiation as the pivot between digestive and neural pathology.^[29]

Lipid Oxidation and Toxic Aldehyde Formation:-

Samskara Viruddha — faulty processing, notably the repeated reheating of cooking oils — is now well documented to promote lipid peroxidation with formation of cytotoxic aldehydes such as 4-hydroxy-2-trans-nonenal (HNE);^[30] HNE concentration in vegetable oils rises with frying duration and temperature, alongside depletion of protective tocopherols.^[20] Such oxidative food-processing byproducts are consistent, in principle, with the Ayurvedic notion of Ama generated through viruddha, and with the broader concept that faulty processing renders otherwise nutritive substances harmful.

Advanced Glycation End Products (AGE–RAGE Signalling):-

Dietary advanced glycation end products, generated abundantly by high-temperature, dry-heat cooking of protein- and fat-rich foods, bind the receptor for advanced glycation end-products (RAGE) on cell surfaces, activating downstream reactive oxygen species generation, mitochondrial dysfunction and chronic low-grade inflammation; a growing body of literature links dietary AGE–RAGE signalling, via the “Western diet,” to neuroinflammatory and neurodegenerative pathology.^[31] This mechanism offers a biochemically explicit pathway by which samskaraandsampat-Viruddha food practices could plausibly contribute to the kind of chronic, cumulative neural-tissue compromise that the classical texts describe as Majja Dushti.

Fermented and Putrefied Food, Biogenic Amines:-

Fermented and improperly stored foods (relevant to sampatviruddha) may contain elevated biogenic amines such as histamine and tyramine; histamine poisoning is a recognised cause of foodborne chemical intoxication,^[32] and biogenic amines have been proposed as triggers of hypertensive crisis and dietary migraine in susceptible individuals — a modern parallel to the classical description of stale/putrefied (sampatviruddha) food as harmful.

Neuro-immunological Correlate: Guillain–Barré Syndrome:-

GBS is an acute, immune-mediated polyradiculoneuropathy in which molecular mimicry most classically following gastrointestinal infection with *Campylobacter jejuni*, a pathogen typically acquired through undercooked or contaminated food — triggers antibody- and T-cell-mediated attack on peripheral nerve myelin or axolemma, producing ascending, often symmetrical, weakness, paraesthesia, areflexia and, in severe cases, respiratory or autonomic failure. Its major subtypes (AIDP, AMAN, AMSAN, Miller Fisher syndrome) differ in whether the primary immune target is myelin protein or axolemmal gangliosides.^[33] Several features of GBS — the food/infection-linked trigger, an immune-mediated cascade that damages rather than merely disturbs marrow/neural tissue, ascending weakness, areflexia, sensory disturbance, cranial-nerve and autonomic involvement — map closely onto the classical descriptions of Majjagata Vata (bone/joint pain, weakness, MamsaKshaya), Majja Dushti (Bhrama, Murchha, Tamadarshana) and the Vatavyadhi complex (Padasuptata, SarvangaRoga, Vakshauparodha, Hridrava).^[34] This correlation is illustrative rather than diagnostic: GBS is a single, well-defined autoimmune disease with an established (though not exclusively dietary) trigger, whereas MajjavahaSrotodushti as classically conceived is a broader Srotas-Dhatu pathology encompassing a spectrum of Vata-dominant, marrow/neural presentations.

Review of Published Research:-

Published literature directly investigating “MajjavahaSrotodushti caused by Viruddha Ahara” as a defined clinical entity is essentially absent from the indexed biomedical literature; the concept remains, at present, a matter of classical textual synthesis rather than an empirically validated diagnostic category. However, substantial supporting literature exists for each component of the proposed mechanism, the lipid biology of myelin and neuronal membranes; the bidirectional gut–brain axis and its dependence on microbial ecology; the generation of cytotoxic lipid-oxidation products through repeated high-temperature cooking-oil use; the pro-inflammatory, neurodegeneration-associated effects of dietary AGE–RAGE signalling; the toxicological profile of biogenic amines in fermented and poorly stored foods; and the well-established causal relationship between *Campylobacter jejuni* food-borne infection and GBS via ganglioside-directed molecular mimicry. A limited number of narrative and integrative reviews in Ayurvedic journals have addressed Viruddha Ahara from a critical standpoint, underscoring both the interest in, and the current scarcity of, rigorous scholarship on this theme.^[35] Taken together, the literature strongly supports the plausibility of each individual mechanistic link in the proposed Samprapti, while highlighting the absence of dedicated clinical, epidemiological or experimental studies testing the composite hypothesis that

habitual Viruddha Ahara sevana produces a distinct, recognisable Majjavaha Srotodushti syndrome in human subjects.

Discussion:-

The classical Ayurvedic description of Majjavaha Srotodushti caused by Viruddha Ahara is neither vague nor arbitrary: it specifies a defined channel (Majjavaha Srotas), a defined root (Asthi-Sandhi), a defined tissue target (Majja Dhatu, explicitly inclusive of mastishka), a specific causative category (Viruddha Ahara, alongside physical trauma/compression), and a coherent four-fold pathological grammar (atipravritti, sanga, siragranthi, vimargagamana) that maps onto clinically distinguishable syndromes (Majja Vriddhi, Majja Kshaya, and their Vata-dominant sequelae). This internal coherence is a strength of the classical model and provides a testable structure for future clinical correlation studies.

The modern correlates assembled here — lipid-rich neural biochemistry, the gut-brain axis, oxidative lipid degradation products, AGE-RAGE-mediated neuroinflammation, biogenic-amine toxicity, and the Campylobacter-GBS paradigm — do not prove the classical Samprapti in a reductionist sense; rather, they demonstrate that each conceptual step of the classical pathway (dietary trigger → digestive/metabolic derangement → systemic toxin formation → tissue-specific, particularly neural, vulnerability → chronic or acute neurological dysfunction) has a recognisable, independently documented counterpart in contemporary biomedical science. The GBS correlation is illustrative rather than diagnostic: GBS is a single, well-defined autoimmune disease with an established (though not exclusively dietary) trigger, whereas Majjavaha Srotodushti as classically conceived is a broader Srotas-Dhatu pathology encompassing a spectrum of presentations.

Several limitations must be acknowledged. First, the classical descriptions of Majja Dushti Lakshanas (Bhrama, Murchha, Parva Ruk, Tamadarshana) are non-specific and overlap with numerous non-neurological conditions (e.g., anaemia, vestibular disorders, metabolic syncope), so clinical application requires disciplined differential correlation rather than superficial symptom-matching. Second, much of the modern evidence cited addresses general mechanisms of diet-induced inflammation and neurodegeneration rather than Majjavaha Srotas pathology specifically, and should be read as corroborative rather than confirmatory.^[36] Third, no controlled clinical or epidemiological study has yet tested whether habitual Viruddha Ahara sevana is independently associated with objectively measurable Majja Dhatu or Majjavaha Srotas dysfunction in human populations.

Conclusion:-

Viruddha Ahara is described across the classical Ayurvedic corpus as an artificial-poison-like dietary practice that vitiates Doshas without expelling them, thereby corrupting the Dhatu Poshana chain. Among its documented consequences is vitiation of Majjavaha Srotas, the channel governing Majja Dhatu — a tissue explicitly equated with both bone marrow and neural substance including the brain. The resulting Majja Dushti, expressed as Majja Kshaya, Majja Vriddhi and their Vata-dominant sequelae, produces a clinical picture — joint and bone pain, vertigo, syncope, visual disturbance, progressive weakness — that overlaps meaningfully with several neurological syndromes recognised in modern medicine, of which Guillain-Barré syndrome is a particularly instructive example given its own dietary/infective trigger. This review has attempted to construct, for the first time in an integrated form, the Samprapti connecting Viruddha Ahara to Majjavaha Srotodushti, and to align each pathological step with corroborating biomedical literature. The evidence assembled supports Majjavaha Srotodushti as a conceptually robust and clinically relevant framework, meriting further structured investigation, while also affirming — consistent with classical teaching — that disciplined Ahara Vidhi Vidhana remains central to the prevention of neurological morbidity.

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