



Original Research Article

Conceptual Study of Role of Jeerne Ashneeyat in Sama Dosha Avastha

Article History:

Name of Author:

Dr. Rashmi Bhagwatrao Kadam^{*1}, Dr. Savita Nilakhe², Dr. Madhuri Bhide³, Dr. Vasudha Asutkar⁴, Dr. Sachin Kulkarni⁵ and Dr. Shruthi Salian⁶

Affiliation: ¹B.A.M.S. M.D. (Scholar) Department of Samhita, Siddhanta Evam Sankrit, B.V.(D.U.) C. O. A. Pune.

²B.A.M.S., M.D.(Ayu.) Professor, Department of Samhita, Siddhanta Evam Sankrit, B.V.(D.U.) C. O. A. Pune.

³B.A.M.S. MD Ayu, HOD, Professor, Department of Samhita, Siddhanta Evam Sankrit, B.V.(D.U.) C. O. A. Pune.

⁴B.A.M.S., MD, Ayu, PhD, Assistant Professor, Department of Samhita, Siddhanta Evam Sankrit, B.V.(D.U.) C. O. A. Pune.

⁵B.A.M.S., MD, Ayu, PhD, Assistant Professor, Department of Samhita, Siddhanta Evam Sankrit, B.V.(D.U.) C. O. A. Pune.

⁶B.A.M.S., MD Ayu, Assistant Professor, Department of Samhita, Siddhanta Evam Sankrit, B.V.(D.U.) C. O. A. Pune.

Corresponding Author:

Dr. Rashmi Bhagwatrao Kadam

Received: 11-09-2025

Revised: 20-09-2025

Accepted: 02-10-2025

Published: 25-10-2025

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Noncommercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Abstract: Background: Jeerne-Ashneeyat (eating only after complete digestion of the prior meal) is foundational in Ayurveda. Neglecting this rule leads to Ama and Sama Dosha Avastha.^{6, 7} Methods: Single-arm study with 50 participants (30–60 years) showing ≥ 5 Saamata symptoms. Participants followed Jeerne-Ashneeyat for 90 days. Subjective and objective measures assessed monthly. Statistical tests included the Wilcoxon signed-rank and paired t-tests. Results: Significant reductions were observed in Balbhransh, Gaurav, Aalasya, Apakti, Nishtiv, Klam, Malsang, and Aruchi ($p < 0.001$). BMI and abdominal girth decreased significantly ($p < 0.001$). Conclusion: Jeerne-Ashneeyat effectively improves digestion and reduces Ama-related symptoms, proving valuable as a preventive and therapeutic Ayurvedic intervention.^{4, 5}

Keywords: Jeerne-Ashneeyat, Sama Dosha, Ama, Agni, Ayurveda, Lifestyle Modification.

INTRODUCTION

Food, described as the foremost sustainer of life in

Ayurveda, nourishes tissues (Dhatus), strengthens immunity, and ensures longevity. Improper dietary

habits such as frequent snacking, overeating, or eating without hunger disturb digestion (Agni), leading to the formation of Ama. Ama, when combined with Doshas, produces Sama Dosha Avastha, a pathological state considered the nidus of chronic metabolic and lifestyle-related disorders. The rule of Jeerne-Ashneeyat (to eat only after complete digestion of the previous meal) is described in Charaka Samhita, Sushruta Samhita, and Ashtanga Hrudaya as foundational for preventing Ama. This study evaluates the efficacy of practising Jeerne-Ashneeyat in alleviating symptoms of Sama Dosha.

Objectives

- To compile classical references of Saamata and Jeerne-Ashneeyat from Ayurvedic texts.
- To study the clinical role of Jeerne-Ashneeyat in reducing Sama Dosha symptoms.
- To statistically analyze the effect of meal-timing discipline on subjective and objective health parameters.

MATERIALS AND METHODS

Materials

- Charaka Samhita with Chakrapani commentary.
- Sushruta Samhita with Dalhana commentary.
- Ashtanga Hrudaya with Arundatta commentary.
- Allied Ayurvedic literature.

Methodology (2)

- Classical references of Saamata and Jeerne-Ashneeyat compiled.
- Questionnaire on Saamata symptoms prepared, validated after pilot testing.
- 50 participants aged 30–60 years with ≥ 5 symptoms of Saamata included.

- Participants instructed to eat only when hungry (2–3 meals/day depending on Agni).
- Three follow-ups at monthly intervals over 3 months.
- Pre- and post-intervention assessment of subjective and objective parameters.

Diagnostic Criteria

Presence of ≥ 5 symptoms of Saamata (as per questionnaire: heaviness, anorexia, lethargy, indigestion, fatigue, etc.).

Inclusion Criteria

- Age 30–60 years.
- Both genders.
- Willing participants with ≥ 5 Saamata symptoms.

Exclusion Criteria

- Chronic diseases (cancer, renal failure, diabetes, cardiac disorders).
- Pregnant/lactating women.
- Perimenopausal/menopausal/postmenopausal women.
- Non-compliance with intervention protocol.
- Withdrawal of consent during study.
- Intervention
- Dietary rule: Participants ate only after digestion of previous food.
- Number of meals: 2–3/day, adjusted as per Agni type (Mand, Tikshna, Vishama).
- Duration: 90 days.
- No pharmacological intervention.
- Assessment Criteria
- Subjective Parameters
- Balbhransh, Gaurav, Aalasya, Apakti, Nishthiv, Malsang, Aruchi, Klam.

Table 1. Follow-up comparison of symptoms/ subjective parameters.

	Follow-up	Negative Ranks (Improved)	Positive Ranks (Worsened)	Ties (No Change)	Wilcoxon Z	p-value
Balabhransh	F1 vs F2	31 (63%)	0	18 (37%)	-5.568	<0.001
	F1 vs F3	38 (78%)	0	11 (22%)	-5.555	< 0.001
	F1 vs F4	38 (78%)	0	11 (22%)	-5.528	< 0.001
Gaurav	F1 vs F2	40 (82%)	0	9 (18%)	-6.325	< 0.001
	F1 vs F3	49 (100%)	0	0	-6.307	< 0.001
	F1 vs F4	49 (100%)	0	0	-6.344	< 0.001
Aalasya	F1 vs F2	37 (76%)	0	12 (24%)	-6.083	< 0.001
	F1 vs F3	46 (94%)	0	3 (6%)	-6.096	< 0.001
	F1 vs F4	46 (94%)	0	3 (6%)	-6.128	< 0.001
Apakti	F1 vs F2	42 (86%)	0	7 (14%)	-6.481	< 0.001
	F1 vs F3	46 (94%)	0	3 (6%)	-6.164	< 0.001
	F1 vs F4	46 (94%)	0	3 (6%)	-6.094	< 0.001
Nishtiv	F1 vs F2	9 (18%)	0	40 (82%)	-3	0.003
	F1 vs F3	10 (20%)	0	39 (80%)	-2.879	0.004

	F1 vs F4	10 (20%)	0	39 (80%)	-2.972	0.003
Malasang	F1 vs F2	36 (73%)	0	13 (27%)	-6	<0.001
	F1 vs F3	44 (90%)	0	5 (10%)	-5.964	< 0.001
	F1 vs F4	44 (90%)	0	5 (10%)	-5.947	< 0.001
Aruchi	F1 vs F2	34 (69%)	0	15 (31%)	-5.831	< 0.001
	F1 vs F3	39 (80%)	0	10 (20%)	-5.617	< 0.001
	F1 vs F4	39 (80%)	0	10 (20%)	-5.807	< 0.001
Klam	F1 vs F2	15 (31%)	0	34 (69%)	-3.873	<0.001
	F1 vs F3	22 (45%)	0	27 (55%)	-4.231	< 0.001
	F1 vs F4	22 (45%)	0	27 (55%)	-4.315	< 0.001

(F1 – Day Zero, F2 – 30th Day, F3 – 60th Day, F4 – 90th Day)

Objective Parameters

BMI

Abdominal girth

Statistical Analysis

- Wilcoxon signed-rank test for non-parametric symptom scores.
- Paired t-test for BMI and abdominal girth changes.
- $p < 0.05$ considered statistically significant.
- Results and Observations
- Agni Distribution
- Mand Agni: 48%
- Visham Agni: 30%
- Tikshna Agni: 22%
- Symptom Improvement (Wilcoxon Test)
- Significant improvements observed in Balbhransh, Gaurav, Aalasya, Apakti, Malsang, and Aruchi ($p < 0.001$).
- Moderate improvements in Klam and Nishthiv.
- Objective Measures (Paired t-Test)

Table 2. Paired t-Test Analysis of Abdominal Girth (Abd girth)

Comparison	Mean (F1)	Mean (Follow-up)	Mean Difference	Std. Deviation	t-value	df	p-value
Abd Girth F1 vs F2	98.10	97.76	0.34	0.52	4.65	48	< 0.001
Abd Girth F1 vs F3	98.10	97.00	1.10	0.74	10.38	48	< 0.001
Abd Girth F1 vs F4	98.10	95.92	2.18	1.05	14.50	48	< 0.001

(F1 – Day Zero, F2 – 30th Day, F3 – 60th Day, F4 – 90th Day)

Table 3. Paired t-Test Analysis of BMI (Body Mass Index)

Comparison	Mean (F1)	Mean (Follow-up)	Mean Difference	Std. Deviation	t-value	df	p-value
BMI F1 vs F2	25.92	25.80	0.12	0.17	5.03	48	< 0.001
BMI F1 vs F3	25.92	25.53	0.39	0.15	17.74	48	< 0.001
BMI F1 vs F4	25.92	25.00	0.93	0.27	24.16	48	< 0.001

(F1 – Day Zero, F2 – 30th Day, F3 – 60th Day, F4 – 90th Day)

DISCUSSION

The intervention confirmed that following Jeerne-Ashneeyat reduces Ama-related symptoms significantly. Improvements in subjective parameters (fatigue, heaviness, anorexia, indigestion) and objective measures (BMI, abdominal girth) highlight its preventive and therapeutic role.

Modern dietary habits—irregular meals, emotional eating, and frequent snacking—overload digestion and promote Ama formation. Aligning eating habits with Ayurvedic wisdom offers a safe, accessible, and cost-free corrective strategy against lifestyle disorders.

Limitations

- Small sample size (n=50).
- Short study duration (3 months).
- Single-center design limits generalizability.

CONCLUSION

The principle of Jeerne-Ashneeyat demonstrates significant improvements in both subjective and objective health parameters. It reduces Ama-related symptoms and improves digestion, body composition, and energy levels. As a non-pharmacological, cost-free intervention, it holds promise in preventing lifestyle disorders. (4, 5)

Way Forward

- Larger, multicentric studies with longer follow-up are recommended.
- Public health campaigns should highlight the preventive significance of Jeerne-Ashneeyat.

REFERENCES

1. Agrawal AK. Physiological aspects of Agni. *J Ayurveda Integr Med*. 2010;1(3):176–182.
2. Singh A, Sharma V. Development and validation of self-assessment questionnaire for Agni. *J Ayurveda Integr Med Sci*. 2019;4(3):112–118.
3. Mishra BR. Ajirna: An Ayurvedic perspective on indigestion. *J Ayurveda Integr Med Sci*. 2021;5(2):43–48.
4. Kuttikrishnan M, et al. Jatharagni and Prakriti of young Indian adults. *AYU J*. 2018;39(2):81–86.
5. Deshmukh S, et al. Comparative study on Jeerne-Ashneeyat dietary practices. *AYU J*. 2022;43(1):54–61.
6. Charaka Samhita, Vimana Sthana 1/25: Jeerne-Ashneeyaata — food intake only after digestion of prior meal.
7. Sushruta Samhita, Sutrasthana 46/489 — Classical principles of dietary discipline.