

Saṃsarjana krama: the graduated diet in *Āyurveda*

Please note: these materials are excerpted from *Inside Ayurveda: Clinical Education for Western Practitioners*, published by Todd Caldecott and the Dogwood School of Botanical Medicine.

5.4 Āma: undigested food

The status of *agni* ('digestion') is the focal point for diagnosis and treatment in *Āyurveda*. Its deficiency or impairment is the cause for the creation of *āma*, which literally interpreted, means 'undigested food stuff.' In a broader context, however, *āma* is the impairment of one's ability to derive nourishment from life, be it physical, emotional, mental, or spiritual. A correctly functioning *agni* confers a harmonious benefit to the whole organism, with proper discrimination of the body, mind, and senses.

As the by-product of poor digestion *āma* is opposite in nature to *agni*, displaying qualities such *guru* ('heavy'), *śīta* ('cold'), *snigdha* ('greasy'), *picchila* ('slimy'), and *manda* ('slow'). All qualities of *āma* are essentially identical to *kapha*. The difference between *āma* and *kapha*, however, is that instead of acting as a counterbalance to the activities of *vāta*, *āma* accumulates in the *srotāṃsi* ('channels') and blocks the flow of *vāta*. The labile nature of *vāta* causes it to move backwards when encountering this obstruction, reversing its flow in the body and thereby producing dysregulation and disease (see *vimārga gamana srotoduṣṭi*, p. **Error! Bookmark not defined.**).

When *agni* is weak *āma* is formed instead of *ojas*, and as a result, *ojas* gradually becomes deficient. And, because *ojas* feeds *agni*, a deficiency of *ojas* results in a further diminution of *agni*. In the dichotomy between *ojas* and *agni*, *āma* represents an entropic tendency in the *dhātu* cycle. It is the accumulation of *āma* over many years that eventually robs *ojas* and *agni* of much of their power, facilitating the processes of degeneration, decay and death.

Although the qualities of *āma* are similar to *kapha*, *āma* can associate with any of the *doṣāḥ*. In such a state a *doṣa* is said to be *sāma*, or 'with *āma*.' In the absence of *āma* a *doṣa* is said to be *nirāma*, or 'without *āma*.' The first treatment of any condition in *Āyurveda* is the elimination of *āma* and enhancement of *agni* (see p. **Error! Bookmark not defined.**). If the condition persists beyond the use of these measures, a specific treatment is administered to the vitiated *doṣa(s)*.

Āma can be identified by a clear set of signs and symptoms, described by Vāgbhaṭa:

The fifth and final cause of disease is *ahita āhāra*, or unwholesome (*ahita*) diet (*āhāra*). When the diet is improper the *agni* is weakened, promoting the production and accumulation of *āma*, which in turn, associates with the *doṣāḥ* to promote their increase and vitiation. In the 25th chapter of the *Sūtrasthāna*, *Caraka* recounts a debate that occurred thousands of years ago, between the illustrious sages that had gathered in the Himalayas to resolve the question of the cause of disease. Each of the assembled sages arises to speak, some suggesting that the ultimate cause of disease is related to factors such as the mind and emotions, heredity, *karma*, the Gods etc., when finally the question arrives at the feet of Ātreya Punarvasu. When Vāmaka, the King of Kāśī asks Ātreya, he replies:

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*hitāhāropayoga eka eva puruṣavṛddhikaro bhavati
 ahitāhāropayogaḥ punarvyādhinimittamiti*

“Only the use of wholesome food promotes the growth of a person, whereas food which is unwholesome is the cause of disease.”

- *Caraka saṃhitā, Sūtrasthāna 25:31*

In essence what Ātreya is saying is that the very same factors that are responsible for the nourishment and maintenance of the body are also the cause of disease. Thus in understanding the health of the body, look for the potential of disease in that which brings about life. A wholesome diet (*hita āhāra*) maintains and protects the body, whereas an unwholesome diet (*ahita āhāra*) brings about its destruction.

14.2 Saṃsarjana krama: the graduated diet

Saṃsarjana krama is a key aspect of treatment in *Āyurveda*, used not only to restore digestion after *pañca karma*, but especially in the treatment of *āma* (p. **Error! Bookmark not defined.**) and diseases such as *jvara* (‘fever’) (p. **Error! Bookmark not defined.**). Following the injunction in *Āyurveda* to only eat twice a day, meals during the application of *saṃsarjana krama* are usually given twice: once at midday, and then once again in the early evening. The components of the graduated diet are as follows:

- *Maṇḍa*
- *Peya*
- *Yavāgū*
- *Vilepī*
- *Odana*

- *Akṛta yūṣa*
- *Kṛta yūṣa*
- *Māṃsa rasa*

The first component of the *saṃsarjana krama* is *maṇḍa*, which is the liquid portion of boiled rice, prepared by cooking one part rice in 14 parts water, straining out any grains, and adding a little *saindhava*. *Maṇḍa* is a milky-colored starchy liquid, and is the easiest of all the foods to digest, usually given once at the outset of the regimen. Following *maṇḍa*, the next meal is a watery rice soup called *peya*, prepared by cooking one part rice in eight parts water, with a little *saindhava*. Unlike *maṇḍa*, *peya* contains a few grains of rice, but is still mostly liquid. The next stage of the graduated diet is *yavāgū*, prepared by cooking one part rice in six parts water, yielding a preparation that is a little thicker and contains more grains of rice than *peya*. Following *yavāgū* is *vilepī*, a thick rice soup that is a little stickier in quality, prepared by cooking one part rice in four parts water, with a little *saindhava*. The next stage of the graduated diet is *odana*, prepared by cooking one part rice in two parts water, with a little *saindhava*. During this stage of the graduated diet *odana* is typically eaten with *yūṣa*, or bean soup (i.e. *dhal*), prepared with legumes such as *mudga* or *kulathā*, one part cooked in 14 parts water. *Yūṣa* is of two types: the first type prepared without fat, sour or salty flavors, called *akṛta yūṣa*; and the second type, which contains fats such as *ghṛta*, as well as sour and salty flavors, called *kṛta yūṣa*. The last phase of the graduated diet is *odana* eaten with *māṃsa rasa*, or meat soup, prepared by braising pieces of mutton or goat meat in water, *saindhava*, and spices. Beyond rice other cereals can be used as well: barley in *kapha* conditions such as mucus and cough, and oats for both *vāta* and *pitta* conditions such as mucosal dryness and irritation. Likewise, other types of meat such as poultry can be used instead of mutton and goat in *māṃsa rasa*, depending on the needs of the patient and the discretion of the practitioner.

How the different aspects of the graduated diet are implemented depends on numerous factors, including whether it is being used as *āmapacana*, in the treatment of diseases such as fever, or whether it is employed after *pañca karma*. If it is being used for *āmapacana*, the regimen can be simplified, such as eating *odana* and *kṛta yūṣa* over a period of several weeks. Likewise, if used in fever, aspects of the graduated diet such as *yavāgū* are prepared with easily digestible cereals such as *lāja* ('puffed rice') and specific herbal decoctions to medicate the gruel (see p. **Error! Bookmark not defined.**). As a 'post-operative' (*pascāta karma*) procedure following *pañca karma*, the implementation of the graduated diet depends upon whether the treatment given was mild (*avarā śudhi*), moderate (*madhyama śudhi*), or strong (*pravara śudhi*):

- for *avarā śudhi*, *saṃsarjana krama* is given for three days;
- for *madhyama śudhi*, *saṃsarjana krama* is given for five days; and
- for *pravara śudhi*, *saṃsarjana krama* is given for seven days.

Following Aruṇḍatta in his commentary on the *Aṣṭāṅga Hr̥daya*, the following table demonstrates the application of the graduated diet over a period of three, five, and seven days, for *avarā śudhi*, *madhyama śudhi*, and *pravara śudhi*, respectively:

Strength of Therapy	<i>Peya</i>	<i>Vilepī</i>	<i>Akṛta yūṣa</i>	<i>Kṛta yūṣa</i>	<i>Māṃsa rasa</i>
<i>Avarā śudhi</i> (mild therapy)	Day 1 lunch	Day 1 dinner	Day 2 lunch	Day 2 dinner	Day 3 lunch Day 3 dinner
<i>Madhyama śudhi</i> (moderate therapy)	Day 1 lunch Day 1 dinner	Day 2 lunch Day 2 dinner	Day 3 lunch Day 3 dinner	Day 4 lunch Day 4 dinner	Day 5 lunch Day 5 dinner
<i>Pravara śudhi</i> (strong therapy)	Day 1 lunch Day 1 dinner Day 2 lunch	Day 2 dinner Day 3 lunch Day 3 dinner	Day 4 lunch Day 4 dinner Day 5 lunch	Day 5 dinner Day 6 lunch Day 6 dinner	Day 7 lunch Day 7 dinner

Regimen of *samsarjana krama*

Note that Vāgbhaṭa does not include every component of the graduated diet in this regimen, omitting *maṇḍa* and *yavāgū*. Once again, the choice of elements to include in the graduated diet is based upon the needs of the patient and the discretion of the practitioner. For example, the first meal of *peya* could be substituted with *maṇḍa* if required, and *yavāgū* could be used instead of *vilepī*. Similarly, if the patient is vegetarian, *kṛta yūṣa* would be used instead of *māṃsa rasa*. Once the patient has completed the prescribed regimen of the *samsarjana krama*, they can return to an otherwise wholesome diet (see p. 2), or in *pañca karma*, continue on with the next phase of treatment.

Samsarjana krama (graduated diet): patient support

Important notes!

1. Doses are based on a 150 lb (68 kg) adult, and must be adjusted as necessary. Diabetics, patients taking pharmaceuticals, and anyone on a physician-supervised dietary regimen are ineligible candidates for the graduated diet, although individually tailored versions of the graduated diet may be recommended.

2. Please realize that if you are following this diet you are consuming very little food energy, and cannot expect to function normally. You must rest while you undertake this therapy, spending much of your time sitting or lying down, doing light yoga, walking slowly, etc. Your regular regimen of work and exercise, however, cannot be implemented during this time.

3. If your appetite returns very strong and consistently within a short period of time, skip ahead to day 7-14, and continue with the regimen. A strong appetite indicates a properly functioning agni, but does not necessarily mean the ama has entirely dissipated, which should be confirmed through examination other signs, e.g. strength, energy, mental status, mucus congestion, pain, etc. Further treatment may also need to be given to balance the doshas.

Ingredients and recipes

- Powha: flaked rice, available in white (Indian) and red (Kerala/Sri Lanka) varieties. Pick out any contaminants, rinse in cool water quickly, and drain. Add the prescribed amount to a pot, the required amount of water, and cook at low-medium heat until it is a mostly homogenous porridge. There are two recipes that can be prepared with powha:
 - Manda: one oz (30 g) powha (1-2 handfuls), prepared in fourteen times water (14 oz, 420 mL)
 - Peya: two oz (60 g) powha (2-4 handfuls), prepared in eight times water (14 oz, 420 mL)
- Basmati rice, or if desired Kerala/Sri Lankan red rice, which is a partially milled rice that cooks in roughly the same amount of time as white basmati. The red rice however should be soaked overnight. Otherwise, remove any objects, rinse in cool water, drain, and cook as prescribed. Different types of preparations that can be made include:
 - Vilepi: prepared at a 1:4, ½ cup rice in 2 cups water
 - Odana: prepared at a 1:2, 1 cup rice in 2 cups water
- Yusa, or split, washed mung dahl. Soak one handful (~1.5 oz, 45 g) in water overnight, drain well, and then lightly roast in a dry pan for few minutes, only to parch, not to burn the bean. Add 14 times (21 oz, 620 mL) the volume of water, 2-3 slices of ginger root, and cook until it is a homogenous porridge yielding about 1½ cups, or 350-400 mL. Stir periodically during cooking, to prevent burning.
- Pink salt; also known as Himalayan pink salt or sendha namak. Black salt, or kala namak, has more sulfur and is especially good for digestion.
- Hingwastak (churna): A powdered (churna) spice mixture, easy to get at most Indian grocery stores. Contains hing (asafoetida), a stinky-smelling herb like garlic that is good for digestion, colic, and parasites. Hingwastak also contains pepper, ginger, nigella, ajwain and other spicy herbs. Only use a tiny pinch in the beginning, and see how it feels. Increase up to ½ tsp, and if well tolerated, up to a maximum of 1 tsp.

- Ginger tea: use 4-6 slices of the root per every 2 cups (500 mL). Bring to a boil, and simmer for 10-20 minutes at low heat. Grate the root or add more ginger to make it stronger. Strain, drink warm, but not too hot. Add ½ tsp licorice powder to steep for burning sensations or gastric irritation. Add several slices or the grated root of fresh turmeric for joint pain and general inflammation.
- Pickles, live culture e.g. fermented carrot, radish, or cabbage, properly soured, i.e. not a fresh ferment. Let age for one month on the counter before refrigerating. Recipes start on p. 159, Food As Medicine.
- Mamsa rasa ('meat juice'): In a pressure cooker, fry 2-3 lbs of goat stew meat in with fresh ginger, onion and turmeric. Add 12 cups of water, a pinch of pink salt. Secure lid and pressurize, reducing heat to a medium-simmer, and cook for 75 minutes. When done, strain soup from meat. Refrigerate to scoop off the congealed fat. For this process, it is best to prepare in advance, and store in four separate containers in freezer for separate meals. The meat can be frozen and added to other stocks to make stew at a later date.
- Bone soup: prepare in advance, as per mamsa rasa above. See recipe in Food As Medicine, p. 147.
- Steamed root/starchy vegetables, e.g. carrot, rutabaga, winter squash, sweet potato, daikon, parsnip. Cook until super soft, but not overcooked (i.e. color loss). Onions can be steamed as well, but should have no pungency. Good for constipation, but too much will tend to cause loose motions.
- Stir-fried leafy green vegetables. Baby or tender greens are best, e.g. bok choy, spring kale, nettle, methi, etc. Dice into ½ inch pieces, equal to 2-3 cups. Add 1-2 tsp of olive oil or ghee to a fry pan, and at medium heat, add 2 tsp each fresh grated ginger and turmeric, and ½ tsp pink salt. Let the spices cook for a half a minute, then add veggies. Cook until tender but still brilliant green.
- Stew. Prepared in a similar manner as mamsa rasa, but can also be prepared with the addition of root vegetables mentioned earlier (e.g. onion, garlic, carrot, sweet potato, squash etc.). Traditional herbs such as Indian, Mediterranean, Romanian, French etc. can be used to flavor the stew, p. 143, Food As Medicine.

Meals	Breakfast (10am)	Mid-day (1pm)	Dinner (5pm)
Day One	• Manda	• ginger tea	• Peya
Day Two	• Vilepi, 1 cup	• ginger tea	• Odana, 1 cup

	<ul style="list-style-type: none"> • pink salt, pinch 		<ul style="list-style-type: none"> • pink salt, pinch
Day Three	<ul style="list-style-type: none"> • Odana, 1-1½ cups • Yusa, 1-2 cups • Hingwastak, pinch 	<ul style="list-style-type: none"> • ginger tea 	<ul style="list-style-type: none"> • Odana, 1-1½ cups • Yusa, 1-2 cups • Hingwastak, pinch
Day Four	<ul style="list-style-type: none"> • Odana, 1-1½ cups • Yusa, 1-2 cups • chopped Cilantro, salt • Hingwastak, pinch 	<ul style="list-style-type: none"> • ginger tea 	<ul style="list-style-type: none"> • Odana, 1-1½ cups • Yusa, 1-2 cups • Hingwastak, pinch • Live culture vegetables, ½ cup
Day Five	<ul style="list-style-type: none"> • Odana, 1-1½ cups • Mamsa rasa, 1-2 cups • Root vegetables, ½-1 cup • chopped Cilantro, salt • Hingwastak: ¼-½ tsp 	<ul style="list-style-type: none"> • ginger tea 	<ul style="list-style-type: none"> • Odana, 1-1½ cups • Mamsa rasa, 1-2 cups • Root vegetables, ½-1 cup • Live culture vegetables, ½ cup • Hingwastak: ¼-½ tsp
Day Six	<ul style="list-style-type: none"> • Odana, 1-1½ cups • Stew, 2 cups • Lightly steamed or stir-fried leafy greens, 1 cup • Hingwastak: ¼-½ tsp 	<ul style="list-style-type: none"> • Bone broth, with garden herbs (chives, rosemary, oregano, etc) 	<ul style="list-style-type: none"> • Odana, 1-1½ cups • Stew, 2 cups • Lightly steamed or stir-fried leafy greens, 1 cup • Live culture vegetables, ½ cup • Hingwastak: ¼-½ tsp

Days 7-14

Follow a similar meal regimen, substituting goat/lamb in the stew with other types of meat. Portion sizes may increase proportional to an increase in appetite from regular exercise, which can now be introduced. Continue with the rice, but no other cereal during this period.

Days 15-30

Slowly introduce heartier foods. Breakfast can shift to lower carbohydrate to stabilize blood sugar and nervous activity, such as eggs, meat, fish, but at the end of the day when digestive activity is declining, dinners should be simple stews. During this period you can experiment with different cereals, such as quinoa, amaranth, buckwheat, short grain brown rice, and wild rice, but for whole grains always make sure to ferment before cooking to reduce antinutrient factors that inhibit digestion (see Food As Medicine, p. 124).