Clinical Research

Effect of dietary, social, and lifestyle determinants of accelerated aging and its common clinical presentation: A survey study

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Abstract

Aging is unavoidable and natural phenomenon of life. Modern gerontologists are realizing the fact that aging is a disease, which Ayurveda had accepted as natural disease since long. Rate of aging is determined by one’s biological, social, lifestyle, and psychological conditions and adversity of which leads to accelerated form of aging (Akalaja jara or premature aging). The aim of this study is to identify potential factors that may accelerate aging in the context of dietary factors, lifestyle and mental makeup. The 120 diagnosed subjects of premature-aging of 30-60 years were randomly selected in the survey study. Premature aging was common among females (75.83%), in 30-40 age group (70%), 86.67% were married, had secondary level of education (36.66%), house-views (61.67%), belongs top middle class (58.33%) and engaged in occupations that dominating physical labour (88.33%). The maximum patients are constipated (60%), had mandagni (80%), vata-kapha prakriti (48.33%), rajasika prakriti (58.33%), madhyama vyayama shakti (73.33%), and madhyama jarana shakti (85.83%). Collectively, 43.33% patients were above normal BMI. The more patients had anushna (38.33%) and vishamasana dietary pattern (25.83%), consumed Lavana (88.33%) and Amla rasa (78.33%) in excess on regular basis. Some patients had addicted to tobacco (11.67%) and beetle chewing (5.83%). The maximum patients had no any exercise (79.17%) and specific hobby (79.17%) in their leisure times. Analyzing Hamilton Anxiety and Depression Rating Scales revealed that 39.80%, 37.86%, 33.98%, 24.27% and 18.44% patients had insomnia, depression, tension, GIT symptoms and anxious mood respectively. These data suggest that certain social, dietary and lifestyle factors contribute towards accelerated ageing among young individuals.

Key words: Aging, Akalaja-jara, lifestyle, Manasabhava, premature-aging

Introduction

Aging is a continuous process that affects all the systems and tissues without sparing single cell in the body. Some people live longer with a very good physical and mental health, while others live with mild to moderate or even severe cognitive and physical disorders by the age of 60 or even before. In the latter condition, one’s aging process is accelerated than the expected nature of the chronological age. It is a matter of fact to think why a person’s biological age is more rapid than their chronological age. More researches are being carried out on the physiological and pathological aspects of aging and the means by which aging could be slowed.

Aging has been defined as a progressive and generalized impairment of function resulting in a loss of adaptive response to stress and in a growing risk of age-associated disease. There is no United Nations standard to the age from which aging begins, but the UN agreed cutoff is 60+ years to refer to the older population. Charaka considers that old age starts at 60 years of age, while Sushruta demarcates old age starts at 70. It is important to distinguish normal aging that is universal biological changes that occur with advancing age and are unaffected by disease and environmental influences which is known as chronological aging and according to Ayurveda kalaja jara (natural aging). Some western bio-gerontologists also accept that aging is a disease. In contrast, the accelerated aging is strongly affected
by environmental, lifestyle, and some disease conditions that are related to aging but not due to aging itself. This condition is accordingly known as akalajajara.[6] The tridosha (body humors), saptadhatu (basic tissues), indriya (organs), srotas (body channels), and agni (digestive and metabolic capacity) are affected in aging process according to Ayurvedic fundamentals, manifesting signs and symptoms physical as well as functional levels.[5]

Aging does not take place simultaneously in all tissues. Asthanga Samgraha was the first to mention how aging proceeds, whether it starts simultaneously in all tissues or from, for instance at the end of first, second, third, fourth, fifth, sixth, seventh, eighth, ninth, and tenth decade; the childhood, growth, complexion, intellect, skin luster, reproductive capacity, vision, hearing, mind, and functions of sense organs are lost, respectively,[6] and the maximum life span is 100 years.

Sharangadhara has had similar view with mild modification considering maximal life span of 120 years dividing into 12 decades. According to him, chronological deteriorations that take place in each decade are bala (childhood), vridhdi (growth), chavh (complexion or body’s glow), medha (intellect), tvak (skin properties), drishti (vision), shukra (reproduction), vikrama (valour), buddhi (reasoning capacity), karmendriya (state of motor organs), cheta (mind), and finally jivita (life).[6] It is obvious from the foregoing that aging is gradual and continuous process that affects various bodily tissues at different times. In this way, the process of aging definitely begins in the fourth decade of life. The effect of aging is more obvious in the fifth decade when the properties of skin elude or wrinkles.

Akalajajara or premature aging is strongly influenced by the effects of environmental, lifestyle, and disease states that, in turn, are related to or change with aging but are not due to aging itself. This is an accelerated aging due to many reasons, in which biological aging is more intense irrespective of chronological age. Although, the rate of aging is genetically predetermined; lifestyle, dietary habits, addictions, mental makeup, social and family life, medication, and many other environmental factors may influence the aging process, and their unfavorable effects cause premature aging. Among hundreds of theories of aging, free radical theory has remained rational over time as it provides many realistic explanations for the process of aging. The changes induced by free radicals are believed to be the key cause of aging, disease, and death. Diet, active, and stress-free living play an unparallel role in neutralizing free radicals thereby retarding aging and age-related disease as well.[6]

This study deals to identify possible factors that are adhered with diet, lifestyle, occupation, marital status, mental makeup, and such other key factors in the persons who are clinically aged than their actual age.

Aims and objectives

This study was carried out to evaluate the relationship of lifestyle, dietary pattern, occupational and social background, and mental makeup in individuals whose aging process is accelerated than expected, and signs and symptoms of aging are quite evident untimely.

Materials and Methods

The 120 diagnosed subjects, who fulfilled criteria of premature aging of both genders attending OPD of the Department of Kayachikitsa, I.P.G.T and R.A Hospital, Gujarat Ayurved University, Jamnagar, during April 2009 to April 2010 were included in the survey study. Informed consent was taken in trilingual consent form after explaining the purpose of the study in detail in non-technical terms verbally. The study was cleared by Institutional Ethics Committee of I.P.G.T and R.A of Gujarat Ayurveda University.

Inclusion criteria

Patients aged between 30 and 60 years having started signs and symptoms of premature aging who were not suffering from any systemic disease or infection and who were not on any chronic medication were selected irrespective of their gender, education, socioeconomic status, and religion. Principle variables were the chief complaints such as khalita (hair falling), padiya (hair greying), prabha-hani (loss of glossiness of the skin), twak parushya (roughness of the skin), flabbiness of body (slatha sara), deterioration in ghrana (grasping), dharana (retention), and svarana (recalling), slatha mansa (muscle weakness), parakrama-hani (decreased physical strength), vali (wrinkling), slatha sara (flabbiness of body), dhata-kshaya (loss of tissues), shukra-kshaya (decreased virility), swasa (dyspnoea), reputu (tremors), and drishti-hrasa (visual defects).

Exclusion criteria

Patients who were below 30 and above 60 years, suffering from any chronic systemic disease such as diabetes mellitus, chronic obstructive pulmonary disease, and malignancies that were due to some other pathologies rather than the aging and who were on any chronic medication, were excluded from the survey study.

Observation and Results

General observation

The 75.8% (n=91) patients were reported females and 24.17% (n=29) males. When considering both age and gender, the maximum patients (70%) were observed in 30–40 year age group (n=84) contributing 13.33% males (n=16) and 56.67% females (n=68), whereas 25% of patients were reported in 41–50 year age group contributing 7.5% males and 17.5% females. In 51–60 year age group, the 3.33% patients were males and 1.67% females (total 5%). The maximum 81.67% patients were Hindu, while 15% had Islamic faith followed by 3.33%, 1.7% and 0.83% Jain, Christian, and Buddhist, respectively. The 56.67% (n=104) patients were reported married followed by 9.16% (n=11) unmarried. Another 4.17% patients were living alone as either widowed or separated contributing 1.67% widowed and 2.5% separated.

The maximum 36.66% (n=44) patients had secondary level of education followed by 24.17% (n=29) graduates. The patients who had higher secondary level education were 21.67% and another 4.17% patients were reported to have post graduation. The 5% of patients had primary education, whereas 8.33% were uneducated. The maximum 61.67% of patients (n=74) were housewives followed by 13.33% (n=16) laborers. Only 25% of patients (n=30) were not strongly associated with physical labor, i.e., 12.5%, 8.33%, 1.67%, 1.67%, and 0.83% of patients.
respectively, businessmen, teachers, doctors, bank officers, and engineers. The 81.51% female patients (n=90) were found involved in labor work irrespective of their educational status. The maximum patients (58.33%, n=70) were reported in lower-middle class followed by poor (19.17%, n=25) both groups collectively accounted for 77.5% of patients. The 15% and 7.5% patients were reported to have middle and upper-middle socioeconomic status, respectively. The 88.16% patients were observed to be engaged in occupations dominating physical labor, while 11.67% patients were associated with dominating mental labor.

The mean age of marriage for males was 23.45 years and that for females was 20.63 years. The mean duration of marriage of males was 15.9 years and for females was 17.87. Male developed symptoms of aging at a mean age of 32.7, whereas that of female was 34.35 years. The mean age of puberty for female was 13.91 ± 0.21 years and that of menopause was 42.13 ± 2.37 years. The 60% patients had constipation, whereas 40% patients had normal bowel habits. The 89.17% patients had normal urinary pattern, whereas 5%, 4.16%, and 1.66% patients had polyuria, oliguria associated with burning sensation, and dysuria, respectively. The 57.5% (n=69) patients had madhyama type of koshtha followed by 21.66% and 20.83% patients mridu (n=26) and krura koshtha (n=25), respectively. The 80% patients reported to have mandagni (n=96) followed by 15% and 5% patients vishamagni (n=18) and tikshnagni (n=6), respectively.

The maximum patients, i.e., 48.33% (n=58) had vata-pitta prakriti followed by 27.55% and 20% patients vata-kapha (n=33) and pitta-kapha prakriti (n=24). Vata prakriti was reported in 4.16% patients. The 58.33% of patients had rajasika prakriti, whereas tamasika in 35% patients followed by satvika in 6.66% patients. The maximum patients, i.e., 53.33% had madhyama sara, while 13.33% and 3.33% patients had avara and pravara sara, respectively. Madhyama satva was reported in 86.7% patients, whereas avara satva and pravara satva in 12.5% and 0.83% patients, respectively. The 76.67% patients had madhyama satmya followed by 16.67% and 6.66% patients having avara and pravara satmya, respectively. The majority of patients (86.7%) had madhyama satmya followed by 12.5% avara satva. The maximum patients (73.33%) were reported to have madhyama samhanana, whereas 20.83% and 5.83% patients had pravara and avara samhanana, respectively. Pravara, madhyama, and avara pramana had been reported in 46.67%, 27.5%, and 25.83% patients, respectively. Madhyama vayyama shakti was reported in 73.33% patients, whereas avara and pravara vayyama shakti was reported in 20.83% and 5.83% patients, respectively. The 83.33% patients had madhyama abhyavaharana shakti, whereas 10.85% and 5.83% patients had pravara and avara abhyavaharana shakti, respectively. The 85.83% patients had madhyama jara shakti, followed by 9.17% and 5% patients with pravara and avara jara shakti, respectively.

The mean height of patient was 1.59 ± 0.06 m. The mean body weight was 62.14 ± 2.0 kg. The mean body mass index (BMI) was 24.64 ± 0.72 (kg/m²). The ponderal index was 15.64 ± 0.49 (kg/m²). The maximum patients (47.5%) were within normal range of body weight, whereas 29.16%, 9.17%, 3.33%, and 1.66% patients were overweight, moderately obese, severely obese, and morbidly obese, respectively. Another 9.17% patients were found to be underweight. Collectively, 43.33% patients (n=52) were of above normal BMI.

### Dietetic habits

The 75.85% patients were reported to consume vegetarian diet, whereas 24.15% consumed mixed diet. The 47.5% patients had healthy dietary habits (samasana) in general, followed by 38.33%, 25.83%, 14.2%, 10%, 5.83%, and 2.5% patients had anusha, vishamasana, anusana, adhyasana, virya viruddha and ajirnasana diet, respectively, on regular basis. The maximum number of patients consumed lavana, anla, and madhura rasa in excess on regular basis in their diet, i.e., 88.33%, 78.33%, and 66.67%, respectively, followed by katu rasa 49.17%, kushaya rasa 5%, and tikta rasa 4.17%. The 79.17% patients were found regular in their diet, whereas 20.83% of patients were found not having proper timing of diet. The 72.5% and 67.5% patients consumed diet rich in gur and snigdha properties, respectively, followed by ushna 40.83%, shita 39.17%, laghu 21.67%, and ruksha 9.17%. The 90% patients were taking tea on regular basis, whereas 28.33% salty stuffs. The 6.67%, 1.67%, and 0.83% patients were taking milk, coffee, and cold drinks as supplementary diet, respectively. The 87.5% and 70.83% patients used ghee and cotton seed oil in their cooking followed by 25%, 15.83%, and 6.67% patients using groundnut oil, sunflower oil, and mustard oil, respectively.

### Addiction

The 11.67% patients were addicted to tobacco chewing followed by 5.83% to beetle chewing. Another 1.67% patients were addicted to tea and smoking each.

### Lifestyle

The 79.17% patients were not being engaged in any exercise, while 9.17% engaged in less and irregular exercise. Only 11.67% patients were having regular and proper exercise. The maximum patients (90.83%) were not having the practice of oil application (abhyanga) on the body on regular basis as health preserving measure, whereas 4.2% patients had it rarely. Only 5% patients had abhyanga regularly. The 69.2% patients were having sufficient, sound sleep followed by 14.2% patients having disturbed sleep, whereas 10.8% and 5.83% patients insufficient and excess sleep, respectively. The 70% patients were not having specific hobby in their leisure times followed by 25.83% and 15% patients who had the habit of watching movies and TV and reading, respectively. The 47.5% patients each were reported being indulged in daily activities that vitiates vata and kapha followed by 2.5% and 1.66% patients who had daily routines of vata-kapha and Pitta vriddhakara, respectively. Each 0.83% patients had daily routines that vitiates vata-pitta and pitta-kapha equally.

### Emotional makeup

The 69.16% (n=83) patients were found to be emotionally normal, while 21.66% were tense (n=26) followed by 7.5% and 1.66% patients depressed (n=9) and anxious (n=2), respectively.

### Chief complaints

Among signs and symptoms, the 81.66%, 70.83%, and 65% patients had hair falling (khalita), hair greying (palita), and loss of glossiness of the skin (prabha-hani), respectively. Incidence of each roughness of the skin (tvak parushya) was 59.16%, whereas slatha sara (flabbiness of body), and deterioration in graham (grasping power) and dharana (retention power) was reported in 60% patients followed by difficulty in smaran (recalling power) in 58.33% patients. The incidence of slatha mansa (muscle weakness),...
parakrama-hani (decreased physical strength), and each utsaha-hani (decreased physical activities) and slatha asthi (bone weakness) was reported in 54.16%, 53.33%, and 51.66% patients, respectively. Vali or wrinkling of skin was observed in 40% patients. Slatha sara (flabbiness of body), dhatu-kshaya (loss of tissues), shukra-kshaya (decreased virility), swasa (dyspnoea), veṣapu (tremor), dhishiti-hrasa (visual defects), kasa (cough), and kayasya-avanamanā (bending of body) was found in 50%, 49.16%, 36.66%, 38.33%, 7.5%, 5.83%, and 2.5% patients, respectively [Table 1].

The 81.66% and 78.33% patients had klama (fatigue) and vibandha (constipation), respectively, followed by 76.66%, 66.66%, 55%, and 50% patients having weakness, sleeping disturbances, anger, and indigestion, respectively. Irritability, palpitation, early menopause, urinary symptoms, and weakness of teeth was found in 33.33%, 32.5%, 26.66%, 17.5%, and 3.33% patients, respectively.

Dosha, dashya, and mala
The maximum patients (72.81%) were found to have vata Dosha, whereas each 56.31% patients had kapha vridddhi. The 38.33% patients had to report kapha kshaya, whereas each 33.98% patients had pitta kshaya and pitta vridddhi. Another 17.47% patients had symptoms of kapha prakopa. The 93.2%, 76.69%, 66.01%, and 64.07% patients were having ashi kshaya, rasa kshaya, rakta kshaya, and majja kshaya, respectively, whereas 33% 28.15%, and 16.5% patients had mansa kshaya, meda kshaya, and shukra kshaya, respectively. Rasa vriddhi was found in 14.56% patients followed by mansa vriddhi, meda vriddhi, and majja vriddhi in 28.15%, 33%, and 6.79% patients, respectively [Table 2].

Parishavaha sroto-dushti was reported in 50.48% patients, whereas sweda vriddhi was reported in 10.67% patients followed by mutravaha sroto-dushti in 9.70% patients. Mutravaha sroto-dushti and swedavaha sroto-dushti were reported in 9.7% and 6.79% patients, respectively, followed by mutra vriddhi in 7.76% patients. The 45.05% patients had artava kshaya followed by artava vriddhi. The 2.5% patients had artavaha sroto-dushti in 21.97% patients, whereas 4.39% patients had artavaha vriddhi. The 33% patients were having symptoms of ojas-kshaya. The 96.11% and 95.99% patients reported asthivaha and rasavaha srotodushti, while annavaha srotodushti was reported in 49.51% patients. The 17.47%, 15.53%, and 14.56% patients had meda vaha, raktavaha, and shukravaha srotodushti, respectively. The 6.79% patients each had mansavaha and majjavaha srotodushti, while 8.73% patients had udakavaha srotodushti. The avara state of asthi sara, twak sara, shukra sara, rakta sara, majja sara, satva sara, mansa sara, and meda sara was found in 24.16%, 24.99%, 31.66%, 20.83%, 15.82%, 12.49%, 9.19%, and 9.99% patients, respectively.

Mental health
Evaluating the abnormal mansabhabhaa, 33.33% patients had chinta followed by 28.33% and 20% patients with smriti and vishada, respectively, whereas raja, harsha, and priti was found in 10.85% patients each. The 9.16%, 7.5%, 6.66%, 5.83%, 3.33%, 2.5%, and 1.66% patients were reported to suffer from mana, medha, each vira, dhiyu, and shoka; each chinta and hiyu; dhriti and upadi, respectively. Analyzing the mental health, the Hamilton Anxiety Rating Scale revealed that 39.80%, 37.86%, 33.98%, 24.27%, and 18.44% patients had insomnia, depression, tension, GIT symptoms, and anxious mood, respectively, whereas intelcet (difficulty in concentration and memory) and autonomic symptoms were found in 14.96% and 13.59% patients. Genito-urinary symptoms and respiratory symptoms were reported in 8.73% and 4.85% patients, respectively, while 3.88% patients each had somatic muscular, cardiovascular, and somatic sensory symptoms, respectively. Hamilton Depression Rating Scale revealed that insomnia, depressed mood, anxiety somatic, and anxiety psychic were reported in 39.80%, 37.86%, 21.35%, and 14.56% patients, respectively followed by work interest and

<table>
<thead>
<tr>
<th>Table 1: Incidence of chief complaints of aging reported by 120 premature aging patients</th>
<th>Chief complaints</th>
<th>Total patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twak parushya (rough and dry skin)</td>
<td>71</td>
<td>59.16</td>
<td></td>
</tr>
<tr>
<td>Slatha sara (flabbiness of the body)</td>
<td>60</td>
<td>50</td>
<td></td>
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<tr>
<td>Slatha mansa (weakness of the muscles)</td>
<td>65</td>
<td>54.16</td>
<td></td>
</tr>
<tr>
<td>Slatha asthi (weakness of the bone)</td>
<td>62</td>
<td>51.66</td>
<td></td>
</tr>
<tr>
<td>Slatha sandhi (flaccidity of the joints)</td>
<td>72</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Dhatu kshaya (loss of nutrition of basic tissues)</td>
<td>59</td>
<td>49.16</td>
<td></td>
</tr>
<tr>
<td>Kaya-avanamanā (bending of the body)</td>
<td>03</td>
<td>2.5</td>
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<tr>
<td>Vepathu (tremors)</td>
<td>10</td>
<td>8.33</td>
<td></td>
</tr>
<tr>
<td>Khālītya (hair falling)</td>
<td>85</td>
<td>70.83</td>
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<tr>
<td>Vali (wrinkling of the skin)</td>
<td>48</td>
<td>40</td>
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<tr>
<td>Pālītya (graying of hair)</td>
<td>98</td>
<td>81.66</td>
<td></td>
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<tr>
<td>Kasa (cough)</td>
<td>07</td>
<td>5.83</td>
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<tr>
<td>Swasa (dyspnea)</td>
<td>46</td>
<td>38.33</td>
<td></td>
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<tr>
<td>Grahanā (grasping power)</td>
<td>72</td>
<td>60</td>
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<tr>
<td>Dharanā (retention power)</td>
<td>72</td>
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<tr>
<td>Smaranā (recalling power)</td>
<td>70</td>
<td>58.33</td>
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<tr>
<td>Vachana (speech)</td>
<td>01</td>
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<tr>
<td>Vijnana (application of knowledge)</td>
<td>02</td>
<td>1.66</td>
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<tr>
<td>Utsaha-hani (decreased activity in daily routine)</td>
<td>62</td>
<td>51.66</td>
<td></td>
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<tr>
<td>Parakrama-hani (decreased physical strength)</td>
<td>64</td>
<td>53.33</td>
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<tr>
<td>Paurusha-hani (decreased virility)</td>
<td>49</td>
<td>40.83</td>
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<tr>
<td>Prabha-hani (loss of glossiness of the skin)</td>
<td>78</td>
<td>65</td>
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<tr>
<td>Shukra-kshaya (loss of libido and/or potency)</td>
<td>44</td>
<td>36.66</td>
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<tr>
<td>Dhrishti-hrasa (diminished vision)</td>
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<td>7.5</td>
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<tr>
<td>Kar mendriya-hani (decreased activities of motor organs)</td>
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<table>
<thead>
<tr>
<th>Table 2: Dushya pariksha reported by 120 premature aging patients</th>
<th>State of Dushya</th>
<th>Total patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rasa-kshaya</td>
<td>79</td>
<td>76.69</td>
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<tr>
<td>Rakta-kshaya</td>
<td>68</td>
<td>66.01</td>
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<td>Mansa-kshaya</td>
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<tr>
<td>Meda-kshaya</td>
<td>29</td>
<td>28.15</td>
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<tr>
<td>Ashthi-kshaya</td>
<td>96</td>
<td>93.2</td>
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<tr>
<td>Majja-kshaya</td>
<td>66</td>
<td>64.07</td>
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<td>Shukra-kshaya</td>
<td>17</td>
<td>16.5</td>
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</table>
Discussion

The majority in the present sample (75.83%) with premature aging are females. The 70% patients are within 30–40 year age group, within which again females are dominant (56.67%). These data suggest that premature aging begins as early as 30 and 40 years of age, and females are more vulnerable to get aged early. The data are supported by another study with the quotation that “An ageing society is evolving, which for the most part, is female.”[9] The adversity of lifestyle and heavy work load in household activities resulting in stress factor may be the cause of accelerating aging among females. Another study reveals the fact that “The neglect of women’s health and nutrition is so serious in some countries, particularly in Asia.”[10]

Although majority (86.67%) are married, some considerable number of people in this study (13.33%) are unmarried, widowed, or separated, of whom majority are females. Marital status is a crucial aspect of demographic data of aging. The above data support another study that people who are married, cohabiting, or remarried are at low risk of early death than people who remain unmarried or divorced.[11] Therefore, marital status has become an important determinant of the rate of aging in any population.

Education has a major role among social factors that determine the rate of aging. Education and nature of one’s livelihood are strongly interrelated. Majority of the subjects (50%) are in the group that consists of secondary, primary, and uneducated people. The most individuals (88.33%) are engaged in occupations related to physical labor, and most female patients (81.31%) are involved in household work irrespective their educational status. The maximum patients belonged to lower-middle class and poor economical group which collectively accounts for 77.5%. Above data reveal that people poorly educated, having physical labor dominant employments, and facing economic hardships in daily conditions are associated with accelerated aging. The more dominant food lead to... properties lead to... The above data are suggestive of gradual declining of the component of bala (strength) of the body with aging. The decline in strength is in aging carry significant consequences related to day-to-day activities. The data of present study reveal that premature aging is associated with remarkable loss of physical ability and which is supported by many standard studies.[12,13] The maximum patients (47.5%) are of normal body weight (mean wt 62.14 ± 2.0 kg and mean BMI 24.64 ± 0.72 kg/m²) and another 9.17% patients are found to be underweight. Collectively, 43.33% patients (n=52) are of above normal BMI. The data suggest that obesity is associated with aging, although the lean body mass declines, fat accumulation increases with age.

Dietary habit wise more patients are vegetarian. Although maximum patients have healthy dietary habits (samasana) in general, anushina, vihamsasana, anasana, adhyasana, virya viruddha, and ajirnvasanasana dietary habits are also found on regular basis in considerable number of patients. These unhealthy dietary habits lead to vata vridhidhi, dhatu-kshaya, and agni-vaisshamya resulting in production of ama (free radicals) and accelerated aging. The data support another demographic study on premature aging, where nearly similar results were observed.[21] The maximum numbers of patient have been consuming lavana, amla, madhura, and katu rasa in excess on regular basis. Some patients have no proper timing of diet. More patients consumed diet rich in guru (72.5%) and snigdha (67.5%) properties, whereas some patients consumed diet dominant in laghu (21.67%) and ruksha (9.17%) properties. Anasana or insufficient food and diet rich in laghu and ruksha properties lead to vata-vridhidhi and malnourishment, and in contrast, adhyasana and madhura, amla, and lavana rasa dominant food lead to kapha and medas-vridhidhi. Both the conditions are associated with accelerated aging. The more patients (90%) are taking tea at many times on regular basis, whereas 28.33% salty stuffs, both the things downgrade digestion (agni) and may trigger the pathology of aging untimely. Majority of patients who have signs and symptoms of premature aging consume ghee (87.5%) and cotton seed oil (70.83%) in excess which lead to unwanted effect such as kapha and medas vridhi and also obesity rather than the beneficial effects of ghee.

Lifestyle-related data analysis suggests that addiction to tobacco
and smoking is common. Smoking and tobacco are among the modifiable risk factors of aging and its excessive use trigger early aging. A study has reported that smoking decreases the protein (Werner’s protein) in the body which prevents early aging.\(^\text{[22]}\) Although physical activity is a part of social life, it is important to note that maximum subjects (79.17%) were not engaged in any exercise. A sedentary lifestyle is known to be an important risk factor for poor health and reduced functional ability.\(^\text{[21]}\)

World Health Organization identifies six areas that affect by physical exercise: Body shape, bone strength, muscular strength, skeletal flexibility, motor fitness, and metabolic fitness.\(^\text{[24]}\)

Physical exercises prevent age-related health conditions such as diabetes, coronary heart disease, osteoporosis, and improve mental health as well. Therefore, it is evident that lack of exercise undoubtedly leads to accelerated aging and many age-associated diseases. In this study, maximum subjects have sedentary lifestyle which provides evidence to the fact that physical inactivity causes premature aging.

The maximum patients (90.85%) have no practice of oil application on the body (abhyanga) on regular basis as health preserving measure; the 30.8% patients had disturbed sleep. The 70% patients had no specific hobbies in their leisure times. The 47.5% patients each are reported to indulge in daily activities that vitiate vata and kapha. Analysis of symptoms of premature aging reveals that slatha sara, deterioration in grahana, dharama, and difficulty in smarana are some of the common symptoms. Twak parushya, prabha-hani, utsaha-hani, vali, and veputu are found common among the patients. These symptoms are due to depletion of rasa-dhatu which is reported among 76.09% patients.\(^\text{[23]}\)

Prabhahani and twak-parushya are due to depletion of rakt-dhatu which is in 66.01% patients. Slatha-mansa, slatha-sandhi, and slatha-asthi are the features of depletion of mansa dhatu.\(^\text{[25]}\)

khaliya, palita, drishti-hrasa, and slatha-asthi are due to depletion of asthi and majaa dhatu which is found among 64.07% patients. The dhatu-kshaya, shukra-kshaya, and parakrama-hani indicate depletion of shukra dhatu. The mansa kshaya, meda kshaya, and shukra kshaya are also responsible in manifesting symptoms of premature aging.

It is well known that saptaha dhatu becomes gradually depleted when aging proceeds. In premature aging, the process of depletion takes place in accelerated manner giving rise to early symptoms of aging. Deterioration of grahana, dharama, and smarana are the symptoms related to concentration as well as memory and learning, and deterioration of which collectively may be considered as dementia in modern perspective. Depending upon the degree of dementia, impairment is variable ranging from mild memory impairment to severe forgetfulness. This study reveals that there is considerable prevalence of memory-related symptoms which appear in 50–60 years of age as early indicating premature aging. Data reveal that vata vriddhi (72.81%) is dominant among majority of patients before the expected age, strongly suggesting accelerated aging. The symptoms of kapha vriddhi (56.31%) and pitta kshaya (33.98%) may be due to their sedentary lifestyle. Although these untimely symptoms related to dosha and dhatu are subjective, they are very substantial to assess aging, the rate of aging and consequently could be used as potential biomarkers.\(^\text{[20]}\)

Evaluation of manusabhava reveals that increased negative emotions such as chinta, vishada, raja, mana, and shoka were in mild form, whereas decreased positive emotions such as smriti, medha, vira, and dhairy and dhati were also among the symptoms. Analyzing Hamilton Anxiety Rating Scale, insomnia, depression, tension, GIT symptoms and anxious mood, difficulty in concentration and memory, and autonomic symptoms were among some patients. Hamilton Depression Rating Scale reveals that insomnia, depressed mood, anxiety somatic, and anxiety psychic were reported in these patients. Those data suggest that although anxiety, depression, and stress are triggering factors of accelerated aging; however, severe anxiety, depression, or disturbed masnasa bhava, are not found among the patients.

**Conclusion**

Aging is determined by lifestyle, dietary habits, mental makeup, and even environmental factors in addition to the genetic factors. Faulty dietary habits, lifestyle, and stressful living may wrongly influence one’s biological aging which is the sole indicator of health and age-associated diseases. Ayurvedic way to live healthy and young for long is to maintain balance of dosha, dhatu mala, and agni also to control mind. The objective to attain healthy aging could be achieved by practicing stress-free lifestyle enriched with moral code of conduct and healthy dietary habits to make the aging society healthy and happy.

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