International Journal of Current Advanced Research

ISSN: O: 2319-6475, ISSN: P: 2319-6505, Impact Factor: SJIF: 5.995

Available Online at www.journalijcar.org

Volume 7; Issue 3(E); March 2018; Page No. 10761-10764 DOI: http://dx.doi.org/10.24327/ijcar.2018.10764.1839



ASSESSEMENT OF AGNI AND THE MANIFESTATION OF RELATED BODY AILMENTS- A CLINICAL RANDOMIZED SURVEY STUDY

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ARTICLE INFO

Article History:

Received 25th December, 2017 Received in revised form 18th January, 2018 Accepted 14th February, 2018 Published online 28th March, 2018

Key words:

Āyurveda siddhant, Agni Dushti, Vyādhi utpatti, Chardi, Atisāra, Kārsya

ABSTRACT

The concept of Agni is basic concept of Ayurveda. This Siddhanta provides fundamental knowledge for understanding of the theories of Ayurveda viz. Āhāra pācana, Dhātu Utpatti, Vvādhi Utpatti, Āvu parijnāna etc. The motive of our survey study is to establish a link between disturbances of agni with that a manifestation of different body ailments from generalised to specific. The disturbances of agni means tikshāgni, visamāgni, mandāgni with respect to prukriti, vikriti, sār, samhanan, pramāna, sātymay, satva, āhārsakti, vyāmsakti and bal. Due to variation of the external environment food and so many other factors those make fluctuation, constantly in the state of the tridosh. The Agni thus being vitiated, does not digest even the laghu $\bar{a}h\bar{a}r$ and the $\bar{a}h\bar{a}r$ being digested, turn into suktp $\bar{a}k$ and act like vish. So in the present study more than 90 patients were screened according to inclusion and exclusion criteria at the OPD of Rajiv Lochan Ayurveda Medical College and Hospital, Chandkhuri, Durg and total of 60 patients were taken for the actual survey study. The primary symptoms like Praseka, Mukhasosha, Ādhmāna, Āntrakujana, Chardi, Ātisāra, Kārsya, Aruchi and Ajeerna were recorded and assessed in the survey study. Praseka is seen in 25% of patients, Mukhasosha 38.33%, Ādhmān 73.33%, Āntrakujan 56.66%, Chardi seen frequently in 25% of patients and rarely in 41.67%, Atisāra frequently seen in 16.67% and rarely observed in 30%, Kārsya seen in 66.67%, Aruchi frequently seen in 48.33% and rarely seen in 40% of patients, Ajeerna frequently seen in 16.67% and rarely seen in 53.33%. The result which was observed guiet satisfactory in the regard of establishing the life style of common men now a days with that of agni dushti and its related outcoming ailments as mentioned in symptoms. By examining the result properly it was encouraging that further studies can also be carried out to find specific correlation between a specific disease with agni dushti.

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INTRODUCTION

The concept of *Agni*, as stated in the historical review can be observed in a developed stage right from the *Rga-Veda* which is a fundamental science of *Āyurveda*. *Agni* is believed to be the agency for any kind of transformation. It is a known fact that at each and every second multiple procedures of transformations take place in the body. These may be biochemical or bio-physical or any other type of biotransformations. Due to these constant transformation procedures, body grows, develops and lastly destroys too. *Āyurvedic* classics describe 13 types of *Agnis* according to their locations and functions of transformation at different levels of digestion and metabolism.² But this is not the final figure. *Ācharya Chakrapāni* says that each of the Doṣa, Dhātu, *Mala* etc. have their own *Agni*. This is how the number of *Agni* cannot be limited.

*Corresponding author: Sunita Temhunna Rajiv Lochan Ayurveda Medical College and Hospital, Chandkhuri, Durg, India With the help of its own *Agni*, each body substance gets nourished and can perform its normal functions.³⁻⁴

 $Jathar\bar{a}gni$ situated below the $\bar{A}m\bar{a}\acute{s}aya$ in $Garahan\bar{\imath}^{5-6}$ is activated by $Sam\bar{a}na$ $V\bar{a}yu$ and digests the food which is taken in proper $M\bar{a}tr\bar{a}$ and in proper manner observing all the $\bar{A}h\bar{a}ravidhivise\acute{s}\bar{a}yatan\bar{a}s$ and $\bar{A}h\bar{a}ra$ $Vidhividh\bar{a}na$, in order to increase the longevity of life.

Dietetics means the science concerned with the nutritional planning and preparation of food. $\bar{A}h\bar{a}ra$ is believed to be one of the Upastambha of life. If it is faulty, the structure and functions of the body start getting disturbed and deteriorated. This is why while describing causative factors of diseases, dietary articles have been given prime importance. Maharshi Charaka has said that Agni is responsible for $\bar{A}yu$, Bala, Varna, $Sw\bar{a}sthya$, Upacaya, $Prabh\bar{a}$, Oja and $Pr\bar{a}na$. Among thirteen Agnis of the body, $Jathar\bar{a}gni$ has been given the prime importance as all other Agnis are depended on it.

When *Agni* is in imbalanced stage, either in *mandāgni stage*, *tiksāhgni stage or visamāgni stage*, the symptomps are observed in the body. A *chirkāri vikār* of *ābhyāntar rogmārga* marked by inhibited activity of the *pachakāgni* resulting in delayed or partial digestion or indigestion of food taken even in small measures at proper intervals which results in production of *āma*⁷ and abnormal symptoms related to the *mahāsrotas* which tends to affect *rogamārga* is termed as *Agnimāndya*. So a survey study was done to establish *Agni* in body components and its correlation to the manifested bodily ailments at the OPD of Rajiv Lochan Ayurveda Hospital.

MATERIAL AND METHODS

Study design

A survey study was done to establish the corelation between the *agni* with body elements. A total of 90 patients were screened according to the symptoms they expressed at OPD of *Kāyachikitsā* department of Rajiv Lochan Ayurveda Medical college and Hospital, Chandkhuri, Durg. Out of which a total of 60 patients were randomly selected for the actual survey.

Inclusion criteria- Persons having specific GIT related complaints Age of persons between 21 to 60 yrs

Exclusion criteria- Those persons suffering from emergency diseases.

- Persons suffering from more than one diseases outside of GIT disease
- Persons not able to co-operate the study.

OBSERVATION & DISCUSSION

Agnidushti Nidān (Various Aetiological factors responsible for Agnidushti)

S. No.	Category of Nidan	Sub division of nidan	No of patients affected	% of patients affected
1	Āhāraja ⁸	Ati ruksha bhojan	22	36.66%
		Āma bhojan	38	63.33%
		Sita bhojan	26	43.33%
		Vistambhi bhojan	34	56.66%
2	Vihāraja	Divā-nidrā ⁹	Not present 20	33.33%
			Rare 25	41.67%
			Frequent 15	25%
		Vega vidāhran ¹⁰	Ocassionally 42	70%
			Frequently18	30%
3	Mānasika ¹¹⁻¹²⁻¹³	Chintā	Smānya 10	16. 67%
		Soka	Avasādyukta 18	30%
		Bhaya	Tanāvyukta 22	36.67%
			Bhāvuka 10	16.67%
		Krodha	27	45%
4	Āgantuja ¹⁴	Virechan vyāpad	12	20%
		Sneha vasti vyāpad	14	23.33%
		Desha & kāla vaishamya	25	41.66%

Lakshana of Agnidushti (Major symptoms seen in Agnidushti):

S. No.	Major Symptoms involved	No of Patients	% of patients
1	Praseka ¹⁵	15	25%
2	Mukhasosha ¹⁶	23	38.33%
3	$ar{A}dhmar{a}na^{16}$	44	73.33%
4	\bar{A} ntrakujan 16	34	56.66%
	Chardi ²⁴	Not seen 20	33.33%
5		Rare 28	41.67%
		Frequent 12	25%
		Not seen 32	53.33%
6	Atisāra	Rare 18	30%
		Frequent 10	16.66%

7	Kārsya	40	66.67%
		Not seen 07	11.67%
8	Aruchi ¹⁷	Rare 29	40%
		Frequent 24	48.33%
		Not seen 18	30%
9	Ajeerna ¹⁸	Rare 32	53.33%
	v	Frequent 10	16.67%

The study was done between the age group of 21 to 60 yrs. Maximum patient were between the age group of 31 to 40. Maximum male persons were included in the study and were from Hindu community. The study was done in a Hindu dominated place, so maximum patients were belonging to Hindu community. There is no relation with Religion and Agni in the study. The study was done in urban areas, so maximum patients were belonging to township areas with middle class people in comparision to lower & higher class. Middle class people are more affected with Agni vikāra, as these people are very anxious to their carrier, status etc by taking improper diet style and lifestyle. In the study it was observed that maximum 31-40 years group persons have the problem of *Agni*. As these people are busy with improper diet style, frequently taking hotel diet, attending parties, visamāsana, ¹⁹ mental stress, vega dhārana²⁰ (natural urges) etc. Males are more prone to improper Agni, as they are mostly follow improper diet style and life style.

In the group maximum patients were belong to the businessman, less concerned to diet and types of diet. So the life style may lead to Agnimāndya. Maximum patients were educated from primary to higher studies. So they may be more anxious towards their career and study, less concerned to proper diet which leads to agni vikāra. Kshudhā (hunger) status implies maximum patients were in category of Alpa kshudhā person. The veg and non veg mixed diet patternwere of 67% in the group, which may be a cause of agni vikāra comparing to persons who were following one type of diet pattern ie either veg or Non-veg. Non veg diet is the cause of agni dushti if taken in improper way. From the point of work strategy, more patients werein the group of Physical and mental work in comparision to only physical or only mental work. It was observed that whose workload were both physical and intellectual, suffering more from Agni vikāra in comparision to only physical or only intellectual work. Krishatā were seen in 66.67% of patients out of 60, which signifies the chronicity of the Agnidushti creates such malnutrition in the concerned patients. As imbalanced Agni hampers the digestion process, which leads to improper formation of dhātus and resultsin kārshvatā. Majoring the addictive nature, people in the group were more habituated to tea consumption in comparision to Smoking, alcohol drinking, betel chewing or tambākuchewing etc. Excessive frequency of tea consumption or similar kind of viruddha dravya leads to Agnimāndya. In diet style people are more habituated with Vishamāsana in comparision to Adhyāsana and Samāsana etc. Vishamāsana is the cause of different diseases, particularly Agni dushtijanya vikāras. The mental condition shows maximum patients 36.67% were in stress followed by depressed and thoughtful state. Apāka or Khar pāka leads to regular pain and pricking type of pain (suchibhedavat vedanā) in 33% of patients regularly and rarely in 43% of patients. Khara paka leads to formation of āma visha leads to suchibhedavat vedanā. Aruchi was felt by 48.33 % of patients always, as the patients were suffering from mandāgni. Due to mandāgni the diet becomes sukta pāka or apāka, transforms into $\bar{A}ma$ rasa, Ajeerna and s $\bar{a}ma$ kapha²¹⁻²² The Amlaudāgra²³ is felt by the patients due to mandāgni leads to Ajeerna. The diet style shows 50% of patients were taking more chilly and spicy diet regularly in comparision to persons who rarely taking such diet, were 30%. More spices in diet is cause of Agni vikāra or Pitta vidagdha avasthā. 45% of patients were more interested to take deep fried diet like samosh \bar{a} and cake more often, in comparision to 28.33% who rarely had so. The diet which is more guru by nature leads to Agni vikāra as it takes longer duration to digest completely and move out from the GI tract. 30% of patients were suffering from constipation (Vibandha) regularly and 50% of patients were suffering from the problem occasionally. Agnimāndya leads to Ajeerna, which leads to Visthbdhājeerna. Vistabhājeerna is the cause of Mala-vāta pravritti. Due to Ajeerna 73.33% of patients were suffering from Ādhmāna and 26.67% of patients were suffering the problem occasionally. 70% of patients were occasionally had the tendency of vega vidhāran, while 30% patients were frequently habituated with vega dāhrana. Vega nigraha is the mula nidāna (primary aetiology) of many diseases as well as Vātika Grahani.

Tiredness felt early during work was observed by 24% of patients while 67% patients were felt it frequently. *Agnimāndya* is the source cause of improper digestion leads to non-uniformities in formation of *Dāhtus*. *Divā- nidrā* was a regular tendency in 25% of patients and 41.67% occasionally went for *Divā nidrā*. It is advisable in *Greeshma ritu* and in some diseased conditions. *Divā nidrā* causes *Kapha vriddhi* resulting *Agnimāndya*.

Nausea²⁴ (chardi) is felt by 41.67% patients occasionally and 25% persons felt the problem regularly. Natural urges of mala was regular in 28.33% patients and 50% patients had felt irregular natural urges. 48.33% patients were taking medicine for the natural urges and 31.67% patients were taking it occasionally. 43.33% patients were taking diet in hotels regularly and 35% patients were taking diet in hotels occasionally. Gouray and Alasya was felt regularly by 35% and feltrarely by 45% among group of patients. 53.33% Patients were taking diet in the condition of Ajeerna and 16.67% patients were rarely taking diet in the condition of Ajeerna. 23.33% patients were doing upavasa regularly and 45% patients were doing *Upavasa* occasionally. Continuous Upavāsa causes Vāta vriddhi, which affects the balanced state of Agni resulting into Agnimāndya. Among the patients, 23.33% were suffering from Arsa, 23.33% from Grahani, 21.67% from Atisāar, 23.33% from Pāndu and 8.33% from Jalodara. 28.57% patients were not in weightloss state due to improper digestion and 71.42% patients were facing weightloss due to improper digestion. 28.57% patients were suffering from Vibandha and Raktasrāva occasionally and 57.14% patients were suffering from Vibandha and Raktasrāva in mala frequently. 28.57% patients were suffering from Sithila mala and 71.43% patients were suffering from occasional hard and soft mala. Pain during defecation was felt regularly by 21.43% patients and occasionally by 42.86% patients. Dissatisfaction after mala tyaga was felt occassionally in 28.57% patients and 71.43% patients were regularly felt it. Pain all over the body occasionally felt in 35.71% of patients and 64.29% patients were suffering the problem regularly. 50% patients were suffering from tiredness occasionally during going through stares and 35.17% patients were feeling the same remarkably in regular basis. 57.14%

patients were suffering from general weakness regularly and 35.71% feeling the weakness occasionally. In diet style 80% patients were taking stale diet and 20% patients were taking it occasionally.

CONCLUSION

Explaining the concluding remarks, it was well observed that Agni is the vital element in the body in every state whether being aware to the natural biological clock. The study revealed many facts like the difference in diet habit and production of Agnidushti which leads to many remarkable symptoms to diseases like Praseka to Chardi, Atisārait is physiological or be pathological. Disturbances of Agni is the basic source aetiology for producing different kinds of bodily ailments which can be eliminated or modified skillfully by nurturing good habits and and Kārsyata. Another point, it was observed that Agni is related to Vava (Age), Desha (Geographical Region), Kāla (Time), Satwa, Stāmya, Dosha and Dushya avasthā; the minor changes in the above factors leads to changes in body physiology and subsequently changes in state of Agni and produce Agni related ailments in the so called healthy beings.

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How to cite this article:

Sunita Temhunna *et al* (2018) 'Assessement of Agni and the Manifestation of Related Body Ailments- A Clinical Randomized Survey Study', *International Journal of Current Advanced Research*, 07(3), pp. 10761-10764. DOI: http://dx.doi.org/10.24327/ijcar.2018.10764.1839
