

STATUS OF AGNI IN DISEASE PRAMEHA-A SURVEY STUDY

Dr.Ashwini .u¹, Dr.Poornachandra², Dr.Shreevathsa³

¹. Final year p.g Scholar, ². Final year p.g Scholar, ³. Professor and Head of the Department, Dept of *Samhitha* and *Siddhanta*, Govt *Ayurveda* Medical College, Mysuru.

Abstract;

Ayurveda is a holistic science which has several basic principles. *Agni* is one among them. *Agni* is considered as most functional vital entity of the body. *Agni* gives strength, complexion, longevity, healthiness and enthusiasm. *Agni* in human body is classified as *Jataragni*, *Bhutagni* and *Dhatwagni* based on the location and function. Among these three *Jataragni* is the prime one. *Bhutagni* and *Dhatwagni* are the moieties of *Jataragni*. *Jataragni* has specific influence on functions of *Bhutagni* and *Dhatwagni*. *Jataragni* is the master of all *agni*. *Agni pareeksha* is mandatory before planning the treatment. Here in this study *Agni pareekasha* was done on the cases of *Prameha*. *Prameha* (diabetes mellitus 2) is disease where their will be specific derangement of *agni*. Specially *medho dhatwagni*. *Jataragni* has influence on both *Bhutagni* and *Dhatwagni*. This study throws light on assessment of *jataragni* and its relation with other rest of *agnis*. Present study is a cross sectional survey study on 100 subjects of disease *Prameha*. The patients were subjected to *Agnipareeksha* with the help of self designed questionnaire, and data was entered and analysed and based on that result were drawn.

Result- Among 100 subjects of *Prameha* 38% were showed *Vishamagni*. 32% were showed *Mandagni* and 30% were showed *Thikshnagni Lakshanas*. The χ^2 test is statistically non significant at p value 0.198

Key word- *Agni, Jatargni, Bhutagni, Dhatwagni, Prameha*

Introduction

Ayurveda science of life , imparts all the knowledge of life. *Ayurveda* gives

knowledge about the do's and don'ts one has to follow to lead a healthy life and helps to maintain health in a

person by using the principles of nature to keep the individual in equilibrium state.

The person with balanced state of *dosha*, *dhatu*, *Agni* and *mala* is said as healthy person. So to achieve *swastha avasta* *Agni* is to be in equilibrium state. In *Ayurveda* *Agni* is considered as most vital element.

Agni present all over body it is present in each and every *paramanu* its classification varies from author to author. One of the classification is *Jataragni*, *Bhutagni* and *Dhatwagni*. *Jataragni* is responsible mainly for digestion of ingested food. *Bhutagni* is the moieties of *Jataragni* which acts upon the *Bhuta amsha* of the ingested food and thus convert the heterogenous food material into a homogenous form of the body and this is ready for absorption and nourishment of the body *dhatu*s. *Dhatwagni* is the miniature form of *Jataragni* present in all the seven *dhatu*s. *Jataragni* is the master among all *Agnis* as per Acharyas.

The status of *Agni* like *Vishama*, *Manda* and *Tikshna* are having specific doshic influences. So derangement of *doshas* leads to derangement in *Agni* and

finally leads to disease. *Agni vikriti* is a route cause for all *vyadhis*.

Here in this study the disease *Prameha* was taken. The disease *Prameha* has specific *agni* derangement. The disease *Prameha* is mainly due to *medho dhatwagni vikara*. *Dhatwagni* has specific influence from *jataragni* so any derangement in *jataragni* leads to impairment in *bhoothagni* and *dhatwagni*. The influence of *jataragni* on *bhoothagni* and *dhatwagni* is seen as follows

IMPORTANCE OF JATARAGNI

Components like *ayu*, *Varna*, *bala*, *swasthya*, *utsaha*, *upachaya*, *prabha* etc depend upon *Agni* only¹.

Agni in balanced state maintains the health, if it vitiated it causes diseases if it is distinguished then it leads to death of an individual².

Jatharagni is the chief among all the categories of *Agnis* because its increase and decrease results in the increase and decrease respectively of *bhutagnis* and *dhatwagni*³

Influence of Jataragni on dhatwagni

Influence of *Jataragni* on *Dhatwagni* is explained in two aspects

- ✓ First aspect-A decrease or an increase of the *dhatu*s occur, according as the *tikshnata* or the *mandata* of those aspects of the *pachakagni* present in the *dhatu*s.

As the flame of the forest fire tends to increase or decrease, according to the quantity Of the fuel available in the proximity, so also is the case with *dhatu parampara*⁴.

- ✓ The second aspect: *dravyas* are either *tulya* (identical) or *visishta* (dissimilar) which cause an increase or decrease, as the case may be, of the *dhatu*s due to properties potentially inherited by them-as in the case of seed. Homologous properties cause sufficient and rapid increase of identical or homologous properties in the *dhatu*s⁵.

There are so many factors which influence the function of *Jataragni* in different aspects which plays major role in maintainance of health and causation of diseases.

Status of *jataragni*

Charaka devided *jatargnni* into 4 based on the *bala*⁶.

Samagni, Vishamagni, Tikshnagni, Mandagni

Table.1 Showing *doshik* predominance of *Agni* and their characteristics

<i>Agni</i>	<i>Dosha</i> predominance	Characteristics
<i>Samagni</i>	3 <i>doshas</i> with equilibrium state	<i>Samyak jeerna Ahara lakshanas cha.vi 1/24(4)</i>
<i>Vishamagni</i>	<i>Vata</i>	<i>Agni</i> which gets affected by miss deeds sometimes sometimes it wont
<i>Tikshnagni</i>	<i>Pitta</i>	<i>Agni</i> which is affected by full of miss deeds
<i>Mandagni</i>	<i>Kapha</i>	<i>Agni</i> which is affected even with little miss deeds

Prameha

Prameha is a *vyadhi* produced mainly due to *meda dhatu vikrithi*. *Prameha* is one among both *Santarpanotta* (cha.su 17) and *Apatarpanotta vyadhi*. Main cardinal symptom of *Prameha* excessive and turbid urination. *Prameha* is recognised in terms of Diabetesmellitus in present era due to similarity in symptomatology like polyuria and polydipsia etc.

Definition

It has been defined as “*mehati ksharati sukradiraneneti*”⁷.The word denotes increased frequency or intensity to pass *mootra, sukra* etc

Dosha: The *nidana* / etiological factors cause typical characteristic of *Kapha* i.e. more liquidity with excess quantity (*Bahudrava sleshma*)⁸ .

Dooshya: *Abaddha meda* (not well formed), *mamsa, kleda, sukra, shonitha, vasa, majja, lasika, rasa* and *oja*⁹.

Purvarupa

Table.2 Showing *Purvarupas* of *Prameha* according to authors^{10,11,12}

Charaka	Sushruta	Vagbhata
<i>Jatilibhava kasha</i>	Added to <i>charaka</i>	Added to <i>charaka</i>
<i>Asyamadhurya</i>	<i>Danta mala</i>	<i>Svedhavr iddhi</i>
<i>Karapadha daha</i>	<i>Snigdhag atrata</i>	<i>Ganangatha</i>
<i>Supatatha</i>	<i>Suklagatr ata</i>	
<i>Mukhatalukant ashosha</i>	<i>Picchila</i>	
<i>Pipaasa</i>	<i>gatrata</i>	
<i>Aalasyam</i>		
<i>Malakaaya</i>		
<i>Paridaha and anga supatata</i>		
<i>Shatpadapipilika abhisarana</i>		
<i>Visra gandha of shareera</i>		
<i>Nidra</i>		
<i>Tandra</i>		
<i>Kesha nakha</i>		

<i>ati vriidhi</i>		
--------------------	--	--

Rupa

The main symptomatology of *Prameha* is observed in frequency and pattern of micturition. *Sushruta* has narrated that, an individual with increased urinary output along with the premonitory symptoms should be diagnosed as *Prameha*¹³.

(1) *Prabhutamutrata*:

This is the main cardinal sign described by all *acarayas*. *Vagbhata* mentioned *Prameha* as the disease of *Mutraatipravrtija*(A Hr. Ni. 9/40). The increased quantity of urine is an outcome of liquefaction of *Dooshya*.

(2) *Avilamutrata*

Patient voids urine having hazy consistency or having turbidity. *Gayadasa* and *Dalhana* both opined that, this characteristic feature of urine is because of the nexus between *Dosha, Dushya* and *Mootra*¹⁴. *Vagbhata* also emphasized that this turbidity of the urine is because of its annexation with the *dhatu*¹⁵.

Materials and methods

The study carried fewer than two headings

1. Literary study

2. Survey study

STUDY DESIGN

SURVEY STUDY

Cross –Sectional study a component of descriptive study.

STUDY POPULATION

Diagnosed cases of *Prameha* were selected from OPD & IPD of Government *Ayurveda* Medical College and Hospital, Mysore and special camps conducted in Government *Ayurveda* Medical College and Hospital, Mysore were selected.

SAMPLING METHOD

Purposive sampling

SAMPLE SIZE

A Sample size of 100 patients of *Prameha*

INCLUSION CRITERIA:

Table.3 Showing Diagnostic criterias

1. Patients of either sex between age group of 30 to 60years

2. Diagnosed case of *Prameha*

EXCLUSION CRITERIA:

1. *Prameha* with complications or any other associated diseases were excluded.

Diagnostic criteria:

Patient who diagnosed as per the diagnostic criteria of contemporary medical science(objective parameters tab3) and once again diagnosed as per the *lakshanas* (subjective parameters tab3) mentioned in diagnostic criteria for *Prameha* in *Ayurveda* classical texts.

Diseas	Subjective parameter	Objective parameter
<i>Prameha</i>	<i>Prabhutamutrata (increased frequency), Avilamutrata, Jatileebhava kasha, Maadurya aasya, Karapada daha, Karapaadasuptata Mukhathalukantashosha, Pipaasa, Aalasya, Malakaaya, Paridaha and anga suptata, Visra shareeragandha, Nidra, tandra</i>	FBS>110mg/dl and <220mg/dl. PPBS>140mg/dl and <280mg/dl.

Module preparation

- Module is prepared in the form of questionnaire.
- Before preparing questionnaire, the already existed questionnaire were referred..

CONDUCTION OF SURVEY

- The survey was conducted among patients who visited OPD and IPD of Govt *Ayurveda* medical college and hospital Mysore. Camps conducted in Govt *Ayurveda* medical college and Hospital Mysore.
- The study was conducted among the study sample after conforming to the inclusion criteria.
- Patients were thoroughly informed about the procedures and informed consent was obtained before participating.
- The patients were subjected to face to face interview the responses for the questions were entered. Cross questions were asked to collect specific data.
- The obtained data was statistically analysed for the result.

Statistical Methods

- In the present study, Demographic data expressed in terms of frequency and percentage. *Agni lakshanas* also

expressed in terms of frequency and percentage and mean is taken.

- Test applied – Chi square test is applied and result is expressed in statistical terms as not significant (NS) $P > 0.05$, Significant (S); $P < 0.05$; Highly Significant (HS); $P < 0.001$.

Observations of the study

Age- Among 100 subjects 39 were belonged to age group of 41-50years, rest were belonged to other age group. The χ^2 test is statistically non significant at the level 0.196.

Sex- Among 100 subjects majority were belonged to Male (69%), rest were belonged to Female (31%). The χ^2 test is statistically highly significant at the level of 0.000.

Religion- Among 100 subjects majority were Hindus (55%) rest were belonged to Muslim and other categories (39%, 6%). The χ^2 test is

statistically highly significant at the level of 0.000.

Prakriti-Among 100 Subjects majority were belonged to *Vata pitta* (52), rest were belonged to other categories.

The x^2 test is statistically significant at 0.001.

Diet-Among 100 Subjects majority were belonged to mixed diet (52%), rest were belonged to vegetarian diet.

The x^2 test is statistically non significant at the level 0.689.

Occupation- Among 100 Subjects majority were belonged to different occupations (27%), rest were belonged to other categories. The x^2 test is statistically non Significant at 0.082.

Agnidustikara hetus-Among 100 subjects majority were belonged to *Aharaja hetus* (48%), rest were belonged to other categories. The x^2

test is statistically highly significant at 0.000 level.

Result

Table.3 Showing Result of disease of *prameha*

	Frequency	Percent	P value
M	32	29.0	0.198
T	30	39.0	
V	38	18.0	
Tot al	100	100.0	

Among 100 Subjects 38 were belonged to *Vishamagni*, 32 were belonged to *Mandagni*, 30 were belonged to *Tikshnagni*. The x^2 test is statistically non significant at the level of 0.198.

M-*Mandagni*,T-*Tikshnagni*,V-*Vishamagni*.

Discussion

Status of Agni in disease Prameha as per Samhitas

The cause for all disease is *Jataragni mandya*-excessive intake of *kapha dosha* leads to *Jataragni mandya*.

Mandya Jataragni makes *Mandya of bhutagni* and *Dhatwagni* directly. So here *medho Dhatwagni mandya* exists.

Mandhya Dhatwagni leads to *dhatu vriddhi*. So *meda dhatwagni mandya* leads *meda dhatu vriddhi*.

From above it is concluded that both *Jataragni* and *dhatwagni* are in the state of *manda*.

But when we look into *lakshanas* of *Prameha* there is *Tikshnagni lakshanas* like *atikshudha, Pipasa, Sweda, gala talu jihwa sosha* these are mainly due to *avarana samprapti* of *Prameha* and *udakavaha* and *medhovaha sroto dusti*.

Discussion on result of survey study

Among 100 subjects 38% were showed *Vishamagni*. 32% were showed *Mandagni* and 30% were of *Tikshnagni*.

Vishamagni – Among 100 subjects of *Prameha Vishamagni* was observed in subjects with the age group of 50 to 60. This is because of influence of *Vata dosha and vishamagnikara Ahara and vihara*. During survey chronic cases were observed. The subjects with more chronicity were showed *Vishamagni*.

Mandagni – This is due *jatargni mandya*. *Agni* status during disease manifestation is *mandya*. The subjects

with *Mandagnikara Ahara vihara* showed *Mandagni lakshanas*. Subjects who were already on medication of contemporary sciences showed *Mandagni*.

Tikshnagni – The most responded *lakshanas* under *Tikshnagni* were excessive hunger, excessive thirst, and excessive sweat, dryness in palate, throat and lips.

Among these *lakshanas*-excessive hunger, thirst and sweat are due to *abaddha meda dathu*.

The *lakshanas* like dryness in palate, throat lips and excessive sweat also seen in *udakava sroto dusti*.

So *Tikshnagni* may be due to *avarana samprapti* and may be due to *udakavaha srota dusti* and due to *Tikshnagnikara Ahara vihara*. Majority were due to *avarana samprapti*.

Conclusion

Status of Agni in disease Prameha as per classics - *Jataragni* and *dhatwagni* are in the state of *manda*.

Tikshnagni lakshanas like *atikshudha, Pipasa, Sweda, gala talu jihwa sosha* these are mainly due to *avarana samprapti* of *Prameha* and *udakavaha* and *medhovaha sroto dusti*.

Status of agni as per the survey study

The disease *Prameha* showed Majority of subjects with *Vishamagni* (38%) this is due to *Vishamagnikara hetus* and influence of Age and due to chronicity of the disease.

Next majority were showed *Mandagni* (32%).The *jatagni* is *manda* as per *samprapti*

And also due to *Mandagnikara,Ahara* after disease manifestation. *Tikshnagni* (30%) This is due to *dusti* in *meda* and *udakavaha srotas* and also due to *avarana samprapti* of *Prameha*.

Limitations of the study

1. This study includes diagnosed cases but not freshly diagnosed cases. The chronicity of the disease can alter the *Agni* status. Conclusion is bit difficult.
2. Questionnaire included only *Jataragni lakshanas*. The disease *Prameha* and *Sthoulya* represents *Dhatwagni* derangement. Even though there is influence of *Jataragni* on *Dhatwagni*, the *Dhatwagni* need to be assessed separately.

Recommendations for the study

1. The study can be conducted on freshly diagnosed cases to arrive proper conclusion.
2. The freshly diagnosed cases treated as per *Ayurvedic* classics and *Agni* assessment can be done with pre and post intervention.
3. The comparative study can be done. One group with placebo and one group with *Ayurvedic* medicine. *Agni* assessment on both the groups for comparison.

BIBLIOGRAPHY

1. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2016 p. 512
2. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi:

- Chowkhamba krishnadas academy; 2016 p. 512
3. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2016 p. 516
4. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2016 p. 516
5. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2016 p. 516
6. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2016 p. 255
7. Acharya Jadavji Trikamji and Acharya Narayana Ram, Sushruta Samhita by Sushruta with Dalhana commentary, ReprintEd, Varanasi, Chowkhamba Orientalia, 2008 Sh.P;289-294
8. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2016 p. 212
9. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2016 p. 212
10. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2016 p. 215
11. Vaidya JT Acharya, NR Acharya, editors. Sushruta Samhita of Sushruta with Nibandhasangraha commentary.

Varanasi: Choukhamba Sanskrit

sanstan; 2009. p. 290

12. Pt HSS Paradakara, editor.

Ashtangahridaya of Vagbhata with

Sarvangasundara and Pt HSS

Paradakara, editor. Ashtangahridaya of

Vagbhata with Sarvangasundara and

Ayurveda Rasayana commentaries.

Varanasi: Chaukhamba Sanskrit

Sanstan; 2016. p. 501

13. Vaidya JT Acharya, NR Acharya,

editors. Sushruta Samhita of Sushruta

with Nibandhasangraha commentary.

Varanasi: Choukhamba Sanskrit

sanstan; 2009. p. 290

14. Pt HSS Paradakara, editor.

Ashtangahridaya of Vagbhata with

Sarvangasundara and Ayurveda

Rasayana commentaries. Varanasi:

Chaukhamba Sanskrit Sanstan; 2016.

p. 502

Corresponding author:

Dr Ashwini U PG scholar

Department, Dept of *Samhitha* and
Siddhanta, Govt *Ayurveda* Medical College,
Mysuru

Email: ashumanasa04@gmail.com

Source of Support: NIL

Conflict of Interest : None declared