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 \( \chi^2 \) test is statistically non significant at p value 0.198

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

Introduction
Ayurveda science of life, imparts all 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 dhatus. Dhatwagni is the miniature form of Jataragni present in all the seven dhatus. 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 only. Agni in balanced state maintaines the health, if it vitiated it causes diseases if it is distinguished then it leads to death of an individual.

Jataragni 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.

**Influence of Jataragni on dhatwagni**

Influence of Jataragni on Dhatwagni is explaine in two aspects
First aspect-A decrease or an increase of the *dhatus* occur, according as the *tikshnata* or the *mandata* of those aspects of the *pachakagni* present in the *dhatus*.

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*.

The second aspect: *dravyas* are either *tulya* (identical) or *visishta* (dissimilar) which cause an increase or decrease, as the case may be, of the *dhatus* 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 *dhatus*.

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 jatragni**

Charaka devided jatragnni into 4 based on the *bala*.

*Samagni*, *Vishamagni*, *Tikshnagni*, *Mandagni*

---

### Table 1: Showing *doshik* predominance of *Agni* and their characteristics

<table>
<thead>
<tr>
<th>Agni</th>
<th>Dosha predominance</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Samagni</em></td>
<td>3 doshas with equilibrium</td>
<td><em>Samyak jeema Ahara lakshanas cha.vi 1/24</em>(4)</td>
</tr>
<tr>
<td><em>Vishamagni</em></td>
<td><em>Vata</em></td>
<td><em>Agni which gets affected by miss deeds sometimes it wont</em></td>
</tr>
<tr>
<td><em>Tikshnagni</em></td>
<td><em>Pitta</em></td>
<td><em>Agni which is affected by full of miss deeds</em></td>
</tr>
<tr>
<td><em>Mandagni</em></td>
<td><em>Kapha</em></td>
<td><em>Agni which is affected even with little miss deeds</em></td>
</tr>
</tbody>
</table>

**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 Diabetes mellitus in present era due to similarity in symptomatology like polyuria and polydepsia etc.
Definition
It has been defined as “mehati ksharati sukradiraneni”. 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).

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

Purvarupa
Table.2 Showing Purvarupas of Prameha according to authors.

<table>
<thead>
<tr>
<th>Charaka</th>
<th>Sushruta</th>
<th>Vagbhata</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jatilibhava kasha</td>
<td>Added to charaka</td>
<td>Added to charaka</td>
</tr>
<tr>
<td>Asyamadhurya</td>
<td>Danta</td>
<td>Svedhavriddhi</td>
</tr>
<tr>
<td>Karapadha dha</td>
<td>Snigdhamatra</td>
<td>Gananga</td>
</tr>
<tr>
<td>Supatatha</td>
<td>Suklagatrata</td>
<td></td>
</tr>
<tr>
<td>Mukhatalukant ashosha</td>
<td>Picchila gatrata</td>
<td></td>
</tr>
<tr>
<td>Pipaasa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aalasyam Malakaaya</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paridaha and anga supatata Shatpadapipilika abhisarana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visra gandha of shareera Nidra Tanda Kesha nakha</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(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. Vagbhata also emphasized that this turbidity of the urine is because of its annexation with the dhatus.

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Subjective parameter</th>
<th>Objective parameter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prameha</td>
<td>Prabhutamutrata (increased frequency), Avilamutrata Jatileebhava kasha, Maadurya aasya, Karapada daha Karapaadasuptata Mukhathaluktashashosa Pipasa, Aalasya, Malakaaya, Paridaha and anga suptata, Visra shareeragandha Nidra, tanda</td>
<td>FBS &gt; 110mg/dl and &lt; 220mg/dl. PPBS &gt; 140mg/dl and &lt; 280mg/dl.</td>
</tr>
</tbody>
</table>

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 41-50 years, rest were belonged to other age group. The $x^2$ 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 $x^2$ 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 $x^2$ 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

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>32</td>
<td>29.0</td>
<td>0.198</td>
</tr>
<tr>
<td>T</td>
<td>30</td>
<td>39.0</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>38</td>
<td>18.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

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 udakavaha 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 jatargni 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


2. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda deepika commentary. Varanasi:


8. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda


10. Vaidya JT Acharya, editor. Charaka Samhita by Agnivesha with Ayurveda

Varanasi: Chaukhamba Sanskrit Sanstan; 2009. p. 290


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