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## A SURVEY STUDY OF AGNI AND AMA W.S.R. TO GRAHANI ROGA

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### ABSTRACT

Grahani is a disorder of great clinical significance in today's era, owing to its direct connection to poor dietary patterns and the overwhelming lifestyle of today's times. Diseases in which Grahani is vitiated and in which Agni is affected are called Grahani. Jatharagni has been considered to be prime among all agnis. The functioning of other agnis, Dhatvagni and Bhuthagni are dependent upon the strength of Jatharagni. The logical outcome of the Grahani Dosh is malabsorption of the ingested food material, which results in the production of Pakwa Ama, followed by malabsorption of the products of digestion. Vaisamy in Saman Vayu causes hyper motility of the intestine resulting in regular evacuation of the intestines, either large or hard or liquid. In Ayurved, the main line of medication is to correct Agni Dushti by following Langhana and prescribing medications that are Ama pachan and Agni deepan in effect. According to Roga and Rogi Bala, the Stambhana measure must be followed in order to restore health. The present survey was then performed to study the principle of Agni and Ama in relation to Grahani Roga. 30 patients were chosen from OPD and IPD of JIAR Hospital and JIAR Free Medical Camps. Patients that meet the inclusion criteria were first clinically diagnosed and included in the research sample. The highest number of patients was found to have several of the Lakshanas of Saama Kapha and Agnimandhya. It can also be inferred that kapha dosha is the major cause of Agnimandhya. Further leading to Saama Kapha could be the key cause of Grahani Roga identified in present survey analysis.

**Keywords:** Agni, Ama, Grahani, Irritable Bowel Syndrome, Pachakagni

### INTRODUCTION

Ayurveda is the most ancient and divine life science developed on Indian subcontinent on wisdom of Indian philosophy. Prevention of sorrow and illness of mankind was the prime objectives of ancient scholars behind it. Sharir kriya vigyan is the first and foremost requirement for study. Kriya sharir deals with the normal functions of the body.

A healthy mind in a healthy body is the principle aim guiding all the prevailing systems of medicine. To achieve longevity of life, several scholars have toiled for years. In the era of fast food, there is change or irregularity in diet and diet timings and also sedentary life style. In addition to change in diet and life style, one is always under tremendous mental stress. All these causes disturb in digestive system which results into many diseases amongst them Digestive & Absorption disorder constitute an important group.

Acharya Sushruta states that the sign of a healthy body is the proper combination of Dosh, Agni, Dhatu and Mala with their proper role in the body system. In addition to the necessary functions of Indriyas (Senses) and Mana. But out of these four, Agni is most essential in the chain of development and has the capacity to digest and transform. Various metabolic activities of our body depend on the status of Agni in our body. Thus, Agni plays vital role in digestion i.e important for samya dhatu nirman and hence necessary for maintenance of health.

Agni is defined to be biological fire or digestive fire present in living human being. It is very clearly mentioned in Ayurveda that majority of diseases result due to disturbances in physiological function of Agni. Individual having normal status of Agni will have adequate digestion, proper assimilation of food in the body leading to proper tissue formation, prompt circulation of blood and nutrients in the body, strong immunity in the body and the individuals maintain sound health.

Agni (digestive fire) which burns within our stomach, is affected by incorrect lifestyle and eating habits, this ultimately affects the digestive process causing food to be either partially digested leading to formation of Ama. Not only does incorrect digestive fire rise to toxins but weakens the function behind the digestive process itself. Thus, the importance of Pachakapitta (Agni) is emphasized by the statement that every disease is due to impaired function of Agni. Acharya Charaka's says that "Better health depends upon the increased and decreased functional capacities of Pachakapitta (Ch.Chi.15/39). This is why Kayachikitsa is known as Antaragni Chikitsa. Antaragni (Jatharagni) is known as Grahani. The relationship between Grahani and Agni is close to the relationship between structure and function. (Ch.Chi.15/56).

Acharya Charaka says that Grahani is the seat of Agni and is called so because of holding up the food. Normally, it holds up the food (until it is digested) and releases it from the side after it has been digested. But when disrupted by a sluggish digestive fire (Manda Agni), the ingested substance is released even in unripe conditions. This state or the working of Grahani is called Grahani Rog (Ch.Chi.15/56-57). Grahani Rog presents in the form of abnormal intestinal patterns with discomfort, i.e. sometimes patient passages shaped and sometimes semi-solid stools or liquid stools. Such signs that occur with this condition include weight loss, thirst, lethargy, indigestion, dyspepsia, vomiting, nausea, swelling of the limbs, headache, exhaustion, etc. (Ch.Chi.15/53-54). According to Acharya Sushruta, Atisara is considered as one of the predisposing factors for Grahani Roga. Acharya Vagbhata describes Arsha, Atisara and Grahani Vikara as 'Anyonya Nidana Bhuta Vyadhi', of which Agni Vikriti (especially Agnimandhya) is the root cause. Grahani and Agni are interdependent, (i.e. has Adhara Adheya Sambandha). Grahani is described as an Agni Adhithana by almost all Acharyas and commentators. This dependant nature of the two is responsible for proper functioning of the both. Functionally weak Agni i.e. Mandagni causes improper digestion of ingested food which leads to Grahani Roga, and if left untreated Grahani Roga ensues with symptomatology like Udarashoola, Adhmana, Arochaka, Avipaka, Muhurbaddha Muhurdrava Mala Pravrtti, Durgandhita Mala Pravrtti, Klama etc.

So, an attempt has been made in this context to understand the concept of Agni and Ama with Grahani.

### CONCEPT OF AGNI

Ayurvedic concept of physiology, including biochemistry of digestion and metabolism, envisaged in Jatharagni, Dhatvagni and Bhutagni. Agni is responsible for conversion of ingested food into Dhatus, Doshas and Malas, and encompasses all the physiological and biochemical aspects of digestion (metabolism), hence all the regarding concept of Agni should be delved in detailed manner. The term Agni in common language means fire which is usually employed to cook our food and render it fit for digestion.

#### Agni in Ayurveda:

Agni in the body according to Ayurveda is implicit in Pitta, as Pitta performs functions like Dahana; Pachana etc., like fire, Pitta is spoken as internal fire. Chakrapani clarified the implication of the term Agni and states that Pitta is not flaming fire but it refers to the heat associated with Pitta.

- Charaka Samhita: Acharya Charaka has recorded Marichi as having stated that, it is only Agni which located in Pitta, that give rise to beneficial or adverse consequences according as it is in normal or abnormal state of functioning.
- Sushruta Samhita: The question whether Pitta and Agni are identical or different has been raised and answered by Acharya Sushruta in Vrana Prasadana Adhyaya of Sutrasthana (Su. Su. 21/9). He quotes that Pitta is same as Agni, hence, Pitta is known as Antaragni.
- Acharya Vagbhata: The Pachaka Pitta with Samana Vayu is described in relation with digestion (As. Hr. Su.12/13-14).
- Bhela Samhita: According to Bhela samhita, Soma Mandal is situated in the center of Nabhi, Surya mandal is Located in the center of Soma Mandal. The Agni is situated in the center of Surya Mandal. He also quantified Agni or Pachakagni as Tila Pramana (Bhe. Sam. 4/11-12-16)
- Sarangadhara: Acharya Sharangadhara explained that Pitta in the form of Agni in Agnashaya is of Tila Pramana (Sha. Pur. 5/25).

## DISEASE REVIEW - GRAHANI ROGA

The disease "Grahani Roga" is the main & leading disorder of the gastrointestinal tract. As the hypo function of Agni i.e. Mandagni is the root cause of all the disease, Grahani Roga is also mainly caused by Agnidushti. The organ Grahani and Agni have Ashraya (site)- Ashrita (dependent) type of relationship. The impairment of Agni (Mainly Mandagni) is responsible for the creation of Grahani Roga. Weak Agni (Durbala) i.e. Mandagni brings about Vidaha (a part which is mixture of digested and undigested material) of the food, which moves upwards and downwards in the gastrointestinal tract. When this Pakwa-Apakwa moves downwards, then it leads to the disease Grahani Roga.

## IRRITABLE BOWEL SYNDROME

IBS is defined as a functional bowel disorder in which abdominal pain or discomfort is associated with defecation or a change in bowel habit, and with features of disordered defecation. IBS belongs to the group of functional bowel disorders, which also includes functional bloating, functional constipation, functional diarrhoea and unspecified functional bowel disorder. The term Irritable Bowel first appeared in the 1940's but reports of patients with symptoms similar to IBS can be found in the literature as early as 1818. IBS affects up to 20% of the population in Western countries with a 2-3:1 female predominance. It is probably the most common disorder encountered by gastroenterologists, and also the most common gastrointestinal disorder seen by primary care physicians. Due to the high prevalence and many times incapacitating symptoms; IBS is the cause of both individual suffering and considerable socioeconomic costs.

IBS is one of the most common conditions encountered in clinical practice but one of the least well understood. The main feature of IBS is recurrent abdominal pain or discomfort that is associated with disordered defecation and changes in bowel habit. Other symptoms characteristic for IBS and classified as supportive symptoms include: abnormal stool frequency ( $\leq 3$  stools/week or  $> 3$ /day), abnormal stool form, defecation straining, urgency, incomplete bowel movements, mucus and bloating.

Based on the supportive symptoms, IBS can be subdivided into:

- a) IBS with diarrhea (IBS-D)
- b) IBS with constipation (IBS-C)
- c) IBS with alternating bowel habit (IBS-A).
- d) The syndrome is chronic in nature, but associated with a good prognosis and no increased mortality in long-term follow-up.

### Clinical features:

1. Abdominal pain
2. Altered Bowel Habits
3. Constipation
4. Diarrhoea
5. Flatulence
6. Mucus in stool
7. Dyspepsia
8. Heartburn
9. Nausea
10. Vomiting

### AIMS AND OBJECTIVES:

- To study the concept of Agni and Ama.
- To study the concept of Grahani.
- To study the importance of Agni and Ama in Grahani Roga.

### MATERIAL AND METHODS:

#### a) Source of Data:

- 1) 30 patients were selected from OPD and IPD of JIAR hospital, free Medical camps organized by JIAR.

#### b) Method of collection of Data:

- 1) All patients were clinically diagnosed cases of Grahani.
- 2) Patients who fulfil the inclusion criteria were selected for the study.

#### c) 1) Inclusion Criteria;

- Belonging to age group 16-45 years
- Both sexes
- Chronicity less than 5 years

➤ Uncomplicated cases of IBS

## 2) Exclusion Criteria;

- Age group below 16 years and above 45 years
- Any serious life-threatening disease
- Pregnancy
- Patient having T.B, Lactose intolerance, Celiac disease, Ca colon, diabetes, malignancy.

## OBSERVATION

### In relation to Age (Table No.1)

The present study about age has shown predominance of the age group of 26-36 may be it is due to the pressure for carrier and future.

| Age Group | No. Of Patients | Percentage |
|-----------|-----------------|------------|
| 16-26     | 2               | 7%         |
| 26-36     | 15              | 50%        |
| 36-45     | 13              | 43%        |
| Total     | 30              | 100%       |

### In relation to Sex (Table No.2)

The patient of both the sexes suffering from Grahani Rog attended the hospital. The data shows that maximum cases were of females (63%). It seems that the reason for this is that females are often suffering from depression, stress.

| Sex    | No of Patients | Percentage |
|--------|----------------|------------|
| Male   | 11             | 37%        |
| Female | 19             | 63%        |
| Total  | 30             | 100%       |

### In relation to Religion (Table No.3)

Religion wise ratio incidence seems to be correct in which Hindus are prominent (100%) as the feeding area of J.I.A.R., Hospital, Nardani Jammu is Hindu dominant area.

| Religion  | No of Patients | Percentage |
|-----------|----------------|------------|
| Hindu     | 30             | 100%       |
| Muslim    | 0              | 0%         |
| Sikh      | 0              | 0%         |
| Christian | 0              | 0%         |
| Total     | 30             | 100%       |

### In relation to Education (Table No.4)

Educational data shows that Primary school educated patients were 7%, Middle school educated were 30% and High school and onwards were 63%. The above data does not show any relationship between education and Grahani Rog.

| Education Status | No of Patients | Percentage |
|------------------|----------------|------------|
| Illiterate       | 0              | 0%         |
| Primary          | 2              | 7%         |
| Middle           | 9              | 30%        |
| High             | 19             | 63%        |
| Total            | 30             | 100%       |

### EDUCATIONAL STATUS

- Illiterate
- Primary
- Middle
- High

#### In relation to Diet (Table No.5)

Diet data indicates that patients taking non-vegetarian or mixed diet were more affected i.e. 70%, due to intake of more spicy food leading to Agni Dushti and Grahani Roga. It means that high intake of non-veg diet causes Agni Dushti thus leading to improper digestion and Grahani Rog.

| Diet       | No of Patients | Percentage |
|------------|----------------|------------|
| Vegetarian | 9              | 30%        |
| Mixed      | 21             | 70%        |
| Total      | 30             | 100%       |

### DIET

- VEGETARIAN
- MIXED

#### In relation to Addiction (Table No.6)

Data shows that Alcoholic patients were 13% and that of Non-Addicted were 87%. And it too does not have any relation with Grahani roga.

| Addiction    | No of Patients | Percentage |
|--------------|----------------|------------|
| Alcohol      | 4              | 13%        |
| Sedatives    | 0              | 0%         |
| Tobacco      | 0              | 0%         |
| Non-Addicted | 26             | 87%        |
| Total        | 30             | 100%       |

### ADDICTION

- Alcohol
- Sedatives
- Tobacco
- Non-addicted

#### In relation to Sleep (Table No.7)

Data shows that 40% of the patients have sound sleep and 60% of the patients have disturbed sleep. Sleep may be disturbed due to irregular movements of bowel.

| Sleep           | No of Patients | Percentage |
|-----------------|----------------|------------|
| Sound sleep     | 12             | 40%        |
| Disturbed sleep | 18             | 60%        |
| Total           | 30             | 100%       |

### SLEEP

- SOUND
- DISTURBED

#### In relation to Koshta (Table No.8)

Data shows that 80% patients were having Madhya Koshta. Madhyama Koshta may get easily vitiated with Pitta, Kapha and Vayu. Thus, leading to vitiation of Pachaka Pitta and Samana-Vayu, this plays an important role in the pathogenesis of Grahani Roga.

| Koshta  | No of Patients | Percentage |
|---------|----------------|------------|
| Mridhu  | 6              | 20%        |
| Madhyam | 24             | 80%        |
| Krura   | 0              | 0%         |
| Total   | 30             | 100%       |

**0% KOSHITA**

- MRIDU
- MADHYAM
- KRURA

## CONCLUSION

From the above Survey Study: it was observed that

- Maximum number of patients who were suffering from Grahani was found to be having most of lakshanas of Saama kapha and Agnimandhya.
- Thus, it can be concluded that kapha dosha being the main cause for Agnimandhya. Further leading to Saama Kapha can be the main cause of Grahani Roga in my survey study.

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