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Review Article

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A COMPREHENSIVE REVIEW ON THE ROLE OF AGNI IN HEALTH DISEASE AND AYURVEDIC THERAPEUTICS

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ABSTRACT

Background: The concept of *Agni* holds a central position in *Ayurvedic* philosophy, serving as the transformative principle responsible for digestion, metabolism, and assimilation. It is regarded as the root of life (*Ayuh*) and the primary factor for maintaining *Swasthya* (health). Derangement of *Agni* leads to *Ama* formation, impaired tissue nourishment (*Dhatu Poshana*), and initiates the cascade of *Samprapti* (pathogenesis) of various diseases. Aim and Objectives Aim To review and analyze the role of *Agni* in health, disease, and *Ayurvedic* therapeutics. Objectives To study the types and functions of *Agni*. To understand *Agni*'s role in maintaining *Swasthya*. To explore conditions of *Agni Dushti* and their effects. To examine the formation of *Ama* due to impaired *Agni*. To review therapeutic methods to restore *Agni*. To correlate *Agni* with modern digestion and metabolism. Materials and Methods: This conceptual review was conducted through a comprehensive survey of classical *Ayurvedic* texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Kashyapa Samhita*. Secondary data were sourced from peer-reviewed journals and modern scientific literature to understand the physiological and biochemical correlation of *Agni*. Emphasis was laid on types of *Agni* (*Jatharagni*, *Bhutagni*, and *Dhatvagni*), their regulatory mechanisms, and

therapeutic modulation through *Ahara*, *Vihara*, and *Aushadha*. **Results**: *Agni* is classified into thirteen types with *Jatharagni* being the primary agent responsible for digestion. Balanced *Agni* (*Samagni*) sustains *Dhatu* integrity and supports *Ojas* production. Disturbance in *Agni*—either *Mandagni*, *Tikshnagni*, or *Vishamagni*—leads to various systemic disorders. Therapeutic interventions like *Deepana*, *Pachana*, *Langhana*, and *Brimhana* are strategically employed to restore *Agni* and prevent disease progression. **Conclusion**: *Agni* is the cornerstone of *Ayurvedic* diagnostics and therapeutics. Preservation and regulation of *Agni* through dietary, lifestyle, and pharmacological interventions serve as both preventive and curative strategies in *Ayurveda*. Further integration of *Agni* concepts with modern gastrointestinal and metabolic science could open new horizons in personalized and functional medicine.

Keywords: *Agni, Samagni, Dhatvagni, Ama, Deepana Pachana, Ayurvedic* therapeutics

INTRODUCTION

The science of *Ayurveda* recognizes *Agni* as the fundamental force responsible for transformation, digestion, and metabolism within the human body. Etymologically derived from the root "ag" meaning "to move forward," *Agni* is conceptualized not merely as digestive *Agni* but as the catalyst of all physiological processes.¹ It is considered the essence of life (*Ayuh*), and its balanced state (*Samagni*) is regarded as a hallmark of health (*Swasthya*). Classical texts such as *Charaka Samhita* and *Sushruta Samhita* underscore the pivotal role of *Agni* in maintaining homeostasis across all levels of bodily and mental functioning.²

Agni is categorized into thirteen types: one *Jatharagni*, five *Bhutagni*, and seven *Dhatvagni*. *Jatharagni*, located in the *Amashaya* and *Grahani*, is primarily responsible for digesting ingested food, while *Bhutagni* and *Dhatvagni* act at subtler levels, ensuring the transformation of *Panchamahabhuta* elements and nourishing *Dhatus*, respectively.³ The balanced activity of these types ensures proper *Ahara Paka*, *Dhatu Poshana*, *Ojas* production, and efficient elimination of *Mala*. Any disturbance in the equilibrium of *Agni* leads to impaired digestion, accumulation of *Ama*, and eventual progression toward disease.⁴

The *Ayurvedic* perspective posits that all diseases originate from *Agni Dushti*—a derangement of digestive and metabolic functions. Based on the nature of the disturbance,

four pathological states of *Agni* are described: *Samagni* (balanced), *Mandagni* (hypoactive), *Tikshnagni* (hyperactive), and *Vishamagni* (erratic).⁵ These variations are influenced by the dominance and vitiation of *Doshas*, particularly *Vata*, *Pitta*, and *Kapha*. For instance, *Mandagni* is seen in *Kaphaja* disorders, *Tikshnagni* in *Pittaja* conditions, and *Vishamagni* in *Vataja* pathologies.⁶

In the therapeutic context, *Agni* serves as both a diagnostic indicator and a treatment target. The regulation of *Agni* through *Ahara* (diet), *Vihara* (lifestyle), and *Aushadha* (medication) forms the crux of *Ayurvedic* interventions. Classical modalities such as *Deepana* (appetite stimulants), *Pachana* (digestive agents), *Langhana* (lightening therapies), and *Samsodhana* (purificatory therapies) are prescribed to correct *Agni Dushti*. Notably, *Agni* is also considered vital in the post-treatment recovery phase (*Roganutpadak Kriya*), ensuring disease prevention and tissue rejuvenation.⁷

The modern interpretation of *Agni* aligns with the understanding of enzymatic actions, hormonal regulation, and metabolic processes, particularly those governed by the gastrointestinal and endocrine systems. A comparative understanding between *Ayurvedic* and biomedical perspectives highlights the depth of the *Agni* concept in offering holistic explanations for metabolic disorders, autoimmune diseases, and chronic inflammatory conditions. Thus, the concept of *Agni* remains not only foundational to *Ayurveda* but also increasingly relevant in integrative and functional medicine.⁸

AIM AND OBJECTIVES

Aim

To review and analyze the role of *Agni* in health, disease, and *Ayurvedic* therapeutics.

Objectives

- 1. To study the types and functions of *Agni*.
- 2. To understand *Agni*'s role in maintaining *Swasthya*.
- 3. To explore conditions of *Agni Dushti* and their effects.
- 4. To examine the formation of *Ama* due to impaired *Agni*.
- 5. To review therapeutic methods to restore *Agni*.
- 6. To correlate *Agni* with modern digestion and metabolism.

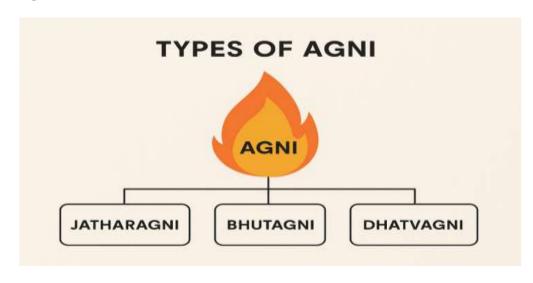
MATERIAL AND METHOD

This conceptual review was conducted through an extensive study of classical *Ayurvedic* texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Kashyapa Samhita*, along with their major commentaries such as *Ayurveda Dipika*, *Nibandha Sangraha*, and *Sarvangasundari*. Specific attention was given to chapters and verses related to *Agni*, *Agnimandya*, *Ama*, *Ahara Paka*, and *Dhatvagni*. Secondary data was collected from peerreviewed journals, Ayurvedic pharmacopoeias, and modern biomedical literature to draw correlations between the *Ayurvedic* concept of *Agni* and modern understandings of digestion, metabolism, and immunity. Authentic online databases, institutional repositories, and traditional knowledge digital libraries were utilized to ensure scholarly rigor. The gathered content was critically analyzed to classify the types of *Agni*, its physiological functions, pathological deviations, clinical relevance, and therapeutic interventions as per *Ayurvedic* principles.

CONCEPTUAL STUDY

In *Ayurveda*, *Agni* is defined as the biological *Agni* or metabolic force responsible for all transformative processes in the body, ranging from digestion of food to cellular metabolism. It is derived from the *Mahabhuta Teja* and is considered the primary agent of digestion (*Ahara Paka*), tissue conversion (*Dhatu Poshana*), and life sustenance (*Prana*). According to *Charaka Samhita*, *Agni* is the basis of life (*Agnim vai prana*), and the existence of an individual is impossible without its proper functioning. When *Agni* is balanced, it maintains the integrity of *Dosha*, *Dhatu*, *Mala*, and overall *Swasthya* (health). 10

Types of Agni



Agni is broadly classified into **13 types** based on its location and function:

- 1. *Jatharagni* (1): The main digestive *Agni* located in the *Amashaya* and *Grahani*, responsible for gross digestion of food. It governs the initial stage of digestion and decides the further breakdown and absorption of nutrients.¹¹
- 2. **Five** *Bhutagni* **(5)**: Each of the five *Mahabhuta* (elements) *Prithvi*, *Ap*, *Teja*, *Vayu*, and *Akasha* has its own *Bhutagni* that metabolizes the elemental component in food after initial digestion by *Jatharagni*. They help convert digested food into *Panchabhautika* essence, essential for *Dhatu* nourishment.¹²
- 3. *Dhatvagni* (7): These function at the level of each *Dhatu Rasa*, *Rakta*, *Mamsa*, *Meda*, *Asthi*, *Majja*, and *Shukra*. Each *Dhatvagni* transforms the precursor material into the respective *Dhatu* and its *Upadhatu*. For example, *Rasadhatvagni* converts nutrients into *Rasa Dhatu*, which further nourishes the next *Dhatu*. ¹³

Classification of Agni Based on Strength and Dosha

Apart from the functional classification, *Agni* is also categorized based on its strength and the influence of *Dosha*:

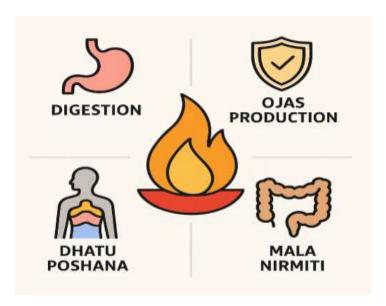
- 1. *Samagni*: Balanced state of *Agni* where digestion and metabolism are optimal. It leads to proper *Ahara Paka*, *Dhatu Poshana*, *Mala Nirmiti*, and formation of *Ojas*. ¹⁴
- 2. *Mandagni*: Diminished digestive power, commonly associated with *Kapha* predominance. It causes slow digestion, heaviness, indigestion (*Ajirna*), and *Ama* formation.¹⁵
- 3. *Tikshnagni*: Intense digestive *Agni*, typically due to *Pitta* dominance. It results in excessive hunger, rapid digestion, burning sensation, and consumption of even unwholesome food without proper assimilation.¹⁶
- 4. *Vishamagni*: Erratic digestive *Agni*, seen in *Vata* imbalance. It manifests as irregular appetite, alternating constipation and diarrhea, bloating, and incomplete digestion.¹⁷

Clinical Aspect of Agni

Clinically, the assessment of *Agni* is central to diagnosing digestive and systemic disorders. Impaired *Agni* is the root cause of *Ama* production, which acts as a toxic residue that clogs *Srotas* (channels), disturbs *Doshas*, and initiates *Samprapti*. Conditions like *Ajeerna*, *Aruchi*,

Mandagni, Amlapitta, Grahani, and even systemic diseases like Amavata, Sthaulya, and Prameha are traced back to Agni Dushti. Therapeutic restoration of Agni is thus the primary line of treatment in almost all Ayurvedic management protocols.¹⁸

Role of *Agni* in Health



In a healthy individual, *Samagni* ensures complete digestion, proper *Dhatu* formation, and sustains immunity through production of *Ojas*. It maintains mental clarity, enthusiasm, longevity, and resistance to disease. In contrast, disturbed *Agni* leads to nutritional deficiency, metabolic disorders, and accumulation of *Ama*. The foundational principle of *Chikitsa* (treatment) in *Ayurveda* revolves around balancing *Agni* through various methods:¹⁹

- *Deepana* drugs to kindle *Agni*
- *Pachana* to eliminate *Ama*
- *Langhana* and *Shodhana* to detoxify and lighten the system
- *Brimhana* to strengthen and nourish post-therapy
- Pathya Ahara and Vihara for long-term maintenance of Samagni

Thus, *Agni* forms the bedrock of diagnostic and therapeutic protocols in *Ayurveda*, aligning well with modern concepts of gut health, metabolic function, enzymology, and systemic immunity

Ayurvedic Therapeutics

In *Ayurveda*, the therapeutic approach to disease management is fundamentally rooted in the assessment, correction, and maintenance of *Agni*. The classical doctrine emphasizes that all diseases originate from the disturbance of *Agni* (*Roga Sarve Api Mandagnau – Charaka Samhita*). Therefore, the primary line of treatment (*Chikitsa Sutra*) involves strategies to balance and normalize *Agni*, either through enhancement, regulation, or pacification depending upon its condition. The therapeutic measures are both preventive (*Swasthya Rakshana*) and curative (*Atura Vyadhi Prashamana*), involving internal and external interventions.²⁰

Therapeutic Principles Based on Agni

Therapeutic modalities in *Ayurveda* can be classified based on the condition of *Agni*:

- *Samagni*: No intervention needed; maintenance is achieved through *Pathya Ahara* and *Vihara*.²¹
- *Mandagni*: Requires stimulation of *Agni* using *Deepana* and *Pachana*.²²
- *Tikshnagni*: Requires pacification using *Sheetala* (*Pitta* pacifying) diet and drugs.²³
- *Vishamagni*: Requires *Vata* balancing strategies such as *Snehana*, *Mridu Shodhana*, and *Vatashamaka* formulations.²⁴

Deepana and Pachana

- *Deepana*: These are formulations that kindle *Agni* without necessarily digesting *Ama*. They are used in conditions of *Mandagni* where digestion is weak but *Ama* is not prominent.²⁵
 - Examples: Chitrakadi Vati, Trikatu Churna, Shunti, Maricha
- *Pachana*: These agents digest the accumulated *Ama* and are used when there is evident *Ama Lakshana*.²⁶
 - **Examples**: Hingvastaka Churna, Ajamodadi Churna, Pippalyasava

These are often the first-line interventions in *Agnimandya*, *Ajeerna*, and early stages of systemic diseases like *Amavata* and *Prameha*.²⁷

Langhana and Shodhana

- *Langhana*: A lightening therapy aimed at reducing *Ama*, *Kapha*, and *Medas*, thereby indirectly strengthening *Agni*. It includes:
 - Fasting (*Upavasa*)
 - Light diet (*Peya*, *Yavagu*, *Manda*)
 - Physical exertion (*Vyayama*)
- *Shodhana*: Purificatory therapies that directly eliminate vitiated *Doshas* and *Ama*, restoring *Agni*. These include the five procedures of *Panchakarma*:²⁸
 - *Vamana* (emesis)
 - *Virechana* (purgation)
 - *Basti* (medicated enema)
 - Nasya (nasal therapy)
 - *Raktamokshana* (bloodletting)

Among these, *Virechana* and *Basti* are particularly important in restoring *Agni* in *Pittaja* and *Vataja* conditions respectively.²⁹

Brimhana, Rasayana, and Swasthavritta

- *Brimhana*: Nourishing therapies that support *Agni* after *Langhana* or *Shodhana* therapies. They are indicated in *Dhatukshaya*, *Balakshaya*, and post-illness recovery.³⁰
 - Examples: Ashwagandha Churna, Shatavari Ghrita, Ksheerabala Taila
- *Rasayana*: Rejuvenative therapies that improve tissue quality, boost *Ojas*, and enhance *Agni*. *Agni Dīpana* is an essential prerequisite for *Rasayana* administration.³¹
 - Examples: Chyawanprasha, Brahma Rasayana, Amalaki Rasayana
- **Swasthavritta**: The discipline of daily regimen (*Dinacharya*), seasonal regimen (*Ritucharya*), dietary rules (*Aharavidhi Vidhan*), and moral code (*Sadvritta*) that maintain *Agni* and prevent *Agni Dushti*.³²

Role of Diet and Lifestyle in Agni Chikitsa

Diet (*Ahara*) and lifestyle (*Vihara*) are foundational in *Agni* maintenance:

- Regular intake of warm, fresh, easily digestible food (*Laghu Ahara*) enhances *Agni*.
- Avoidance of incompatible food combinations (*Viruddha Ahara*), overeating (*Atimatra Bhojana*), and irregular eating habits prevents *Agni* disturbances.
- Mental calmness, proper sleep, and moderation in physical activity help maintain *Vata*, *Pitta*, and *Kapha* in equilibrium, thereby preserving *Samagni*.³³

Disease-specific Applications

- In *Grahani Roga*, regulation of *Agni* is the core treatment, employing *Deepana*, *Pachana*, and *Basti*.
- In *Prameha* and *Sthaulya*, *Agni* modulation is necessary to improve *Medo Dhatwagni*.
- In *Amavata, Ama* digestion by *Langhana, Pachana*, and *Ruksha Swedana* is essential before *Shodhana*.
- In Mandagni Janya Atisara, Vata Shamaka and Deepana herbs are beneficial.³⁴

RESULT AND FINDINGS

- *Agni* is the central factor in *Ayurvedic* physiology, responsible for digestion, metabolism, and *Dhatu Poshana*.
- The classification of *Agni* into *Jatharagni*, *Bhutagni*, and *Dhatvagni* reflects its role at gastrointestinal, elemental, and tissue levels.
- Types of *Agni Dushti—Mandagni, Tikshnagni, Vishamagni—*are influenced by *Tridosha* and form the basis of various diseases.
- Mandagni is most commonly associated with Ama formation and chronic disorders like Amavata, Sthaulya, and Prameha.
- Therapeutic strategies such as *Deepana*, *Pachana*, *Langhana*, and *Shodhana* are aimed at restoring or supporting *Agni*.
- Drugs like *Trikatu Churna*, *Hingvastaka Churna*, and *Chitrakadi Vati* are effective in *Agni Deepana*.
- Clinical assessment of Agni aids in diagnosis, prognosis, and deciding the line of treatment.

- Maintenance of *Samagni* through *Pathya Ahara*, *Dinacharya*, and *Ritucharya* ensures long-term health and disease prevention.
- The concept of *Agni* shows strong correlation with modern physiology, including digestion, metabolism, and immunity.
- Restoration of *Agni* leads to better therapeutic outcomes and enhances the efficacy of *Ayurvedic* treatments.

DISCUSSION

The present conceptual review reaffirms the foundational importance of *Agni* in *Ayurvedic* science. As stated in classical texts like *Charaka Samhita*, *Agni* is regarded as the root of life (*Agni moolam vayah*), and its balanced state (*Samagni*) is the cornerstone of *Swasthya*.³⁵ This study emphasized that the physiological functioning of *Agni* extends beyond mere digestion of food; it governs metabolic transformations at every level—digestive, elemental, and tissue. The three categories of *Agni—Jatharagni*, *Bhutagni*, and *Dhatvagni*—each play a specific role in maintaining systemic harmony. The proper functioning of *Jatharagni* is essential for digesting ingested *Ahara*, while *Bhutagni* facilitates the conversion of digested nutrients into *Panchabhautika* form, and *Dhatvagni* supports the development and sustenance of *Sapta Dhatus*.³⁶

One of the most critical observations in this review was the classification of *Agni Dushti* based on *Dosha* dominance. *Mandagni* due to *Kapha, Tikshnagni* due to *Pitta,* and *Vishamagni* due to *Vata* are not only reflective of digestive irregularities but are also etiopathological precursors of a wide spectrum of diseases—from *Ajeerna* and *Atisara* to systemic illnesses like *Amavata* and *Prameha*. The study shows that in almost all *Ayurvedic* disease formulations (*Roga Samprapti*), the role of *Agni* is central, either as a direct cause or as a contributory factor.³⁷

Therapeutically, *Agni* becomes the focus of treatment (*Chikitsa Moola*). Whether one applies *Deepana* to kindle digestive fire, *Pachana* to eliminate *Ama*, or *Shodhana* to purify the system, the ultimate aim is to re-establish *Samagni*. The study highlights that interventions like *Langhana*, *Brimhana*, *Snehana*, and even *Rasayana* are rendered ineffective unless *Agni* is properly assessed and regulated first. This also aligns with the principle that *Agni* is a

prerequisite for the success of any *Aushadha*, since an impaired *Agni* cannot process even the most potent of medicines.³⁸

Moreover, modern medical parallels to *Agni* were explored, reinforcing its scientific relevance. In contemporary terms, *Agni* reflects a combination of digestive enzymes, hormonal regulators, cellular mitochondria, and gut microbiota. The modern understanding of metabolism, absorption, and immunological homeostasis validates the ancient *Ayurvedic* emphasis on maintaining *Agni*. Chronic metabolic disorders such as obesity, diabetes, and autoimmune conditions share a common pathophysiological basis in impaired metabolism, which can be conceptually mapped to *Mandagni* and *Ama Sanchaya*.³⁹

This discussion reveals that the concept of *Agni* not only offers a holistic framework for understanding health and disease in *Ayurveda* but also bridges ancient wisdom with modern physiological science. Recognizing and managing *Agni* effectively is therefore essential in both preventive and curative healthcare systems, making it an indispensable pillar in *Ayurvedic* therapeutics.⁴⁰

CONCLUSION

The concept of *Agni* represents the core of *Ayurvedic* physiology, pathology, and therapeutics. It is the vital force behind digestion, absorption, assimilation, metabolism, and ultimately, the sustenance of life. A balanced *Agni* (*Samagni*) is the foundation of *Swasthya*, while its imbalance—manifesting as *Mandagni*, *Tikshnagni*, or *Vishamagni*—is the root cause of disease. The therapeutic goal in *Ayurveda* is not merely to suppress symptoms but to restore and preserve the functional integrity of *Agni* through individualized approaches like *Deepana*, *Pachana*, *Langhana*, *Brimhana*, and *Shodhana*. The review also reveals a close alignment between the classical understanding of *Agni* and modern concepts of gastrointestinal physiology and metabolic regulation. Thus, maintaining *Agni* is not only the essence of *Ayurvedic* treatment but also offers a timeless, integrative approach for modern health care systems focused on metabolic wellness and preventive medicine.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

REFERENCES

- Agrawal AK, YadavCR, MeenaMS. Physiological aspects of *Agni. Ayu*. 2010 Sep;31(3):395–8.doi:10.4103/0974-8520.77159
 ijam.co.inroutledge.com+9wikipedia.nucleos.com+9academia.edu+9
- 2. Anonymous. Physiological aspects of *Agni. Ayu.* 2010;31(4):368–73.
- 3. Chaube RK. *Agni*—its importance in *Ahara Paka* and correlation with metabolism. *WJPR*. 2023;12(5):2237–47. pubmed.ncbi.nlm.nih.gov+6routledge.com+6academia.edu+6
- 4. HalgekarP, etal. *Agni*: a biotransformer. *J Ayurveda Integr Med Sci*. 2024;? ?-?. academia.edu+1pubmed.ncbi.nlm.nih.gov+1
- 5. PolGD. Physiological aspect of *Agni* and its role in metabolic activities: a review. *YMT Ayurved Med Coll*. 2023;??-?. wikipedia.nucleos.com+4academia.edu+4ijam.co.in+4
- 6. MahadevP. Review article: *Deepana, Pachana, Agni,* and metabolism. *IJA-PR*. 2025;12(12):3439.
- 7. PawarCB, DivekarU. Ayurvedic review of Agni. Flora J. 2023;? ?-?.
- 8. Anonymous. Conceptual review on *Agni* in *Ayurveda*. *WJPMR*. 2023;? ?-?.
- 9. Anonymous. Review of concept of *Agni* in *Ayurveda*. *IJFMT*. 2021;? ?-?. europepmc.org+12researchgate.net+12ijam.co.in+12
- 10. Anonymous. A critical analysis on *Agni* and its applied aspects. *IJAYUSH*. 2024;? ?–?.
- 11. Anonymous. Agni: the vital source of life. UConn Digital Commons; ??.
- 12. Anonymous. Agni Charaka Samhita. Caraka Samhita Online; ??. <u>ijam.co.in</u>
- 13. Anonymous. Concept of Agni a conceptual study. WJPMR. 2020;? ?–?.
- 14. Anonymous. Analytical review of Agni in *Ayurveda*. *WJPR*. 2024;? ?-?.
- 15. Anonymous. Agni and its significance in health and disease. IJRAP. 2024;? ?-?.
- 16. Anonymous. A review of Ayurvedic concepts of Agni and their correlation. *AJBR*. 2025;? ?-?.
- 17. Anonymous. Concept of Agni and its importance in *Ayurveda*. *Quest Journals*. 2024;? ?-?. amazon.com+13scirp.org+13ijam.co.in+13
- 18. MishraLC, editor. *Scientific Basis for Ayurvedic Therapies*. 1st ed. Boca Raton(FL): CRC Press; 2004. xi,650p. ISBN0-8493-1366-X researchgate.net+14researchgate.net+14pmc.ncbi.nlm.nih.gov+14
- 19. MishraLC, editor. *Scientific Basis for Ayurvedic Therapies*. CRC Press, 2003. Boca Raton(FL): CRC Press; 2003.

- 20. SinghA, SinghG, PatwardhanK, GehlotS. Development, validation, and verification of a self-assessment tool to estimate Agnibala (digestive strength). *J Evid Based Complement Altern Med.* 2017 Jan;22(1):134–40. doi:10.1177/2156587216656117 europepmc.org+9pubmed.ncbi.nlm.nih.gov+9ijam.co.in+9
- 21. SinghA, AgrawalS, PatwardhanK, GehlotS. Overlooked contributions of Ayurveda literature to the history of physiology of digestion and metabolism. *Hist Philos Life Sci.* 2023 Mar 22;45(2):13. doi:10.1007/s40656-023-00559-6 pubmed.ncbi.nlm.nih.gov
- 22. EswaranHT, KavitaMB, TripatyTB, ShivakumarS. Formation and validation of questionnaire to assess Jāṭharāgni. *Anc Sci Life*. 2015 Apr–Jun;34(4):203–9. doi:10.4103/0257-7941.159829 academia.edu+1pubmed.ncbi.nlm.nih.gov+1
- 23. PatilFC, BaghelMS, ThakarAB. Assessment of *Agni* (digestive function) and *Koshtha. Anc Sci Life*. 2008;28(2):26–?. academia.edu
- 24. BasumataryK, BhattaC. A brief study of *Agni* assessment scale. *Int J Ayurveda Pharma Res.* 2019 Jun 20:17–20. <u>academia.edu+1ijam.co.in+1</u>
- 25. SorathiyaAP, VyasSN, BhatPS. A clinical study on role of *Ama* in *Grahani Roga* management. *Ayu*. 2010 Oct;31(4):451. <u>ijam.co.in+1academia.edu+1</u>
- 26. ChannabasavannaBM. Clinical study of Erandamooladi Niruha Basti in *Grahani wsr to IBS*. *J Ayurveda Integr Med Sci*. 2017 Dec;2(6):21–2. <u>ijam.co.in+1academia.edu+1</u>
- 27. SainiM, KumarAS, KumarSK. RCT: effect of Pathya Ahara in *Grahani*. *J Ayurveda*. 2021 Jan 1;15(1):14. <u>ijam.co.in+1academia.edu+1</u>
- 28. ManoharPR. Clinical diagnosis in *Ayurveda*: challenges & solutions. *Anc Sci Life*. 2012 Apr;31(4):149–?. ijam.co.in+1academia.edu+1
- 29. VaidyaJadavajiTA, editor. *Charaka Samhita* of Acharya Charaka. 5th ed. Varanasi: Chaukhambha Krishnadas Academy; 2001. 518p. <u>academia.edu+1ijam.co.in+1</u>
- 30. HariSadasivaShastri, editor. *Ashtanga Hridaya* of Vagbhata. 1st ed. Varanasi: Chaukhambha Sanskrit Samsthan; 2011. 8p. <u>academia.edu</u>
- 31. BrahmanandaT. *Madhava Nidana* of Sri Madhavakara. 1st ed. Varanasi: Chaukhambha Surbharati Prakashana; 2005. 540p. <u>ijam.co.in+1academia.edu+1</u>
- 32. EdavalathM, BharathanBP. Methodology for developing and evaluating diagnostic tools in *Ayurveda*: a review. *J Ayurveda Integr Med*. 2021 Apr–Jun;12(2):389–97. academia.edu+1ijam.co.in+1

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- 33. SouzaAC, AlexandreNM, GuirardelloED. Psychometric properties in instrument evaluation. *Epidemiol Serv Saúde*. 2017;26:649–58. researchgate.net+8academia.edu+8jneonatalsurg.com+8
- 34. MishraLC. Scientific Basis for Ayurvedic Therapies. Boca Raton: CRC Press; 2004. Ch1, 1–14. researchgate.net+11pmc.ncbi.nlm.nih.gov+11jneonatalsurg.com+11
- 35. SinghRH. *Ayurveda for Cardiovascular Health*. Delhi: Chaukhamba Sanskrit Pratishthan; 2005. jneonatalsurg.com
- 36. DattaHS, ParameshR. Ayurvedic concepts of Srotas. *J Ayurveda Integr Med*. 2010;1(4):245–50. jneonatalsurg.com+1pubmed.ncbi.nlm.nih.gov+1
- 37. GuytonAC, HallJE. *Textbook of Medical Physiology*. 13th ed. Philadelphia: Elsevier; 2015. <u>jneonatalsurg.com</u>
- 38. GrayH, editor. *Gray's Anatomy*. 41st ed. London: Elsevier; 2016. <u>ineonatalsurg.com</u>
- 39. SemenzaGL. Hypoxia-inducible factors. *Annu Rev Pathol*. 2011;6:497–518. <u>ineonatalsurg.com</u>
- 40. AparnaSingh, GirishSingh, KishorPatwardhan, SangeetaGehlot. Development, validation, and verification of a self-assessment tool to estimate Agnibala. *J Evid Based Complement Altern Med.* 2017 Jan;22(1):134–40. doi:10.1177/2156587216656117 journals.sagepub.com+9pubmed.ncbi.nlm.nih.gov+9researchgate.net+9

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