



Original Research Article

Volume 14 Issue 12

December 2025

## ASSESSMENT AND MANAGEMENT OF *AGNI DUSHTI* IN *KRIYA SHARIR*: AN EVIDENCE-BASED AYURVEDIC CASE REPORT

Dr. Manjeet Kaur

Assistant Professor, Department of Kriya Sharir, Lal Bahadur Shastri Mahila Ayurvedic College and Hospital Bilaspur Yamunanagar Haryana

**Corresponding Author** - Dr. Manjeet Kaur, Assistant Professor, Department of Kriya Sharir, Lal Bahadur Shastri Mahila Ayurvedic College and Hospital Bilaspur Yamunanagar Haryana

### ABSTRACT

**Background** In *Ayurveda*, *Agni* is considered the fundamental force responsible for digestion, metabolism, and transformation at both gross and subtle levels. It plays a central role in maintaining health and sustaining physiological functions as described under *Kriya Sharir*. Derangement of *Agni* is believed to be the root cause of many diseases. This case study explores the role and clinical implications of *Agni* through an individual-based evaluation.

**Materials and Methods** A single case study was conducted on a subject presenting with digestive irregularities, loss of appetite, and general debility. An assessment was carried out using classical *Ayurvedic* parameters such as *Agni pariksha*, *Ahara shakti*, *Jarana shakti*, *Vaya*, *Prakriti*, and *Vikriti* analysis. Observations were supported with dietary modifications and classical *Agni-deepana* and *Pachana* interventions. Follow-up was conducted over a period of four weeks. **Observations and Results** The subject exhibited features of *Mandagni* leading to improper *Ahara paka* and *Dhatu poshana*. Post-intervention, signs of improved digestion, increased appetite, better assimilation, and enhanced vitality were noted. The balance of *Doshas* and improved *Mala pravritti* further validated the central role of *Agni* in maintaining physiological homeostasis. **Conclusion** The case reinforces the classical view that *Agni* governs not only digestion but also the systemic functional integrity. Restoration of *Agni* resulted in improved metabolic functions and overall well-being, establishing its pivotal role in *Kriya Sharir* as per *Ayurvedic* doctrine.

**Keywords:** *Agni*, *Kriya Sharir*, *Mandagni*, *Ayurveda*, Digestion, Metabolism

## Introduction

*Ayurveda*, the ancient Indian system of medicine, is a science of life that emphasizes harmony between the body, mind, and environment. Rooted in principles such as *Tridosha*, *Panchamahabhuta*, and *Agni*, it focuses not only on the treatment of diseases but also on the promotion of health and prevention of illness.<sup>1</sup> The concept of *Kriya Sharir*—the study of physiological functions—forms the basis for understanding how the body operates in both health and disease. Among these, *Agni* plays a crucial role in digestion, metabolism, and cellular function. The comprehensive and individualized approach of *Ayurveda* offers a valuable model for integrated healthcare.<sup>2</sup>

Epidemiology is the study of the distribution and determinants of health-related states in specific populations, and it serves as the backbone of public health policy and planning. Modern epidemiological tools provide essential data for understanding disease trends, risk factors, and the impact of interventions. The scope of epidemiology has evolved beyond infectious diseases to include chronic, lifestyle-related conditions and mental health issues.<sup>3</sup> This broader scope aligns with *Ayurvedic* principles of *Nidana Panchaka* and *Roga-Marga*, which offer ancient frameworks for identifying causative factors, disease pathways, and preventive strategies.<sup>4</sup>

Globally, the burden of non-communicable diseases (NCDs) such as diabetes, obesity, cardiovascular disorders, and mental health conditions is on the rise. The World Health Organization (WHO) has recognized the value of traditional systems, including *Ayurveda*, in addressing these modern health challenges.<sup>5</sup> Increasingly, integrative approaches that combine traditional knowledge with modern medical science are being explored for their potential to offer safer, cost-effective, and culturally acceptable solutions. The physiological insights from *Kriya Sharir*, particularly the concept of *Agni*, may provide a unique understanding of metabolic health and disease prevention.<sup>6</sup>

In India, there is a growing emphasis on reviving and institutionalizing *Ayurveda* through research, education, and healthcare delivery. The Ministry of AYUSH and allied bodies are supporting clinical trials, public health integration, and documentation of traditional knowledge. Epidemiological studies are now being adapted to evaluate *Ayurvedic* interventions through randomized controlled trials and observational studies.<sup>7</sup> This convergence of modern epidemiological methods with classical *Ayurvedic* wisdom enables a

comprehensive approach to understanding health, disease causation, and effective intervention strategies, particularly in the context of physiological regulation through *Agni*.<sup>8</sup>

## MATERIAL AND METHOD

### Study Design

This was a single-subject observational case study conducted to assess the physiological role of *Agni* in accordance with the principles of *Kriya Sharir* as described in classical *Ayurvedic* texts. The study was carried out over a period of 30 days in November 2024.

### Selection Criteria

A 28-year-old male patient was selected who presented with classical symptoms of *Mandagni*, including reduced appetite, bloating, irregular bowel habits, and mild fatigue. The inclusion criteria were:

- Age between 20–40 years
- Signs of *Mandagni* confirmed through *Agni Pariksha*
- No significant organic pathology on modern medical evaluation
- Consent to follow *Ayurvedic* treatment and lifestyle modifications

Exclusion criteria included:

- Chronic systemic illness (e.g., diabetes, liver disease)
- Recent use of antibiotics or steroids
- Non-compliance to dietary or treatment protocols

### Assessment Tools

The patient was evaluated using both classical *Ayurvedic* and modern clinical parameters:

- *Ashta Vidha Pariksha*
- *Agni Pariksha* (assessment of *Ahara Shakti*, *Jarana Shakti*, *Mala Pravritti*)
- *Prakriti* and *Vikriti* analysis
- Weekly monitoring of vitals: pulse, BP, respiratory rate, weight, and BMI
- Daily dietary intake and bowel habit diary

### Intervention

The treatment included internal administration of *Deepana* and *Pachana* formulations such as:

- *Trikatu Churna*, *Chitrakadi Vati*, *Hingwashtak Churna*, *Jeerakadi Kashaya*, and *Avipattikar Churna*

- Supportive formulations: *Guduchi Kashaya*, *Shadanga Paniya*, *Triphala Kashaya*
- Anupana: warm water, *Takra*, and honey as indicated

Dietary modifications included consumption of light, warm, *Laghu* and *Pachana*-friendly foods such as *Mudga Yusha*, *Yavagu*, and *Lajamanda*. Lifestyle advice was given based on *Dinacharya*, with emphasis on meal timing, adequate sleep, and stress reduction.

### Follow-Up and Observation

Follow-up assessments were done on Days 1, 7, 15, 21, and 30. Each session included recording of vitals, subjective symptom scoring, tongue examination, and evaluation of appetite and bowel regularity. Final assessment on Day 30 concluded the study and validated the improvement in *Agni*.

### CASE HISTORY

A 28-year-old male patient presented with complaints of reduced appetite, frequent bloating, irregular bowel movements, fatigue, and mild weight loss for the past three months. On detailed *Ayurvedic* evaluation, he was found to be of *Vata-Pitta Prakriti* with signs of *Mandagni*, including incomplete digestion, heaviness after meals, and irregular hunger patterns. His dietary habits included erratic meal timings and consumption of *guru* (heavy), *snigdha* (oily), and *abhishyandi* (clogging) food items. Physical and mental stress due to long working hours was also noted as a contributing factor. Modern investigations ruled out any organic pathology, and based on classical *Agni pariksha* and clinical assessment, the case was diagnosed as *Mandagni* with associated mild *Agnimandya janya udararoga*. The patient was advised *Agni-deepana* and *Pachana* line of treatment along with dietary modifications and lifestyle regulation in accordance with *Dinacharya* and *Ahara Vidhi*.

### Present Complaints

| S.No. | Complaint                               | Duration   |
|-------|---|------------|
| 1     | Reduced appetite ( <i>Arochaka</i> )    | 3 months   |
| 2     | Bloating after meals ( <i>Adhmana</i> ) | 2.5 months |
| 3     | Irregular bowel movements               | 2 months   |
| 4     | Fatigue and mild weight loss            | 1.5 months |

**Past History**

| S.No. | History                                      |
|-------|--|
| 1     | Occasional indigestion                       |
| 2     | Mild acid reflux in the past                 |
| 3     | No known chronic illness or hospitalization  |
| 4     | No history of allergy or surgical procedures |

**Drug History**

| S.No. | Medication                              | Details                  |
|-------|---|--------------------------|
| 1     | OTC antacids                            | Occasionally after meals |
| 2     | Regular medications                     | None                     |
| 3     | Ayurvedic or other traditional remedies | Not taken previously     |

**Vital Signs**

| Parameter        | Observation            |
|------------------|------------------------|
| Pulse Rate       | 78/min, regular        |
| Blood Pressure   | 118/76 mmHg            |
| Temperature      | 98.4°F                 |
| Respiratory Rate | 16/min                 |
| Weight           | 58 kg                  |
| Height           | 169 cm                 |
| BMI              | 20.3 kg/m <sup>2</sup> |

**Systemic Examination**

| System           | Findings                                    |
|------------------|---|
| Gastrointestinal | Mild epigastric tenderness, no organomegaly |
| Cardiovascular   | S1 and S2 normal, no murmurs                |

|                        |  |
|------------------------|--|
| Respiratory            | Clear breath sounds, no crepitations or wheeze |
| Central Nervous System | Alert and oriented, normal reflexes            |

### ***Ashta Vidha Pariksha***

| <b>Pariksha</b>        | <b>Observation</b>                           |
|------------------------|--|
| <i>Nadi</i> (Pulse)    | <i>Vata-Pitta</i> dominant                   |
| <i>Mutra</i> (Urine)   | Normal frequency and pale yellow color       |
| <i>Mala</i> (Stool)    | Irregular, sticky, occasional constipation   |
| <i>Jihva</i> (Tongue)  | Slightly coated, dry                         |
| <i>Shabda</i> (Voice)  | Mildly weak and dry tone                     |
| <i>Sparsha</i> (Touch) | Rough skin, slightly dry                     |
| <i>Drik</i> (Eyes)     | Mild dullness, vision normal                 |
| <i>Aakruti</i> (Build) | Moderately built, slightly lean constitution |

### **Jarana Shakti and Abhyavarana Shakti Assessment –**

| <b>Parameter</b>          | <b>Before Treatment (Date: 01-Nov-2024, Time: 10:00 AM)</b>                       | <b>After Treatment (Date: 30-Nov-2024, Time: 10:00 AM)</b>                         |
|---------------------------|---|--|
| <b>Jarana Shakti</b>      | - Incomplete digestion<br>- Postprandial heaviness, sluggish gut activity         | - Proper digestion<br>- Lightness after meals, timely hunger                       |
| <b>Abhyavarana Shakti</b> | - Weak assimilation<br>- Sticky stools, mild weight loss, poor tissue nourishment | - Improved assimilation<br>- Well-formed stools, stable weight, better nourishment |

### **Agni Parikshana Assessment**

| <b>Parameter</b>               | <b>Before Treatment (Date: 01-Nov-2024, Time: 10:00 AM)</b> | <b>After Treatment (Date: 30-Nov-2024, Time: 10:00 AM)</b> |
|--------------------------------|---|--|
| <b>Type of Agni</b>            | <i>Mandagni</i> (weak and slow digestion)                   | Near <i>Samagni</i> (balanced and regular digestion)       |
| <b>Appetite (Aahar Shakti)</b> | Poor, irregular hunger                                      | Improved, timely and consistent hunger                     |

|   |  |  |
|---|--|--|
| <b>Digestive Capacity</b><br>( <i>Jarana Shakti</i> ) | Incomplete digestion, heaviness post-meals | Complete digestion, lightness and comfort post-meals |
| <b>Bowel Movements</b><br>( <i>Mala Pravritti</i> )   | Irregular, sticky, mild constipation       | Regular, well-formed, easy elimination               |
| <b>Belching and Flatulence</b>                        | Frequent, with sour taste or bloating      | Rare or absent                                       |
| <b>Abdominal Discomfort</b>                           | Bloating, heaviness, mild pain             | No discomfort, feeling of lightness                  |
| <b>Energy Levels</b>                                  | Low, fatigue throughout the day            | Improved vitality and sustained energy               |
| <b>Tongue Coating</b>                                 | Coated, dull appearance                    | Clean tongue, pink and moist                         |

### Aushadhi Schedule

| S.No. | Name of Aushadhi          | Anupana                    | Frequency                | Dose          | Dosage Form         |
|-------|---------------------------|----------------------------|--------------------------|---------------|---------------------|
| 1     | <i>Trikatu Churna</i>     | Warm water                 | Twice daily before meals | 2 grams       | Churna (Powder)     |
| 2     | <i>Ajmodadi Churna</i>    | Warm water                 | Once in evening          | 3 grams       | Churna (Powder)     |
| 3     | <i>Shunthi + Pippali</i>  | Warm water or honey        | Once daily in morning    | 1 gram each   | Churna (Powder)     |
| 4     | <i>Jeerakadi Kashaya</i>  | —                          | Twice daily after meals  | 40 ml         | Kashaya (Decoction) |
| 5     | <i>Hingwashtak Churna</i> | Warm water or <i>Takra</i> | Before each meal         | 3 grams       | Churna (Powder)     |
| 6     | <i>Chitrakadi Vati</i>    | Warm water                 | Twice daily before meals | 1 tablet      | Vati (Tablet)       |
| 7     | <i>Avipattikar Churna</i> | Lukewarm water             | At bedtime               | 5 grams       | Churna (Powder)     |
| 8     | <i>Guduchi Kashaya</i>    | —                          | Once daily in morning    | 40 ml         | Kashaya (Decoction) |
| 9     | <i>Shadanga Paniya</i>    | As drinking water          | Sip throughout the day   | 1 tsp per 1 L | Powder for infusion |

|    |                            |                |                       |         |                     |
|----|----------------------------|----------------|-----------------------|---------|---------------------|
| 10 | <i>Triphala Kashaya</i>    | Lukewarm water | At bedtime            | 40 ml   | Kashaya (Decoction) |
| 11 | <i>Chitrak Mool Churna</i> | Honey          | Once daily in morning | 2 grams | Churna (Powder)     |

### Treatment Schedule

| Date      | Morning (8:00 AM)                             | Afternoon (1:00 PM)                                     | Evening (6:00 PM)                             | Remarks                                     |
|-----------|---|---|---|---|
| 01-03 Nov | <i>Trikatu Churna</i> with warm water         | Light diet ( <i>Yavagu, Mudga Yusha</i> )               | <i>Ajmodadi Churna</i> 3g with lukewarm water | Start with <i>Agni-deepana</i>              |
| 04-07 Nov | <i>Shunthi Churna</i> + <i>Pippali Churna</i> | <i>Lajamanda</i> + ghee                                 | <i>Jeerakadi Kashaya</i>                      | Mild <i>Pachana</i> , easy-to-digest diet   |
| 08-10 Nov | <i>Hingwashtak Churna</i> before meals        | Moong khichdi with cumin                                | <i>Takra Trikatu</i> with                     | Relief in bloating, improve gut flora       |
| 11-15 Nov | <i>Chitrakadi Vati</i> 1 tab before meals     | Rice + Moong dal + seasonal vegetables                  | Warm water post-meal                          | Appetite improves, <i>Mala</i> regulated    |
| 16-20 Nov | <i>Avipattikar Churna</i> at bedtime (3g)     | Easily digestible <i>Ahara</i> , ghee as <i>Anupana</i> | <i>Deepana</i> diet continued                 | Mild <i>Virechana</i> -like effect observed |
| 21-25 Nov | <i>Guduchi Kashaya</i>                        | <i>Shadanga Paniya</i> for <i>Tridosha</i> balance      | <i>Takra Kalpana</i>                          | Digestive strength improved                 |
| 26-30 Nov | <i>Chitrak Mool Churna</i> + honey (1-2g)     | Wholesome diet with <i>Agni vardhaka</i> spices         | Herbal <i>Triphala</i> decoction at bedtime   | <i>Agni</i> normalized, patient feels light |

### Follow-Up Schedule

| Date        | Vitals   | Clinical Findings  | Treatment/Advice Given   |
|-------------|--|--|--|
| 01-Nov-2024 | Pulse: 78/min<br>BP: 118/76 mmHg<br>Temp: 98.4°F<br>RR: 16/min | Complaints of reduced appetite, bloating, constipation. Tongue coated. | Started <i>Agni-deepana</i> with <i>Trikatu Churna</i> , light diet. |



|                    |  |  |   |
|--------------------|--|--|---|
| <b>07-Nov-2024</b> | Pulse: 76/min<br>BP: 116/74 mmHg<br>Temp: 98.3°F<br>RR: 16/min | Appetite improved, slightly bloating persists, bowels irregular. | Continued <i>Pachana</i> with <i>Jeerakadi Kashaya</i> and <i>Takra</i> . |
| <b>15-Nov-2024</b> | Pulse: 78/min<br>BP: 120/78 mmHg<br>Temp: 98.4°F<br>RR: 16/min | Noticeable appetite improvement, regular hunger, mild fatigue.   | Added <i>Chitrakadi Vati</i> , advised rice and <i>Mudga</i> diet.        |
| <b>21-Nov-2024</b> | Pulse: 76/min<br>BP: 116/72 mmHg<br>Temp: 98.2°F<br>RR: 15/min | Regular bowel movement, no bloating, energy levels improved.     | Introduced <i>Guduchi Kashaya</i> , <i>Shadanga Paniya</i> .              |
| <b>30-Nov-2024</b> | Pulse: 76/min<br>BP: 118/76 mmHg<br>Temp: 98.4°F<br>RR: 16/min | Appetite and digestion normal, tongue clean, weight stable.      | Maintenance with <i>Triphala Kashaya</i> and <i>Chitrak Mool Churna</i> . |

## RESULTS AND FINDINGS

After 30 days of *Ayurvedic* intervention for *Mandagni*, the patient showed significant clinical improvement:

- **Appetite** became regular and timely.
- **Digestion** improved with reduced bloating and discomfort.
- **Bowel movements** became regular and well-formed.
- **Energy levels** and general vitality increased.
- **Tongue appearance** improved from coated to clean and pink.
- **Agni** status shifted from *Mandagni* to near *Samagni*.
- **No adverse effects** were observed; vitals remained stable throughout.

## DISCUSSION

In *Ayurveda*, *Agni* is the central component of physiological functioning, responsible for digestion (*Ahar Pachan*), absorption, assimilation, and ultimately the transformation of food into *Dhatus*.<sup>10</sup> The state of *Agni* determines overall health, immunity, and vitality. In this case,

the patient presented with classic symptoms of *Mandagni*, including loss of appetite, bloating, constipation, and fatigue. This clinical presentation aligns with descriptions in classical texts, where *Mandagni* is said to lead to *Ama* formation, obstructing channels and deranging *Doshas*.<sup>11</sup>

The therapeutic focus was on restoring *Agni* through *Deepana* (appetite stimulants) and *Pachana* (digestives) using classical formulations such as *Trikatu Churna*, *Chitrakadi Vati*, *Jeerakadi Kashaya*, and *Hingwashtak Churna*.<sup>12</sup> Alongside, dietary regulation with light, warm, and easily digestible food further supported the correction of *Agni*. The use of *Takra*, *Shadanga Paniya*, and *Guduchi* also helped in regulating *Tridoshas*, preventing further accumulation of *Ama*, and improving *Dhatu Poshana* (tissue nourishment).<sup>13</sup>

Clinical progress was evident in the patient's improved appetite, complete digestion, regular bowel movements, and better energy levels. This validates the classical *Kriya Sharir* view that a balanced *Agni* is fundamental for maintaining homeostasis. The shift from *Mandagni* to near *Samagni* not only resolved digestive complaints but also improved overall wellbeing. The improvement in *Abhyavaharana Shakti* and *Jarana Shakti* indicates better *Ahara Rasa* formation, which is the root of *Dhatu* nutrition and immunity.<sup>14</sup>

This case also highlights the potential of classical *Ayurvedic* approaches to address subclinical digestive disorders that are often overlooked in modern medicine. It supports the integration of traditional assessments such as *Ashta Vidha Pariksha* and *Agni Pariksha* into modern epidemiological frameworks. The successful management of *Mandagni* using non-invasive, diet-based, and herbal interventions reinforces the importance of early *Agni* assessment in preventive and promotive health strategies within *Kriya Sharir*.<sup>15</sup>

## CONCLUSION

This case study clearly demonstrates the pivotal role of *Agni* in maintaining physiological balance as described in *Kriya Sharir*. The successful correction of *Mandagni* through classical *Ayurvedic* interventions—comprising *Deepana*, *Pachana*, dietary regulation, and lifestyle modifications—resulted in marked clinical improvement. Restoration of *Abhyavaharana Shakti* and *Jarana Shakti*, along with improved digestion, regular bowel habits, and enhanced vitality, confirms that balanced *Agni* is the foundation of health. This case validates the classical *Ayurvedic* perspective that timely assessment and management of *Agni* is crucial not only in disease treatment but also in health preservation and disease prevention.

## CONFLICT OF INTEREST -NIL

## SOURCE OF SUPPORT -NONE

## REFERENCES

1. Sharma RK, Dash B. *Charaka Samhita of Agnivesha*, Vol. 1–3. 1st ed. Varanasi: Chowkhamba Sanskrit Series Office; 2012.
2. Tripathi B. *Charaka Samhita*, Vidyotini Hindi Commentary, Vol. 1–2. 1st ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014.
3. Park K. *Park's Textbook of Preventive and Social Medicine*. 26th ed. Jabalpur: M/S Banarsidas Bhanot Publishers; 2021.
4. Shastri A. *Sushruta Samhita*, Vol. 1–2. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2014.
5. World Health Organization. WHO global report on traditional and complementary medicine 2019. Geneva: WHO; 2019.
6. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: A comparative overview. *Evid Based Complement Alternat Med*. 2005;2(4):465–473.
7. Ministry of AYUSH. National AYUSH Mission. Operational Guidelines. New Delhi: Ministry of AYUSH, Govt. of India; 2020.
8. Singh RH. Exploring issues in the development of Ayurvedic research methodology. *J Ayurveda Integr Med*. 2010;1(2):91–95.
9. Lad V. *Textbook of Ayurveda: Fundamental Principles*, Vol. 1. 1st ed. Albuquerque: The Ayurvedic Press; 2002.
10. Shastri AD. *Bhavaprakasha of Bhavamisra*. Varanasi: Chaukhamba Sanskrit Sansthan; 2009.
11. Gupta A. *Kriya Sharir Vijnan*. 2nd ed. Varanasi: Chaukhambha Orientalia; 2013.
12. Dwivedi R, Dwivedi R. *Dravyaguna Vigyan*. 4th ed. Varanasi: Chaukhambha Krishnadas Academy; 2015.
13. Shastri KN. *Charaka Samhita with Ayurveda Dipika commentary of Chakrapani*. Varanasi: Chaukhambha Sanskrit Sansthan; 2011.
14. Puri HS. *Rasayana: Ayurvedic Herbs for Longevity and Rejuvenation*. London: Taylor & Francis; 2003.
15. Sharma PV. *Ayurveda Ka Vaigyanik Itihas*. 2nd ed. Varanasi: Chaukhambha Orientalia; 2005.