



Research Article

A BRIEF STUDY OF AGNI ASSESSMENT SCALE

Khagen Basumatary¹, Chumi Bhatta^{2*}

¹Professor and HOD, ^{2*}P.G Scholar, Department of Samhita and Siddhanta, Government Ayurvedic College, Jalukbari, Assam.

ABSTRACT

The primary aim and objective of *Ayurveda* is to maintain the health of healthy person and to eradicate the diseases of a diseased person is the secondary one. One whose *Dosa, Agni, Dhatu* and *Malas* are in balanced state and whose senses, mind and soul are functioning properly is a healthy individual. *Agni* maintains the physiology of this *Dehadasha*. In other words *Agni* controls the state of biological equilibrium of *Dosha, Dhatu* and *Mala*. The derangement of *Agni* produces various diseases and it is the root cause of all diseases. In *Ayurveda* the term *Agni* is used in the sense of digestion of food and metabolic products. *Agni* converts food in the form of energy, which is responsible for all the vital functions of our body and it is necessary to develop a scale to measure the *Agni* level of human beings.

KEYWORDS: *Ayurveda, Agni, Dosha, Dhatu, Mala.*

INTRODUCTION

The primary aim and objective of *Ayurveda* is to maintain the health of healthy person and to abolish disease of a diseased person is the secondary one^[1]. Susruta says, one whose *Dosa, Agni, Dhatu* and *Malas* are in balanced state and whose senses, mind and soul are functioning properly is a healthy person^[2]. *Agni* maintains the physiology of this *Dehadasha*. In other words *Agni* controls the state of biological equilibrium of *Dosha, Dhatu* and *mala*. *Ayurveda* has described an important factor of digestion and metabolism in our body as *Agni*. Ingested food is to be digested, absorbed and assimilated, which is unavoidable for the maintenance of life, and is performed by *Agni*. In *Ayurveda*, the term *Agni* is used in the sense of digestion of food and metabolic products. *Agni* converts food in the form of energy, which is responsible for all the vital functions in our body. Therefore, *Ayurveda* considers that *Agni* is the cause of life, complexion, strength, health, nourishment, *Lusture, Oja, Teja* and *Prana*^[3]. About the importance of *Agni* it is said that after stoppage of the function of *Agni*, the individual dies, and when the *Agni* of an individual is *Sama*, then that person would be absolutely healthy and would lead a long, happy, healthy life. But if the *Agni* of a person is vitiated, the whole metabolism in his body would be disturbed, resulting in ill health and diseases. Hence, *Agni* is said to be the base (*Mool*) of life^[4].

According to modern medicine, metabolic processes, division and multiplication are going on in

all cells of our body from birth to till death. For these constant processes in all cells, a biological energy is constantly essential, without which the survival of our body will be quite impossible. The same biological energy is provided by *Agni* in *Ayurveda*. *Agni* is the force of intelligence within each cell, each tissue and every system in our body. Majority of diseases are the outcome of malfunctioning of the *Agni*. *Agni* not only plays vital role in absorption of macro as well as micronutrients, but is destructive to pathogens also. Proper functioning of digestive fire is evident from normal tone of the digestive system, circulatory system, strong immunity, proper tissue growth and better complexion. The term *Agnibala* comprises of *Agni* and *Bala*, which indicates the ability of digestion and metabolism. According to *Charakagni* is measured by *Jaranshakti* (digestive capacity)^[5]. Again it stated that quantity of food to be taken depends on *Agnibala* (power of digestion). Also *Agnibala* is depends on some factors like *Ritu, Vaya* etc. e.g. in *Hemantaritu* and *Youvanakalaagnibala* is maximum and it is minimum in *Varsha* and *Vridhdhakala*. *Agni* is a Sanskrit word, which comes from the word *Anga* (*Angativyanotiitiagnih*) and from the *Dhatu aga*. From this point of view *Agni* denotes progressivism (progressive substance), prevalent, extension, permeation. The synonyms of *Agni* are *Vaisyanar, Tanunpata* and *Amivachatan* etc.

Agni is related to our body since the period of conception (*Garbhasthapana*). *Agni* resides in our body before birth due to *Soumyata* of *Shukra* and

Agneyata of *Shonita*. *Agni* and *Soma* enters in the *Garbha* in minute form and after formation of embryo (*Garbhasthapana*) *Agni* helps in growth and development of body. *Agni* acts on food substances and responsible for digestion and helps in building our body. The formation and destruction of *Dosadhatumalas* (main components of body) are dependent on *Agni* (*Agnimukhapekshi*).

Agni is one of the ten factors which are required to be examined before initiating the treatment of a patient. It is stated that all internal diseases are caused by the vitiation of this *Agni*. This is the pivot round which is responsible for maintenance of health and causation of diseases as well as decay revolve.

NEED OF THE STUDY: to develop a standard *agni* assessment scale

MATERIAL AND METHODS

Selection of study material

Literary: Ayurvedic classical text books were preached to evaluate the concept of *Agni*. Mainly *Veda*, *Charak samhita*, *Susruta samhita*, *Astanga hridaya*, *Astangasangraha*, *Madhavidan*, *Sarangadhar samhita*, *Bhavaprakash*, *Harita samhita*, and available commentaries of these *Samhitas* are selected for the study. Some books of physiology, biochemistry, journal etc. have been looked over. From these books references have been collected.

Selection of patients

Clinical: 60 patients were selected from the OPD of Basic principle, Government Ayurvedic College & Hospital, Guwahati-14. Assessment scale of *Agni* is analysed according to the parameters adopted for the purpose of the study.

All 60 patients were registered for the study after clinical examination. All the patients were studied to detect the type of *Agni* according to the parameters.

Inclusion Criteria

Age: 10-70 years.

Sex: both male and female

Patient who satisfy the require criteria and willing to take part in the trial.

Sign and symptoms^[6-11]

- I. *Udgarsuddhi*
- II. *Vegautsarga*
- III. Pain in abdomen before food
- IV. Pain in abdomen after food
- V. Bloating in abdomen
- VI. Gurgling sounds in abdomen
- VII. Distension of abdomen
- VIII. *Sharirlaghuta*
- IX. Feeling intense thirst after taking food

- X. Feeling hungry frequently even after consumption of heavy amount of food
- XI. Feeling indigestion repeatedly even after consumption of less food
- XII. Not feeling hungry even after not taking food
- XIII. Feeling lack of strength even after taking sufficient food
- XIV. *Daha*, *Sosh* in *Talu* and *Ostha*
- XV. Taste in mouth
- XVI. Discolouration of eyes, skin
- XVII. Feel difficulty in breathing after having food
- XVIII. Cough after taking food
- XIX. Vomiting repeatedly
- XX. Feeling *Tripti* even after not taking food
- XXI. Feeling *Sthivan*
- XXII. *Lalasarava* (excess salivation)
- XXIII. *Asyopdeha* (coating over mouth)
- XXIV. *Hriddaha*
- XXV. Assessment of body weight for a certain period of time
- XXVI. Desire to take food
- XXVII. Sleep
- XXVIII. Time taken for digestion of food in normal quantity
- XXIX. Number of meal in a day
- XXX. *Dehausma* (body temperature)
- XXXI. *Nadi* (pulse)

Exclusion Criteria

Age below 10yrs and above 70 years.

Critically ill patients

Data are collected under following headings:

- A. Demographic Data
- B. Data related to clinical features
- C. Data related to results of *Agni* assessment scale

Demographic Data

The following points were noted: Name, Age, Sex, Address, Religion, OPD/IPD number, Occupation, Socio-economic status, Marital status, Habitat, Dietary habits, Family.

Data Related to clinical features

All the patients after preliminary registration were subjected to detailed case history and physical examination as per following schedule.

- a. Chief complaints
- b. Associated complaints
- c. History of present illness
- d. History of past illness
- e. Family history
- f. Treatment history

- g. **Personal history:** *Agni, Kostha, Ahara, Aharkal, Aharmatra, Samasan/ Vishanasan/ Adhyasan/ Viruddha asana/ Adyasana, Ahara rasa, Guna, Vihar, Oksatmya, Sleep duration, Type of sleep, Day sleep, Vyayam, Micturation, Mansikawastha*
- h. **Astavidha Pariksha:** *Nadi, Mala, Mutra, Jihva, Shabda, Sparsh, Drika, Akriti*
- i. **Dashavidhapariksha:** *Prakriti, Vikriti, Sar, Samhnan, Pramana, Satmya, Satva, Ahar Shakti, Vyayam Shakti, Vaya.*
- j. **Modern parameters:**

Systemic Examination: all system specially gastro-intestinal system.

Data related to results of *Agni* assessment scale
It completely depends upon the symptomatology and number of characters of *Agni* found in the patient. To assess the *Agni* scale, the clinical symptoms depends up on its severity.

Criteria for the assessment of *Agni*

For *Samagni*- Number of characters of *Samagni* if found >50%

For *Vishamagni*- Number of characters of *Vishamagni* if found >50%

For *Mandagni*- Number of characters of *Mandagni* if found >50%

For *Tikshnaagni*- Number of characters of *Tikshnaagni* if found >50%

Investigations- TSH, T3, T4

Physical Examination

General examination, Pulse, BP, Weight, Pallor, Oedema, Jaundice, Temperature

Parameters

<i>Samagni</i>	<i>Vishamagni</i>	<i>Mandagni</i>	<i>Teekshnagni</i>
Clear belching	Irregular belching	No clear belching	Strongly clear belching
Proper bowel evacuation	Irregular evacuation	Improper evacuation	Evacuation > 3times
Stool does not sink in water	Sometimes stool sink	Stool sinks in water	Stool mixed with water
Evacuation daily once	Constipation	Daily 2-3 times	Feels hungry even after consumption of heavy food
Normal consistency of stool	Hard consistency	Soft bowel	Loose
Proper urination and sweating	Less sweating and urination	Very less sweating	Increased urination & excessive sweating
Feel light even after taking food	Feel cramps with bloating & gurgling sounds	Dull pain abdomen with distension, Feels heaviness	Intense thirst after taking food
No change in body weight	Uncertain	Gain body weight	Loss of body weight
Desire to take food	Uncertain	No desire for food, indigestion even after take of less food	More desire to take food
Normal sleep	Disturbed	<i>Madhur</i> taste of mouth, Nausea, Excess salivation (<i>Sthivan</i>)	<i>Daha & Sosha</i> in <i>Talu & Osha</i>
Digestion in 3-6hrs	Uncertain digestion	> 6hrs	Yellowish discolouration of eyes & skin
Normal body temperature	Temperature sometimes high or low	<97°F	> 98°F
Pulse- normal (<i>Sthir</i>)	Pulse- irregular	<i>Mandagati</i>	<i>Vegavati</i>
			Burning sensation in chest
			Lack of strength even after having sufficient food

1. *Udgarsuddhi*- Agree/ Uncertain/ Disagree/ Strongly agree

2. *Vega utsarga*- Proper evacuation, Frequency, Stool sink in water, Consistency of stool, Urination,

Sweating Agree/ Uncertain/ Disagree/ Strongly agree

3. Pain in abdomen before food

4. Pain in abdomen after food

5. Bloating in abdomen- Agree/Uncertain/ Disagree/ Strongly agree
6. Gurgling sounds in abdomen- Agree/Uncertain/ Disagree/ Strongly agree
7. Distension of abdomen- Agree/Uncertain/ Disagree/ Strongly agree
8. *Sharirlaghuta*- Agree/ Uncertain/ Disagree/ Strongly agree
9. Feeling intense thirst after taking food- Agree/ Uncertain/ Disagree/ Strongly agree
10. Feeling hungry frequently even after consumption of heavy amount of food- Agree/ Uncertain/ Disagree/ Strongly agree
11. Feeling indigestion repeatedly even after consumption of less food- Agree/ Uncertain/ Disagree/ Strongly agree
12. Not feeling hungry even after not taking food- Agree/ Uncertain/ Disagree/ Strongly agree
13. Feeling lack of strength even after taking sufficient food- Agree/ Uncertain/ Disagree/ Strongly agree
14. *Daha, Sosh* in *Talu* and *Ostha*- Agree/ Uncertain/ Disagree/ Strongly agree
15. Taste in mouth- *Madhur/ Amla/ Katu/ Tikta/ Kashaya/* No taste
16. Discolouration of eyes, skin- Blackish/ Whitish/ Yellowish/ No discolouration
17. Feel difficulty in breathing after having food- Agree/ Uncertain/ Disagree/ Strongly agree
18. Cough after taking food- Agree/ Uncertain/ Disagree/ Strongly agree
19. Vomiting repeatedly- Agree/ Uncertain/ Disagree/ Strongly agree
20. Feeling *Tripti* even after not taking food- Agree/ Uncertain/ Disagree/ Strongly agree
21. Feeling *Sthivan*- Agree/ Uncertain/ Disagree/ Strongly agree
22. *Lalasarava* (excess salivation)- Agree/ Uncertain/ Disagree/ Strongly agree
23. *Asyopdeha* (coating over mouth)- Agree/ Uncertain/ Disagree/ Strongly agree
24. *Hriddaha*- Agree/ Uncertain/ Disagree/ Strongly agree
25. Assessment of body weight for a certain period of time- Same/ uncertain/ gaining/ weight loss
26. Desire to take food- Agree/ Uncertain/ Disagree/ Strongly agree
27. Sleep- Normal/ Disturbed/ Excessive/ Less
28. Time taken for digestion of food in normal quantity- 3-6hrs/ Uncertain/ >6hrs, <3hrs
29. Number of meal in a day- 3/ Uncertain/ 1-2 times/ >3times

30. *Dehausma* (body temperature)- Normal/ Irregular/ Below 97°F/ Above 98°F
31. *Nadi* (pulse)- *Sthir/ Irregular/ Manda/ Chanchal* or *Vegvatigati*

Investigations- T3,T4, TSH

For *Samagni* range of thyroid profile

- T3:- 0.7-2.04 ng/ml
T4:- 6.09-12.23µg/dl
TSH:- 0.35-5.5µIU/ml

For *Mandagni*

- T3:- <0.7ng/ml
T4:-<6.09 µg/dl
TSH:->5.5 µIU/ml

For *Teekshnagni*

- T3:- >2.04 ng/ml
T4:- >12.23 µg/dl
TSH:-<0.35 µIU/ml

For *Vishamagni*: Uncertain sometime it may increase and sometimes it may decrease

DISCUSSION

The Characters of *Agni* Assessment Scale

1. **Udgarsuddhi**: The person having clear belching is supposed to have *Samagni* or *Tikshnagni*. In case of *Vishmagni* there would be uncertainty of belching (some belching and some time not). The person having *Mandagni* would never have *Udgarsuddhi*.

2. **Vega Utsarga**: The persons having *Samagni* and *Tikshnagni* will have proper evacuation of bowl. The person having *Vishmagni* would have constipation. The person with *Mandagni* evacuation of bowl is not proper. The frequency of evacuation is person having *Samagni* is daily once. In *Vishmagni* the frequency of bowl evacuation is irregular. In *Mandagni* the frequency of incomplete bowl evacuation is 2-3 times daily. The person having *Tikshnagni* would have more than 3times bowl evacuation. On examination of stool the stool sinks in water in case of *Mandagni*. The stool does not sink in water in *Samagni* and the stool mixed with water in case of *Tikshnagni*. In *Vishmagni* it is found to be uncertain. The consistency of stool in *Samagni* is normal. In *Vishmagni* the consistency of stool is hard, in *Mandagni* the consistency of stool is soft. In *Tikshnagni* the consistency of stool is loose. The urination is found to be normal in *Samagni*, decreased in *Mandagni*, increased in *Tikshnagni* and uncertain in *Vishmagni*. Sweating is found to be normal in *Samagni*, less in *Vishmagni*, excessive in *Tikshnagni* and very less in case of *Mandagni*.

3. **Pain abdomen before food:** The person having *Samagni* have no pain before or after taking food. In *Vishamagni* there would be cramping pain before food. In *Mandagni* there would be dull pain and in *Tikshangni* intense pain would be present.
4. **Pain after taking food:** In *Mandagni* pain would be present after taking food. In *Vishamagni* the pain is uncertain
5. **Bloating in abdomen:** In *Madagni* the bloating will be present. In *Vishamagni* most of the time bloating is present or uncertain.
6. **Gurgling sound:** It is strongly present in the persons having *Tikshnagni* and also present in case of *Mandagni*. The person having *Vishamagni* would have uncertain gurgling sound.
7. **Distension of abdomen:** The person having *Mandagni* would have distension of abdomen. And the person having *Vishamagni* of abdomen is uncertain
8. **Sharirlaghuta:** In *Samagni* the person feels *Laghuta* even after having food. The person having *Teekshnaagni* will strongly feel *Shareerlaghuta*. In case of *Mandagni* the person feels heaviness instead of *Laghuta*.
9. **Thirst after taking food:** The person having *Samagni* would feel thirst after taking food normally. The person having *Tikshangni* intense thirst after taking food.
10. **Feel hungry frequently even after consumption of heavy amount of food:** The person having *Tikshnagni* would feel hungry after consumption of heavy food. The person having *Mandagni* would feel indigestion repeatedly even after consumption of less food.
11. **Do not feel hungry even not taking food (Udarguruta):** The person having *Mandagni* do not feel hungry even not taking food.
12. **Body strength:** The person having *Samagni* would feel good in strength after taking sufficient food. The person having *Tikdhnagni* would feel lack of strength even after taking sufficient food.
13. **Daha and Sosha:** The person having *Tikshangni* would feel *Daha* and *Sosha* in *Talu* and *Ostha*.
14. **Taste in mouth:** The person having *Samagni* there is no taste in mouth, in *Vishamagnipurush*, the taste of mouth would be *Tiktakasaya rasa*. In *Mandagni* person feels *Madhurabhava* in mouth. In *Tikshnagni*, the person would feel *Amla*, *Katutste* in mouth.
15. **discolouration of skin:** In *Madagni* person having whitish type of skin. In *Tikshnagni* person having yellowish skin. In *Vishamagni* person would have blackish skin coloration.
16. **Breathing difficulty:** Person having *Mandagni* would have breathing difficulty after taking food.
17. **Cough:** The person having *Mandagni* would repeatedly suffer in cough after taking food.
18. **Nausea and vomiting:** The person having *Mandagni* would feel nausea and suffer in vomiting repeatedly. In *Vishamagni*, sometime person have vomiting tendency.
19. **Feeling Tripti:** In the *Samagni* and *Tikshnagni* there is no *Trpti*. The person having *Mandagni* feels *Tripti* even after not taking food. In *Vishamagni* there is uncertainty of feeling *Tripti*.
20. **Sthivana and Lalasrava:** In *Mandagni* there is excessive *Lalasarava* and *Sthivana* are found. In *Samagni* and *Tikshnagni* there is no *Sthivana* and *Lalasarava*.
21. **Asyopadeha (coating over mouth):** In *Samagni* and *Tikshnagni* there is no feeling of *Asyopadeha*. In case of *Mandagni* the person would feel *Asyopadeha*.
22. **Hritdaha:** In *Samagni* and *Mandagni*, there is no burning sensation in chest region. Person having *Tikshnagni* would feel *Hritdaha* regularly.
23. **Body weight:** There is no change of weight for a particular period time for a person having *Samagni*. In *Mandagni* person having a tendency to gain weight quickly. In *Tikshnagni*, person loss weight even after taking proper meal.
24. **Sleep:** In *Samagni* person, they have normal sound sleep. In *Vishamagni*, person having disturbed sleep. In *Mandagni* person would have excessive sleep and in *Tikshnagni* person having less sleep.
25. **Time for digestion:** In *Samagni* normally 3-6 hours required for proper digestion of food. In *Tikshnagni* person digests food within 2-3 hrs after consumption of food. In *Mandagni* person could not digests properly even after 6hours of consumption of food. In *Vishamagni* it would be uncertain.
26. **Number of meal:** Generally in *Samagni* person would take food three times daily. Person having *Mandagni* would take food 1-2 time in a day. In *Tikshnagni* person takes diet more than three times in a day. In *Vishamagni* it would be uncertain. They take food when feel hungry.
27. **Body temperature:** In *Samagni* person having 97-98°F body temperature. In *Mandagni* the body temperature remains low (below 97°F). In *Tikshnagni*, body temperature main above 98°F. In *Vishamagni* it is uncertain.
28. **Pulse:** In *Samagni*, the pulse would be *Sthir* (normal). In *Tikshnagni*, the pulse would be *Chanchal* and *Vegavati*. In *Mandagni* the pulse

would be *Mandagati*. In *Vishamagni* the pulse rate would be uncertain. Some time it would be *Manda* and sometime *Vegavati*.

profile of 60 cases and results of *Agni* assessment scale. The findings have been presented in following headings.

OBSEVATION AND RESULT

The observations and results have been made in the present thesis on the basis of Demographic, Clinical

- Demographic profile
- Clinical profile
- Results of *Agni* assessment scale

Demographic profile

According to age

Age (years)	<i>Samagni</i>		<i>Vishamagni</i>		<i>Mandagni</i>		<i>Tikshnaagni</i>	
	No.	%	No.	%	No.	%	No.	%
10-20yrs	1	1.67	0	0	12	20	0	0
20-30yrs	0	0	2	3.33	5	8.33	1	1.67
30-40yrs	6	10	0	0	4	6.67	1	1.67
40-50yrs	0	0	1	1.67	6	10	0	0
50-60yrs	1	1.67	1	1.67	5	8.33	0	0
60-70yrs	1	1.67	8	13.33	5	8.33	0	0
Total	9	15	12	20	37	61.67	2	3.34

The study shows that the maximum number of *Mandagni* patients belong to age group 10-20. Maximum number of *Vishamagni* patients belong to age group 60-70. It means that the chances of *Mandagni* are more in early age (may be due to *Kaphadosha*). The chances of *Vishamagni* are more in older age (may be due to *Vatadosha*).

Maximum number of *Samagni* patients belongs to age group 30-40. It means the chances of *Samagni* are more in middle age.

Maximum number of *Tikshnaagni* patients belongs to age group 20-30.

2. According to sex

	Male		Female	
	No.	%	No.	%
<i>Samagni</i>	7	11.67	2	3.33
<i>Vishamagni</i>	4	6.67	8	13.33
<i>Mandagni</i>	8	13.33	29	48.33
<i>Tikshnaagni</i>	2	3.33	0	0
Total	21	35	39	65

The study shows that 13.3% of males and 48.3% of females were having *Mandagni*. It means females are more sufferer of *Mandagni*. Females suffer from *Vishamagni* (13.3%) more than men (6.7%). Males have more *Samagni* as compared to females.

According to diet

	<i>Samagni</i>		<i>Vishamagni</i>		<i>Mandagni</i>		<i>Tikshnaagni</i>	
	No.	%	No.	%	No.	%	No.	%
Veg	7	11.67	3	5	5	8.33	2	3.33
Non-veg	2	3.33	9	15	32	53.33	0	0
Total	9	15	12	20	37	61.67	2	3.33

The study shows that the vegetarian patients are more prone to *Samagni*. The non vegetarian patients have more tendency to *Mandagni*.

According to social-economic condition

	<i>Samagni</i>		<i>Vishamagni</i>		<i>Mandagni</i>		<i>Tikshnaagni</i>	
	No.	%	No.	%	No.	%	No.	%
Higher	2	3.33	5	8.33	20	33.33	0	0
Middle	5	8.33	3	5	15	25	1	1.67
Lower	2	3.33	4	6.67	2	3.33	1	1.67
Total	9	15	12	20	37	61.67	2	3.34

The study shows that the patients of higher socioeconomic status & middle class patients were having *Mandagni*.

According to habitat

Habitat	Samagni		Vishamagni		Mandagni		Tikshnagni	
	No.	%	No.	%	No.	%	No.	%
Rural	7	11.67	4	6.67	7	11.67	2	3.33
Urban	2	3.33	8	13.33	30	50	0	0
Total	9	15	12	20	37	61.67	2	3.33

The study shows that the patients from urban area are more prone to develop *Mandagni*.

According to education

Habitat	Samagni		Vishamagni		Mandagni		Tikshnagni	
	No.	%	No.	%	No.	%	No.	%
Illiterate	2	3.33	4	6.67	21	35	1	1.67
Secondary	1	1.67	2	3.33	5	8.33	0	0
Higher-secondary	2	3.33	3	5	7	11.67	1	1.67
Graduate & P.G	4	6.67	3	5	4	6.67	0	0
Total	9	15	12	20	37	61.67	2	3.34

According to addiction

	Samagni		Vishamagni		Mandagni		Tikshnagni	
	No.	%	No.	%	No.	%	No.	%
Alchole	1	1.67	6	10	12	20	0	0
Smoker	2	3.33	3	5	10	16.67	1	1.67
Betal& tobacco	2	3.33	1	1.67	12	20	0	0
Nil	4	6.67	2	3.33	3	5	1	1.67
Total	9	15	12	20	37	61.67	2	3.34

The study shows that addicted people are more prone to develop *Mandagni*.

B) Clinical Profile

Correlation between *Agni* and Thyroid profile

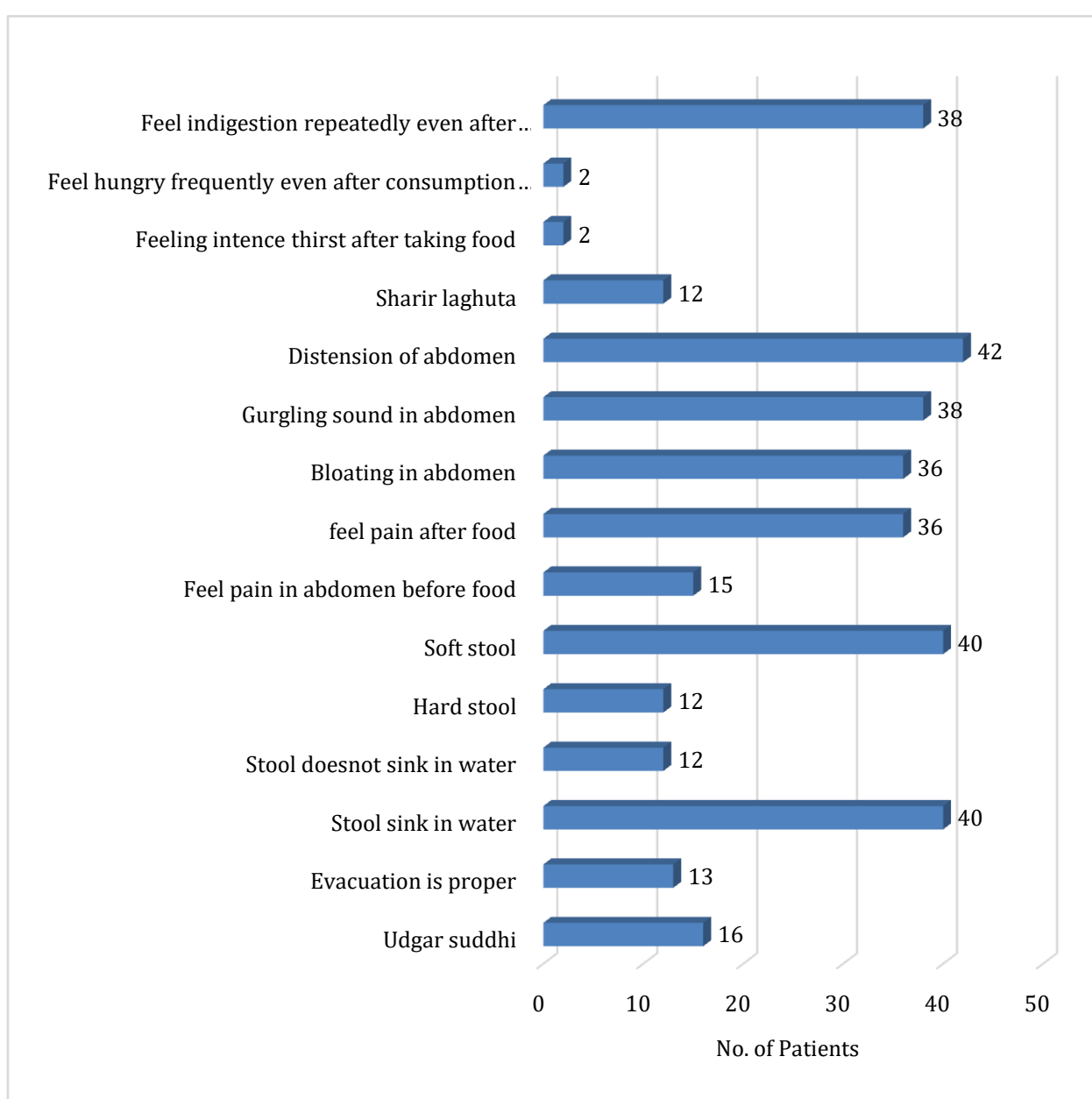
<i>Agni</i>	Number of patients	T3	T4	TSH
<i>Samagni</i>	09	0.7-2.04ng/ml	6.09-12.23 µg/dl	0.35-5.5 µIU/ml
<i>Mandagni</i>	37	0.4-0.6 ng/ml	<6.09 µg/dl	>5.5 µIU/ml
<i>Teekshnaagni</i>	02	2.06-5.02ng/ml	>12.23 µg/dl	<0.35µIU/ml
<i>Vishamagni</i>	12	0.7-2.04ng/ml	6.09-12.23 µg/dl	>5.5 µIU/ml

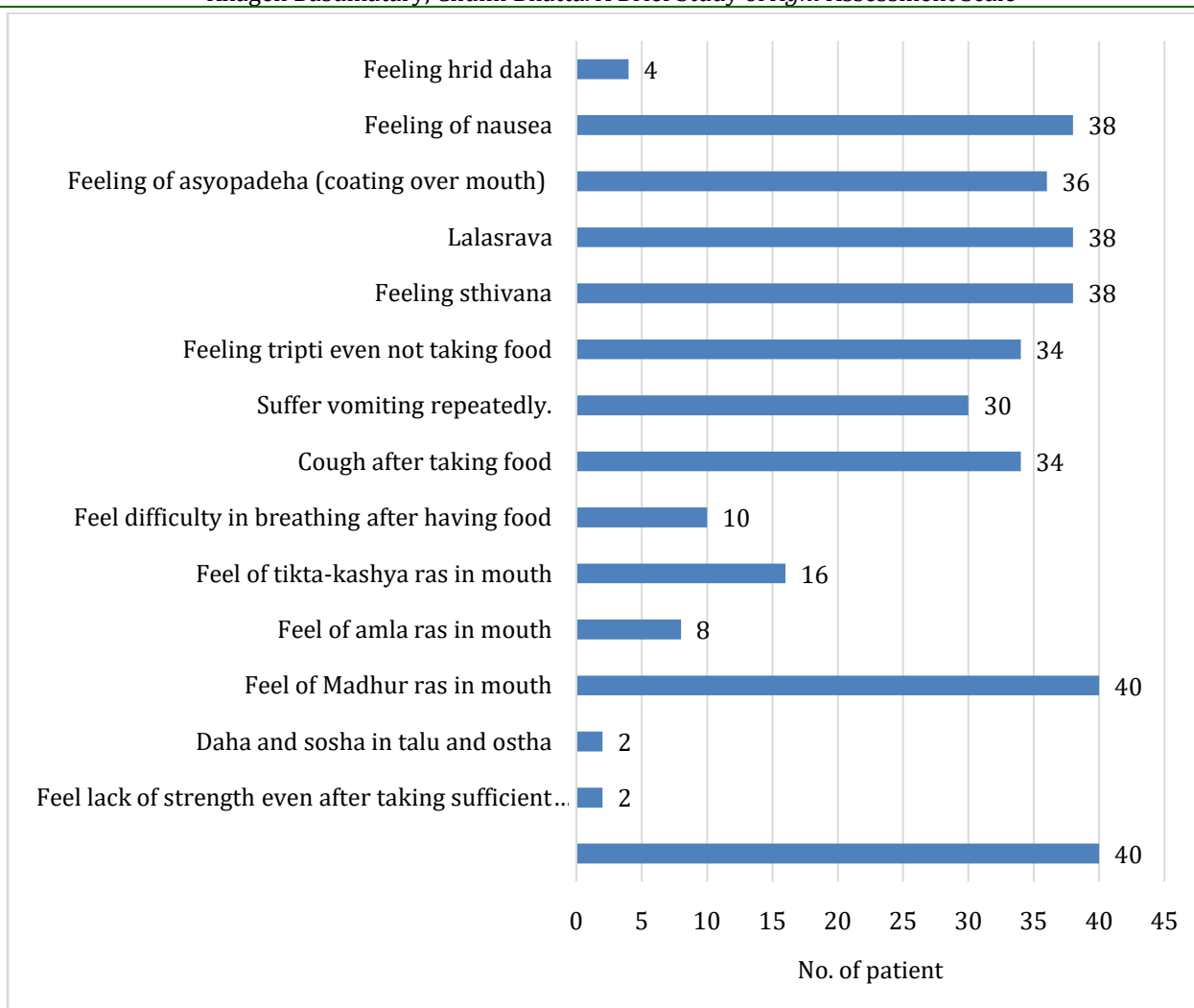
The study shows that 09 patients of *Samagni* are more prone to have normal Thyroid profile. The 37 number of *Mandagni* patients are more prone to have Hypothyroidism that is TSH= >5.5 µIU/ml, T3= <0.7 ng/ml, T4=<6.09 µg/dl. The 02 patients of *Teekshnaagni* are more prone to have hyperthyroidism that is TSH=<0.35 µIU/ml, T3= >2.04 ng/ml, T4= >12.23 µg/dl In case of *Vishamagni* Thyroid profile is found to be uncertain with normal level of T3, T4 but high TSH.

Incidence of clinical symptomatology in 60 cases

Clinical features	Number of patients
1. <i>Udgarsuddhi</i>	16
2. Evacuation is proper	13
3. Stool sink in water	40
4. Stool does not sink in water	12
5. Hard stool	12
6. Soft stool	40
7. Feel pain in abdomen before food	15
8. feel pain after food	36
9. Bloating in abdomen	36
10. Gurgling sound in abdomen	38
11. Distension of abdomen	42
12. <i>Sharirlaghuta</i>	12
13. Feeling intense thirst after taking food	2
14. Feel hungry frequently even after consumption of heavy amount of food	2
15. Feel indigestion repeatedly even after consumption of less food	38

16. Don't feel hungry even not taking food (<i>Udaraguruta</i>)	40
17. Feel lack of strength even after taking sufficient food	2
18. <i>Daha</i> and <i>Sosha</i> in <i>Talu</i> and <i>Ostha</i>	2
19. Feel of <i>Madhurras</i> in mouth	40
20. Feel of <i>Amlaras</i> in mouth	8
21. Feel of <i>Tikta-kashyaras</i> in mouth	16
22. Feel difficulty in breathing after having food	10
23. Cough after taking food	34
24. Suffer vomiting repeatedly.	30
25. Feeling <i>Tripti</i> even not taking food	34
26. Feeling <i>Sthivana</i>	38
27. <i>Lalavrava</i>	38
28. Feeling of <i>Asyopadeha</i> (coating over mouth)	36
29. Feeling of nausea	38
30. Feeling <i>Hriddaha</i>	4



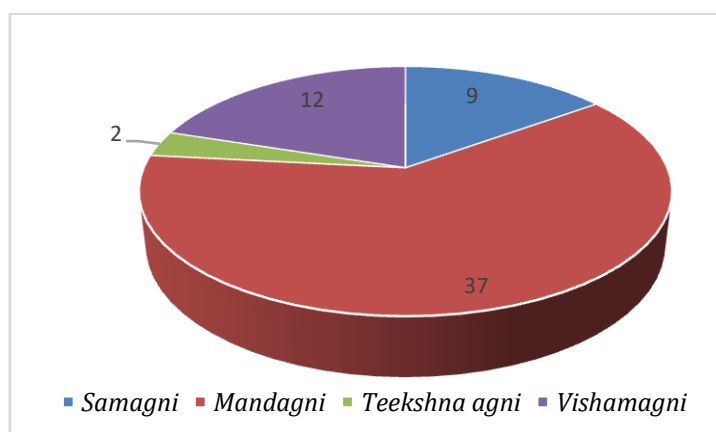


Incidence of clinical symptomatology in 60 cases

Results of *Agni* assessment scale

By seeing above data, it is found that among 60 patients, 9 patients are found in *Samagni*, 12 patients are found in *Vishamagni*, 37 patients are found in *Mandagni* and 2 patients are found in *Tikshnagni*.

<i>Agni</i>	Number of patients
<i>Samagni</i>	09
<i>Mandagni</i>	37
<i>Teekshnaagni</i>	02
<i>Vishamagni</i>	12



Result of *Agni* assessments scale

CONCLUSION

Agni is the invariable agent in the process of *Paka* (digestion and transformation). Ingested food to be digested, absorbed and assimilated, which is unavoidable for maintenance of life, and is performed by *Agni*. *Agni* is innumerable as it is present each and every *Paramanu* of the body. *Jatharagni* is the most important one, which digest food. *Bhutagnis* act on respective *Bhoutika* portion and the seven *Dhatvagnis* act on respective *Dhatus* for nutritional strength, complexion and happy life.

REFERENCES

1. Prof.Kashinath Sastry and Dr.Gorakhnath Chaturvedi, Charak samhita, Vol 1,2013, Varanasi, Chaukhamba bharati academy, page no 279, ch/su/30/26.
2. Vaidya Jadavji Trikamji Acharya, Susruta samhita of Maharshi sushruta, 2015, Varanasi, Chaukhamba Sanskrit sansthan, page no 70 su/su/15/48.
3. Dr.B.K.Dwivedi and Dr.P.K.Goswami, Charak samhita, vol 3, 2013, Varanasi, Chaukhamba Krishnadas academy, page no 509,ch/chi/15/3-4.
4. Dr.B.K.Dwivedi and Dr.P.K.Goswami, Charak samhita, vol 3, 2013, Varanasi, Chaukhamba Krishnadas academy, page no 509, ch/chi/15/3-4.
5. Prof.Kashinath Shastri and Dr.Gorakhnath Chaturvedi, Charak Samhita, vol 1, 2013,Varanasi, Chaukhamba Bharati Academy, page no 386, ch/vi/4/8.
6. Kaviraj Dr.Ambika Datta Shastri, Sushruta Samhita, vol 1, 2015, Varanasi, Chaukhamba Sanskrit sansthan, page no 110, su/su/35/24.
7. Dr.B.K.Dwivedi and Dr.P.K.Goswami, Charak samhita, vol 3, 2013, Varanasi, Chaukhamba Krishnadas Academy page no 514,ch/chi/15/50-51.
8. Prof.Lalchandra Sastri Vaidya, Astanga Hrdayam Sarvanga Sundari, 1999, Motilalvanarshidas publishers pvt. Ltd. Page no 344 A.H/Sha/3/74-76.
9. Vaidya Lakshmiapati Sastry, Bhavprakash Samhita Vidyotini Hindi Tika, 1973, Varanasi, Chaukhamba Sanskrit series, page no 102, bha.p/Madhyamkhanda/6/2-7.
10. Dr.Brahmanand Tripathy, Madhav Nidan Madhukosh Bimalamadhudhara,2000, Varanasi, Chaukhamba Sanskrit Pratisthan, page no 70, ma/ni/pu/6/2-4.
11. Dr.Dayasankar Pandey, Sharangdhar Samhita Dipika Teeka, 1965, Varanasi, Chaukhamba Sanskrit series, page no 102, sha.sam/pu/3/10-11.

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*Address for correspondence

Dr.Chumi Bhatta

P.G Scholar; Department of Samhita and Siddhanta, Government Ayurvedic College, Jalukbari-14, Assam.

Ph no.-9101896487

Email: chumibhatta98640@gmail.com

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