

REVIEW ON AGNIMANDYA W.S.R. TO AJEERNA (INDIGESTION) AND ITS
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ABSTRACT

Agnimandya, denoting the weakened state of digestive fire, holds a pivotal role in the pathogenesis of various disorders in Ayurveda, particularly *Ajeerna* (indigestion). *Ajeerna* is viewed not simply as a digestive issue but as a systemic imbalance that may initiate the accumulation of *Ama* (toxic metabolites), disturb the equilibrium of *Doshas*, and contribute to the development of chronic illnesses. This review aims to present a holistic perspective on *Agnimandya* with reference to *Ajeerna*, drawing connections with modern medical interpretations of indigestion. It further elaborates on the Ayurvedic pathophysiology, including the involvement of *Agni*, *Doshas*, and *Samprapti* (pathogenesis), and outlines an integrative management protocol involving *Ahara* (diet), *Vihara* (lifestyle), and *Aushadhi* (medications). Classical Ayurvedic citations along with contemporary scientific insights are incorporated to enhance its clinical relevance and application.

KEYWORDS: *Agnimandya*, *Ajeerna*, *Ama*, Ayurvedic Pathophysiology, Functional Dyspepsia, *Samprapti*, Integrative Management.

1. INTRODUCTION

In Ayurveda, *Agni* (digestive/metabolic fire) is the foundation of health. *Agnimandya*, the weakened state of *Agni*, is not only the root of *Ajeerna* (indigestion) but also the cause of nearly all diseases described in Ayurvedic texts. The *Charaka Samhita* declares: "*Rogah Sarve Api Mandagnau*"—all diseases arise due to impaired *Agni*.^[1]

"रोगाः सर्वे अपि मन्दे अग्नौ"..... (CH.CHI. 15/3)

Ajeerna, as a consequence of *Agnimandya*, results in incomplete digestion of food, leading to symptoms such as *Aruchi*, *Udarashoola*, *Avipaka*, and *Amlodgara*. Left untreated, it contributes to the development of *Ama*, which plays a pivotal role in disease pathogenesis.^{[2][3]}

"मन्देऽग्नौ न पचत्यन्नं यथावदति कारणम् |

अविपाकाद्रुजः सोऽमं दुष्टं दूषयते रसम् ||"(CH. CHI. 15/3)

"अरुचिर्दोर्बल्यं गलस्योषः सिरोग्रहः |

अन्नद्वेषः शिरःशूलं तृष्णा चाम्लोदरं तथा ||

अजीर्णस्य लक्षणानि"[MA.NI. 2/3]

Modern medicine recognizes indigestion under the umbrella of Functional Dyspepsia, which is associated with gastric motility disorders, acid secretion abnormalities, *Helicobacter pylori* infection, and psychosocial stress.^[4] While conventional treatment often focuses on symptom suppression through antacids, prokinetics, and antidepressants, Ayurveda targets the root cause—*Agnimandya*—through a personalized and holistic approach involving *Agni-deepana*, *Ama-pachana*, and lifestyle correction.

2. Review of Literature

2.1 Ayurvedic Concept of *Agni* and *Agnimandya*

Agni is classified into:

- *Jatharagni* – Digestive fire in GI tract
- *Bhutagni* – Elemental digestion
- *Dhatvagni* – Tissue-level metabolism

Types of *Agni*

- *Samagni* – Balanced
- *Tikshnagni* – *Pitta*-dominant
- *Vishmagni* – *Vata*-dominant
- *Mandagni* – *Kapha*-dominant

Agnimandya usually reflects a *Mandagni* state, caused by *Kapha prakopa*, heavy or incompatible food, day sleep, lack of exercise, and mental stress.

2.2 Ajeerna – Nidana, Samprapti and Types

Nidana (causative factors).

"अध्यशनं विषममन्नपानं

गुरु चात्यल्पं विरुद्धं च भोज्यम्।

व्यायामहीनं दिवस्वप्नशायी

नित्यम् च शोकोऽन्यथाचिन्तनं च॥" (MA.NI.)

Adhyashana, *Vishamashana*, *Guru Ahara*, *Divaswapna*, *Ayayama*

Samprapti(pathogenesis):^[5]

Mandagni → *Ama* → *Strotorodha* → *Dosha Prakopa* → *Ajeerna*

"मन्दाग्निं कारणं कृत्वा दोषास्त्रयमसंशयम्।

संहत्य कुर्वते दोषाः संसर्गात् तत्र अजीर्णता॥

तेषां विषमयोगेन त्रिविधं सम्प्रजायते।

आमं विदग्धं च तथैव विष्टब्धमिति कीर्तितम्॥"

.....[MA.NI. 2/3-4]

Types of *Ajeerna*:^[6]

"तेषां विषमयोगेन त्रिविधं सम्प्रजायते।

आमं विदग्धं च तथैव विष्टब्धमिति कीर्तितम्॥

रसशेषं च चतुर्थं प्राहुराचार्यतत्त्ववित्॥"[MA.NI. 2/4-5]

□ 1. Ama Ajeerna

Occurs due to Mandagni and incomplete digestion of food.

□ 2. Vidagdha Ajeerna

Due to Pitta vitiation, leading to sour belching, burning, nausea, etc.

□ 3. Vishtabdha Ajeerna

Due to Vata involvement, causing bloating, flatulence, and pain.

□ 4. Rasa Shesha Ajeerna

When previous meal's essence (Rasa) remains undigested and another meal is taken.

2.3 Modern Correlate: Functional Dyspepsia

Modern medicine classifies non-ulcer indigestion as Functional Dyspepsia (FD) under Rome IV criteria..

Symptoms^[7-8]

- Epigastric pain, fullness
- Early satiety
- Bloating, belching
- Nausea

Causes

- H. pylori infection

- Gastric hypersensitivity
- Stress, medications (NSAIDs)
- Poor dietary habits

Investigations

- Endoscopy
- H. pylori breath test
- Abdominal ultrasound

3. Role of Agni in Disease Formation^[9]

"सम्यग्ग्नौ पच्यते भुक्तं रसादीनि यथाक्रमम्।

तस्मिन्नसति कर्तव्यं सन्धानं मलधातुषु॥

स दोषैः सन्निपत्यामं जनयत्यामयान्पृथक्॥" ...[CH.CHI. 15/45-46]

Agni governs digestion, metabolism, tissue nourishment, and immunity. Impairment causes formation of *Ama*, a toxic intermediate that obstructs *Strotas*, deranges *Doshas*, and initiates systemic pathology.

Diseases associated with Agnimandya

- *Prameha*
- *Amavata*
- *Raktapitta*
- *Grahani*

Thus, *Agniparipalana* (*Agni* protection) is a cornerstone of Ayurvedic practice.

4. Ayurveda Management of Agnimandya and Ajeerna^[10]

"अजीर्णं दीपनं कुर्यात्, पाचनं गात्रशूलिनाम्।

निरामे शोधनं कुर्यात्, स्नेहनं दीप्ताग्नेः शुभम्॥" ...[CH.CHI. 15/56]

This outlines a stage-wise and individualized approach for managing *Agnimandya* and *Ajeerna* based on *Ama* status, *Agni Bala*, and *Dosha* involvement.

□ "अजीर्णं दीपनं कुर्यात्"

In the presence of *Ajeerna* (indigestion), *Deepana* (appetite-stimulating therapy) should be administered to rekindle the weakened digestive fire (*Mandagni*). Drugs such as *Trikatu*, *Chitrakadi Vati*, and *Hingvashtaka Churna* are commonly used.

□ "पाचनं गात्रशूलिनाम्"

If the patient also presents with *Gatra Shoola* (body aches)—a sign of *Ama*—then *Pachana* (*Ama*-digesting therapy) is indicated. This step addresses the *Ama* formation resulting from improper digestion and prevents its further systemic spread. Commonly used agents include *Shunthi*, *Ajmoda*, *Vaishvanara Churna*, and *Agni Tundi Vati*.

□ "निरामे शोधनं कुर्यात्"

Once *Ama* is eliminated (*Nirama* stage), *Shodhana* (bio-purification) should be done to eliminate vitiated *Doshas*

and restore physiological balance. Depending on *Dosha* predominance.

- *Vamana* for *Kapha*
- *Virechana* for *Pitta*
- *Basti* for *Vata*

This ensures *Samprapti Vighatana* (break in the pathogenesis) and prevents chronicity.

□ "स्नेहनं दीप्ताग्नेः शुभम्"

When *Agni* is strong and stable, *Snehana* (oleation) is considered beneficial. It supports tissue nourishment and prepares the patient for *Shodhana*, or can be used for *Brimhana* (nourishment) post-recovery.

5. Modern Treatment of Indigestion^[8]

- Antacids, PPIs (omeprazole, pantoprazole)
- Prokinetics (domperidone, levosulpiride)
- Antibiotics for *H. pylori* eradication
- Dietary advice (low-FODMAP, gluten-free, fiber-rich)

Limitations

- Symptomatic relief only
- PPI dependence and rebound acidity
- Disruption of gut microbiota

6. DISCUSSION

Ayurveda emphasizes *Agni* (digestive fire) as the foundation of health, with its impairment (*Agnimandya*) being the root cause of most diseases, including *Ajeerna* (indigestion). As Charaka states: "*Rogah Sarve Api Mandagnau*" (Ch. Chi. 15/3). This aligns with modern insights into Functional Dyspepsia (FD), associated with delayed gastric emptying, *H. pylori*, and stress-related gut dysfunction.

Unlike modern medicine, which focuses on symptom suppression using PPIs, prokinetics, and antibiotics, Ayurveda targets the root pathology—impaired *Agni* and *Ama* formation. The classical approach (Ch. Chi. 15/56) involves *Deepana*, *Pachana*, *Shodhana*, and *Snehana*, chosen based on the patient's *Ama* status, *Agni Bala*, and *Dosha*.

The four types of *Ajeerna*—*Ama*, *Vidagdha*, *Vishtabdh*, and *Rasa Shesha*—are *Dosha*-specific and require individualized therapy. This personalized management, along with daily and seasonal routines for *Agniparipalana*, offers long-term digestive balance and disease prevention.

In contrast, prolonged use of PPIs may lead to nutrient malabsorption, rebound hyperacidity, and gut dysbiosis, highlighting the need for integrative care. Thus, Ayurveda provides a holistic and sustainable solution to digestive disorders, rooted in restoring *Agni* and preventing recurrence.

7. Clinical Relevance

- *Agnimandya* is a precursor to chronic disease.
- Ayurvedic management, if started early, prevents disease progression.
- *Pathya-Apathya* and *Rasayana* are vital in long-term care.
- Useful in OPD settings for functional GI disorders.

8. Research Gaps and Future Scope

- Clinical trials on individual *Deepana* drugs
- Standardized *Agni*-assessment scales
- Comparative studies with PPIs
- Integration of Ayurvedic protocols with modern GI diagnostics

9. CONCLUSION

Agnimandya, the diminished state of *Agni*, lies at the heart of *Ajeerna* and is a primary factor in the genesis of numerous systemic disorders in Ayurveda. The classical texts emphasize that maintaining the strength of *Agni* is essential for health, while its impairment initiates a pathological cascade involving *Ama* formation, *Dosha* vitiation, and *Srotorodha*.

The Ayurvedic approach to *Ajeerna* is deeply individualized and holistic, involving *Deepana*, *Pachana*, *Shodhana*, and *Snehana*, guided by the stage of disease and *Dosha* involvement. Unlike modern treatment—which largely targets symptoms—Ayurveda focuses on restoring digestive fire and metabolic integrity, offering long-term benefits and preventing recurrence.

Integrating classical principles of *Agniparipalana*, personalized dietetics, and lifestyle regimens into modern care can enhance outcomes in functional gastrointestinal disorders. Thus, Ayurveda presents a comprehensive, preventive, and curative model for managing indigestion that remains relevant and effective in today's clinical context.

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