

A Pilot Study to develop an Ajirna Inventory in Grahanidosha, Amlapitta and Amavata

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Introduction: Impairment of Agni, can be triggered by various factors such as the consumption of heavy and dry foods, ultimately leading to Ajirna. Proper diagnosis of Ajirna and its subtypes - Amajirna, Vidagdhajirna, and Vistabdhajirna - based on classical Lakshana is often limited in practice. Digestive disorders affect millions globally, causing economic burdens through healthcare costs, work absenteeism, and reduced quality of life. Thus, this study focuses on the practical challenges faced while deriving at diagnosis of Ajirna. In this regard a series of questions based on the Lakshana play a key role in accurate differentiation of the types of Ajirna and there by forming inventory for the same.

Methodology: The primary data sources included Ayurveda classical texts, contemporary books, articles, journals, and relevant web references. An Ajirna inventory is prepared by using review of Lakshana of Ajirna. Pilot study was carried out in Grahanidosha, Amlapitta, Amavata patients and findings were analysed.

Results: Vidagdhajirna symptoms were predominant in Amlapitta patients, while Samanya Ajirna symptoms were moderately high in Grahani dosha patients. Amajirna symptoms were minimal in Amavata patients

Discussion: The different types of Ajirna Lakshana highlight the involvement of specific Doshas and impaired Avasthapaka, leading to disrupted digestion and Dhatu nourishment.

Keywords: Agni, Avasthapaka, Ajirna, Amlapitta, Grahanidosha, Amavata

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Introduction

Ayurveda places great importance on maintaining *Agni*, which is primarily responsible for digestion and absorption. Any imbalances or abnormalities in *Agni* can lead to the development of various diseases. *Ajirna* is one such disease caused due to malfunctioning of *Agni*. [1] *Ajirna* is caused due to various *Aharaja* and *Viharaja Nidana*. It is classified into 4 types based on the involvement of doshas. They are: *Amajirna*, *Vidagdhajirna*, *Vishtabdhajirna* and *Rasashesha Ajirna*. [2] Proper diagnosis of *Ajirna* and its various types like *Amajirna*, *Vidagdhajirna*, based on classically said *Lakshana* are very limited in practice. Inappropriate management of *Ajirna* without proper diagnosis leads to alleviation of the symptoms and it may become a cause for other diseases. Hence assessing each *Lakshana* of various types of *Ajirna* helps the physician to form a proper diagnosis and also assist in treatment of the disease. This further helps in preventing the causation of other serious diseases. *Amlapitta* is an *Annavaha Sroto Vikara* which mainly occurs due to *Agnimandya*. It is a *Pittaja Vikara* caused due to *Vidagdh Pitta*. [3] *Grahanidosha* is a both functional and structural defect of structure *Grahani* majorly disturbing the *Agni*. *Amavata* is a disease that manifests due to 2 entities *Ama* and *Vata*. *Ama* is caused due to defect in *Jatharagni* or *Dhatwagni*. Various symptoms of *Amavata* are related with *Ajirna* symptoms. Hence *Ajirna* is a main condition which acts as *Nidana* for various other diseases. Proper diagnosis of *Ajirna* and its treatment in initial stage will help in reducing the other consequences like *Amlapitta*, *Grahanidosha* and *Amavata*.

Objectives of the Study

1. To develop inventory for *Ajirna Lakshana*.
2. To assess *Ajirna Bheda* (*Amajirna*, *Vidagdhajirna*, *Vistabdhajirna*) with the help of Inventory

Materials and Methods

Source of data: Literary source of the present study was collected from all classical texts of *Ayurveda*, *Ayurvedic* literature and journals. Additional information's was collected from relevant websites, articles, and presentations. The following materials are used for the study

- *Bruhatrayee* with the commentaries.
- *Laghutrayee* with commentaries.

- Vedic literature.
- Other *Samhitas* of *ayurveda*.

Survey source: The study was conducted on 60 patients, 20 each from three diseases i.e., *Amlapitta*, *Grahnidosha* and *Amavata* respectively. Patients for the study are randomly selected from OPD & IPD of Shri Dharmasthala Manjunatheshwara Ayurveda Hospital Kuthpady udupi.

Inclusion Criteria: 1. Subjects who belong to the age group 16-60 years. 2. Diagnosed cases of *Grahanidosha*, *Amlapitta* and *Amavata*.

Exclusion Criteria: 1. Subjects who are below 16 years and above 60 years 2. Cases except *Grahanidosha*, *Amlapitta* and *Amavata* diseases. 3. Pregnant, lactating woman. 4. Chronic stage. 5. Subjects taking long term medications which can hamper the status of *Agni* 6. *Rasashesha Ajirna*.

Diagnostic Criteria: Patients diagnosed with *Amlapitta*, *Grahani dosha*, and *Amavata* based on their respective symptoms were provided with a custom-made questionnaire for assessment.

Study Design

Questionnaire Development

Ajirna symptoms such as *Vishtambha*, *Sadana*, *Shiroruja*, *Murcha*, *Bhrama*, *Prushta Kati Nigraha*, *Jrumbha*, *Angamarda*, *Trushna*, *Jwara*, *Chardi*, *Pravahana*, *Arochaka*, *Avipaka*, *Gourava*, *Maruta Mudhata*, *Sadyobhukta Udgara*, *Praseka*, *Utklesha*, *Akshiganda Shophya*, *Shula*, *Adhmana*, *Moha*, and *Amlaudgara* were identified as the domains of the study. The meanings of these terms, such as *Vishtambha* meaning "*Aprachalatwam*" (immobility), were collected from various *Ayurvedic* texts.

Using these definitions, a questionnaire was developed with questions framed in both Kannada and English, along with demographic information and a diagnosis section.

This preliminary version was reviewed by five subject experts, and their suggestions were incorporated. The revised questionnaire was then tested with non-medical faculty to assess patients' understanding of the questions. Following these revisions, two final questionnaires were created one in Kannada and one in English with the updated questions and options. This process culminated in development of final version of questionnaire.

Pilot study: A total of 60 patients, with 20 from each of three different diseases, were evaluated using a specialized questionnaire called the *Ajirna* Inventory.

20 subjects of each disease i.e., *Grahanidosha*, *Amlapitta* and *Amavata* will be assessed to know the relation with *Vistabdhajirna*, *Vidagdhajirna* and *Amajirna Lakshana* respectively.

Method of Data Collection

- A detailed questionnaire in both English and Kannada was prepared based on *Ajirna Lakshana* (symptoms) and their meanings.
- The questionnaire includes sections for personal information, diagnosis, and questions related to *Ajirna Lakshana*.
- Most questions are closed-ended, with "yes" or "no" answers, while some include four options for responses.
- It was designed to be simple and easy for subjects to answer.
- The questionnaire was administered using the interview method.
- Patients of both genders diagnosed with *Amlapitta*, *Grahani dosha*, and *Amavata* were randomly selected based on inclusion and exclusion criteria.

Observations and Results

Among 60 patients previously diagnosed with *Grahani Dosha*, *Amlapitta*, and *Amavata*, demographic details such as age, gender, occupation, and other factors were analysed.

- **Age Distribution:** 58.44% of patients aged 45-60 years exhibited symptoms.
- **Gender Distribution:** The condition was more prevalent among females, particularly housewives, who accounted for 48.33% of cases.
- Other demographic parameters were also assessed.

Ajirna Lakshana were assessed among these three diseases by following domains:

Lakshana: The symptoms of *Vishtambha*, *Atipravrutti*, and *Pravahika* were evaluated based on the following parameters.

1. Frequency of bowel movements

- In *Amlapitta*, 13 patients had a bowel movement once a day, while 7 had more than one bowel movement per day. The patterns of once in every two days or longer intervals were not observed.
- In *Grahani Dosha*, 11 patients reported once-daily bowel movements, and 9 had more than one per day.
- In *Amavata*, 15 patients had a once-daily bowel movement, 4 had more than once per day, and 1 experienced it once every two days.

2. Sinking of stools

- This symptom was observed in 13 *Amavata*

3. Difficulty in passing stools:

- Reported by 9 *Grahani Dosha*

4. Urgency in voiding stools:

- Seen in 10 patients with *Amlapitta*.

5. Lack of satisfaction in complete stool voiding:

- Experienced by 16 *Grahani Dosha*

6. Consistency of stools:

- Observations varied: 13 *Amavata* patients had smooth stool consistency, 8 *Grahani Dosha* patients had hard stools, and 5 had loose stools.

7. Foul-smelling stools:

- Reported by 9 *Grahani Dosha*

8. Difficulty in passing flatus regularly:

- Noted in 11 *Amlapitta*

9. Gurgling sounds in the stomach:

- Observed in 11 *Grahani Dosha*

Abdominal pain was assessed based on its location, type, and onset. Among 11 *Amlapitta* patients who experienced abdominal pain:

- 4 reported severe burning pain.
- 4 experienced pricking pain.
- 1 had tearing pain.
- 2 described it as dull pain.
- Additionally, 4 patient experienced persistent pain

Sadana/Glani: The symptoms were assessed using the following parameters:

- **Fatigue without any work:** Reported by 10 *Amlapitta* and 10 *Amavata*

- **Mental tiredness:** Observed in 9 *Amavata*
- **Lack of enthusiasm to work:** Noted in 11 *Amlapitta*
- **Exhaustion from minimal work:** Experienced by 13 *Amlapitta*

Gourava: Three questions were framed based on the symptoms of heaviness in the abdomen, heaviness in the head, and heaviness in body parts. These symptoms were observed in 10 patients diagnosed with *Amavata*.

Udgara: In this study, 13 *Amlapitta* patients, 13 *Grahani Dosha* patients and 5 *Amavata* patients exhibited this symptom.

Additional parameters used to assess *Udgara* included the frequency of belching, the onset of belching, and the taste associated with belching.

Table 1: Distribution of subjects based on frequency of belching

Frequency of belching	Amlapitta	Amavata	Grahani Dosha
Normal belching 2-3 times	6	3	9
Frequently belching	6	2	3
Disturbs the daily routine	0	0	1

Table 2: Distribution of subjects based on time of onset of belching.

Time of belching	Amlapitta	Amavata	Grahani Dosha
Just after food	7	2	9
1 hr after food	1	1	1
2 hr after food	4	1	1
Always present	1	1	2

Table 3: Distribution of subjects based on taste while belching.

Taste while belching	Amlapitta	Amavata	Grahani Dosha
Same taste as that of food	4	2	5
Sour taste	7	3	6
Bitter	2	0	1
Burning fumes like	0	0	1

Discussion

Ajirna Lakshana in all three disorders

Highest number of *Ajirna Lakshana* i.e., 17 *Lakshanas* were noted in *Amlapitta* patients.

Reason: *Amlapitta* is a disorder of the *Annavaha Srotas* and is caused by an imbalance of *Vatadi Dosha* affecting *Agni*, leading to *Agnidushti*.

This results in the *Shuktata* of *Ahara*, [4] which stays in the stomach for an extended period and food becomes toxic. The general symptoms of *Amlapitta* resemble those of *Ajirna*, as both manifest in the *Amashaya*. According to *Acharya Charaka*, *Amlapitta* is caused by *Annavisha* mixing with *Pitta*, making it a continuation of the disease *Ajirna*. [5] *Amlapitta* is a disease caused due to aggravation of *Pitta* i.e., *Vidagdha Pitta*, caused due to *Pitta Prakopakara Ahara Vihara*. This imbalance in *Pitta* cause *Vidagdha Paka* of food. hence *Vidagdhajirna* symptoms were most present in *Amlapitta*. Presence of *Samanya Ajirna Lakshana* shows the *Dushti* of other *Doshas* along with *Pitta*. In addition, *Amajirna Lakshana* was observed due to involvement of *Kapha* long with *Pitta*.

Grahani Dosha patients show moderate number of symptoms of *Ajirna*. i.e., 12 symptoms were present.

Reason: It is a disease which occur due to *Agnidusti*. *Grahani* is a structural entity that is supported and nourished by *Agni*. *Acharya Sushruta* considers it as *Pittadharakala*. *Prakruta Pitta* resides inside *Grahani*. [6] This *Pitta* and *Agni* maintain the normal functioning of *Grahani*. Disturbance in *Agni* like *Vishamagni*, *Teekshnagni* and *Mandagni* causes various complication. One of the conditions that occurred due to *Mandagni* is *Ajirna*. *Durbala Agni* further disturbs normal function of *Grahani*. [7] i.e., *Apakwa Dharana* and *Pakwa Srujana* and further cause *Ama Vimunchana*. The symptom is related with *Atipravritti* of *Ajirna*. Irregularity in *Grahani* function leads to alternate episodes of hard stools with loose stools. This is a disease that causes malabsorption of the nutrients from the food. This disease involves fault in digestion as well as absorption of the nutrients hence the disease has slightly reduced number of symptoms of *Ajirna*. *Grahanidosha* has most of the symptoms that are similar to *Samanya Lakshana* of *Ajirna* compared to other types. Traces of *Vishtabdhajirna* and *Amajirna* are also present. Few symptoms belong to *Vidagdhajirna*. *Ajirna* occurs in *Amashaya*, due to *Ajirna* further *Agni Dushti* occurs in *Grahani Pradesha*. *Grahani* is the site of *Pitta* and Here *Amla Avasthapaka* takes place. Thus, imbalance in *Pitta* and *Agni* leads to the *Vidagdha Paka* of food, leading to *Vidagdhajirna*. Absorption of nutrients will occur even in *Pakwashaya*. In *Pakwashaya Katu Avasthapaka* takes place.

Hence imbalance in *Vata* cause hindrance in absorption as well as *Katu Avasthapaka* of food. this will further cause *Vishtambha* etc. symptom in *Grahanidosha*. Thus causes *Vishtabdhajirna*. It has no significant *Lakshana* of *Amajirna*, because involvement of *Prathama Avasthapaka* is very less.

Amavata patients had minimum number of *Ajirna* symptoms

Reason: *Ama* is a condition that occurs due to improper digestion of food due to hypo functioning of *Agni*. Involvement of *Vata* has equal importance in manifestation of disease. Other opinions related to *Ama* depicts that *Ama* produced due to *Dhatwagnimandya*, hindrance in producing *Adya Dhatu* i.e. *Rasa*. and *Mala Sanchaya*. Hence the *Lakshana* related to *Ajirna* is less. *Acharya Sushruta* explained that the location or site where *Ama* gets lodged, symptoms like pain heaviness occurs in that place.[9]

Even though *Ama* is caused due to *Agnimandya* but its symptoms vary due to different site of lodgement. Here it is lodged in *Sandhi* which comes under *Madhyama Roga Marga*. Hence most of the symptoms are related with *Sandhi* itself. Few *Lakshana* of *Amajirna* was present in *Amavata*. Because general symptom of *Amavata* is interlinked with *Amajirna* or *Ama*. Thus, *Amavata* being joint disorder shows weak association with *Ajirna* symptoms. *Grahanidosha* and *Amlapitta* being *Annavaha Sroto Vikara* has more association with *Ajirna* symptoms.

Conclusion

In the current study, a questionnaire comprising questions related to all the symptoms of *Ajirna* was developed. This inventory was administered to 60 randomly selected patients who met the inclusion criteria. The chosen patients were then interviewed regarding the symptoms of *Ajirna*.

Conclusions that can be drawn from the data and observations are as follows:

- *Grahanidosha* has a moderate level of association with Additionally, it is primarily associated with the general symptoms of *Ajirna*. Traces of *Amajirna* and *Vishtabdhajirna*, and few symptoms of *Vidagdhajirna* are present.
- *Amlapitta* has a stronger connection with *Ajirna* and is primarily linked to *Vidagdhajirna*.

- *Amavata* is a joint disease which shows weaker association with *Ajirna*. Few symptoms are related to *Amajirna*, due to the involvement of *Ama* in initial stage of *Amavata*.
- Symptoms such as *Vishtambha*, *Anaha*, and *Atipravrutti* are associated with impaired digestion. Whereas other symptoms like *Glanj*, *Angamarda*, and *Bhrama* indicate a disruption in the nourishment of *Dhatu* and *Indriya*. Therefore, involvement of both impaired digestion and hindrance in *dhatu* nourishment is evident in these 3 diseases.

References

1. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha. 2021 reprint ed. Varanasi: Chaukhambha Orientalia; 2021. *Chikitsasthana, Grahanidosha Chikitsa Adhyaya, 15th Adhyaya, verses 43-44. p. 514 [Crossref][PubMed][Google Scholar]*
2. Acharya Yadavji Trikamji, Acharya NR, editors. Sushruta Samhita by Sushruta. 1st ed. Varanasi: Chaukhambha Orientalia; 2019. *Sutrasthana, Annapana Vidhi Adhyaya, Chapter 46, verse 499. p. 250 [Crossref][PubMed][Google Scholar]*
3. Sharma A, translator. Madhukosha Commentary on Madhavanidana. 1st ed. Varanasi: Chaukhambha Orientalia; 2010. *Chapter 51, Amlapitta Nidana, verses 22-23 [Crossref][PubMed][Google Scholar]*
4. Vriddha Jivaka. Kashyapa Samhita. Bhishagacharya S, editor. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2018. *Khilasthana, Chapter 16, verses 3-8. p. 514 [Crossref][PubMed][Google Scholar]*
5. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha. 2021 reprint ed. Varanasi: Chaukhambha Orientalia; 2021. *Chikitsasthana, Grahanidosha Chikitsa Adhyaya, 15th Adhyaya, verses 47-49 [Crossref][PubMed][Google Scholar]*
6. Acharya Yadavji Trikamji, Acharya NR, editors. Sushruta Samhita by Sushruta. 1st ed. Varanasi: Chaukhambha Orientalia; 2019. *Uttara Tantra, Atisara Pratishedha Adhyaya, Chapter 40, verse 139 [Crossref][PubMed][Google Scholar]*

7. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha. 2021 reprint ed. Varanasi: Chaukhambha Orientalia; 2021. *Chikitsasthana, Grahanidosha Chikitsa Adhyaya, 15th Adhyaya, verse 51* [Crossref][PubMed][Google Scholar]

8. Sharma A, translator. Madhukosha Commentary on Madhavanidana. 1st ed. Varanasi: Chaukhambha Orientalia; 2010. *Chapter 25, Amavata Nidana, verse 3* [Crossref][PubMed][Google Scholar]

9. Acharya Yadavji Trikamji, Acharya NR, editors. Sushruta Samhita by Sushruta. 1st ed. Varanasi: Chaukhambha Orientalia; 2019. *Uttara Tantra, Visuchika Pratishedha Adhyaya, Chapter 56, verse 10* [Crossref][PubMed][Google Scholar]

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