



Review Article

IMPORTANCE OF AGNI AND AMA IN PRATISHYAYA CHIKITSA - AN INTEGRATIVE APPROACH

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Article info

Article History:

Received: 18-01-2023

Revised: 02-02-2023

Accepted: 16-02-2023

KEYWORDS:

Akshi Roga,
Kukshi Roga, Ama
Lakshana,
Amapachana.

ABSTRACT

Agni can be considered as the digestive component in the body at the level of *Jatharagni*, *Bhootagni* and *Dhatvagni*. It is given utmost importance in Ayurveda for if the *Agni* is inefficient in functioning, then it leads to the formation of *Ama* which then gives rise to multiple ailments starting from *Jvara* to complicated diseases. *Ama Chikitsa* is specially recommended in five diseases like *Akshi Roga*, *Kukshi Roga*, *Pratishyaya*, *Vrana*, and *Jvara*. Ayurveda explains the features of *Ama Pratishyaya* and also has given demarcation between *Ama* and *Pakva Pratishyaya* for the purpose of treatment. The *Amajanya Lakshanas* of *Pratishyaya* include- heaviness of head, anorexia, rhinorrhoea, voice change, etc. Multiple studies done in Allopathic science show the association of GERD, gut microbes and gastritis with allergic and non-allergic rhinitis. The initial treatment in acute condition (*Amaja Pratishyaya*) is based on *Agni Chikitsa* or *Amapachana* which is considered very important as it can even prevent the future disease entity. The initial treatment begins with *Deepana-Pachana Kashaya* in the form of *Panchakola Hima*, *Ardraka Payasa* etc which not only replaces the lost fluids but also maintains the level of hydration. Hence the importance of *Ama Chikitsa* in *Pratishyaya* is dealt in detail in this paper.

INTRODUCTION

Pratishyaya, is one among the 31 diseases of nose explained in Ayurveda Classics. It is a condition where the vitiated *Doshas* especially *Kapha* move towards the direction of *Vata* or are taken by *Vata* towards nose and flow out of nostrils^[1]. Both Brihat Trayees and Laghu Trayees have given special importance for *Pratishyaya* as it can further lead to multiple complications of eyes, ear, nose, Respiratory tract and more^[2]. *Pratishyaya* has been explained under various contexts in texts- *Nidanarthakara roga* which can lead to *Kasa* and then *Kshaya*^[3], *Purvarupa* of *Rajyakshma*^[4], one among the symptoms in *Rajyakshma* (*Shadrupa Rajyakshma*)^[5], consequence of *Ashru vega Dharana*^[6] and *Purisha Vega Dharana*, etc.

Common cold or rhinitis is the commonest Upper Respiratory Infection. Almost every individual in Indian Sub-Continent gets rhinitis at least once or twice a year. Rhinitis is defined clinically as having two or more symptoms of anterior or posterior rhinorrhoea, sneezing, nasal blockage and/or itching of the nose during two or more consecutive days for more than one hour on most days^[7]. Rhinitis can either be allergic-when the symptoms are caused by allergen exposure leading to an IgE mediated reaction and non-allergic-when it is due to non-allergic etiology like drug-induced, hormonal or idiopathic. Rhinitis is sometimes self-subsiding, most of the times subsides on intake of anti-histamines and corticosteroids^[8]. But when left untreated, rhinitis can lead to a number of complications of multiple organs including rhinosinusitis, nasal polyps, allergic conjunctivitis, otitis media, asthma, COPD, etc.

MATERIALS AND METHODS

The cause of *Pratishyaya*^[9] right from *Vega Dharana* (holding the natural urges), *Krodha* (emotional disturbances), *Ritu Vaishamy* (seasonal variations), *Prajagara* (late night awakening), *Atisvapna* (excessive sleep or disturbed sleep

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Quick Response Code	
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schedule), *Ambupana* (excessive fluid intake), *Sheeta* (intake of cold substances), etc result in *Agnimandhya* (deranged digestion and metabolism). Even the consequence of *Agnimandhya*, *Ajeerna* (indigestion) can lead to rhinitis. Once there is *Agnimandhya*, it leads to the formation of *Ama* (improperly formed *Rasa Dhatu*). This *Ama* in turn vitiates *Vata* and other *Doshas* which move to nose leading to *Pratishyaya*. Since there is involvement of both *Agni* and *Ama* in causing *Pratishyaya*, correcting them through *Amapachana* is very much necessary.

This paper aims to critically analyse the concept of *Agni*, *Ama* in causing *Pratishyaya* and treatment of the same. The critical analysis is done by taking references from classical Ayurveda texts, compiled textbooks explaining *Pratishyaya*, Allopathy books for review of Rhinitis, its types and etiopathogenesis. The PubMed indexed, UGC approved and other journals available on internet were also taken into review to come to the conclusion.

RESULT AND DISCUSSION

Agni and *Ama* in causing *Pratishyaya*

Similar to any other diseases, the manifestation of *Pratishyaya* begins from *Agnimandhya* due to the multiple etiological factors like *Vegadharana*, *Vishamashana*^[10], *Atiguru-Sheeta-Madhura-Ruksha Bhojana*, *Atijalapana* after food, *Ratrijagarana*, *Atiswapna*, etc. *Mandagni*^[11] resulting by these causes or any other causes lead to formation of *Ama*. This *Ama* in turn vitiates *Vata dosha* which carry *Kapha*, *Pitta* and *Rakta* towards head and expels from nostrils causing *Pratishyaya*. The association of *Ama* is clear right from *Purvarupa* of *Pratishyaya*- *Shirogaurava*, *Lomaharsha*, *Angamarda* etc^[12]. *Pratishyaya* has been classified to 5 types based on *Doshas* while for the purpose of treatment, it is divided into *Ama* and *Pakva* *Pratishyaya*. The specific symptoms have been assigned to diagnose as *Ama* *Pratishyaya*-*Shirogaurava* (heaviness of head), *Aruchi* (anorexia), *Tanusrava* (rhinorrhoea), *Kshamasvara* (voice change), *Kshavathu* (sneezing), *Jvara* (fever), etc.^[13] If these symptoms are ignored and treatment modalities not followed accordingly, the condition progresses to *Dushta* *Pratishyaya* and further complications.

Rhinitis and Digestive system

Proper digestion is a must for the absorption of nutrients from the food and therefore metabolism. When digestion is hampered, it is obvious for body metabolism be disturbed therefore affecting the body's immunity against any diseases. A concept of gut-lung axis explains - bacterial components and metabolites in the gut and the lungs have the capacity to modulate systemic and local immunity^[14]. Both gut and lungs have shared mucosal immune system. Any attempt to

verify GI disorders causing nasal diseases like rhinitis has not been done but association of allergic and non-allergic rhinitis with multiple GI conditions like GERD, indigestion, IBS and gut microbia is shown by multiple studies. A large cohort study based on Taiwan Health Care Utilization database by Lin et al. found that the risk of developing chronic rhinosinusitis was more than doubled in cases with diagnosed GERD with respect to controls matched for sex, age and comorbidities.^[15] An association is found between irritable bowel syndrome and vasomotor rhinitis and studies report neurogenic inflammation and autonomic dysfunction in both VMR and IBS^[16]. In addition to this, a study done on allergic rhinitis patients vs healthy individual showed patients with allergic rhinitis had distinguished gut microbiota characteristics in comparison with healthy control. The potentially beneficial gut bacterial which are related to reduce nasal symptoms and improve the patients' quality of life were lower in allergic rhinitis patients, whereas taxa associated with enhancement of nasal symptoms and decrease of the patients' quality of life were higher in allergic rhinitis patients. These results suggest that the alteration of gut microbiota can be associated with allergic rhinitis through their functional roles^[17]. Non-allergic rhinitis and sinusitis are seen more frequently in subjects with gastritis and GERD^[18]. The studies done till date are supportive of the fact that GI condition plays a role in etiopathogenesis of all kinds of rhinitis yet more affirmative studies need to be done.

Pratishyaya Chikitsa

According to Sushruta, when *Pratishyaya* is associated with *Ama*, the patient will have *Chhardi* (vomiting), *Angasada* (myalgia), *Jvara* (fever), *Gaurava* (heaviness of head and body), *Arati* (uneasiness), *Arochaka* (anorexia) and *Atisara* (diarrhoea)^[19]. In such condition, the first line of management should be *Langhana*, *Pachana* and *Deepana*^[20]. For *Pachana* of *Apachyamana* *Doshas* in *Nava* *Pratishyaya* (acute rhinitis), the treatment modalities like *Svedana* (hot fomentation or steam inhalation), *Ushna bhojana* (warm food items both on touch and *Veerya*) and *Ardraka payasa* (does *Dosha* *Pachana* and replaces the lost fluid)^[21]. Charaka advises *Dhoomapana* with *Saktu* and ghee placed in a *Mallaka Samputa* and inhalation of fine power of *Jeeraka*, *Vacha*, *Agnimantha*, *Maricha*, *Ela* etc. which act as decongestant^[22]. When features of *Ama* like *Gaurava*, *Arochaka* are present in *Kaphaja* *Pinasa*, *Langhana* followed by *Svedana* and *Ushna* *Parisheka* is to be implemented^[23]. Astanga Hridaya mentions *Vyoshadi vati* at the beginning of *Pratishyaya* management and gives its benefits as- cures *Pinasa*, *Shvasa*, *Kasa* and is *Ruchikara* and *Svarakara*. All the ingredients in *Vyoshadi vati* are *Ama* *Pachaka* and *Agni*

Deepaka^[24]. Bhaiasajya Ratnavali indicates *Maricha* with jaggery or *Snigdha-Amla Dadhi* (curd) and *Chincha patra yusha* for *Kapha Pachana* in *Nava Pratishyaya*^[25].

Maricha (*Piper nigrum*) has piperine and other active components which are proved to act as anti-allergic, anti-inflammatory on nasal mucosa and significantly increases the activities of enzymes like pancreatic amylase activity, protease activity, lipase activity and chymotrypsin activation in digestive system. Piperine has bioavailability enhancing property which increases absorption of multiple nutrients and finally provide powerful immunity to body. Studies show extracts of black pepper protect against oxidative damage by inhibiting or quenching free radicals and reactive oxygen species. These free radicals can very well be correlated with *Ama*^[26]. *Maricha* due to its *Kapha-vatahara*, *Agni Deepana* and *Amapachana karma*, acts both on nasal mucosa and digestive system to cure *Pratishyaya* or rhinitis. *Dadhi* or curd acts a probiotic on gut microbe and helps in absorption of medicines and nutrients. Similarly, *Chincha Patra* or tamarind leaves are *Vatahara*, *Agnideepaka* due to *Amla rasa* and *Amla vipaka*. Tamarind extracts have antimicrobial, anti-inflammatory, hepatoprotective, antihelminthic property^[27]. Tamarind leaf extract was seen to correct the decreased level of various plasma fluids including Cu, Zn and Fe^[28]. This can therefore replace the lost electrolytes in active rhinitis (*Ama Pratishyaya*) and *Yusha* form of it replenish the lost fluid, aids in healthy mucosal makeup by giving rise to proper *Rasa Dhatu*.

In any disease, wherever there is association of *Ama*, the cause is *Agnimandhya*. This *Agnimandhya* and *Ama* can be anywhere in the level of *Jatharagni* or *Dhatvagni*. In both the situations, *Agnideepana*, *Amapachana* along with *Langhana* are to be administered. If *Shodhana* is administered as the first line of treatment in such condition, the *Doshas* turn into *Leena avastha* (get more deeply settled into *Dhatu*s) leading to much worse complications. Similar is in case of *Pratishyaya*, when it is in acute stage or *Ama Avastha*, *Agni Deepana* and *Pachana* has to be given the first priority. *Langhana* and *Amapachana* help to reduce the work load of GI tract therefore giving time for body to work against the nasal mucosal inflammation. Moreover, Chakrapanidutta clearly indicates *Langhana* for 5 days in 5 diseases- *Netraroga*, disease related to digestive system (*Kukshi roga*), *Pratishyaya*, *Vrana* and *Jvara*^[29]. The effect of fasting or intermittent fasting is very well studied in multiple physiological and pathological conditions including infective and non-infective type. Fasting was shown to suppress immediate hypersensitivity reaction by stabilization of mast cells.^[30]

CONCLUSION

Pratishyaya is associated with *Mandagni* and *Ama* right from its *Nidana* i.e., even before the disease has actually occurred. So, when the disease is of new onset or during acute episode, *Ama Pachana* should always be executed at the first place. Once the body clears away the *Ama* or the free radicals, the other form of treatment advised in *Pakva Pratishyaya* including *Ghritapana*, *Nasya* etc can be implemented. *Ama* or the free radicals clog the microchannels which carry nutrients (*Rasa dhatu*) or lymphatics (*Lasika* and *Ojas*) in body especially to nasal mucosa in *Pratishyaya*. Even in case of *Pakva Pratishyaya*, when *Ama* features like *Shirogaurava* are present, *Langhana*, *Vamana*, *Virechana* are to be followed. The *Ama Pachana* and *Agni Deepana* drugs and formulations mentioned in Ayurveda classics for *Ama Pratishyaya* have anti-inflammatory, antimicrobial, digestive and carminative action. They clear away the channels allowing nutrients and lymph fluid to flow resulting in inflammation control, immunomodulation. Conventional system of medicine also accepts the association between pathologies of GI tract and respiratory tract especially rhinitis. Thus, these simple measures explained in Ayurveda for the management of acute and inflammatory rhinitis need to be applied to benefit the patients from this recurring disease.

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Cite this article as:

Pratima Paudel, Shamsa Fiaz. Importance of Agni and Ama in Pratishyaya Chikitsa – An Integrative Approach. AYUSHDHARA, 2023;10(Suppl 1):87-90.

<https://doi.org/10.47070/ayushdhara.v10iSuppl1.1146>

Source of support: Nil, Conflict of interest: None Declared

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