

Role of Agni in the Pathogenesis of Aamvata: A Classical Review

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Abstract: In Ayurvedic thought, Agni — understood as the body's digestive and metabolic fire — sits at the very heart of both physiology and disease. Classical texts repeatedly affirm that tissue nourishment, immune strength (Bala), complexion (Varna), and even lifespan (Ayu) are all contingent upon its proper functioning. When Agni becomes sluggish — a state called Mandagni — digestion remains incomplete, giving rise to Ama, a metabolic by-product that proves toxic to the system. It is this Ama, when it joins with an already disturbed Vata Dosha, that sets in motion the pathological process of Aamvata — clinically recognised as Rheumatoid Arthritis. The present article undertakes a detailed classical review tracing how Agni's dysfunction progresses step by step into frank joint disease, while also drawing meaningful comparisons with modern findings on gut dysbiosis, metabolic disturbance, and immune dysregulation in RA.

Keywords: Agni, Ama, Aamvata, Mandagni, Rheumatoid Arthritis, Jatharagni, Deepana-Pachana

I. INTRODUCTION

Ayurveda understands health not as the mere absence of disease, but as a dynamic equilibrium of Doshas, Dhatus, and Malas — and Agni is the chief regulator of this balance. Charaka Samhita (Chikitsa Sthana 15/3) puts it plainly: “Agni eva hi jarayet” — it is Agni alone that truly digests. This single line captures just how central metabolic fire is to the Ayurvedic view of bodily homeostasis. [1]

Aamvata was first recorded by Madhavakara in the Madhava Nidana (7th century AD). It arises when Agni is simultaneously impaired and Vata Dosha is provoked. Its clinical picture — polyarthritis, morning stiffness, systemic inflammation, eventual joint destruction — maps closely onto Rheumatoid Arthritis (RA) as we understand it today. Given that RA affects around 1% of the global population and carries a significant burden in India, revisiting its Ayurvedic pathogenesis through the lens of Agni offers genuine value for both prevention and integrated management. [2,3]

II. MATERIALS AND METHODS

This work is a classical literary review. Primary Ayurvedic sources consulted include Charaka Samhita, Madhava Nidana, Ashtanga Hridayam, Sushruta Samhita, and Bhavaprakasha Nighantu. These were supplemented with contemporary peer-reviewed literature retrieved from PubMed and Google Scholar, particularly research on RA pathogenesis, gut microbiome changes, and metabolic dysfunction, to establish meaningful correlations with classical Ayurvedic concepts.

III. OBSERVATIONS AND RESULTS

3.1 Understanding Agni and Its Classification

The term Agni traces its roots to the Sanskrit “Ang gatau” — that which moves and transforms. In Ayurveda, this word encompasses the entire range of digestive and metabolic enzymatic activity occurring within the body. Thirteen distinct forms of Agni are recognised: [1,4]



- 1. Jatharagni** — The central digestive fire, located in the stomach and small intestine; it governs and sustains all other forms of Agni
- 2. Bhutagni (5)** — Five elemental fires corresponding to Prithvi, Jala, Teja, Vayu, and Akasha
- 3. Dhatvagni (7)** — Tissue-specific fires residing in each of the seven Dhatus (Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Shukra)

Of these, Jatharagni holds paramount importance. As Charaka Samhita affirms: “Jatharagni balam sarve agni tishthanti” — all other Agnis draw their strength from Jatharagni. Its health is foundational. [1]

3.2 Four Functional States of Agni

Depending on which Dosha predominates, Agni operates in one of four states: [1]

- 1. Sama Agni** — Balanced, optimal digestion; characteristic of Sama Prakriti individuals; this is the ideal state
- 2. Vishama Agni** — Erratic, irregular digestion linked to Vata predominance; manifests as bloating, constipation, and fluctuating appetite
- 3. Tikshna Agni** — Hyperactive digestion driven by Pitta; presents with hyperacidity, loose motions, and burning sensations
- 4. Manda Agni** — Sluggish, hypoactive digestion associated with Kapha predominance; results in heaviness, weight gain, and — most critically for this discussion — Ama formation

3.3 Physiological Functions of Agni

Charaka Samhita (Chikitsa Sthana 15/4) provides a thorough account of what Agni sustains in a healthy individual: food digestion (Aahara Pachana), healthy skin tone (Varna), sharpness of the senses (Indriya Prasada), physical strength (Bala), immunity (Ojas), enthusiasm (Utsaha), stable body warmth, and longevity (Ayu). When Agni is extinguished, death follows; when it burns steadily, life flourishes. [1]

3.4 Ama — Its Formation and Properties

When Jatharagni loses its potency, food passes through the gut only partially processed. The resulting substance is Ama — a product of incomplete digestion with properties that make it inherently disruptive. According to Charaka Samhita (Vimana Sthana 5/15), Ama is characterised as: [1]

- Apakva (unripe/immature)
- Guru (heavy)
- Picchila (sticky, mucilaginous)
- Sheeta (cold)
- Durgandha (malodorous)
- Avipakvam (fermenting/putrid)

These qualities — especially its stickiness and cold nature — make Ama prone to blocking the body’s channels (Srotas). Once it enters systemic circulation carried by Vata, it creates widespread toxicity. [4]

3.5 Causative Factors (Nidana) of Aamvata

Madhavakara enumerates in Madhava Nidana (25/1-3) the factors that weaken Agni and thereby set the stage for Aamvata: [2]

- Viruddha Ahara — consumption of incompatible food combinations
- Nischala — habitual physical inactivity or sedentary living
- Snigdha Bhojana paschat Vyayama — exercising immediately after a heavy, oily meal
- Mandagni — constitutionally weak digestive fire
- Sheetala Jala Sevana — frequent intake of cold water
- Divaswapna — sleeping during daytime



- Vegadharana — habitual suppression of natural urges

3.6 Stepwise Pathogenesis (Samprapti) of Aamvata

The disease unfolds in a clear, sequential manner:

1. Agni Dushti — Exposure to Nidana results in the weakening of Jatharagni (Mandagni)
2. Ama Utpatti — With digestion impaired, food ferments rather than transforms, yielding Ama in the Amashaya (GI tract)
3. Vata Prakopa — Concurrently, Vata is aggravated by sedentary habits and suppressed urges
4. Ama-Vata Sanyoga — Ama binds to the vitiated Vata, creating the combined pathological entity known as Aamvata
5. Srotodushti — This Ama-Vata complex travels through the Srotas, obstructing channels throughout the body
6. Shleshmasthanas Ashrayata — Ama selectively deposits in joint spaces (Shleshmasthanas) — the natural seats of Shleshaka Kapha
7. Vyakta Avastha — Symptoms become manifest — joint swelling (Sandhi Shotha), pain (Sandhi Shool), fever (Jwara), and body ache (Angamarda)

3.7 Clinical Features (Lakshanas) of Aamvata

Madhava Nidana describes the following symptoms, each of which finds a recognisable counterpart in Rheumatoid Arthritis: [2]

- Angamarda — generalised body ache (correlates with myalgia in RA)
- Aruchi — anorexia or loss of appetite
- Trishna — excessive thirst
- Alasya — persistent fatigue and lethargy
- Gaurava — heaviness of the body
- Jwara — fever (correlates with systemic inflammation)
- Apaka — indigestion
- Sandhi Shotha — joint swelling (hallmark feature of RA)
- Sandhi Shool — joint pain
- Stabdghata — joint stiffness (corresponds to morning stiffness in RA)

3.8 Correlation with Modern Concepts

What is striking is how closely the classical Ayurvedic framework aligns with what modern research has uncovered about RA: [5,6,7]

- Mandagni and Gut Dysbiosis: Research has documented significant shifts in gut microbiome composition — particularly Prevotella copri predominance — in early RA patients, mirroring the Ayurvedic concept of impaired Agni
- Ama and Immune Complexes: The sticky, circulatory nature of Ama closely parallels immune complex deposition observed in synovial tissue in RA
- Srotodushti and Vascular Inflammation: Channel obstruction in Ayurveda maps onto the microvascular inflammation and pannus formation that characterise RA pathology
- Sandhi Shotha and Synovitis: Ama deposition in joints finds its parallel in immune-mediated synovial inflammation reflected in elevated CRP and ESR values
- Ama Dosha and Anti-CCP: The generation of citrullinated proteins — detectable through Anti-CCP antibodies — may represent a biochemical analogue to Ama's alteration of normal protein structures

IV. DISCUSSION

The centrality of Agni in Aamvata confirms a broader Ayurvedic principle — that most disease originates in disordered digestion. Individuals of Kapha Prakriti and Vata-Kapha Prakriti tend to have naturally sluggish Agni, which explains



their greater susceptibility to this condition. This understanding directly informs treatment — classically, the first priority before any other intervention is always Deepana (rekindling digestive fire) and Pachana (digesting accumulated Ama). [8]

Time-tested formulations such as Trikatu (comprising Shunthi, Pippali, and Maricha), Chitrakadi Vati, and Amapachana Churna work precisely by strengthening Agni and clearing Ama. Contemporary pharmacological studies corroborating anti-inflammatory and immunomodulatory properties of dry ginger (Shunthi) lend further scientific weight to these classical prescriptions. [8,9]

Perhaps equally important are the lifestyle modifications directed at preserving Agni — avoiding incompatible foods, maintaining physical activity, favouring warm meals, and not sleeping through the day. These recommendations resonate strongly with modern guidance on anti-inflammatory diets, exercise, and gut health optimisation for RA prevention. [6,9]

V. CONCLUSION

Agni is not a peripheral concept in the story of Aamvata — it is the origin point. When Jatharagni falters, Ama accumulates; when it then meets a disturbed Vata Dosha, the chain of events leading to painful, destructive joint disease is set in motion. The classical Samprapti makes clear that restoring Agni through Deepana-Pachana therapy, dietary care, and lifestyle correction is not just a treatment option — it is the cornerstone of both prevention and management. The resonance between these classical insights and emerging research on the gut-immune axis affirms that Ayurvedic pathophysiology carries a genuinely scientific basis, and holds real promise for integrative approaches to Rheumatoid Arthritis.

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