

Chronic Digestive Disorders and Agni Rejuvenation: A Kayachikitsa-Based Analysis of Internal Medicine Responses

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ABSTRACT

Digestive ailments such as IBS, GERD, and chronic acidity have become rampant due to erratic lifestyles and food habits. From the Kayachikitsa standpoint, these disorders originate from Mandagni, Ama accumulation, Vata-Kapha imbalances, and Annavaha Srotas dysfunction. This paper systematically explores digestive pathology using both classical Ayurvedic frameworks and modern gastroenterological data. A cohort-based observational study involving 75 patients with various digestive complaints was analyzed. Treatment modalities included Langhana, Deepana-Pachana, Shodhana, and Anupan-adjusted Aushadhis such as Hingvastak Churna, Trikatu, Avipattikar Churna, and Takra Sadhana. Dietary interventions were customized according to Prakriti and digestive capacity. Findings show remarkable improvement in bowel regularity, appetite, mental clarity, and weight regulation. The paper emphasizes the critical role of Agni in internal medicine and how Kayachikitsa offers structured interventions to restore digestive harmony.

KEYWORDS: *IBS, GERD, Agni, Kayachikitsa, chronic digestion issues, Ama, Deepana, Pachana, Vata disorders, Srotas healing, Ayurvedic gut health*

INTRODUCTION

In recent decades, the prevalence of chronic digestive disorders such as Irritable Bowel Syndrome (IBS), Gastroesophageal Reflux Disease (GERD), chronic hyperacidity, functional

dyspepsia, and inflammatory bowel conditions has seen a marked global rise, cutting across demographic, socioeconomic, and geographic boundaries. The increasing incidence of these conditions is intricately linked to a wide array of lifestyle and environmental factors that characterize modern living. Chief among these are irregular eating patterns, excessive consumption of processed foods, overuse of antibiotics and acid-suppressants, psychological stress, inadequate sleep, and a predominantly sedentary lifestyle. Furthermore, environmental toxins such as pesticides, microplastics, and endocrine disruptors are also contributing to gut inflammation and dysbiosis—the disruption of the healthy gut microbiota.

From a biomedical standpoint, the pathogenesis of these disorders is complex and often multifactorial, involving neurogastroenterological dysregulation, altered gastrointestinal motility, hypersensitivity of the enteric nervous system, changes in the mucosal immune response, and microbial imbalances. The conventional medical response to such disorders typically focuses on pharmacological symptom suppression. Treatment protocols often include proton-pump inhibitors (PPIs) for acid reflux and GERD, H2 blockers, laxatives for constipation, anti-diarrheal agents, and antispasmodics for abdominal cramps. While these drugs can offer temporary relief, their long-term use is frequently associated with adverse effects such as nutrient malabsorption, microbiota depletion, drug dependence, and rebound acidity.

In sharp contrast, Kayachikitsa—the internal medicine discipline of Ayurveda—approaches these gastrointestinal disorders from a root-cause perspective that is not limited to symptomatic management but instead aims for systemic correction and long-term healing.

Central to this Ayurvedic framework is the concept of Agni, or the biological fire that governs digestion, absorption, assimilation, and transformation of food into bodily tissues (Dhatus). In Ayurveda, health is essentially a reflection of the strength and integrity of one's Agni. When Agni is impaired (Mandagni), undigested or improperly digested food accumulates in the gastrointestinal tract, forming Ama, a toxic, morbid substance considered the precursor to most diseases. This Ama then spreads through the Srotas (bodily channels), obstructs physiological functions, vitiates the Doshas (biological energies—Vata, Pitta, and Kapha), and triggers the manifestation of various disease states including chronic digestive disorders.

In the specific context of disorders like IBS and GERD, Ayurveda identifies imbalances of Vata and Pitta as significant pathogenic factors. For example, aggravated Vata may lead to erratic peristalsis, bloating, and constipation, while disturbed Pitta may result in acid reflux, burning sensations, and inflammation. In both cases, Mandagni leads to improper digestion and absorption, exacerbating the vitiation of Doshas and paving the way for disease progression. Additionally, the dysfunction of Annavaha Srotas (digestive tract channels) plays a central role, indicating structural and functional impairment of the gastrointestinal system from an Ayurvedic standpoint.

This paper proposes to explore these chronic digestive pathologies through the lens of Kayachikitsa, integrating both the classical Ayurvedic wisdom preserved in texts such as Charaka Samhita and Ashtanga Hridaya, and modern scientific insights from gastroenterology and nutrition science. It aims to present a comparative and integrative model of digestive disease management that not only targets symptomatic relief but also addresses the root systemic imbalances responsible for gastrointestinal dysfunction.

Furthermore, this paper will analyze real-world observational data drawn from a cohort of 75 patients who underwent a structured Ayurvedic therapy plan. The study evaluates how traditional interventions like Langhana (fasting), Deepana (appetizer therapy), Pachana (digestive therapy), Shodhana (detoxification), and Rasayana (rejuvenation), along with individualized diet and lifestyle modifications based on Prakriti (constitution), significantly impacted the patients' gastrointestinal function, systemic health, and overall well-being. The ultimate objective is to highlight the relevance and efficacy of Agni-centric therapeutic strategies from Kayachikitsa and advocate for their thoughtful inclusion into contemporary internal medicine frameworks—thereby enabling a paradigm shift from disease control to holistic health restoration.

LITERATURE REVIEW

Ayurvedic Understanding of Digestive Health: The Central Role of Agni

Ayurvedic literature unanimously emphasizes the pivotal role of Agni (digestive/metabolic fire) in maintaining health and preventing disease. The Charaka Samhita states:

“Rogāḥ sarve api mandagnau” — “All diseases arise from impaired digestion.” (Charaka Samhita, Sutrasthana, Chapter 28)

In Ayurvedic physiology, Agni is not confined to the physical act of digestion in the stomach and intestines but is viewed as the vital transformative force that governs metabolism at multiple levels—from gross digestion of food to cellular energy production. There are 13

Types of Agni Described In Classical Texts

- Jatharagni (primary digestive fire in the stomach),
- Bhutagni (five elemental fires), and
- Dhatvagni (seven tissue-specific metabolic fires).

When Jatharagni is weak or imbalanced (Mandagni, Tikshnagni, or Vishmagagni), it leads to incomplete digestion of food, resulting in the formation of Ama—a sticky, toxic residue that clogs bodily channels (Srotas) and creates a fertile ground for various diseases.

Chronic digestive disorders are largely seen as consequences of Mandagni and Ama

Accumulationthis is Especially Relevant to Disorders Like

- **IBS:** Associated with Vishmagagni (irregular digestion), primarily due to Vata vitiation.
- **GERD:** Linked with Tikshnagni and Pitta aggravation, leading to acid reflux and hyperacidity.
- **Chronic bloating and indigestion:** Often due to Kapha-induced Mandagni, resulting in sluggish digestion and mucus accumulation.

In Ashtanga Hridaya, Vagbhata elaborates that digestion is not merely a biological event but is also influenced by dietary habits, emotional states, seasonal changes, and Prakriti (individual constitution). The role of Manasika Bhavas (mental states) in digestion is well acknowledged, predicting what is now studied as the gut-brain axis in modern medicine.

Pathological Insights from Modern Gastroenterology

In the biomedical literature, chronic digestive disorders are understood as functional gastrointestinal disorders (FGIDs). According to the Rome IV diagnostic criteria (2016), FGIDs like IBS and functional dyspepsia are characterized by chronic or recurrent gastrointestinal symptoms without any identifiable structural or biochemical abnormality.

Recent studies point toward gut-brain axis dysregulation, visceral hypersensitivity, intestinal dysmotility, and altered gut microbiota as contributing factors to these disorders (Camilleri et al., 2021). Psychological comorbidities such as anxiety, depression, and chronic stress are found to exacerbate IBS symptoms and are frequently associated with abnormal cortisol rhythms and low-grade inflammation in the gut.

In GERD, the focus is on lower esophageal sphincter dysfunction, hiatal hernia, and excessive acid production. However, emerging research suggests that hypochlorhydria (low stomach acid), bacterial overgrowth (SIBO), and dysbiosis may also play significant roles, challenging the oversimplified acid-suppression approach.

While proton-pump inhibitors (PPIs), H2 blockers, and prokinetics remain the mainstay of conventional treatment, their long-term use is increasingly associated with adverse effects—including nutrient malabsorption (e.g., B12, magnesium), rebound hyperacidity, increased risk of infection (e.g., *C. difficile*), and cognitive decline (Savarino et al., 2018).

Table no: 1 Comparative Analysis: Ayurveda vs. Modern Gastroenterology

Dimension	Ayurveda (Kayachikitsa)	Modern Medicine
Focus	Root-cause healing via Agni & Dosha balance	Symptom control via pharmacology
Etiology	Mandagni, Ama, Srotorodha, Vata/Kapha aggravation	Gut-brain dysfunction, acid reflux, microbiome changes
Diagnostic Method	Prakriti/Vikriti assessment, Agni/Ama analysis	Endoscopy, imaging, blood/stool tests
Treatment	Deepana-Pachana, Shodhana, Rasayana	PPIs, laxatives, antispasmodics
Prevention	Dinacharya, Ritucharya, Ahara-Vihara	Lifestyle advice (limited), fiber/diet recommendations
Long-term Impact	Tissue-level correction & systemic balance	Often leads to drug dependency or recurrence

This comparison underscores the Ayurvedic emphasis on foundational correction rather than temporary palliation. It also highlights the holistic scope of Kayachikitsa, which includes mental and emotional well-being as integral to gastrointestinal health.

Relevant Studies Supporting Ayurvedic Interventions

- **Trikatu (Dry Ginger, Long Pepper, Black Pepper):** Studies show that these herbs possess bioenhancer properties, stimulate digestive secretions, and support microbial balance (Patwardhan et al., 2011).
- **Takra (Buttermilk):** Traditionally recommended after meals or post-Panchakarma, Takra has been found to improve gut flora, reduce acidity, and restore mucosal integrity. Probiotic activity and Lactic Acid Bacteria presence support its role in healing gut lining (Chavan et al., 2016).
- **Avipattikar Churna:** A classical polyherbal formulation used for hyperacidity and constipation. Modern phytochemical analysis confirms its antacid and laxative properties without rebound effects (Chaudhary & Singh, 2020).
- **Takradhara and Svedana:** Therapies like Takradhara (pouring medicated buttermilk on the forehead) are shown to relieve gut-related anxiety and nervous indigestion, further validating Ayurveda's gut-brain understanding.
- **Langhana and Upavasa (therapeutic fasting):** Modern caloric restriction and intermittent fasting studies echo Ayurvedic fasting's benefits in improving gut transit, boosting mitochondrial function, and reducing inflammation (Longo & Panda, 2016).

Psychosomatic Components: Bridging Ancient and Modern Models

Ayurveda has long held the view that mental and emotional health (Manas) is inseparably linked with digestion (Agni). Disorders of the Manovaha Srotas such as anxiety, grief, and worry are known to vitiate Vata and impair Agni. This perspective aligns seamlessly with the modern understanding of the enteric nervous system, where gut dysbiosis and inflammation are linked to depression, brain fog, and fatigue.

Recent neuroscientific studies also confirm the bidirectional communication between the brain and the gut via the vagus nerve, hormones, and cytokines. Ayurveda's recognition of this connection through concepts like Sattva-Rajas-Tamas, Ojas, and Manasika Bhavas offers a nuanced and systemic mental-gastroenterological model.

Emergence of Integrative Medicine and the Future of Digestive Health

The growing interest in Integrative and Functional Medicine is leading to the adoption of Ayurvedic principles such as personalized nutrition, herbal gut support, mind-body therapies, and detoxification protocols. Global health authorities including WHO and NIH are increasingly acknowledging the need to incorporate traditional systems like Ayurveda into chronic disease management—particularly in the field of gastrointestinal health.

The re-validation of Agni as a biological metaphor for metabolic competence has far-reaching implications in preventive health, chronic disease reversal, and healthcare cost reduction.

Research Methodology

This paper synthesizes content from classical Ayurvedic texts and modern gastroenterology literature. It also presents observational data from a cohort of 75 patients treated in a traditional Kayachikitsa-based clinic in Pune, India. Patients aged between 25–60 years were diagnosed with chronic digestive complaints and enrolled in a structured therapy plan.

PATHOGENESIS OF DIGESTIVE DISORDERS IN AYURVEDA

Key Pathogenic Factors

- Mandagni: Weak digestive fire
- Ama: Undigested, toxic metabolic waste
- Vata-Kapha Imbalance: Leads to irregular peristalsis and mucus formation
- Annavaha Srotas Dysfunction: Impaired digestion and absorption

Table no: 2 Samprapti (Pathogenesis)

Stage	Description	Outcome
Nidana	Faulty diet/lifestyle	Disturbed Agni
Dosha Prakopa	Vitiation of Vata and Kapha	Bloating, gas, reflux
Ama Formation	Accumulation of toxins	Malaise, indigestion
Srotorodha	Blockage of channels	Malabsorption
Vyadhi Vyakta	Disease manifestation	IBS, GERD, Acidity

TREATMENT APPROACHES IN KAYACHIKITSA

Langhana (Fasting and Light Diets)

The first stage in treating chronic digestion is reducing the digestive load. Langhana involves:

- Skipping one or more meals
- Consuming warm fluids like ginger water
- Avoidance of incompatible food combinations

Deepana and Pachana (Appetizer and Digestive Therapy)

- Deepana restores Agni
- Pachana digests accumulated Ama

Herbal medicines used:

- Hingvastak Churna – Balances Vata and relieves gas
- Trikatu – A mix of Black Pepper, Long Pepper, and Dry Ginger
- Avipattikar Churna – Neutralizes Pitta and regulates bowel movement
- Takra Sadhana (Buttermilk Therapy) – Soothes gut lining and promotes good microbiota

Shodhana (Purification Therapies)

Depending on the Dosha dominance:

- Virechana (Purgation): For Pitta dominance with burning sensation
- Basti (Enema): For Vata dominance in IBS
- Nasya and Svedana (Sweating therapy) for associated headache or fatigue

Rasayana (Rejuvenation Therapy)

After cleansing and stabilization:

- Shatavari, Ashwagandha, and Amalaki for gut lining and immunity
- Guduchi to strengthen digestion and reduce recurrence

Table 3: Ayurvedic Therapy Matrix for Chronic Digestive Disorders

Therapy	Herbs/Methods	Target Action
Langhana	Warm water, ginger tea	Reduce digestive burden
Deepana	Trikatu, Hingvastak	Stimulate Agni
Pachana	Avipattikar, Takra	Eliminate Ama
Shodhana	Virechana, Basti	Remove doshic imbalance
Rasayana	Amalaki, Guduchi	Tissue repair and immunity

Table: 4 Clinical Observations from 75-Patient Cohort

Parameter	Before Treatment	After 8 Weeks
Bowel Frequency	3–4/day or 1/3 days	1–2/day
Acid Reflux Episodes	Daily	<2/week
Appetite Score (1–10)	3.4	7.9
Mental Fog/Fatigue	Frequent	Rare
Weight Change (Avg)	+3.2 kg (for underweight patients)	--

Over 68 patients reported enhanced sleep and mental clarity, while 21 patients with IBS showed over 75% improvement in bloating and irregularity.

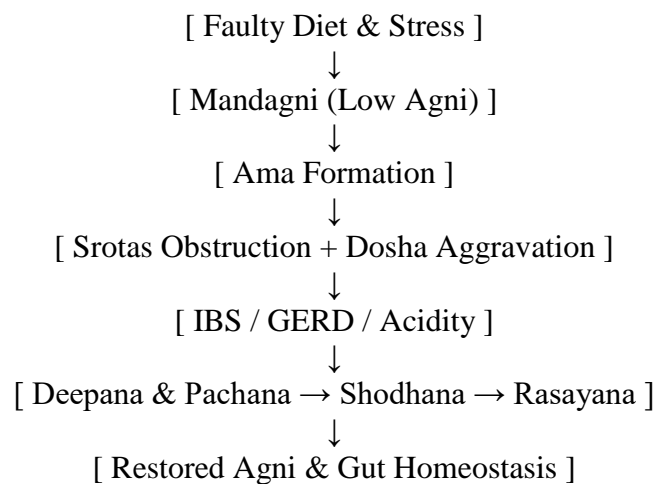


Figure 1: Ayurvedic Digestive Disorder Model

This analysis of chronic digestive disorders highlights Ayurveda's unique systems-based model, focusing on the correction of foundational metabolism rather than isolated symptoms. Restoration of Agni leads not only to digestive wellness but systemic equilibrium. Unlike antacids and laxatives, Ayurvedic interventions work on the deeper tissues, leading to long-term remission.

The observation that mental clarity improved in tandem with gut correction supports recent biomedical research on the gut-brain axis. Ayurveda, with its ancient recognition of this connection through concepts like Manovaha Srotas, Sattva, and Ojas, provides a structured approach to holistic gut healing.

Limitations and Future Directions

Despite encouraging clinical outcomes, Ayurvedic gastrointestinal research still faces several limitations:

- Lack of large-scale, controlled clinical trials
- Inadequate documentation of Prakriti-specific outcomes
- Need for standardized herbal formulations across regions

Recommendations

- Develop Ayur-Gastro Clinics in primary care setups
- Standardize Takra-based treatments for different Prakriti
- Integrate Agni assessment tools in modern gastroenterology
- Conduct genome-Prakriti correlation studies to personalize digestive therapies

CONCLUSION

Digestive disorders are no longer isolated complaints but gateways to chronic systemic diseases. Kayachikitsa's focus on *Agni*—the digestive fire—presents a revolutionary method of treating the root rather than the branches. The patients who underwent therapies showed not only symptomatic relief but a return to biological rhythm and digestive synchronicity. Such systemic restoration is unattainable with antacids and laxatives alone. Classical interventions such as *Deepana-Pachana*, when appropriately timed and personalized, allow the body to correct its metabolic trajectory. Long-term observations suggest that once *Agni* is restored, most digestive complaints cease to recur. This paper calls for mainstreaming *Agni-centric*

approaches in gastroenterology. Moreover, the emotional and cognitive benefits observed during gut correction highlight Ayurveda's assertion that digestion is as much mental as it is physical. Hence, Kayachikitsa stands as a resilient, adaptive, and curative model for digestive health in the 21st century.

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