



Research Article

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AN INTEGRATIVE CONTROLLED CLINICAL STUDY ON THE THERAPEUTIC ROLE OF AYURVEDA AND YOGA IN THE MANAGEMENT OF AGNIMANDYA (DIGESTIVE IMPAIRMENT)

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ABSTRACT

Introduction: Agnimandya (digestive impairment) is one of the most prevalent disorders in today's society which arises from erratic dietary habits and psychosomatic stress. Ayurveda emphasizes the role of Agni (Digestive fire) in maintaining health, while Yoga contributes significantly to psychophysiological regulation. A combined approach may offer a more holistic therapeutic intervention. **Aim:** To evaluate the efficacy of an integrative regimen involving Ayurvedic intervention and Yogic practices in the management of Agnimandya. **Settings and Design:** A randomized controlled clinical trial was conducted on 30 patients aged 18–60 years who were diagnosed with Agnimandya. **Methods and Material:** Patients were randomly allocated into two groups. Group A received Shunthi tablets (500 mg, 2 tablets twice daily before food with lukewarm water) along with a structured Yogic protocol. Group B received only Shunthi tablets. The treatment duration was 28 days with follow-up after 15 days. Assessments were based on a predefined scoring system evaluating digestive symptoms, Agni Bala (Digestive capacity), Deha Bala (Physical strength), and Satva Bala (Mental endurance). **Results:** Group A showed statistically significant improvement in intensity of hunger ($p = 0.02$), Deha Bala ($p = 0.02$), and Satva Bala ($p < 0.01$), compared to Group B. Overall, 26.66% patients in Group A achieved marked improvement versus 6.67% in Group B. **Conclusion:** Integration of Ayurveda and Yoga yields superior therapeutic benefits in managing Agnimandya, particularly when psychological etiologies are involved. This integrative model offers a promising holistic approach to digestive health.

Keywords: Agnimandya, Ayurveda, Yoga, Shunthi, Integrative medicine

INTRODUCTION

Agnimandya, defined as impairment of digestive activity, is considered the root cause of many diseases in Ayurveda¹. It encompasses both physical and psychological etiologies, and its management remains central for preventive and curative strategies. The Rome Foundation Global Study estimated that almost 40% of the global population suffers from one or more Functional Gastrointestinal Disorders². A survey conducted by Country Delight in partnership with the Indian Dietetic Association found that 70% of urban Indians experience digestive or gut health issues³. The contemporary rise in sedentary lifestyle, erratic eating patterns, and chronic stress has made Agnimandya increasingly prevalent in society.

Ayurveda and Yoga, both rooted in Indian philosophy, are interrelated disciplines. While Ayurveda emphasizes physiological balance, Yoga primarily focuses on mental harmony. Yoga, traditionally aimed at Moksha (spiritual liberation), has evolved into a therapeutic modality for physical and psychosomatic ailments. Specific Asanas and Pranayama enhance gastrointestinal function, address stress-induced digestive disturbances, and restore balance of Doshas. The synergistic application of both may provide enhanced outcomes in disorders like Agnimandya, which involve both somatic and psychological components.

This study explores the interrelationship of Ayurvedic and Yogic principles by clinically evaluating their combined therapeutic efficacy in Agnimandya.

Aim: To evaluate the efficacy of an integrative regimen involving Ayurvedic intervention and Yogic practices in the management of Agnimandya.

SUBJECTS AND METHODS

Study Design

Prospective, randomized controlled clinical trial

Ethical Considerations

The study was approved by the Institutional Ethics Committee of Institute of Teaching and Research in Ayurveda (IEC No.: PGT/7/-A/Ethics/2021-22/1424(15)) and registered in the CTRI (CTRI/2022/02/040610).

Diagnostic Criteria

Patient having symptoms of Swalpa ashite api na pachyate⁴ (Indigestion even after taking food in less quantity), Udara-Gaurava (Abdominal heaviness), Praseka/Hrillasa⁵ (Nausea), Aruchi⁶ (Aversion towards food), Mala-Vibandha/Anaha⁷ (Constipation), Mala-Atipravritti⁸ (Diarrhea), Yathabhukta-Udgara⁹ (Eructation), Anila Mudhata (absence of flatus)⁵ not more than one year were selected for the study.

Selection Criteria

Inclusion Criteria

Patients between age group 18–60 years who are having classical features of Agnimandya.
Minimum of four clinical symptoms as per diagnostic criteria.
Chronicity <1 year.

Exclusion Criteria

Major systemic or psychiatric illnesses.
Drug-induced Agnimandya.
Secondary digestive impairment due to other diseases.

Intervention

Group A: Shunthi tablets (2x500 mg) twice daily before food + 45-minute daily Yoga protocol.

Group B: Shunthi tablets alone in the same dosage.

Yoga Protocol

Included Prarthana, Udarashakti Vikasaka Kriya, Makarasana, Bhujangasana, Kapalabhati, Pranayama (Nadi Shodhana, Ujjayi,

Bhastrika, Suryabhedana), Om chanting, and Shanti Mantra. All practices were monitored by the researcher.

Outcome Measures

Primary outcomes: Relief in clinical symptoms by using a validated scoring system.

Secondary outcomes: Improvement in Agni Bala (Digestive capacity), Deha Bala (Physical strength), and Satva Bala (Mental endurance).

Statistical Analysis

Data was analyzed using Wilcoxon Signed Rank Test and Mann-Whitney U Test via GraphPad In Stat 3 software. Data was considered statistically significant at $p < 0.05$.

Table 1: Observations

Observation	Sub- Grouping	Total %
Age	18-30	80.00
	31-45	13.33
	46-60	6.67
Religion	Hindu	90
	Muslim	10
Education	Educated	90
	Non-educated	10
Dietetic nature	Vegetarian	73.33
	Mixed	26.67
Time of diet	Regular	70
	Irregular	30
Quantity of diet	Matravata (Proper quantity)	70
	Heena-matra (Less quantity)	00
	Ati-matra (More quantity)	30
Dominant Rasa	Madhura (Sweet)	93.33
	Amla (Sour)	16.67
	Lavana (Salty)	3.33
	Katu (Pungent)	36.67
	Tikta (Bitter)	3.33
	Kashaya (Astringent)	00
Dominant Guna	Guru (Heavy)	96.67
	Laghu (Light)	3.33
	Ushna (Hot)	13.33
	Tikshna (Penetrating)	6.67
	Snigdha (Unctuous)	90
	Ruksha (Dry)	3.33
Ashana Prakara (Dietary pattern)	Samashana (Eating wholesome and unwholesome food together)	100
	Vishamasana (taking food in improper quantity and improper timing)	46.66
	Adhyashana (Eating before the digestion of previous meal)	43.33
	Viruddhashana (Eating incompatible food)	100
Supplementary diet	Tea	50
	Coffee	80
	Cold- drink	23.33
	Soup	40.00
	Takra	6.67
Nidra (Sleep)	Samyaka (Proper)	60
	Khandita (Disturbed)	36.67
	Ratrijagarana (Night awakening)	50
	Divaswapa (Day sleep)	76.67
Vegavidharana (Suppression of natural urges)	Mutra (Urine)	93.32
	Purisha (Defecation)	66.66
	Adhovata (Flatulence)	3.33
	Udgara (Eructation)	00
	Nidra (Sleep)	3.33
	Chardi (Vomiting)	00
	Kshudha (Hunger)	6.67
Emotional status	Chinta (Worry)	76.67
	Shoka (Grief)	53.33
	Bhaya (Fear)	16.67
	Krodha (Anger)	13.33
	Irsha (Aversion)	00
	Lobha (Greed)	00
Prakriti	Vatapittaja	33.33

	Pittakaphaja	16.67
	Kaphavataja	50
	Vatapittakaphaja	00
Kshudha (Hunger)	Alpa (Less)	60
	Samyaka (Proper)	40
	Ati (Excessive)	00
Agni (Digestive fire)	Manda (Low digestive fire)	46.67
	Vishama (Irregular digestive fire)	53.33
	Tikshna (Intense digestive fire)	00
	Sama (Proper digestive fire)	00
Abhyavaran Shakti (Intake capacity)	Pravara (Good)	43.33
	Madhyama (Average)	56.66
	Avara (Less)	00
Jarana Shakti (Digestive capacity)	Pravara	00
	Madhyama	3.33
	Avara	96.67
Koshtha (Alimentary canal)	Krura (Hard bowel)	50
	Mridu (Soft bowel)	3.33
	Madhya (Intermediate bowel)	46.67
Mala Pravritti (Bowel habits)	Regular	00
	Irregular	100
Chief complaints	Swalpa Ashite Api Na Pachyate (Indigestion even after taking food in less quantity)	100
	Udaragaurava (Heaviness in abdomen)	100
	Praseka (Salivation)	6.67
	Aruchi (Aversion towards food)	56.67
	Vibandha (Constipation)	90
	Mala Atipravritti (Diarrhea)	00
	Anila Mudhata (Absence of flatus)	66.67
	Yathabhukta Udgara (Eructation)	13.33

Table 2: Number of patients registration: (n=30)

Group	Registered	Completed	Discontinued
A	15	15	0
B	15	15	0
Total	30	30	0

The observational finding of clinical study on different factors is presented below in tables.

Table 3: Effect of therapy on chief complaints in Group A (Wilcoxon sign rank test)

Chief complaints	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Swalpa Ashite Api Na Pachyate	15	1.00	1.00	57.14	-66.00	<0.001	HS
Udara-gaurava	15	1.00	0.00	94.73	-120.00	<0.001	HS
Aruchi	15	0.00	0.00	66.66	-21.00	0.03	S
Praseka	15	0.00	0.00	66.66	-3.00	0.5	IS
Mala Vibandha	15	2.00	1.00	43.47	-55.00	0.002	S
Anila Mudhata	15	1.00	1.00	47.05	-28.00	0.016	S
Yathabhukta Udgara	15	0.00	00.00	75	-6.00	0.25	IS

BT: Before Treatment, AT: After Treatment

Table 4: Effect of therapy on chief complaints in Group B (Wilcoxon sign rank test)

Chief complaints	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Swalpa Ashite Api Na Pachyate	15	2.00	1.00	46.15	-78.00	<0.001	HS
Udara-gaurava	15	2.00	0.00	69.56	-105.00	<0.001	HS
Aruchi	15	1.00	0.00	63.63	-15.00	0.063	IS
Praseka	-	-	-	-	-	-	-
Mala Vibandha	15	2.00	1.00	38.09	-36.00	0.008	S
Anila Mudhata	15	1.00	1.00	27.27	-6.00	0.25	IS
Yathabhukta Udgara	15	0.00	00.00	50	-1.00	1.00	IS

BT: Before Treatment, AT: After Treatment

Table 5: Comparison between two groups in chief complaints: (Mann- Whitney rank sum test)

Chief complaints	N		Median		Mann-Whitney U	P	Sign
	A	B	A	B			
Swalpa Ashite Api Na Pachyate	15	15	1.00	1.00	114	0.95	IS
Udara-gaurava	15	15	1.00	1.00	99	0.43	IS
Aruchi	15	15	1.00	1.00	154.00	0.02	S
Praseka	15	15	-	-	-	-	-
Mala Vibandha	15	15	1.00	1.00	97.50	0.48	IS
Anila Mudhata	15	15	0.00	0.00	81	0.12	IS
Yathabhukta Udgara	15	15	0.00	0.00	97.50	0.30	IS

Table 6: Effect of therapy on Abhyavarana Shakti in Group A: (Wilcoxon sign rank test)

Abhyavarana Shakti (Intake capacity)	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Quantity of food	15	0.00	0.00	87.5	-21.00	0.031	S
Frequency of food	15	1.00	0.00	53.33	-36.00	0.008	S
Duration Between Two meal	15	1.00	0.00	78.57	-66.00	<0.001	HS
Intensity of hunger	15	1.00	0.00	69.23	-45.00	0.004	S

BT: Before Treatment, AT: After Treatment

Table 7: Effect of therapy on Abhyavarana Shakti in Group B: (Wilcoxon sign rank test)

Abhyavarana Shakti	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Quantity of food	15	1.00	0.00	47.82	-55.00	0.002	S
Frequency of food	15	2.00	1.00	47.82	-36.00	0.008	S
Duration Between Two meal	15	1.00	1.00	76.47	-78.00	<0.001	HS
Intensity of hunger	15	2.00	1.00	34.78	-36.00	0.008	S

BT: Before Treatment, AT: After Treatment

Table 8: Comparison between two groups in Abhyavarana Shakti: (Mann- Whitney rank sum test)

Abhyavarana Shakti	N		Median		Mann-Whitney U	P	Sign
	A	B	A	B			
Quantity of food	15	15	0.00	1.00	142.00	0.17	IS
Frequency of food	15	15	1.00	1.00	135.00	0.27	IS
Duration Between Two meal	15	15	1.00	1.00	140.00	0.10	IS
Intensity of hunger	15	15	1.00	1.00	154.00	0.02	S

Table 9: Effect of therapy on Jarana Shakti in Group A: (Wilcoxon sign rank test)

Jarana Shakti (Digestive capacity)	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Vegotsarga (Evacuation of bowel)	15	2.00	1.00	51.72	-.91	<0.001	HS
Laghuta (Lightness)	15	1.00	0.00	75	-105.00	<0.001	HS
Utsaha (Enthusiasm)	15	1.00	1.00	40	-21.00	0.031	S
Udgara Shuddhi (Belching)	15	1.00	0.00	58.82	-55.00	0.002	S
Klama Parigamana (Devoid of mental exhaustion)	15	1.00	0.00	46.15	-15.00	0.063	IS
Kshudha (Proper hunger)	15	1.00	0.00	100	-78.00	<0.001	HS

BT: Before Treatment, AT: After Treatment

Table 10: Effect of therapy on Jarana Shakti in Group B: (Wilcoxon sign rank test)

Jarana Shakti	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Vegotsarga	15	2.00	1.00	46.42	-78.00	<0.001	HS
Laghuta	15	1.00	1.00	75	-105.00	<0.001	HS
Utsaha	15	1.00	1.00	25	-10.00	0.125	IS
Udgara Shuddhi	15	1.00	1.00	47.05	-36.00	0.008	S
Klama Parigamana	15	1.00	1.00	35.29	-6.00	0.25	IS
Kshudha	15	1.00	1.00	87.5	-105.00	<0.001	HS

BT: Before Treatment, AT: After Treatment

Table 11: Comparison between two groups in Jarana Shakti: (Mann-Whitney rank sum test)

Jarana Shakti	N		Median		Mann-Whitney U	P	Sign
	A	B	A	B			
Vegotsarga	15	15	1.00	1.00	99.50	0.50	IS
Laghuta	15	15	1.00	1.00	112.00	0.97	IS
Utsaha	15	15	0.00	0.00	97.50	0.46	IS
Udgara Shuddhi	15	15	1.00	1.00	97.50	0.47	IS
Klama Parigamana	15	15	0.00	0.00	117.00	0.84	IS
Kshudha	15	15	1.00	1.00	127.50	0.30	IS

Table 12: Effect of therapy on Deha-bala Group A (Wilcoxon sign rank test)

Deha Bala (Physical strength)	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Bala Vriddhi (Increase in strength)	15	1.00	0.00	80.95	-105.00	<0.001	HS
Sharira Upachaya (Increase in body weight)	15	-	-	-	-	-	-
Swara-varna (Improvement in complexion and voice)	15	0.00	0.00	100	-6.00	0.25	IS

BT: Before Treatment, AT: After Treatment

Table 13: Effect of therapy on Deha-bala Group B (Wilcoxon sign rank test)

Deha Bala	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Bala Vriddhi	15	1.00	1.00	43.47	-55.00	0.002	S
Sharira Upachaya	15	-	-	-	-	-	-
Swara-varna	15	0.00	0.00	33.33	-1.00	1	IS

BT: Before Treatment, AT: After Treatment

Table 14: Comparison between two groups in Deha Bala: (Mann-Whitney rank sum test)

Deha Bala	N		Median		Mann-Whitney U	P	Sign
	A	B	A	B			
Bala Vriddhi	15	15	1.00	1.00	67.50	0.02	S
Swarna Varna	15	15	0.00	0.00	97.50	0.30	IS

Table 15: Effect of therapy on Chetas Bala in Group A (Wilcoxon sign rank test)

Chetas Bala (Mental endurance)	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Nindra labhoyathakalam (Sleep at proper timing)	15	0.00	0.00	60	-15.00	0.063	IS
Sukhena Cha prtibodhana (Waking up without any discomfort)	15	1.00	0.00	90	-45.00	0.004	S
Vaikarikanam cha swapnanamadarshanam (Devoid of any abnormal dreams)	15	1.00	0.00	50	-28.00	0.016	S
Mano budhi indriya Avyapatti (Devoid of any abnormality in mind, intellect, sense organs)	15	1.00	0.00	90.90	-55.00	0.002	S

BT: Before Treatment, AT: After Treatment

Table 16: Effect of therapy on Chetas Bala in Group B (Wilcoxon sign rank test)

Chetas Bala	N	Median		Relief %	'W'	P	Sign
		BT	AT				
Nindra labhoyathakalam	15	1.00	0.00	23.07	-6.00	0.25	IS
Sukhena Cha prtibodhana	15	1.00	1.00	11.11	-1.00	1	IS
Vaikarikanam cha swapnanamadarshanam	15	1.00	1.00	16.67	-3.00	0.5	IS
Mano budhi indriya Avyapatti	15	1.00	0.00	50	-10.00	0.125	IS

BT: Before Treatment, AT: After Treatment

Table 17: Comparison between two groups in Chetas Bala: (Mann-Whitney rank sum test)

Chetas Bala	N		Median		Mann-Whitney U	P	Sign
	A	B	A	B			
Nindra labhoyathakalam	15	15	0.00	0.00	96.00	0.39	IS
Sukhena Cha Prtibodhana	15	15	1.00	0.00	52.50	0.003	S
Vaikarikanam Cha Swapnanamadarshanam	15	15	0.00	0.00	75.00	0.05	S
Mano budhi indriya Avyapatti	15	15	1.00	0.00	72.50	0.06	IS

Table 18: All over result of the treatment and patients' distribution accordingly

Result	No. of Patients				Total	Percentage (%)
	Group A	%	Group B	%		
Cured	00	00	00	00	00	00
Mar. Improved	04	26.66%	01	00	05	6.67%
Mod. Improved	09	60.00%	08	00	17	53.33%
Mild Improved	02	13.33%	06	26.67	08	40%
Un-Changed	00	00	00	00	00	00

RESULTS

All 30 enrolled patients completed the trial. Group A (Shunthi tablet + Yogic practice) showed greater improvement in Aruchi ($p=0.02$), hunger intensity ($p=0.02$), Deha Bala ($p=0.02$), and Satva Bala ($p=0.003$) compared to Group B (Shunthi tablet). Group A 26.66% of the patients had marked improvement, 60.00% of the patients had moderate improvement and 13.33% of the patients had mild improvement. Whereas in Group B 6.67% of the patients had marked improvement, 53.33% of the patients had moderate improvement and 40% of the patients had mild improvement. Group A demonstrated higher percentages of clinical improvement in all parameters compared to Group B.

DISCUSSION

According to Charaka Samhita, even wholesome and suitable food consumed in proper quantity will not be properly digested if the mind is afflicted with worry, grief, fear, or anger¹⁰, this emphasizes the crucial role of mental condition in digestion. In addition to psychological factors, habits such as overeating, irregular meal timings, and frequent intake of heavy foods impair Agni (Digestive capacity) and lead to Agnimandya. Ayurveda addresses the root cause of disease; therefore, in the present study, Agnimandya was managed not solely with medicines but through a combined Ayurvedic and Yogic approach, addressing both physical and psychological contributors.

In the present study of 30 registered patients, 56.66% reported irregular meal timings, validating Charaka's assertion that untimely eating is a key factor in Agni disturbance. Furthermore, 93.33% consumed food predominantly of Madhura Rasa (sweet taste) with Guru and Snigdha Guna (93.33% and 90%, respectively), which are dominated by Prithvi and Jala Mahabhuta¹¹, making them heavier to digest. All participants had the habit of Samashana (Taking whole and unwholesome diet together) and Viruddhashana (Taking incompatible food), with a significant proportion (46.66%) also practicing Adhyashana (Eating before the previous meal gets fully digested) and (43.33%) Vishamashana (Eating in improper timing or improper methods). Such dietary habits are described as Amapradoshaja Hetu (Cause for accumulation of indigested food in the body)¹², leading to Srotorodha (obstruction in Srotas) and Agnimandya.

A high prevalence of Vegavidharana (Suppression of natural urges) was observed, with 93.33% having a history of Mutra Vegavidharana and 66.66% of Purisha Vegavidharana. Such suppression of natural urges vitiates Vata Dosha, causing Pratiloma Gati (Upward movement) of Vayu and impairing digestion¹³. Mental factors were also significant: 86.66% had a history of Atichintana (excessive worry) and 53.33% of Atishoka (grief), further supporting Charaka's view that wholesome food fails to digest in the presence of mental disturbances¹⁰.

Comparative clinical analysis revealed a statistically significant improvement in Aruchi in Group A (Ayurveda + Yoga) compared to Group B (Ayurveda alone). Hunger levels also increased more in Group A, possibly due to both the physical activity inherent in

Yoga and the specific influence of techniques such as Kapalabhati and Udarashakti Vikasaka Kriya on digestion. Group A also demonstrated a greater enhancement in Satva Bala, as Yoga primarily aims to achieve mental control through practices like Pranayama, Prarthana and Om chanting, which positively affect psychological well-being.

In terms of Deha Bala, Group A showed significant improvement in physical strength, likely attributable to increased circulation, neural adaptation, muscle strengthening and stimulation of growth hormone secretion through physical activity. Overall, the relief percentage in Group A was superior across all major symptoms, indicating that integrating Yogic practices with Ayurvedic medication yields enhanced therapeutic outcomes for patients with Agnimandya.

Probable Mode of Action Shunthi Tablet

Shunthi possesses Katu Rasa (Pungent taste), Madhura Vipaka (sweet end-taste), and Ushna Virya (Hot potency). Its Ushna Virya and Snigdha Guna pacify Vata Dosha, while Katu Rasa mitigates Kapha Dosha without aggravating Pitta due to its Madhura Vipaka. Additionally, Shunthi is Ruchya (appetizer), Amanashaka (removes Ama), Pachaka (promotes digestion), and Vibandhnashaka (relieves constipation)¹⁴. These combined properties stimulate appetite, eliminate Ama, enhance the Pachana process, and relieve Vibandha, making it particularly beneficial in managing Agnimandya.

Classical references regarding effect of Yogic procedures in regulating Agni

Yogic procedure	Reference
Bhujangasana	Dheranda Samhita 2/37
Makarasana	Dheranda Samhita 2/35
Vajrasana	Dheranda Samhita 2/11
Shavasana	Dheranda Samhita 2/17, Hathayoga Pradipika 1/32
Ujjayi Pranayama	Hathayoga Pradipika 2/51-53
Suryabhedana Pranayama	Dheranda Samhita 5/67
Nadi-shuddhi Pranayama	Dheranda Samhita 5/47-52
Suryanadichalana	Swarodaya Shashtra, Shiva-samhita
Udarashakti Vikasaka Kriya	Dr. Dhiren Brahmachari

Probable Mode of Action – Yoga

The Yogic regimen incorporates practices that act on both physiological and psychological aspects of digestion:

Prarthana at the start creates a spiritual and emotional impact, promoting secretion of digestive juices.

Udarashakti Vikasaka Kriya helps to channel Vayu by correcting its Pratiloma Gati (Upward movement) and directly influencing Samana Vayu.

Viparitarani, through its inverted posture, enhances gravitational effects on digestive organs, thereby increasing secretions and metabolic activity.

Makarasana and Bhujangasana exert gentle pressure on the stomach region, normalizing Agni function.

Vajrasana, by folding the limbs, redirects circulation from the lower extremities to the abdominal region, aiding in the proper channelization of Apana Vayu.

Kapalbhati Pranayama, described as Kaphadosha-nashini, eliminates excess Kapha (in the form of Kleda), regulates digestion, and stimulates Samana Vayu and Pachaka Pitta.

Nadishuddhi Pranayama removes Srotorodha (blockages) in the channels and addresses indigestion related to mental stress through its calming effect on the mind.

Ujjayi Pranayama influences the Vishuddhi Chakra (thyroid region), helping maintain normal metabolic activity.

Suryabhedana Pranayama and Suryanadi Chalana directly stimulate Agni, enhancing its activity.

Bhastrika Pranayama, with its forceful breathing, acts on Samana Vayu and Pachaka Pitta while balancing the Tridosha.

AUM chanting exerts a combined effect on digestion, emotions, and brain activity, with each syllable having a specific influence:

A – Nabhi (digestion)

U – Hridaya (emotions)

M – Mana (psyche)

The concluding Shanti Mantra calms the mind and indirectly stimulates digestive secretions same as Prarthana.

Through these mechanisms, Yoga supports Agni regulation, Dosha balance, and overall digestive health, complementing the action of Shunthi in the management of Agnimandya.

CONCLUSION

This clinical trial demonstrates that the integration of Ayurvedic medicine and Yogic practices offers a significantly more effective approach in managing Agnimandya. The holistic intervention not only improves digestive symptoms but also enhances physical and mental strength. The study highlighted the scope of Yoga specifically in Satva-bala. Hence, Yoga can be combined in individuals having Agnimandya due to mental ailments.

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