

AN OBSERVATIONAL STUDY TO ASSESS THE STATUS OF AGNI IN MIGRAINE PATIENTS

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ABSTRACT

The function of digestion and metabolism, which is unavoidable for the maintenance of life, is performed by the *Agni*. When *Agni* functions properly, the individual remains healthy and becomes diseased when the same is disturbed. Migraine is a common disabling primary headache disorder with high personal and social costs, but its pathophysiology is not yet fully understood. As all the diseases are caused by the hypo-functioning of *agni*, it is essential to understand the status of *agni* in migraine patients. 75 Patients diagnosed with migraine were selected from the OPD and IPD of Government Ayurveda College Hospital Kannur, before intervention. Then their status of *agni* was assessed by using a validated *agni* assessment tool. It was developed by considering the specific features assigned to four functional states of *agni*. Then their disability was assessed by using MIDAS score. Statistical assessment was done by using descriptive statistics and spearman correlation coefficient. Status of *agni* in most of the migraine patients was not normal.

Keywords: *Agni*, Migraine disability, *Samagni*, *Teekshnagni*, *Mandhagni*, *Vishamagni*

INTRODUCTION

Migraine is one of the most painful benign disorders known to medicine. The intensity of migraine attacks varies markedly among individuals. In a given person, particular symptoms may occur in one attack but not in another. It is a chronic condition characterised by recurrent attacks of throbbing head pain of 4 to 72 hours that may be accompanied by nausea, vomiting, and sensitivity to light and noise. Epidemiological studies have documented its high prevalence and high socio- economic and personal impacts¹. Once migraine is diagnosed, the next important aspect is to assess the severity and degree of disability². It is a common, debilitating disorder that imposes a large personal burden on sufferers and high economic costs on society. Migraine Disability Assessment Test [MIDAS] is one of the tools which are employed in assessing migraineurs disability.

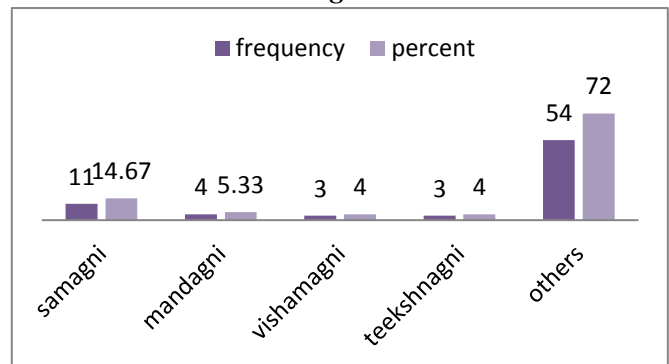
In Ayurveda *agni* is a factor which controls and regulates homeostasis of the body³. All diseases are developed due to the hypo- functioning of *agni*⁴. In clinical practise it was observed that, when the *agni* status was corrected in migraine patients, the disease as such got resolved. Ayurveda considers *agni* as the cause of life, complexion, strength, health, enthusiasm, nourishment, lustre, *oja*, *teja*, and *prana*. Extinction of this *jadaragni* leads to death. Its proper conservation helps a person to live a long life, and its impairment gives rise to diseases. Hence it is considered as the base of life⁵. Four statuses of *agni* were mentioned in classics. *Samagni* is characterised by strong and appealing appetite that is easily satisfied with normal food. *Vishamagni* reflects variable functioning of *agni*. *Tikshnagni* digests the large quantity of food quickly, and at the end of digestion produces dryness of the throat, palate and lips, feeling of burning sensation and exhaustion by heat. *Mandagni* is that which digests the food even though proper, after long time producing heaviness of the abdomen, flatulence, constipation, gurgling noise in the intestines, dryness of the mouth, obstruction of flatus and such other features of indigestion.

Materials and Methods

75 migraine patients, irrespective of sex and age between 20 to 60 years were consecutively selected from the OPD and IPD of the Govt. Ayurveda College hospital, Kannur, Pariyaram before intervention. After the initial screening process, the patients were verbally informed about the basic details of the study. Consenting patients were asked to complete the written informed consent form in their regional language. After obtaining the written consent, preliminary data was collected. The *agni* status of the patient was assessed by using a validated *agni* assessment tool⁷. It was a self- assessment questionnaire for recording the strength of *agni*. The questionnaire contains total eleven questions with four options corresponding to four statuses of *agni*. For each question single score was assigned. After filling the eleven questions, total scores were calculated in respective columns. The status of *agni* was determined on the basis of maximum score obtained under the different categories of *agni*. Then their disability was assessed by using MIDAS test⁸. MIDAS is a short self- administered and 7- item questionnaire to quantify headache- related disability in a span of three months. Among these seven questions only the first five questions were scored. This questionnaire measures the influence of headaches on three domains of activity (work, household work, and non- work activities) over the preceding three months. After that total score was obtained by totalling the total number of days, the patient was then assigned to one of the four levels of disability.

Results

Distribution of status of *agni*



When a score of eight or above eight got for any single status of *agni*, it was considered as *pravara*. Out of 75 patients, only 14.67 % of patients had *pravara samagni*, 5.33 % had *pravara mandagni*, 4% had

pravara vishamagni and 4% had *pravara tikshnagni*, and remaining 72 % of participants had *agni* status in combination of two or three.

Table 1:

Spearman correlation between	Correlation coefficient	Significance (1- tailed)
Mandhagni & MIDAS score	0.140	0.115
Vishamagni & MIDAS score	0.125	0.142
Samagni & MIDAS score	-0.242	0.018
Tikshnagni & MIDAS score	-0.203	0.040

Each score of *agni* was separately analysed for correlation with migraine disability score using spearman correlation coefficient. MIDAS score had significant negative correlation with *samagni* & *tikshnagni* score and in- significant positive correlation with *mandhagni* & *vishamagni* score. This shows that when the score of *samagni* or *tikshnagni* increases migraine disability decreases.

DISCUSSION

Only 14.67 percentage of 75 patients had good *agni* status ie *samagni* and remaining all had a vitiated *agni* status. None of the patients had got a score eleven for any of the four *agni* status. In majority of the patients, score obtained for single *agni* status was below eight, so it can't be taken as having any single status. Their *agni* status was divided into combination of two or three of the four *agni* status. In classics it was mentioned that a combination of *samagni* and *teekshnagni*⁹ & *samagni* and *mandhagni*¹⁰ can be called as *vishamagni*. As 72% of the patients were having a varying *agni* status, it can be considered as *vishamagni*. In the case of *mandagni*, the digestive power of the individual was weak, and there will not be proper and complete digestion of food. In the case of *vishamagni* as it was a varying digestive power, sometimes the food will be digested, absorbed and assimilated in proper time but sometimes not. So, in *mandagni* and *vishamagni* there will be formation of *ama* in *koshta*. This was the case when only *jatharagni* was considered. When *jatharagni* becomes abnormal, other *agnis* dependent on it also becomes abnormal. So, there will

be accumulation of *ama* in the *dhatu* level also. So, when the score of *vishamagni* and *mandhagni* increases, there will be increased accumulation of *ama* which leads to the precipitation of migraine disease and further increases the migraine disability. As the status of *agni* was a functional aspect of a human being, large sample size was needed to get statistical significance. That might be the reason for the statistical insignificance. But in the case of *samagni*, the digestive power is normal and there will be proper digestion and no *ama* formation. In the case of *teekshnagni* as the digestive power is strong, there will be fast digestion and no *ama* formation. So as the score of *samagni* or *teekshnagni* increases there will not be any disease or disability. But in the case of *teekshnagni*, after a normal level it can develop the disease *bhasmaka*.

CONCLUSION

The *agni* status of most of the migraine patients participated in the study was *vishama*. MIDAS score had significant negative correlation with *samagni* & *tikshnagni* score and in- significant positive correlation with *mandhagni* & *vishamagni* score.

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