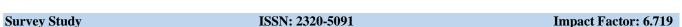


INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







AGNIBALA SURVEY STUDY: HEMANT RITU W.S.R. TO RITUCHARYA THROUGHOUT CHHATTISGARH

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https://doi.org/10.46607/iamj2512072024

(Published Online: July 2024)

Open Access

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Article Received: 12/06/2024 - Peer Reviewed: 28/06/2024 - Accepted for Publication: 15/07/2024.



ABSTRACT

Background:*Ritucharya* is a practical, health-promoting Ayurvedic regimen that facilitates internal adaptability, allowing us to *Agnibala*, keep our Doshas balanced, and modify our habits by the seasons. Each *Ritu* has its unique climate. *Ritucharya* is a practical, health-promoting Ayurvedic regimen that facilitates internal adaptability, allowing us to *Agnibala*, keep our *Doshas* balanced, and modify our habits by the seasons. Each Ritu has its unique climate, affecting *Agnibala* and the body. A cross-sectional survey is now being conducted to investigate the impact of *Ayurveda* on health behaviors among the people of Chhattisgarh, particularly about following Ritu's recommended standards and regimen and eating the right amount of *Ahar*. At the moment, a cross-sectional. **Aim**-To improve the general public's knowledge of *Ritucharya* and the frequency of varied *Agnibala* in *Hemant Ritu* features. **Study design-** 145 people were given access to the easily understood questionnaire based on seasonal *Agnibala* stories described in *Ayurveda*. **Result-** When *Hemant Ritu* was observed, indications of *Teekshnagni*, the season-specific *Prakupita Dosha*, were noted in respondents from Chhattisgarh, of whom 70.3% had not altered their usual diet and lifestyle and 75.3% had not been following *Ritucharya*. **Conclusion-** The current thesis

concludes thatin this *Ritu*, the body's heat is covered by constriction due to atmospheric cold. This leads to an increase in *Jatharagni*. So, if proper heavy food is not consumed, it will burn away the *Rasadidhatus*, as the food in the form of fuel is not an available symptom of *Teekshna Agnibala in Hemant ritu*.

Keywords: Agni, Agnibala, Ritucharya.

INTRODUCTION

Agni, the life force, controls human digestion and metabolism. All around the world, people have developed distinctive ideas about health and how to preserve and promote it, depending on things like community, religion, and ethnicity. All Doshas (Dhatu, Agni, and Mala) should be in balance and functioning regularly, according to Ayurveda. The soul's senses and thoughts are pleased. Agni, or digestive fire, is necessary for the emergence of disease and the maintenance of health. All human digestionrelated functions malfunction when the Agnibala is weak. The year is divided into six Ritus or seasons: Varsha, Sarad, Hemant, Shishir, Vasant, and Grishma, depending on the changes in the climate. These six Ritus are broadly divided into two Ayan's (or politics) depending on the direction of movement of the sun, that is, Uttarayana. Shishira, Vasant, and Grishma come from Uttarayana (northern solstice), also known as Adanakala, because the sun takes away people's strength daily. 2Varsha, Sharad and Hemanta Ritu from Dakshinayana (southern solstice), also known as Visargakala, because the moon's power is more significant in these three Ritu. So, the moon gives strength to the people.³ Due to the Dosha of Ritu (season), adherents of Ritucharya, a seasonal regimen, do not suffer from early aggravation. Ritu, or

season, and *Ritucharya*, or seasonal regimen, have been the subject of a robust scientific investigation reviewed by all *Acharyas* and are relevant now. Fourth, the *Ritu* (seasons) and environment have altered throughout the year. As members of this ecosystem, people are significantly impacted by changes in the external environment. An inability of the body to adapt to stress due to variances in confident Ritu (season) traits can lead to *Dosha Vaishmya*, also known as the vitiation of *Dosha*. This can subse-

quently play a role in the emergence of illnesses. Powerful human body during *Hemant Ritu*. This *Ritu* causes greater cold, which strengthens *Agni* in healthy individuals by stopping the lighting of *Agni* by contact with cold air. The word for Agni's strength, *Bala*, is *Agnibala*. In Paprola and its environs, a survey was conducted in 2023 to assess the state of *Agnibala*, or digestive strength.

Concept of Agnibala-

The absorption of food varies depending on the kind ingested. During digestion, food goes through several physical and chemical changes before it is in a state that different tissues may receive. These changes are reliant on Agnibala, according to Ayurvedic principles. Agnibala increases with the rate of change. On the other hand, the transformation will also be slow and unreliable if this Agni is weak. The Ayurvedic theory proposes four types of Agni working states: Manda (weak), Sama (regular), Vishama (irregular), and Tikshna (intense). Because of its intensive nature, Tikshnagni is reported to be able to digest even huge meals rapidly and effectively.⁵ The opposite of the Tikshnagni is the Mandagni. Tikshnagni is renowned for its intensity, which facilitates the quick digestion of even huge meals. The Mandagni is more passive than the Tikshnagni.6 This Agni cannot digest or even partially assimilate any meal. Agni's capricious nature, which encompasses both fast and slow food digestion, is embodied by Vishamagni. Samagni ensures complete digestion of meals taken at the right time, free from irregularities. It doesn't behave in an overly powerful or weak manner. It is excellent because it is just appropriate. Improper eating habits and nutrition have an impact on Samagni⁷.

MATERIALS AND METHODS-

A review of the literature on Agni and Ritu is gathered from Brihatrayi, and research articles and com-

ments on it are also looked for on other websites. A survey of 145 healthy individuals, ages 20 to 60, was randomly selected from the college campus of Shree N.P.A. Govt Ayurveda Medical College Raipur C.G. and surrounding areas. A questionnaire was https://www.researchgate.net/figure/The-Agnibala-Assessment-Toola tbl1 304882531

Method of data collection -

Since the questionnaire was to be distributed over the seasonal months, I completed it in two months. Questionnaires are used to collect information after it is received. The participants' consent was obtained via a form made in both Hindi and English. Basic information such as name, age, gender, education level, and marital status were among the first pieces of data to be recorded. Then there was the question about

Agnibala. One respondent was selected at a time. All questions have been thoroughly explained to respondents to guarantee satisfactory answers, and any misconceptions that may have arisen have been clarified.

Inclusion criteria

- Subjects in the 25—to 60-year-old age group will be selected for study regardless of gender, socio-economic status, education, profession, religion, etc.
- Subjects who are willing to study are included.

Exclusion criteria

- People with critical diseases and psychological problems will be excluded.
- People who are not willing to study are also excluded.

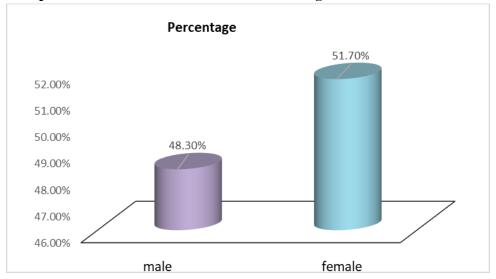
Assessment criteria⁸

Questions	Mandagni	Vishamagni	Samagni	Tikshnagni
What option	I am unable to digest	My ability to digest	I am able to digest	I am able to digest
describes best your	even small quantities	food keeps varying.	almost all sorts of	almost all food items
ability to digest food?	of food	Sometimes I am able	food items when con-	very easily, even in
		to digest and other	sumed in appropriate	large quantities
		times I am not	quantity	
What time do you	I feel like eating only	Not consistent, keeps	I feel like eating 6-8	I feel like eating be-
need to feel like eating	after about 8 hours of	varying	hours after having my	fore 6 hours of having
again, after having	having my meal		meal	meal
your meal?				
What effects do you	Digestion gets dis-	Digestion gets dis-	Digestion is not af-	Process of digestion
observe in your diges-	turbed due to slight	turbed due to appre-	fected much due to	gets initially dis-
tion due to disturb-	variation in lifestyle	ciable disturbances in	disturbances in life-	turbed; however, later
ances in your life-		lifestyle	style	gets adapted to varia-
style? (eg, irregular				tions in lifestyle
eating habits, dis-				
turbed sleeping pat-				
tern, emotional dis-				
turbances, etc)				
How frequently do	I have <2 meals per	My frequency of hav-	I usually have 2 to 3	I almost always have
you have your meals	day	ing meals varies be-	meals per day	>3 meals per day
in a day?		tween 1 and 4		
How do you describe	I can bear hunger for	Hunger is sometimes	I can bear hunger for	I feel it very difficult
your ability to bear	>2 hours	bearable (up to 1 hour)	up to 1 to 2 hours	to bear hunger
hunger? (ie, your abil-		and sometimes is un-		
ity to wait for food		bearable (<1 hour)		
after you feel hungry)				
What quantity of	I usually have small	I sometimes have	I usually have meals	I usually have large
meals do you have in a	meals	large and sometimes	that are neither too	meals

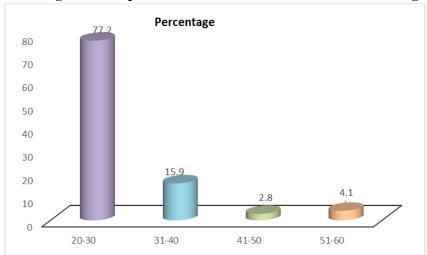
day?		small meals	small nor too large	
How do you describe	Digestion mostly takes	Time taken for proper	Digestion is complet-	Digestion occurs quite
your capacity to digest	longer than normal	digestion varies every	ed in normal time	quickly than normal
heavy meals in terms		now and then		
of time?				
How do you describe	I have a tendency for	My bowels are some-	My bowels are normal	
your bowel habits?	constipation	times hard and on oth-	(neither too hard nor	
		er times are soft	too soft)	
How do you describe	I generally have food	I generally have food	I generally have food	I generally have food
your eating habits?	after the scheduled	either before or after	exactly on scheduled	before scheduled time
	time	the scheduled time	time	
How do you feel after	I frequently feel heav-	I occasionally feel	I mostly feel lightness	I feel lightness in ab-
the complete digestion	iness in abdomen and	slight heaviness in	in abdomen and body	domen and body quite
of meals?	body	abdomen and body		early after having
				meals
How do you express	I do not feel like eat-	I sometimes feel like	I feel like eating food	I feel like eating any
your feelings that you	ing even when hungry	eating and sometimes		food item irrespective
develop after looking		do not		of whether I like it or
at the food items that				not
you like?				

OBSERVATION AND RESULT

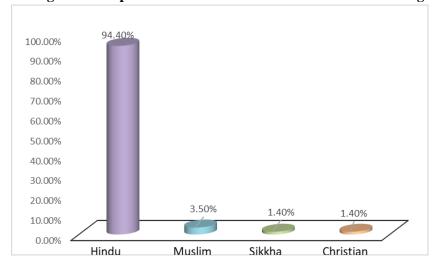
F. 1: Diagramatic representation of selected individual based on gender.



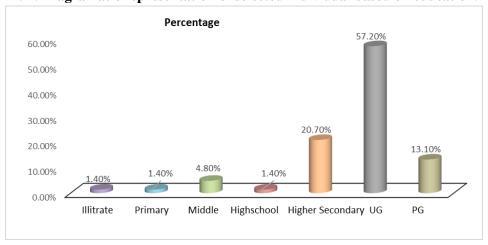
F. 2: Diagramatic representation of selected individual based on age.



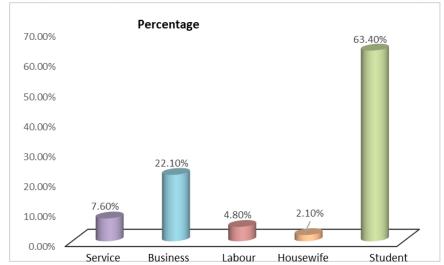
F. 3: Diagramatic representation of selected individual based on religion.



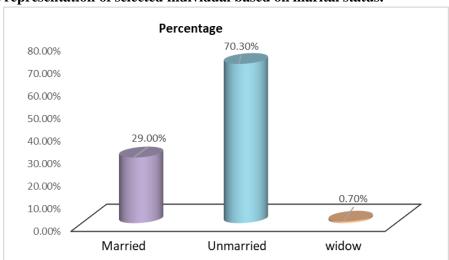
F. 4: Diagramatic representation of selected individual based on education.



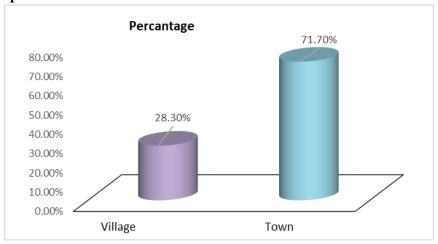




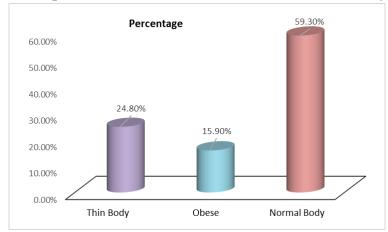
F. 6: Diagramatic representation of selected individual based on marital status.



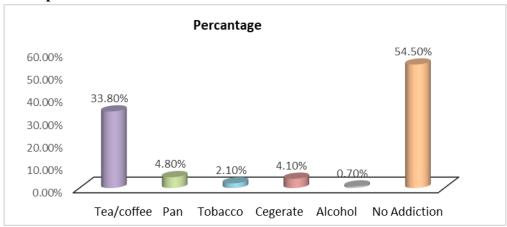
F. 7: Diagramatic representation of selected individual based on area.



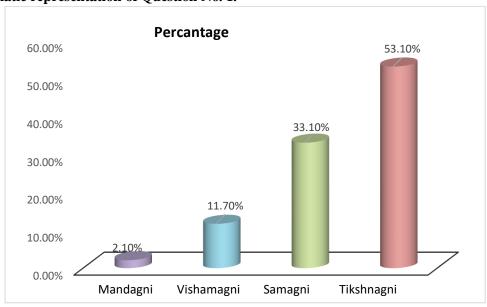
F.8: Diagramatic representation of selected individual based on body constitution.



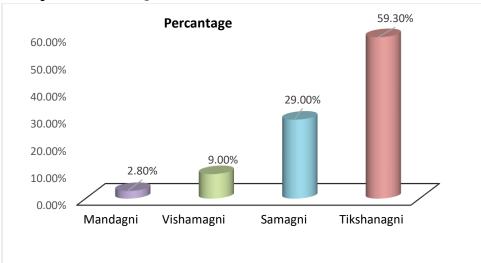
F. 9: Diagramatic representation of selected individual based on addiction.



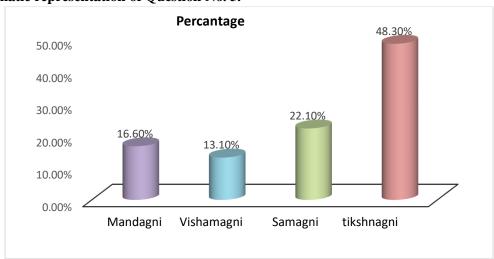
F. 10: Diagramatic representation of Question No. 1.



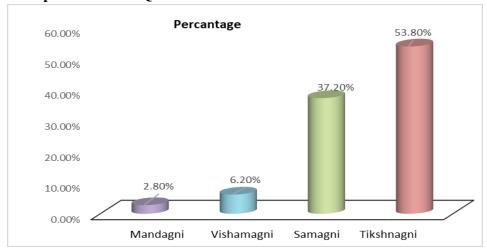
F. 11: Diagramatic representation of Question No. 2.



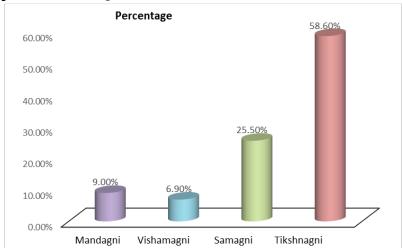
F. 12: Diagramatic representation of Question No. 3.



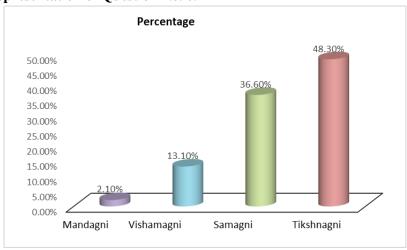
F. 13: Diagramatic representation of Question No. 4.



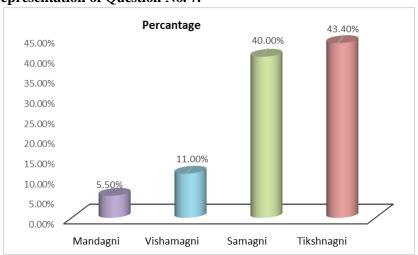
F. 14: Diagramatic representation of Question No. 5



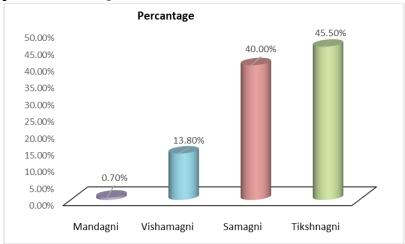
F. 15: Diagramatic representation of Question No. 6.



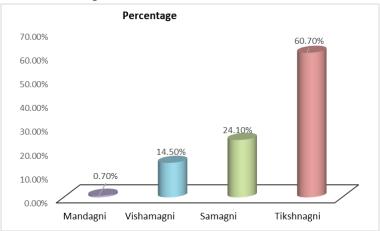
F. 16: Diagramatic representation of Question No. 7.



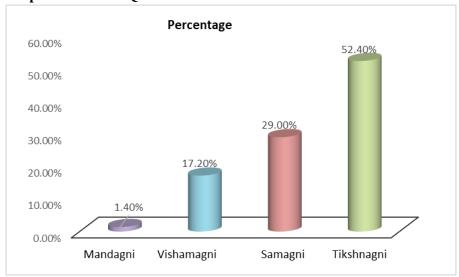
F. 17: Diagramatic representation of Question No. 8.

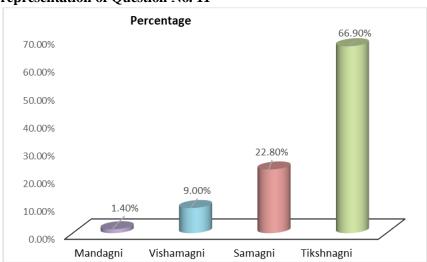


F. 18: Diagramatic representation of Question No. 9.



F. 19: Diagramatic representation of Question No. 10.





F. 20: Diagramatic representation of Question No. 11

RESULT-

Status of Agnibala-

This survey revealed that most volunteers felt total energy and increased Agnibala (Teekshnagni) after daily routine work and Diet.

DISCUSSION

Discussion on Demographic data

Gender - Among 145 individuals, the males are 51.7%, and the females are 48.3%. **Age-** Among 145 individuals, the male persons are found to be 20-30age 77.2%, 31-40age 15.9%, 41-50age 2.8%, 51-60age 4.1% Religion - Out of 145 individuals, 94.40 % belong to Hindu religion, followed by Muslim 3.9%, Christian& Sikh 1.4%. It may be because of the demographic set-up of the Raipur district. Education – Among 145 individuals, 57.2% belong to the UG group, followed by 20.7% belonging to the higher Secondary group, 13.1% belong to the PG group, 4.8% belong to the Middle group, and 1.4% are studied up to high school, Primary school and uneducated. If we add up, most healthy individuals were in the UG group. Occupation- Regarding the occupation, the % of the healthy people, 63.4 %, were students, 22.1 % belonged to the business, 7.6% were in the service sector, 4.8% belonged to labour, and 2.1% were homemakers. Marital status -Among 145 individuals, 70.3% were found unmarried.

Area - Among 145 individuals, 71.7% belonged to the town. This is because survey work is done in

Raipur. **Body constitution** - Among 145 individuals, 59.3% had a standard body constitution, followed by 24.8% having thin bodies and 15.9% being obese. **Addiction** –Among 145 individuals, 54.5% were not found to have any addiction. 33.8% were found to be addicted to tea and coffee, 4.8% were found to pan addiction, 2.1% were addicted to tobacco, and 6.2% were addicted to Alcohol.

Que 1. What option best describes your ability to digest food? After a survey of 145 individuals, 53.1% were found to digest almost all food items very quickly, even in large quantities. Although *Agnibala* is something *Acharya Charak* anticipates, *Agnibala* is also cyclical, changing with the seasons.

Que 2. What time do you need to feel like eating again after having your meal? After a Survey study of 145 individuals, 59.3% were found to feel like eating before 6 hours of having a meal.

Que3. What effects do you observe in your digestion due to disturbances in your lifestyle? (e.g., irregular eating habits, disturbed sleeping patterns, emotional disturbances, etc.) After a survey of 145 individuals, 48.3% found that the digestion process initially gets disturbed; however, it later gets adapted to variations in lifestyle.

Que4. How frequently do you have your meals in a day? After a survey of 145 individuals, 53.8% were found to have > three meals per day almost always.

Que5. How do you describe your ability to bear hunger? (i.e., your ability to wait for food after you feel hungry) After a Survey study on 145 individuals, 58.6% were found to feel it very difficult to bear hunger

Que6. What quantity of meals do you have in a day? After a survey of 145 individuals, 48.3% were found to have large meals usually. Accepting foods whose ingestion does not hurt the body in any way is known as *Matra*.

Que7. How do you describe your capacity to digest heavy meals in terms of time? After a survey of 145 individuals, 43.4% found that digestion occurs more quickly than normal.

Que8. How do you describe your bowel habits? After a survey study on 145 individuals, 45.5% were found to be more than usual.

Que9. How do you describe your eating habits?? After the survey of 145 individuals, 60.7% generally had food before the scheduled time.

Que10. How do you feel after the complete digestion of meals? After a survey of 145 individuals, 54.4% felt lightness in the abdomen and body quite early after having meals.

Que11.How do you express the feelings that you develop after looking at the food items that you like? After a Survey study on 145 individuals, 66.9% were found to feel like eating any food item irrespective of whether they liked it or not.

The rest of the volunteers showed an increase in Agnibala/Teekshnagni, which might be attributed to Hemant Ritu because the external cold environment persisted during this *Ritu*.

CONCLUSION

Health is a dynamic phenomenon (that is always changing). It is constantly subjected to factors of disturbance and needs to be restored as often as it is disturbed. The body must also be protected from disturbances like internal (e.g. the Dosas Agni) or external factors (e.g. seasonal variation) over which the

individual has control. If an individual follows the prescribed Ritucharya, Agni Bala (digestive strength) status increases among the population of parole and surrounding areas, resulting in symptoms of increased Agnibala observed during Hemant Ritu. Vata Rogas, like Shula and Toda, are associated with Vishamagni. Pitta Rogas, like Amlapitta and Daha, are associated with Tikshnagni. Kapha Rogas like Aruchi, Ama, Udar Roga, and Gulma are associated with Mandagni. If someone is malnourished or overeats for a lengthy period, their Agni gets disrupted, and illness starts to manifest in their body. Therefore, to maintain a regular and disease-free state of health, Ayurveda advised adhering to Ritucharya principles. The scholar has endeavoured to present the ideas of Ritucharya from an Ayurvedic and modern perspective in the study work that is being given despite constraints of time and resources. The scholar has attempted to convey the Ritucharya concepts from an Ayurvedic and contemporary perspective. The author expects students, physicians, aspiring researchers, and the general public to find the study instructive and helpful.

Suggestion –This research needs to be conducted using a sizable sample size and further *Agnibala*-based questionnaires. As the first steps in raising public awareness, campaigns can be launched, and booklets on Ritucharya may be distributed at the school, college, and panchayat levels. Social media sites, radio shows, and television shows can all be used to promote *Ritucharya*.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Pratiksha Dewangan et al: Agnibala Survey Study: Hemant Ritu w.s.r. To Ritucharya Throughout Chhattisgarh. International Ayurvedic Medical Journal {online} 2024 {cited July2024} Available from: http://www.iamj.in/posts/images/upload/1327_1339.pdf