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THE CLINICAL SIGNIFICANCE OF AGNI PARIKSHAN IN OLDER ADULTS WITH MANAS BHAVA VISHADA: A SPECIAL REFERENCE TO GERIATRIC DEPRESSION

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Abstract

The global shift toward an ageing population presents important healthcare challenges, including the burden of depression among older adults [1,2]. In Ayurveda, Vishada may be considered a conceptual correlate of certain features associated with depression, although the terms are not directly equivalent [3]. Agni, which encompasses digestive and metabolic functions, is regarded as an important determinant of physiological health. With advancing age (Vardhakya), changes in Agni and a predominance of Vata Dosha are described in Ayurvedic literature. This review discusses the potential clinical relevance of Agni Parikshan (assessment of digestive and metabolic capacity) in the assessment and holistic management of Vishada-like symptoms in older adults. It also considers possible conceptual links between Ayurvedic perspectives and the modern microbiota–gut–brain axis. These links require further clinical investigation and should not be interpreted as evidence of a direct causal relationship.

Keywords: Agni Parikshan, Vishada, ageing, geriatric depression, Ayurveda, gut–brain axis.

Introduction

The Interrelationship of Vardhakya, Agni, and Manas

Within the Ayurvedic framework, ageing is associated with Parihani (a gradual decline in tissue vitality) and the predominance of Vata Dosha [3,4]. Agni, particularly Jatharagni, is considered fundamental to health because it supports the transformation of food into Ahara Rasa and subsequent Dhatu Poshana (tissue nourishment) [3,4]. In older adults, digestive function may be described in Ayurvedic terms as Vishamagni (irregular digestive activity) or Mandagni (reduced digestive activity), with the possible development of Ama. These are Ayurvedic explanatory concepts and should not be equated directly with specific biomedical mechanisms without supporting evidence.

Vishada is described in Ayurvedic literature in association with sorrow, distress, and reduced capacity for purposeful action [3] . Acharya Charaka's statement, "Vishado Rogavardhananam," identifies Vishada as a factor that can aggravate disease [3]. In older adults, symptoms such as Dainya (helplessness), Chinta (worry), and Alpabhashana (reduced speech) may occur in a range of clinical contexts, including depression. However, Vishada and clinical depression are not interchangeable diagnoses; depression requires appropriate clinical assessment.

Materials and Methods

This narrative review draws on classical Ayurvedic texts and relevant literature identified through online sources and published journals. The available material was reviewed thematically, and the concepts relevant to Agni Parikshan, Vishada, ageing, and mental well-being were synthesised. The search strategy, databases, search terms, date limits, and inclusion criteria were not specified in the source material; these details should be added if required by the target journal.

REVIEW OF LITERATURE

The Concept of Agni Parikshan in Older Adults

Agni Parikshan extends beyond appetite assessment and, within Ayurveda, may include an evaluation of digestive capacity and food tolerance [3,4]. In older adults, the assessment may consider the following:

- Abhyavarana Shakti: the capacity to consume food.
- Jarana Shakti: the ability to digest food.
- Koshtha Pariksha: assessment of bowel habits and evacuation, considered in Ayurveda in relation to Samana Vayu and Apana Vayu.

In Ayurvedic theory, Mandagni is associated with the formation of Ama, while Manovaha Srotas refers to channels associated with mental functions [3,4]. These concepts may provide a framework for exploring the relationship between digestive complaints and mental well-being. However, the claim that Ama crosses the Manovaha Srotas, or that Agni Parikshan explains poor response to counselling or antidepressants, requires direct evidence and should not be presented as an established clinical fact.

Manas Bhava Vishada and the Gut–Brain Axis

Ayurvedic literature describes an interrelationship between Agni and Manas (mind) [3,4]. Sattva Guna, associated with clarity and balance of mind, is discussed in relation to overall physiological well-being and Ojas. Within this conceptual framework, impaired Agni may be interpreted as follows:

1. Ojo-Kshaya: In Ayurvedic theory, diminished Ojas is associated with reduced vitality and may be discussed alongside experiences such as Bhaya (fear) and Shoka (grief).
2. Srotorodha: Ama is described as contributing to obstruction of the Srotas. Its proposed relationship with cognitive dullness or depressive symptoms should be treated as a theoretical interpretation unless supported by clinical evidence.
3. Tamo-Vriddhi: An increase in Tamoguna is described in Ayurvedic thought in association with inertia and reduced mental clarity. It should not be considered equivalent to the biomedical mechanisms of depression.

In contemporary biomedical research, the microbiota–gut–brain axis is investigated as a pathway through which gut microbiota, immune signalling, neural pathways, and metabolic processes may interact with brain function [5,6]. This offers a possible area for dialogue with Ayurvedic concepts of Agni; however, Agni Parikshan has not been established as a validated measure of gut microbiota, neurotransmitter precursor absorption, or depression.

Potential Diagnostic Relevance of Agni Assessment in Geriatric Depression

Older adults experiencing depressive symptoms may also report physical complaints such as heaviness (Gaurava), reduced appetite (Aruchi), and constipation (Vibandha); these symptoms are nonspecific and require clinical interpretation [1,7]. These symptoms are nonspecific and should be assessed in the context of the individual's medical history, medications, nutrition, and overall clinical condition.

- Vishamagni and Anxiety- or Sleep-Related Symptoms: In the Ayurvedic framework, irregular Agni may be considered alongside variable digestive symptoms. Any association with anxiety or sleep disturbance should be explored clinically rather than assumed.
- Mandagni and Reduced Interest or Energy: Reduced digestive capacity may coexist with lethargy or reduced activity in some older adults. Loss of interest, persistent low mood, and cognitive complaints warrant assessment for depression and other medical or psychological causes [1,7].

A structured assessment of Agni may contribute to an Ayurvedic understanding of an older adult's overall condition, but it should be considered alongside a comprehensive clinical assessment [1,3,7]. It cannot, by itself, establish whether depression is a primary psychiatric disorder or secondary to a physical illness. Such distinctions require comprehensive medical and mental-health assessment.

Therapeutic Implications: Agni Assessment and Individualised Care

The potential relevance of Agni Parikshan lies in its possible role in informing individualised Ayurvedic care. Any treatment plan should be based on a comprehensive assessment and appropriate clinical judgement.

- Deepana-Pachana: In Ayurvedic practice, measures intended to support Agni may be considered before or alongside other interventions, depending on the patient's condition. Medhya Rasayana preparations, including Brahmi or Ashwagandha, should be selected cautiously, taking account of the person's age, comorbidities, current medicines, product quality, and potential adverse effects; the present review does not establish their efficacy for geriatric depression [8]. Their use should not replace evidence-based assessment or treatment for depression.
- Samsarjana Krama and Dietary Measures: Dietary advice and any gradual dietary regimen should be individualised according to nutritional status, digestive tolerance, comorbidities, and clinical needs. In older adults, avoiding malnutrition and unintended weight loss is particularly important.
- Psychosomatic Considerations: From an Ayurvedic perspective, supporting digestion and nutrition may be considered part of holistic care. The relationship between improved Agni, Dhatu Poshana, and Utsaha (enthusiasm) is a hypothesis that merits systematic study; it should not be presented as a proven treatment effect.

Discussion and Conclusion

Agni Parikshan may be a useful component of an Ayurvedic assessment of older adults presenting with digestive and mental-health concerns. Ayurvedic theory relates Agnimandya to impaired Dhatu Poshana and describes links between bodily and mental well-being. Nevertheless, geriatric depression is multifactorial and should not be attributed solely to Agnimandya or treated as an isolated consequence of digestive dysfunction.

In the study of Manasa Roga, Agni Parikshan may provide a traditional clinical framework for considering digestive function alongside mental well-being; it is not currently established as an objective biomarker of depression. Future studies could evaluate the reliability of a clearly defined Agni assessment and examine its association with validated measures, such as the Geriatric Depression Scale [9], while accounting for relevant clinical and demographic factors. Such research could help determine whether Agni assessment adds value to comprehensive geriatric care.

Summary

Assessing Agni may help Ayurvedic clinicians consider digestive function as part of a broader evaluation of older adults' well-being. The proposed relationship between Agni Parikshan and geriatric

depression remains an area for investigation. Integrating traditional assessment with validated depression screening and appropriate medical care may offer a useful direction for future research.

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